PROMOTING THE HIGHEST STANDARDS FOR MEDICAL LICENSURE AND PRACTICE

Protecting Advocating Serving
A Regulator’s Perspective: Future Directions for Ensuring Performance

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Federation of State Medical Boards (FSMB)

• Non-profit, founded in 1912, offices in Euless, Texas, and Washington, D.C. (185 employees)
• Represent and support all 70 state medical and osteopathic boards of the U.S. and its territories
• Co-manage, with the NBME, the USMLE program
• Secretariat, International Association of Medical Regulatory Authorities (IAMRA)
• *Journal of Medical Regulation*, since 1915
• Federation Credentials Verification Service (FCVS)
• Uniform Application (UA) for Licensure
• **Board Chair**: Jon Thomas, MD, MBA
White House Meeting on the Healthcare Workforce of the United States, 2013
FSMB’s House of Delegates Vote to Support Exploration of an Interstate Compact
Maintenance of Licensure (MOL)

A process by which a licensed physician provides, as a condition of license renewal, evidence of participation in continuous professional development that:

- Is practice-relevant
- Is informed by objective data sources
- Includes activities aimed at improving performance in practice
Coalition for Physician Accountability
August 19, 2013 in Chicago, Illinois
MOL Framework
(adopted by FSMB HOD in 2010)

3 major components of effective lifelong learning

Component 1: Reflective self-assessment
(What improvements can I make?)

Component 2: Assessment of knowledge & skills
(What do I need to know?)

Component 3: Performance in practice
(How am I doing?)
MOL Guiding Principles (adopted 2008; modified 2010)

- Support commitment to lifelong learning, facilitate improvement in physician practice
- SMBs should establish MOL requirements; should be administratively feasible, developed in collaboration with other stakeholders
- MOL should not compromise patient care or create barriers to physician practice
- Flexible infrastructure with variety of options for meeting requirements
- Balance transparency with privacy protection
### MOL Framework / Recommended Tools

#### COMPONENT 1: Reflective self-assessment
- MOC/OCC
- Self-review tests
- Simulations
- CME in practice area
- Literature review

#### COMPONENT 2: Assessment of knowledge and skills
- Practice-relevant exams (MOC/OCC)
- Procedural hospital privileging
- Standardized patients
- Computer-based case simulations
- Patient/peer surveys
- Observation of procedures

#### COMPONENT 3: Performance in practice
- Performance improvement CME & projects (Surgical Care Improvement Project, Institute for Healthcare Improvement, Improving Performance in Practice, Healthcare Effectiveness Data and Information Set)
- MOC/OCC
- AOA Bureau of Osteopathic Specialists’ Clinical Assessment Program
- 360° evaluations
- Analysis of practice data
- CMS measures
Four Important Points about MOL

• There will not be a mandatory, secure, high stakes examination for MOL
• State medical boards will not require specialty board certification, nor MOC or OCC, as a condition for medical licensure
• MOL is not the same as MOC or OCC, though all value the concept of physician accountability and continued professional development
• Participation in MOC or OCC should substantially count for any state’s MOL requirements
Medical Licensure and Specialty Certification

**Licensure**
- Mandatory
- **Minimal standard**
- Aligns state board’s mission of public protection and safety
- Competency in the general, undifferentiated practice of medicine

**Specialty Certification**
- Voluntary
- High standard
- Implies expertise within a specific specialty or subspecialty of medicine or surgery
States Participating in Pilot Studies

STATE BOARDS

- = Participating
Challenges

• Will impact all licensed physicians
  – Non-clinically active physicians
  – Re-entry physicians
• Non-board certified physicians
• Relies upon financial resources and support that are in short supply at this time
• Is subject to variable state laws and regulations; may require amendments to Medical Practice Act
• Reciprocity/similar requirements across states
• Periodicity (every 5-6 years)
Ongoing Communication

• Peer-Reviewed Articles
  – *Journal of Medical Regulation*
    • Vol. 99, No. 1 - MOL Evidence and Rationale article
  – *Annals of Internal Medicine*
    • Vol. 157, No. 4, August 21, 2012
  – *New England Journal of Medicine*
    • Vol. 367, No. 26, December 27, 2012

• MOL Information Packet
  – Distributed October-November 2012
  • State Medical Boards, Medical/Osteopathic Schools, State Medical/Osteopathic Associations, AOA, AOA BOS,

• MOL eUpdate
Ultimate Goals of MOL

- Assess physicians in context of their practice and patient population
- Demonstrate physicians’ efforts and successes in measurably improving their patient care processes and outcomes
- Shift profession to a culture of objective and continuous improvement in a constructive, verifiable and creditable manner
THANK YOU!

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