

The 10 Most Commonly Asked Questions About Dermatology Maintenance of Certification

THE DERMATOLOGY Maintenance of Certification (DMOC) program has been adopted by the American Board of Dermatology (ABD) in concert with similar programs that have been developed by all member boards of the American Board of Medical Specialties (ABMS). The development of the DMOC program has prompted many questions from board-certified dermatologists who would like more information about the potential impact of the program on their practice, the value of the program, and the motives of those who created the program. Having served as a director of the ABD since 2002, I am convinced that the DMOC program is in the best interest of our patients as well as current and future dermatologists. My answers to the 10 most commonly asked questions are presented below.

Are the interests of the dermatologists who are currently in private practice represented on the ABD?

Answer: Several (5 of 16 in 2006) members of the current board of directors are full-time private practitioners in dermatology. I am in this category, having been in solo private practice in a suburban setting for 20 years. Of course, the distinctions between "town" and "gown" dermatologists are blurring. Academicians are often required to generate their own salaries as well as varying portions of their department expenses by providing patient care. During my tenure on the ABD, the impact on dermatologists in private practice has been a major point of discussion at every DMOC meeting.

Will continuing medical education (CME) requirements be different?

Answer: Yes! The DMOC program will require 40 hours of dermatology-related category 1 CME

credits annually. To assist its members, the American Academy of Dermatology (AAD) is already engaged in producing a variety of CME options, including coursework at the annual and summer meetings, CME articles in the *Journal of the American Academy of Dermatology*, and self-assessment review materials. These materials will also help prepare the dermatologist for the cognitive examination at the end of each 10-year cycle. Category 1 CME awarded by accredited providers other than the AAD will also be acceptable as long as it is dermatology related. It is hoped that participation in the DMOC program will be accepted by all 50 states as sufficient evidence of CME.

Why is the ABD moving from the open-book recertification examination to a closed-book proctored examination administered at regional testing centers?

Answer: The ABD is one of 24 certifying boards that make up the ABMS. The ABD must remain in the mainstream of medicine, and this means maintaining membership in the ABMS. The ABD was the only board that recertified its diplomates on the basis of an open-book take-home examination. We strongly defended our position, but objections from representatives of other boards led us to the decision to administer a computer-based DMOC examination at regional testing centers beginning in 2010. The examination will be clinically relevant and will not be designed to test factoid minutiae that are not part of clinical practice. It is not intended to deny certification; instead, it is intended to demonstrate competency. As currently planned, participants in the DMOC program will be required to complete 1 section in general dermatology and 1 section in medical dermatology, dermatopathology, pediatric dermatology, or

surgical dermatology. To help diplomates, the board of directors currently envisions making a bank of questions available to diplomates in advance of the examination. The examination would then be compiled from this bank. Rest assured that the ABD is still exploring the possibility of resuming an open-book examination format.

What is the role of the AAD in the DMOC process?

Answer: With its stated mission and strong commitment to provide education to its members, the AAD has always provided, and will continue to provide, high-quality CME programs in a variety of formats to suit the individual needs of practitioners. Also, committees of the AAD are busily engaged in developing appropriate programs to aid their members in fulfilling requirements for self-assessment and assessment of practice performance as well as to prepare for the DMOC cognitive examination.

Will I be at a disadvantage if I work in a research laboratory and do not currently participate in clinical medicine or if I am otherwise "clinically inactive"?

Answer: All ABMS boards are addressing methods of examining non-practicing physicians. Of course, the cognitive examination will be designed to test clinically relevant material that all dermatologists should know. Satisfying the other aspects of the DMOC program that focus on clinical practice may have to be modified for diplomates who are not in clinical practice. The AAD's self-assessment program will aid all dermatologists in preparing for the examination.

What if no one registers for DMOC and we have fewer and fewer certified dermatologists?

Answer: In an era in which many nondermatologist physicians and nonphysician practitioners are pro-

moting themselves as providers of dermatologic care, it is of utmost importance that we dermatologists develop and support effective programs that demonstrate our ongoing commitment to professional excellence. The DMOC program is one method of demonstrating our pivotal role as leaders in the medical and surgical treatment of patients with cutaneous diseases. Individual dermatologists who fail to enroll in the DMOC program may be able to continue practicing, but board certification will remain an important credential used by our patients, state licensure boards, hospitals, and insurance companies to judge our competence. Certainly, dermatologists as a specialty will be stronger if all board-certified dermatologists unite behind this effort to distinguish themselves as leaders in education, training, and continuous improvement.

We have heard that the ABMS is under pressure from groups demanding accountability from physicians. Who is demanding accountability?

Answer: Plaintiff's lawyers, epidemiologists who study medical errors, patient support groups, third-party payers, the federal government, and state medical boards are all actively interested in maintaining physician competence. If physician groups do not assume responsibility for maintaining and improving the quality of medical care, it is my belief that third parties will devise and institute such a program. As a consequence, there will be less control by members of our profession.

Will I be required to enroll in the DMOC program if I have lifetime certification from the ABD? What if I have a time-limited certificate?

Answer: Dermatologists who are lifetime certificate holders may par-

ticipate in the DMOC program voluntarily, but they will not be required to participate by the ABD. All ABD board-certified dermatologists who have time-limited certification (first issued in 1991) must participate if they wish to maintain their certification. There will be a gradual transition from the original recertification program to the current maintenance of certification program. The DMOC program is scheduled to be fully implemented in 2016. It is possible that some states may require participation in an MOC program, whether specialty based or government run, as a requirement for medical license renewal. For this reason, it is important for all dermatologists to become knowledgeable about the program.

When will we be required to embark on programs in our offices to evaluate practice performance?

Answer: The requirement by the ABMS for individual assessment of practice performance is the least well-developed component of MOC. Nevertheless, the AAD as a partner with the ABD in the DMOC process has a quality assurance/quality improvement program under development that should be ready later this year. It is hoped that there will be more than 1 ABD-approved, competing system for a dermatologist's patients and peers to assess his or her performance. The information generated by any system will be solely controlled by the dermatologist in private practice, or by the dermatologist's medical group. The DMOC program will require only that dermatologists provide evidence of having participated in such a program.

What is the evidence that DMOC will lead to improvement in patient care?

Answer: The DMOC program is an extension of the initial certification process and is designed to ensure that dermatologists who are enrolled in the program maintain the highest degree of expertise in their profession. There are published studies that link favorable medical outcomes with training, certification, and continued education. Hospital-based surgical specialties have led the way in developing this information. Less scientific literature is available about quality improvement in an outpatient setting, although data are beginning to accrue and should be available in the very near future.

Let me close by stating that I was initially a skeptic about the DMOC program. My skepticism, however, has faded as I have worked with my colleagues on the ABD to develop an MOC system that meets the requirements of the ABMS, allows diplomates of the ABD to meet the requirements as efficiently and inexpensively as possible, and offers the potential to improve dermatologic care for our patients. I can assure you that the ABD welcomes input regarding the DMOC program. Comments should be forwarded to the ABD, Henry Ford Health Systems, 1 Ford Pl, Detroit, MI 48202-3450 (abderm@hfhs.org).

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Disclaimer: Dr Brodell serves as a director of the ABD.