

*Federation of*  
**STATE**  
**MEDICAL**  
**BOARDS**

**PROMOTING THE HIGHEST STANDARDS FOR  
MEDICAL LICENSURE AND PRACTICE**



Protecting  
Advocating  
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Protecting  
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# Maintenance of Licensure: An Overview and Update

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President and CEO, Federation of State Medical Boards

Osteopathic International Alliance Annual Meeting

Austin, Texas

January 11, 2014

Federation of  
STATE  
MEDICAL  
BOARDS

# Greetings from the FSMB Board of Directors



# 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**



# FSMB's Centennial Celebration Fort Worth, Texas in April, 2012



"*Medical Licensing and Discipline in America* is a superb book—insightful, well documented, and eminently readable. It interprets its subject within a rich medical, cultural, historical, and political context. I highly recommend it to anyone even casually interested in medical education."

—KENNETH M. LUDMERER, Washington University School of Medicine

"David A. Johnson's and Humayun J. Chaudhry's timely and readable account of the history of the Federation of State Medical Boards from its inception in 1912 to the present goes far beyond what one might expect from a commemorative, centennial edition. In relating the Federation's role in the evolution of medical regulation, Johnson and Chaudhry provide detailed evidence to challenge the claims and perceptions of policymakers, analysts, researchers, and commentators that state medical boards have been largely ineffective in protecting the public from incompetent and unscrupulous physicians."

—CARL F. AMERINGER, Virginia Commonwealth University

"I enjoyed this well-documented and well-written success story. Men and women who dedicated time and talent to medical licensing boards will appreciate this unique fragment of medical history."

—BRYANT L. GALUSHA, former chief executive officer, Federation of State Medical Boards

"A highly valuable contribution to the literature on American medical licensure and regulation. Johnson and Chaudhry have painted a comprehensive historical portrait of the Federation—warts and all. A remarkable achievement."

—NORMAN GEVITZ, New York Institute of Technology

"In *Medical Licensing and Discipline in America*, Johnson and Chaudhry have comprehensively captured the rich history and ongoing evolution of physician licensure in the United States. This volume will serve as a valuable resource both to the medical licensing community and to leaders within the profession itself."

—STEVEN J. STACK, American Medical Association Board of Trustees

*Medical Licensing and Discipline in America* traces the evolution of the U.S. medical licensing system from its historical antecedents in the eighteenth and nineteenth centuries to its modern structure. David A. Johnson and Humayun J. Chaudhry provide an organizational history of the Federation of State Medical Boards within the broader context of the development of America's state-based system. As the national organization representing the interests of the individual state medical boards, the Federation has been at the forefront of developments in licensing, discipline, and regulation impacting the medical profession, medical education, and health policy within the United States. The narrative shifts between micro- and macro-level developments in the evolution of America's medical licensing system, blending national context with state-specific and Federation initiatives.

**DAVID A. JOHNSON** holds a graduate degree in history from the University of Texas-Arlington and serves as the vice president for assessment services at the Federation of State Medical Boards.

**HUMAYUN J. CHAUDHRY** is a general internist and president and CEO of the Federation of State Medical Boards. He holds a graduate degree in health care management from Harvard University.

JOHNSON AND  
CHAUDHRY

MEDICAL LICENSING AND  
DISCIPLINE IN AMERICA

# MEDICAL LICENSING AND DISCIPLINE IN AMERICA

DAVID A. JOHNSON  
AND HUMAYUN J. CHAUDHRY

FOREWORD BY REGINA BENJAMIN, M.D., M.B.A., U.S. SURGEON GENERAL

A HISTORY OF THE FEDERATION  
OF STATE MEDICAL BOARDS



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# What is 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** activities that are:

- Practice-relevant
- Informed by objective data sources
- Aimed at improving performance in practice

# FSMB House of Delegates 2004 Policy Statement

***“State medical boards have a responsibility to the public to ensure the ongoing competence of physicians seeking relicensure.”***



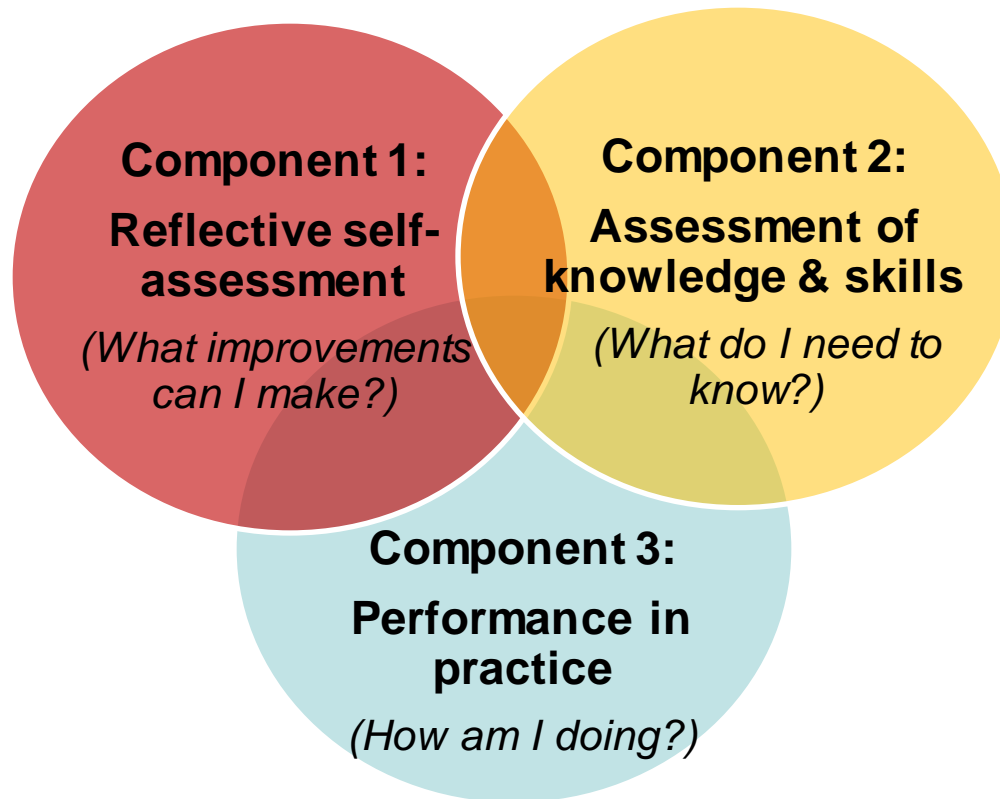
# 2010 FSMB HOD Meeting



# MOL Framework

(adopted by FSMB HOD in 2010)

## 3 major components of effective lifelong learning



# 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

<p>COMPONENT 1: <i>Reflective self-assessment</i></p>	<ul style="list-style-type: none"> <li>• MOC/OCC</li> <li>• Self-review tests</li> <li>• Simulations</li> <li>• CME in practice area</li> <li>• Literature review</li> </ul>
<p>COMPONENT 2: <i>Assessment of knowledge and skills</i></p>	<ul style="list-style-type: none"> <li>• Practice-relevant exams (MOC/OCC)</li> <li>• Procedural hospital privileging</li> <li>• Standardized patients</li> <li>• Computer-based case simulations</li> <li>• Patient/peer surveys</li> <li>• Observation of procedures</li> </ul>
<p>COMPONENT 3: <i>Performance in practice</i></p>	<ul style="list-style-type: none"> <li>• Performance improvement CME &amp; projects (Surgical Care Improvement Project, Institute for Healthcare Improvement, Improving Performance in Practice, Healthcare Effectiveness Data and Information Set)</li> <li>• MOC/OCC</li> <li>• AOA Bureau of Osteopathic Specialists' <b>Clinical Assessment Program (CAP)</b></li> <li>• 360° evaluations</li> <li>• Analysis of practice data</li> <li>• CMS measures</li> </ul>

# 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

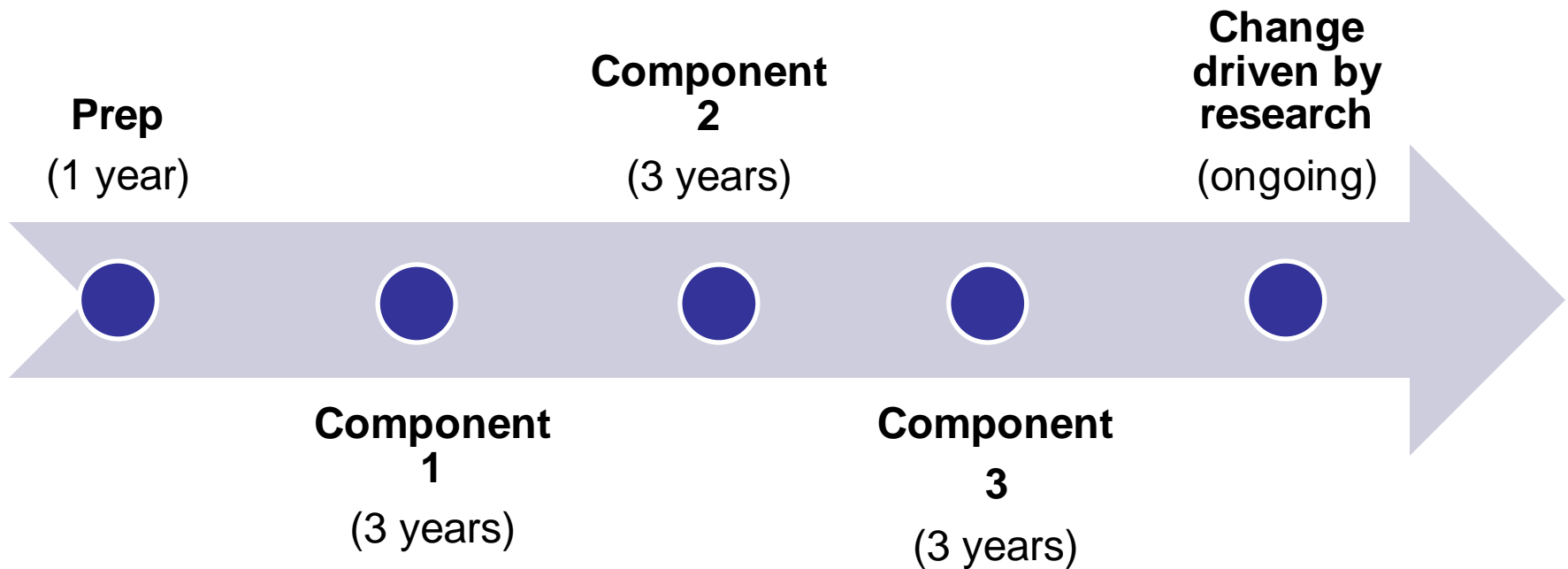
- Voluntary
- **High standard**
- Implies expertise within a specific specialty or subspecialty of medicine or surgery

# Four Important Points about MOL

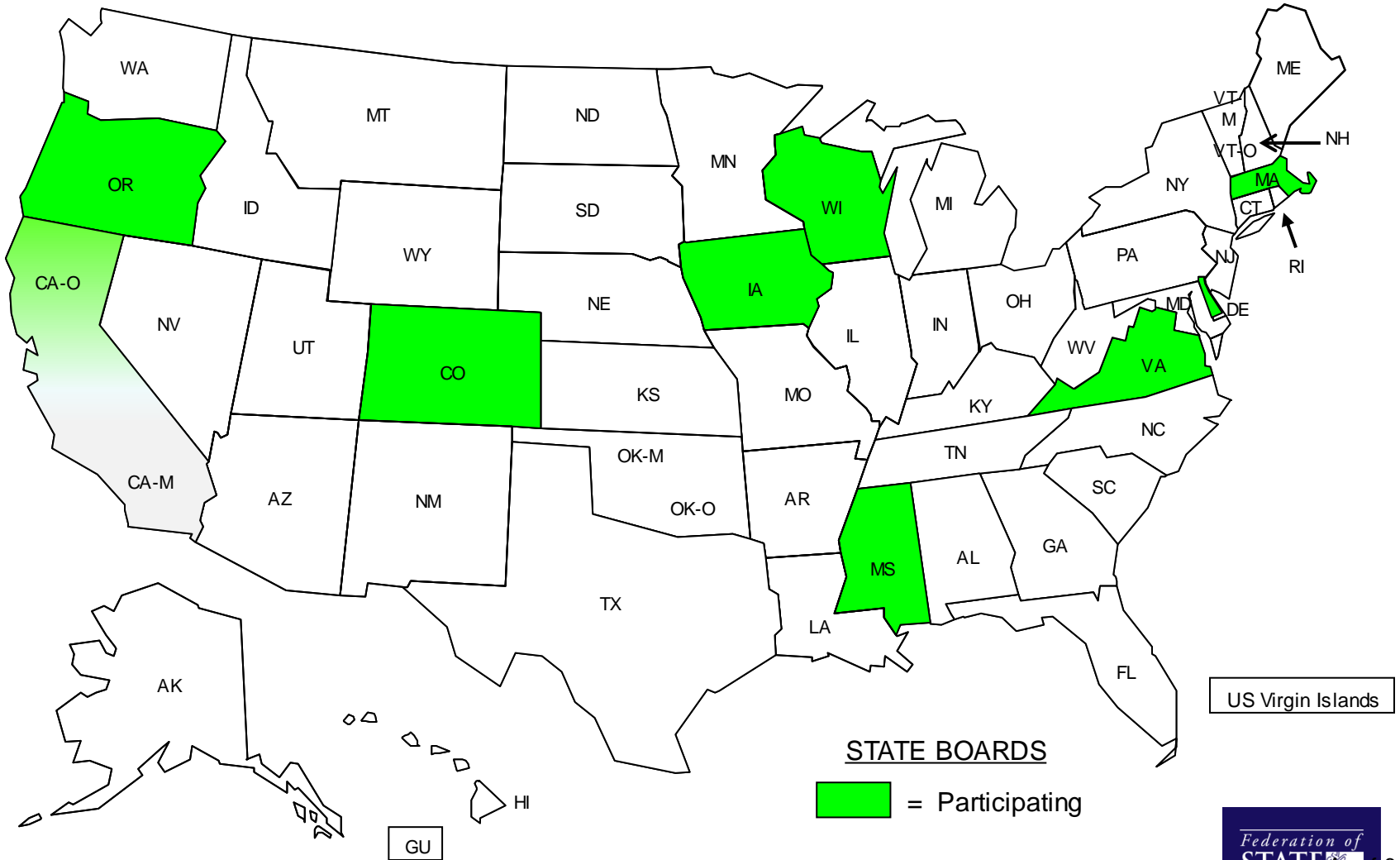
- There will not be a mandatory, secure, high stakes examination for MOL
- State medical boards will not require specialty board certification, nor MOC or OCC, as a condition for medical licensure
- MOL is not the same as MOC or OCC, though all value the concept of physician accountability and continued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

# MOL Implementation

(can be phased in over many years)



# States Participating in Pilot Studies



As of 6-1-11



# MOL Pilot Projects

- **Advance understanding of the process, structure and resource requirements necessary to develop an effective and comprehensive MOL system**
  - **Impact on state boards**
    - **Readiness to implement**
    - **Impact on license renewal process**
    - **Verification of participation in appropriate activities**
  - **Supporting physicians' participation**
  - **Communication issues**

# MOL Implementation Challenges

- **Will impact all licensed physicians (MD and DO) in the United States**
  - **Non-clinically active physicians**
- **Physicians not specialty board certified**
- **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)**
- **Communication and Messaging**

# MOL Workgroup on Clinically Inactive Physicians Claudette Dalton, MD, Chair



# MOL Task Force on CPD Activities Eules, Texas October, 2013



# 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 in 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**
- **Facilitate a shift of the medical profession to a culture of objective and continuous improvement in a constructive, verifiable and credible manner**

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***THANK YOU!***

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