

The
AMERICAN
BOARD of
NEUROLOGICAL
SURGERY



Maintenance of Certification

Handbook

JANUARY 2013

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DEFINITION OF NEUROLOGICAL SURGERY

NEUROLOGICAL SURGERY *constitutes a medical discipline and surgical specialty that provides care for adult and pediatric patients in the treatment of pain or pathological processes that may modify the function or activity of the central nervous system (e.g., brain, hypophysis, and spinal cord), the peripheral nervous system (e.g., cranial, spinal, and peripheral nerves), the autonomic nervous system, the supporting structures of these systems (e.g., meninges, skull and skull base, and vertebral column), and their vascular supply (e.g., intracranial, extracranial, and spinal vasculature).*

Treatment encompasses both non-operative management (e.g., prevention, diagnosis—including image interpretation—and treatments such as, but not limited to, neurocritical intensive care and rehabilitation) and operative management with its associated image use and interpretation (e.g. endovascular surgery, functional and restorative surgery, stereotactic radio-surgery, and spinal fusion—including its instrumentation).

INTRODUCTION

The American Board of Neurological Surgery (ABNS) was founded in 1940 to provide initial certification to practitioners of neurosurgery who meet its training and practice requirements. The broad aim of the Board is to encourage the study, improve the practice, elevate the standards, and advance the science of neurological surgery, thereby serving the cause of public health.

In the late 1990s, the American Board of Medical Specialties (ABMS) created the Task Force on Competence to assure that all certified specialists maintain satisfactory, up-to-date knowledge and skills throughout the span of their careers. All 24 ABMS Member Boards, including the ABNS, agreed to develop a Maintenance of Certification (MOC) program or modify their recertification programs in that model. The expectation of MOC is that training and acquisition of medical practice knowledge and skill will begin in medical school, be enhanced in residency, and maintained throughout a specialist's career.

At that time, ABNS Directors realized that neurosurgeons would soon be required by regulatory bodies to participate in an MOC process. Recently the public, third party payors, health care organizations, and governmental agencies have called for periodic recertification of specialists. Consequently, development of the ABNS program was unanimously endorsed. Directors committed to making available to Diplomates a meaningful and practical MOC program, one that would take into account the concerns of Diplomates and the needs of the public. In addition, it must meet ABNS standards, as well as those established by the ABMS. The program was rolled out in 2006.

CERTIFICATION AND STATE LICENSURE

An ABNS certified neurosurgeon has completed a neurosurgical residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) and an evaluation process that includes written and oral examinations designed to assess his or her depth of knowledge, as well as skills and experience necessary to provide quality patient care in neurosurgery. Certification is not, however, a guarantee of competence, nor does it necessarily indicate compatibility with a particular patient, though patients should consider it as a very important factor in selecting a neurosurgeon.

Requirements for certification and MOC are distinct from those for license. While certification and participation in MOC are voluntary processes, licensure is legislatively mandated and falls under the jurisdiction of each State where the physician practices.

PHILOSOPHY OF THE ABNS MOC PROGRAM

The guiding principle of Maintenance of Certification is to foster excellence in patient care. Through MOC the ABNS intends to encourage, stimulate, and support continuing education in the practice of neurosurgery, thereby assisting its Diplomates in their dedication to life-long learning and self-assessment.

The program is designed to permit Diplomates to meet its requirements as they continuously work to keep current with changes in the specialty. It provides an avenue for compliance with State Medical Licensing Board and hospital requirements, which in the near future are expected to include either participation in an MOC program or periodic re-examination by a State Board. MOC also provides assurance to patients and their families, payors and funding agencies, and the general public that ABNS Diplomates maintain and continually improve their knowledge and practice.

The program reflects the realities of neurosurgery today. Emphasis is placed on core neurosurgical knowledge and practice common to all neurosurgeons; notwithstanding, Directors realize that neurosurgeons often concentrate in subspecialties areas. Consequently, the process had been designed to permit participants to include the area of their expertise when devoting time to CME activities, selecting a Key Case to log data, completing one of the SANS examinations, and selecting a module for the Cognitive Examination. As the specialty changes, requirements and oversight methods will be altered.

PROGRAM PARTICIPATION

To participate in the MOC program, neurosurgeons must hold an ABNS certificate, a currently valid unrestricted license to practice medicine in the States where they practice, and unrestricted hospital privileges for a neurosurgeon. All Diplomates certified in 1999 and more recently have been awarded ten-year time-limited Certificates. They must enroll in MOC the year after achieving initial certification in order to maintain their Certificates. Non-time-limited Certificate holders may voluntarily begin their participation in the program at any time and are highly encouraged to do so.

MOC consists of three successive three-year mini-cycles and a final tenth year. The requirements of each mini-cycle are fulfilled independent. In the tenth year participants have no requirements, other than successfully passing the Cognitive Examination if they did not do so in year eight or nine. New time-limited Certificates are awarded to Diplomates at the end of the tenth year after they successfully complete all MOC requirements, including paying dues each year. The first three-year mini-cycle of the next ten-year MOC timeframe starts January 1 of the next year.

To begin participating in MOC the first time, as well as for each successive mini-cycle and a new ten-year cycle, Diplomates complete a web-based application found at MyMOC on the Board’s website, www.abns.org. From then on, they can track their progress through the requirements at MyMOC.

- **Time-Limited Certificates** In order to maintain ten-year time-limited Certificates, Diplomates must participate in MOC. The ten-year cycle begins the January following certification. Individuals who have not completed all aspects of MOC, including passing the Cognitive Examination, by the end of their ten-year cycle may re-instate their Diplomate status only by earning a valid, new, time-limited certificate - in other words, going through all of the requirements of initial certification just as they did after completing residency, including passing both the Primary and Oral Examinations.
- **Non-Time-Limited Certificates** These were issued to ABNS Diplomates certified prior to 1999. They are valid for the life of the individual and will not expire regardless of participation in MOC. Diplomates in this group are urged to participate in MOC. For them, the January of the year they enroll marks the beginning of their ten-year cycle. Once enrolled, they complete the same requirements as participants with time-limited certificates. At no time will they lose their Certificates; however, while participating in MOC, they will be listed as participating on the ABNS website.
- **ABNS Directors** Current Directors must participate in MOC. If they hold non-time-limited Certificates, their ten year cycle begins the January of the year they join the Board.

PROGRAM REQUIREMENTS

The ABMS MOC program mandate has four basic components:

- I. *Evidence of Professional Standing*
- II. *Evidence of Lifelong Learning and Involvement in a Periodic Self-Assessment Process*
- III. *Evidence of Cognitive Knowledge*
- IV. *Evidence of Evaluation of Performance in Practice.*

In order to assess these, the ABNS program has integrated the following requirements:

- I. Chief of Staff Questionnaire
 - Unrestricted License to Practice Medicine
 - Unrestricted Hospital Privileges
 - Recommendation of Chief

2. 150 Continuing Medical Education (CME) Credits
 - 60 AMA PRA Category I Credits™ in neurosurgery related activities
 - 90 credits that may be more of the same, or non-verified, self-reported activities the participant enters at MyMOC
3. SANS (Self-Assessment in Neurological Surgery) examination – original, pediatric or spine
4. Key Case Module
5. Patient Safety Module
6. Cognitive Examination

The process is still evolving. Additional educational material to help improve patient care is being developed and will be added over time. A Patient Satisfaction Survey will be added soon.

The four basic components of MOC and their requirements, plus the frequency with which each must be done, have been integrated as follows.

Table I – MOC for Neurosurgery		
Components	Assessment Methods	Frequency
Professionalism	Unrestricted License Hospital Privileges Chief of Staff Questionnaire	Every 3 Years
Cognitive Knowledge	Secure Examination SANS	Every 10 Years Every 3 Years
Lifelong Learning and Self-Assessment	CME (150 Hours) SANS	Every 3 Years
Performance in Practice	Key Case Module Patient Safety Module Chief of Staff Questionnaire Patient Satisfaction Survey SANS	Every 3 Years

1. Evidence of Professional Standing

- In order to begin participating in MOC, an application must be filled out on line at www.abns.org. A Questionnaire is then automatically emailed to the Chief of Staff at the Diplomate's primary hospital. It asks about communications skills, participation in systems-based practice, and professionalism, in addition to confirmation that the Diplomate has a full unrestricted license to practice medicine and unrestricted hospital privileges to practice neurosurgery. It also serves as a recommendation from the Chief. The questionnaire is sent again at the beginning of the second and third mini-cycles after a new application has been completed.

2. Evidence of Lifelong Learning and Self-assessment

- At least 150 CME credits must be accumulated every three years.
 - A minimum of 60 AMA PRA Category I Credits™. Accrual of verified Category I CME credits is tracked for the ABNS by the American Association of Neurological Surgeons (AANS).
 - Up to 90 credits may be non-verified, self-reported activities that the participant enters at MyMOC. These could be self-assessment exercises, reading, grand rounds, and examinations. They are self-reported by logging them at MyMOC where guidelines and examples can be found.
 - At least 80% of the total must be specific to neurosurgery.
- SANS, the educational, web-based, self-assessment examinations developed and maintained by the Congress of Neurological Surgeons (CNS). The CNS provides one of the three eligible exams free of charge to MOC participants during each three-year mini-cycle. There is excellent feedback on all questions, and 24 Category I CME credits are generated. Similar questions are found on the Cognitive Examination.

3. Evidence of Cognitive Knowledge

The Cognitive Examination must be taken and passed in the 8th, 9th or 10th year of each ten-year MOC cycle. It is a secure, proctored, web-based examination given at neurosurgical residency programs on a Saturday in March. It consists of 200 clinically based questions. One of three modules is selected by the examinee.

- General: All 200 questions on general neurosurgery
- Spine: 150 questions on general neurosurgery and 50 spine
- Pediatric: 150 questions on general neurosurgery and 50 pediatric
- Other subspecialty modules will be added in the future. The first will most likely be endovascular.

In order to be eligible to take it, examinees must be actively participating in MOC or successfully reinstated in the process if there was a period of non-participation. The fail rate is low; however, those who do not pass are encouraged to retake it as long as they are within their ten-year MOC cycle.

4. Evidence of Performance in Practice

- Chief of Staff Questionnaire: Discussed in *Evidence of Professional Standing*.
- SANS: Discussed in *Evidence of Life Long Learning and Self-assessment*.
- Key Cases: MOC participants select a case from the list of seventeen and log information on ten recent, consecutive patients. Once a Key Case has been selected, it should be used for all three mini-cycles in the ten-year cycle. As data is logged, references to relevant literature pop up, thus giving an educational element. In addition, once it is finished, feedback is given allowing the individual to compare his or her outcome to that of everyone who selected the same Case. They are meant to cover the subspecialties.

1. *Anterior Cervical Discectomy and Stabilization*
2. *Chiari Decompression*
3. *Clipping of Supratentorial Aneurysm*
4. *Craniotomy for Newly Diagnosed Glioma*
5. *Craniotomy for Temporal Lobectomy for Mesial Temporal Sclerosis*
6. *Endovascular Embolization of Anterior Circulation Aneurysm*
7. *Lumbar Discectomy*
8. *Management of Head Trauma*
9. *Management of Low Back Pain*
10. *Radiosurgery for Brain Metastasis*
11. *Release of Tethered Spinal Cord*
12. *Removal of Extra-axial or Intra-Cerebral Hematoma*
13. *Shunt*
14. *Shunt Revision*
15. *Surgery for Pituitary Tumor*
16. *Surgical Treatment of Trigeminal Neuralgia*
17. *Ulnar Nerve Decompression*

- Patient Safety Module: Developed through the AANS, this became available in 2013. It is a brief on-line informative test on infection and sound medical practices.
- Patient Satisfaction Survey: This assessment of physician/patient interaction (similar to those used by most hospitals) is not yet available.

In addition to all of the above, the annual ABNS Dues must be paid.

NEW CERTIFICATES

The ABNS issues new ten-year time-limited Certificates to all Diplomates who successfully complete the MOC process. The new Certificate is valid for the ensuing ten-years beginning the year after the original Certificate expires.

EXCEPTIONS AND EXEMPTIONS

MOC participants are advised to track their progress closely at MyMOC and adhere to all deadlines for the completion of the requirements. They may petition the ABNS for exemptions from particular requirements or extensions of time in which to complete them. Such exceptions and extensions will be granted only in rare instances under compelling circumstances, not in the normal course of events in which an individual simply missed a deadline or is “unable” to complete requirements within the mandated time frame.

Should a three-year mini-cycle not be totally completed on time, the participant may enter a six month grace period by paying the grace period fee. This allows him or her to complete the previous cycle while working on the new cycle.

A Diplomate who has not participated or not completed the requirements during the previous three-year mini-cycle may be reinstated by paying the re-entry fee and fulfilling other requirements established by the Board to prove evidence of professional standing, lifelong learning, and satisfactory performance in practice.

POLICIES FOR SPECIAL SITUATIONS

I. Unethical or Irregular Behavior on the MOC Application and/or Cognitive Examination

Applicants must certify that the information provided in the application is true and accurate. They must agree not to engage in any unethical or irregular behavior intended to subvert the integrity of the program and/or the Examination. Examples of unethical or irregular behavior include but are not limited to:

- Any misrepresentation discovered in the MOC application or Cognitive Examination application.
- Application or Examination completed by someone other than the Diplomate whose name appears on the website.
- Giving or receiving aid for the Examination as evidenced by observation at the time of the Examination or statistical analysis of answers.
- Compiling or revealing questions on the Examination.
- Engaging in other conduct that subverts or attempts to subvert the integrity of the MOC process, including the Examination.

If the ABNS determines that unethical or irregular behavior has occurred prior to, during, or subsequent to an Examination, the Board may permanently bar the involved person(s) from all future examinations, invalidate the results, refuse to score the examinations, revoke the Certificate of the person(s), and/or other appropriate action. The Diplomat(e)s will be given written notice of the charge and an opportunity to respond in accordance with ABNS Rules and Regulations. If sanctions are imposed, the Board may notify interested parties of the action.

2. Accommodation for Persons with Disabilities

The ABNS supports the Americans with Disabilities Act. The Board may make reasonable accommodation in the administration of the Cognitive Examination for individuals with documented disabilities, unless those accommodations fundamentally alter the measurement of the knowledge and skills the Examination is intended to assess. Applicants requesting accommodation must obtain forms from the Board for the documentation required. It must be submitted to the office by January 1 of the year of the examination. Generally speaking, accommodation will be granted if the individual has been given an accommodation on earlier examinations.

3. Substance Abuse

If a history of substance abuse exists, the candidate must provide documentation that he or she can safely and effectively perform the duties and responsibilities of an ABNS Diplomat. Included in the documentation must be evidence of:

- Successful completion of a supervised treatment program, or
- A documented period of abstinence, or
- Current participation in a supervised rehabilitation program combined with proof that the individual is no longer engaged in the illegal use of alcohol or drugs.

The Board treats all information related to such problems as confidential.

The ABNS does not discriminate among applicants on the basis of age, disability, gender, national origin, race, religion, or any basis proscribed by law.

COMMUNICATIONS WITH AND FROM THE ABNS

It is important that MOC participants keep the Board informed of their current addresses and, particularly for MOC, their email addresses. In addition, inputting the incorrect email address of the Chief of Staff of the primary hospital will slow down the MOC process until it has been corrected.

1. Reporting Changes of Information

Changes of address may be submitted by mail, fax, or email. Changes of name must be submitted by mail with a copy of the official documentation. Diplomates must also inform the ABNS promptly of any restrictions placed on their licenses and/or hospital privileges; failure to do so may result in disciplinary action.

2. Published Listing of MOC Participants and Recertified Diplomates

- In the Board's Directory of Board Certified Neurosurgeons, Diplomates are listed as "Participating in MOC" or "Not Participating in MOC" depending on their status.
- The names of Diplomates who successfully complete MOC are updated on the official web based Directory of the American Board of Medical Specialties.
- The names of unsuccessful participants, those who do not complete the MOC program by the expiration date of their time-limited Certificates, are no longer certified and removed from the ABNS and ABMS Directories. The information is also reported to the AANS, ABMS, CNS, and hospitals and State Medical Licensing Boards.

3. Inquiries into Diplomat Status

When the Board receives an inquiry into the status of a Diplomat, the response is that the individual is:

- Certified – participating in MOC
- Certified – not participating in MOC
- Certified – retired
- Not certified

Identical information is listed at Find a Board Certified Neurosurgeon on the ABNS website.

CATEGORIES OF CERTIFICATION

Individual neurosurgeons are classified by the ABNS into four distinct categories:

1. Currently Certified – Participating in Maintenance of Certification
2. Currently Certified – Not participating in Maintenance of Certification
3. Certified – Retired from Operative Practice
4. Not Certified

1. *Currently Certified – Participating in Maintenance of Certification*

These are Diplomates who have paid their annual fees and are in the process of completing MOC requirements in a timely fashion for each three-year mini-cycle within the ten-year cycle.

2. *Currently Certified – Not Participating in Maintenance of Certification*

This classification consists of Diplomates who are not participating in MOC and have either non-time-limited Certificates or time-limited Certificates that have not yet expired. MOC participants who fail to meet the requirements of a three-year mini-cycle in a timely fashion shall be subject to the following with respect to participation classification:

- A Diplomate who has participated in a three-year mini-cycle but is delinquent in some of its components will be notified of his or her delinquencies. The Diplomate may enter a six month grace period to fulfill all the requirements of that mini-cycle while also working on the requirements of the new mini-cycle. The grace period fee must be paid as specified by the Board. This may be done twice during the ten-year MOC time-frame
- A Diplomate who has not participated during the previous three-year mini-cycle will be notified of his or her non-participation. In order to be reinstated, the individual must pay a re-entry fee and fulfill such other requirements as the Board may establish to prove evidence of professional standing, lifelong learning, and satisfactory performance in practice. New three-year mini-cycles and the entire MOC cycle will begin and end on the same schedule as if the Diplomate had no deficiency. Failure to participate in a mini-cycle may occur only once in the ten-year MOC time frame.
- A Diplomate who falls into either of the above categories, either reinstated or partially delinquent, will be classified as “Certified – Participating in MOC” during that three-year mini-cycle. Afterward, he or she will be classified as “Certified - Not Participating in MOC” if the requirements for re-instatement or the grace period have not been met.
- A Diplomate who never begins MOC will be classified as “Certified – Not Participating in MOC”. If the Diplomate holds a time-limited Certificate, he or she will be so classified until the Certificate expires. At that time, he or she will no longer be an ABNS Diplomate and deleted from the Directory.

3. *Certified – Retired From Operative Practice*

This category refers to Diplomates who have retired from the practice of neurosurgery but were certified and in good standing at the time of retirement. In order to remain certified, they must:

- Inform the ABNS in writing of their intention to retire,
- Execute the ABNS standard retiree form thereby warranting that they will forever cease the practice of neurosurgery.
- Exchange their Certificates for a Certificate stating “Retired in Good Standing”,

Individuals who elect this status and comply with these requirements will not be required to participate in MOC and will be listed as “Certified – Retired” on the ABNS website. If they later resume the practice of neurosurgery, they will have their Certificates permanently revoked unless they:

- Petition the ABNS for re-instatement of their original Certificates prior to resuming practice,
- Re-instatement is approved by the ABNS,
- Comply fully with any conditions imposed by the ABNS in connection with such re-instatement.

4. *Not Certified*

This category consists of:

- Diplomates whose Certificates have been suspended or revoked.
- Diplomates whose time-limited Certificates have expired, and they have not been awarded new time-limited Certificates due to their failure to complete the MOC process successfully.
- Neurosurgeons who have never been ABNS certified. Individuals in this category include those who have never sought certification, as well as those who never completed the certification process. Such individuals will not appear on any database or listing maintained by the ABNS.

MOC:PQRS

The Physician Quality Reporting System (PQRS) is a federal program with the long-term goal of making more information about physicians’ performance available to patients, while rewarding physicians who provide better care. In 2011 the Centers for Medicare & Medicaid Services (CMS) added an MOC option to PQRS. This was done to encourage physicians to participate in public quality reporting and improvement through ABMS Member Boards MOC programs. Recognizing the additional cost and administrative burden of doing so, Congress made available additional financial support for those who participate in PQRS in combination with MOC activities.

Physicians who successfully meet the criteria for PQRS reporting in 2012 will receive an incentive payment equal to 0.5% of their total estimated Medicare Part B Physician Fee Schedule allowed charges for covered professional services fur-

nished during the reporting period. It should be noted that failure to participate in PQRS in 2013 will result in a penalty in 2015. Through MOC:PQRS eligible physicians who satisfactorily submit data under PQRS have the opportunity to earn an additional 0.5%. They must participate in a CMS-qualified MOC program “more frequently” than required to qualify for or maintain Board Certification

All neurosurgeons may participate in PQRS. While they may use any approved registry, the ABMS offers a registry specifically for the purpose. The ABMS has worked with CECity to develop a suite of tools that can be utilized separately or as a bundle, depending on the needs of the neurosurgeon. For instance, a CMS qualified registry and a Patient Experience of Care Survey are available there. The data collected is focused on quality measures for a twelve-month reporting period. The registry will open in early April, and a link will be posted on the ABNS website once it is functional.

In addition, ABNS Diplomates are eligible to participate in the MOC:PQRS incentive. The first requirement is to participate in PQRS. The second varies depending on the type of Certificate the Diplomate holds.

Non-Time-Limited Certificate Holders

Participation in regular MOC completing all three-year mini-cycle requirements within three years. A number of the requirements must be completed during each of the three years (all of them by the end of the third), or the ABNS will not certify the individual for PQRS.

Time-Limited Certificate Holders

All requirements of a three-year mini-cycle must be completed within two-years. There are no exceptions.

Some Diplomates received approval for MOC:PQRS in 2012. If they have non-time limited Certificates, they must continue on track in 2013 and 2014. If they have time-limited Certificates, they must complete the three-year mini-cycle in 2013 in order to be eligible for PQRS this year.

ABNS MOC FEES

The creation and maintenance of the MOC infrastructure is expensive, and there are administrative costs as well. All Diplomates participating in MOC must pay the annual dues of \$350.00, plus the \$800.00 fee for the Cognitive Examination when it is taken at the end of the ten-year time frame. If a participant does not complete a three-year mini-cycle, he or she may enter a grace period that allows another six months to finish. The fee is \$500 the first time and \$1000 the second; a maximum of two grace periods may be used per a ten-year cycle. If The Diplomat exceeds the grace period or does not participate at all, he or she must pay a Reinstatement Fee of \$2500 to continue; this may be done once during a ten-year cycle. It is the responsibility of the Diplomat to remain on track to avoid these penalties. For more information, please see earlier sections of this MOC Handbook.

This concludes the Maintenance of Certification Handbook. Should you have questions, please do not hesitate to email the Board office at abns.moc@abns.org. Remember that the requirements change over time as the ABNS moves forward in its aim of serving the cause of public health.

MYMOC LOGIN

My username is: _____

My password is: _____

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