



The AMERICAN BOARD of NEUROLOGICAL SURGERY, INC.®

Member Board of the American Board of Medical Specialties

MAINTENANCE OF CERTIFICATION (MOC)

BECOMES CONTINUOUS CERTIFICATION (CC)

MAINTENANCE OF CERTIFICATION BECOMES CONTINUOUS CERTIFICATION

Introduction

The ABNS Maintenance of Certification (“MOC”) program will complete its evolution to a yearly Continuous Certification (“CC”) program which began in 2018 and will be fully implemented commencing January 2019. Our goal is to provide educational tools to help ABNS credentialed neurological surgeons furnish competent patient care with up-to-date and essential information as their careers progress.

We respect the constructive concerns that some ABNS Diplomates have voiced about the current MOC program, as well as the valid points raised by diplomates of other ABMS Certification Boards. With an innovative and radical approach, the ABNS has significantly revised and enhanced the new CC program to make it educational and more efficient for patient safety components of continuing certification. The new ABNS approach provides high level evidence-based articles and a “no-risk” learning tool to keep neurological surgeons current on new surgical concepts essential for their practice. **Furthermore, participation in this program satisfies the American College of Surgeons (“ACS”) criteria for a neurological surgeon to participate in Level 1 ACS accredited trauma centers.**

Please note that the ABNS is a non-profit organization that does not generate financial gain from the MOC/CC program. Accordingly, CC fees will continue to be set at levels that balance ABNS expenses with costs.

A Fresh Start!

Those neurological surgeons who have time limited 10-year certificates will continue to qualify for renewal of their certificate at the end of their respective 10-year cycles if they participate in the annual CC program.

Given the substantial changes to the program, neurological surgeons who have not yet completed various staged requirements from 2018 or prior years will be discharged from those requirements and will be given a fresh start in 2019 with the new CC program. However, these neurological surgeons must pay any past-due fee balances owed to the ABNS before commencing their participation in the new CC annual program.

The only exception is that those few neurological surgeons whose Certificates are due to expire on December 31, 2018, and who have no credible documented effort of participation in the MOC program during the entire current ten-year Certification period, shall not be entitled to the “fresh start” and will have their Certification expire on December 31, 2018. Those affected will be so notified and will need to successfully complete the re-entry process (see Sections VI and VIII, below) if they wish to again become Certified.

Neurosurgeons who have lifetime certificates are strongly encouraged (but not required) to participate in the new CC program. We believe the redesigned program, including the annual Adaptive Learning Tool, will prove to be valuable to the continuing education and practice of all ABNS certified neurological surgeons. Moreover, only those neurological surgeons who actively participate in CC will be so listed on the ABNS website as “participating in continuous certification” and may present themselves as participants to the public (as well as to hospitals, payors and malpractice carriers).

Enrollment Information

Diplomates participating in CC must annually confirm their desire to remain actively engaged in the program. Please call (203.397.2267) or email (abns.moc@abns.org) the ABNS office to confirm your username and password if you have difficulties logging in. Completing the online CC enrollment initiates/re-initiates participation in the CC program. New Diplomates must complete an online application beginning their participation in CC in January of the year following their Certification. Diplomates certified prior to 1999 but interested in participating in CC should call or email the ABNS office for voluntary CC participation information in order to get started.

To complete the annual online CC application, participants will enter their username and password and then click the “Apply Now” link under current year. Listed below is the information required to complete the CC application.

- Review your business address and phone number, this information will also display on the ABNS Directory of Diplomates on the ABNS public website.
- Answer the eight yes/no questions regarding your Standing with Licensing and Professional Organizations.
- Complete Current Hospital Staff Appointment information, including: Consent and Release Form, Primary Hospital or Institution and your start date.
- Provide the name and email address of your Chief of Staff, Chief of Service, Duly appointed Credentialing Surgeon, or your facility’s Medical Staff Office.
- The summary page will provide an opportunity for you to review and then submit your application. If you are experiencing any difficulties you can contact the ABNS at abns.moc@abns.org or 203.397.2267

New Annual Requirements

Part I- Professionalism and Professional Standing

Chief of Staff Questionnaire*

- Hospital Privileges – Diplomates must demonstrate that they have maintained unrestricted privileges at their primary hospital. The Chief of Staff or designee* will attest to this fact.
- Meaningful Participation in M&M or QA/QI – Diplomates must participate in regular Morbidity and Mortality Conferences or Quality Assurance/Improvement Conferences to analyze how they might improve their patient safety profiles and outcomes for the benefit of their patients. Importantly, this participation will satisfy Part IV (please see below for additional information). The Chief of Staff or designee* will attest to the Diplomate’s participation.
- Participation in Patient Safety Exercise (Part II) – The CC program requires participation in a hospital or practice defined patient safety modules (i.e. handwashing, radiation safety, sleep deprivation, fire safety, infection control, etc.). The Chief of Staff or designee* will certify that the Diplomate is meaningfully involved in such exercises at the Diplomate’s primary hospital or institution. Most hospitals already require completion of these learning modules so no extra work will be required if the Diplomate is already doing this activity.

*In the event that that the Chief of Staff is not available for attestation, a Department Chair or other suitable administrator or colleague may serve this role.

Part II- Lifelong Learning and Self-Assessment

CME – Diplomates must earn at least *20 Continuing Medical Education (CME) AMA PRA Category 1 Credits™* in neurological surgery **annually**. CME credits **cannot** be carried over from prior years to satisfy this annual 20 CME credit requirement. Documentation of the earned credits is preferable but attestation is acceptable (but if by attestation, may subject the neurological surgeon to the possibility of random auditing).

Part III- Assessment of Knowledge, Judgement and Skills

The new ABNS Adaptive Learning Tool is perhaps the most significant change from the former MOC program to the current CC program. Previously, Diplomates participating in MOC were required to pass a cognitive exam once every 10 years. With the new CC program, Diplomates will use the Adaptive Learning Tool annually to help them keep current with developments in the specialty without needing to travel for a larger in person test, and/or the threat of losing their Certification by failing an examination. It is a no-risk exercise that is intended to provide Diplomates with the latest developments in neurological surgery and is assembled by the ABNS and updated yearly for all ABNS Diplomates.

The Adaptive Learning Tool will teach and assess retention of new evidence-based information pertinent to the practice of neurological surgery and provide Diplomates with links to the scientific articles those concepts are based upon, in a user-friendly format. The new tool can be utilized any time during the year and will consist of multiple-choice questions accessible via the internet from the Diplomate’s computer 24/7/365. There is no proctoring requirement, but Diplomates must attest that they completed the tool on their own behalf. It will be evident to Diplomates that:

- The exercise is tailored to update “Core Neurological Surgery Knowledge” by focusing on new evidence-based concepts critical to providing emergency, urgent or critical care to patients, thereby enhancing public safety.
- If a Diplomate does not get the correct answer the associated, peer reviewed, articles (primarily, Level I and II evidence) are immediately made available for review. Thereafter, the question can be answered again ensuring real time education and mastery of the content.
- Diplomates will proceed to the next question when they master the new neurological surgery concept, and achieve the correct answer.

- The ABNS will continuously update the emergency neurosurgical evidence-based concepts so that ABNS certified neurological surgeons “on call” will have the latest and best evidence available to them at their fingertips without having to search journals and question the quality of the information.
- **As noted, participating in this learning tool meets the ACS criteria for Level 1 trauma center credentialing.**

Part IV- Improvement in Medical Practice

The requirement for “Part IV -- Improvement in Medical Practice” is participation in a Morbidity and Mortality Conference or Quality Assurance/Improvement Conference (QA/QI) (which is also a requirement for Part I – Professionalism, as noted above) *at least* quarterly in which the neurological surgeon discusses some of his/her cases to improve their practice. The ABNS feels strongly that all neurological surgeons should periodically analyze their outcomes and thoughtfully reflect on how care delivery could have been improved. Given the variability of neurological surgery practice today the ABNS does NOT believe that “one size fits all” in terms of a particular conference structure. It is up to the Diplomate to develop a meaningful conference structure with their colleagues, specifically one that includes an analysis of their cases for future safety and quality improvement opportunities.

Neurological surgeons who do not have access to traditional hospital Morbidity and Mortality or Quality Assurance/Improvement Conferences, or the local conferences are deemed inadequate, may fulfill this requirement by attending a national Morbidity and Mortality or Quality Assurance/Improvement conference and having their respective institution leadership attest as such. The ABNS is willing to work with state societies if they wish to develop Morbidity and Mortality or Quality Assurance Conferences to support their contingency of state neurological surgeons to advance public health care.

The ABNS will NOT need to see copies of minutes or other documents relating to conference proceedings but, as noted, the hospital’s Chief of Staff, a Department Chair or other suitable administrator (as part of the Chief of Staff Questionnaire) must verify annually to the neurological surgeon’s active participation, specifically that conferences were held at least quarterly and that the neurosurgeon meaningfully participated by reviewing their complications.

Additional Requirements for Focused Practice

Please note that there are additional CC requirements for ABNS Diplomates who obtain (and wish to maintain) their ABNS credential in subspecialty, focused practices including Neurocritical Care and CNS Endovascular Surgery, and/or their dual ABNS/ABPNS credential in Pediatric Neurological Surgery. These requirements can be found in Section IX, below, under the heading “Additional CC Requirements for Subspecialty/Focused Practice.”

Grace Periods for Delinquent Diplomates Under the New CC Program

As noted above, the ABNS is giving a “fresh start” to Diplomates who are delinquent in some of their requirements under the prior MOC program. Those Diplomates will be absolved of those past requirements and be eligible to start fresh in January 2019 with the new CC program so long as they settle any outstanding payments owed to the ABNS.

Going forward, the ABNS believes the new CC program is far more efficient than the prior MOC program and that the new annual requirements will be both easier to complete and significantly more useful to Diplomates seeking to stay current with their knowledge and take active measures to continuously improve their practice. This, in turn makes the new CC program more beneficial to patients and the communities where Diplomates practice. Therefore, the ABNS believes all Diplomates should complete the CC requirements annually.

However, if Diplomates are delinquent in some or all of their CC requirements in any year, they will receive notice of that fact and be given until the end of the following year to complete the requirements they missed. The annual requirements for the following year must also be completed in full, and while the delinquent requirements are outstanding the Diplomate will not be recognized on the ABNS website as participating in CC. There are fees associated with this one-year grace period, both to discourage Diplomates from being delinquent and to cover costs associated with tracking and administering the grace periods. (Please see “Fees” in Section VIII, below).

Please note the Diplomates may be delinquent in their annual requirements only twice in each ten-year Certification period; the two years cannot be consecutive. If a Diplomate with a time-limited Certificate (a) is delinquent more than twice in any ten year period; or (b) is delinquent in any two consecutive years; or (c) fails after any delinquency to fulfill the requirements he or she missed during the one-year grace period, the individual will no longer be deemed to be Certified, and the only way he or she can again become Certified is to complete the re-entry process described below.

Re-Entry Process

ABNS Diplomates with time limited Certificates who either (a) have been delinquent with the requirements of CC more than twice in any ten year Certification period; or (b) have been delinquent with the requirements of CC in any two consecutive years; or (c)

have failed, following a year of delinquency or non-participation, to fulfill the requirements they missed during the one-year grace period, will no longer be deemed to be Certified. To regain Certified status, the neurosurgeon will be required to submit to the ABNS 75 new consecutive cases, with imaging, which will be reviewed. The case submission is subject to audit to ensure that the submitted cases are consecutive. If the case submission review identifies problems or raises concerns, the ABNS may require the neurosurgeon to take and pass an oral exam focused on his or her practice, or other such activities as a condition to again becoming Certified.

In order for neurosurgeons to be eligible to regain their Certificate through this re-entry process, they must commence the process within two (2) years of the date they lost their Certified status. Please note there are fees associated with the re-entry process. (Please see “Fees” in Section VIII, below).

Inactive Diplomates

Diplomates who are clinically or surgically inactive for a period of time because they are engaged in research, academic administration, government policy work, or other activities that preclude or interfere with active clinical or surgical practice, must inform the ABNS in writing of their intention to become clinically or surgically inactive, and of the likely duration of clinical/surgical inactivity. Diplomates with time-limited Certificates who are listed as “Inactive” may be exempt from certain aspects of the CC program during the period in which they are Inactive, as permitted by the ABNS. The ABNS will notify each Inactive Diplomate of the elements of CC from which he or she is exempt based on his or her individual circumstances (and those from which the Inactive Diplomate is not exempt) during the period of clinical/surgical inactivity. The ABNS also will notify each Inactive Diplomate of the steps he or she must take before again being listed as “Active.”

Fees

	Fee	
Primary Exam	1000/500	1000 credit/ 500 self assessment
Oral Exam	\$6,000.00	4000 oral exam /2000 application
Annual Dues	\$495.00	
General Learning Tool for continuous certification	\$150.00	
Recognized Focus Practice (RFP) Learning tool	\$200.00	
Each addt'l RFP Learning Tool (Peds, Endovascular, NICU)	\$200.00	
General Learning tool for resident	\$50.00	
General Learning tool for medical student	\$25.00	
General Learning tool for non ABNS physicians	\$300.00	
Neurocritical Care Certifying Examination	\$2,000.00	
Pediatric Neurosurgery Certifying Examination	\$2,000.00	
CNS Endovascular Certifying Examination	\$2,000.00	
Continuing Certification grace period penalty	\$250/quarter	
Continuing Certification Reentry Penalty	\$2,500.00	

Annual Dues: All ABNS Diplomates (both those with time-limited Certificates and those without time-limited Certificates) are expected to pay annual dues to defray the costs of ABNS operations. The annual dues as of January 1, 2018 are \$495.

Annual Adaptive Learning Tool: The cost of taking the Adaptive Learning Tool is \$150 for ABNS Diplomates; \$300 for practicing neurosurgeons who are not ABNS Certified; \$50 for residents in ACGME accredited programs; and \$25 for medical students in LCME accredited programs.

Diplomates with Subspecialty/Focused Practice: As discussed in Section IX, below, Diplomates who have Recognized Focused Practice Credentials will be subject to certain additional annual CC requirements. To defray cost to the ABNS for administering the Recognized Focused Practice program, Diplomates with Recognized Focused Practice Credentials must pay an additional \$200/year, which will be collected when they take their specialized Annual Adaptive Learning Tool.

CC Late Fees: As noted, Diplomates who are delinquent with some or all of the annual requirements of CC (which may happen no more than twice in any ten-year Certification period, and may not happen in consecutive years) will have a one-year grace

period to complete the missed requirements. A late fee of \$250 will be due for each three-month period (or portion thereof) in which the requirements remain unfulfilled during the grace period. For example, if a Diplomate completes all of the missing requirements prior to March 31 of the following year, the late fee will be \$250. If the Diplomate completes all of the missing requirements after March 31 but prior to June 30, the late fee will be \$500, and so forth.

Re-Entry Fee: Neurosurgeons who lose their Certification for excessive delinquency or non-participation, or for failure to complete missing requirements during the one-year grace period, and who thereafter seek to regain their Certification through the re-entry process, must pay a re-entry fee of \$2,500 prior to submitting their 75 new consecutive cases. If review of a case submission by the ABNS identifies problems or raises concerns such that the neurosurgeon will also be required to take an oral exam, the neurosurgeon will then also be required to pay the then-current oral exam fee.

Additional CC Requirements for Subspecialty/Focused Practice

Continuous Certification for CNS Neuroendovascular Surgery (CNS-ES) or Neurocritical Care (NeuCC)

In addition to participation in the above CC program for all ABNS Diplomates, those neurological surgeons participating in the CNS NES Recognized Focus Practice or the Neurocritical Care Recognized Focus Practice must also do the following:

1. Complete the version of the annual Adaptive Learning Tool that includes an extra module of CNS-ES or NeuCC questions (as applicable) in addition to questions geared to general neurological surgery.
2. Submit limited case information annually to confirm that the Diplomate's practice is in fact "focused" and that minimum volume thresholds are met. For neurological surgeons participating in the CNS-ES Recognized Focus Practice, this submission will be a full list of their procedural CPT codes along with unique patient identifiers. For neurological surgeons participating in the NeuCC Recognized Focus Practice, the submission will be E&M Codes along with unique patient identifiers.
3. As noted in Section VIII, above, pay an additional fee of \$200 to defray the ABNS' costs of administering the Recognized Focus Practice program, including developing the specialized Adaptive Learning Tool modules and reviewing the annual case-related submissions.

Continuous Certification for ABNS/ABPNS Pediatric Neurological Surgery

In addition to participation in the above CC program for all ABNS Diplomates, those neurological surgeons participating in the Pediatric Neurological Surgery Recognized Focus Practice under the joint auspices of the ABNS and ABPNS must also do the following:

1. Complete the version of the annual Adaptive Learning Tool that includes Pediatric Neurological Surgery questions in addition to questions geared to general neurological surgery.
2. Submit a case log to the ABPNS once every ten years to confirm that the participant is still performing a minimum of 65 cases in patients aged 21 and under within a 12-month period, which case log will be reviewed by the ABPNS to confirm that the Diplomate's practice is in fact "congenital focused" and that minimum volume thresholds are met.
3. Pay an additional fee of \$200 to defray the cost of developing the Pediatric Neurological Surgery Adaptive Learning Tool module which is added onto the Core ABNS module. *Please note that the ABPNS may impose additional annual fees to defray the cost of ABPNS operations and the cost of reviewing the case log submissions.*

It should be noted that for those with non-time-limited Certificates, completion of all annual CC requirements (e.g. Professional attestation, CME and M&M/QA/QI) is required in order to participate in the Recognition of Focused Practice program.

