

October 1, 2012  
FOR IMMEDIATE RELEASE

## Board begins communications effort on maintenance of licensure initiative

DES MOINES, IA – The Iowa Board of Medicine today (October 1, 2012) launched a communication effort to update the health care community about its work toward possibly adopting a process that would ensure the ongoing competency of active, practicing physicians.

The process, known as maintenance of licensure (MOL), is an initiative of the Federation of State Medical Boards (FSMB), a non-profit organization that represents the nation's 70 state medical boards. MOL is aimed at strengthening patient care by requiring physicians to participate in programs that enable them to maintain or improve their competence in the scope of the daily medical practice. Iowa is one of several states participating in various pilot projects that are a prelude to designing a model MOL process, which is still several years away from implementation.

As this initiative continues to evolve from the conceptual to the practice, the Board wants to keep physicians and other key stakeholders apprised of new developments. The Board's communications effort will include occasional press releases to draw attention to MOL information on the Board's website, such as frequently asked questions about MOL, updates on pilot projects and progress reports from the FSMB.

Initial MOL information on the Website includes:

- Frequently asked questions
- Special report from the FSMB
- A Journal of Medical Regulation article on the FSMB's long-term MOL initiative
- Iowa Board of Medicine press release announcing participation in pilot projects

This information can be found by clicking on [this link](#).

To learn more about the FSMB's MOL initiative, please visit [www.fsmb.org/mol.html](http://www.fsmb.org/mol.html)

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# Maintenance of Licensure: Frequently Asked Questions

## What is Maintenance of Licensure?

Maintenance of Licensure (MOL) is a process by which licensed physicians periodically provide, as a condition of license renewal, evidence that they are actively participating in a program of continuous professional development that is relevant to their areas of practice, measured against objective data sources and aimed at improving performance over time. MOL encourages and supports lifelong learning by all physicians and creates a system to confirm their practice improvement efforts.

The Federation of State Medical Boards (FSMB), the non-profit organization that represents the nation's 70 state medical boards, is working with its member boards to develop an MOL system for the United States.

While MOL is still several years away from being adopted by any state medical board, the FSMB is currently working to develop and implement various pilot projects to help states prepare for MOL and to determine best practices for its use.

## What is driving the need for MOL?

The U.S. health care system is in a period of flux and change, facing significant questions about its future. Among developments in recent years is a growing interest in the enhancement of patient safety, the measurement of quality outcomes, and improvements to systems and processes. In recent years, the medical profession – like many other professions in the United States – has become more aware of the need for, and the benefits of, continuous quality improvement.

The public, too, is increasing its focus and scrutiny on quality and safety issues in health care; consumers have become increasingly empowered and seek greater accountability and transparency in the health care system. In 1999, the Institute of Medicine (IOM) noted that consumers generally feel protected by medical licensure, but it called upon state medical boards to do more to gauge a physician's abilities after obtaining initial licensure.

As medicine continues to rapidly evolve and grows more complex, the need for lifelong learning and skills maintenance has also increased. Research suggests physicians may develop deficits in important skills and knowledge the further away they get from medical school and residency training.

All of these factors have contributed to a trend in the United States and internationally to improve health care quality, decrease medical errors and improve patient safety through continuous professional development.

## Are there research studies or other evidence supporting the need for MOL?

Substantial evidence exists to support the concepts of lifelong learning and continuous professional development embodied in MOL. This includes research that links competence and quality of care, and studies that show the need for physicians to update and maintain their knowledge base as their careers advance. The FSMB has created a full bibliography of these studies, and additional evidence, at its MOL website, found at [www.fsmb.org/MOL.html](http://www.fsmb.org/MOL.html).

## What is being proposed by FSMB?

Following seven years of study, in 2010 the FSMB House of Delegates adopted the following framework for MOL, which would require physicians to periodically provide evidence of participation in professional development and lifelong learning activities specific to their practice as a condition of license renewal:

As a condition of licensure renewal, physicians should provide evidence of participating in a program of professional development and lifelong learning that is based on the general competencies model:

- Medical knowledge
- Patient care
- Interpersonal and communication skills
- Practice-based learning and improvement
- Professionalism
- Systems based practice

The following requirements reflect the three major components of effective lifelong learning in medicine:

**1. Reflective Self Assessment** *(What improvements can I make?)*

Physicians should participate in an ongoing process of reflective self-evaluation, self assessment and practice assessment, with subsequent successful completion of tailored educational or improvement activities.

**2. Assessment of Knowledge and Skills** *(What do I need to know and be able to do?)*

Physicians should demonstrate the knowledge, skills and abilities necessary to provide safe, effective patient care within the framework of the six general competencies as they apply to their individual practice.

**3. Performance in Practice** *(How am I doing?)*

Physicians should demonstrate accountability for performance in their practice using a variety of methods that incorporate reference data to assess their performance in practice and guide improvement.

The FSMB House of Delegates also adopted five guiding principles for MOL:

- MOL should support physicians' commitment to lifelong learning and facilitate improvement in physician practice.
- MOL systems should be administratively feasible and should be developed in collaboration with other stakeholders. The authority for establishing MOL requirements should remain within the purview of state medical and osteopathic boards.
- MOL should not compromise patient care or create barriers to physician practice.
- The infrastructure to support physician compliance with MOL requirements must be flexible and offer a choice of options for meeting requirements.
- MOL processes should balance transparency with privacy protections.

### How would MOL requirements impact physicians?

The majority of physicians are already pursuing continuing medical education and training to keep their knowledge and skills current, and many do so through the maintenance of certification programs required by their specialty boards or other quality improvement activities. Many of these physicians will already be in substantial compliance with MOL, simply through the various accrediting, credentialing and quality improvement activities they are already engaged in. The FSMB is working with health care organizations to create a system that fairly evaluates the activities of all licensed physicians, including those who are not clinically active.

Since the American Board of Medical Specialties' Maintenance of Certification (MOC) program and the American Osteopathic Association Bureau of Osteopathic Specialists' Osteopathic Continuous Certification (OCC) program incorporate activities generally consistent with the intentions of MOL, state medical boards would likely qualify licensees engaged in these activities. The MOL framework recommends that physicians engaged in MOC or OCC be recognized as being in substantial compliance with the three major components of MOL.

The intent of MOL is to provide a verifiable system in which physicians can demonstrate their commitment to lifelong learning; it is not designed with the intent to identify and remove "bad" doctors from practice. By implementing MOL, state medical boards will encourage individual practice improvement efforts and serve as the foundation for a culture of continuous professional development encompassing the entire medical regulatory system.

### What are some ways physicians might meet requirements for MOL?

The FSMB is working to create a system that makes it easy for physicians already involved in MOL-equivalent activities to demonstrate their compliance. For physicians who are not specialty board certified, not participating in a process of ongoing specialty board certification, or engaged in non-clinical roles, the FSMB is investigating other options that could be used to demonstrate adherence to lifelong learning in their area of practice.

A wide variety of tools and resources are available that could be used by physicians for MOL purposes, ranging from CME to hospital credentialing processes to patient surveys. Evaluating these tools and developing the details of their use is part of the MOL pilot testing process, which is now under way.

### Will physicians be required to take an exam?

No. The MOL framework does not recommend a high-stakes examination for MOL.

## **Does the adoption of the MOL framework by the FSMB mean MOL requirements are now in effect in the states?**

No. MOL is still years away from implementation. Each state is free to develop and implement MOL guidelines in the manner and timeframe best suited for their individual jurisdiction. Although each state is free to adopt its own guidelines, the FSMB has expressed its commitment to encourage standardization of MOL requirements across all state medical boards. FSMB will also continue to work with the states to further develop and refine the MOL concepts.

## **Why is the FSMB involved in MOL?**

As the sole entities that regulate all physicians and that operate with a direct mandate to protect the public's safety, state medical boards have a unique responsibility to ensure physicians are actively engaged in ongoing professional development and maintaining their knowledge and skills. The FSMB's House of Delegates formally acknowledged this responsibility in 2004 by adopting a policy statement that "State medical boards have a responsibility to the public to ensure the ongoing competence of physicians seeking licensure."

## **Has FSMB sought input from external organizations within the healthcare community as it has developed the MOL framework and recommendations?**

One of FSMB's goals is to develop an MOL system that is carefully integrated and coordinated with the activities of other physician organizations. This is critically important to minimize burdens or overlap for physicians who are already involved in continuous professional development activities, such as MOC or OCC. From the beginning of its MOL development efforts in 2004, the FSMB has been in close contact with, and sought input from, organizations across the spectrum of physician education, training and practice, as well as the public. The FSMB is committed to ensuring that existing education, accrediting, credentialing and quality improvement systems are carefully considered as MOL is developed – again, to minimize overlap or additional burdens for physicians.

## **What are other organizations doing as a part of the trend towards continuous professional improvement?**

All 24 medical and surgical specialty boards that belong to the American Board of Medical Specialties are implementing programs that require physicians to demonstrate continuing competence in order to maintain their board certification in a specific specialty. The American Osteopathic Association-Bureau of Osteopathic Specialists has directed that its member boards implement continuous certification requirements by January 1, 2013.

The Joint Commission, which is the accreditation body for U.S. health care organizations and programs, has enacted standards that include quality improvement activities and performance-monitoring for physicians among its requirements for granting hospital privileges.

The Accreditation Council for Continuing Medical Education, the Accreditation Council for Graduate Medical Education, and the American Medical Association are other organizations that have placed continuous learning and practice improvement at the center of their principles for lifelong practice.

This trend is also being manifested on a global level. The United Kingdom, for example, has already begun implementing a system for its physicians, called "Revalidation," that is similar to MOL. Other countries, such as Australia, are taking similar steps.

## **To learn more about Maintenance of Licensure:**

For more information about the FSMB's MOL initiative, please visit [www.fsmb.org/mol.html](http://www.fsmb.org/mol.html).

# MAINTENANCE OF LICENSURE: A SPECIAL REPORT

## FSMB Advances a New Vision for Lifelong Learning

2012 has been an important year in the FSMB's long-term initiative to introduce a Maintenance of Licensure (MOL) system in the United States.

MOL is a proposed system of continuous professional development that would require physicians to verify their ongoing involvement in lifelong learning as a condition of license renewal.

**With advancement of an implementation strategy for MOL, we have been working diligently with member boards.**

While Continuing Medical Education (CME) has been required of physicians for decades, the process by which physicians maintain their license—particularly as the knowledge and skills needed to practice medicine grow exponentially—has remained a concern among policy makers and regulators. In 1999, the Institute of Medicine (IOM) noted that consumers generally feel protected by medical licensure, but it called upon state medical boards to do more to gauge a physician's abilities after obtaining initial licensure.

The MOL framework helps address these concerns by envisioning three components (reflective self-assessment, assessment of knowledge and skills, and performance in practice) that would be periodically required of actively licensed physicians in their area of practice as a requirement to renew their license.

With the submission of an implementation strategy to the FSMB's House of Delegates, we have begun moving the initiative forward, working in close collaboration with other leading healthcare organizations.

Our partners include the National Board of Medical Examiners and the American Board of Medical Specialties, and we are working closely with the American Osteopathic Association Bureau of Osteopathic Specialists and the National Board of Osteopathic Medical Examiners.

Our goal, in working with these critically important organizations, is to ensure that the structure of the proposed MOL system is well-conceived and carefully coordinated and integrated with current educational systems that impact physicians.

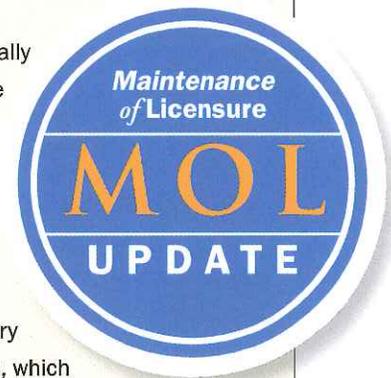
We have also created several advisory panels and workgroups within FSMB, which are diligently working out the myriad of organizational details that will be necessary for successful implementation of this new model for medical licensure.

We began a key step in late 2011 by establishing a series of pilot projects, by which MOL principles and concepts will be rigorously analyzed and tested in real-world conditions. We have identified nine pilot projects that will help us determine answers to key structural questions.

Starting in 2012, our pilot projects will be administered in association with partner boards from the Federation, who are volunteering to help us analyze and assess MOL concepts. A final list of partner boards will be announced later this year.

While MOL is several years away from implementation, the FSMB has begun communicating with other physician groups to keep them apprised as the new system evolves.

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### MOL AND NON-CLINICAL PHYSICIANS

The FSMB is moving forward on many levels with its Maintenance of Licensure (MOL) initiative, including efforts to ensure that an eventual MOL system serves the needs of both practicing physicians and those who are clinically inactive. The FSMB's MOL Workgroup on Non-Clinical Physicians, above, is developing policy intended to ensure an MOL framework that is effective and non-burdensome for all physicians.

## Maintenance of Licensure: A Special Report

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We believe several key points are of great importance to physician audiences:

**MOL is being constructed in a way that is carefully integrated and coordinated with activities of other organizations.** While we are working closely with the ABMS, which administers Maintenance of Certification (MOC) for physician specialty organizations, MOC will not be required as a part of a future MOL system. Similarly, Osteopathic Continuous Certification (OCC) will not be required for MOL. The three systems are independent. The FSMB is recommending, however, that physicians engaged in MOC or OCC be recognized as being in “substantial compliance” with the three key MOL components.

**MOL is being constructed in a way that is carefully integrated and coordinated with activities of other organizations.**

**MOL is being constructed in a way that minimizes additional burdens for physicians.** For example, MOL will not mandate a high-stakes examination as a part of its structure. For physicians not specialty certified, or engaged in MOC or OCC, we will help identify activities that could satisfy MOL.

**MOL is being constructed in a way that takes into account the wide variation in clinical activity among physicians.** Among the nation’s licensed physicians are professors, executives of health care organizations, policy makers and others in a wide range of professional niches. Recognizing this, the FSMB is working with health care organizations to create a system that fairly evaluates and assesses the activities of all licensed physicians. Many kinds of professional activities—outside of clinical practice—may be acceptable for MOL, and are being evaluated.

### Next Steps

The overriding philosophy regarding the timeline for MOL implementation can best be summarized as “evolutionary, not revolutionary.” The FSMB’s MOL Implementation Group has recommended that a state board should spend at least a year educating its physicians and public about its MOL plans before they are implemented. It may also be preferable to implement each of the three components sequentially over time rather than at once, allowing two to three years for each component to be fully implemented. With the completion of the first phase of FSMB’s pilot projects in 2012–2013, the MOL initiative will move to its next phase, which will include additional pilot projects and more specific recommendations from FSMB for individual boards as they begin to construct their own MOL systems.

Striking the right balance between what is necessary to protect the public—the primary mission of state medical boards—and what will be administratively reasonable for practicing physicians without disrupting patient care continues to be a priority of the FSMB as we move closer to an MOL system in the United States.

### ***MOL’s Guiding Principles***

- *Maintenance of licensure should support physicians’ commitment to lifelong learning and facilitate improvement in physician practice.*
- *Maintenance of licensure systems should be administratively feasible and should be developed in collaboration with other stakeholders. The authority for establishing MOL requirements should remain within the purview of state medical boards.*
- *Maintenance of licensure should not compromise patient care or create barriers to physician practice.*
- *The infrastructure to support physician compliance with MOL requirements must be flexible and offer a choice of options for meeting requirements.*
- *Maintenance of licensure processes should balance transparency with privacy protections.*

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# Maintenance of Licensure: Evolving from Framework to Implementation

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**IN BRIEF** The authors provide a report summarizing progress to date in the Federation of State Medical Boards' long-term Maintenance of Licensure (MOL) initiative.

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## Introduction

Shortly after April 2010, following the adoption by its House of Delegates of a framework for Maintenance of Licensure (MOL), the Federation of State Medical Boards (FSMB) began earnest deliberations and discussions to facilitate MOL process design and implementation by interested state medical and osteopathic boards. An MOL Implementation Group established by the FSMB has since developed a series of practical recommendations addressing such issues as the optimum timing and periodicity of a state board's MOL requirements and the role of specialty board recertification and continuing medical education (CME).<sup>1</sup>

The FSMB has also had preliminary discussions with a wide range of organizations with experience and expertise in the areas of physician assessment and specialty certification, and organizations that already offer a variety of tools and activities that could meet one or more MOL requirements. Last summer, 11 state medical and osteopathic boards reported to the FSMB that they were interested in collaborating to consider participation in specific MOL pilot projects.

This article—a follow-up to “Maintenance of Licensure: Protecting the Public, Promoting Quality Health Care,” a monograph approved by the FSMB's Board of Directors and published in the *Journal of Medical Regulation* in 2010<sup>2</sup>—summarizes and reports on the progress that has been made in moving MOL from framework to implementation. Though MOL is a few years away from implementation by any state board, the FSMB has pledged to continue to lead, coordinate and proceed in a logical fashion to provide the necessary support to state boards so that progress with its implementation remains methodical and evolutionary, not revolutionary, as physicians with active medical licenses

are asked to periodically demonstrate their ongoing clinical competence in their area of practice as a condition for licensure renewal.

## MOL Implementation Group and Its Deliberations

The MOL Implementation Group (IG) was charged by the FSMB's Board of Directors in 2010 to act in support of FSMB policy. Its report, presented to the FSMB's House of Delegates last year as a follow-up to the 2010 report of the FSMB's Advisory Group on Continued Competence of Licensed Physicians (AG), was “intended to provide more detailed guidance to FSMB's state member boards ... as they consider

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THOUGH MOL IS A FEW YEARS AWAY FROM IMPLEMENTATION...THE FSMB HAS PLEDGED TO PROVIDE THE NECESSARY SUPPORT TO STATE BOARDS.

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implementation of MOL programs.” The IG said that it sought to offer recommendations for MOL as “a rational and well-considered proposal to facilitate the engagement of physicians in a culture of continuous improvement and to assure the public, through a verifiable and reproducible system, that physicians are actively participating in such an effort.”

First and foremost, the IG noted, “nearly half of U.S. physicians already fulfill the intent of MOL” through their participation in the continuous specialty certification programs of the American Board of Medical Specialties (ABMS) and the American Osteopathic Association Bureau of Osteopathic Specialists (AOA BOS). Both of these recertification programs were listed in the AG report among the tools that practicing physicians have available to them to fulfill the requirements of each of the three components of MOL (reflective self-assessment, assessment of knowledge and skills, and performance in practice). While the report of the AG had acknowledged that physicians actively engaged in the ABMS Maintenance of Certification (MOC) or soon to be engaged in AOA BOS Osteopathic Continuous Certification (OCC) programs “could substantially meet” MOL

requirements, the IG report in 2011 definitively supported the concept. It noted also that both MOC and OCC programs were themselves evolving—like MOL—into fully continuous quality improvement programs.

In a census of actively licensed physicians in the United States conducted two years ago, the FSMB found that 74.5 percent of the nation's 850,085 physicians were certified by at least one ABMS specialty board. Among doctors of medicine (M.D.), 77 percent were specialty certified by the ABMS; among doctors of osteopathic medicine (D.O.), 38 percent were ABMS-certified and 40 percent certified by an AOA BOS specialty board. The IG's conservative assessment that "nearly half of U.S. physicians already fulfill the intent of MOL" reflects a reality noted in the census, that 216,352 physicians (both M.D. and D.O.) are not specialty-certified, that a large plurality of physicians are either grandfathered for MOC or OCC (that is, they are not required to recertify) and that another plurality are not participating in MOC or OCC for whatever reason. An additional group of physicians that is not specialty-certified includes those who are in graduate medical education training but have not yet taken their specialty board examinations. Because state licensing boards have never provided a specialty medical license—instead providing a license for the

general undifferentiated practice of medicine—the IG made clear that neither MOC nor OCC are intended to become mandatory requirements for medical licensure but should be recognized as substantially meeting any state's MOL requirements. The majority of MOL pilot projects, in fact, will likely be designed to determine and identify multiple options and pathways by which physicians who are not specialty-certified or are not engaged in MOC or OCC may fulfill a state board's MOL requirements.

Alluding to the fact that many physicians serve as leaders in emerging team-based models of health care delivery, such as the patient-centered medical home, the IG said it hoped that its recommendations "can serve as a model for other health care professions as they look at developing their own continuous improvement processes." In fact, the National Council of State Boards of Nursing, the National Association of Boards of Pharmacy, the National Commission for Certification of Physician Assistants and the American Association of Physician Assistants have all embarked on such programs for their health professionals.

### **MOL Implementation Group's 2011 Recommendations**

The 2011 recommendations of the IG (see Figure 1) were calibrated to adhere to the guiding principles

**Figure 1**

### **MOL Implementation Group's 2011 Recommendations to State Boards<sup>1</sup>**

- 1 Consider pursuing a "phased approach" for MOL implementation.
- 2 Require each licensee to complete certified and/or accredited CME, a majority of which (at least half) should be practice-relevant.
- 3 Require licensees to undertake objective knowledge and skills assessments to identify learning opportunities and guide improvement activities.
- 4 Require licensees to use comparative data and, when available, evolving performance expectations to assess the quality of care they provide and then apply best evidence or consensus recommendations to improve and subsequently reassess their care.
- 5 Require each licensee to complete a minimum Component One activity on an annualized basis, a majority of which is devoted to practice-relevant CME that supports practice improvement, and to document completion of one Component Two and one Component Three activity every five to six years.
- 6 Consider physicians who provide evidence of successful ongoing participation in ABMS Maintenance of Certification (MOC) or AOA BOS Osteopathic Continuous Certification (OCC) programs to have fulfilled all three components of MOL.
- 7 Regularly collect data from individual licensees about the extent of their engagement in direct patient care and the nature of their daily professional work.
- 8 Strive for consistency in the creation and execution of MOL programs.

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for MOL adopted by the FSMB's House of Delegates in 2010 as part of the AG report (see Figure 2). Recognizing that the adoption of MOL represents a "substantial paradigm shift" for state medical and osteopathic boards, the IG advised state boards to consider pursuing a "phased approach" for MOL implementation, though it said it would encourage state boards that were interested in a more expedited process. It recommended that once a state

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**THE MAJORITY OF MOL PILOT PROJECTS WILL LIKELY BE DESIGNED TO IDENTIFY MULTIPLE OPTIONS BY WHICH PHYSICIANS WHO ARE NOT SPECIALTY-CERTIFIED MAY FULFILL A STATE BOARD'S MOL REQUIREMENTS.**

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board has decided to implement MOL, a year or two should be spent in preparing for MOL, including a "readiness assessment, preparatory steps, initial communication to licensed physicians (and) involvement of stakeholders." Such preparation, the IG said, should address program implementation activities, including communication with training programs and medical schools; a review of the board's medical practice act, policies, rules and regulations; an inventory of staff and financial resources; review and use of an FSMB "MOL Toolbox" that will consist of practical guidance, assistance and resources; an evaluation of data needs; concrete decisions on program design and physician activities deemed acceptable for MOL compliance; and revisions to the medical license renewal application as needed. (Many of these items will likely be incorporated in the first phase of MOL pilot projects.) The IG also recommended that state boards hold informational meetings about MOL with legislators, state medical

and osteopathic societies, physicians, the public and other key stakeholders.

After this preparatory time, the IG suggested that each of the three components of MOL (i.e., reflective self-assessment, assessment of knowledge and skills, and performance in practice) be sequentially implemented in a phased approach (up to two to three years for each component), noting that once MOL is fully implemented by a state board, all licensed physicians in that jurisdiction will be "expected to comply with the entire MOL program as designed." In calling for the adoption of the first component of MOL first, rather than all three components at once, the IG said it hoped to demonstrate early success in MOL implementation to build momentum for subsequent components, to "build on the known and familiar" to ease the transition from license renewal to MOL and to "develop buy-in over time" for more elaborate continuous professional development activities. In the area of CME, a critical element of the first component of MOL, the IG advised state boards to require each licensee to complete certified and/or accredited CME, a majority of which (that is, at least half) should be practice-relevant.

Regarding the assessment of knowledge and skills, the second component of MOL, the IG advised state boards to require licensees to participate in knowledge and skills assessments to identify learning opportunities that guide their improvement activities. The IG suggested such activities should be developed by an objective third party with demonstrated expertise in these areas; be structured, validated and consistently reproducible; be credible with the public and the profession; provide meaningful assessment feedback; and provide formal documentation that describes the nature of the activity and its successful completion. In reiterating a point made by the AG a

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**Figure 2**  
**The Guiding Principles of Maintenance of Licensure<sup>4</sup>**

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- 1 MOL should be administratively feasible and developed in collaboration with other stakeholders.
  - 2 The authority for establishing MOL requirements should remain within the purview of state medical boards.
  - 3 MOL should not compromise patient care or create barriers to physician practice.
  - 4 The infrastructure to support physician compliance with MOL requirements must be flexible and offer a choice of options for meeting requirements.
  - 5 MOL should balance transparency with privacy protections.
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year earlier, the IG said high-stakes examinations may be an option by which a physician may choose to meet this requirement (as with MOC or OCC) but such an examination should not be mandated for MOL for physicians not engaged in MOC or OCC activities. Recognizing the limited resources of most state boards, particularly in challenging economic times, the IG said it “would not expect” state boards to develop external assessments unless they chose to do so but could see state boards accepting external, objective assessments that met their licensing requirements.

For the third MOL component, performance in practice, the IG advised state boards to require licensees to use comparative data and, when available, evolving performance expectations to assess the quality of care they provide in their area of practice and then apply best evidence or consensus recommendations to improve and subsequently reassess their care. In essence, the IG suggested that physicians should be asked to use their available practice data to evaluate patient outcome variation, both within their own practices as well as in comparison to local and national peers “when such data is available.” Recognizing that component three of MOL “will evolve over time,” the IG recommended that state boards consider the “full range of ongoing high-quality practice improvement activities that are now being implemented by specialty and professional societies, certifying boards, hospitals, physician groups and quality improvement organizations” that it listed in its report as examples.

Although the term of license renewal currently varies between one and three years among state boards, the IG advised state boards to require each licensee to annually complete a minimum MOL Component One activity, a majority of which is devoted to practice-relevant CME that supports practice improvement, and to document completion of one Component Two and one Component Three activity every five to six years. Until physicians and state boards are able to demonstrate continuous engagement in MOL activities in a “rolling and uninterrupted manner through automated data reporting,” the IG said, most state boards will have to rely upon periodic documentation and verification as evidence of participation in required MOL activities. Explaining its rationale for different periodicities for the three components, the IG said “requiring completion of some Components less frequently than every license re-registration cycle will make implementation of MOL more administratively feasible for SMBs [state medical

boards] and strikes a balance between ensuring sufficient rigor in the MOL process and ensuring that compliance with MOL is not overly burdensome for licensees.”

The IG noted that MOL, MOC and OCC are similar but not identical in purpose or design. While they each require a physician’s commitment to lifelong learning and self-assessment through a variety of approaches, MOL does not require specialty board certification. However, the IG advised state boards to consider physicians who provide evidence of successful ongoing participation in ABMS Maintenance of Certification (MOC) or AOA BOS Osteopathic Continuous Certification (OCC) to have substantially fulfilled all three components of MOL. Since MOL—unlike MOC or OCC—is expected to be mandatory for all physicians as a requirement of medical licensure renewal, the IG said it should be reasonably adaptable for a more heterogeneous physician population that includes those that are and are not specialty-certified, and those that are and are not engaged in MOC or OCC activities.

The IG also advised state boards to regularly collect data from individual licensees about the extent of their engagement in direct patient care and the nature of their daily professional work, an effort currently being addressed in part by an FSMB working group looking at a minimal data set of questions that all state boards could require of physicians

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AS MOL ADVANCES, THE FSMB HAS AN INTEREST ON BEHALF OF STATE MEDICAL BOARDS TO COLLABORATE WITH ORGANIZATIONS THAT HAVE EXPERTISE IN ACTIVITIES THAT COULD SATISFY MOL REQUIREMENTS.

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when they renew their license. There is also an FSMB working group looking at ways in which non-clinical physicians may meet a state’s MOL requirements. Finally, recognizing that 22.7 percent of the nation’s physicians have more than one state medical license, the IG advised state boards to strive for consistency in the creation and execution of state-based MOL programs across the country.

**Preparing for MOL Pilot Project Implementation**

Several months before the IG presented its report to the House of Delegates, in 2011, a meeting was held in Chicago of the FSMB, the National Board of Medical Examiners (NBME), the National Board

of Osteopathic Medical Examiners (NBOME), the ABMS and the AOA BOS to begin to explore ways in which discussions could be pursued to develop and design pilot projects for state medical boards to consider as they implement MOL.

As MOL advances, the FSMB has an interest on behalf of state boards to collaborate with organizations that have expertise in physician assessment, specialty certification and practice-specific tools and activities that could satisfy MOL requirements. The five organizations have met on a regular basis, rotating between Dallas and Philadelphia and Chicago, and have exchanged information and explored opportunities for bilateral (e.g., NBME-NBOME) or multilateral work on specific MOL pilot implementation projects. The members of the group have also acknowledged the need to engage with organizations like the Council of Medical Specialty Societies (CMSS), the Accreditation Council for Continuing Medical Education (ACCME) and the American Medical Association (AMA), to name just three, to better identify existing CPD tools, activities and processes. The FSMB has taken the lead in most of these communications and is still in the early phases of these discussions.

On March 18, 2011, then-FSMB Chair Freda Bush, M.D., sent a letter to the executive directors of all 70 state medical boards in the United States, updating them on the progress being made with the advancement of MOL and noting that the FSMB and several collaborating organizations were now “ready to explore specific methodologies by which a state may wish to pilot MOL implementation.” She asked them to formally respond by June 1 if they were interested in participating with the FSMB in MOL pilot implementation projects. The June 1 deadline was selected in part to enable further discussions with state boards at the FSMB’s annual meeting that April in Seattle.

Between March and June, FSMB board members and staff fielded queries and comments from several state boards, both at the annual meeting and at selected site visits to specific boards at their request to talk about MOL. While there was widespread interest among many states to be among the first to consider implementing MOL, there was also concern about the resources that may be required to do so. Many respondents expressed a desire to move forward, however, with several state boards openly sharing some of the steps they were already considering in order to implement MOL in their jurisdictions. The Massachusetts Board of Registration in Medicine,

for instance, expressed a desire to implement MOL in that state by 2015, the same year that its rules requiring physicians to demonstrate familiarity with electronic health records as a condition for license renewal are expected to go into effect. The Vermont Board of Medical Practice announced that it would require, for the first time, completion of CME credits for licensure renewal, an important precursor to MOL implementation. The Colorado Medical Board reported that the Colorado Medical Society had created an MOL committee and would be collaborating with them on possible implementation strategies. Some state boards, such as the Pennsylvania State Board of Medicine, have created their own MOL Committee to further examine the issue. The Minnesota Board of Medical Practice reported that it had adopted a rule change to recognize physicians engaged in MOC and OCC programs as having satisfied that state’s CME requirements for licensure renewal. Other state boards expressed an interest in MOL but said there were more pressing agenda items at the moment, while others expressed an interest in allowing best practices to emerge as they continued to follow developments.

By June, 11 state boards replied that they were interested in considering participation in MOL pilot implementation projects with the FSMB: Osteopathic Medical Board of California, Colorado Medical Board, Delaware Board of Medical Practice, Iowa Board of Medicine, Massachusetts Board of Registration in Medicine, Mississippi State Board of Medical Licensure, Medical Board of Ohio, Oklahoma State Board of Osteopathic Examiners, Oregon Medical Board, Virginia Board of Medicine and the Wisconsin Medical Examining Board.

### **The Evolution of MOL Pilot Implementation Projects**

During a conference call on September 7, 2011, the FSMB led a discussion with those state boards that had expressed an interest in participating in MOL pilot projects. During this call, FSMB staff members shared the results of discussions they have had with a wide range of organizations, and concluded by the end of the call that there was wide interest among the state boards in the ultimate implementation of as many as 20 to 30 pilot projects, with perhaps a third of that number developed for implementation by early 2012.

The state boards were given an opportunity to share their thoughts on three broad, hypothetical approaches to MOL implementation: an open system, a closed system and a hybrid system. In an open MOL system, a wide variety of tools and options

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could be seen as acceptable to support the needs of state boards and licensees such that content for each of the three MOL components could be provided by multiple users with distributed data repositories; the onus would be on physicians and state boards, however, to determine on a continuous basis which activities could meet MOL requirements. In a closed system, by contrast, a specified system to support a state's MOL needs could link with a centralized data repository with defined schedules and designated registration for MOL compliance; the onus in this case would be on the system. In a hybrid system, there could be both open and closed elements but standards for each MOL component would need to be identified in advance and the system centralized. Similar discussions were held with the MOL IG—shortly after Janelle Rhyne, M.D., began her term as FSMB Chair—and a council of chief executive officers from a wide range of stakeholder organizations across the continuum of medical education and practice.

Partly as a result of those discussions, 10 possible pilot projects were identified and presented for feedback in a conference call in November to interested state boards. The proposed projects include processes to determine a state board's readiness to implement MOL, to integrate a state board's existing license renewal process with what will be needed for MOL and to demonstrate how physicians engaged in MOC and OCC may be able to report compliance with MOL to state boards.

In meetings in December and January, additional discussions have continued with the hope of ultimately offering interested state boards the opportunity to initiate pilot projects by early 2012. As MOL advances with more granularity and progress, the FSMB is preparing a formal communications plan that goes beyond educational and informational presentations, including the FSMB's publications and website, to educate a larger population of physicians about MOL and its implementation. Internally, the FSMB has created an MOL Team to coordinate its messages, activities, meetings, discussions, communications, media queries and leadership of MOL. Additional information about planned MOL activities will also be provided to state boards and interested stakeholders at the FSMB's annual meeting in April 2012 in Fort Worth, Texas. ■

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*(This report was formally approved by the FSMB Board of Directors.)*

June 11, 2012  
FOR IMMEDIATE RELEASE

## Board adopts 4 pilot projects to prepare for system to ensure physician competency

DES MOINES, IA – The Iowa Board of Medicine will begin preliminary work in July on a national initiative aimed at strengthening patient care by requiring licensed physicians to participate in programs that enable them to maintain or improve their competence in the scope of their daily medical practice.

The Board on Friday (June 8, 2012) authorized staff to pursue four pilot projects in cooperation with the Federation of State Medical Boards (FSMB) as a prelude to determining what may be required of physicians to demonstrate professional competence when seeking licensure renewal.

Iowa is one of 11 state medical boards that have agreed to undertake projects this year to determine how competency assessments might be integrated in the licensure renewal process and to survey physicians and other stakeholders about how to best assure the ongoing competence of physicians.

At an FSMB meeting in late April, nine pilot projects were reviewed to the participating states. Iowa selected these four:

- 1) Conduct a “readiness” inventory to determine what the Board needs to consider and possibly resolve to ensure successful participation in all pilot projects and eventually the implementation of maintenance of licensure (MOL) system.
- 2) Prepare a comprehensive strategy to communicate the value and importance of MOL.

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- 3) Evaluate and assess how to integrate MOL in the licensure renewal process.
- 4) Survey licensees for their opinions about potential features of a comprehensive MOL system.

Amy Van Maanen, director of licensure for the Iowa Board, said information derived from the pilot projects will be used by the FSMB to help develop policies and practices to build a model framework for states to adopt in their implementation of an MOL system.

In Iowa, and most other states, physicians issued a permanent medical license are not required to pursue continuing education specific to their practice. Most physicians do, however, especially those who are certified by a specialty board.

Van Maanen said it is very premature to know what the MOL system might be for Iowa. She said whatever is ultimately adopted, it should be administratively feasible, developed in collaboration with other stakeholders and not overly burdensome for the profession.

“Maintenance of licensure should support physicians’ commitment to lifelong learning and facilitate improvement in physician practice,” she said.

The MOL initiative gained momentum in 2004 when the FSMB, a coalition of 70 state medical licensing boards, adopted a policy statement that “state medical boards have a responsibility to the public” to ensure that physicians are maintaining their competency.

Over the past eight years, the FSMB has facilitated a national discussion on the MOL initiative with state boards, national physician associations, medical and osteopathic specialty certification boards and other stakeholders.

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