

# MAINTENANCE OF LICENSURE: A SPECIAL REPORT

## FSMB Advances a New Vision for Lifelong Learning

2011 marked 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 in the summer of 2012).

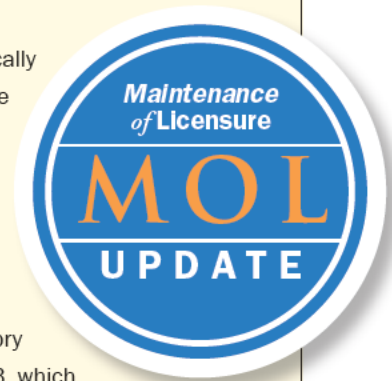
While MOL is several years away from implementation, the FSMB has begun communicating with other physician groups to keep them apprised as the new system evolves.

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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.



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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.*