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**Maintenance of Licensure**

**Frequently Asked Questions**

### **What is maintenance of licensure?**

Maintenance of licensure (MOL) is the process by which a licensee periodically provides, as a condition of license renewal, evidence that he or she is 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.

The FSMB recently adopted a framework to help state medical boards implement their own MOL policies. When fully implemented, MOL will encourage and support lifelong learning by all of the nation's licensed physicians and create a system to confirm their practice improvement efforts.

### **What do physicians do now to maintain their licenses?**

Medical boards' current requirements for licensure renewal vary in detail, but generally ask physicians to update information such as board certifications, additional training, and malpractice claims, and to pay a fee. In most states, physicians also must show that they have obtained a certain amount of continuing medical education credits. However, they are not required to get education credits in areas specifically related to their practices nor are they required to demonstrate to their licensing boards what they have learned from continuing medical education activities. The MOL programs outlined in the proposed framework would require physicians to demonstrate skills and knowledge in their areas of practice.

### **What is driving the need for MOL?**

State medical boards and the medical profession as a whole are facing increasing demand for greater accountability and transparency. Some of the factors prompting the MOL initiative include:

- Reports from the Institute of Medicine calling for dramatic changes in the U.S. health care system. For example, the IOM's landmark *To Err is Human* report challenges the health professions' regulatory boards to do their part in making the overall health care system safer for patients by periodically re-examining and re-licensing providers "based on both competence and knowledge of safety practices."
- Increasing public demands that the quality of care delivered by our health care delivery system continuously improve.
- Research that suggests physicians may develop deficits in important skills and knowledge the further away they get from medical school and residency training.

- New knowledge identified after medical school and residency may not be adopted into practice the same way as knowledge acquired in medical school and residency.

### **What is the goal of proposed MOL programs?**

The ultimate goal of any maintenance of licensure program is to improve patient care. To achieve that goal, MOL programs would need to support continuous learning as a touchstone of physicians' lifelong practice.

The intent of maintenance of licensure is to promote quality improvement and continuous professional development for licensed physicians. It is not designed with the intent to identify and remove "bad" doctors from practice. MOL should encourage lifelong learning and be a verifiable system of individual practice improvement efforts.

By implementing a maintenance of licensure process, medical boards would serve as the foundation for a "culture of improvement" encompassing the entire medical regulatory system.

### **When and why did FSMB become involved?**

An FSMB committee began studying the complex issues involved in maintenance of licensure in 2004, after member boards unanimously adopted a policy directive, which remains in effect, stating: "State medical boards have a responsibility to the public to ensure the ongoing competence of physicians seeking relicensure."

### **What is being proposed by FSMB?**

FSMB, through the work of a Special Committee and an Advisory Group over the last few years, has now developed recommendations to guide state medical boards in developing and implementing a framework for maintenance of licensure:

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 what is known about effective lifelong learning in medicine.

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

Physicians must 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 must 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 must 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 has also adopted five guiding principles for maintenance of licensure:

- 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 maintenance of licensure 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 maintenance of licensure requirements must be flexible and offer a choice of options for meeting requirements.
- Maintenance of licensure processes should balance transparency with privacy protections.

Physicians may use tools and data ("repurpose") from other quality improvement programs in which they are participating.

- Physicians may be able to substantially comply with MOL requirements through participation in ABMS' Maintenance of Certification (MOC) program or the American

Osteopathic Association's Bureau of Osteopathic Specialists' Osteopathic Continuous Certification (OCC) program.

**What would happen to physicians who do not fulfill their state boards' MOL requirements?**

If a state adopts MOL requirements, then MOL is likely to become a requirement that a state medical board would require for license renewal, just as CME is required today. A physician would be unable to renew his or her license until presenting evidence of satisfactory completion of MOL.

**Would the public know how physicians perform on maintenance of licensure requirements?**

The model policy calls for balance between the public's need to know how their physicians perform and the public benefit in supporting physicians' continuing education and lifelong learning. Physicians are more likely to embrace new learning if they can complete assessments and have a reasonable period of time to close gaps in skills and knowledge.

The states and medical boards will find need to that point of balance individually.

**How does a model policy differ from actual regulations?**

The Federation of State Medical Boards develops model policies at the requests of its members; it does not have the authority to license physicians to practice medicine. That authority rests with the individual states and U.S. territories, which carry out this responsibility through their medical licensing boards. There are 69 such boards: some boards license allopaths (physicians holding M.D. degrees); some, osteopaths (physicians holding D.O. degrees); and some, both. All belong to FSMB.

The states and territories are free to adapt model policies to meet their jurisdictional needs. In sum, a model policy is just that – a model – unless and until a state or territory translates it into statute or regulations.

**Once the policy framework is approved, how long will it take for states to translate the framework into regulations?**

The time frame will vary from state to state, though a number of state medical boards have signaled a desire to participate in "starter plans" and pilot projects.

**What does research tell us about the relationship between continuous professional development and practice improvement?**

Meta-analyses support the use of continuing medical education as a tool for physician learning if it is part of a system of professional development that includes self-assessment, remediation and re-assessment. These findings support the shifts in requirements for re-licensure embodied

in the proposed model policy – from a counting of CME hours to a demonstration of improvement in a physician’s practice. References to relevant research are provided in the special committee’s draft report on maintenance of licensure.

**Are other health care organizations doing similar work to assure that physicians are competent?**

By 2012, all 24 medical and surgical specialty boards that belong to the American Board of Medical Specialties will have programs in place that require physicians to demonstrate continuing competence in order to maintain their board certification in a specific specialty. The American Osteopathic Association’s Bureau of Osteopathic Specialists will also have continuous certification requirements in place for its 18 medical and surgical specialty boards. The Joint Commission, which is the accreditation body for U.S. health care organizations and programs, has enacted new 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.

Licensing boards and FSMB are working in collaboration with these organizations as MOL moves forward to implementation. However, as the FSMB’s 2004 policy directive makes clear, state medical boards also believe they have a unique role in ensuring the ongoing competence of licensed physicians. As the sole entities that regulate *all* physicians and that operate with a direct mandate to protect the public’s safety, the U.S. medical licensing boards have a unique responsibility to assure physicians’ ongoing competence and continuous improvement.

**How would MOL requirements impact physicians?**

The vast majority of physicians are already pursuing continuing 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. If state boards were to find these activities acceptable as evidence that their licensees have met MOL requirements, the impact on these physicians would be minimal. For those physicians who are not specialty board certified, not seeking specialty board recertification or engaged in non-clinical roles, a number of options are being explored to help them demonstrate their adherence to lifelong learning in their area of practice.

**How might MOL requirements impact other developments affecting medical practice, such as e-health and telemedicine or the pay-for-performance movement?**

Patients today benefit from the availability of services from physicians who may not be present in their state when the services are provided but who are licensed in their state, as is often the case with telemedicine. State medical boards realize that policies they impose must not interfere with physicians’ ability to secure licensure in other states. Consistency will be necessary among states when adopting MOL requirements to avoid interstate mobility issues.

**What are physicians' current attitudes toward maintenance of licensure requirements?**

A recent survey conducted by the Institute of Medicine found that 77 percent of physicians believe they should undergo recertification exams periodically. Nearly all respondents believed they should take part in peer evaluations of the quality of care provided by colleagues.

**What is FSMB doing to ensure the MOL system does not introduce new burdens for physicians?**

FSMB is working to ensure MOL requirements do not duplicate those already in place or those that are being implemented by other national organizations. FSMB's work seeks to minimize the burden and duplication as much as possible.

For instance, FSMB has been spearheading work with other organizations to align standards of medical practice across the continuum of medical school, residency programs, state medical and osteopathic boards, certifying organizations, and other organizations whose requirements affect practice. This collaborative work has engaged board members and administrative leaders who realize the importance of clarifying expectations for physicians both within the medical community and for the public. The work has also involved an array of stakeholders, even beyond those representing physicians and regulators to engage consumer groups, hospitals, insurance representatives, state legislators, and foundations. The level of collaboration bodes well for outcomes that will help the public know what they can expect from their physicians and physicians what they will be expected to do.