

Rules and Regulations of the American Board of Ophthalmology

September 2018

I. Purpose

A. The principal purposes of the American Board of Ophthalmology (ABO) are to determine the eligibility of candidates who seek certification by the ABO, to conduct examinations of eligible candidates, and to issue certificates to those who meet the ABO's requirements and pass its examinations. The intent of both initial certification and maintenance of certification (MOC) is to assure the public that an ophthalmologist certified by the ABO has successfully completed an approved educational program and evaluation process designed to assess the medical knowledge, clinical judgment, and professionalism required to provide high-quality patient care.

B. The Rules and Regulations apply to all candidates and diplomates.

C. The ABO may amend the Rules and Regulations from time to time in such manner as it deems appropriate. All amendments will be effective from the date of adoption.

II. Mission and Principles

A. Mission. To serve the public by certifying ophthalmologists through the verification of competencies.

B. Principles.

1. Certification promotes and recognizes aspirational goals, not minimum standards.

2. Certification is a lifelong process that promotes excellence through continuous improvement.
3. Certification should be voluntary, as our founders intended.
4. Certification should be challenging and meaningful, yet not burdensome to busy practitioners.
5. ABO diplomates are professionals and colleagues, and we honor them accordingly.
6. The ABO stewards its finances with integrity and transparency.
7. The ABO is an independent certifying board of practicing ophthalmologists who collaborate whenever possible with professional societies, organizations, and other stakeholders who strive to advance excellence.

III. **Nature of Certificate**

A. Until June 30, 1992, the ABO issued a Certificate that was not time-limited in its validity. The Certificate stated: The American Board of Ophthalmology hereby certifies that: Dr. (Name) has satisfactorily completed an accepted course of graduate study and clinical work and has successfully passed the examinations in Ophthalmology conducted under the authority of this Board. (Date and Seal) Issued: Date, Day, Year; Signatures of Directors of the ABO.

B. A Certificate issued by the ABO on or after July 1, 1992 expires ten (10) years following the date of its issuance. During the ten (10) year period, the diplomate must satisfactorily complete a renewal process as defined by the ABO to obtain a new certificate upon expiration of the then-current certificate, which will expire ten (10) years thereafter. The current certificate states: The American Board of Ophthalmology hereby certifies that: Dr. (Name) has satisfactorily completed an accepted course of graduate study and clinical work and has

successfully passed the examinations in Ophthalmology conducted under the authority of this Board. (Date and Seal) Issued: Date, Day, Year; This certificate is valid through December 31, Year; Signatures of Directors of the ABO.

IV. Requirements for Initial Certification

A. Professional Training

1. A candidate must have graduated from an allopathic or osteopathic medical school accredited by the Liaison Committee on Medical Education (LCME). If a candidate graduated from a medical school located in a country other than the United States or Canada, the candidate must submit a certificate from the Educational Commission of Foreign Medical Graduates (ECFMG).

2. A candidate entering an ophthalmology training program must have undertaken a post-graduate year one (PGY-1) in a program in the United States accredited by the Accreditation Council of Graduate Medical Education (ACGME) or a program in Canada accredited by the Royal College of Physicians and Surgeons. The resident must have primary responsibility for patient care in fields of emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, or surgery. At a minimum, six months of the PGY-1 must consist of a broad experience in direct patient care. The program chair of the initial ophthalmology training program attended by a candidate must verify and attest that the candidate has completed an accredited PGY-1 in the United States or in Canada prior to the start of the ophthalmology residency.

3. A candidate must satisfactorily complete an entire formal graduate residency training program in ophthalmology (PGY-4 or better), with a minimum duration of

thirty-six (36) months conducted in the United States, approved by the Ophthalmology Residency Review Committee, and accredited by the ACGME; or, with a minimum duration of forty-eight (48) months conducted in Canada and accredited by the Royal College of Physicians and Surgeons. The candidate's department chair and program director are required to verify satisfactory completion of an entire formal graduate ophthalmology residency training program in medical and surgical care.

4. When a resident's training has occurred in more than one residency program, an interim evaluation must be completed by the initial program. Less than six (6) months' service in an accredited program is not acceptable as part of the required training in ophthalmology. It is the responsibility of the second (or final) program to obtain the interim evaluation from the initial program or a subsequent program. The second (or final) program, in its satisfactory completion document, must evaluate all competencies, taking into account any deficiencies noted in the interim evaluation by the preceding program(s).

5. It is the responsibility of the candidate to confirm, with the assistance of the department chair and program director, the ACGME approval status of a residency program. Details of the categories of approval are provided in the ACGME Manual of Structure and Functions, as amended or updated. If a residency program loses approval or is withdrawn during a candidate's training, the candidate must complete the remaining required number of months of training in another ACGME-accredited program.

B. Licensure

1. The candidate must maintain a valid and unrestricted license to practice medicine in all states in the United States, its territories, and/or Canadian provinces in which the physician holds a license. A candidates who does not have a valid and unrestricted license in

each state, territory, and/or Canadian province in which the physician has a license is not eligible to sit for an ABO examination.

2. A candidate shall be deemed to meet the requirements of Section IV.B.I if and for so long as the person is on full-time active duty at a military installation as a physician in any branch of the United States armed services, has a valid and unrestricted military medical license, and provides medical care and treatment on the military installation solely to members of the United States armed services and their dependents.

C. Examination of Candidates:

To become Board Certified, each candidate must pass a Written Qualifying Examination (WQE) and an Oral Examination administered by the ABO.

1. The WQE is a 250 multiple-choice question examination designed to evaluate the breadth and depth of the basic science and clinical knowledge of candidates who have satisfactorily completed an accredited program of education in ophthalmology. It is necessary to pass this examination before being admitted to the Oral Examination. The WQE is administered at nationally-distributed test centers on one assigned day in an approximately five-hour testing period that includes a tutorial and break time. Approved candidates are provided with the information necessary to schedule a test appointment and are responsible for scheduling a test appointment at a test center. The topics covered in the WQE include:

- a) Cataract and Anterior Segment
- b) Cornea and External Disease
- c) Glaucoma
- d) Neuro-Ophthalmology
- e) Oculoplastic Surgery and Orbit

- f) Ophthalmic Pathology and Oncology
- g) Pediatric Ophthalmology and Strabismus
- h) Refractive Management and Optics
- i) Retina and Vitreous
- j) Uveitis

2. The Oral Examination is the second evaluation in the Board Certification process. During the Oral Examination, a candidate is presented with patient management problems (PMPs), each of which represents a patient or clinical situation, and is asked to identify how s/he would care for that patient. Oral Examinations are given by appointment within a half-day period. The half-day period is divided into six 25-minute examinations to allow multiple examiners to assess the candidate's patient care ability. The pooled group of examiners is referred to as a Panel. The six major Oral Examination topic areas are:

- a) Anterior Segment of the Eye
- b) External Eye and Adnexa
- c) Neuro-Ophthalmology and Orbit
- d) Optics, Visual Physiology, and Correction of Refractive Errors
- e) Pediatric Ophthalmology and Strabismus;
- f) Posterior Segment of the Eye

3. The administration and grading of all examinations shall be at the sole discretion of the ABO. All examinations shall be administered and graded without discrimination to ensure a fair and unbiased examination for each candidate. The candidate shall be notified of his/her test results by the Chief Executive Officer via letter to the mailing address provided by the candidate. The decision of the ABO as to the results of an examination shall be

final and conclusive. To ensure confidentiality, examination results will not be given over the telephone.

V. **ABO Eligibility Timeframe**

A. The ABO eligibility policy requires successful completion of Board Certification requirements within five years of residency graduation. A candidate who successfully passes the WQE then must take and pass the Oral Examination to be Board Certified. Candidates have a maximum of five Oral Examination attempts during this period. This policy affects all candidates for Board Certification as described below:

1. All candidates for Board Certification who complete residency on January 1, 2016 and afterwards must successfully complete the WQE and Oral Examination within five years of finishing residency.

2. All candidates who completed residency on or before December 31, 2012 must successfully complete the WQE and Oral Examination within seven years of the 2012 institution of this policy (i.e., December 31, 2018).

3. All candidates who completed residency between January 1, 2013 and December 31, 2016 must successfully complete the WQE and Oral Examination within seven years of finishing residency.

4. During the eligibility period described above, the candidate may be referred to as Board Eligible and can:

- a) Sit for the WQE each year it is offered until successful;
- b) Sit for the Oral Examination, after successful completion of the WQE, up to a maximum of five attempts.

5. If a candidate fails to register by the deadline for an examination that is scheduled in the final year of his/her eligibility, s/he is no longer considered Board Eligible as of the registration deadline date.

B. Re-Entry for Eligibility

1. Candidates who do not qualify for Board Certification within the timeframe requirements described above in Section V.A. may enter a re-entry process. Successful re-entry does not restore board eligibility status; however, it will allow the candidate four additional years to obtain Board Certification by completing the following requirements.

2. Candidate must complete a re-entry application which includes a non-refundable application fee.

3. The re-entry period begins upon application and is valid for four years from the date the application is received by ABO. To be approved to participate in re-entry, the candidate must complete the re-entry requirements described below before being eligible to sit for the WQE:

a) As of the date of application and at all times throughout certification, the candidate must maintain a valid unrestricted license to practice medicine in all states in the United States, its territories, and/or Canadian provinces in which the physician holds a license;

b) Three letters of attestation of the candidate's practice from ophthalmologists certified by the American Board of Ophthalmology must be forwarded to the ABO directly from the physician who wrote the recommendation and on the physician's letterhead;

c) The candidate must satisfactorily complete an improvement in medical practice activity via the ABO's Improvement in Medical Practice program; and

d) The candidate must complete 25 self-assessment AMA PRA Category 1 Continuing Medical Education credits.

4. Candidates can register for the WQE while meeting the requirements described above, however, the candidate will not be permitted to sit for the WQE unless all of the re-entry requirements have been completed to the ABO's satisfaction.

5. A candidate who successfully completes the re-entry requirements will be eligible to sit for the WQE and will be permitted to pursue Board Certification for a maximum period of four years. A candidate who does not become Board Certified by the end of the re-entry period can no longer pursue board certification.

VI. Applications for Board Certification

A. A candidate who wishes to be certified by the ABO shall complete an application on the ABO web site. Information regarding how to access the application system on the ABO web site, including log-in information, can be obtained from the department chair or program director of an accredited residency program, the ABO office, or the ABO website (abop.org).

B. A candidate who wishes to be considered for the WQE must apply (including submission of all supporting data and verifications furnished directly by others) by the posted deadline. If a completed application and all required supporting data are submitted after the posted deadline, the application will not be valid, and the application fee shall be returned (less an administration fee).

C. Each application timely received by the ABO shall be reviewed for purposes of determining whether the application is complete. The application shall be considered complete

only when all supporting data required by the application, including all verifications, are received. The ABO will notify the candidate of any deficiencies in the application, but this notice shall not extend the filing deadline. If an application is not complete, the application shall not be considered or acted upon for any purpose until it is fully completed in ABO's determination.

D. The ABO may make or cause to be made inquiries of all persons and institutions reasonably believed to have information bearing upon or relevant to a determination of whether the candidate meets the ABO's requirements for examination, including, without limitation, persons and institutions named in the application.

E. If the ABO determines that a candidate who has applied does not meet the ABO's requirements for examination, the candidate will be notified of the reason(s) why the candidate does not meet the ABO's requirements for examination. The notice may include recommendation(s) for the candidate to remedy each determined deficiency and the notice may require a response. A candidate has the right to appeal the decision in writing. A candidate's appeal will be reviewed by the Credentials Committee at its next regularly scheduled meeting, which may jeopardize the ability of the candidate to sit for that examination if that meeting were to occur after the application deadline. A determination by the Credentials Committee is final and conclusive. A subsequent application submitted by the candidate will not be considered by the ABO for any purpose if it exhibits any of the deficiencies as determined by the Credentials Committee with respect to the prior application.

F. Candidates who apply to take the WQE and Oral Examination must affirm that the information they provide in their applications is true and accurate. If (1) any misrepresentation is discovered in the application or in any other information submitted to the

ABO or in the identity of a person applying to take or taking an examination, (2) any financial or other benefit is offered by a candidate to any director, officer, employee, proctor, or other agent or representative of the ABO in order to obtain a right, privilege or benefit not usually granted by the ABO to similarly situated candidates, or (3) any irregular behavior before, during or after an examination including, but not limited to, copying questions or answers, sharing information, questions, or answers, using notes, or re-creating all or portions of the examination by memory or otherwise giving or receiving aid, is discovered by observation, statistical analysis of answer files/sheets, or otherwise, the candidate shall be given written notice of the charges and an opportunity to respond in accordance with the procedures set forth in the Rules and Regulations. If the ABO determines that a violation has occurred, the ABO may permanently bar the person(s) involved in the violation from all future examinations, invalidate the results of prior examinations taken by the person(s), withhold or revoke the Certificate of the person(s), and/or take other action. If sanctions are imposed pursuant to the Rules and Regulations, the ABO may notify interested third parties of its action and may post a summary of the action and the name of the candidate or diplomate on its website or in other publications or communications.

G. If the ABO has reasonable grounds to believe that irregular behavior may have compromised the integrity of an examination, the ABO will make every reasonable effort to withhold the scores of only those candidates directly implicated in the irregularity or who may have benefited from the irregularity. Nevertheless, in some instances, the evidence of irregularity, though sufficiently strong to cast doubt on the validity of scores, may not enable the ABO to identify the specific candidate(s) involved in the irregularity. In such circumstances, the ABO may withhold the scores of candidate(s) not directly implicated in the irregularity and, if

necessary, may require those candidates to take an additional examination later to ensure the validity of all scores.

H. The WQE, the Oral Examination, and other assessment instruments such as Quarterly Questions (QQ) are copyrighted by the ABO, and the ABO will strictly enforce its rights with respect to these materials. The examination materials (questions and visuals) are the sole property of the ABO and shall not be removed from the test area or reproduced in any way. Any reproduction of the examination materials, in whole or in part, is illegal and may subject the candidate to sanctions. No candidate shall be permitted, while taking a WQE, an Oral Examination, or Quarterly Questions, to record, copy, transmit, or retain any part or all of the examination on any device of any nature whatsoever. No recorder, camera, cellular phone, or any device that has the capability to record, copy, transmit, or retain pictures, text, or sound may be brought into a WQE or Oral Examination. Notes, scratch paper, textbooks, calculators, and/or other reference materials are also prohibited. Any attempt to recreate any portion of an examination or assessment exercise from memory or otherwise is strictly prohibited.

I. Candidates must electronically sign a document agreeing to these provisions during the examination registration process.

J. All applications and registration information for the WQE and separately for the Oral Examination shall be accompanied by a fee payable to the ABO for the application fee then in effect. No application will be complete until the fee has been received. A candidate who cancels or fails to appear for a WQE or Oral Examination for which s/he has been scheduled will not be scheduled for another such test until s/he pays to the ABO a new fee in the amount then in effect. The fees shall be established by the ABO Board of Directors based on the actual and

anticipated costs of the ABO in the examination of applicants and the administration of its business.

VII. Participation in Maintenance of Certification

A. Diplomates who hold time-limited Certificates must satisfactorily complete a renewal process as directed by the ABO to obtain a new Certificate, and such new Certificate shall expire after ten (10) years. To renew certification, American Board of Medical Specialties (ABMS) Maintenance of Certification (MOC) standards require that a physician must complete a four-part recertification program as described below:

1. Part I: Professionalism and Professional Standing: maintain a valid and unrestricted license to practice medicine in all states, territories and/or Canadian provinces in which s/he holds a license;

2. Part II: Lifelong Learning and Self-Assessment: complete 250 continuing medical education (CME) credits:

- a) 80% of which must be relevant to ophthalmology;
- b) 80 of the 250 CME must be designed for self-assessment; and
- c) must include an ABO-approved patient safety activity.

3. Part III: Assessment of Knowledge, Judgment, and Skills: For at least 5 years out of the 10-year renewal cycle: achieve a passing score on a cognitive, longitudinal assessment for; and complete at least 10 article-based questions; and

4. Part IV: Improvement in Medical Practice: Complete 2 activities designed to improve patient care during the 10-year certification.

MOC requirements are different based on the diplomate's current certification expiration date.

Diplomates should log on to the ABO web site to review their requirements.

B. MOC Program Description

1. Part I: Professionalism and Professional Standing: At all times during the certification process, the diplomate must maintain a valid and unrestricted license to practice medicine in all states in the United States, its territories, and/or Canadian provinces in which the physician holds a license.

a) If a physician is practicing full-time in a country other than the United States, one of its territories, or Canada and the diplomate does not have a U.S. (individual state or territory) medical license or a Canadian province medical license, the ABO may allow the diplomate to maintain the Certificate provided that each of the following requirements are satisfied at in the ABO's discretion: the diplomate has and continues to comply with all requirements governing the practice of medicine in each country in which the physician is practicing medicine and maintains the required licensure for practice in each country (including each jurisdiction within the country as applicable); the diplomate's previous U.S. (individual state or territory) medical license or Canadian province medical license (as applicable) was not suspended or restricted or revoked or lapsed or surrendered to avoid a sanction, discipline or investigation by a licensing authority; and, the diplomate demonstrates to the ABO's satisfaction that the diplomate maintains professional behavior.

2. Part II: Lifelong Learning and Self-Assessment: During the ten year certificate cycle, diplomates will earn and attest to a total of 250 AMA PRA Category 1 CME

Credits™, including 80 self-assessment CME. At least 80% of all CME activities completed must be specific to ophthalmology. While the ABO does not require CME transcripts, diplomates must attest to completion of 50 CME every two years in years 2, 4, 6, 8, and 10 of their current certificate cycle.

a) Self-assessment CME promotes active learning and involves question-and-answer exercises that evaluate understanding of the activity's subject. Self-assessment CME must meet the following three criteria:

(1) the activity must have a learning objective that is relevant to the physician's treatment of patients;

(2) the activity must provide Category 1 Credit obtained through a CME provider accredited by the Accreditation Council for Continuing Medical Education; and

(3) the activity must have a self-assessment component.

b) Patient Safety: Diplomates must complete an ABO patient safety activity as described on the ABO web site or attest to completion of an alternate patient safety activity approved by ABO by the end of year two during the ten year certificate cycle.

3. Part III: Assessment of Knowledge, Judgement and Skills: Diplomates must pass an assessment of knowledge, judgement, and skills. The ABO offers two options for this requirement, as described below.

a) Demonstration of Cognitive Knowledge Examination (DOCK): The DOCK is a secure, proctored, 150-item computer-based exam that a diplomate has four hours to complete. The exam consists of one 50-item module on Core Ophthalmic Knowledge and two 50-item modules chosen by the diplomate from a list of practice emphasis areas. The

DOCK examination is available January through November from a diplomate's home or office via remote proctor or throughout the entire month of September at nationally-distributed test centers.

(1) Each DOCK examination includes a 50-question module in Core Ophthalmic Knowledge.* At the time of registration, diplomates select two additional 50-question practice emphasis area modules for a total of 150 questions. Diplomates are given the option to select two modules within the same practice emphasis area or two different practice emphasis areas. The exceptions to the previous sentence are Refractive Management/Intervention and Uveitis, because only one module is available for each area.

- (a) Comprehensive Ophthalmology
- (b) Cataract/Anterior Segment
- (c) Cornea/External Disease
- (d) Glaucoma
- (e) Neuro-Ophthalmology and Orbit
- (f) Oculoplastic Surgery and Orbit
- (g) Pediatric Ophthalmology/Strabismus
- (h) Retina/Vitreous
- (i) Refractive Management/Intervention
- (j) Uveitis

*Meaningful participation in the 2017 Quarterly Questions waives the DOCK Core module requirement.

(2) The DOCK is a pass-fail examination with results based on the total percent correct of all 150 questions. It is necessary to achieve an overall passing grade

based on the combined grades of all three modules. Unanswered questions are scored as incorrect; therefore, diplomates are encouraged to answer every question. The content of the DOCK is based on the MOC Content Outline, which is a curriculum of clinically relevant practice-related knowledge. The content is developed and vetted by hundreds of volunteer practicing ophthalmologists. The DOCK examination employs a criterion-referenced passing standard.

(3) 2018 will be the final year for the DOCK Examination. The Part III assessment transition to Quarterly Questions commenced in 2017 (details about Quarterly Questions are included in Section VII.B.b)(5) below). Diplomates in years six through ten of their current time-limited certificate are eligible to take the 2018 DOCK examination. This includes diplomates whose current certificate expires in 2018, 2019, 2020, 2021, 2022, or 2023. Passing the DOCK will satisfy the knowledge assessment requirement (Part III) for their current certificate and participation in Quarterly Questions is optional but not required. (See Section VII.B.(6) below).

b) Quarterly Questions replaces the DOCK examination in 2019. Quarterly Questions is a longitudinal assessment administered annually that includes 40 scored knowledge questions and 10 non-scored journal article-based questions. Annual completion of Quarterly Questions requires meeting the passing score for the 40 scored knowledge items and completing 10 non-scored article-based items. Diplomates must successfully complete at least 5 years of Quarterly Questions over the ten-year certification but are encouraged to participate in the program annually.

(1) Diplomates whose certificates expire in 2019 or 2020 must successfully complete at least 3 years of Quarterly Questions. To support this transition for

individuals with less than 3 years remaining on their current certificate (that is, for Diplomates whose certificates expire between 2018 and 2020), the ABO will extend the current certificate by one year, or for up to two years, to allow enough time to complete the required number of questions without penalty. To take advantage of this exemption, diplomates must be current with Quarterly Questions and all other MOC activities by their certificate expiration date.

(2) Diplomates can answer questions using any computer or mobile device with Internet access. The passing standard is set prior to the administration of each year's Quarterly Questions program and real-time performance is displayed on the diplomate's Quarterly Questions platform dashboard.

(3) Quarterly Questions focuses on fundamental knowledge needed in the everyday practice of ophthalmology (40 questions) and the application of information from five peer-reviewed journal articles selected by the diplomate (10 questions). Although the 40 knowledge-based questions should not require advance preparation, a content outline on which the questions are based is available. The content is developed and vetted annually by hundreds of volunteer practicing ophthalmologists.

(4) Diplomates may select knowledge assessment questions from one or more of the practice emphasis areas listed below.

- Comprehensive Ophthalmology
- Cataract/Anterior Segment
- Cornea/External Disease
- Glaucoma
- Neuro-Ophthalmology and Orbit
- Oculoplastic Surgery and Orbit

- Pediatric Ophthalmology/Strabismus
- Retina/Vitreous
- Refractive Management/Intervention
- Uveitis

(5) In addition to the subspecialty content selected, Diplomates will answer 5 core ophthalmology questions in both knowledge-based question quarters.

Knowledge-based questions must be answered within 1 minute (60 seconds) without the use of outside resources.

(6) Article-based questions cover the practice emphasis areas noted above in addition to topics such as patient safety, quality improvement, and ethics/professionalism. Article-based questions are timed at 5 minutes and can be attempted twice.

(7) New questions are delivered during the first 3 quarters of each year (in January, April, and July). Questions can be answered one at a time or all in one sitting, provided all questions are answered by December 31.

(8) Diplomates are asked to indicate their level of confidence in each answer and rate the relevance of each question to his/her practice. This information helps to improve the program but does not affect scoring. Diplomates receive immediate feedback about their responses including the rationale for each question, key references, and suggested resources for additional information if desired. Diplomates are also encouraged to participate in two short surveys designed to improve the program and platform experience (once at the end of quarter 2 to evaluate the knowledge assessment questions and again at the end of quarter 3 to evaluate the article-based questions).

(9) Registration is not necessary. All eligible diplomates can participate via their ABO Status Page throughout the year. The Quarterly Questions platform has a homepage that provides a summary of current and past Quarterly Questions participation and performance. The ABO encourages diplomates to begin participation at the beginning of the year and to answer the questions as they become available at the start of each quarter. Questions from previous years will be available for 3 years.

(10) 2018 was the final year for the DOCK Examination. Diplomates who completed the DOCK examination during their current ten-year certificate cycle are not required to participate in Quarterly Questions during this cycle. Quarterly Questions will be required during the next ten-year cycle.

4. Part IV: Improvement in Medical Practice: Diplomates must complete two Improvement in Medical Practice activities over ten years (one in years 1-5 and one in years 6-10). Improvement in Medical Practice activities are designed to encourage ongoing assessment and improvement of patient care in ophthalmology. Participating in improvement activities allows diplomates to measure practice performance and develop an actionable plan for improvement based on best practices. The ABO encourages diplomates to tailor Improvement in Medical Practice activities to the topic(s) most relevant to his/her practice. The ABO offers a menu of Improvement in Medical Practice activities, as described below.

a) Diagnosis-based Improvement in Medical Practice Activities (formerly Practice Improvement Modules): Diagnosis-based Improvement in Medical Practice activities facilitate review of 30 patient records associated with a specific diagnosis. The activities assist with the evaluation of practice standards, identification of areas for improvement

through self-assessment, and a reduction of gaps in quality of care through improved patient outcomes.

b) Customized, Self-Directed Improvement in Medical Practice

Activities using the AAO IRIS® Registry Data: IRIS participants can access a dashboard that provides monthly performance rates on 15 clinical quality measures and 6 quality improvement measures. The data can be used to identify two or three areas for improvement, set specific goals for each, outline the steps to achieve the goals, and evaluate success by looking at the subsequent monthly performance rates provided by the IRIS dashboard. Because the registry data are obtained from the diplomate's electronic health record, this option requires no manual data entry.

c) Customized, Self-Directed Improvement in Medical Practice

Activities: Diplomates can develop a clinical or non-clinical activity approved in advance by ABO to make a change in practice. The process includes:

(1) Identifying a problem, examining the relevant data, and setting improvement goals;

(2) Identifying a plan and steps for improvement, conducting the improvement plans for a minimum of 90 days, and reflecting on the outcomes.

(3) Participation in the American Board of Medical Specialties Multi-Specialty Portfolio Program: If a diplomate's institution is a Portfolio Sponsor through the Multi-Specialty Portfolio Program, the diplomate can complete an improvement activity using this team-based, organizational pathway.

C. Non Time-Limited Diplomates

Diplomates who hold non-time-limited certificates issued before 1992 are eligible to participate in MOC without affecting their original certificate. There are two MOC pathways offered to non-time-limited diplomates.

1. **Fast Track:** Non-time-limited diplomates who must recertify quickly can participate in the MOC “Fast Track” process by completing all MOC requirements within a three-year timeframe. Upon successful completion of these steps, non-time-limited diplomates will earn a new voluntary certificate, valid for 10 years, and will be listed as "Participating in MOC" on the ABO's online “Verify a Physician” tool.

2. **Annual MOC:** Non-time-limited diplomates may apply to enter the annual MOC program. Diplomates must comply with all annual requirements of the MOC program, including payment of the annual fee. If diplomates are meeting each of these requirements, they will be reported on the ABO website as “Participating in MOC.” Diplomates who successfully complete the 10-year process will earn a new voluntary certificate, valid for 10 years.

D. Previously Certified Diplomates

Candidates whose Board Certification has lapsed can participate in the MOC “Fast Track” process by completing all MOC requirements within a three-year timeframe. Upon successful completion of these steps, former diplomates will earn a new voluntary certificate, valid for 10 years, and will be listed as "Participating in MOC" on the ABO's online “Verify a Physician” tool.

E. MOC Access and Fees

1. Diplomates access all MOC activities via the ABO website. To access the ABO website, diplomates must log in with a current email address and a password. Diplomates

are required to register and pay by credit card for the MOC annual fee. Registration for each MOC component requires users to update current contact information, provide information on current medical license(s), and agree to the MOC Application and Agreement.

2. The ABO is committed to keeping the costs and administrative burdens of the MOC process reasonable and modest. Fees, including late fees, are established annually based upon the overall costs of administering the MOC process. The ABO cannot reduce or waive fees for individual diplomates. The ABO understands that its diplomates are busy practitioners and the ABO makes every effort to communicate important dates and deadlines via its web site, direct mail, and other communications.

VIII. Public Reporting of Certification and MOC Participation

A. The ABO provides a service on its website that allows the public to search for Board Certified ophthalmologists and to verify both Board Certification and current participation in MOC. The information details the physician's certification history with the ABO. The information displayed is as follows:

1. Name: Last, First, Middle
2. Location: City, State, Zip Code
3. MOC Participation: current participation is represented as a badge of professional achievement and the statement, "Participating in MOC." If a Diplomate is not required to participate in MOC, the badge of professional achievement and text are not displayed.

B. Certification Status

1. Certified - The ophthalmologist holds a non-time-limited certificate. Physicians certified prior to 1992 were awarded with certificates before the recertification

program was introduced. Therefore, these ophthalmologists are encouraged, but not required, to participate in the Maintenance of Certification program.

2. Certified - The ophthalmologist holds a time-limited certificate.

Physicians certified in 1992 and thereafter are required to recertify every 10 years through Maintenance of Certification – a program of lifelong learning and quality improvement.

3. Not Certified – The ophthalmologist is not ABO certified.

4. Participating in MOC - Ophthalmologists who are participating in Maintenance of Certification are Board Certified and engaged in a structured program of lifelong learning designed to help them stay up to date in practice. This patient-centered process includes continuing medical education, patient safety modules, knowledge assessments, and quality improvement programs. Like certification, MOC is not required to practice medicine, but all ophthalmologists certified in 1992 and thereafter must participate in the program as a condition of their certification. Certified ophthalmologists who are completing the MOC process on time, and in accordance with the program rules, are listed as Participating in MOC.

5. Certification History: Dates of initial certification and recertification.

C. Maintenance of Certification (MOC) is a process adopted by all 24 ABMS member boards. It embodies the principles of lifelong learning and continuous improvement for the benefit of the public and the profession and aims to:

1. Establish and maintain high standards for patient care in ophthalmology
2. Provide physicians with the means to continually assess and improve their ability to meet these standards
3. Ensure that physicians are being assessed by reliable and valid measures to continually improve patient care

D. Public Reporting of Certification - Other Statuses

1. Clinically Inactive: The ABO is committed to supporting diplomates in meeting MOC requirements. The ABO recognizes that some diplomates leave the practice of ophthalmology and in some instances wish to remain ABO Certified. Diplomates who have become clinically inactive and are therefore unable to complete the Improvement in Medical Practice requirement of MOC may continue to remain ABO Certified by completing each of the other MOC activities during the required timeframes of the MOC cycle. Diplomates who are approved for this designation, as described below, will be designated as “ABO Certified – Clinically Inactive.” This designation will be printed on the diplomate’s Certificate and will be publicly reported to the ABMS and will be noted as such on the ABO’s “Verify a Physician” webpage.

a) The ABO defines “clinically inactive” as having insufficient patient contact to be able to complete the Improvement in Medical Practice requirement of MOC. The clinically inactive pathway is available to diplomates who wish to remain ABO Certified but do not intend to practice clinical ophthalmology in any manner. The clinically inactive option is not available to diplomates who have voluntarily or involuntarily suspended or intend to suspend their clinical practice with the intention to return to clinical practice at a later date. Clinically inactive status may include but is not limited to those individuals who sustained an illness or injury that is expected to permanently prevent them from clinical practice; or changed job responsibilities from clinical practice to academic, administrative, or other non-clinical practice.

b) Clinically inactive diplomates who wish to maintain their ten (10) year time-limited Certificate will be required to complete all other requirements for MOC in the

same manner and in the same timeframe as required for clinically active diplomates. Clinically inactive status does not apply to diplomates who practice ophthalmology but are unable to complete the Improvement in Medical Practice requirement of MOC for reasons including, but not limited to, leaves of absence, or a temporary interruption of current practice for illness or disability. Diplomates who practice ophthalmology but are unable to complete the Improvement in Medical Practice requirement of MOC for any reason should contact the ABO for guidance as soon as they become aware of the possibility of the inability to complete the requirement within the timeframes established by the ABO.

c) Clinically inactive status is determined by the ABO on a case-by-case basis. If a diplomate designated by the ABO as clinically inactive returns to clinical activity in any capacity, the diplomate must report this to the ABO in writing immediately. Requests to modify a diplomate's clinically inactive status will be evaluated by the ABO and determinations made on an individual basis. The diplomate will be apprised of the outcome of the review.

2. Retired

a) Retired status is available to diplomates who have voluntarily concluded medical practice. Retired status is not available to diplomates who have involuntarily suspended practice. Retired status is also not available to diplomates who voluntarily suspended practice with the intention to return at a later date. This includes but is not limited to temporary leaves of absence or temporary interruption of current practice for illness or disability.

b) A diplomate who is no longer engaged in the active practice of ophthalmology may notify the ABO to establish Retired status by submitting a form to the ABO office acknowledging that s/he is no longer engaged in the practice of ophthalmology. Diplomates will be publicly reported as "Retired" along with their certification history.

c) If a diplomate designated by the ABO as retired returns to clinical practice in any capacity, the diplomate must report this to the ABO in writing immediately. Requests to modify a diplomate's retired status will be evaluated by the ABO and determinations made on an individual basis. The diplomate will be apprised of the outcome of the review.

3. Revocation

a) If the ABO revokes or suspends a diplomate's certificate, places the diplomate on probation, or imposes conditions upon the diplomate's certificate, the ABO may also require the diplomate to surrender his/her certificate and copies thereof to the ABO immediately upon notice of the determination. Suspension or probation of a diplomate's certificate may be elected by the ABO in lieu of revocation if the ABO wishes to mirror the actions of a licensing entity, awaits the outcome of an investigation or a disciplinary proceeding, or for other reasons. During a period of suspension, the diplomate is reported as not certified. During a period of probation, the diplomate is reported as certified but on probation, as long as any conditions of probation are met.

b) The ABO may notify the ABMS and any other party of any action taken by the ABO, and it may post a summary of the action on its website and/or publish a summary or a complete copy of the decision itself.

IX. Candidate and Diplomate Standards

A. At all times during the certification process, the diplomate must maintain a valid and unrestricted license to practice medicine in all states in the United States, its territories, and/or Canadian provinces in which the physician holds a license. A candidate or diplomate shall be deemed to meet the requirements of the previous sentence if and for so long as the person is on full-time active duty at a military installation as a physician in any branch of the

United States armed services, has a valid and unrestricted military medical license, and provides medical care and treatment on the military installation solely to members of the United States armed services and their dependents.

B. Any restriction or sanction or discipline or communication with respect to a candidate or diplomate's medical license, administrative or otherwise, can be reviewed by the ABO.

C. A candidate or diplomate must provide written notice to the ABO Chief Executive Officer of any final action taken by a licensing entity within sixty (60) days of receiving notice from the licensing entity of such action. A candidate or diplomate must provide written notice to the ABO Chief Executive Officer when the final action by a licensing entity expires or is otherwise no longer in effect. As part of any written notice to the Chief Executive Officer, a candidate or diplomate must include a copy of all correspondence and documentation (i) received from the licensing entity and (ii) sent by or on behalf of the candidate or diplomate to the licensing entity relating to the event(s) which resulted in the licensing entity taking a final action.

D. Each licensing entity may use different terminology to describe a final action affecting a candidate or diplomate's medical license. The terms a licensing entity may use with respect to a final action may include but are not limited to: revocation; surrender; suspension; reprimand; disciplinary action; administrative matter; practice improvement; probation; restricted license; letter of concern; special conditions or requirements; or, a no action letter. A final action taken by a licensing entity may be indefinite in duration or have a defined period of applicability or result in the conclusion that the licensing entity is not taking any action with respect to the candidate or diplomate's medical license. If a licensing entity characterizes its decision as a final

action, it is not relevant for purposes of the ABO's decision-making that a candidate or diplomate may wish to consider an appeal in any forum with respect to a final action taken by a licensing entity.

E. A final action also includes resignation, suspension, or return of a medical license in anticipation of or to prevent a licensing entity from taking a final action or from the threat of taking an action against a physician's medical license.

F. A physician who has voluntarily entered a rehabilitation program for chemical dependency or a practice improvement plan with the approval of a licensing entity will not be considered, for purposes of this Section, to have a restriction on his/her license provided the physician maintains compliance with the rehabilitation program and all terms or conditions established by the licensing entity.

G. A candidate or diplomate is required to respond in a timely, accurate, and complete manner to any correspondence from the ABO. Failure to respond in a timely, accurate, and complete manner may be independent grounds for discipline. With respect to a candidate who is nonresponsive or does not provide timely, accurate, and complete information, the ABO reserves the right to permanently or temporarily suspend the candidate's application materials, including but not limited to allowing an individual to sit for an examination. With respect to a diplomate who is nonresponsive or does not provide timely, accurate, and complete information, the ABO reserves the right to take disciplinary action including revocation of the diplomate's Certificate.

H. Licensing Entity Final Actions Resulting in Restrictions

1. The description of an action taken by a licensing entity may not correspond to the terminology used in Section IX.D describing a final action. The ABO takes an

expansive view of what may be considered a final action given the lack of consistency of terminology used by each licensing entity. The ABO considers any of these final actions a restriction on a physician's medical license regardless of whether (i) a licensing entity unilaterally imposes these requirement(s); or (ii) the outcome is part of an agreement entered between the physician and a licensing entity; or (iii) any other action takes place which leads to the same outcome with respect to the physician's medical license:

- a) a licensing entity revokes a diplomate or candidate's license;
- b) a diplomate or candidate resigns, suspends, or returns a license in anticipation of or to prevent a licensing entity from taking a final action or from the threat of it taking an action against a diplomate or candidate's medical license;
- c) a licensing entity suspends a diplomate or candidate's license;
- d) a licensing entity places a diplomate or candidate's license on probation; or
- e) a licensing entity places conditions or requirements on a diplomate or candidate's license (including, but not limited to, supervision, chaperoning during the examination of patients, documentation standards, documentation review, additional training beyond that required of all physicians for the maintenance of licensure, continuing education, limitations placed on usual scope of practice) regardless of whether or not such conditions or requirements are imposed by order of the licensing entity or are the result of a voluntary agreement or arrangement between the physician and the licensing entity.

I. Diplomate or Candidate Transgressions

1. In addition to a restriction on a diplomate or candidate's license as described in Section IX.D, the ABO will consider taking action against a candidate or diplomate if any of the following occur, each of which is considered a transgression:

- a) the individual violates any ABO rule, regulation, or policy;
- b) the individual's actions or inactions affect the process for initial certification or MOC or the terms and conditions related to the same;
- c) the individual makes a misstatement or omission of a material fact in an application or in any other information submitted to the ABO;
- d) the individual presents or distributes, or aides or assists another person(s) to present or distribute, a forged document or other written instrument purporting to have been issued by or under the authority of the ABO to evidence that a diplomate or candidate or any other person(s) is currently or was previously certified by the ABO, when that is not the case, or claiming orally or in writing, or assisting another person(s) to claim, orally or in writing, that a diplomate or candidate or any other person(s) is currently or was previously certified by the ABO, when that is not the case;
- e) issuance of a Certificate contrary to or in violation of any ABO rule, regulation, or policy;
- f) ineligibility of the individual to whom the Certificate was issued to receive the Certificate;
- g) engaging in conduct that disrupts an examination or that could reasonably be interpreted as threatening or abusive toward any examinee, proctor, staff, examiner, or Director; or

h) failure to cooperate in any investigation, hearing, or appeal conducted by the ABO, even if the diplomate or candidate is not the subject of the investigation.

i) In addition to the transgressions listed above, the ABO will consider acting against a candidate or diplomate if any of the following occur, each of which is also considered a transgression:

- (1) the individual is convicted of a misdemeanor or felony;
- (2) the individual enters a guilty, *nolo contendere* plea, deferred adjudication status, or any other type of action or resolution as part of a criminal justice matter;
- (3) the individual is issued a letter of concern or reprimand or a similar concept by a licensing entity; or
- (4) the individual demonstrates questionable judgment, poor judgment, unethical behavior, or immoral personal or professional behavior, regardless of whether such conduct affects the individual's status with a licensing entity.

J. ABO Response to a Diplomate or Candidate's Restriction or Transgression:

Appeal Rights and Process

1. The ABO may gather information as it sees fit and is available. The ABO may send a letter to a diplomate or candidate requesting information with respect to the restriction or transgression.

2. ABO staff may decide, with or without any additional information provided by the diplomate or candidate, that no further action by the ABO is warranted. ABO staff will consult with the ABO Credentials Committee chair. If the Credentials Committee chair concurs that no further action is warranted, the ABO will send a letter to the diplomate or candidate regarding the ABO's decision based upon the information the ABO has received. If

the Credentials Committee chair believes that further action by the ABO may be warranted, the ABO will send a letter to the diplomate or candidate requesting information be submitted to the ABO with respect to the Restriction of or Transgression within 30 days of the date of the letter. The matter will then be presented to the Credentials Committee and include the information submitted by the diplomate or candidate, if applicable.

3. If a motion is made and seconded and approved by majority vote of those Credentials Committee members present when the vote is taken (excluding any person with a conflict of interest as described below in Section X.D) such action shall be considered the act of the Credentials Committee.

a) If the Credentials Committee approves a motion that no further action is warranted against the candidate or diplomate, a letter will be sent to the the candidate or diplomate.

b) If the Credentials Committee recommendation is:

(1) to revoke or place on probation a diplomate's Certificate because the diplomate does not satisfy a provision in Section IX.A, the diplomate (i) will be provided a letter regarding the Credentials Committee recommendation; (ii) will not be asked to provide any additional information to the Board of Directors; (iii) will not be eligible to participate in any of the appeal processes described in Section IX.J.4; and (iv) the matter will go directly to the Board of Directors for consideration; or

(2) to take an action against a candidate or diplomate based upon a provision in Section IX.I, the candidate or diplomate (i) will be provided a letter regarding the Credentials Committee recommendation; (ii) will be offered the opportunity to

provide additional information to the Board of Directors; (iii) will be eligible to participate in any of the appeal process described in Section IX.J.4 below.

4. Appeals

If the diplomate is eligible for and requests to participate in the appeal process based upon Section IX.I, the appeal will be handled in the following manner:

a) The Credentials Committee shall notify the diplomate of the date and time of the appeal. All appeals shall be held telephonically. The diplomate may have an attorney participate in the appeal in accordance with instructions provided by the Credentials Committee.

b) As part of the appeal process, the Credentials Committee may gather information as it sees fit. The diplomate will have the right to submit information that has not previously been provided within the timeframe and documentation limits required by the Credentials Committee.

c) The Chair of the Credentials Committee, or a person designated by the Chair, will call the meeting to order to consider the diplomate's appeal. A member of the Credentials Committee will begin the proceeding by providing an overview of the basis for the recommended discipline. The diplomate, including the individual's attorney, may present oral information to the Credentials Committee. If the diplomate is asked questions during the meeting, the diplomate is expected to answer the questions truthfully and completely. The meeting may be recorded or transcribed upon the terms and conditions and in the manner determined by the Credentials Committee. The Chair of the Credentials Committee, or a person designated by the Chair, will determine when the meeting is complete and then excuse the diplomate and the individual's attorney from the meeting.

d) Once the diplomate and the individual's attorney are excused, the Credentials Committee will consider the diplomate's appeal. If a motion is made and seconded and approved by majority vote of those Credentials Committee members present when the vote is taken (excluding any person with a conflict of interest as described below in Section X.D), a letter shall be sent to the diplomate informing the diplomate of the decision and that the Board of Directors will next consider the Credentials Committee's decision.

e) The Board of Directors will consider the decision of the Credentials Committee relating to the diplomate, and:

(1) If a motion is made and seconded and approved by majority vote of those Board of Directors members present when the vote is taken (excluding any person with a conflict of interest as described below in Section X.D) endorsing the Credentials Committee decision, the matter will be considered concluded and a letter will be sent to the diplomate.

(2) If a motion is made and seconded and approved by majority vote of those Board of Directors members present when the vote is taken (excluding any person with a conflict of interest as described below in Section X.D) which does not endorse the Credentials Committee's decision, the diplomate will be sent a letter and will be offered the opportunity to provide additional written information. The matter will then be considered by the Credentials Committee without the presence of the diplomate or the diplomate's attorney.

(a) If a motion is made and seconded and approved by majority vote of those Credentials Committee members present when the vote is taken (excluding any person with a conflict of interest as described below in Section X.D) such action shall be considered the act of the Credentials Committee. Notice of an action by the Credentials

Committee will be sent to the diplomate and the diplomate will be informed that the Board of Directors will consider the Credentials Committee decision without the presence of the diplomate or the diplomate's attorney.

(b) If a motion is made and seconded and approved by majority vote of those Board of Directors present when the vote is taken (excluding any person with a conflict of interest as described below in Section X.D) with respect to the diplomate, the Board of Directors shall send a letter to the diplomate informing the diplomate of such decision and the matter shall be concluded.

(3) An action by the Board of Directors may include but is not limited to:

(a) The diplomate's Certificate may be revoked or suspended, or the expiration date of the Certificate may be advanced;

(b) the diplomate may be publicly or privately reprimanded, be placed on probation, or have appropriate conditions imposed upon his/her Certificate, or may be required to participate in MOC, even if such diplomate was not previously subject to MOC. The diplomate may also be required to complete some or all MOC components on an expedited basis;

(c) issuance of a Certificate to the candidate may be withheld or delayed;

(d) results of prior examinations of the candidate may be invalidated;

(e) the candidate may be temporarily barred from any one or more future examinations, for such period, and upon such terms and conditions, as the ABO may determine;

(f) the candidate may be permanently barred from all future examinations;

(g) the candidate or diplomate may be required to reimburse the ABO for its costs and legal fees in connection with the investigation, the hearing and any appeal; or

(h) any other action deemed appropriate by the ABO.

K. General Rules of Procedure

1. Matters considered by the ABO, the Board of Directors, or any ABO committee or any representative of the ABO shall not be bound by technical rules of evidence. Any of these parties may receive and consider any evidence it deems appropriate and relevant.

2. Any written notice provided to a diplomate or candidate will be provided to the address on file with the ABO. It is the responsibility of the diplomate or candidate to ensure a current address is on file with the ABO. A diplomate or candidate will fully indemnify and hold harmless any party that provides information to the ABO upon the ABO's request.

L. If the Board of Directors revokes or suspends a diplomate's Certificate, places the diplomate on probation, or imposes any conditions upon the diplomate's Certificate, the Board of Directors may require the diplomate to surrender his/her Certificate and copies thereof to the ABO immediately upon notice of the determination.

M. The ABO reserves the right to notify the American Board of Medical Specialties and any other interested party of any action taken by the Board of Directors. The ABO may post

a summary of the action on its web site and/or publish a summary in its newsletter, or otherwise disclose the decision as it sees fit.

X. Compliance and Awareness

A. Candidates must comply fully with all Rules and Regulations of the ABO, as amended, during the entire time the individual is a candidate.

B. Diplomates must comply fully with all Rules and Regulations of the ABO, as amended, for as long as the individual retains a Certificate.

C. A diplomate or candidate will fully indemnify and hold harmless any party that provides information to the Board upon Board's request.

D. The Board maintains a conflict of interest policy that applies to the Board, its Board of Directors and staff. The conflict of interest policy may be amended by the ABO at any time and such policy, as amended, will govern the actions of the ABO, its Board of Directors, and staff. Board Directors, whether member of the Credentials Committee or not, will recuse themselves from discussing or voting on an issue involving a diplomate with whom they have a relationship that may compromise their impartiality.

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