Advancing Excellence in Eye Care

On our journey to become ophthalmologists, we encounter milestones that celebrate how far we’ve come and measure the distance ahead. Once we’ve entered practice, however, it becomes more difficult to identify the next step in our development as professionals. We get busy. We get burned out. We hone in on our strengths as practitioners and surgeons, and in doing so, we develop blind spots to areas where we might be able to do just a little bit better.

Excellence doesn’t have an endpoint, and it only just begins at certification. For physicians, what it means to be excellent evolves with every new discovery in medicine and breakthrough in technology. To remain at our highest level, we have to work continuously—and most importantly, we have to work together.

Whether you spend most of your day in the exam room, the operating room, or the classroom, the one room we all have in common is our room for improvement. Diplomates of the American Board of Ophthalmology are advancing excellence in eye care every single day. And after 100 years, we’re still demonstrating the power and promise of self-regulation in medicine.

Read on to learn how to maintain excellence by maintaining certification in 2016.
The Six Core Competencies of Certified Doctors

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Six core competencies integral to high quality patient care form the foundation of the Maintenance of Certification (MOC) program. The competencies were developed by the American Board of Medical Specialties (ABMS) and the Accreditation Council for Graduate Medical Education (ACGME).

- Practice-based Learning and Improvement: Investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve practice.
- Patient Care and Procedural Skills: Care that is compassionate, appropriate, and effective treatment for health problems and to promote health.
- Systems-based Practice: Awareness of and responsibility to systems of health care. Able to call on system resources to provide optimal care.
- Medical Knowledge: Knowledge about established and evolving biomedical, clinical, and cognate sciences and their application in patient care.
- Interpersonal and Communication Skills: Skills that result in effective information exchange and teaming with patients, their families, and professional associates.
- Professionalism: Carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diverse patient populations.
MOC Track 1

You are a Track 1 diplomate if your certificate expires on or before December 31, 2020. Your MOC schedule, available by logging into abop.org, is based on completion of the four parts of MOC over 10 years.

- Part 1: Maintain a valid and unrestricted medical license at all times.
- Part 2: Attest to completion of at least 250 CME and complete two PORTs.
- Part 3: Complete the DOCK exam between Years 6-10.
- Part 4: Complete an approved quality improvement activity. Choose to design your own quality improvement program, participate in a multi-specialty program, or complete an online Practice Improvement Module.

- Pay per component for MOC. $1000 is due at the time of DOCK registration; $1000 at the time of Part 4 activity registration.

MOC Track 2

You are a Track 2 diplomate if your certificate expires on or after December 31, 2021. Your MOC schedule, available by logging into abop.org, is based on continuous participation in MOC activities over the 10-year cycle.

- Part 1: Maintain a valid and unrestricted medical license at all times.
- Part 2: Attest to completion of at least 50 CME /16 SACME every two years, complete two PORTs, and one Patient Safety activity by Year 3.
- Part 3: Complete the DOCK exam between Years 6-10.
- Part 4: Complete one approved quality improvement activity between Years 1-5 and one between Years 6-10. Choose to design your own quality improvement program, participate in a multi-specialty program, or complete an online Practice Improvement Module.
- Pay an annual fee of $200 to cover the cost of all MOC activities.
Part 1: Professionalism & Professional Standing

To satisfy the Professionalism and Professional Standing element of MOC, you must hold a valid and unrestricted license to practice medicine in the United States, its territories, or Canadian provinces where your practice of medicine is regularly conducted and in each other place in which you practice or have practiced, at all times. You will be asked to submit current licensure information when registering for MOC components.

The American Board of Medical Specialties, in conjunction with the Federation of State Medical Licensing Boards, provides the American Board of Ophthalmology with a report of disciplinary actions involving all candidates and diplomates. Although the ABO monitors through electronic notification the disciplinary sanctions imposed on the licenses of diplomates, ABO Rules and Regulations require diplomates to personally notify the Board if at any time your license status is compromised in any way.
Part 2: Lifelong Learning & Self-Assessment

Lifelong learning and self-assessment activities are designed to help you enhance specific areas of knowledge relevant to your area(s) of practice focus. Attesting to regular engagement in educational and self-assessment activities online or at professional gatherings demonstrates a commitment to continuous development of practice-related competencies.

Required Activities:

- Attestation to participation in Continuing Medical Education (CME) activities, including Self-Assessment CME
- Completion of one approved Patient Safety activity prior to Year 3 (for Track 2 diplomates)
- Completion of two Periodic Ophthalmic Review Tests (PORTs), which are 50-item, self-review modules available online, on-demand. One PORT must be completed in core ophthalmic knowledge (knowledge considered fundamental to the practice of ophthalmology) and the other can be selected from 10 different areas of practice focus.
CME Attestation

Continuing Medical Education (CME) is an important part of the Lifelong Learning and Self-Assessment component of Maintenance of Certification (MOC). Accredited educational courses and live activities completed throughout the 10-year certification cycle help strengthen key competencies integral to the continued delivery of high quality patient care. Effective February 2016, all diplomates will demonstrate satisfactory completion of CME through an online attestation process. Submission of individual CME course details is no longer required; however, you should be able to produce documentation of your CME history in the event of a random audit.

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<thead>
<tr>
<th>Diplomate Category</th>
<th>CME Requirement</th>
<th>Attestation Process</th>
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<tbody>
<tr>
<td>Track 1: Current certificate expires on or prior to 12/31/2020</td>
<td>Earn an average of 25 AMA PRA Category 1 Credits™ per year over the 10-year certificate cycle, for a total of 250 CME. Participation in a Patient Safety activity is encouraged.</td>
<td>Attest to the completion of all required CME once during the 10-year cycle using the attestation link on your MOC Status Page.</td>
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<tr>
<td>Track 2: Current certificate expires 12/31/2021 or later</td>
<td>Earn an average of 25 AMA PRA Category 1 Credits™ per year, including 8 credits of Self-Assessment CME (SACME). One patient safety-focused activity must be completed prior to the end of Year 3.</td>
<td>Attest in Years 2, 4, 6, 8, and 10 to the completion of 50 CME, including at least 16 credits of SACME, for each two-year interval using the attestation link on your MOC Status Page.</td>
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<tr>
<td>Fast-Track MOC Entry/Re-Entry Program</td>
<td>Earn at least 250 AMA PRA Category 1 Credits™ within the past 10 years.</td>
<td>Attest to the completion of all required CME once at any time during the 3-year Fast Track Process using the attestation link on your MOC Status Page.</td>
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Failure to attest to completion of CME may result in a change in public reporting status and/or the loss of certification at the conclusion of the 10-year cycle. Review the complete CME attestation policy for more details.

What is SACME?

Self-Assessment CME activities promote active learning and can take many forms.

For example, CME activities involving question and answer exercises which evaluate understanding of the activity’s subject matter would qualify. CME activities that involve review of practice and documented self-reflection would also qualify. Conferences or monographs that include a post-test or quiz, are also acceptable forms of SACME.

Access to SACME activities can be found though medical societies and groups, and through the ABO’s SACME Menu available to diplomates on the ABO website.
Engaging in a Patient Safety Activity

Participation in a Patient Safety activity is a requirement for all diplomates certified or recertified as of 2012. Track 2 diplomates must complete this activity within the first three years of their MOC cycle and attest to completion using the CME attestation link on their MOC Status Page. Diplomates may complete any approved Patient Safety activity or submit a new activity for ABO review.

Join the ABO on March 12 at 1:30 PM PST for a live webcast on “Building a Culture of Patient Safety in Ophthalmology.” Leaders of the profession will discuss building a culture of patient safety among ophthalmologists and the larger medical community. This free event will feature talks by noted patient safety expert Robert Wachter, MD (pictured), and leaders in ophthalmology. Online participants will have an opportunity to submit questions during the panel discussion and will receive MOC credit for participation.

The ABO also offers an online Patient Safety Module worth 3 AMA PRA Category 1 CME Credits™ and a menu of alternative Patient Safety activities.

Periodic Ophthalmic Review Tests (PORTs)

All diplomates complete at least two PORTs during the MOC cycle. These activities promote lifelong learning, assist in preparation for the Part 3 computer-based exam, and are now accredited for up to 2 AMA PRA Category 1 CME Credits™ per module through a joint providership agreement with the American Academy of Ophthalmology. The ABO offers three PORTs to all diplomates free of charge. Diplomates are encouraged to select PORT modules in the same topic(s) they plan to select for the cognitive exam (see the DOCK module listing in this booklet). The ABO does not limit the number of tests a diplomate chooses to take before their cognitive exam, though each PORT after the initial three free modules costs $100. PORTs are available online, on-demand from February to December. Once a PORT is started, diplomates have 30 days to complete it. During the 30-day timeframe, diplomates can access and re-access the PORT at any time. Diplomates will receive instant feedback on responses and overall performance. The percentage correct needed to successfully complete each PORT is 80%.
Part 3: Assessment of Knowledge, Judgment & Skills

All diplomates are required to pass the Demonstration of Ophthalmic Cognitive Knowledge (DOCK) Examination once between Years 6-10 of the MOC Cycle. The DOCK is a secure, proctored, 150-item computer-based exam that takes approximately 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. Diplomates are encouraged to select modules in the areas of clinical practice most relevant to them.

The content of the DOCK is based on the MOC Content Outline, a curriculum of clinically relevant practice-related knowledge, and also includes topics in patient safety, environment of medical practice, and ethics. The DOCK is a pass-fail examination with results based on the total percent correct of all 150 questions. Diplomates will be required 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 DOCK examination employs a criterion-referenced passing standard, which means it is possible for all examinees to pass the examination. Pass-fail results are mailed to candidates approximately eight weeks following the close of the September test window.
DOCK Registration Details

Register for the DOCK examination through the link in your MOC Status Page between February and June 1. (Late registrations are accepted until August 1 accompanied by a $300 late fee.) The DOCK examination is administered by appointment on regular business days (and most Saturdays) at testing centers nationwide throughout the month of September.

All DOCK examinations include one 50-question module in Core Ophthalmic Knowledge. At the time of registration, you will select the remaining two 50-question modules based on your area of practice focus, for a total of 150 questions. You may select two modules from the same practice emphasis area (i.e. two glaucoma modules) or one module from two different practice emphasis areas (i.e. one glaucoma module and one comprehensive module.) However, there is currently only one module available for Refractive Management/Intervention and Uveitis.

Test scheduling instructions are mailed to registered candidates in late June. The examination is presently administered at Prometric Test Centers.

DOCK Modules

Choose from modules in your practice focus area(s):
- Comprehensive Ophthalmology
- Cataract/Anterior Segment
- Cornea/External Disease
- Glaucoma
- Neuro-Ophthalmology and Orbit
- Oculoplastics and Orbit
- Pediatric Ophthalmology/Strabismus
- Retina/Vitreous
- Refractive Management/Intervention
- Uveitis

Examination Content

A detailed content outline for all examination modules is freely available on the ABO website. Content published in the MOC Content Outline in 2016 serves as the basis for MOC examination content in 2016. You are encouraged to use this outline to prepare for MOC examinations, including the Periodic Ophthalmic Review Tests (PORTs) and the Demonstration of Ophthalmic Cognitive Knowledge (DOCK) examination. The MOC Content Outline is a study tool, not a study guide. As an independent testing organization, the ABO cannot recommend study products for exams. This is done to prevent any conflicts of interest in the process of exam development and administration. For further assistance locating preparation materials, the ABO suggests talking to peers and colleagues about what resources they have used and found most helpful, and contacting a professional society such as the American Academy of Ophthalmology or a subspecialty organization for information about their educational offerings.
Part 4: Improvement in Medical Practice

The Improvement in Medical Practice component of MOC is designed to encourage ongoing assessment and improvement of patient care in ophthalmology. Participating in quality improvement activities allows you to measure your practice performance and develop an actionable plan for improvement based on best-practices and de-identified peer benchmarks. The ABO encourages you to tailor your quality improvement experience to the topic(s) most relevant to your practice. The current menu for acceptable quality improvement activities includes:

- The Self-Directed Quality Improvement Program
- The Multi-Specialty Portfolio Program
- Practice Improvement Modules (PIMs) coming soon
- Optional: Patient Survey Tool

Clinical Inactivity

If you are no longer engaged in direct patient care and are unable to complete a quality improvement activity, the ABO now provides a way for non-practicing diplomates to maintain certification by declaring Clinically Inactive Status.
The Self-Directed Quality Improvement (SDQI) Program

You have the option to design your own quality improvement project for Part 4 credit. Projects may be designed to address Clinical or Non-Clinical situations, depending on your work context. SDQI efforts should be well thought out, with baseline data collected, an improvement goal determined, a QI plan being developed, and possible interventions identified. If the project is accepted, you will be required to provide a summary at the effort's conclusion that includes information about outcome data, lessons learned, and resulting changes. The ABO website provides a list of quality improvement resources you may want to review prior to beginning your application. Please note: All projects, clinical or non-clinical, must include a minimum improvement period of 90 days. Please plan accordingly for this timeframe.

The Multi-Specialty Portfolio Program

The Multi-Specialty Portfolio Program promotes organizational effectiveness and efficiency through team-based QI initiatives that are directly related to the physicians' practice and influences the patient care delivered. This program promotes improvement within a physician's home institution and patient population. You are eligible to participate if your home institution is a portfolio program sponsor. In addition to providing greater convenience in completing MOC Part 4 activities, the MSPP program provides an opportunity to collaborate with other physicians on valuable QI projects. Projects may address topics such as: medication errors and practice access issues, wrong site surgery/wrong choice surgery/inappropriate surgery, or low vision-related safety issues (e.g., falls in the elderly, driving issues).

The Patient Experience of Care Survey Tool

The ABO's Patient Experience of Care Survey consists of 15 questions (5 demographic and 10 specifically designed to assess a physician's communication style during the patient/doctor encounter.) Access to the Patient Experience of Care survey is offered to all diplomates at no charge, but is not a required MOC activity.
Promote Your Participation in Maintenance of Certification

Download your personalized MOC Participation web badge designed for your practice website or social media profiles. Your badge links directly to the ABO verification page for your certification status.

The web badge is available in three sizes and is generated through the Public Profile section of your MOC Status Page. The Public Profile tool is an optional profile that can help prospective patients find your practice information. On the Public Profile, you can add your photo, educational background, practice contact information, and website.

To access the web badge, log into your MOC Status Page and click “Public Profile” to update your information and claim your badge.
The American Board of Ophthalmology is led by Executive Director and CEO John G. Clarkson, MD, an ABO diplomate since 1977, who actively participates in the Maintenance of Certification program. The work of the Board is overseen by 20 Board Directors who are clinicians and academicians with specific ophthalmologic skills and a broad geographic distribution. The Board is also served by three Public Directors. Directors are chosen for a four-year term and one additional four-year term is permitted. To develop its content and administer its examinations, the Board relies on volunteers from within the profession of ophthalmology who give of their time and expertise to serve as Examiners, item writers, and content development panelists.
### 2015 Content Development Volunteers

<table>
<thead>
<tr>
<th>Committee Type</th>
<th>Members</th>
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<tbody>
<tr>
<td><strong>CATARACT COMMITTEE</strong></td>
<td>Challa, Pratap - Durham, NC</td>
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<td>Chiu, Cynthia S. - San Francisco, CA</td>
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<td>Cioffi, George A. - New York, NY</td>
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<td>Katz, Gregory Joseph - Ypsilanti, MI</td>
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<td>Khalifa, Yousuf M. - Atlanta, GA</td>
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<td>Ramanathan, Saraswathy - Hillsborough, CA</td>
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<td>Welcome, Brian A. - Greenville, SC</td>
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<td>Wolken, Mark Stephen - Belton, SC</td>
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<td><strong>COMPREHENSIVE COMMITTEE</strong></td>
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<td>Chen, Sherleen Huang - Chestnut Hill, MA</td>
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<td>Hausheer, Jean R. - Lawton, OK</td>
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<td>Schultze, Robert L. - Delmar, NY</td>
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<td>Kim, Stella K. - Houston, TX</td>
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<td>Nehls-Rikkers, Sarah M. - Madison, WI</td>
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<td>Newton, Catherine - Louisville, KY</td>
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