History of the Federation of State Medical Boards’ Maintenance of Licensure (MOL) Initiative

Federation of State Medical Boards

The intent of this article is to provide an overview of the history and current focus of work of the Federation of State Medical Boards’ (FSMB) Maintenance of Licensure (MOL) initiative.

Maintenance of Licensure is envisioned as a system of continuous professional development for physicians that supports, as a condition for license renewal, a physician’s commitment to lifelong learning that is objective, relevant to their area of practice and contributes to improved health care. The FSMB, which represents the nation’s state medical and osteopathic boards, is the lead proponent of the MOL system. The MOL concept was formally adopted by FSMB’s House of Delegates in 2010.

What is driving the need for MOL?

The ultimate goal of MOL is to improve patient care and safety. As health care consumers have become more empowered and informed in recent years, a new emphasis on medical quality and safety has grown in the United States. State medical and osteopathic boards and the medical profession as a whole are facing increasing demand for greater accountability and transparency. At the same time, health care organizations throughout the system – from hospitals to medical specialty societies – have committed themselves to new systems of quality measurement and improvement. As medicine has become more complex and fast-evolving, the need for lifelong learning and skills maintenance has increased.

FSMB Policy on MOL

In 2004, the FSMB House of Delegates adopted the following policy statement: “State medical boards have a responsibility to the public to ensure the ongoing competence of physicians seeking re-licensure.”

Since that time, a multi-year analysis of MOL policy and implementation has proceeded with the consideration of and input from multiple stakeholders. Numerous workgroups, comprising representatives from the FSMB member boards, the public and other key stakeholder organizations within the medical community, have been convened to support this work. As a result of this work and analysis, in 2010 the FSMB House of Delegates adopted a framework for MOL that consists of three major components reflecting 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 appropriate 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.

Addressing Physicians’ Concerns

As it has throughout its development of the MOL concept, the FSMB continues to work closely with national medical organizations to ensure the needs and concerns of busy physicians are taken into account as the MOL concept evolves. Examples of features that are being considered for MOL in order to create a well-integrated system include:

- The framework and recommendations proposed by FSMB would not require physicians to take exams in order to comply with MOL.
- The proposed system would eliminate redundancy by allowing Maintenance of Certification (MOC) and Osteopathic Continuous Certification (OCC), as well as other defined educational activities physicians already engage in, to count toward fulfillment of MOL.
- For physicians who are not specialty certified – or are, but don’t engage in MOC or OCC because they are “grandfathered” or otherwise don’t need to or want to – other activities by which MOL requirements may be met will need to be identified. In its work developing an MOL system, the FSMB has begun to identify
such activities and is working with physicians, state boards and a number of organizations now to further evaluate them.

- The FSMB’s MOL recommendations emphasize physicians’ privacy. Work to date has recommended that physicians would use their own practice data as a way to compare their performance with peers locally and nationally as a way to identify opportunities for improvement (or as a demonstration of improvement). Comparison of data is something that physicians would do on their own; each individual physician’s practice data would not be used by the state board to compare his/her performance with other physicians.

**Pilot Projects**

Currently, a variety of pilot projects that will advance our understanding of the process, structure and resources necessary to develop an effective and comprehensive MOL system are in development. Current discussions are focused on ten potential pilot projects, which will be presented to interested state boards in early 2012, with implementation anticipated to start in early to mid-2012.

The involvement of the state medical and osteopathic boards is essential to the further development and implementation of the pilot programs. To date there are eleven state boards that have expressed interest in participating in the pilots: Osteopathic Medical Board of California, Colorado Medical Board, Delaware Board of Medical practice, Iowa Board of Medicine, Massachusetts Board of Registration in Medicine, Mississippi State Board of Medical Licensure, State Medical Board of Ohio, Oklahoma State Board of Osteopathic Examiners, Oregon Medical Board, Virginia Board of Medicine and Wisconsin Medical Examining Board.

**Other MOL Work**

In addition to the participating pilot boards, numerous other groups are working with the FSMB to guide and develop MOL policy and pilot processes and to ensure that the concerns and input of the broad spectrum of physician education, training and practice, as well as the public, are considered as the implementation of MOL progresses. In 2011, FSMB chair Janelle Rhyne, M.D., established a MOL Workgroup on Non-Clinical Physicians to define the non-clinical physician and develop pathway(s) that non-clinical physicians may follow to successfully participate in a state member board’s MOL program. The workgroup’s report is expected to be available for comment in late 2012. The FSMB has also established a CEO Advisory Council on MOL, comprising CEOs or other executive staff from 14 key stakeholder organizations, to act as an advisory body to FSMB on MOL.

**For more information**

The Winter 2011-2012 edition of the FSMB’s Journal of Medical Regulation features an article about Maintenance of Licensure titled “Maintenance of Licensure: Evolving from Framework to Implementation”. Additional information about MOL is available at: www.fsmb.org/mol.html. Specific inquiries about MOL can be directed to Frances Cain, FSMB Director, Post-Licensure Assessment System, at fcain@fsmb.org or (817) 868-4022.

---

**Physician Assistants and DOs—Working Together in Physician-Led Teams**

**Physician Assistants and DOs—Working Together in Physician-Led Teams**

*Teaming With Pride*

*Learn More About Adding a Physician Assistant To Your Practice!*

**Post A Job**

California Academy of Physician Assistants
3100 W. Warner Ave., Suite 3, Santa Ana, CA 92704-5331
Ph: (714) 427-0321 Fax: (714) 427-0324 www.capanet.org