



From the President

***Online Longitudinal Assessment Update:
Work Begins on MOC Part 3 Revision***

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ABR “Online Longitudinal Assessment,” or “OLA,” is now the official moniker adopted by the Board for the new, more continuous process to be vetted as a replacement for the ABR’s current secure, proctored MOC Part 3 examination, taken every 10 years. As announced to all of our diplomates on May 18, 2016, the ABR is developing a pilot to establish OLA’s alignment with the American Board of Medical Specialties (ABMS) 2015 MOC Standard for assessment of radiology professionals’ knowledge, skill, and judgement. The pilot is also designed to refine the technical aspects of online delivery and obtain necessary feedback from MOC participants to ensure a process that meets their expectations. Work on this innovative and resource-intensive project has now begun in earnest so we can meet our previously stated goals of initiating the diplomate pilot in the latter part of 2018, with subsequent launch of a final version for diagnostic radiology by mid-2019.

The primary goals of OLA for our diplomates include the following:

- To move to a more contemporary model of professional development by incorporating strides made in adult education, which demonstrate that assessment of knowledge is most conducive to learning when feedback is immediate and specific. OLA also aligns with the Institute of Medicine’s goal of improved translation of knowledge into clinical practice.
- To transform MOC from a list of seemingly unrelated requirements to a coherent, integrated program in which Part 3 (Assessment of Knowledge) can be used to guide Part 2 (CME and Self-Assessment). Knowledge gained through CME, in turn, may translate into meaningful practice improvement (Part 4).

- To further develop MOC as a framework for a diplomate’s continuous, career-long professional development through a meaningful ongoing program, rather than the current once-a-decade challenge by a “binge-and-purge” examination.
- To bring the experience to the diplomate, rather than the diplomate to the experience, OLA will produce less anxiety and disruption by requiring no time away from work and family and sparing diplomates the expense and inconvenience of travel.
- To change diplomate perception of the Part 3 assessment from a “tax” required to maintain certification to an “investment” in themselves, and thus, in the care they provide to their patients.

Diplomate response to these goals and to the rough outline of the new process has been overwhelmingly positive. And, to honor the Board’s commitment to keep diplomates informed periodically of progress toward defining the OLA format, I would like to present a few recent Board decisions with the understanding that this is, and will continue to be, a work in progress. Thus, some details may change before—and very likely after—the pilot is completed.

To participate in OLA, diplomates enrolled in MOC will submit profiles of the clinical practice areas that most closely fit what they do every day. This will ensure that the questions they receive are pertinent to their practices. Diagnostic radiologists with ABR subspecialty certificates need not create practice profiles; instead, they will automatically receive questions related to their subspecialty(ies). These questions will be double-purposed to count toward both DR and subspecialty certifications.

The ABR will send emails to the diplomates containing Internet links to the question(s), or questions may be accessed online as needed. The ABR will administer two questions each week, for a total of 104 annually. Of these, only 52 must be answered each year, which allows diplomates to decline some items that may not fit well with their practice profile. Once posted, a question will be available for four weeks before it expires. Questions may be answered individually or in small batches as they accumulate.

When opened, individual questions must be answered within a limited period of time (approximately one minute), depending on the complexity of the question. After answering a question, diplomates will know immediately whether or not they are correct, and focused educational material related to the question’s content will be presented to fill a gap in—or otherwise enhance—the diplomate’s knowledge of the topic. As a self-assessment tool, if a question is answered incorrectly, a similar question related to the subject matter may appear at a later time to assess learning. Thus, while OLA will have a summative purpose of assessing diplomate knowledge base, it also will have a formative component that supports knowledge improvement.

The exact scoring model has not yet been determined and will be finalized after the pilot is complete. However, the criterion-based nature of the assessment will be preserved as it is now, so there will be no curve or fixed percentage of those who pass the assessment. Thus, it is possible for all participants to pass. Because adequate sampling statistics are required to

accurately assess performance, a summative decision will not be made until a diplomate has attempted 200 questions, which will require between two and five years. After that time, summative decisions will be made in a continuous fashion following each additional question attempt. The ABR will use the most recent summative decision to evaluate the MOC Part 3 requirement during annual review of MOC compliance on March 2 each year.

Until OLA is piloted and launched, if you need to PASS AN MOC EXAMINATION by MARCH 2, 2017 (as indicated on the Part 3 tab in myABR), you are still required to take and pass the MOC exam in 2016. For all other diplomates, your prior examination will continue to count toward satisfying the MOC Part 3 requirement until the launch of OLA in your discipline. Please remember that MOC participants must continue to meet the requirements of Parts 1, 2 and 4.

Once OLA is launched, the traditional MOC exam will continue to be offered for:

- those not meeting the requirement in 2017,
- those who fail to pass the traditional exam,
- those who don't participate in OLA, and
- those with inadequate performance on OLA.

At this point, I am obligated to repeat that this is a work in progress and can be changed at any time during the development process. The ABR staff and Board members are working diligently to meet the deadlines we have set, but we could use your help. Converting our current examination question banks to the new format and creating new material, while continuing to create and maintain our current initial certification and MOC exams, will be a very arduous process. If you would like to help, please submit a volunteer application, which can be found on our website, theabr.org/abr-volunteering.

Like my fellow Board members and ABR staff, I am convinced that this change in our Part 3 assessment model will succeed in making MOC a more productive and satisfactory structure for professional development. OLA will not only serve to assure the confidence of our patients, the public, and other healthcare stakeholders of our ongoing commitment to them, but will also instill a sense of accomplishment and satisfaction in our diplomates through their participation in ABR MOC.