**Focus on Radiation Oncology**

**Update on Radiation Oncology Examination Development**

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In the spring 2014 issue of The BEAM, we provided an overview of plans for changes in the Radiation Oncology (RO) Initial Certification (IC) and Maintenance of Certification (MOC) examinations. This article will provide an update of MOC examination development and offer some insight into additional changes either scheduled or under consideration.

The April 2015 administration of the RO MOC examination was the last of its iteration, the format of which has been essentially unchanged since its introduction in 1999. In October 2015, the new modular examination will be used for the first time. In addition to the ability to select modules in their own areas of interest, diplomates will see additional updates to the examination.

For many years, one of the RO clinical categories has been an amalgam of lung/mediastinum/sarcoma topics. This grouping seemed effective and efficient for certification (oral) examination administration, but for the MOC modular examination, the consolidation of topics seemed artificial. Our most recent clinical practice analysis (CPA), in 2013, indicated that diplomates who focused their practices on lung and mediastinal tumors did not necessarily treat many sarcoma patients. The reverse was also the case with those individuals focusing their practice on sarcomas. In addition, it was apparent that few radiation oncologists were seeing many new sarcoma patients. To provide a more relevant examination, the fall 2016 lung/mediastinum module will include no sarcoma items, which instead will be interspersed in the general radiation oncology section.

In recognition of a similar practice pattern, the adult central nervous system and pediatrics category will be split for development and administration of MOC examination modules, with a limited number of pediatric items embedded in the general radiation oncology module(s). Introduction of the new, specific pediatric module will be delayed until fall 2016, so a newly empaneled pediatric subcommittee can build an inventory of items sufficient to populate two modules available to diplomates for selection.
Historically, the head and neck cancer category has included cancers of the skin, and that grouping may also be altered to include skin tumors in the general radiation oncology section. Timing for that update has not yet been set.

Our original intention to include a separate module for non-clinical skills (NCS) has now been modified. These topics will include bioethics, biostatistics, patient safety, and quality assurance. Because that module would have been required for all participants, a decision was made to include the NCS items in the general radiation oncology pool. A syllabus to include all NCS subjects will be available on the ABR website shortly. Thus, in its final iteration, beginning in October 2015, diplomates taking the MOC Part 3 examination will have one required module consisting of 140 items. The remaining 60 items (total examination of 200 items) will consist of two optional modules of 30 items each, of the diplomate’s choosing. Selections will include the current eight clinical categories, plus additional general radiation oncology modules. A diplomate who limits his or her practice to gynecologic cancer might select two gynecologic cancer modules, or one related to gynecological cancer and a second in another specific disease site, or a general RO module.

The new examination will include a limited number of items related to physics and biology, but the ABR will carefully select items relevant to a diplomate’s day-to-day clinical activities. The ability to tailor a significant portion of the examination to specific interests should greatly improve diplomate satisfaction with the process. The board had considered the potential for a totally personalized examination, but in the absence of specific areas of practice justified by ACGME-approved fellowships or subspecialty certificates, it is felt that a significant portion of the examination must include general RO topics.

The RO trustees and ABR staff will continue to monitor examination development and performance carefully to ensure that the process meets the needs of diplomates, while continuing to serve as an appropriate evaluation tool of a diplomate’s ongoing knowledge as the field changes.