



## MOCA – “Improving Home Improvement”

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ABA requires re-certification for all Diplomates of the Board who passed oral exam after 1999. This process called MOCA and designed as a 10 years cycle of activities, which results in re-certification.

Anesthesiology is not unique in this process—other 23 specialty Boards require maintenance of the certification program. The goal is to assure continuous improvement, so physicians keep up with growing body of medical knowledge and skills.

In practice, MOCA the way it is run now, is an expensive and time consuming process.

Anesthesiologists have to take time off for tests, which include travel time, and pay significant amount of money for these activities. For example, currently offered ASA-endorsed anesthesia simulation course can cost between \$ 1,300 – 1,850, not counting expenses for traveling and lodging. Not every state has ASA-approved simulation center, so some anesthesiologists have to travel to out of state location.

Many physicians (across the specialties) unhappy with current MOC process, and strongly dislike Maintenance of Certification (MOC) requirements as costly, irrelevant and time consuming, and largely a moneymaking venture for the specialty boards [1].

And it is not just inconvenience. Qualities of life and work/life balance are serious issues, and physicians are on their own to solve them.

In addition, there is no data that MOC improve patient’s care [2], so there is no definite reason to support one specific activity versus other.

While it is clear that all anesthesiologists should maintain and improve their qualifications and stay continuously current and relevant in respect of their specialty, practicality of the process can and should be reviewed and improved.

### What is the solution of the problem?

It seems that possible answer could be Internet-based activities to fulfill MOCA requirements. Board re-certification process should be built on distinctively different principles in comparison with primary certification and reflect the understanding of the complexity of life of real contemporary physician. MOCA process should recognize the practicing anesthesiologist as an adult learner [3] and provide specific activities accordingly.

It seems that Internet based MOCA will be ideal in respect of

being comprehensive, all inclusive, financially plausible, instantly available and overall effective. This will provide the required venue for continued education in physician friendly efficacious settings.

Re-certification examination platform may needs to be redirected towards home-based computerized examination sessions with consideration of the open book format.

Simulation training could be completely moved into on-line domain, so physician can do it at any location with Internet access. Virtual reality devices/environment could be eventually explored as technology prices going down. Game based learning principles, introduced into on line simulation, would produce multiple advantages (scalability, convenience, distributability, provide optimal learning environment for new generation of physicians, ability to augment reality, repetition, tracking, anonymity and cost) [4].

Making re-certification activities easily accessible and convenient to anesthesiologist would also implement important principle in adult education – removal of the barriers to learning [3].

Introduction of computers significantly intensified the practice of medicine and challenged us to make the most with the least amount of time with highest quality possible.

So, let’s use Internet and technology to make educational aspects of our professional lives more organized – and with achieving ever increasing goals.

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