

Elements of the MOC Process

Bhudatt R. Paliwal, Ph.D.

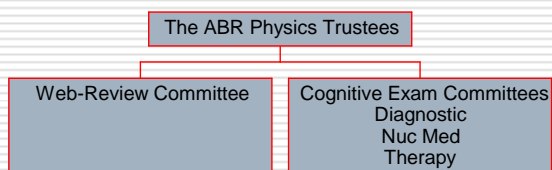
Trustee: Therapeutic Radiologic Physics
Assistant Executive Director, Radiologic Physics

Topics to be addressed

- Overview of RP MOC Committee structure
- Concept of the web-based process
- Practice Performance Improvement (to be developed)
 - Expectations
 - Preliminary details

ABR/AAPM - Aug, 2006

The ABR MOC Physics Committees Structure



Web-Review Committee Membership

Bruce Thomadsen (chair)
Don Frey
Bruce Garbi
Michael Mills
Larry Williams
William Hendee
Bhudat Paliwal
Stephen Thomas

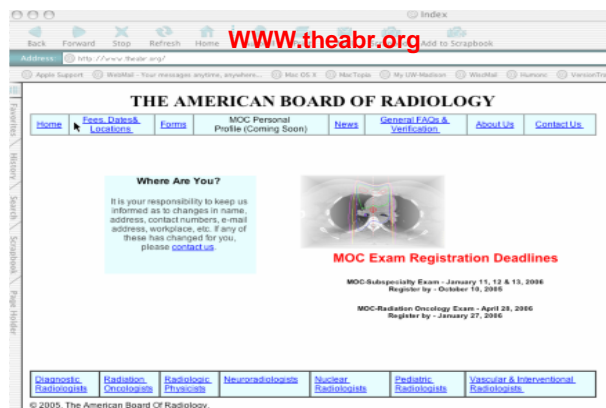
Cognitive Exam Committee Membership

Diagnostic	Nuclear Medicine	Therapy
J Hazle (chair)	G Simmons (chair)	M Herman (chair)
L Rothenberg	J Halama	G Ezzell
C Wilson	M Madsen	E Hendee
W Hendee	S Thomas	E Klein
		B Paliwal

Web-Based Process

- Available now
- Web-based application (Password protected)
- A step by step process for MOC
- Easy to use and effective tools
- Comprehensive documentation
- Submit documents
- Maintaining files
- Includes testing process
- Reporting results
- Review status

ABR/AAPM - Aug. 2006



Signed In: #P0236
Paliwal, B. R.

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Welcome back Dr. Bhudatt R. Paliwal !
You last signed in on Jul 18 2006 12:14PM

MOC Enrollment: You are currently enrolled in: MOC in Therapeutic Radiologic Physics.
Certificates: You do not have any state license on file with The ABR.
Payments: Your current balance is \$0.00.
MOC status (Timeline): Your MOC in Therapeutic Radiologic Physics cycle will complete in 2015.
Part 1: [Professional Standing](#) Attestation is due in years 5 & 10 of your MOC cycle.
Part 2: [Lifelong Learning & Self Assessment](#) 0 [Category 1](#), 0 [SAMs](#), 0 [SDEP](#) credits
Part 3: [Cognitive Expertise](#) Exams to be available starting in 2010.
Part 4: [Practice Performance Improvement](#)

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Choose your MOC related task from the list below

- Update my MOC related information:
 - [Professional standing](#)
 - [Lifelong Learning & Self Assessment](#)
 - [Cognitive Expertise](#)
 - [Practice Performance Improvement](#)
- [Learn More about MOC \(Maintenance of Certification\)](#)
- [Physics MOC FAQs](#)
- [View my current enrollment status / enroll in MOC](#)

Your Certification Timeline

1 ABR Certification(s) Held: **0 State License(s) Held:**

Certificate	Expires
1 Radiologic Physics	Lifetime

[There are no active state licenses on file.](#)

Current MOC Enrollments:
MOC in Therapeutic Radiologic Physics

Legend: Past (light blue), Present (yellow), Future (Projected) (light green)

Requirements for MOC in Therapeutic Radiologic Physics

Calendar Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Summary
Category 1 Credits (CAMPEP/Other)												0 /250*
SDEP Credits												0
Total Credits												0 /500
SAMs Completed												0 /18
Cognitive Exam									Exam			0/1 Passed

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Lifelong Learning
Category One
(CAMPEP or other recognized accrediting organizations)

View Credits for :
0 credits

Organization	Course Code #	Title	Date Credited (mm/dd/yyyy)	# of Credits

There are no records on file for that period.
[Update](#)

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Lifelong Learning

Self Assessment Modules

(CAMPEP or other recognized accrediting organizations and ABR qualified)

View Credits for Entire MOC Period:
: 0 credits

Organization	Course Code #	Title	Date Credited (mm/dd/yyyy)	# of Credits
There are no records on file for that period.				

Update

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Lifelong Learning

Self Directed Educational Projects (SDEPs)

View Total Credits for Entire MOC Period:
: 0 credits

Title	Category	Date Initiated (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)	# of Credits
Update				

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Personal Information for Dr. Bhudatt R. Paliwal

ABR ID# P0236
Items in bold cannot be changed online.

Name:	Bhudatt R. Paliwal	Choose Address :	Home
Gender:	M	Preferred Name:	
Date of Birth:	Aug 12, 1938	Address:	1530 Comanche Glen
Place of Birth:	INDIA	Address (cont'd.):	
Degrees Held:	PhD	Address (cont'd.):	
		City:	Madison
		State:	WI
		Zip:	53704
		Country:	USA
		Work Email Address:	paliwal@humonc.wisc.edu
		Home Email Address:	
		Fax #:	608-263-9167
		Office Phone #:	608-263-8814

Signed In: #P0236
Paliwal, B. R.


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Enrollment for Maintenance of Certification: Radiologic Physics

Record of Continuing Education Activities
Through submission of this form to The American Board of Radiology for purposes of Maintenance of Certification I as a diplomate certify that all information provided is accurate and true. I understand any purposeful submission of false information may be grounds for revocation of certification.

Applicant Information ([Click here](#) if information is incorrect)
 Name: Bhudatt R. Paliwal
 Degree: PhD
 Date of Birth: Aug 12, 1938
 Mailing Address: 1530 Comanche Glen Madison WI USA 53704
 Work Email Address: paliwal@humonc.wisc.edu
 Office Telephone: 608-263-8814
 Home Telephone: 608-249-0624

- [Click Here](#) to download the enrollment form for **MOC in Diagnostic Radiologic Physics**.
Lifetime Certificate: Radiologic Physics - 6/11/1977
- [Click Here](#) to download the enrollment form for **MOC in Medical Nuclear Physics**.
Lifetime Certificate: Radiologic Physics - 6/11/1977
- [Click Here](#) to download the enrollment form for **MOC in Therapeutic Radiologic Physics**.
Lifetime Certificate: Radiologic Physics - 6/11/1977

 Maintenance of Certification Lifetime Certificate Holder Enrollment	
TYPE OR PRINT IN INK ALL INFORMATION	
CONTACT INFORMATION Please indicate whether any of this information has changed since you last submitted us.	
<input type="checkbox"/> Name	<input type="checkbox"/> Last <input type="checkbox"/> First <input type="checkbox"/> Middle <input type="checkbox"/> Title <input type="checkbox"/> Telephone
How has your name when you received your last certification?	
Social Security No. (U.S. or Canada) _____ Date of Birth: _____ MM/DD/YYYY	
Home Address:	
<input type="checkbox"/> Home	Street Address _____
City _____ State _____ Zip _____	
Please list your current employer (location, name and contact information).	
Firm _____ Employer or Position Name _____	
<input type="checkbox"/> Home	Street Address _____
City _____ State _____ Zip _____	
Please indicate the address where you wish to receive correspondence. <input type="checkbox"/> Home <input type="checkbox"/> Home <input type="checkbox"/> Home	
If this is not true correspondence will be sent to your home address.	
Telephone Numbers: <input type="checkbox"/> Office _____ <input type="checkbox"/> Fax _____	
<input type="checkbox"/> Home _____ <input type="checkbox"/> Fax _____	
<input type="checkbox"/> E-Mail Address _____ <input type="checkbox"/> E-Mail Address _____	
<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	

The radiology societies

- ## Possible Options for Elements of Professional Practice Review
-
1. A formal review by an outside/inside, medical physicist and or professional in health services
 2. An annual overall review
 3. An on-site visit
 4. An informal interview with the incumbent physicist
 5. Written report summarizing the findings

Evaluation of performance in practice

- Peer review
 - Internal professional workers
 - External peers

Performance Evaluation Measures

- Technical components
 - Example: AAPM report 103
- Professional component
 - Example: Human resources evaluation

Performance Evaluation Based Improvements

- Comparison of sequential technical and performance reviews over the ten year MOC cycle

Professional Evaluation

Criteria	Score	5	4	3	2	1
Quantity of work		Nonproducer	Produces with some supervision	Produces without supervision	Produces extraordinarily well without supervision	Outstanding
Quality of work		Produces unnecessary work	Completes necessary work	Produces value-added work	Maximizes value-added work	Outstanding
Knowledge		Knows very little about job	Has good working knowledge of job	Has detailed knowledge of job	Is a recognized expert	Outstanding
Desire to learn		Shows no desire to learn	Is willing to learn more	Wants to learn more	Has a particularly strong desire to learn more	Outstanding
Initiative		Shows no initiative	Shows some initiative	Shows considerable initiative (self-starter)	Shows extraordinary initiative	Outstanding
Reliability		Is completely unreliable	Is generally reliable but needs supervision at times	Is very reliable	Is always reliable	Outstanding
Attitude		Consistently negative	Occasionally negative	Pleasant	Pleasant and positive	Enthusiastic
Communication		Unfriendly and uncommunicative	Friendly but poor communicator	Friendly and good communicator	Very friendly and effective communicator	Outstanding

Peer Review: Technical components

- Independent check of output
- Five chart audits
- Compliance with TG 40
- Documentation of clinical physics programs (CPP)
- CPP compliance with regulatory agencies
- Continuing professional physics development
- Physics backup support
- Workload and staffing adequacy
- Equipment maintenance and service

Peer Review: Practice components

- Professional
- Quantity of work
- Quality of work
- Knowledge
- Desire to learn
- Initiative
- Reliability
- Attitude
- Communication

Thank You

