

# ABMS Maintenance of Certification

## One Specialist's Story



### Gary S. Clark, MD Diplomate, American Board of Physical Medicine and Rehabilitation

*“Given the push for greater accountability, MOC will become a differential competitive advantage among physicians. Participation in it is a wise decision in anticipation of future expectations.”*

Dr. Clark's curiosity finally got the best of him. “The most significant factor leading me to commit to the Maintenance of Certification (MOC) program was the challenge of successfully completing it some 25 years after residency training,” he explained. “I was also curious as to how well my ongoing reading and continuing medical education efforts (lifelong learning) would stand up to a test of current medical knowledge.”

A lifetime certificate holder, Dr. Clark said his other major motivation was serving as a role model for his faculty. “I felt that successfully undergoing MOC would set a positive example and encourage my fellow lifetime certificate holder faculty to also participate, while maintaining credibility (“walking the walk”) with my faculty who are already active MOC participants, as well as our colleagues and patients.”

Dr. Clark was recertified in 2005 and is now in his fourth year of his second ten-year cycle for the American Board of Physical Medicine and Rehabilitation. Dr. Clark found the process of preparation a significant further learning experience, and the exam to be both challenging and reassuring. “It certainly served to reinforce the importance of continuing medical education, in a much more real and relevant context. I now look at continuing medical education in a much broader perspective of consciously striving to stay current and competent in my clinical practice, rather than an administrative exercise to renew my certification.” He notes that without the rigor of an MOC process to stimulate (and test) new knowledge acquisition, it is easy for a physician to get into a “comfort zone” with his or her practice, and not realize the continuing evolution of medical knowledge that could/should be incorporated into improving quality of patient care. As he works on completing his Part IV requirement (Practice Improvement Project), Dr. Clark observed being “surprised that by stepping back and analyzing my practice procedures, I was able to identify several opportunities to improve efficiency and productivity, as well as patient care outcomes.”

*Dr. Clark holds general board certification in Physical Medicine and Rehabilitation from the American Board of Physical Medicine and Rehabilitation. He has been in practice for 31 years. His areas of expertise include amputee rehabilitation, geriatric rehabilitation and stroke rehabilitation. Dr. Clark is currently Professor and Chair of the Department of Physical Medicine and Rehabilitation, and Residency Program Director, at Case Western Reserve University and MetroHealth Medical Center in Cleveland, Ohio. He is also Medical Director of the MetroHealth Rehabilitation Institute of Ohio. He earned his medical degree from Jefferson Medical College of Thomas Jefferson University.*



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American Board of Medical Specialties  
222 North LaSalle Street, Suite 1500  
Chicago, Illinois 60601  
T: (312) 436-2600  
F: (312) 436-2700

[www.abms.org](http://www.abms.org)

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