

# MOCOMP: An Idea Whose Time Has Come for Canadian Neurology

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In June 1993, the Canadian Neurological Society (CNS) at its annual meeting passed a motion to join the Royal College of Physicians and Surgeons of Canada (Royal College) MOCOMP program. A MOCOMP (Maintenance of Competence) Sub-Committee of the CNS Education and Manpower Committee has also been established to deal with implementation issues, and to liaise with the Royal College. These are important milestones, and it is important that the momentum which has brought our national specialty society to full participation in the Royal College MOCOMP program be maintained.

Royal College Council passed a resolution in 1987 that the Royal College accept responsibility for the development of a system geared to the maintenance of competence of specialists. In 1989, Council agreed to develop a pilot project that eventually included twelve specialty societies (neurology was not among them). Since that time, the MOCOMP program has proceeded through a number of stages and improvements, to the point that the system has now crystallized into a workable and useful program. Society is demanding evidence that professionals, including physicians, remain competent after graduation. In many jurisdictions, this is taking the form of mandatory controls through legislation, and specialty boards have introduced time limited certification, and/or mandatory continuing medical education (CME). The Royal College MOCOMP program is very different from these measures. It is a voluntary program which does not involve re-certification, but is a program with the potential to demonstrate to government and the public that Canadian specialists are taking appropriate CME to keep up with new advances and therefore maintain competence.

It has a number of benefits to specialists, some of which are unique to the Royal College MOCOMP program. Some of these are as follows:

1. It allows specialists to record and count as CME self-directed activities such as literature reviews on specific topics, etc.
2. It provides each specialist with an annual record of his/her CME activity as reported for that year.
3. It provides each specialist with a record of the types and amounts of CME activity done by his or her colleagues through that year (as anonymous aggregate data) so that each specialist can see if they are doing more of less CME in the various CME categories than is average for that specialty.
4. MOCOMP will accredit CME educational programs with regard to a number of features. This should allow specialists to easily assess the quality of CME offerings in their area, and should result in gradual improvement in the available group CME activity such as courses, etc.

5. The MOCOMP program allows specialists to record attendance at group CME activities which have not been accredited by the MOCOMP program and provides material so that these specialists can determine accreditation categories for these programs.

6. The MOCOMP program allows for accreditation of regularly occurring local CME activities such as departmental rounds, journal clubs, etc., so that specialists may record these as CME activities and obtain credit.

In summary, the three main features of the MOCOMP program are the specialists diary of CME activities, the personal annual CME profile with comparison to peers which the specialist receives from the Royal College, and the CME credit system which is used to accredit group CME activities such as courses and conferences. Although some of these activities may seem cumbersome to the busy practitioner, the alternatives which involve entities such as regular re-certification examinations or mandatory attendance for a certain number of hours at group CME activity are just as cumbersome, and in many ways less satisfactory. In contrast to these other methods, the Royal College MOCOMP program builds solidly upon principles of adult learning, and allows inclusion of what is probably the most important component to adult continuing education, namely self-directed learning.

The Royal College of Physicians and Surgeons of Canada is serious about MOCOMP, and Council in April 1993 made the MOCOMP program a regular activity of the Royal College. The program will however only be successful if most practising specialists in Canada join the MOCOMP program. To achieve its goals, it is also important that the program is validated. The program must be credible not only to the fellows of the Royal College but also to the public and its representatives, licensing authorities, hospitals and others. To establish credibility, a random sample of fellows will be invited to participate in a peer-directed audit of selected diary entries each year. This will include a review of the impact of CME on the specialist's practice.

The CNS encourages all neurologists in Canada to register in the Royal College MOCOMP program. Registration forms

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are available from the MOCOMP office, the Royal College of Physicians and Surgeons of Canada, 774 Echo Drive, Ottawa, Canada K1S 5N8, or call 1-800-461-9598 to request a registration form. The cost of the program to registrants has not yet been fully determined, but is expected to be small, and the

Royal College is committed to streamlining the program by all means possible to make it convenient and useable. The objectives and principles of the program are sound. An enthusiastic response from the neurologic community will certainly help make the program a success.