### AMERICAN BOARD OF DERMATOLOGY

**MOC EXAM SURVEY RESULTS**

#### SURVEY SENT TO

<table>
<thead>
<tr>
<th>Total</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,218</td>
<td>total diplomates currently participating in MOC</td>
</tr>
<tr>
<td>2,966</td>
<td>who have taken the closed-book MOC exam</td>
</tr>
<tr>
<td>5,252</td>
<td>who have not taken the MOC exam</td>
</tr>
</tbody>
</table>

**Survey open from:**

July 7 - 20, 2015

#### RESPONSES

<table>
<thead>
<tr>
<th>Total</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,402</td>
<td>total diplomates responded</td>
</tr>
<tr>
<td>1,239</td>
<td>who have taken the closed-book MOC exam</td>
</tr>
<tr>
<td>2,163</td>
<td>who have not taken the MOC exam</td>
</tr>
</tbody>
</table>

#### RESPONSE RATE

41.39%

#### AREA OF PRACTICE/SUBSPECIALTY*

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>84%</td>
<td>practice general dermatology</td>
</tr>
<tr>
<td>42%</td>
<td>practice surgical dermatology</td>
</tr>
<tr>
<td>27%</td>
<td>practice cosmetic dermatology</td>
</tr>
<tr>
<td>17%</td>
<td>practice dermatopathology</td>
</tr>
<tr>
<td>15%</td>
<td>practice pediatric dermatology</td>
</tr>
<tr>
<td>14%</td>
<td>are in academia</td>
</tr>
<tr>
<td>1%</td>
<td>are non-practicing dermatologists</td>
</tr>
</tbody>
</table>

* A number of survey respondents indicated multiple specialties.
Of the 3,402 diplomats who took the recent survey, approximately 36 percent have taken the current, closed-book MOC exam, while approximately 64 percent have not yet. This is a summary of the survey's main findings.

The majority of surveyed diplomats who have taken the exam find the subspecialty module relevant to their own practice and the general dermatology module relevant to the practice of dermatology.

How relevant was the general dermatology module to the practice of a general dermatologist?

Answered: 1,232
Skipped: 7

Diplomates who have taken the exam

![Pie chart showing relevance of general dermatology module to practice]

- Very: 48.83%
- Somewhat: 16.56%
- A little: 34.01%
- Not at all: 5.60%

Nearly three-fourths (72%) or 872 of the 1,217 examinees who responded to the question found the subspecialty module “very” or “somewhat relevant” to their practice.

78% found the general dermatology module “very” or “somewhat relevant” to the practice of dermatology.

20% said the subspecialty module was “a little” relevant, while just 8% found it “not at all” relevant.

In comparison, 17% said they found the general dermatology module “a little” relevant, while only 6% said “not at all.”

A Sampling of What We Heard

“I was pleasantly surprised that the general derm 100 questions were ones most practicing dermatologists could answer.”

“The surgical subspecialty module was excellent, and highly relevant to my practice. The general dermatology module, while interesting, was not very reflective of my practice.”

When asked how relevant the general dermatology module is to their own practice, 62 percent said it was “very” or “somewhat relevant.”

How relevant was the general dermatology module to your own practice?

Answered: 1,226
Skipped: 13

Diplomates who have taken the exam

![Pie chart showing relevance of general dermatology module to own practice]

- Very: 20.96%
- Somewhat: 41.44%
- A little: 25.69%
- Not at all: 11.91%

If the general dermatology module is not at all relevant to your own practice, why not?

Answered: 125
Skipped: 21

Diplomates who have taken the exam

![Pie chart showing reasons for un relevance]

- Not relevant: 50.4%
- Obcure topic: 42.0%
- Poor photo quality: 6.4%
- Other: 1.6%

Of those who explained why they found the module “not at all relevant,” about half of the responses could generally be categorized as follows: “obcure topics,” “does not cover scope of a typical dermatologic practice,” or simply “not relevant.” Four in 10 (42%) attributed their response to the fact that they “practice/perform a specific surgery/specialty.”
A statistically significant number of surveyed diplomates who have taken the exam were aware of the study guides, and most found them helpful. Seventy-eight percent of those who have taken the MOC exam found the general dermatology module’s level of difficulty to be about what they anticipated or easier.

Did you find the free study guide, available on the ABD website and containing a list of possible diagnoses, helpful in preparing for the general dermatology module?

Were you aware that the exam questions for the subspecialty modules are available as a study guide on the ABD website several months prior to the exam?

How did the difficulty of the general dermatology module compare with what you anticipated?

A Sampling of What We Heard

“In addition to a study guide, sets of practice questions would be valuable and a great study tool.”

“I did not know that actual questions were available prior to the current test. As such, I am less opposed to the current format than I was before.”

“I think having the questions available before the exam serves the purpose. Diplomates will still need to learn and review the material contributing to the continuing education goal, but it takes the stress out of the process.”

77% of surveyed diplomates found the general dermatology guide helpful in preparing for the exam.

Those who have taken the exam are more than six times as likely to report they are aware of the study modules.

About half of those surveyed who have not yet taken the exam knew about the free study materials available at www.abderm.org several months before the exam.
When it comes to preferred exam formats or approaches, the two groups are of differing opinions.

Please indicate your preference about format of the general dermatology module.

47% of those who have taken the exam would like to select the most likely diagnosis based on clinical images, while 32% of those who have not taken the exam prefer this option.

41% prefer a mix of clinical images and case presentations, while 56% of those who have not taken the exam like this option best.

Just 3% prefer case presentations in both groups.

A Sampling of What We Heard

“I do mostly surgical dermatology. However, the exam makes me stay current in general dermatology.”

“I am not opposed to the current general dermatology format with photos and diagnoses, but the photo quality was poor on the exam and some diagnoses were esoteric.”
Neither group of respondents is overwhelmingly in favor of having a cosmetic dermatology module, and find the current two-part exam with a general dermatology and subspecialty module more helpful in keeping up-to-date than the single module.

Would you favor having a separate module for cosmetic dermatology?

Answered: 1,193
Skipped: 46
Diplomates who have taken the exam

Answered: 2,053
Skipped: 110
Diplomates who have NOT taken the exam

Just 28% of surveyed examinees and 35% of those who have not yet taken the exam say they favor a cosmetic module.

A Sampling of What We Heard

“I am strongly against having a cosmetic module. General dermatology is the core of our specialty, and it is essential to demonstrate some proficiency to maintain the ability to help our patients. I took the most recent exam via remote proctoring, and it was a great use of technology and saved a ton of time.”

How helpful are the following exam formats in keeping you up-to-date with clinical and practice advances and identifying any areas where you may require review? Please rate on a scale of 1-10, where 10 means ‘most helpful in keeping current’ and 1 means ‘least helpful in keeping current.’

The current two-part exam scores significantly higher on a 10-point favorability scale—6.59 among surveyed examinees and 5.79 among those who have not yet taken the exam—than the single module focused on a subspecialty with a core set of general dermatology questions, which had scores of 5.26 and 5.45 respectively by the two groups.
Surveyed diplomates who have taken the exam prefer the current exam model to the potential new model and rate the current model higher.

**Current Model:** Closed book, time-limited exam with possible diagnosis for general dermatology, and actual questions for subspecialty, available prior to exam. **Potential New Model:** Open book, time-limited exam with study guide, but no actual questions available prior to exam.

In comparison, the average score for the potential open-book, time-limited exam with only a study guide provided in advance scored more than a full point lower—4.90.

Among surveyed diplomates who have not yet taken the exam, the current model scored 4.31 on a scale of 1-10, while the potential new open-book model scored considerably higher—5.92.

**A Sampling of What We Heard**

“I think the exam is a good idea and I would support keeping the current model. I’m an academic and I actually keep up on the literature.”

“I highly prefer a closed book exam. I think it is fairer and much less anxiety provoking. I really appreciate the work the Board is doing in reevaluating the overall MOC program.”

“If you are surveying people who have not taken the closed book exam, I expect they have a great fear of it. If you survey those who have taken it, I expect you will find it well-liked.”
Among all survey respondents, there is support for at-home/in-office remote proctoring. However, there is significantly more support coming from those who have yet to take the exam.

There are some technical challenges associated with administering an open-book examination at a test center, and the Board may find it’s unfeasible. Instead, the Board may consider an open-book, time-limited exam to be taken at home/in office via remote proctoring technology. Please rate the venue on a scale of 1-10, where 10 is the ‘ideal exam venue for practicing dermatologists’, and 1 is the ‘least favorable exam venue for practicing dermatologists.’

Among surveyed diplomates who have taken the exam, they somewhat favor the remote-proctored exam—with an average score of 5.75 on a scale of 1-10, where 10 is deemed ‘most favorable.’

Those who have not yet taken the exam scored this model more favorably by a significant margin: 7.18 on the 10-point scale.

Of the three exam options presented in the survey (closed-book, open-book at test center, or open-book at home/office via remote proctoring), 63% of those who have not taken the test are in favor of an open-book exam at home/office. Eighteen percent say they prefer the closed-book model, while another 18% say they are undecided. Only 3% favor an open-book exam at a test center.

Of survey respondents who have taken the exam, 45% prefer the current closed-book model, 34% prefer an open-book exam, and 21% are undecided.
Where do we go from here?

The American Board of Dermatology thanks all diplomates currently enrolled in MOC who took the time to respond to the survey. Among the most striking findings are that those who have already taken the exam found the level of difficulty was about what they expected or easier, and said they prefer the current exam model over a potential new open-book model.

Given this, the Board has decided to retain the exam’s current format for now, but is actively examining options. Timelines with test delivery vendors require us to have next year’s MOC exam already prepared and delivered, so there will be no changes to exam format for 2016. To provide more convenience and flexibility for diplomates, however, the Board has decided to offer the exam twice annually and to extend the time period during which it is offered from four weeks to 16 weeks.

Beginning in 2016, the Board will offer the MOC exam in April - May and again in September - October. As in years past, the exam will be offered at Pearson VUE testing centers across the country. Additionally, remote proctoring is available for diplomates with compliant computers.

In response to feedback about providing more specific diagnoses in the study guide for the general dermatology module, the Board will publish a more specific list for the upcoming MOC exam.

A Sampling of What We Heard

“Thank you for trying to make it better.”

“No one should be grandfathered in, everyone should have to take the MOC exam. I believe it allows an opportunity to sit and review and read about common problems.”

“Should not exist as pass/fail but as a way to test how you have kept up on your knowledge through the years with feedback and areas to improve on and modules or outlets for further research.”

“I appreciate how you are trying to simplify things for those of us with busy clinics and schedules. Please continue to make this the least onerous process possible.”