Accredited Continuing Medical Education (CME) that Counts for the American Board of Pathology’s Maintenance of Certification (MOC) Program:
Requirements for Accredited Providers

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Introduction
Accredited continuing medical education (CME) activities that are part of an accredited CME program may also count for maintenance of certification (MOC) for certain medical specialty boards that are members of the American Board of Medical Specialties (ABMS). Accredited CME organizations can provide value to physician learners by offering educational activities that count for both CME credit and MOC. This document describes the requirements for accredited organizations that wish to register their CME activities for MOC.

Participating Board
The American Board of Pathology (ABPath)
CME Activity Requirements

Accredited providers seeking to have CME activities recognized for the Lifelong Learning (Part II) expectations of MOC must attest that the activity meets the following requirements:

1. The activity is directly provided or jointly provided by an organization accredited in good standing within the ACCME system.
2. The activity is designated for AMA/PRA Category 1 Credit™.
3. The activity is planned in the context of one or more of the ABMS/ACGME Competencies.
4. The activity is one (or a blended combination) of the following activity types:
   - Live activities including committee learning, courses, internet live courses, and regularly scheduled series
   - Enduring materials
   - Internet Enduring materials
   - Journal-based CME
   - Internet Searching and Learning
   - Test-item writing
   - Learning from Teaching
   - Manuscript Review
   - Other
5. The activity is relevant to diplomates certified by the ABMS Member Board for which it is registered, as demonstrated by the professional practice gap(s) and content of the activity.
6. The activity is free of commercial bias and control of a commercial interest, as currently specified in the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities.SM
7. The activity includes an evaluation that is designed to assess changes in learners’ competence, performance or the impact on patient outcomes (see Appendix A for examples).
8. The activity may also be registered as a Self-Assessment Module (SAM) if it meets requirements 1-7 and:
   a. The evaluation component includes a passing standard and timely feedback to the learners.
      i. If the evaluation component is a quiz or test, it must comply with the Quiz Evaluation Guidelines in Appendix B.
      ii. Examples of other acceptable evaluation mechanisms can be found in Appendix A.
   b. The activity is clearly denoted as a Self-Assessment Module in all activity materials.
9. The activity may also be registered for Improvement in Medical Practice (Part IV) for MOC if it meets requirements 1-7 above, and
a. the activity addresses a quality or safety gap supported by a needs assessment or problem analysis. The needs assessment or problem analysis may be a part of the activity
b. the activity is designed to assess/improve quality of practice
c. the activity has specific, measurable aims for improvement
d. the activity includes interventions intended to result in improvement
e. the activity includes appropriate data collection and analysis to assess the impact of the interventions
f. the activity defines meaningful participation and includes a mechanism for identifying participants who meet this requirement.

Communication of MOC Recognition
Accredited providers must clearly indicate to learners that the activity has been registered to offer credit in the American Board of Pathology’s (ABPath) Maintenance of Certification program on activity materials and brochures, with the exception of initial, save-the-date type activity announcements.

This language must include:

- the specific credit type(s) available (Lifelong Learning (Part II), Self-Assessment Module (SAM), and/or Improvement in Medical Practice (Part IV))
- the number of credits available

Program Policies
In addition to meeting the CME Activity Requirements, accredited providers must adhere to the following policies when designating their CME activities for MOC.

Activity and Learner Data Reporting
To register an activity for MOC, the accredited provider must furnish information about the activity, and agree to report learner completion data in a timely manner, with the permission of the learner. The activity information as well as learner completion data are reported by accredited providers via the ACCME’s Program and Activity Reporting System (PARS).

Registering a CME Activity for MOC
The accredited provider must report the information listed in Table 1 below in PARS to register an activity for ABPath MOC. Because it is considered public information, it therefore may be released to the public by the ACCME via CME Finder (www.cmefinder.com), or by the specialty board(s) for which the activity is registered. CME Finder is a publicly available, online search tool that provides a one-stop resource for physician learners seeking to earn MOC points by participating in accredited CME.
Table 1: Activity Registration Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Title</td>
<td>The name of the activity</td>
</tr>
<tr>
<td>Activity Type</td>
<td>Educational approach/methodology</td>
</tr>
<tr>
<td>Accredited Provider Name</td>
<td>The name of the accredited organization that is responsible for ensuring the activity’s compliance with ACCME’s requirements</td>
</tr>
<tr>
<td>Accredited provider contact information</td>
<td>Provider name, address, phone number and website</td>
</tr>
<tr>
<td>Joint provider name(s)</td>
<td>If applicable</td>
</tr>
<tr>
<td>Activity start and end date</td>
<td>For enduring materials, start date is the date of original release</td>
</tr>
<tr>
<td>Activity website address</td>
<td>If no URL exists for the activity, then the provider’s website address</td>
</tr>
<tr>
<td>Hours of instruction</td>
<td>The amount of time a participant would spend in the activity</td>
</tr>
<tr>
<td>MOC Type</td>
<td>Type of MOC for which the activity is registered (Lifelong Learning (Part II), Self-Assessment Module (SAM) and/or Improvement in Medical Practice (Part IV)</td>
</tr>
<tr>
<td>AMA PRA Category 1 credits</td>
<td>Number of credits designated for the activity</td>
</tr>
<tr>
<td>Practice Area(s)</td>
<td>Which practice area(s) the activity addresses</td>
</tr>
<tr>
<td>Registration</td>
<td>Open to all or limited, for example, to the provider’s internal staff</td>
</tr>
<tr>
<td>Fee for participation?</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

Reporting Learner Completion Data

The provider must have systems, resources, and processes in place to:
- Collect participant completion data described in Table 2 below;
- Obtain permission from the participant to share completion data with the ACCME and the specialty board; and
- Transmit the completion data to the ACCME on behalf of the participant upon successful completion.

Board-certified diplomates must meet periodic requirements related to completion of activities, and so accredited providers are asked to submit learner completion data to the ACCME within 30 days of the completion date. This will help ensure that diplomates can get credit for the activities in which they engage in the proper board reporting period.
Table 2: Participant Completion Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diplomate ID</td>
<td>This is the unique ID assigned by the member board to each diplomat. Physicians who do not know their board ID should contact the member board for this information</td>
</tr>
<tr>
<td>First Name</td>
<td>Physician’s first name</td>
</tr>
<tr>
<td>Last Name</td>
<td>Physician’s last name</td>
</tr>
<tr>
<td>Date of Birth (Month and Day only)</td>
<td>Physician’s date of birth (mm/dd)</td>
</tr>
<tr>
<td>Activity Completion Date</td>
<td>Date (mm/dd/yyyy) the physician completed the activity. Credit will be awarded on this date</td>
</tr>
<tr>
<td>PARS Activity Identifier</td>
<td>A unique numeric value automatically assigned by PARS when an activity record is created.</td>
</tr>
<tr>
<td>Credits</td>
<td>Number of Credits Earned</td>
</tr>
<tr>
<td>Credit Type</td>
<td>Type of Credits earned: Lifelong Learning (Part II), Self-Assessment Module (SAM) and/or Improvement in Medical Practice (Part IV)</td>
</tr>
</tbody>
</table>

Participant completion information is governed by the applicable specialty board’s confidentiality policy. Identifiable patient data shall not be provided to ACCME or any specialty board by any organization or participant. Providers are responsible for ensuring that the appropriate data privacy and security safeguards are in place and conform to all relevant regulatory and industry requirements.

Credit Assignment

CME Credits reported for an individual learner may be equivalent to or less than the maximum number of CME credits for the activity. Providers may register activities in PARS once and report learner completion data multiple times as points are earned.

Use of Participant Data

If participant data will be shared, whether individually or in aggregate, this must be disclosed to participants prior to the beginning of the activity. This transparency allows participants to decide if they wish to participate in activities that provide their data and/or data about their clinical practice to other entities.
Appendix A: Evaluation Examples

Participating specialty boards and ACCME share the expectation that accredited providers evaluate the impact of their activities on learners’ knowledge, strategies/skills, performance, and/or patient outcomes. The following examples of evaluation approaches have been compiled as a resource for accredited providers. These are only examples—and not an exhaustive list—of the methods that can be used by the accredited provider in CME that supports MOC.

ACCME requirements related to evaluation can be found in *Criterion 11* of its Accreditation Criteria.

Important Tips:

- The accredited provider may choose to evaluate the activity at the session level or at the activity level. As well, the provider does not need to be limited to a single method of evaluation per activity. Combinations of approaches to evaluation may produce rich information about learner change.
- The accredited provider must be able to demonstrate that the learner has participated in/completed the evaluation (i.e. via scenarios below or some other method the provider uses) for the educational activity in order to submit the learner’s participation completion information for the activity.

<table>
<thead>
<tr>
<th>Evaluation Mechanism</th>
<th>Evaluation Method</th>
<th>Participation Threshold</th>
<th>Feedback Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Discussion</td>
<td>Learners asked to share with each other and group how they would approach the case at various stages.</td>
<td>Learner actively participates in the conversation as judged by a group leader or observer.</td>
<td>The outcome of the case is shared.</td>
</tr>
<tr>
<td>Written responses</td>
<td>Learners write down what they have learned and indicate commitment to change or maintain an element of practice.</td>
<td>Learner writes a reflective statement and makes a commitment to change or maintain an element of practice.</td>
<td>Leader/facilitator summarizes what was discussed and best next steps for learners.</td>
</tr>
<tr>
<td>Audience response system</td>
<td>Learners select answers to provocative questions using the ARS.</td>
<td>Learner attempts an acceptable number of questions. Threshold set by provider.</td>
<td>Answer to each question is shared in dialog or writing, including rationale for correct answers with relevant citations.</td>
</tr>
<tr>
<td>Quiz</td>
<td>Learners complete answers to a quiz during or after an activity. This quiz must meet the <em>Quiz Evaluation Guidelines.</em></td>
<td>Fraction of answers correct set by provider.</td>
<td>Best answer to each question is discussed or shared, including rationale for correct answers with relevant citations.</td>
</tr>
<tr>
<td><strong>Table-top exercise</strong></td>
<td>Learners write down next steps in an evolving case at various set points.</td>
<td>Learner writes a possible next step to each question.</td>
<td>Best practice at each step is discussed or shared after each set point.</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Simulation</strong></td>
<td>Learners demonstrate strategy/skill in a simulated setting – could be role-play or formal simulation lab.</td>
<td>Learner participates in simulation as judged by a facilitator or observer.</td>
<td>Best practice or technique is discussed and shared throughout, or at the conclusion of, the simulation.</td>
</tr>
</tbody>
</table>
Appendix B: Quiz Evaluation Guidelines

Providers who opt to use a test or quiz as their evaluation mechanism for Self-Assessment Modules must comply with the following requirements:

1. Participants must achieve a passing score on the post-test set by the provider (typically 75-80 %) to earn SAM credits for the course.
2. Participants may be allowed to take the post-test more than once in order to achieve a passing score.
3. Participants must be provided timely post-test feedback, including a brief explanation and/or reference(s) for the correct answer.
4. Post-tests and feedback may be offered online.
5. A minimum of two questions per half hour of CME is required.
6. A pre-test is recommended to identify or demonstrate participant gaps in knowledge.

Guidelines for developing quiz/test questions:

1. SAMs questions should test important concepts that are medically (clinically) relevant. Questions should link to the learning objectives.
2. The ABPath recommends all questions be multiple choice, single best answer with 3-5 choices. True/False or Yes/No questions are not acceptable. If an item truly has only two choices, and it is not a T/F or Y/N question, such an item is acceptable.
3. An ideal question is one that can be answered without looking at the choices. Higher order questions that require interpretation, judgment, or problem-solving are better than simple recall of information.
4. Questions should be stated as a positive (do not use no, not, etc). Do not use “all of the following except”.
5. Do not use absolutes such as “all”, “none”, “always” and “never”.
6. “All of the above” or “none of the above” are not acceptable choices.
7. No possible question answers should include other possible answers, e.g. “C: Both A & B” (No K Type Questions)
8. Answer choices should be in alphabetical or numerical order and approximately the same length.
9. Responses must be logical and homogenous (e.g. all IHC stains, all laboratory test results, all clinical associations).
10. References should be provided when appropriate.
11. A brief narrative/explanation of the correct answer must be provided.