Accredited Continuing Medical Education (CME) that Counts for ABO Maintenance of Certification (MOC): Requirements for Accredited Providers

Table of Contents

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 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 Ophthalmology (ABO)

CME Activity Requirements

The American Board of Ophthalmology recognizes Continuing Medical Education (CME) activities accredited by the Accreditation Council for Continuing Medical Education (ACCME) for Maintenance of Certification (MOC) credit that meet the requirements specified in this document. Activities may be registered for the following credit types:

- Lifelong Learning (Part II)
- Self-Assessment
- Improvement in Medical Practice (Part IV)
- Patient Safety

Activities be registered for multiple credit types, providing they meet the requirements outlined below, with one exception. Activities can't be registered for both Improvement in Medical Practice and Patient Safety.

Lifelong Learning (Part II) Requirements

Activities registered for ABO Lifelong Learning MOC credit must meet the requirements defined below:
- The activity must be directly or jointly provided by a provider accredited by the ACCME.
- The activity is certified for *AMA PRA Category 1 Credit*^{TM} in one of the following activity types:
  - Course
  - Committee Learning
  - Enduring Material
  - Internet Activity (Enduring Material)
  - Internet Live Course
  - Internet Searching and Learning
  - Journal-Based CME
  - Learning from Teaching
  - Manuscript Review
  - Performance Improvement
  - Regularly Scheduled Series
  - Test Item Writing
  - Other

Self-Assessment Requirements
In addition to the requirements outlined for Lifelong Learning, activities must include:
- an evaluation component that measures the impact of the activity on the ABO Board Certified physician learner's (diplomate) knowledge, strategies/skills, performance, and/or patient outcomes;
- a minimum participation threshold demonstrating physician learners' meaningful engagement in the activity; and
- feedback to the diplomate.

Evaluation examples include multiple-choice, fill-in-the-blank, or longer-form tests; written or shared responses; or other formative and summative content-relevant exercises that evaluate the effectiveness of the educational activity. See Appendix A.

Improvement in Medical Practice (MOC Part IV) Requirements
In addition to the requirements outlined for Lifelong Learning, activities must:
- address a quality or safety gap that is supported by a needs assessment or problem analysis, or supports the completion of such a needs assessment as part of the activity,
- address care, care processes, or systems of care in one or more of the National Academy of Medicine's (formerly the Institute of Medicine) quality dimensions or one or more of the three Aims or six Priorities articulated in the National Quality Strategy;
- have specific, measurable aim(s) and use measures appropriate to the aim(s) for improvement;
- include interventions intended to result in improvement; and
- include appropriate data collection and analysis of performance data to assess the impact of the interventions.

The provider of the activity defines a minimum participation threshold and describes how diplomates who meaningfully engage in the activity according to the defined requirements will be identified. Note that an activity can't be registered for both Improvement in Medical Practice and Patient Safety.

Patient Safety Credit Requirements
For an activity to be registered for Patient Safety, it must be registered for Lifelong Learning. If the activity meets the Self-Assessment requirements it may also be registered for Self-Assessment. In all cases, the activity addresses at least one of the following topics:
- Foundational knowledge (must include *all* of the following):
    - Epidemiology of error: should prepare physicians to discuss the key definitions that underpin current patient safety efforts
    - Fundamentals of patient safety improvement (e.g., plan, do, study, act or PDSA)
    - Culture of safety: should identify the specific elements, (i.e., the beliefs, attitudes and values about work and risks) that contribute to safety culture
- Prevention of adverse events (examples include, but are not limited to):
    - Prevention of healthcare acquired infections
    - Falls prevention
    - Teamwork and care coordination
    - Medication safety (e.g., medication reconciliation, safe use of analgesics and sedatives, identification and remediation of polypharmacy in the elderly)

Note that an activity can't be registered for both Patient Safety and Improvement in Medical Practice.

Learner Completion Information

The provider must have systems, resources, and processes in place to:

- collect the learner completion information described in Table 1;
- obtain permission from the learner to share the completion information with ACCME; and
- transmit the completion information to ACCME on behalf of the learner by December 31 annually.

Table 1: Learner Completion Information

Field Name	Description
ABO ID	Every ABO Board Certified physician has a unique, five-digit ABO ID number.
First Name	Learner's first name
Last Name	Learner's last name
DOB	Learner's date of birth (mm/dd)
Activity Completion Date	Date (mm/dd/yyyy) the Learner completed the activity
Credit Type(s)	Indicate the credit type(s) for the activity. Credit types include Lifelong Learning (Part II), Self-Assessment, Improvement in Medical Practice (Part IV), and Patient Safety.

Use of Learner Data

If learner data will be shared with the funder of the activity or any other commercial entities, either individually or in aggregate, this must be disclosed to participants prior to the beginning of the activity. Such transparency allows participants to decide if they wish to participate in activities that provide their data and/or data about their clinical practice to commercial entities.

Program Fees/Participant Fees

ABO will not charge a fee to providers that register activities for ABO MOC recognition at this time. ABO may revisit its fee structure in the future.

Providers are responsible for all costs associated with developing and operating the activity. ABO has no policy that precludes the provider from charging a fee for participation in the activity. ABO will not reimburse fees charged by the provider to physician learners.

Data Privacy and Security Compliance

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.

Public Information About Activities Registered for ABO Recognition

ACCME publishes information about accredited CME activities that have been registered for ABO MOC via its CME Finder. CME Finder is a publicly available, online search tool that provides a one-stop resource for physician learners seeking to earn MOC credit by participating in accredited CME.

ABO MOC Recognition Statement

The following statement must be provided to learners prior to the start of the activity:

"Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to satisfy the Lifelong Learning, Self-Assessment, Improvement in Medical Practice and/or Patient Safety requirements for the American Board of Ophthalmology's Maintenance of Certification program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting MOC credit."

Audit

The ACCME will provide "Audit Services" on behalf of the ABO, its Diplomates, and providers accredited by the ACCME system. As a requirement of participating in the ABO MOC Recognition program, accredited providers agree to participate in an audit of their activity(ies), if selected, and to allow the ACCME to share the results of the audit with the ABO.

The accredited provider will be asked to submit the materials described in Table 2 for the activity or activities selected for audit. A determination of compliance with the ABO requirements will be made and shared with the accredited provider. If requirements are not met, the accredited provider will be asked to improve its processes before continuing to offer ABO MOC credit. ABO will not revoke MOC credit that has already been issued to physician learners who participated in an activity that is found to be non-compliant. Both the ABO and ACCME consider the audit process to be formative and expect that accredited providers will make every effort to demonstrate compliance with the ABO expectations.

Table 2: Description of the Elements of an Audit

	Materials to be Submitted by Accredited Activity Provider
All Activities	None - only providers accredited within the ACCME system are eligible.
	None – only allowable activity types can be registered for ABO MOC in PARS.
	A description of the professional practice gap and educational need for the activity.
	Evidence that diplomates were informed that their participation information would be shared with ABO through PARS.
Self-Assessment	Information relevant to the method of evaluation that was utilized for the activity that measured learner change, including: • a copy of the evaluation tool (e.g., multiple–choice, fill-in-the-blank, or longer-form tests; written or shared responses; or other formative and summative content-relevant exercises); • a description of how the evaluation is conducted and the minimum participation threshold (e.g., score, correct written or shared response, etc.); • a description of the process by which feedback was provided to learners; and • verification that the learner successfully met the minimum participation threshold for the activity.
Improvement in Medical Practice	A description how the activity addresses a quality or safety gap that is supported by a needs assessment or problem analysis.
	A description of how the activity addresses care, care processes, or systems of care in one or more of the National Academy of Medicine's quality dimensions or one or more of the three Aims or six Priorities articulated in the National Quality Strategy.
	A description of the specific, measurable aim(s) for improvement.
	A description of the measures used in the activity and how they address the gap in quality.
	A description of the interventions that were or are being implemented that directly relate to achieving the aim of the activity.
	A description of: • the method and frequency of data collection and performance analysis; and • how data are used to effect improvement throughout the activity.
	A description of: • the minimum participation threshold for the activity and how the provider identifies physicians who meet the threshold; and • verification that learners successfully met the minimum participation threshold for the activity.
Patient Safety	Demonstration that the activity addressed one of the required topics (e.g. Foundational Knowledge of Prevention of Adverse Events).

Appendix A: Evaluation Examples

The ABO and the ACCME share the expectation that accredited activity 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 ABO MOC.

Important Tips:

- The accredited provider may choose to evaluate an 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.
- If the activity is selected for audit, the accredited provider will be asked to submit the evaluation mechanism, a description of how the evaluation was implemented and how feedback was provided to learners, and a list of the physician learners who met the minimum participation threshold.

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