

Accredited Continuing Medical Education (CME) that Counts for ABOHNS Maintenance of Certification (MOC): 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 Otolaryngology – Head and Neck Surgery (ABOHNS).

CME Activity Requirements

Accredited providers seeking to have CME activities recognized for Maintenance of Certification 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 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
 - Practice Improvement
 - Other
4. 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
5. The activity includes a comprehensive evaluation that is designed to assess changes in learners' competence, performance or the impact on patient outcomes (see Appendix A for examples).
6. The activity may also be registered for Patient Safety if it meets requirements 1-5 above, and is relevant to patient safety.
7. The activity may also be registered for Improvement in Medical Practice (Part 4) if it meets requirements 1-5 above, and is designed to assess/improve quality of practice as follows:
 - a. The activity addresses 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.
 - b. The activity addresses 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.
 - c. The activity has specific, measurable aim(s) for improvement.
 - d. The activity uses measures appropriate to the aim(s) for improvement.
 - e. The activity includes interventions intended to result in improvement.
 - f. The activity includes appropriate data collection and analysis of performance data to assess the impact of the interventions.

- g. The provider defines a minimum participation threshold for MOC, and describes how they will identify physician learners who meaningfully engage in the activity per their defined requirements.
- h. Physician learners are likely to participate in one or more of the areas outlined in (a)-(g), but participation in every step of the quality improvement process is not an ABOHNS requirement.

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 ABOHNS 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 credit by participating in accredited CME.

Table 1: Activity Registration Information

| Field | Description |
|---|---|
| Activity Title | The name of the activity |
| Activity Type | Educational approach/methodology |
| Accredited Provider Name | The name of the accredited organization that is responsible for ensuring the activity’s compliance with ACCME’s requirements |
| Accredited provider contact information | Provider name, address, phone number and website |
| Joint provider name(s) | If applicable |
| Activity start and end date | For enduring materials, start date is the date of original release |
| Activity website address | If no URL exists for the activity, then the provider’s website address |
| Hours of instruction | The amount of time a participant would spend in the activity |
| MOC Type | Type of MOC for which the activity is registered (Lifelong Learning and Self-Assessment, Patient Safety and/or Improvement in Medical Practice) |

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|----------------------------|---|
| AMA PRA Category 1 credits | Number of credits designated for the activity |
| Specialty(ies) | Which specialty(ies) the activity addresses |
| Registration | Open to all or limited, for example, to the provider's internal staff |
| Fee for participation? | Yes/No |
| Patient Safety CME? | Yes/No (or not applicable) |

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

| Field | Description |
|------------------------------------|--|
| Diplomate ID | This is the unique ID assigned by the member board to each diplomate. Physicians who do not know their board ID should contact the member board for this information |
| First Name | Physician's first name |
| Last Name | Physician's last name |
| Date of Birth (Month and Day only) | Physician's date of birth (mm/dd) |
| Activity Completion Date | Date (mm/dd/yyyy) the physician completed the activity. Credit will be awarded on this date |
| PARS Activity Identifier | A unique numeric value automatically assigned by PARS when an activity record is created. |
| Credits | Number of Credits earned |
| Credit Type | Type of Credits earned (Lifelong Learning and Self-Assessment, Patient Safety and/or Improvement in Medical Practice) |

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 offering activities that are longitudinal in nature, such as regularly scheduled series, or can be completed more than once, such as Internet Searching and Learning activities, may register the activity in PARS once and report learner completion data periodically 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.

Program Fees/Participant Fees

The specialty board will not charge a fee to providers that register activities for MOC at this time. Each specialty board may revisit its fee structure in the future.

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

Public Information About Activities Registered for ABOHNS MOC

ACCME publishes information about accredited CME activities that have been registered for ABOHNS 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 points by participating in accredited CME.

ABOHNS MOC Recognition Statement

The following statement must be included in your activity materials: "Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to meet the expectations of the American Board of Otolaryngology's Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of recognizing participation."

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.

| Evaluation 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 write down 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 ARS. | 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. | Learner writes a possible next step to each question. | Best practice at each step is discussed or shared after each set point. |

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| 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. |
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