

The seal of the American Board of Pediatrics is a circular emblem. It features the text "Board of Pediatrics" in a serif font along the top inner edge and "founded 1933" along the bottom inner edge. In the center, the letters "ABP" are written in a large, stylized, gothic font. A small diamond shape is positioned at the bottom center of the inner circle. A registered trademark symbol (®) is located at the bottom right of the seal.

Lifelong Learning and Self-Assessment for MOC Part 2

CME Provider Program Manual

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Overview

The American Board of Pediatrics (ABP) certifies general pediatricians and pediatric subspecialists based on standards of excellence that lead to high quality health care during infancy, childhood, adolescence, and the transition into adulthood. ABP certification provides assurance to the public that a general pediatrician or pediatric subspecialist has successfully completed accredited training and fulfills the continuous evaluation requirements that encompass the six core competencies: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The ABP's quest for excellence is evident in its rigorous evaluation process, and in new initiatives undertaken that not only continually improve the standards of its certification, but also advance the science, education, study, and practice of pediatrics.

Maintenance of Certification (MOC) is the process whereby diplomates of the ABP maintain their Board certification. MOC allows participants to engage in various knowledge self-assessments, practice assessments, and quality improvement activities designed to augment professional development throughout the duration of their careers.

The ABP Lifelong Learning and Self-assessment CME Provider Program is the process through which the ABP recognizes accredited CME activities for MOC Part 2 credit. Alignment of this program with ACCME's accredited CME system allows ABP Board-certified physicians to earn lifelong learning and self-assessment MOC points for accredited activities which meet the requirements specified in this document.



THE AMERICAN BOARD *of* PEDIATRICS

ABP Lifelong Learning and Self-Assessment CME Provider Program Requirements

Accredited providers seeking to have accredited CME activities recognized for lifelong learning and self-assessment MOC points must attest that each activity meets both ACCME and ABP standards.

ABP MOC Activity Policies

The ABP follows and endorses ACCME standards outlined in ACCME's Accreditation Criteria. The following activity types certified for *AMA PRA Category 1 Credit*[™] may be approved for the ABP MOC Part 2 program:

- Live activities (e.g. Courses, Internet live courses, Regularly scheduled series)
- Enduring materials
- Internet enduring materials
- Journal-based CME
- Test-item writing
- Learning from teaching
- Manuscript review
- Other

In addition to ACCME standards, the ABP requires that activities seeking ABP MOC Part 2 credit meet additional expectations about learner assessment. Please note that the ABP awards MOC Part 2 credit based on the **assessment of the individual learner**, not just completion of the CME activity itself. To qualify for ABP MOC Part 2 credit, all of the following expectations must be met:

- I. **Learner Assessment** - All activities must include a comprehensive assessment component that evaluates and documents individual changes to learner knowledge and/or skill through activity engagement. Assessment methods and justifiable passing standards may be determined by the provider and should be relevant to the activity and learner objectives.

ABP Expectation: Methods employed to assess learners should independently evaluate the knowledge and/or skill(s) gained by the learner through engagement in the activity. For skill and case-based evaluations, the instructor must document the active participation of the learner. The assessment employed by the activity provider is of the performance of the individual learner and not of the activity. Anonymous assessments and anonymous feedback do not meet ABP requirements.

- II. **Feedback** - All activities must include individualized feedback to participants, identifying individual learner results with rationales for correct answers or attainment of applicable skill(s), and relevant citations where appropriate.

ABP Expectation: Feedback provided to learners must be tailored to individual performance and assessment. Generic feedback and CME follow-up surveys do not meet ABP requirements. Feedback given to individuals regarding their performance must be documented, and may be audited. For skill and case-based evaluations, the instructor must document each individual's performance and participation. Feedback must be provided before completion credit is submitted.

MOC Point Assignment

For activities entered through ACCME's Program and Activity Reporting System (PARS), MOC points awarded must be **equivalent to or less than** the maximum number of CME credits for the activity, reflecting the assessment mechanism. ABP MOC points may be earned in differing amounts by the learners and may be reported in quarter hour increments, if appropriate.

Activities that are longitudinal in nature, such as regularly scheduled series, should be registered in PARS as one activity (rather than by session), with learner completion data reported following completion of the assessment mechanism(s). It is up to the provider to determine how/when to administer the assessment mechanism. Accredited providers may report ABP MOC credit for learners in PARS at one time or via multiple entries depending on how/when the credit is earned.

Example 1: A provider would like to offer ABP MOC Part 2 credit for a large, live conference currently being planned. The conference will offer a maximum 38 CME credits over the course of the four-day conference. However, the provider is aware that the opening 1.5-hour plenary sessions, scheduled for each morning of the conference, while offering CME credit, do not have an associated assessment mechanism that would meet ABP's expectation. The CME provider determines that the maximum MOC point value should be less than the maximum CME value since the plenary session time would not be included in the total MOC value within PARS. In entering the activity information in PARS, the provider enters 38 CME credits for the activity, but sets the MOC value at 32. The activity provider then reports the completion credit for individual learners in variable amounts, as reflective of their participation in sessions with associated assessments up to the maximum MOC point value.

Example 2: A provider is planning a series of pediatric Grand Rounds, which are scheduled to be offered each Friday. Each of the Grand Rounds in the series have an associated assessment integrated into the activity. The CME provider enters the Grand Rounds series in PARS as one activity with the maximum MOC point value equal to the maximum CME credit value. The CME provider then is able to report MOC completion credit in PARS through either single or multiple entries, reflecting the participation of each individual learner in varying amounts.

Learner Completion Information

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

- Collect learner completion data described in Table 1;
- Obtain permission from the learner to share completion data with the ACCME; and
- Transmit the completion data to the ACCME on behalf of the participant upon successful completion.

ABP diplomates must meet reporting requirements prior to their mid-December deadlines each year. Accredited providers are therefore asked to submit learner completion data to ACCME within 30 days of the completion date and no later than December 1 of a calendar year. While credit can be entered and will be accepted after that date, it may be too late for a diplomate whose certification depends upon receiving the credit in that particular year. Timely reporting helps ensure that diplomates are able to get credit for the activities in which they engage in the proper ABP reporting year, while meeting any associated deadlines.

Table 1: Learner Completion Information

Field Name	Description
ABP ID	Every ABP Board certified physician has a unique, ABP ID number. Physicians who do not know their ABP ID can look it up on the ABP website. https://www.abp.org/content/verification-certification
First Name	Physician's first name
Last Name	Physician's last name
DOB	Physician's month and day of birth (mm/dd)
Activity Completion Date	Date (mm/dd/yyyy) the physician completed the activity. Credit is awarded on this date.
PARS Activity Identifier	A unique numeric value automatically assigned by PARS when an activity record is created.
MOC Points	MOC points earned by the individual based on extent of assessment, but not greater than the CME value

Learner data is governed by the ABP's Privacy Policy. Identifiable patient data must not be provided to the ACCME or the ABP by any organization or participant.

Learner CME/MOC Completion Documentation

If requested by the learner, the provider must provide the learner with written documentation (eg, documentation that can be downloaded or provided in hard copy), which includes the following information:

- Name of the Activity and Activity Provider
- Learner Name
- Activity Completion Date
- PARS Activity Identifier
- MOC Points Awarded
- Identifying statement that the activity has been approved for ABP MOC Part 2 credit.

Activity Entry into PARS

The activity must be entered into PARS and registered for ABP MOC before the provider can report physician completion data.

Program Fees/Participant Fees

The ABP will not charge a fee to providers that register activities in the CME Provider Program at this time. The ABP may revisit its fee structure in the future.

Providers are responsible for all costs associated with developing and operating the activity. The ABP does not have a policy that precludes the provider from charging a fee for participation in the activity; the ABP will not reimburse fees charged by the provider to 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

ACCME publishes information about accredited CME activities that have been registered for ABP MOC credit through ACCME's CME Finder. CME Finder is a publicly available, online search tool that allows physicians to search for accredited CME activities that are also registered for MOC credit.

Any information about a CME Activity that appears in CME Finder is considered public and therefore may be released by the ABP and/or ACCME.

The following information will be made available in the individual physician's MOC history reports located in their secure physician login area of the ABP website:

- Activity title
- MOC point value
- Activity completion date

Communication of MOC Recognition

The MOC statement below must appear on all MOC activity materials and brochures distributed by accredited organizations, with the exception of initial, save-the-date type activity announcements, provided such announcements contain only general, preliminary information about the activity such as the date, location, and title. If additional specific information is included, such as faculty and objectives, the MOC statement must be included.

“Successful completion of this CME activity, which includes participation in the activity and individual assessment of and feedback to the learner, enables the learner to earn up to [XX] MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit.”

Audits

Audits may be performed by the ACCME and/or by the ABP at any time. As a requirement of participating in the ABP CME Provider Program, accredited providers agree to participate in an audit of their activity(ies), and if audited by ACCME, to allow ACCME to share the results of the audit with the ABP.

The ACCME and/or ABP will select activities for audit from among those registered in the ACCME's Program and Activity Reporting System (PARS) as "ABP CME Provider Program MOC-compliant Education." Accredited providers are required to submit materials described in Table 2 for activities selected for audit within 30 days of the initial request for information.

Upon review of audit results, the ABP will determine if additional actions are required for the accredited provider if ABP's requirements are not met. Results of the audit, along with any possible recommendations for remediation, will be shared with the activity provider. In the event that an activity is prospectively audited, and it is determined that the ABP expectations are not met, the provider will not be able to offer ABP MOC Part 2 credit for the activity until the activity has been brought into compliance with ABP requirements. While the ABP will not revoke MOC points that have already been issued to physicians who have completed an activity that has been determined to not meet expectations, prospective review may be required prior to approval of future iterations of the activity, or similar activities from the same provider. The ABP reserves the right to revisit this policy in the future.

Table 2: Required Audit Materials

ABP Reqts.	Materials to be Submitted by Accredited Provider
Evaluation Tools	A description or copy of the learner assessment tool (e.g., the specific multiple-choice questions used in the activity, the criteria use by a small group leader, skill demonstration in simulated setting, prompts for reflective statements and standards for these, copy of active participation verification for skill and case-based activities).
Assessment	A description of how the learner assessment is conducted (e.g., multiple-choice question test, small group discussion, observation and feedback during simulation).
Feedback	A description of the process by which feedback was provided to learners, A copy of the feedback tool or sample of feedback provided to learners.
Passing Standard	A description of the passing standard, and for skill and case-based evaluations, how active participation was verified and documented. If credit has been awarded, documentation that the learner(s) successfully met the passing standard for the activity.
Documentation	Evidence that learners were informed that their participation information would be shared with the ABP through PARS. An example of a completion certificate that would be provided to an ABP diplomate.

An audit checklist document found in **Appendix B** should be used by providers to ensure that activities audited for MOC CME credit through the ABP meet the requirements for MOC CME credit as detailed by the ACCME and ABP. Providers should complete the Audit Checklist for each activity.

Appendix A - Evaluation/Assessment Examples

The ABP and ACCME share the expectation that accredited providers evaluate the impact of their activities on individual learners' knowledge, strategies/skills, performance, and/or patient outcomes, and provide feedback to individual learners about their performance. The following examples of assessment approaches have been compiled as a resource for accredited providers.

The assessment and passing standards listed below are not exhaustive. Rather, the method of learner assessment and passing standard should be determined by the provider and be appropriate not only to the evaluation mechanism utilized, but also to the expected outcomes for learners.

Important Tips:

- Accredited providers must be able to demonstrate and document how the learner has participated in/completed the assessment (i.e., through the examples provided or another assessment method) for the activity in order to submit the learner's participation data for CME for MOC activity.
- Accredited providers may determine the method of learner assessment and passing standards. A combination of approaches to assessments may provide rich information regarding learner change.
- If reflective statements are used as the assessment mechanism in large, live activities, learners must maintain their learning reflections throughout the activity – for example, by session or track of sessions. Those statements must be reviewed to ensure they are meaningful and reflective of knowledge or strategy gained or intended change. Providers are asked to set a minimum threshold as to what constitutes an “acceptable statement” and to provide feedback to learners based on the reflective statements. Examples that describe the use of reflective statements are included as part of this Appendix.
- If the activity is selected for audit, the accredited provider will be asked to submit the evaluation mechanism, a description of how learners were assessed and how feedback was provided to participants, a copy of the feedback tool and feedback provided, as well as documentation indicating compliance with CME for MOC ABP Policy requirements.

Evaluation/Assessment Examples

Evaluation Mechanism	Evaluation Method	Passing Standard	Feedback Method
Case discussion	Learners are asked to share with each other and the group about how they would approach the case at various stages.	Learners actively participate in the conversation as judged by a group leader or observer. Participation is verified.	The outcome of the case is shared, and learners are informed that their participation met standards.
Written responses (see examples on next page)	Learners write down what they have learned and indicate what practices they'll maintain or change for an individual session	A minimum "appropriate" threshold is established, and the statement is reviewed to ensure the statements are meaningful and reflective of the knowledge or strategy gained or intended change.	Leader/facilitator provides individualized feedback to the written response by summarizing what was discussed and provides next best steps for the learner.
Audience response system	Learners select answers to provocative questions using the ARS.	Learners engage adequately with an acceptable number of attempts. Threshold set by provider, and the ARS is traceable to the individual.	Answer to each question is shared verbally or in writing.
Quiz	Learners complete answers to a quiz during or after an activity.	Proportion of correct answers set by provider.	Best answer to each question is discussed or shared.
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. Participation documented.	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.	Learners participate 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.
Review of manuscript	Learners provide constructive feedback on the manuscript according to the specifications of the journal.	Quality of the manuscript review is acceptable as determined by the editor.	Editor provides feedback on the adequacy of the review to the learner.
Writing test items	Learners write test items that are evaluated by committee chair and peers.	Item quality is adequate as determined by committee chair.	Feedback is received from peers and committee chair throughout the writing process.
Learning from teaching	Identification by the teacher (who is the learner in this instance) of knowledge gaps that need to be filled in order to teach the material.	A reflective assessment by the teacher/learner identifying ways in which the knowledge gaps were filled.	Structured, documented feedback provided to teacher by a mentor or peer upon review of the gap and the identified learning.

Examples of Using Reflective Statements as Assessment in Large, Live Activities

Accredited providers have asked for examples that would illustrate the use of reflective statements as the mechanism for assessment in large, live activities. Please note these examples are for illustrative purposes only and are not meant to be the only way that reflective statements might be used either alone or as part of a broader assessment mechanism.

Example 1

The provider plans a multi-day, large live activity that includes a wide variety of sessions (e.g., case discussion, didactic, skills-training). In the case discussion and skills-training sessions, facilitators manage the discussion/training and record those learners who demonstrate meaningful participation. To assess learning overall for the activity, learners are asked to keep a learning journal and are given time at the start of each session to record their intended learning goals, learning points achieved, and an intent to change as a result of the activity. The learning journals are reviewed for completeness and suggested resources are provided back to the learners.

Example 2

A provider convenes a live meeting to optimize communication with patients, with peers, and with students. Each learner self-identifies the theme that they seek to pursue (such as optimal communication with patients) from the meeting agenda and completes a digital diary as they learn through the activity. Those statements are reviewed for appropriateness and inadequate reflective statements are remediated.

Example 3

A provider plans a large annual meeting with a range of content related to a specific specialty field. The meeting has tracks (e.g., optimizing care delivery for children with intellectual disability, innovative care delivery models, problem-solving in ambulatory pediatrics, and care of pediatric urgencies) that help learners select the sessions that meet their own learning needs. Learners are asked to write one or more reflective statements linking their own needs with the content in the track. Key faculty from each track review the reflective statements for appropriateness and provides feedback to individual learners.

Example 4

A provider plans a large annual meeting with a range of content related to a specific specialty field. Learners are asked to choose 10 sessions reflective of their top learning priorities and to keep track of at least one key learning point from each of the sessions. Toward the end of the meeting, a special “homeroom” session is held where learners share their top patient problems, their key learning points, and discuss with their colleagues. Faculty reviews learning points and attests to engagement.

Example 5

The provider develops a 3-day workshop focused on improving quality of care for children with chronic musculoskeletal disability. The program includes a didactic focus on management of acute rheumatologic presentations, a series of case presentations, and a skill development program about effective application of orthopedic casts. The participation of the learners in the program is verified, and learners are asked to complete a series of reflective statements about what they learned and what they will change. Those statements are reviewed for appropriateness and inadequate reflective statements are remediated.

Example 6

A provider convenes a half-day live program focused on optimizing palliative care for children that includes a variety of case presentations, discussions, and interviews with children and their parents. At the conclusion of the activity, learners are provided with the learning objectives for the activity and asked to document their own reflective statements and intent to change. The group reconvenes to discuss and share what they wrote for these statements and give feedback to each other; a facilitator confirms that each learner engaged and participated in this discussion and peer-feedback.



ABP MOC Part 2 Provider Program

Audit Checklist

Appendix B

Accredited providers may be required to submit materials for activities selected for audit. Please complete the Audit Checklist for each activity and retain this document along with any other relevant materials for your records. The ABP reserves the right to request audited materials directly from the provider at any time. Once contacted, the provider has 30 days to respond and provide requested materials to the ABP.

Activity Title	PARS Activity Identifier	MOC Credit Value
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Audit Attachment Checklist

Retain a copy of the audit attachments, along with the Audit Checklist for your records.

- Provide a description or copy/sample of the evaluation tool.
- Provide a description or copy/sample of the type of feedback provided to learners.
- If credit has been awarded, provide documentation showing that the learner(s) successfully met the passing standard for the activity.
- Provide a copy of documentation indicating that learners were informed that their completion data would be shared with the ABP through PARS.
- Provide an example of a completion certificate that would be provided to an ABP diplomate, if requested.

1. Provide a description of how the evaluation of the learner was conducted, including what the passing standard is for the evaluation.

2. Provide a description of how feedback is provided to each individual learner.

3. For large, **live activities only**. Provide a description of how the MOC point value was determined and is a fair representation of learner engagement in the activity and evaluation mechanism.