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. 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.
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 ABP requirements.

ACCME Standards

The ABP follows and endorses ACCME standards outlined in ACCME’s Accreditation Criteria. The following activity types are approved for the ABP MOC Part 2 program: Enduring materials, Internet enduring materials, Journal-based CME, Test-item writing, Manuscript review, and Live activities (e.g. Courses, Internet live courses, Regularly scheduled series, Learning from teaching).

ABP Standards for MOC Part 2 Credit

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 is awarding MOC Part 2 credit based on the **assessment of the individual learner** and 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. **Evaluation** - All activities must include a comprehensive evaluation component that assesses and documents individual learner knowledge and/or skill.
   
   **ABP Expectation:** Methods employed to evaluate learners should independently assess 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.

II. **Assessment** - Assessment methods and justifiable passing standards may be determined by the provider, and should be relevant to the activity.

   **ABP Expectation:** The assessment is of the performance of the individual learner and not of the activity. The assessment method(s) used should be able to identify individual learning or skills gained through the activity. Anonymous assessments and anonymous feedback do not meet ABP requirements.

III. **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 follow-up surveys do not meet ABP requirements. Feedback given to individuals regarding their performance must be documented. For skill and case based evaluations, the instructor must document each individual’s performance and participation.
ABP CME Provider Program Policies

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, as reflective of the assessment mechanism. The assessment mechanism is the only component of the activity that should be used to assign the number of MOC Points for the activity.

Activities that are longitudinal in nature, such as regularly scheduled series, should be registered in PARS once and learner completion data reported only after the predetermined maximum amount of MOC credit has been earned (following completion of the assessment mechanism). It is up to the provider to determine how/when to administer the assessment mechanism. For all activities, participant completion credit should only be reported when the maximum number of MOC points have been achieved as determined by the provider. The ABP is unable to accept variable or repeating credit and MOC points can only be awarded by whole number.

Providers offering activities in which participation or attendance may be variable may set a MOC point “threshold” less than the maximum CME value for the activity to allow for reasonable expectations in terms of learner completion of activities. The number of MOC points must reflect the assessment component(s) of the activity.

**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 40 CME credits. However, the provider is also aware that parts of that conference include didactic lectures that do not have an associated assessment, and that participants will most likely not attend the entirety of conference. As such, the provider determines that the MOC point “threshold” should be set at 15 MOC Part 2 points, reflecting the extent of the planned assessment. When inputting the information into PARS, the provider indicates that the activity will be worth up to the maximum of 40 CME credits and 15 ABP MOC Part 2 points.

**Example 2:** A provider is planning a series of pediatric Grand Rounds which are scheduled to be offered each Friday. While each session in the series has an associated assessment, the provider is mindful of the fact that physicians will not attend all scheduled sessions. Based upon historical data from the institution, the provider determines that on average physicians will attend Grand Rounds approximately 10 times per year. Thus, the provider enters the entire Grand Rounds series as one activity, and sets the ABP MOC point value as 10 MOC points. The provider then reports the completion credit once the physician has earned the maximum 10 MOC point value.
Participant Completion Information

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

- Collect participant completion data described in Table 1;
- Obtain permission from the participant 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 yearly reporting 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 and no later than December 1 of the calendar year. Activities completed after December 1 must be entered immediately into PARS. This will help ensure that diplomates are able to get credit for the activities in which they engage in the proper ABP reporting year.

Table 1: Participant Completion Information

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABP ID</td>
<td>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. <a href="https://www.abp.org/content/verification-certification">https://www.abp.org/content/verification-certification</a></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>DOB</td>
<td>Physician’s month and day 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>MOC Points</td>
<td>MOC points based on extent of assessment, no greater than the maximum allowable CME credit.</td>
</tr>
</tbody>
</table>

Participant 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.

Participant CME/MOC Completion Documentation

If requested by the participant, the provider must provide the participant 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
- Participant Name
- Activity Completion Date
- PARS Activity Identifier
- MOC Points Awarded
- Identifying statement that the activity has been approved for ABP MOC Part 2 credit.

Program Entry into PARS

The activity must be entered into PARS before the provider can report any 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 participants.

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

The following information, provided to the ACCME by the provider, is considered public information, and therefore may be released by the ABP and/or ACCME.

- Activity title
- Activity type
- Accredited provider name
- Accredited provider contact information (including phone number and website address)
- Joint provider name (if applicable)
- Activity date (start date, in the case of a multi-day live activity or enduring material activity)
- Specialty(ies) activity addresses
- MOC points

The following information will be made available in the physicians’ MOC history reports located in the 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, with individual assessments of the participant and feedback to the participant, enables the participant to earn [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 participant 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 ABP will review activities entered into PARS by the provider to ensure that accurate and appropriate data are completed by the provider.

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 additional actions for failed audits, 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 becomes compliant with ABP requirements. While the ABP will not revoke MOC points that have already been issued to physicians who have completed an activity that fails an audit, 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

<table>
<thead>
<tr>
<th>ABP Reqts.</th>
<th>Materials to be Submitted by Accredited Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation Tools</td>
<td>A 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).</td>
</tr>
<tr>
<td>Assessment</td>
<td>A description of how the learner assessment is conducted (e.g., multiple-choice question test, small group discussion, observation and feedback during simulation).</td>
</tr>
<tr>
<td>Feedback</td>
<td>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.</td>
</tr>
<tr>
<td>Passing Standard</td>
<td>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.</td>
</tr>
<tr>
<td>Documentation</td>
<td>Evidence that learners were informed that their participation information would be shared with the ABP through PARS. Provide an example of a completion certificate that would be provided to an ABP diplomate.</td>
</tr>
</tbody>
</table>

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 the expected outcomes for learners as well.

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 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.
<table>
<thead>
<tr>
<th>Evaluation Mechanism</th>
<th>Evaluation Method</th>
<th>Passing Standard</th>
<th>Feedback Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case discussion</td>
<td>Learners are asked to share with each other and the group about how they would approach the case at various stages.</td>
<td>Learners actively participate in the conversation as judged by a group leader or observer. Participation is verified.</td>
<td>The outcome of the case is shared, and learners are informed that their participation met standards.</td>
</tr>
<tr>
<td>Written responses</td>
<td>Learners write down what they have learned and indicate what practices they'll maintain or change for an individual session.</td>
<td>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.</td>
<td>Leader/facilitator provides individualized feedback to the written response by summarizing what was discussed and provides next best steps for the learner.</td>
</tr>
<tr>
<td>Audience response system</td>
<td>Learners select answers to provocative questions using the ARS.</td>
<td>Learners engage adequately with an acceptable number of attempts. Threshold set by provider, and the ARS is traceable to the individual.</td>
<td>Answer to each question is shared verbally or in writing.</td>
</tr>
<tr>
<td>Quiz</td>
<td>Learners complete answers to a quiz during or after an activity.</td>
<td>Fraction of answers correct set by provider.</td>
<td>Best answer to each question is discussed or shared.</td>
</tr>
<tr>
<td>Table-top exercise</td>
<td>Learners write down next steps in an evolving case at various set points.</td>
<td>Learners write a possible next step to each question. Participation documented.</td>
<td>Best practice at each step is discussed or shared after each set point.</td>
</tr>
<tr>
<td>Simulation</td>
<td>Learners demonstrate strategy/skill in a simulated setting – could be role-play or formal simulation lab.</td>
<td>Learners participate 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>
<tr>
<td>Review of manuscript</td>
<td>Learners provide constructive feedback on the manuscript according to the specifications of the journal.</td>
<td>Quality of the manuscript review is acceptable as determined by the editor.</td>
<td>Editor provides feedback on the adequacy of the review to the learner.</td>
</tr>
<tr>
<td>Writing test items</td>
<td>Learners write test items that are evaluated by committee chair and peers.</td>
<td>Item quality is adequate as determined by committee chair.</td>
<td>Feedback is received from peers and committee chair throughout the writing process.</td>
</tr>
<tr>
<td>Learning from teaching</td>
<td>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.</td>
<td>A reflective assessment by the teacher/learner identifying ways in which the knowledge gaps were filled.</td>
<td>Structured, documented feedback provided to teacher by a mentor or peer upon review of the gap and the identified learning.</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Activity Title</th>
<th>PARS Activity Identifier</th>
<th>MOC Points</th>
</tr>
</thead>
</table>

Audit Attachment Checklist

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

- [ ] Provide a copy of the evaluation tool.
- [ ] Provide a copy of the feedback tool, or a sample of the type of feedback provided.
- [ ] 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.

1. Provide a description of how the evaluation of the learner is 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 is accurately reflective of the assessment employed for the activity.