

**MAINTENANCE OF CERTIFICATION**

**AMERICAN BOARD OF INTERNAL MEDICINE**

PROCEDURE FOR CERTIFYING ACTIVITIES

**PURPOSE**

The ACCME and the **AMERICAN BOARD OF INTERNAL MEDICINE (ABIM)** have collaborated to simplify the integration of Maintenance of Certification (MOC) and accredited CME. This guide outlines the Institute for Innovative Education’s process for Faculty/Activity Directors to follow for ensuring documentation standards are met for both ABIM and ACCME.

**REGISTRATION PROCESS**

**The CME office can process MOC credits once the following registration steps are completed:**

In general, accredited CME providers must do all of the following:

1. Attest to compliance with [ACCME's CME for MOC Program Guide](https://www.accme.org/publications/cme-for-moc-program-guide) as well as the [ABIM’s requirements](https://www.abim.org/maintenance-of-certification/default.aspx).
2. Agree to collect the required individual learner completion data and submit it via PARS.
3. Agree to abide by ABIM and ACCME requirements for use of the data.
4. Agree to allow ACCME to publish data about the activity on ACCME’s website ([www.cmefinder.org](http://www.cmefinder.org)).
5. Agree to comply with requests for information about the activity if the activity is selected for an audit by the ACCME.

**SUMMARY OF REQUIREMENTS FOR ABIM MOC**

1. Certified for *AMA PRA Category 1 CreditTM*

2. Meets the following ABIM MOC criteria:

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| COMPONENT | REQUIREMENT | EXPECTATION |
| Evaluation Mechanism | All activities, including live activities, must include a comprehensive evaluation component that assesses individual learner competence, knowledge and/or skill. | The evaluation measures the competence or performance of the individual learner and not of the activity.  Evaluation methods employed should be able to identify individual learning (not anonymous). |
| Participation Threshold | The provider determines and communicates the participation threshold, also known as a passing standard, for the learner to earn MOC credit. | The participation threshold must be clearly communicated to the learner prior to engagement in the activity. The learner must meet the participation threshold set by the provider before credit is reported. |
| Feedback | All activities must include feedback to participants, identifying learner results with rationales for correct answers or attainment of applicable skill(s), and/or relevant citations where appropriate. | Evaluation of the learner and feedback to the learner must be completed before completion credit may be awarded. |

**[Link for additional information: ACCME’s CME that Counts for MOC](https://www.accme.org/cme-counts-for-moc)**

**DOCUMENTATION CHECKLIST FOR CERTIFYING ACTIVITIES FOR ABIM MOC**

**Activity Directors are required to complete and submit this form to CEL.**

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| **ACTIVITY INFORMATION** | | | |
| **CME Activity Title:** | | | |
| **Date:** | | **Activity Type:**  RSS  Live Course  Enduring Material  **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Total CME credit count:** | | **Total MOC credit count:** | |
| **Activity Director:** | | **Department Coordinator:** | |
| **Please choose the most applicable practice area(s) the activity covers. If the content of your activity is broadly relevant to several specialties, please select "Internal Medicine."**  Adolescent Medicine  Geriatric Medicine  Medical Oncology  Adult Congenital Heart Disease  Hematology  Nephrology  Advanced Heart Failure  Hospice and Palliative Medicine  Pulmonary Disease  and Transplant Cardiology  Hospital Medicine  Rheumatology  Cardiovascular Disease  Infectious Disease  Sleep Medicine  Clinical Cardiac  Internal Medicine  Sports Medicine  Electrophysiology  Interventional Cardiology  Transplant Hepatology  Critical Care Medicine  Endocrinology, Diabetes, and Metabolism  Gastroenterology | | | |
| **Please indicate the type(s) of MOC credit for which you are offering this activity:**  Medical Knowledge  Practice Assessment  Patient Safety\*  \*Patient Safety is not a standalone activity type, can only be selected in addition to the other activity types. | | | |
| **TASK** | **ITEMS INCLUDED IN Task** | | **NOTES** |
| **PRE-ACTIVITY: Due 30 Days Before Activity** | | | |
| **Permission to share learner data** | **Attachment**: Provide evidence that physician learners were informed that their participation information would be shared with ABIM via ACCME’s PARS prior to the start of the activity. Obtain permission from all learners to share completion data with the ACCME and ABIM. | |  |
| **Learner Evaluation** | Select which of the following **Evaluation Methods** will be used:  Case Discussion  Written Responses  Quiz  Audience Response System (ARS)  Other – Please explain:  ***Please see the*** [***Appendix A: Evaluation and Feedback Resources.***](https://www.accme.org/publications/cme-for-moc-program-guide)  **Attachment:** Provide a description or copy/sample of the evaluation tool | |  |
| **Participation Threshold** | **Attachment:** Briefly describe the minimum participation threshold (e.g., score, correct written or shared response, etc.) for the learner to earn MOC credit. | |  |
| **Learner Feedback** | **Attachment:** Briefly describe the process by which feedback will be provided to learners and include a sample of the feedback tool. Provide verification that the learners successfully met the minimum participation threshold for the activity. | |  |
| **Recognition Statement** | **Attachment:** The following statement should be used when promoting activities registered for ABIM:  “Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to [*MOC point amount and credit type(s)*] MOC points [*and patient safety MOC credit*] in the American Board of Internal Medicine’s (ABIM) 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 ABIM MOC credit.”  If applicable, please send a sample to the UR CME office. | |  |
| **In addition to the requirements above, provide the following attachments based on the MOC credit categories that you selected for this activity (Practice Assessment and/or Patient Safety).** | | | |
| ***Practice Assessment*** | **Attachment:** Provide a description of how the program 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. | |  |
| ***Practice Assessment*** | **Attachment:** Provide 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. | |  |
| ***Practice Assessment*** | **Attachment**: Provide a description of the specific, measurable aim(s) for improvement. | |  |
| ***Practice Assessment*** | **Attachment**: Provide a description of the interventions intended to result in improvement. | |  |
| ***Practice Assessment*** | **Attachment**: Provide a description of the data collection and analysis of performance data to assess the impact of the interventions. | |  |
| ***Practice Assessment*** | **Attachment:** Provide a definition of meaningful clinician participation in the activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information. | |  |
| ***Patient Safety*** | **Attachment**: Provide a description of how the activity addresses at least one of the following topics: (1) Foundational Knowledge (2) Prevention of Adverse Events. | |  |
| **POST-ACTIVITY: Due 30 Days After Activity (Quarterly if RSS)** | | | |
| **Learner Attendance & Evaluation Data** | **Attachment(s):**   * Use the attached Spreadsheet ([Tab-delimited Submission Learner Template B)](https://www.accme.org/publications/tab-delimited-submission-learner-template-b) to document Learner Completion Data for learners claiming ABIM MOC. * Provide a summary of comprehensive evaluation data with documentation showing that learner(s) successfully met the passing standard for activity. | |  |

**CME Activity Director Attestation:** *I attest to the completeness and accuracy of this application, as well as the requirements for the* [*ACCME’s CME for MOC Program Guide*](https://www.accme.org/publications/cme-for-moc-program-guide)*.* *In addition, I will submit the aforementioned documents to the UR CME Office so the activity can be registered with the ACCME and ABIM.*

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| **Signature** | **Print Name** | **Date** |