



**MAINTENANCE OF CERTIFICATION**

**AMERICAN BOARD OF ANESTHESIOLOGY**

PROCEDURE FOR CERTIFYING ACTIVITIES

**PURPOSE**

The ACCME and the **AMERICAN BOARD OF ANESTHSIOLOGY (ABA)** have collaborated to simplify the integration of Maintenance of Certification in Anesthesiology **(MOCA 2.0)** 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 **ABA and ACCME**.

**REGISTRATION PROCESS**

**The CME office can process MOCA 2.0 credits once the following registration steps are completed:**

1. Attest to compliance with [ACCME’s CME for MOC Program Guide](https://www.accme.org/publications/cme-for-moc-program-guide) and the [ABA MOCA requirements](https://theaba.org/about%20moca%202.0.html);
2. Agree to collect the required individual learner completion data and submit it via PARS.
3. Agree to abide by ABA MOCA 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**

1. Certified for *AMA PRA Category 1 CreditTM*

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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). |

2. Meets the following ABA MOC criteria:

**ADDITIONAL REQUIREMENTS FOR PATIENT SAFETY**

**A Patient Safety CME activity must address at least one of the following topics:**

**Foundational knowledge:**

* Epidemiology of error: should prepare physicians to discuss the key definitions that underpin current patient safety efforts
* Fundamentals of patient safety improvement (plan, do, study, act or PDSA): should engage physicians in a PDSA cycle focused on patient safety
* 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):**

* Medication safety (e.g., medication reconciliation, safe use of analgesics and sedatives, identification and remediation of polypharmacy in the elderly)
* Prevention of healthcare acquired infections

**[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 ABA MOCA 2.0**

**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:** | |
| **Indicate the practice areas for which the activity is relevant (select all that apply):**  Ambulatory/Outpatient  Neuro Anesthesia  Regional Anesthesia/Acute Pain  Cardiac Anesthesia  Obstetric Anesthesia  Sleep Medicine  Critical Care Medicine  Pain Medicine  Thoracic Anesthesia  General Operative Anesthesia  Pediatric Anesthesia  Trauma  Hospice and Palliative Medicine | | | |
| **Review the** [**MOCA 2.0 Content Outline**](https://theaba.org/pdfs/MOCA_Content_Outline.pdf) **and select 1 – 2 topics that are most relevant to this activity. Please include your selections below:**  **Topic 1:**  **Topic 2:** | | | |
| **Indicate the type(s) of MOCA credit for which you are registering this activity:**  Lifelong Learning  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 ABA via ACCME’s PARS prior to the start of the activity. Obtain permission from all learners to share completion data with the ACCME and ABA. | |  |
| **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 Resources***](https://www.accme.org/publications/cme-for-moc-program-guide)***.***  **Attachment:** Provide a description or copy/sample of the evaluation tool. | |  |
| **Recognition Statement** | The following statements should be used when promoting ABA activities:  **For *AMA/PRA Category 1 Credit™* only:** “This activity contributes to the CME component of the American Board of Anesthesiology’s redesigned Maintenance of Certification in Anesthesiology™ (MOCA®) program, known as MOCA 2.0®. Please consult the ABA website, www.theABA.org, for a list of all MOCA 2.0 requirements.”  **For *AMA/PRA Category 1 Credit™* with patient safety content:** “This activity offers up to xx CME credits, of which xx credits contribute the patient safety CME component of the American Board of Anesthesiology’s redesigned Maintenance of Certification in Anesthesiology™ (MOCA®) program, known as MOCA 2.0®. Please consult the ABA website, www.theABA.org, for a list of all MOCA 2.0 requirements.”  **CME providers may not register activities that are advertised as “board review” or “board preparation.”**  If applicable, please send a sample to the UR CME office. | |  |
| **Patient Safety**  **(if applicable)** | **Attachment**: Provide a description of how the activity addresses either foundational knowledge of patient safety or 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 ABA 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 ABA MOCA.*

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