

**CONTINUOUS CERTIFICATION**

**AMERICAN BOARD OF SURGERY**

PROCEDURE FOR CERTIFYING ACTIVITIES

**PURPOSE**

The ACCME and the **AMERICAN BOARD OF SURGERY (ABS)** have collaborated to simplify the integration of Continuous Certification and accredited CME. This guide outlines the process for Faculty/Activity Directors to follow for ensuring documentation standards are met for **ABS Continuous Certification Accredited CME and Self-Assessment**.

**REGISTRATION PROCESS**

**The CME office can process Continuous Certification 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 [ABS requirements](https://www.absurgery.org/default.jsp?exam-mocreqs).
2. Agree to collect the required individual learner completion data and submit it via PARS.
3. Agree to abide by ABS 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 ABS CONTINUOUS CERTIFICATION**

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). |
| 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.  page19image8934656 |

2. Meets the following ABS Continuous Certification (CC) criteria:

**[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 ABS CONTINUOUS CERTIFICATION**

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

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| **ACTIVITY INFORMATION** | | | |
| **CME Activity Title:** | | | |
| **Date:** | | **Activity Type:**  RSS  Live Course  Enduring Material  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Total CME credit count:** | | **Total Continuous Certification credit count:** | |
| **Activity Director:** | | **Department Coordinator:** | |
| **Indicate the practice area(s) for which this activity is relevant (select all that apply):**  Complex General Surgical Oncology  Pediatric Surgery  General Surgery  Hand Surgery  Surgical Critical Care  Hospice & Palliative Medicine  Vascular Surgery | | | |
| **Indicate the type(s) of Continuing Certification credit for which you are registering this activity:**  Accredited CME  Self-Assessment | | | |
| **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 ABS via ACCME’s PARS prior to the start of the activity. Obtain permission from all learners to share completion data with the ACCME and ABS. | |  |
| **Recognition Statement** | The following statement should be used when promoting ABS activities:  “Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn credit toward the CME [and Self-Assessment requirements] of the American Board of Surgery’s Continuous Certification program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABS credit."  If applicable, please send a sample to the UR CME office. | |  |
| **Learner Evaluation (Accredited CME)** | 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**  **(Self-Assessment)** | **Attachment:** Briefly describe the minimum participation threshold (e.g. score, correct written or shared response, etc.) for the learner to earn CC credit.  \*\*\*The activity must require a score of 75% or higher for the self-assessment to count. There is no required minimum number of questions and repeated attempts are allowed. | |  |
| **Learner Feedback**  **(Self-Assessment)** | **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. | |  |
| **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 ABS Continuous Certification.  • 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://accme.org/cme-counts-for-moc)*.* *In addition, I will submit the aforementioned documents to the UR CME Office so the activity can be registered with the ACCME and ABS.*

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