



American Board  
of Internal Medicine®

# ABIM MEDICAL KNOWLEDGE ASSESSMENT

*Recognition Program*

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## Overview

For 80 years, Certification by the [American Board of Internal Medicine](#) (ABIM) has stood for the highest standard in internal medicine and its 20 subspecialties and has meant that internists have demonstrated – to their peers and to the public – that they have the clinical judgment, skills, and attitudes essential for the delivery of excellent patient care. ABIM is not a membership society, but a non-profit, independent evaluation organization. Our accountability is both to the profession of medicine and to the public.

Maintenance of Certification (MOC) promotes lifelong learning and the enhancement of the clinical judgment and skills essential for high quality patient care. The Medical Knowledge component of the ABIM MOC program supports physician engagement in lifelong learning and self-assessment. Medical knowledge activities allow physicians to perform a diagnostic self-assessment of their strengths and weaknesses in important aspects of the knowledge base underlying their certification area(s). The Patient Safety component of the ABIM MOC program gives physicians the opportunity to complete activities to advance national patient safety goals.

The ABIM Medical Knowledge Assessment Recognition Program is the process through which ABIM recognizes accredited Continuing Medical Education (CME) activities for MOC. Alignment of the ABIM Medical Knowledge Assessment Recognition Program with the Accreditation Council for Continuing Medical Education's (ACCME's) accredited CME system allows ABIM Board Certified physicians to earn medical knowledge MOC points and patient safety MOC credit for accredited activities that meet the requirements specified in this document.

## ABIM Medical Knowledge Assessment Program Requirements

Accredited providers seeking to have CME activities recognized for medical knowledge MOC points must attest that the activity meets the following requirements:

**ABIM1:** The activity is directly provided or jointly provided by a provider accredited in good standing within the ACCME system.

**ABIM2:** The activity is certified for *AMA PRA Category 1 Credit™* in one of the following activity types:

- Enduring materials\*
- Internet enduring materials
- Journal-based CME
- Internet searching and learning (i.e., internet point-of-care learning)
- Test-item writing
- Live activities, including\*:
  - Committee learning
  - Courses
  - Internet live courses
  - Regularly scheduled series
  - Manuscript Review (New January 2017)
  - Learning from Teaching (New January 2017)

\* ABIM will allow sessions or modules that are part of larger, accredited CME activities, to count for MOC points.

**ABIM3:** The activity is relevant to physicians certified by ABIM, as demonstrated by the professional practice gap(s) and content of the activity.

**ABIM4:** The activity meets the applicable ABIM format-specific criteria:

- For enduring materials, journal-based CME, and live activities, the activity or its content is peer-reviewed by at least two reviewers who are not the author(s). The process of peer review means that the activity or educational materials are reviewed by other clinicians who are sufficiently familiar with the subject matter of the activity or material to be able to render an opinion as to whether the activity or materials align with the learning objectives and are fair, accurate, and free of commercial bias.
- For test-item writing learning activities, the physicians participate in a committee process that includes a minimum of three members.
- Live activities, including committee learning, courses, internet live courses and regularly scheduled series, must include a comprehensive evaluation component that measures learners' change. Methods for evaluation can include multiple-choice, fill-in-the-blank, or longer-form tests; written or shared responses; or other formative and summative content-relevant exercises that evaluate the effectiveness of the learning. All live activities must utilize evaluation methods which identify a passing standard, and include feedback to the learner that includes the rationale for correct answers with relevant citations. See [Appendix A](#) for Evaluation Examples.

## ***Optional Patient Safety Activities***

Accredited providers seeking to have CME activities recognized for ABIM patient safety MOC credit must attest that the activity meets the following ABIM Patient Safety requirements:

**ABIM PS1:** The activity addresses at least one of the following topics:

- Foundational knowledge (must include *all* of the following):
  - 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
  - Falls prevention
  - Teamwork and care coordination

## **ABIM Medical Knowledge Assessment Recognition Program Policies**

### **MOC Point Assignment**

Providers should assign MOC points equivalent to the maximum allowable *AMA PRA Category 1 Credits™* for the activity. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity.

### **Use of Participant Data**

If participant data will be shared with the funder of the activity or any other commercial entities, whether individually or in aggregate, this must be disclosed to participants prior to the beginning of the activity. This transparency allows participants to decide if they wish to participate in activities that provide their data and/or data about their clinical practice to commercial entities.

### **Participant Completion Information**

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

- collect the participant completion data described in Table 1;
- obtain permission from the participant to share the completion data with ACCME; and
- transmit the completion data to ACCME on behalf of the participant.

**Table 1: Participant Completion Information**

Field Name	Description
<b>ABIM ID</b>	Every ABIM Board Certified physician has a unique, six-digit ABIM ID number. Physicians who do not know their ABIM ID can look it up on ABIM’s website <a href="https://www.abim.org/online/findcand.aspx">https://www.abim.org/online/findcand.aspx</a> .
<b>First Name</b>	Physician’s first name
<b>Last Name</b>	Physician’s last name
<b>DOB</b>	Physician’s date of birth (mm/dd)
<b>Activity Completion Date</b>	Date (mm/dd/yyyy) the physician completed the activity
<b>PARS Activity Identifier</b>	A unique numeric value automatically assigned by PARS when an activity record is created
<b>MOC Points</b>	MOC points are equivalent to the amount of CME credits claimed by the participant for the activity

Participant data is governed by [ABIM’s Confidentiality Policy](#). Identifiable patient data shall not be provided to ACCME or ABIM by any organization or participant.

**Program Fees/Participant Fees**

ABIM will not charge a fee to providers that register activities in the Medical Knowledge Assessment Recognition Program at this time. ABIM may revisit its fee structure in the future.

Providers are responsible for all costs associated with developing and operating the activity. ABIM has no policy that precludes the provider from charging a fee for participation in the activity; ABIM 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 About Providers of MOC Activities**

The following information, provided to ACCME by the provider, is considered public information, and therefore may be released by ABIM 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
- Maximum allowable MOC points and patient safety credit awarded

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

- Activity title
- MOC point value, including patient safety credit, if applicable
- Activity completion date

## **Communication of MOC Recognition**

Providers need to include the MOC statement on all MOC activity materials and brochures. The MOC statement does not need to be included on initial, save-the-date type activity announcements that only contain general, preliminary information about the activity such as the date, location and title. The MOC statement will need to be included if more specific information is referenced, such as faculty and objectives.

### MOC Statement

"Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to [XX] MOC points [and patient safety MOC credit] in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit."

Please note that CME providers offering MOC points for sessions or modules that are part of a larger, accredited CME activity may omit this sentence from the identification statement: "Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity."

## **Audit**

The ACCME will provide "Audit Services" on behalf of the ABIM's Medical Knowledge Assessment Recognition Program for the benefit of ABIM, its diplomates, and providers accredited by the ACCME system. As a requirement of participating in the ABIM Medical Knowledge Assessment Recognition Program, accredited providers agree to participate in an audit of their activity(ies), if selected, and to allow the ACCME to share the results of the audit with ABIM. The ACCME will select 40 activities for audit each year (July 1-June 30) from among those registered in the ACCME's Program and Activity Reporting System (PARS) as "ABIM MOC-compliant education" Providers will not be selected for an audit more than once per year unless they have an activity that previously failed some portion of the audit during that year.

The accredited provider will be required to submit the materials described in for their activity (ies) selected for audit.

The ACCME will produce an audit report on compliance with the ABIM’s Medical Knowledge Assessment Recognition Program Requirements, and, if applicable, the ABIM’s Optional Patient Safety Activity Requirements. ABIM will determine next steps for the accredited provider if ABIM’s requirements are not met. Providers will receive a warning for the first violation, will not be permitted to submit participant completion information for an activity that fails the audit, and will be responsible for communicating with their learners about the MOC status of the activity. ABIM will not revoke MOC points or patient safety credit that has already been issued to physicians who participated in an activity that fails the audit.

Continued failure to meet ABIM's policies and requirements could result in a change in the provider's status. ABIM may revisit this policy in the future.

**Table 2: Description of the Elements of an Audit**

ABIM Requirement	Materials to be Submitted by Accredited Provider
<b>ABIM 1</b>	None - only providers accredited within the ACCME system are eligible.
<b>ABIM 2</b>	None – only allowable activity types can be registered for ABIM MOC in PARS.
<b>ABIM 3</b>	A description of the professional practice gap and educational need for the activity.
<b>ABIM 4</b>	<b>If applicable</b> , verification that the content of the activity was peer-reviewed by two reviewers who were not the original authors/presenters ( <i>enduring materials, journal-based CME, live activities</i> ): <ol style="list-style-type: none"> <li>a. The name, credentials, affiliations and qualification of the reviewers;</li> <li>b. The results/conclusions of the reviewers.</li> </ol>
	<b>If applicable</b> , a description of the committee process that was utilized for <i>test-item writing learning activities</i> .
	Information relevant to the method of evaluation that was utilized for the activity that measured learner change, including: <ul style="list-style-type: none"> <li>• a copy of the evaluation tool (e.g., multiple-choice, fill-in-the-blank, or longer-form tests; written or shared responses; or other formative and summative content-relevant exercises);</li> <li>• a description of how the evaluation is conducted, including what the passing standard is for that evaluation mechanism (e.g., score, correct written or shared response, etc.);</li> <li>• a description of the process by which feedback was provided to learners; and</li> <li>• verification that the learners successfully met the passing standard for the activity (i.e., met a specific score threshold).</li> </ul>
<b>ABIM PS1</b>	<b>If applicable</b> , for <i>Patient Safety Activities</i> , demonstration that the activity addressed one of the required topics (e.g. Foundational Knowledge of Prevention of Adverse Events).
<b>ABIM Policy</b>	Evidence that learners were informed that their participation information would be shared with ABIM through PARS.
<b>ABIM Policy</b>	Verification that the number of MOC points submitted for the participant is equivalent to the amount of CME claimed for the activity for the ABIM diplomates whose MOC points were reported through PARS to ABIM.



## Appendix A: Evaluation Examples

ABIM and ACCME share the expectation that accredited providers evaluate the impact of their activities on learners’ knowledge, strategies/skills, performance, and/or patient outcomes. The following examples of evaluation approaches have been compiled as a resource for accredited providers. These are only examples—and not an exhaustive list—of the methods that can be used by the accredited provider in CME that supports ABIM MOC.

ABIM requirements for evaluation of live activities can be found in [ABIM4](#). ACCME requirements related to evaluation can be found in [Criterion 11](#) of its Accreditation Criteria.

### Important Tips:

- The accredited provider may choose to evaluate the activity at the session level or at the activity level. As well, the provider does not need to be limited to a single method of evaluation per activity. Combinations of approaches to evaluation may produce rich information about learner change.
- The accredited provider must be able to demonstrate that the learner has participated in/completed the evaluation (i.e. via scenarios below or some other method the provider uses) for the educational activity in order to submit the learner’s participation data for the MOC CME activity.
- If the activity is selected for audit, the accredited provider will be asked to submit the evaluation mechanism, a description of how the evaluation was implemented and how feedback was provided to learners, and a list of the diplomates who met the passing standard.

Evaluation Mechanism	Evaluation Method	Passing Standard	Feedback Method
<b>Case Discussion</b>	Learners asked to share with each other and group how they would approach the case at various stages.	Learner actively participates in the conversation as judged by a group leader or observer.	The outcome of the case is shared.
<b>Written responses</b>	Learners write down what they have learned and indicate commitment to change or maintain an element of practice.	Learner writes a reflective statement and makes a commitment to change or maintain an element of practice.	Leader/facilitator summarizes what was discussed and best next steps for learners.
<b>Audience response system</b>	Learners select answers to provocative questions using the ARS.	Learner attempts an acceptable number of questions. Threshold set by provider.	Answer to each question is shared in dialog or writing.
<b>Quiz</b>	Learners complete answers to a quiz during or after an activity.	Fraction of answers correct set by provider.	Best answer to each question is discussed or shared.
<b>Table-top exercise</b>	Learners write down next steps in an evolving case at various set points.	Learner writes a possible next step to each question.	Best practice at each step is discussed or shared after each set point.
<b>Simulation</b>	Learners demonstrate strategy/skill in a simulated setting – could be role-play or formal simulation lab.	Learner participates 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.