Ask the Director

SA-CME: Providing More Ways to Meet MOC Part 2 Requirements

By Gary J. Becker, MD, ABR Executive Director

From talking with ABR diplomates about Maintenance of Certification (MOC), it is my impression that Part 2 (Lifelong Learning and Self-Assessment) may have surpassed Part 4 (Practice Quality Improvement) as the MOC component causing the most confusion. Because of this impression, I am devoting this “Ask the Director” column to a discussion of Self-assessment Modules (SAMs), CME, and self-assessment CME (SA-CME).

A History of MOC Part 2

As is often the case, a little historical background is very helpful in understanding not only where we have been, but where we are going and why. The first year the ABR had a full MOC program with all parts up and running was 2007. Prior to that, the ABR hosted a series of invitational summits on Part 2 that focused on SAMs. The ABR decided that the smallest unit of CME that could constitute the educational content of a SAM would be 1.5 Category 1 CME credits. The Board also decided to count SAM credits (1 credit for each SAM) separately and to require 20 SAMs per 10-year cycle. (Radiation oncology originally required 8 SAMs every 10 years.)

For philosophical and financial reasons, the ABR made a policy decision early on that it would not provide educational products for use in satisfying MOC requirements. Therefore, the societies got busy producing SAMs in the form of enduring materials and live interactive sessions. Since the end of 2005, hundreds of SAMs have been produced. Enduring material SAMs and journal-based SAMs include articles in print and online, as well as video material, monographs, and PowerPoint presentations. Live, interactive SAMs, which are extremely popular, comprise about one-half of the SAMs produced. These involve case presentations, coupled with an assessment component of multiple-choice questions administered with electronic audience-response systems.

In March 2009, the ABMS promulgated a standard under which every diplomate of every ABMS Member Board was required to earn one-third of his/her CME credits in self-assessment activities (self-assessment CME, or SA-CME). At that time, the ABR required each diplomate to earn 250 Category 1 CME credits in 10 years (25 per year). To comply with the ABMS standard, 84 of those 250 credits would have to be self-assessment credits. (If you do the math, 20 SAMs over 10 years might provide only 30
Category 1 CME credits that could be considered self-assessment credits. In 2009 and 2010, ABR resisted complying with the ABMS standard because the ABMS could not provide a clear definition of SA-CME.

However, in 2010 the American Medical association (AMA) published a revision of its Physician’s Recognition Award and Credit System (http://www.ama-assn.org/resources/doc/cme/pra-booklet.pdf) that provided a good operating definition of SA-CME. It thereby also provided the following:

- an opportunity for ABR to simplify its MOC Part 2 program,
- more self-assessment offerings for ABR diplomates than they had with SAMs alone (see Venn diagram below), and
- an ideal way for ABR to comply with the ABMS SA-CME standard.

Key criteria of the AMA definition of journal-based and enduring-material Category 1 CME are as follows:

- meets all AMA core requirements for certifying an educational activity;
- provides clear instructions to the learner on how to successfully complete the activity;
- provides assessment of the learner that measures achievement of the educational purpose of the activity, with an established minimum performance level (post-test satisfies this criterion);
- communicates to the participants the minimum performance level that must be demonstrated in the assessment to earn the credit; and
- provides a reference to appropriate bibliographic sources to allow for further study.

With these clear criteria for Category 1 CME in hand, it immediately became apparent that in addition to the now-familiar SAMs produced by societies and popular among diplomates, most enduring materials or journal-based CME that ABR diplomates earn would likely qualify as SA-CME.

Continuous Certification and SA-CME

The introduction of Continuous Certification was an ideal opportunity to implement the change. (For more information, see the article on Continuous Certification from the Winter 2013 issue of The Beam.)

Source: The Beam, Spring 2014 www.theabr.org
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Under the new system that began in January 2013, each diplomate’s MOC Part 2 activity will be assessed at the annual look-back in March through a rolling three-year window. The first full look-back at all MOC components, including Part 2, will occur in March 2016. To ensure that diplomates will not lose any credits earned in the year of transition to Continuous Certification (2012), this first look-back will cover a four-year window (2012, 2013, 2014, and 2015). At the March 2016 look-back, each diplomate needs to have earned 75 Category 1 CMEs, of which 25 must be SA-CME (including SAMs and other SA-CME).

It is important to note that the specialty societies are working on technical solutions to automatically parse your CME into SA-CME and other Category 1 CME; in fact, a few have already done this. The ABR is also working with the societies on the technical solutions to enable automatic transmission of the correctly parsed data into each diplomate’s myABR account. In the meantime, it is important to keep accurate records of the credit you have earned and to visit myABR, where you can update your MOC Part 2 activities by manually entering any credits that have not been automatically transmitted. Credit entry can be done by individual course or by year.

Finally, I must not fail to mention that the ABR no longer has a system that tracks SAM activity to make sure that you complete 20 credits in 10 years, for the following reasons:

- There is no longer a 10-year cycle since certification is continuous and contingent upon meeting the requirements of MOC, and
- SAMs are no longer explicitly required; SA-CME is required. The SAM is one perfectly acceptable form of SA-CME that is well-developed in the community of clinical radiological sciences and widely accepted by diplomates.

Under the new system, you should be able to find many more CME products that fit your practice profile and satisfy the SA-CME requirement. Please let us know at abrmocp@theabr.org if you have other MOC Part 2 or Continuous Certification questions that have not been addressed here.