



The American Board of Pediatrics Quality Improvement Projects for MOC Standards for Physician Participation

QIPA Version 2.1

The American Board of Pediatrics requires physicians to demonstrate competency in quality improvement to receive credit under the Performance in Practice component – also known as Part 4 -- of the Maintenance of Certification (MOC). Competency is defined as the ability to assess and improve the quality of care you and your care team provide by having knowledge of quality improvement methods **and** implementing quality improvement methods in your practice. One way you can meet this Performance in Practice requirement is through meaningful participation in an ABP-approved quality improvement project involving your own patients.

The ABP approves QI projects for MOC that are established, structured, and sustainable; have demonstrated improvements in care; and are based on accepted improvement science and methodology. Participating in an ABP-approved quality improvement project allows you to improve care for your patients, develop additional skills and knowledge, and earn credit for maintaining your certificate on the basis of your day-to-day work. If you are participating in a QI project approved by the ABP, here's how you earn MOC credit for Performance in Practice:

1. Fulfill the meaningful participation requirements described below.
2. Complete the ABP Physician Participation Attestation form.
3. Send your attestation to your project's designated leader, who will co-sign it.
 - a. The project leader notifies the ABP that you fulfilled the meaningful participation requirements and that your attestation is complete.
 - b. The ABP updates your record showing that you earned credit for the Performance in Practice component of MOC.

There are other options for meeting the MOC Performance in Practice requirements as well. For complete information on MOC, the four MOC components, and MOC requirements, visit www.abp.org.

Participation in Quality Improvement Projects

For a pediatrician to earn MOC credit by working on an approved QI project, the ABP requires "meaningful participation". Meaningful participation involves both an active role in the project and participation over an appropriate period of time.

Active Role

For MOC purposes, an "active role" means the pediatrician must:

- Provide direct or consultative care to patients as part of the QI project.
- Implement the project's interventions (the changes designed to improve care).
- Collect, submit and review data in keeping with the project's measurement plan.
- Collaborate actively by attending at least four project meetings.

Length of Participation

The ABP looks to the QI project leadership to set requirements for length of participation (minimum duration of participation) based on the nature and needs of the project. For example, the leadership of a three-year project may require pediatricians to participate for at least one year because a shorter period would interfere with data analysis or would make it impossible to implement interventions.

Most MOC approved projects to date have required 9 – 12 months of participation; however, your project’s requirements may be shorter or longer. Ask the leaders of your project what the minimum duration of participation is.

MOC Activity Completion

When you have fulfilled the requirements for meaningful participation (i.e. you’ve met the project’s requirements for length of participation plus the “active role” criteria), you have “completed” the activity for purposes of MOC credit (MOC activity completion).

Note that your MOC activity completion date must be within the period that spans your current certificate period or MOC cycle. For example, if you hold a seven-year certificate, the completion date must be during the seven-year certificate period. If you are enrolled in a five-year MOC cycle, the completion date must be during the five-year MOC cycle.

Maintenance of Certification Credit for Design and Implementation of QI Projects

In some cases, pediatricians play a major role in designing and leading the implementation of QI projects but do not actually care for patients through the project. You may be eligible to receive credit for design and leadership work on an MOC-approved project. Contact Kristi Johnson kgj@abped.org for more information.

Documentation of Participation

After you fulfill all participation requirements, submit the ABP’s Physician Participation Attestation form describing your involvement in the quality improvement project. Your attestation must also be co-signed by the physician project leader of the quality improvement project. Attestation forms are available from the ABP web site.

The physician project leader will subsequently forward notice of completion to the ABP, and you will receive credit for your participation in the QI project. *Neither your attestation form, supporting documents, nor any patient or performance measurement data are sent to ABP.* You can track credit for this activity and all MOC activities via your personal page at www.abp.org.

Current and Future Standards

The ABP and all American Board of Medical Specialties boards have adopted maintenance of certification framework with four parts (Professional Standing, Lifelong Learning, Cognitive Expertise, and Performance in Practice). The four-part framework was implemented in 2003 by ABP, affecting certificates that expire in 2010 and later. This new framework for maintenance of certification involves a number of new requirements and ABP-approved activities to fulfill those requirements. For complete details on the requirements and valid activities for your ABP certificate, go to www.abp.org.

The ABP’s standards and processes for QI projects are informed by leading healthcare quality improvement experts and guidelines, and with input from diplomates, QI project leaders, members of the ABP, colleagues from other certifying boards, and others. Key references include “Guidelines for Appraisal and Publication of PDSA Quality Improvement” by Speroff et al¹, and the SQUIRE Guidelines², www.squire-statement.org. These standards and processes will evolve over time and are subject to change.

Contact Us

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¹ Speroff, T., James, B., Nelson, E., Headrick, L. Brommels, M. Guidelines for Appraisal and Publication of PDSA Quality Improvement. *Quality Management in Health Care* 2004; 13(1); 33-39.

² Standards for Quality Improvement Reporting Excellence (SQUIRE)