



American Board of Psychiatry and Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

Crucial Issues Forum

2014

“We need to create a true, lifelong continuum for medical education—from before medical students receive their very first white coat through the very last day of their practice.”

— Darrell Kirch, M.D.

“We should base the development of new subspecialties on the needs of society rather than on our own self-interest.”

— Lois Margaret Nora, M.D.

“Different forces create the desire of practitioners for recognition of their subspecialty expertise via, on the one hand, certification, and, on the other, the development of a pipeline for trainees to populate that subspecialty moving forward.”

— Larry R. Faulkner, M.D.



Leaders in Psychiatry and Neurology Focus on Subspecialty Issues at Inaugural Crucial Issues Forum

The first Crucial Issues Forum organized by the American Board of Psychiatry and Neurology, Inc. (ABPN) was held on April 6-7, 2014, in Chicago. The goal of the forum was for ABPN Directors to gain insight and receive feedback from leaders in the fields of psychiatry and neurology on several subspecialty issues. The meeting was chaired by Dr. Barbara Schneidman, ABPN Chair, and representatives from several psychiatry, neurology, and child neurology organizations participated along with the ABPN directors and senior staff. The participants appear later in this report.

Four plenary speakers led off the forum. Drs. Larry Faulkner (ABPN), Darrell Kirch (Association of American Medical Colleges), Thomas Nasca (Accreditation Council for Graduate Medical Education), and Lois Margaret Nora (American Board of Medical Specialties) provided their perspectives on subspecialty training in psychiatry and neurology and more broadly on U.S. medical education and practice.

Speakers Provided Insight on Psychiatry and Neurology Subspecialties

Larry R. Faulkner, M.D., ABPN President and CEO presented: “Recent Trends in ABPN Specialties and Subspecialties”

Dr. Faulkner described the approval process for subspecialties (ABPN, ABMS, and ACGME); the historical timeline for ABPN subspecialties, including numbers of training programs and trainees, residency and fellowship graduates and ABPN examination candidates; and diplomate participation in maintenance of certification (MOC). He concluded that the pace of subspecialization in psychiatry and neurology has increased significantly in the past 25 years, and the health of the subspecialties in terms of numbers of programs and graduates is variable, with some thriving and others either stable or in decline. In general, subspecialists seek initial certification and participate in MOC at lower rates than specialists.

The future of subspecialty training and practice in the new health care era will be determined by many factors, including the relative emphasis on primary care, accessibility of specialty and subspecialty care, reimbursement policies, availability of residency and fellowship stipends, the demand for certification and MOC by employers and the public, as well as the costs to the physician to become certified and to maintain that status.



Darrell Kirch, M.D., President and CEO, Association of American Medical Colleges presented: “What Should the Role of the Medical School Be in Specialty Choice?”

Dr. Kirch described the early pressure on medical students to select a specialty. He outlined various workforce projections from the past three decades and noted that the current wisdom is that there is a physician shortage. The shortage is based on an increasing population, the aging of the population with a concomitant increased need for services, and an aging physician population. However, opinion is not unanimous about this conclusion. One change that is occurring in the health care delivery system is consolidation into larger practices. The effect of this on practice is unknown—will there be an increased emphasis on primary care or on specialist care? While the number of medical school graduates has increased in recent years, there has been no change in the number of graduate medical education (GME) positions, leading to a situation where a significant number of U.S. medical graduates did not obtain PGY-1 positions this year. Dr. Kirch argued that medical schools need to focus on the attainment of a broad range of competencies that transcend specialties. He also emphasized the need for appropriate mentorship for specialty selection.



Thomas Nasca, M.D., Chief Executive Officer, Accreditation Council for Graduate Medical Education presented: “Current Status and Future Directions of Subspecialties in American Medicine”

Dr. Nasca presented data on the increasing number of subspecialty programs and positions over the past 30+ years and the factors contributing to this, including research and technology factors, social and economic status of subspecialists compared to specialists, practice opportunities, and the increase in the numbers of both ACGME-accredited and non-ACGME-accredited training programs. He described the impact of potential federal funding cuts on GME and argued that every GME program and position is valuable and should be treated as a national asset. The ACGME will continue to emphasize the quality of training rather than controlling the numbers and types of training programs that are available. He described newer aspects of ACGME accreditation including milestones, the CLER (Clinical Learning Environment Review) program, and the use of patient outcomes to evaluate training programs. He stated that the Next Accreditation System (NAS) emphasizes the link of subspecialty programs to their core programs.



Lois Margaret Nora, M.D., J.D., M.B.A., President and CEO, American Board of Medical Specialties presented: “Future Directions of Subspecialties in American Medicine”

Dr. Nora spoke about medicine as a profession and the attendant rights and responsibilities and cited the Board system as an example of professional self-governance in the public interest. She also reflected on what the public expects of their physicians, namely accessibility, affordability, and competence. New specialties and subspecialties should serve society’s needs, and through their MOC programs the Boards should assist their diplomates in providing state-of-the art care. She suggested that because over time physicians typically narrow their scope of practice, MOC should not only cover core aspects of the specialty/ subspecialty but also reflect a physician’s actual practice and thereby contribute to quality of practice.



Conclusions

The plenary speakers set the stage for the informal discussions and small group deliberations that followed, the results of which can be summarized as follows:

- The ABPN should not place a moratorium on new subspecialties or multidisciplinary subspecialties and should assess the future of the extant subspecialties.
- The option of beginning subspecialty training during the final year of specialty training was viewed more favorably by psychiatrists than by neurologists.
- Subspecialty certification and maintenance of certification (MOC) should continue to be linked with attainment and maintenance of specialty certification.
- Opinion was mixed about the possibility of allowing some self-selection of content on MOC examinations based on focus of practice.

It was the consensus of the ABPN directors that the forum had met its objective and that, in addition, had provided the opportunity to update key leaders on various issues related to subspecialties, including maintenance of certification.

“From the point of view of residents there are both internal and external forces that drive us toward subspecialization.”

— Roy Strowd, M.D.,
Neuroncology Fellow

“Every graduate medical education position in the United States right now, subspecialty or core, is valuable and should be treated as a national resource.”

— Thomas Nasca, M.D.



Crucial Issues Forum Attendees

Alejandro Aparicio, MD
American Medical Association

Adrienne Bentman, MD
American Association of Directors of
Psychiatric Residency Training

Philip Bialer, MD
Academy of Psychosomatic Medicine

John Bodensteiner, MD
American Board of Psychiatry and
Neurology

Robin Callen
American Board of Psychiatry and
Neurology

Jason Caplan, MD
Association for Academic Psychiatry

Terrence Cascino, MD
American Board of Psychiatry and
Neurology

Frank Drislane, MD
American Clinical Neurophysiology Society

Larry R. Faulkner, MD
American Board of Psychiatry and
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Pierre Fayad, MD
American Academy of Neurology
Stroke and Vascular Neurology Section

David Fink, MD
Association of University Professors of
Neurology

Blair Ford, MD
American Academy of Neurology
Consortium of Neurology Program Directors

Robert Golden, MD
American Board of Psychiatry and
Neurology

Laurie Gutmann, MD
American Board of Psychiatry and
Neurology

Robert Guynn, MD
American Board of Psychiatry and
Neurology

Mark Haygood, DO, MS
American Psychiatric Association
Residents and Fellows

Ahmet Hoke, MD, PhD
American Neurological Association

R. Edward Hogan, MD
American Epilepsy Society

Pat Janda
American Board of Psychiatry and
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Ralph Józefowicz, MD
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George Keepers, MD
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Association of American Medical Colleges

Paul Kirwin, MD
American Association for Geriatric
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Anand Kumar, MD
American Association of Chairs of
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Frances R. Levin, MD
American Academy of Addiction Psychiatry

Kerry Levin, MD
American Board of Psychiatry and
Neurology

Steven Lewis, MD
Neurology Residency Review Committee

Jeffrey Lyness, MD
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David Mallott, MD
American College of Psychiatrists

Thomas Nasca, MD, MACP
Accreditation Council for Graduate Medical
Education

Lois Margaret Nora, MD, JD, MBA
American Board of Medical Specialties

Phillip Pearl, MD
Child Neurology Society
Professors of Child Neurology

Timothy Pedley, MD
American Academy of Neurology

Noor Pirzada, MD
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Logan Schneider, MD
American Academy of Neurology
Consortium of Residents and Fellows

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Lesha Shah, MD
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Residents and Fellows

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Francis Walker, MD
American Association of Neuromuscular
and Electrodiagnostic Medicine

Robert Weinstock, MD
American Academy of Psychiatry and the
Law

Paul Whittington
American Board of Psychiatry and
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Our Mission

The mission of the ABPN is to develop and provide valid and reliable procedures for certification and maintenance of certification in psychiatry and neurology by:

- Developing the best testing methods to evaluate candidate and diplomate competencies;
- Applying the best technologies and information available to collect and analyze pertinent data;
- Communicating and collaborating effectively with training programs, residents, candidates, diplomates, professional and health care organizations, and the public; and
- Operating programs and services effectively and efficiently.



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