



**American Board of Psychiatry and Neurology, Inc.**

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

# Crucial Issues Forum

2016

“Certification is dependent upon, and acts as an important outcome measure of, education across the continuum of a physician’s career.”

— Lois Margaret Nora, MD, JD, MBA

“... the ABPN must address specific questions about its historic approach and resolve a number of future dilemmas in promoting and documenting physician competence.”

— Larry R. Faulkner, MD

“ Fragmentation exists in the way physicians become physicians and maintain their practice, and curriculum and training programs need to be developed that reflect an increasingly complex system.”

— Darrell Kirch, MD

“Health professionals want a learning system that is relevant, efficient, effective, rewarding and personalized.”

— Graham McMahon, MD, MMSc



## 2016 Forum Explores Needed Innovations in Maintenance of Certification

The third Crucial Issues Forum, organized by the American Board of Psychiatry and Neurology, Inc. (ABPN), was held on April 10–11, 2016 in Chicago. The goal of the forum was for ABPN directors to gain insight and receive feedback from colleagues in the field on needed innovations and improvements to the requirements for the ABPN Maintenance of Certification Program. The meeting was chaired by Dr. Kailie Shaw, ABPN Chair, and representatives from several psychiatry, neurology and child neurology professional organizations participated along with a select group of diplomates in clinical practice, the ABPN directors and senior staff. The participant list appears later in this report.

A number of speakers led off the forum. Dr. Larry Faulkner (ABPN) first provided background and set the stage for six keynote panel presentations to follow on the first day. On the second day, three small group discussions and follow up reports took place, addressing ways to improve ABPN MOC Program requirements.



## Speakers Discuss Documenting Physician Competence



**Larry R. Faulkner, MD, ABPN** President and CEO, presented: “The ABPN Perspective on Promoting and Documenting Physician Competence”.

Dr. Faulkner reviewed the causes of patient care problems and the definition of physician competence and quality patient care. He defined the goals for lifelong learning and described the ABPN’s philosophical tenets concerning lifelong learning and physician competence.

Dr. Faulkner went on to note the implications of these tenets and review the ABPN’s strategies for promoting and documenting competencies. Next, he reviewed some future dilemmas with promoting and documenting physician competence. He concluded that certifying boards must promote and document the competence of diplomates with state-of-the-art techniques. To remain effective, the ABPN must reexamine its basic philosophical tenets, improve its specific strategies and resolve complex future dilemmas.

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Next, three different perspectives of “The Current Status and Future Directions for Promotion and Documentation of Physician Competence” were presented by:

- Darrell Kirch, MD, President and CEO, Association of American Medical Colleges
- Graham McMahon, MD, MMSc, President and CEO, Accreditation Council for Continuing Medical Education
- Lois Margaret Nora, MD, JD, MBA, President and CEO, American Board of Medical Specialties



**Darrell Kirch, MD**, presented “Medical Student Education: Establishing the Foundations of Professional Competence”. He described how physicians share a goal of continuous learning in medical education—from premedical, through medical school, residency, and until the end of practice. He noted that fragmentation exists in the way physicians become physicians and maintain their practice and

curriculum, and training programs need to be developed that reflect an increasingly complex system. Dr. Kirch commented that the complexity of medical decision making has accelerated, which is why AAMC is shifting its focus from an accumulation of facts to competencies.

Dr. Kirch said all physicians should have foundational core competencies, and individual specialties should identify core competencies within each field.

He explained that to produce competent physicians, those who have strong interpersonal and social skills and also can develop the necessary competencies for practice should be selected. Curriculum and training programs that reflect an increasingly complex system should drive learning and assessment in medical education.

Dr. Kirch commented that rates of burnout and signs of depression are high among physicians, he believes, because some have lost sight of a shared commitment to their mission, and that many have become isolated and are not reaching out to each other to create networks of support.

He said physician educators must strive to emphasize resilience in the personal and professional development of learners. It is essential that they foster the human aspects that are desirable from physicians:

- The thoughtful consideration of the physician regarding his or her patient’s well-being
- The individualized attention required by patients
- The power of the human touch in patient care



**Graham McMahon, MD, MMSc,** discussed “Promotion and Documentation of Physician Competence”. He presented ACCME data on the scope of the enterprise, including the number of physician interactions, other learner

interactions, activities and hours of instruction in 2014. He described the thousands of CME activity types presented by providers.

Dr. McMahon discussed meeting learner’s needs and how health professionals want a learning system that is relevant, efficient, effective, rewarding and personalized. Creating an impact involves promoting curiosity, engagement, learning and change.

There are two different types of learning approaches – passive and active. Dr. McMahon outlined ways to improve didactics, handle time, learner types, goals, modality,

program oversight, choosing a teacher and outcomes. He discussed how learners, health institutions, providers and regulators can and should evolve.

Dr. McMahon’s final remarks encouraged the medical field to:

- Recognize CME as a core value and a strategic asset
- Liberate innovative education that drives and maintains quality of care
- Share assessment approaches
- Integrate CME with licensing and certification needs
- Nurture diverse providers to meet diverse needs
- Maintain effective audit and feedback systems



**Lois Margaret Nora, MD, JD, MBA,** presented “The Current Status and Future Directions for Promotion and Documentation of Physician Competence”. She discussed what is at the core of board certification, what are the emerging issues and where board certification is going. Dr. Nora described the fundamental elements of the medical profession as a social compact and how board certification, at its core, is service to others through

professional self-regulation in the past, today and in the future.

Specific issues to consider are:

- Technology
- Physician Quality of Life
- Promotion of:
  - Career long relationship with physicians
  - Professional self-regulatory role
- Attention to initial certification and continuing certification
- Consideration of the diversity of stakeholder needs

Dr. Nora described the essential link with high quality medical education and training in the past, today and in the future. She discussed what MOC tools are available such as the MedEdPORTAL, how some boards are requiring specific lifelong learning and self-assessment activities, and what continued tensions still exist. She outlined what high quality,

meaningful assessment has been and will be in the future.

Dr. Nora reviewed what initiatives are now in progress such as:

- Longitudinal Assessment Initiative (LA)
- American Board of Anesthesiology adoption of LA within MOCA 2.0
- Multiple Boards doing individual LA pilots
- ABMS Multi-specialty LA Collaborative
- Expanded use of technology and simulation in oral and written exams
- Assessment of new areas: competencies; physician confidence
- Multiple pilots of different approaches to proctoring, security, and testing
- MACRA and Registries

Dr. Nora provided additional information about the ABMS Longitudinal Assessment Initiative. Lastly, she reviewed the core tenets of board certification.

## ABMS Member Board Innovations in MOC

Representatives from three diverse member boards gave presentations addressing MOC innovations from their own perspectives.

**Earl J. Reisdorff, MD**, Executive Director of the American Board of Emergency Medicine (ABEM), presented “Alignment as an Innovation”. He began by discussing components of the MOC program and generalized results from the ABEM. Dr. Reisdorff detailed the ABEM Lifelong Learning and Self-Assessment activities and success rates gathered through surveys.

He described the emergency physician’s innovations with Part IV Improvement in Medical Practice activities and how the ABEM website is used to assist with choosing activities.

Lastly, he discussed the relevance, future and success rate of Part IV Improvement in Medical Practice activities for emergency physicians.

Next, **George A. Wendel, MD**, Director of MOC for the American Board of Obstetrics and Gynecology (ABOG), presented the “ABOG MOC Pilot Program”.

Dr. Wendel began by outlining the ABOG MOC principles

and giving an overview of the history of ABOG certification and MOC. Next, he reviewed the four parts of the ABOG MOC Program and reviewed Lifelong Learning and Self-Assessment program requirements.

Dr. Wendel provided details on the 2016 MOC Pilot Program, which involves an MOC exam exemption for scoring well on Lifelong Learning and other requirements. He presented examples of the diplomate dashboard for this pilot program and initial analysis and consequences of the program change.

Dr. Wendel concluded with valuable lessons learned from the program.

**Richard G. Battaglia, MD, FACP**, Chief Medical Officer for the American Board of Internal Medicine (ABIM), presented “ABIM Innovations in MOC”.

Dr. Battaglia began with discussing how ABIM is committed to active engagement with the internal



*Pictured left to right: George A. Wendel, MD, Earl J. Reisdorff, MD, and Richard G. Battaglia, MD, FACP*

medicine community, enhancing the value of MOC activities and reducing the burden on diplomates. He detailed an enhanced blueprint review that engages diplomates to provide input on the clinical content of assessments – so that MOC assessments, no matter what form they might take in the future, reflect even better what physicians in practice are doing today.

He described the process, including the rating frequency and importance of activities, the aggregated scale and the resulting Internal Medicine MOC Blueprint.

Dr. Battaglia then outlined an enhanced score report, implemented to provide a more detailed and actionable gap assessment. He discussed results from a focus group, a usability study and a survey and gave examples of the new score report with its new features.

Lastly, Dr. Battaglia discussed a collaboration between ABIM and the Accreditation Council for Continuing Medical Education (ACCME), which allows CME providers to interface with a single entity to register CME and MOC activities.

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## Small Group Discussions About Ways to Improve the ABPN MOC Program Requirements

On the second day, small group breakout discussions were held and conclusions reported, addressing ways to improve the requirements for the components of the ABPN MOC Program.

Three separate groups discussed and reported on each aspect of the MOC Program:

### How to improve the requirements for MOC Part 2 (Self-Assessment and CME)

Suggestions included:

- Add reading of selected articles and completion of Self-Assessment questions to the list of approved Self-Assessment activities.

- Consider how to recognize independent “point of care” self-education as Self-Assessment

### How to improve the requirements for MOC Part 3 (MOC Examination)

Suggestions included:

- Design modular examinations for general specialties that include both general and self-selected subspecialty/focused blocks of questions
- Provide diplomates with more information about the content of the MOC examination (e.g., publish possible questions in advance)

- Provide diplomates the option to complete multiple Self-Assessment examinations instead of taking a secure examination every ten years

### How to improve the requirements for MOC Part 4 (Improvement in Medical Practice)

- Provide more options for private practitioners
- Increase personalized communication about options
- Provide specific examples of success for private practitioners

## Crucial Issues Forum Attendees

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**Valerie Arnold, MD**  
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**Richard Battaglia, MD**  
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**Marc Etensohn, MD**  
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Association of American Medical  
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**David Labiner, MD**  
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American Board of Psychiatry  
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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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