



American Board of Psychiatry and Neurology, Inc.

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

Crucial Issues Forum

Future Directions for the ABPN

2019

“I believe that in a time of chaos, organized, deliberate strategic planning by the Board is especially important, but I also believe we need broad based input into that process.

The future success of the ABPN will depend upon careful strategic planning, continued collaboration between the ABPN and its “allies”, wariness, a generous dose of humility, and an awareness that some critics will never be satisfied.”

— Dr. Faulkner

“The big question for us is what does the future hold in terms of examination technology. We would love to see a day where we could have web-based, secure exams for our initial certification that can handle the huge data sets that we have with our image-rich examinations.”

— Dr. Jackson



2019 Forum Meets to Discuss Future Directions for the ABPN

The fifth Crucial Issues Forum, organized by the American Board of Psychiatry and Neurology, Inc. (ABPN), was held on April 14-15, 2019 at ABPN headquarters in Deerfield, Illinois. The goal of the forum was for ABPN directors and guests to gain insight and receive feedback from colleagues on future strategic planning for the ABPN. The meeting was chaired by Dr. J. Clay Goodman, ABPN Chair. Representatives from most psychiatry, neurology, and child neurology national 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 lead off the forum. Dr. Larry Faulkner (ABPN) first provided background and set the stage for a keynote address and keynote panel on the first day. On the second day, small group discussions and follow up reports took place, addressing an ABPN SWOT analysis and major ABPN strategic issues and questions.

Day One

Speakers Discuss Challenges for Member Boards Over the Next Decade

Larry R. Faulkner, MD, ABPN President and CEO, presented: “Current Status and Selected Future Challenges for the ABPN”.

Dr. Faulkner discussed the current overall time of uncertainty and change for the ABPN and the entire “Board Enterprise”. He noted that grassroots opposition to the ABMS and its member boards around continuing certification has led to political and legal challenges, and he emphasized that organized, deliberate strategic planning remains especially important in these chaotic times.

While he believed that the ABPN is in excellent organizational and financial shape, Dr. Faulkner stated that preparation for an unexpected, traumatic “Black Swan” event is crucial. Going forward, close relationships with ABPN “allies” will be even more important than it is now, and steps have been taken to strengthen ties with them. Special efforts have been taken to increase diplomate involvement with the ABPN.

Despite uncertain times, Dr. Faulkner stated that the ABPN has all the resources it needs to address whatever problems arise. He believes that the future success of the ABPN

will depend upon careful strategic planning, continued collaboration between the ABPN and its allies, wariness, a generous dose of humility, and an awareness that some critics will never be satisfied.

Dr. Faulkner continued with observations about strategic planning:

Any strategic planning process should be consistent with important principles. Attention to the process of strategic planning will increase the likelihood of the right outcome; strategies should always flow from the vision, mission, and underlying principles and not vice versa; and while vision, mission, and underlying principles are relatively fixed, strategies should be amenable to change as circumstances require.

Dr. Faulkner emphasized that the ABPN must guard against strategic “overstretch”, which will disrupt ABPN strategies, weaken its credibility, and undermine the confidence of its Directors and staff.

Dr. Faulkner emphasized that the “Road to an Effective ABPN” (Figure 1) begins with its Vision and Mission (Figure 2) that ultimately determine its major Strategic Issues (Figure 3). For each Strategic Issue, there are several important questions that must be addressed. Ultimately, the ABPN strategic planning process must identify specific Strategies for each Strategic Issue that will then be monitored through Key Results and Benchmarks.

Lastly, Dr. Faulkner presented what he believes have been the major accomplishments of the ABPN over the past decade (Figure 4) as well as its most important future programmatic (Figure 5) and political challenges (Figure 6).



Figure 1: The Road to an Effective ABPN



Despite a rare mid-April snowstorm in the Chicago area, most guests were able to attend the ABPN Forum.

Figure 2: ABPN Vision and Mission

ABPN Vision
To promote high quality patient care for the public through the initial and continuing certification of psychiatrists and neurologists.

ABPN Mission
The mission of the ABPN is to promote and assess the competence of psychiatrists and neurologists to provide high quality patient care by:

- Establishing requirements for initial and continuing certification;
- Implementing state-of-the art testing methods to evaluate candidate and diplomate competencies;
- Promoting and assessing diplomate involvement in lifelong learning;
- Applying available technologies and information to collect and analyze pertinent data;
- Communicating and collaborating with training programs, residents, candidates, diplomates, professional and health care organizations, and the public;
- Supporting innovative educational and research programs relevant to psychiatrists and neurologists; and
- Operating programs and services effectively and efficiently.

Figure 3: ABPN Strategic Issues

1. Governance and Administration
2. Financial Management
3. Communications
4. Research and Education
5. Technology and Information
6. Core Competencies and Milestones
7. Computerized Primary Certification Examinations
8. Subspecialties
9. CC and CC Product Development
10. International Initiatives and Alternative Pathways

Figure 4: ABPN Accomplishments

1. Recruitment of excellent Senior Staff.
2. Construction of a new ABPN office building.
3. Maintenance of a balanced budget while significantly reducing fees for certification and continuing certification.
4. Implementation of the ABPN Strategic Plan (Vision 20/20).
5. Liaison with national professional organizations.
6. Development of new computerized certification and continuing certification examinations.
7. Elimination of the oral certification examinations in psychiatry, neurology, child neurology, and child and adolescent psychiatry.
8. Institution of the clinical skills evaluation process for residents in psychiatry, neurology, child neurology, and child and adolescent psychiatry.
9. Modification of continuing certification requirements and beginning the Pilot Project to replace the continuing certification examination.
10. Initiation of new subspecialties in Neuromuscular Medicine, Epilepsy, and Neurocritical Care.
11. Creation of the Faculty Innovation Award, Research Award, Administrative Fellowship, and Crucial Issues Forums.

Figure 5: Future ABPN Programmatic Challenges

1. Recruit and retain quality Senior Staff.
2. Address crucial strategic issues.
3. Maintain fiscal integrity.
4. Implement reasonable continuing certification requirements.
5. Communicate effectively with candidates and diplomates.
6. Develop excellent examinations.
7. Explore innovative methods for examination development and administration.
8. Promote innovative and relevant education.
9. Support relevant research.
10. Obtain input into crucial issues.

Figure 6: Future ABPN Political Challenges

1. Appoint excellent Directors.
2. Preserve Director collegiality.
3. Promote positive relationships with professional societies.
4. Maintain positive relationships with the ABMS.
5. Expand positive relationships with diplomates.
6. Improve relationships with unhappy diplomates.
7. Increase the number of certified psychiatrists and neurologists.
8. Consider alternative pathways to certification.
9. Continue reasonable fees.
10. Recruit a new President and CEO.



Next, **Richard E. Hawkins, MD**, president and CEO of the American Board of Medical Specialties (ABMS), presented: “Major Challenges Facing the Board Enterprise over the Next Decade.”

Dr. Hawkins began by listing and then expanding on the major challenges that will face the ABMS board enterprise. Those challenges include:

- Evolving continuing certification to bring value to physicians and other stakeholders.
- Enhancing alignment across the ABMS Boards community.
- Partnering with key stakeholders in a self-regulatory system.
- Meaningfully engaging the profession in a post-truth, anti-regulatory environment.

With respect to his first challenge, Dr. Hawkins described how continuing certification must evolve to enhance the value and relevance of ABMS board certification in health care systems through identifying stakeholder concerns and expectations. Surveyed stakeholders have suggested that ABMS board certification is, in some cases, not meeting learning and improvement needs and is not integrated into practice.

He described a recent Vision for the Future physician survey in which physician opinions were solicited about MOC. Most surveyed physicians reported having mixed views of the value of MOC. Their top concerns were the costs and the burden of participating. Many thought that Continuing Medical Education (CME) opportunities worked well with MOC but that how CME is offered and administered could be improved. Possible enhancements include continuing to deploy CME and self-assessment activities as MOC components along with open-book testing and other assessments. Positive responses were given to innovative knowledge assessment and mechanisms for accessing practice relevant CME. Dr. Hawkins stated that potential solutions to these challenges could include moving to longitudinal or other innovative formative assessments, flexibility in CME/QI activities, and working more closely within the profession.

Dr. Hawkins reported that patient surveys suggest that most patients believe board certification is an important credential. When choosing a doctor, coverage by insurance



and board certification are the top factors that patients listed as most important. Consumers surveyed also said:

- Doctors should stay up to date with the latest medical advances in their specialties.
- Doctors should participate in ongoing education and assessment processes.
- Doctors should be assessed throughout their career.
- Hospitals should require board certification.

Dr. Hawkins stressed that bringing value to different stakeholders requires balancing polarities: summative versus formative assessment and specialty focus versus practice relevance.

To address his second challenge, Dr. Hawkins noted that the lack of alignment among member boards includes differences in methods due to specialty factors, methods related to innovation, and several other areas. This lack of alignment results in some confusion and frustration among diplomates, collaborators/partners, and others. He detailed the steps to enhancing alignment, which include:

- Recognition of the problem and consequences.
- Identification of the most problematic areas.
- Processes and structures to facilitate alignment.
- Standards to foster and maintain alignment.

Dr. Hawkins stated that his third challenge entails building effective partnerships through several strategies:

- Recognizing that we are all part of a “professional self-regulatory system” with similar aspirations.
- Communicating with professional and state medical societies, hospitals and healthcare systems, and other groups.
- Defining, clarifying, and respecting the collective roles of all organizations involved in self-regulation.

Dr. Hawkins observed that addressing his fourth challenge involves engaging diplomates in an environment of anger, disrespect, and ridicule. Dr. Hawkins added that the challenges to medical self-regulation are not unique and are reflective of national anti-establishment trends.

Dr. Hawkins suggested that the ABMS may have contributed to the problem by past innovations without alignment across the Boards, not speaking with one voice, and not adequately engaging the profession.

In conclusion, Dr. Hawkins recommended meeting the identified challenges with specific strategies:

- Aligning Board requirements in a more consistent manner.
- Adding value to physicians in practice.
- Engaging the profession in meaningful ways.

A Keynote Panel next discussed, “Major Challenges Facing Member Boards over the Next Decade.”

- **Valerie P. Jackson, MD**, Executive Director, American Board of Radiology
- **Daniel J. Cole, MD**, Executive Director, Professional Affairs, American Board of Anesthesiology

Valerie Jackson, MD, presented: “Major Challenges Facing the ABR Over the Next Decade.”

Dr. Jackson noted that the American Board of Radiology certifies diplomates in four specialties: diagnostic radiology, interventional radiology, radiation oncology, and medical physics.

She outlined several challenges for the Board including:

- Future Exam Technology

- Lawsuits
- Legislation
- Unhappy Candidates and Diplomates
- Social Media

Current exam formats include distributed computer-based exams at testing centers, complex image-rich modular exams at ABR centers, and also oral exams. Dr. Jackson discussed possible future exam formats including:

- Web-based, secure exams that can handle huge data sets
- Virtual oral exams
- Computer exams that better simulate oral exams
- Computer exams that better simulate real practice

Dr. Jackson noted that some unhappy candidates and diplomates exhibit unprofessional behavior through social media outlets. She observed that social media is often used as an easy way for diplomates to express their unhappiness. This group is in the minority, and newer ABR staff members tasked with managing ABR accounts find it difficult to interact with this small yet vocal minority. She provided several examples of posts and comments and listed some consequences for ABR staff, including physical and mental exhaustion, stress, anxiety, depression, and poor morale.

Lastly, Dr. Jackson stressed ways to respond to the negativity that have helped the staff, including taking the high road, not engaging personally, emphasizing positive messages and facts, being proactive instead of reactive, and remembering that some people will never be happy no matter what is done.





Daniel Cole, MD, presented: “What is The Right Thing, What is The Best We Can Do, and How are We Doing with Our Relationships.”

Dr. Cole began by admitting that these are indeed challenging times. As context for his comments, he stated that the purpose of the ABA is to improve patient health and enhance patient outcomes.

He considered the most important issues facing the ABA to be current legal challenges to MOC and increasing the value of MOC to diplomates.

Dr. Cole noted that resistance to MOC began in a grass roots manner and then proceeded on to traditional media, social media, organized medicine, legislative initiatives, and legal challenges.

He observed that there is a small group of diplomates, perhaps 5 to 10 percent, that are very anti-MOC and

very vocal. Perhaps 25 to 30 percent are big supporters of certification. The remaining 50 to 60 percent can be swayed either way. Dr. Cole stated that the Boards need to recapture the narrative so that the 50 to 60 percent in the middle group do not become negative. He recommends that the Boards must get edgier and more aggressive in our narratives.

Dr. Cole discussed recent interviews with 29 chief medical officers and their views of MOC. Outcomes from those interviews suggested that almost all of these health systems leaders did not believe that CME alone is adequate to ensure that physicians stay up-to-date and provide high-quality patient care. They also give significant support for all of the intended goals of MOC but do not believe that MOC requirements adequately addressed those goals. They note that many other systems are in place to ensure quality and questioned the need for MOC.

Dr. Cole discussed the need to move the national quality curve by improving care over the course of a physician’s career. He believes that this could increase the intrinsic value of MOC. To accomplish this end, Dr. Cole observed that the ABA recognized the need to better engage its diplomates and to make its MOC program more relevant to diplomates’ practices. The ABA redesigned its MOC program to focus around adult learning theory with the physician and the patients they care for at its center. The ABA MOC program incorporates a number of innovative strategies, including the MOCA Minute longitudinal assessment format.

The ABA believes that longitudinal assessment is more effective than a high-stakes exam at promoting knowledge retention. This approach encourages and facilitates diplomates to make interventions throughout their 10-year cycle and stay up to date in years 1, 2, 3, 4, instead of cramming for an exam at year 7 or 8 of their cycle.

In 2017, 89% of survey respondents (about 3,000) who had taken the MOC exam and also participated in MOCA Minute reported that their MOCA Minute experience was better than their exam experience.

Day Two

Small Group Discussions of ABPN SWOT Analysis and Strategic Issue Questions

Four small groups provided input into the ABPN SWOT Analysis:

Selected ABPN Strengths

- Excellent Staff.
- Dedicated, collegial Directors.
- New office building with ample space.
- Organized Strategic Plan (Vision/Ends, Mission, Strategic Issues, Strategies, Key Results, and Benchmarks).
- Balanced budget and ample reserves.
- Relatively low certification and continuing certification (CC) fees compared to other ABMS Member Boards and professional organizations.
- Meaningful product (i.e., certificate) that many diplomates are proud to achieve.
- Membership in a nationally recognized system for certification and CC (i.e., ABMS) resulting in “brand recognition.”
- Pilot Project alternative to CC Examination.
- Ability to be flexible about CC requirements.

Selected ABPN Weaknesses

- Directors with limited available time.
- Limited opportunities for volunteers to participate in ABPN activities.
- Strained relationships with some diplomates related to CC.
- Several subspecialties with insufficient numbers of candidates.
- Inadequate evidence of the validity of certification and CC.
- Inadequate recognition by the public of the value of certification and CC.
- Decreasing diplomate pride in their certification over time.
- ABPN salaries and reserves appear excessive to some diplomates.
- ABPN website.
- Some diplomates do not value CC.





Selected ABPN Opportunities

- Available resources for program expansion and innovation.
- Positive relationships with professional organizations (e.g., APA, AAN, etc.)
- Programs to develop new leaders and enhance relationships to the “fields” (e.g., Innovation in Education Awards, Research Awards, Senior Resident Administrative Fellowship, Crucial Issues Forums).
- Psychiatric and neurologic registries.
- New ABPN office building with available space for meetings.
- Public as a potential ally.
- Differentiation of diplomates from other professionals.
- Outreach to program directors and residents.
- Communication with diplomates/legislators/the public about the meaning and value of certification and CC.
- Application process for diplomates to participate in ABPN activities.

Selected ABPN Threats

- Uncertain political, legal, and fiscal environment, e.g., legislative and legal challenges to CC, etc.
- Communication challenges with residents, candidates, and diplomates.
- Organized resistance to CC by some diplomates.
- Increased service demands on potential volunteers, e.g., Directors, Committee Members.
- Inadequate participation of some subspecialists in certification and CC.
- “Fake news.”
- Diplomate anxiety about CC.
- Changing diplomate practice settings to make CC irrelevant.
- Diplomate stress and “burnout.”
- ABPN seen as “them” versus “us” by some diplomates.

Four small groups answered specific questions related to ABPN Strategic Issues

1. Governance and Administration

Should a member of the “public” be added to the ABPN?

- No, but the ABPN should establish a Public Advisory Committee to provide input to the Board.

2. Financial Management

Should the ABPN continue its policy of requiring all candidates in a specific class (e.g., certification, continuous certification, subspecialties) to pay the same fees?

- Yes.

3. Communication

How can the ABPN best obtain input about public expectations with respect to certification and continuous certification?

- Use focus groups with members of the public and various stakeholders.

How can ABPN improve bi-directional communication with national professional organizations?

- Appoint members of national professional organizations to ABPN committees.
- Permit national professional organizations to nominate ABPN committee members.

4. Research

How can the ABPN best promote research on certification and continuous certification?

- Fund outside researchers.
- Collaborate with national professional organizations.

Should the ABPN conduct its own research on certification and continuous certification?

- No.



5. Education

How can the ABPN best promote more effective and efficient education of psychiatrists and neurologists for continuous certification?

- Provide continuous certification training modules for resident training programs.
- Provide education about effective preparation processes for the continuous certification examination.

Should the ABPN make changes to its clinical skills evaluations process?

- No.

6. Technology and Information

What technology should the ABPN use to communicate with candidates and diplomates?

- Develop an ABPN app for personalized information.
- Update the ABPN website.

7. Computerized Examinations

Should the ABPN consider the development of a computerized oral examination with avatars?

- No.

Once the article-based continuous certification process is in place, should the ABPN continue to offer a 10-year continuous certification examination option?

- Yes, until there is more experience with the article-based option.

8. Subspecialties

Should the ABPN continue to require subspecialists to maintain their primary certification?

- Yes.

Should the ABPN “sunset” subspecialties with small numbers of candidates?

- No.

9. Continuing Certification

Should the ABPN require additional measures of diplomate professionalism?

- No.

Should the ABPN require diplomates with “lifetime” certification to participate in continuous certification?

- No.



Crucial Issues Forum Attendees

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Ike Ahmed, MD
American Association for
Geriatric Psychiatry

Imran Ali, MD
American Board of
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Joan Anzia, MD
American Board of
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Valerie Arnold, MD
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J. Robert Batterson, MD
American Board of
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Meriem Bensalem-Owen, MD
American Clinical
Neurophysiology Society

Phillip Bialer, MD
Academy of Consultation-
Liaison Psychiatry

Renee Binder, MD
American Psychiatric
Association

John Bodensteiner, MD
American Board of
Psychiatry and Neurology

Robert Boland, MD
American Board of
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Lynneice Bowen, MD
Psychiatry Resident (P-RRC)

Allison Brashear, MD, MBA
American Board of
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Adam Brenner, MD
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Directors of Psychiatric
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Robin Brey, MD
Association of University
Professors of Neurology

Amy Brooks-Kayal, MD
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Robin Callen
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Josepha Cheong, MD
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Kalea Colletta, MD
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Jeffrey Hunt, MD
American Academy of Child
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Valerie Jackson, MD
American Board of
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David Lott, MD
American Academy of
Addiction Psychiatry

Tim Lotze, MD
Professors of Child
Neurology

Jeffrey Lyness, MD
American Board of
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Jed Magen, DO
American Association of
Chairs of Departments of
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Edward Manno, MD
American Neurological
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Jonathan Mink, MD
Child Neurology Society

Eileen Murray
American Epilepsy Society

Paul O'Leary, MD
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Christopher Thomas, MD
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Patti Vondrak
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“The ABA redesign of our maintenance of certification program focused around adult learning theory with the physician and the patients they care for at the center.

We want to impact the healthcare of Americans.”

— Dr. Cole

“Evolving continuing certification includes enhancing the value and relevance of ABMS Board Certification in our health care systems through identifying stakeholder concerns and expectations.

The Boards must align and become more consistent, bring value to physicians in practice, and engage the profession in meaningful ways.”

— Dr. Hawkins

Our Mission

The mission of the ABPN is to promote and assess the competence of psychiatrists and neurologists by:

- Establishing standards and requirements for initial and continuing certification;
- Implementing state-of-the-art testing methods to evaluate candidate and diplomate competencies;
- Encouraging and assessing diplomate involvement in lifelong learning;
- Applying available technologies and information to collect and analyze pertinent data;
- Communicating and collaborating with training programs, residents, candidates, diplomates, professional and health care organizations, and the public;
- Supporting innovative educational and research programs relevant to psychiatrists and neurologists; and
- Operating internal programs and services effectively and efficiently.

Statement on Professionalism

Professionalism forms the basis of medicine's contract with society. The ABPN is concerned with those aspects of professionalism that are demonstrated through: a physician's clinical competence, commitment to lifelong learning and professional improvement, interpersonal skills, and ethical understanding and behavior. In its credentialing, certification, and MOC programs, the ABPN seeks to assess and document that its candidates and diplomates possess and maintain these essential aspects of professionalism.



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