

Annual Report 2021



American Board of Psychiatry and Neurology, Inc.

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

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Front row left to right: Drs. Allison Brashear, Andrea G. Stolar, J. Clay Goodman (Vice Chair), Larry R. Faulkner (President/CEO), Robert Golden (2019 Emeritus Director), Paramjit T. Joshi (Board Chair), and John B. Bodensteiner.
Second row left to right: Drs. Jaffar Khan, Robert J. Boland, Josepha A. Cheong, Steven L. Lewis, Jeffrey M. Lyness, Terrence L. Cascino, Christopher R. Thomas, Nina F. Schor, Joan M. Anzia, Imran I. Ali and Sheldon Benjamin.
Not pictured: Dr. Amy Brooks-Kayal



40 Years Around the ABPN: Reflecting Back and Looking Ahead

By Larry R. Faulkner, MD, ABPN President and CEO

As was announced, 2022 will be my last year as President and CEO of the American Board of Psychiatry and Neurology (ABPN). Like many diplomates, I first became involved in ABPN activities as an Oral Examiner (1982-1985) on the teams of Alfred Freedman, William Webb, and Layton McCurdy. I then became a Senior Examiner on James Shore's team (1986-1998) and a member of the Psychiatry Part I Examination Committee chaired by Gary Tucker (1989-1995). In 1999, I had the honor of being selected as an ABPN Director. I stepped down as a Director in 2005 and was selected to succeed Steve Scheiber as ABPN Executive Vice President (EVP) in 2006. The EVP title was changed in 2008 to be President and CEO. In summary, my experience with the ABPN spans 40 years, including seven as a Director and over 16 as the CEO.

As background to my comments below, I want to make it clear at the beginning that whatever I have accomplished at the ABPN is the result of support I have received from an outstanding group of ABPN Directors and staff. I am very proud of all that we have accomplished together at the ABPN during my tenure as CEO, and I am acutely aware that much of the real credit for that success belongs elsewhere.

Reflecting Back

As mentioned above, in 2006 I succeeded Steve Scheiber as the ABPN EVP. Steve was the first full-time CEO of the ABPN. He held the position for 20 years, longer than any of his four predecessors. Steve deserves a great deal of credit for moving the ABPN from literally operating "out of a shoebox" into

a legitimate professional organization. In many ways, any heights I may have reached at the ABPN have been possible because I was standing on Steve's broad shoulders.

During my four decades around the ABPN, it has been my privilege to meet and work with some of the best and brightest psychiatrists, neurologists, and staff in the world. These great people are what I will remember most about my time at the ABPN. Many started out as acquaintances and colleagues but then became close personal friends.

Reflecting on my experience as the ABPN CEO, the following are just 10 of what I believe to be the most significant things we achieved. They are not listed in any order of priority, as I believe they all are important.

1. Fostered a positive ABPN culture.

Much of what we accomplished at the ABPN was because we promoted a positive, proactive culture and a collaborative working relationship between Directors, CEO, and Senior Staff. The resulting environment of trust and mutual regard enabled us to resolve many complex and controversial issues.

2. Maintained the ABPN as a joint Board.

A great deal of planning ensured that the ABPN Psychiatry and Neurology Councils came together to function as a joint Board with common policies that applied equally to both specialties. Collegial interaction and positive rapport between psychiatry and neurology Directors resulted in consensus rather than conflict about potentially divisive issues.

3. Adopted an effective ABPN strategic plan.

Since 1999, the Directors, CEO, and Senior Staff worked together to develop and

update an organized and practical strategic plan. The strategic plan was used as a management tool to ensure that all programs and activities were consistent with the ABPN mission and implemented as envisioned.

4. Stabilized ABPN finances. Every year since I have been CEO, the ABPN budget was balanced with a surplus and its reserves grew significantly. This occurred despite initial certification fees being reduced by 43% and continuing certification fees by 34%. Available resources enabled us to adopt special strategic, educational, and research initiatives that supported not only the ABPN, but also trainees, diplomates, academic departments, and related professional organizations.

5. Nurtured ABPN Senior Staff.

ABPN Senior Staff were supported in their efforts to develop the competence and skills needed to assume leadership roles and to manage their departments effectively and efficiently. These special professionals are the functional backbone of the ABPN and a major key to its current and future success.

6. Eliminated ABPN oral examinations.

While not uniformly supported, the painful decision to replace the ABPN oral examinations with improved computer examinations and in-residency clinical skills evaluations was necessary and timely. Logistic difficulties, cost, and fairness issues made continuing the ABPN oral examinations simply untenable. ABPN Directors, President and CEO, and Senior Staff used available resources and energy to improve other programs and initiatives.

7. Improved ABPN computer examinations. With the elimination of oral examinations, attention focused on improving ABPN computer examinations. We increased training of question writers and editors, adopted new matrix content outlines, reclassified existing pool questions, and included more images and videos on examinations. The result was a significant increase in the reliability of all ABPN examinations and more positive feedback from candidates about their examination experiences.

8. Modified the ABPN Continuing Certification Program. ABPN certificates became time limited in 1994, and diplomate recertification was required every 10 years. Since then, changes were made in self-assessment (SA), continuing medical education (CME), examination, and quality improvement (QI) requirements to maintain certification; the timing of SA, CME, and QI requirements changed from 10 to three years; and the name of the program changed from Recertification to Maintenance of Certification (MOC) then to Continuing Certification (CC). ABPN diplomates were provided many options to meet SA, CME, and QI requirements, and all diplomates may now also replace the CC examination with an Article-Based Continuing Certification Pathway (ABCC). While not uniformly popular by diplomates, our CC Program meets the standards set by the ABMS and provides ABPN diplomates more flexible and meaningful options to fulfill its requirements.

9. Constructed an ABPN office building. For most of its existence, the ABPN leased the space needed for its office. The leased space was expensive and not optimal for ABPN committee meetings or conferences. After much discussion, ABPN Directors decided that constructing a modern, state-of-the-art building with its own conference center was the best option to provide the flexible space needed to fulfill its mission. Staff moved into the beautiful new ABPN building in

April 2018, and its design has met all staff, committee, and conference needs.

10. Expanded ABPN relationships with professional organizations. While the ABPN always had regular interactions with its related professional organizations, unhappiness over ABPN fees and continuing certification requirements, requests for new subspecialties, evolving training mandates, increased pressures on academic departments, upheavals due to COVID-19, and many other complex issues now make these relationships even more important. In recent years, the ABPN increased the frequency of meetings with organizational leadership; sought organizational nominations for special ABPN committees; and involved organizational representatives in discussions of crucial issues affecting the fields of psychiatry and neurology. The ABPN also provided grants for educational and research projects of academic faculty; registries of the American Psychiatric Association (APA) and the American Academy of Neurology (AAN); and SA and CME activities provided to diplomates by APA, AAN, and subspecialty professional societies. For the most part, these important initiatives improved understanding of the ABPN and its programs, as well as its image as a supportive and collaborative organization.

Looking Ahead

Despite progress made during my tenure as ABPN CEO, much remains to be done. Many of the accomplishments listed above, especially the positive culture at the ABPN and its function as a joint Board, require continued attention, and other future challenges will surely arise. While predictions are never completely accurate, I believe the ABPN will need to address at least the following 10 issues in the years ahead. Again, they are not listed in any order of priority.

1. Adjust to new ABPN leadership. For good or bad, there is only one Larry Faulkner. Anyone succeeding me as ABPN President

and CEO will bring a different leadership style. Developing effective working relationships with a new President and CEO will take time, as well as ABPN Directors and Senior Staff who are willing to provide that person with encouragement and support.

2. Adapt the ABPN to the realities of the post-COVID era. The COVID pandemic forced the ABPN to implement new operating policies and procedures. Staff working from home and increased use of technology for virtual meetings are just two examples. The extent to which these and other changes continue after the pandemic will require careful analyses and decisions by ABPN Directors, President and CEO, and Senior Staff that are based on the best interests of the organization, flexible, and fair to staff.

3. Ensure ABPN fiscal integrity. The ABPN has been criticized by some for its strong fiscal position and maintaining that status into the future is not a forgone conclusion. Ensuring that the ABPN has resources to fulfill its mission will require Directors and President and CEO with discipline to balance the ABPN budget and courage to ignore critics who demand its fiscal dismantling.

4. Maintain ABPN independence. A major ABPN strength is its structure as an independent organization under the sole supervision of its own Board. This enables the Board to make decisions that are based on the best interests of patients, the public, and the ABPN, rather than political influences. Individuals and entities unhappy with ABPN policies and procedures have sometimes called for its restructuring and oversight by an outside organization. Resisting those efforts will require ABPN Directors and President and CEO with vigilance to identify threats and resolve to confront them.

5. Enhance ABPN diversity, equity, and inclusion. The ABPN adopted a Diversity, Equity, and Inclusion Plan that calls for increased diversity of Directors, staff, and

continued on next page

committee members; unconscious bias training; and prevention of examination bias. While progress has been made in recruitment and training, full implementation of the Plan will require ABPN Directors, President and CEO, and Senior Staff with commitment to this important effort and determination to see it through.

6. Improve ABPN communications. All successful communications require at least three things: an effective communicator, a meaningful message, and a receptive audience. Explaining the rationale for and requirements of ABPN certification and continuing certification programs has been at times difficult. While perhaps due to the inability or credibility of presenters or the complexity of messages, some individuals do not seem receptive to anything they hear from the ABPN. Improving this complex situation will require ABPN Directors, President and CEO, and Senior Staff with understanding of communication and persistence to do what is needed to improve it.

7. Increase public input into the ABPN. Since the mission of the ABPN is primarily to serve the public, it must try to understand the perspective of the public about its programs. The best way for the ABPN to obtain public input, however, is not obvious. Some organizations appoint “public members” to their Boards, but those people are not selected by the public to represent them, nor do they have any special knowledge about what the public needs or wants. The ABPN has used surveys and focus groups to get feedback from selected groups of patients and the public, but more should be done. Expanding public input will require ABPN Directors, President and CEO, and Senior Staff with awareness of the importance of this complex issue and openness to innovative ways to address it.

8. Expand ABPN relationships with academic psychiatry and neurology. Under increased pressure for service delivery, many academic faculty have difficulty finding time in their schedules to pursue educational or research interests. At the same time, the ABPN needs educational projects and research relevant to its mission. The success of ABPN educational and research grant programs for academic faculty mentioned above suggests that more opportunities for collaboration with academic departments may be possible. Those efforts will require ABPN Directors and President and CEO with appreciation of the broader implications of strengthened relations with academic departments and interest to pursue them.

9. Demonstrate the value of ABPN certification and continuing certification. While there is some objective evidence in some specialties that certification and continuing certification have positive effects on patient care, very little research has been done in psychiatry or neurology. The future credibility of the ABPN may well depend on research designed to reveal which, if any, of its certification and continuing certification requirements positively affect patient care. This work will require ABPN Directors, President and CEO, and Senior Staff with ability to design objective research projects and willing to act on meaningful results.

10. Develop innovative ABPN examinations. As noted above, improvements have been made in ABPN computer examinations, including their images and videos. Given the startling speed at which technology evolves in the current era, it is hard to anticipate what might be possible in future computer examinations. For example, ABPN oral examinations may well reappear in the form of computer avatars able to mimic the complexity of

real patients. Embracing these exciting possibilities will require ABPN Directors, President and CEO, and Senior Staff with enthusiasm for innovation and receptiveness to change.

In closing, when I leave the ABPN at the end of 2022, I will do so with a sense of gratitude for being given the opportunity to lead such a wonderful organization, pride in what we have all accomplished together, and confidence that the ABPN Directors, new President and CEO, and staff will be able to meet whatever challenges they must face. I truly believe the best years of the ABPN are still to come.

2021 Computer Examination Results

- The ABPN administered 33 computer-based specialty and subspecialty certification and continuing certification/maintenance of certification (CC/MOC) examinations in 2021. (Most CC/MOC examinations had two forms, as well as two administrations.)
- In addition, 16 combined CC/MOC examinations (specialty and subspecialty or multiple subspecialties) were administered to 83 ABPN diplomates, of whom 74 (89%) passed.
- The ABPN administered the first subspecialty certification examination in Neurocritical Care to 356 examinees from the ABPN, 208 from the American Board of Anesthesiology, 41 from the American Board of Emergency Medicine, and 406 from the American Board of Internal Medicine.
- About 5,500 ABPN individual computer-based examinations were administered at Pearson VUE testing centers.
- The CC/MOC examination in Neurodevelopmental Disabilities was administered to 19 examinees from the American Board of Pediatrics and 2 from ABPN.
- The CC/MOC examination in Neuromuscular Medicine was administered to 17 ABPN and 11 American Board of Physical Medicine and Rehabilitation examinees.
- Two additional subspecialty certification examinations and three additional subspecialty CC/MOC examinations were administered by other ABMS boards.
 - The American Board of Anesthesiology administered certification and CC/MOC examinations in Pain Medicine.
 - The American Board of Internal Medicine administered certification and CC/MOC examinations in Sleep Medicine, and a CC/MOC examination in Hospice and Palliative Medicine.
- Additional 2021 statistics are available at abpn.com/about/facts-and-statistics.

Examination Type	Examination	Number Passing	Number of Candidates	Percent Passing
Specialty Certification	Psychiatry Certification	1844	2253	82%
Specialty Certification	Neurology Certification	796	1012	79%
Specialty Certification	Child Neurology Certification	147	177	83%
Subspecialty Certification	Child and Adolescent Psychiatry	432	534	81%
Subspecialty Certification	Clinical Neurophysiology	209	233	90%
Subspecialty Certification	Consultation-Liaison Psychiatry	160	171	94%
Subspecialty Certification	Forensic Psychiatry	143	150	95%
Subspecialty Certification	Neurocritical Care*	324	356	91%
Subspecialty Certification	Neurodevelopmental Disabilities	11	11	100%
Subspecialty Certification	Pain Medicine*	20	21	95%
Subspecialty Certification	Sleep Medicine*	47	59	80%
CC/MOC	Psychiatry	281	299	94%
CC/MOC	Neurology	105	120	88%
CC/MOC	Child Neurology	8	11	73%
CC/MOC	Addiction Psychiatry	25	28	89%
CC/MOC	Child and Adolescent Psychiatry	50	59	85%
CC/MOC	Clinical Neurophysiology (General, EEG, EMG)	54	63	86%
CC/MOC	Consultation-Liaison Psychiatry	19	20	95%
CC/MOC	Forensic Psychiatry	37	43	86%
CC/MOC	Geriatric Psychiatry	51	56	91%
CC/MOC	Hospice and Palliative Medicine*	1	1	100%
CC/MOC	Neurodevelopmental Disabilities*	2	2	100%
CC/MOC	Neuromuscular Medicine*	21	21	100%
CC/MOC	Pain Medicine*	7	10	70%
CC/MOC	Sleep Medicine*	67	76	88%
CC/MOC	Vascular Neurology	36	42	86%

*ABPN only

Total and Active Certifications as of December 31, 2021

Specialty/Subspecialty	First Exam	All Certificates Awarded	Estimated Number (%) of Active Certificates	Estimated Number (%) of Active Lifetime Certificates***	Estimated Number (%) of Active Time-limited Certificates****	Estimated Number (%) of Continuing Certificates*****
Psychiatry	1935	68,139	41,119 (60%)	8,300/8,498 (98%)	16,658/20,320 (82%)	16,161/16,308 (99%)
Neurology	1935	23,043	16,932 (73%)	2,456/2,488 (99%)	7,531/8,410 (90%)	6,945/6,981 (99%)
Child Neurology	1968	3,276	2,561 (78%)	329/331 (99%)	1,022/1,116 (92%)	1,210/1,217 (99%)
Child and Adolescent Psychiatry	1959	12,180	9,322 (77%)	1,693/1,721 (98%)	3,032/3,693 (82%)	4,597/4,622 (99%)
Neuropsychiatry	1935	824	0			
Addiction Psychiatry	1993	2,806	1,285 (46%)		592/2097 (28%)	693/709 (98%)
Brain Injury Medicine**	2014	206	194 (94%)		-----	194/206 (94%)
Clinical Neurophysiology	1992	3,470	2,304 (66%)		1156/2316 (50%)	1148/1154 (99%)
Consultation-Liaison Psychiatry	2005	1,866	1,337 (72%)		645/1168 (55%)	692/698 (99%)
Epilepsy	2013	2,045	1,983 (97%)		4/8 (50%)	1979/2037 (97%)
Forensic Psychiatry	1994	2,675	1,473 (55%)		755/1948 (39%)	718/727 (99%)
Geriatric Psychiatry	1991	3,638	1,428 (39%)		864/3062 (28%)	564/576 (98%)
Hospice and Palliative Medicine**†	2008	160	-----		-----	-----
Neurocritical Care*	2021	332	332 (100%)		-----	332/332 (100%)
Neurodevelopmental Disabilities*	2001	107	62 (58%)		28/73 (38%)	34/34 (100%)
Neuromuscular Medicine*	2008	976	825 (85%)		353/490 (72%)	472/486 (97%)
Pain Medicine**	2000	418	274 (66%)		137/278 (49%)	137/140 (98%)
Sleep Medicine**	2007	1,701	1,371 (81%)		893/1210 (74%)	478/491 (97%)
Vascular Neurology	2005	1,969	1,599 (81%)		747/1115 (67%)	852/854 (99%)

- Notes:
1. The "All Certificates" columns reflect the total number of certificates issued, including diplomates known to be deceased and/or those whose certificates are no longer active.
 2. The "Active Certificates" columns reflect the number of active (not expired or not revoked) certificates held by diplomates who were certified in their primary specialty in 1987 or later (assuming a 35-year career post initial primary certification) and known not to be deceased.
 3. Joint board examinations administered by the ABPN are noted with a single asterisk (*). The numbers in this table reflect ABPN diplomates only.
 4. Joint board examinations administered by another ABMS board are noted with a double asterisk (**). The numbers in this table reflect ABPN diplomates only.
 5. †ABPN issued subspecialty certificates in Hospice and Palliative Medicine (HPM) from 2008-2021. In 2022, HPM certificates issued by ABPN were transitioned to the American Board of Internal Medicine (ABIM) for initial certification and continuing certification.
 6. ***Lifetime Psychiatry, Neurology, and Child Neurology certificate holders obtained certification between 1987 and September 1994. Lifetime Child and Adolescent Psychiatry (CAP) certificate holders obtained primary certification in 1987 or later and CAP certification before 1995.
 7. ****10 Year Time-Limited Psychiatry, Neurology, and Child Neurology certificate holders obtained primary certification between October 1994 and December 2011. 10 Year Time-Limited Child and Adolescent Psychiatry (CAP) certificate holders obtained primary certification in 1987 or later and CAP certification between 1995 and December 2011. All other 10 Year Time-Limited certificate holders obtained primary certification in 1987 or later and subspecialty certification between date of first exam and December 2011.
 8. *****Psychiatry, Neurology, and Child Neurology Continuing Certification (CC) holders obtained certification in 2012 or later. Subspecialty CC holders obtained primary certification in 1987 or later and subspecialty certification in 2012 or later.
 8. All subspecialties, except for Child and Adolescent Psychiatry, Hospice and Palliative Medicine, Pain Medicine, and Sleep Medicine must maintain primary certification.

Article-Based Continuing Certification (ABCC) Pathway: A New Option for ABPN Diplomates

In late 2021, the ABPN launched enrollment in its new Article-Based Continuing Certification (ABCC) Pathway for continuing certification. The ABCC Pathway is a journal article-based assessment activity designed as an alternative to the traditional 10-year recertification/CC examination. In 2022, the ABCC option will be available for all ABPN specialties and subspecialties, except for Neurocritical Care, which will be added in 2025. The traditional Continuing Certification (CC/MOC) computerized examinations will continue to be offered.

Briefly, the ABCC Pathway requires that diplomates with one active certificate pass 30 out of 40 article mini exams in every 3-year block. The number of mini exams that must be passed is 50 for diplomates with two certificates, 70 for three certificates, and 90 for four certificates. Each mini exam has 5 items, and the passing standard is answering 4 out of the 5 items correctly on the first attempt. The articles are selected and exam questions generated by committees whose membership was designed to achieve diversity in several areas: race, gender, geographic location, institution type, and areas of expertise. Articles are selected based on their applicability to clinical practice, evidence base to support them, and publication usually within the last five years in peer-reviewed journals, preferably listed in MEDLINE®. Practice guidelines and other important references developed by professional societies are also acceptable.

This ABCC Pathway is the result of extensive Board deliberations about how to shift the focus of MOC/CC from assessment of competence to assessment to promote competence. More specifically, the goals were to develop a process that contributed to lifelong learning; was relevant to clinical practice; provided some options based on professional interests; was available more frequently than the current 10-year examinations; could be administered in the least restrictive testing environment possible; and yielded informative feedback. Of the options that were considered, including modular MOC/CC examinations, the ABCC Pathway was deemed best for meeting these objectives.

The ABCC Pathway was pilot tested from 2019 through 2021 for neurology, child neurology, psychiatry, and child and adolescent psychiatry. More than 15,000 eligible diplomates, 71%, participated in the pilot project and took more than 345,000 mini exams. On the end-of-exam surveys, it was agreed or strongly agreed that the articles were easy to access (96%), the test taking experience was satisfactory (91%), the exams were a fair assessment of understanding the articles (90%), and the exam questions were well written (88%). Most important, 93% agreed or strongly agreed that the articles were helpful to their practices. Based on the pilot results, the ABMS approved the article-based format as a permanent option for MOC/CC for all ABPN diplomates beginning in 2022.

Larry R. Faulkner, MD, ABPN President and CEO, observed that, “The ABCC Pathway is perhaps the most important change ever made by the ABPN to its Continuing Certification Program. It will enable our diplomates to now meet CC/MOC Program requirements by reading and answering questions on relevant articles that are meaningful to their practices.”

ABPN Administers First Subspecialty Examination in Neurocritical Care

Neurocritical Care (NCC) is devoted to the comprehensive multisystem care of critically ill patients with neurological diseases and conditions. The ABPN administered the first examination in NCC, a multispecialty subspecialty, in October 2021. The ABPN is the administrative board, while the sponsoring boards are the American Boards of Anesthesiology (ABA), Emergency Medicine (ABEM), Internal Medicine (ABIM), and Neurological Surgery (ABNS).

Subspecialty Recognition

The recognition process began with formal requests from the Neurocritical Care Society and the American Academy of Neurology to the ABPN to pursue American Board of Medical Specialty (ABMS) approval for the subspecialty. The ABPN took the lead in preparing the ABMS application, which required support for the long-term viability of the subspecialty. ABMS approval was received in 2018.

Admission Qualifications

To qualify for admission to the NCC examination, physicians must be certified by one of the co-sponsoring Boards and fulfill their primary board's policy on medical licensure. (Diplomates of the American Board of Surgery may be admitted to the examination via credentialing by the ABA.) When certification in a new subspecialty is initiated, applicants typically qualify via a practice pathway because training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) are not yet available. Information about the specific practice track requirements is posted on each Board's website.

Test Development, Scoring, and Results

The test development committee, led by Drs. Steven Lewis (ABPN Director), Alejandro Rabinstein (Chair), and Vineeta Singh (Vice Chair), had representatives from each of the sponsoring Boards (members listed below). The committee members participated in an item writing workshop where they constructed items that assessed clinical problem solving in the practice of NCC. The committee then developed the content outline, or test blueprint, and made item writing assignments. To facilitate cross-specialty relevance, committee members wrote items in multiple content areas. Questions were reviewed by the full committee several times before being accepted for the item bank.

"Throughout the test development process, I was impressed by the thoughtfulness and camaraderie of the multispecialty expert Examination Committee members, each of whom was devoted to creating an outstanding and fair assessment of candidates' abilities to provide competent neurocritical care, regardless of the candidate's primary specialty," Dr. Lewis said.

A rigorous process was also used to set an absolute criterion-referenced pass/fail standard for the examination. In addition to a subset of members of the test committee, the majority of the participants in the standard setting exercises were not involved in the test development process. The NCC Co-Sponsoring Committee with representatives from each board reviewed and approved the final results.

The 270-item multiple choice test was administered at the nationwide network of Pearson VUE test centers. Of the 1,011 candidates, 406 (40.2%) were ABIM candidates; 356 (35.2%) ABPN candidates; 208 (20.6%) ABA candidates; and 41 (4.1%) ABEM candidates. There were no ABNS candidates.

The pass/fail score on the standardized score scale was 188, and the overall percentage passing the examination was 73%. The overall test reliability (coefficient alpha) was .92. A post-test survey revealed that examinees agreed or strongly agreed that the questions (85%), videos (93%), and images (83%) were of good quality; the amount of time was adequate (72%); and the examination allowed them to demonstrate their knowledge, judgment, and skills (76%).

Summary

In summary, the combined efforts of representatives from the ABPN, ABA, ABEM, ABIM, and ABNS yielded a quality assessment instrument to identify physicians who possess the expertise required to be certified in NCC. "Neurocritical care is an important new multidisciplinary subspecialty recognizing diplomates with competence required to manage very complicated patients and enabling the public to more easily identify physicians with this special expertise," said Larry Faulkner, MD, ABPN President and CEO. The next examination is scheduled for October 11-15, 2022.

We gratefully acknowledge the contributions of the Neurocritical Care Certification and Continuing Certification Examination Committee: Drs. Alejandro Rabinstein (ABPN, chair), Vineeta Singh (ABPN, vice chair), Thomas Bleck (ABPN), Jordan Bonomo (ABEM), Andrew Carlson (ABNS), Cherylee Chang (ABIM), Brenda Fahy (ABA), Samuel Galvagno (ABA), J. Claude Hemphill III (ABPN), Evadne Marcolini (ABEM), Rahul Nanchal (ABIM), Soojin Park (ABPN), James Riviello (ABPN), Jose Suarez (ABPN) and Alex Valadka (ABNS).

Neurocritical Care Certification Standard Setting Roster

Alejandro Rabinstein, MD - CHAIR**Mayo Clinic College of Medicine**

Professor of Neurology
Director, Neuroscience ICU
Rochester, MN

Vineeta Singh, MD - VICE CHAIR**University of California - San Francisco**

Professor of Clinical Neurology - School of Medicine
San Francisco, CA

Andrew Carlson, MD, MS-CR, FAANS**University of New Mexico**

Assistant Professor of Neurological Surgery
Program Director, Neurosurgery Residency
Albuquerque, NM

Cherylee Chang, MD, FACP, FCCM, FNCS**Duke University, Dept. of Neurology**

Division Chief, Neurocritical Care
Professor of Neurology
Durham, NC

Sam Galvagno, Jr., DO, PhD, M.S., FCCM**University of Maryland Medical Center**

Professor
Colonel, USAF Reserve, MC, SFS
Medical Director Multi Trauma Critical Care Unit
Deputy Director, Shock Trauma Go-Team
Baltimore, MD

J. Claude Hemphill, MD, MAS, FNCS**University of California - San Francisco**

Kenneth Rainin Endowed Chair I Neurocritical Care
Professor of Neurology and Neurological Surgery
Zuckerberg San Francisco General Hospital
Chief, Neurology Service
San Francisco, CA

Evadne Marcolini, MD, FAAEM, FACEP, FCCM**Geisel School of Medicine at Dartmouth**

Associate Professor, Emergency Medicine & Neurology
American Academy of Emergency Medicine
Board of Directors Lebanon, NH

Jose Suarez, MD, FNCS, FANA**The Johns Hopkins University School of Medicine**

Professor and Chief Neurocritical Critical Care
Director Precision Medicine Center of Excellence for Neurocritical Care
Depts. of Anesthesiology and Critical Care Medicine, Neurology, and Neurosurgery
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Intensivist
Madison, WI

Thomas Delmas, MD**Baylor, Scott & White Memorial Hospital**

Director Neuroscience ICU, Pulmonary & Critical Care
Temple, TX

Michael Diringer, MD**Washington University School of Medicine**

Professor of Neurology Neurological Surgery, Anesthesiology, and Occupational Therapy
St. Louis, MO

David Greer, MD, MA, FCCM, FAHA, FNCS, FAAN, FANA**Boston University School of Medicine/Boston Medical Center**

Professor and Chair, Department of Neurology
Richard B. Slifka Chief of Neurology
Editor-in-Chief, Seminars in Neurology
Boston, MA

William Coplin, MD**Mercy Hospital of Buffalo**

Buffalo, NY

William Knight, MD**University of Cincinnati**

Associate Professor of Emergency Medicine & Neurosurgery
Director, Mid-Level Provider Program
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Abhijit Lele, MD, MBBS, MS, FNCS**Harborview Medical Center, University of Washington**

Professor, Dept. of Anesthesiology & Pain Medicine
Adjunct Professor, Dept. of Neurological Surgery
Director, Neurocritical Care Service
Director, Quality Improvement, Neurocritical Care
Associate Faculty, Harborview Injury Prevention & Research Center
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Debbie Madhok, MD**University of California San Francisco School of Medicine**

Assistant Professor, Emergency Medicine
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Marek Mirski, MD, PhD**John Hopkins Medical Institutions**

Thomas & Dorothy Toung Professor of Anesthesiology & Critical Care Medicine
Professor of Anesthesiology & Critical Care, Neurology & Neurosurgery
Baltimore, MD

Colleen (Moran) Naglee, MD**Duke University School of Medicine**

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Patti Raksin, MD, FAANS**Cook County Hospital**

Chief, Section of Neurotrauma & Neurocritical Care
Director, Neurosurgery ICU
Chicago, IL

Jonathan Rosand, MD, MSC**Massachusetts General Hospital**

Chair, Neuroscience Leadership Council
Co-Founder and Managing Co-Director, Henry and Allison McCance Center for Brain Health
Neurologist & Associate in Neuroscience, Dept. of Neurology
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Professor of Neurology & Neurosurgery
Director, Neuroscience Critical Care Units
Director, Division of Neuroscience Critical Care & Stroke
Co-Director, Neurocritical Care Fellowship Program
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Chris Zacko, MD**Penn State Health Milton S. Hershey Medical Center**

Associate Professor and Vice Chair for Quality, Dept. of Neurosurgery
Director of Neurocritical Care
Surgical Director of Perioperative Medicine
Co-Director of Penn State Spinal Cord Injury Center
Hershey, PA

Test Development Committee Names and Members

The ABPN acknowledges the many contributions made by the following test committee members during this difficult year. Committee members worked tirelessly through virtual meetings to keep ABPN exam and assessment development ongoing and on schedule during less than ideal circumstances. Thank you for your valuable input, time, and dedication.

Addiction Psychiatry

Grace Hennessy, MD, Chair
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Stuart Gitlow, MD, MPH
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Vicki Kalira, MD

Child and Adolescent Psychiatry Certification

Lee Ascherman, MD, Chair
Janice Forster, MD, Vice Chair
Peter Daniolos, MD
John Duby, MD****
Amanda Elliott, DO
Ellen Heyneman, MD
Jeffrey Hunt, MD
Nathaniel Kouns, MD
Clinton Martin, MD
Auralyd Padilla, MD
Adair Parr, MD
Sandra Rackley, MD
Kenneth Rogers, MD

Child Neurology Certification

John Bodensteiner, MD, Chair
Nina Schor, MD, PhD, Vice Chair
Erika Augustine, MD
Tonya Balmakund, MD
Nancy Bass, MD
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Clarimar Borrero-Mejias, MD
Karen Keough, MD
Jennifer McVige, MD
Phillip Pearl, MD

Clinical Neurophysiology

Devon Rubin, MD, Chair
Mark Quigg, MD, MSc, Vice Chair
Cynthia Bodkin, MD
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Rebecca Fasano, MD
Ioannis Karakis, MD
John Kincaid, MD, FAAN
Adriana Palade, MD
Erik St. Louis, MD
Jinny Tavee, MD
Rocio Vazquez Do Campo

Consultation-Liaison Psychiatry

Madeleine Becker, MD, Chair
Terry Rabinowitz, MD, Vice Chair
Philip Bialer, MD
Paul Desan, MD, PhD
Kewchang Lee, MD
Lisa Rosenthal, MD
Marie Tobin, MD
Christina Wichman, DO

Epilepsy

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Andres Kanner, MD
Alison Pack, MD
Rana Said, MD
Jerry Shih, MD
David Spencer, MD
Alexandra Urban, MD

Forensic Psychiatry

Jeffrey Metzner, MD, Chair
Jeffrey Janofsky, MD, Vice Chair
Michael Farris, MD
Liza Gold, MD
Martin Guerrero, MD
Annette Hanson, MD
Isis Marrero, MD
Donald Meyer, MD
Raymond Patterson, MD

Geriatric Psychiatry

Elizabeth Santos, MD, Chair
Cindy Marshall, MD, Vice Chair
Azziza Bankole, MD
David Belmonte, MD
Ebony Dix, MD
Jordan Karp, MD
Uma Suryadevara, MD
John Tran, MD
Ipsit Vahia, MD

Neurocritical Care

Alejandro Rabinstein, MD, Chair
Vineeta Singh, MD, Vice Chair
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Jordan Bonomo, MD**
Andrew Carlson, MD****
Cherylee Chang, MD***
Brenda Fahy, MD*
Samuel Galvagno, DO*
Jesse Hemphill, MD
Evdane Marcolini, MD**
Rahul Nanchal, MD***
Soojin Park, MD
James Riviello, MD
Jose Suarez, MD
Alex Valadka, MD****

Neurodevelopmental Disabilities

Bruce Shapiro, MD, Chair *****
Keith Coffman, MD, Vice Chair
Peter Blasco, MD *****
Sandra Friedman, MD, MPH *****
Amy Newmeyer, MD *****
Max Wiznitzer, MD

General Neurology (Neurology Part A)

J. Clay Goodman, MD, Chair
Terrence Cascino, MD, FAAN, Vice Chair
Dane Chetkovich, MD, PhD
Kalea Colletta, DO
Nestor Galvez-Jimenez, MD, MS
Deborah Hall, MD, PhD
Elysia James, MD
Benn Smith, MD

Behavioral Neurology, Cognition, and Psychiatry (Neurology Part B)

Steven Lewis, MD, Chair
Jaffar Khan, MD, Vice Chair
Justin Abbatemarco, MD
Anna Barrett, MD
Daniel Fallon, MD
Jonathan Howard, MD
Michael Jaffee, MD
Avni Kapadia, MD

Clinical Neurology Adult (Neurology Part C)

Robert Pascuzzi, MD, Chair
Allison Brashear, MD, MBA, Vice Chair
Kerry Levin, MD, Vice Chair
José Biller, MD
Jaison Grimes, MD
Sara Hocker, MD
Jonathan Howard, MD
Jennifer McVige, MD
Sarah O'Shea, MD

Neuromuscular Medicine

Janice Massey, MD, Chair
Noor Pirzada, MD, Vice Chair
John Sladky, MD, Vice Chair
Jose Avila, MD
Rachana Gandhi, MD
Shawn Jorgensen MD *****
Craig McDonald, MD *****
John Morren, MD
Lawrence Robinson, MD*****
Jayashri Srinivasan, MD, PhD

Professionalism

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Lee Ascherman, MD
Patricia Crumrine, MD
Andrea Leep Hunderfund, MD
Kayla Pope, MD
Deepak Prabhakar, MD, MPH
Michele Reid, MD
Madhu Soni, MD

General Psychiatry (Psychiatry Part A)

Joan Anzia, MD, Chair
Charlotte Ladd, MD, PhD
Gail Manos, MD
Kenan Penaskovic, MD
Lisette Rodriguez-Cabezas, MD
Roomana Sheikh, MD
Andrea Stolar, MD
Aaron Wolfgang, MD

Basic Neurology and Neuroscience (Psychiatry Part B)

Robert Boland, MD, Chair
Hermioni Amonoo, MD
Sheldon Benjamin, MD
Alexis Cohen-Oram, MD
Amelia Dubovsky, MD
Jordan Eisenstock, MD
Ashley Holland, DO
David Kroll, MD
Kathy Niu, MD

Clinical Psychiatry (Psychiatry Part C)

Jeffrey Lyness, MD, Chair
Joseph Cheong, MD
Crystal Clark, MD, MSc
Michelle Durham, MD
Patrick Fox, MD
Anne Gross, MD
Jerry Halverson, MD
Roman Rodriguez, MD
Marsal Sanches, MD
Lisa Valentine, MD
Mitzi Wasserstein, MD

Vascular Neurology

José Biller, MD, Chair
Enrique Leira, MD, MS, Vice Chair
Harold Adams, MD
Salvador Cruz-Flores, MD
Bart Demaerschalk, MD, FRCP
Megan Leary, MD
David Liebeskind, MD
Fernando Testai, MD, PhD

Article-Based Continuing Certification- Child and Adolescent Psychiatry

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Paramjit Joshi, MD, Vice Chair
Valerie Arnold, MD
Irena Bukelis, MD
Regina Bussing, MD
Linda Drozdowicz, MD
Robert Harper, MD
Thomas Matthews, MD
Cynthia Santos, MD
Oliver Stroeh, MD
Eric Williams, MD

Article-Based Continuing Certification- Child Neurology

Nina Schor, MD, PhD, Chair
Elizabeth Bebin, MD, Vice Chair
Joanna Blackburn, MD
Patricia Crumrine, MD
Lisa Emrick, MD
Anthony Fine, MD
Cary Fu, MD
Lenora Lehwald, MD
Timothy Lotze, MD
Temitayo Oyegbile, MD, PhD
Ann Tilton, MD

Article-Based Continuing Certification- Neurology

Steven Lewis, MD, Chair
Terrence Cascino, MD, FAAN, Vice Chair
Zubair Ahmed, MD
Sarah Benish, MD
Barry Czeisler, MD
Julie Hammack, MD
Ann Killoran, MD
MaryAnn Mays, MD
Gauri Pawar, MD
James Roberts, MD
Nicholas Silvestri, MD

Article-Based Continuing Certification- Psychiatry

Joan Anzia, MD, Chair
Timothy Dellenbaugh, MD, Vice Chair
Benoit Dubé, MD
Marc Ettensohn, MD
Ray Hsiao, MD
John Kinzie, MD, PhD
Nina Kraguljac, MD
Margo Lauterbach, MD
Martin Leamon, MD
Adrienne Taylor, MD
Arthur Walaszek, MD

Article-Based Continuing Certification- Addiction Psychiatry

Robert Ronis, MD, MPH, Chair
Marcia Verduin, MD, Vice Chair
Kathleen Clegg, MD
Karen Drexler, MD
Brian Fuehrlein, MD
Karen Hartwell, MD
Srinivas Muvvala, MD
Rebecca Payne, MD
Joji Suzuki, MD
Roger Weiss, MD
Justine Welsh, MD

Article-Based Continuing Certification- Clinical Neurophysiology

Imran Ali, MD, FAAN, Chair
Aatif Husain, MD, Vice Chair
Dara Albert, DO
Gloria Galloway, MD, MBA, FAAN
Jenna Klotz, MD
Ruple Laughlin, MD
Zabeen Mahuwala, MBBS
Diana Mnatsakanova, MD
Divya Singhal, MD
Christopher Skidmore, MD
Jonathan Smith, MD

Article-Based Continuing Certification- Consultation-Liaison Psychiatry

Robert Boland, MD, Chair
Catherine Crone, MD, Vice Chair
Liliya Gershengoren, MD
Filza Hussain, MBBS
James Kimball, MD
David Kroll, MD
Jeanne Lackamp, MD
Mallika Lavakumar, MD
Michael Marcangelo, MD
Philip Muskin, MD
Sejal Shah, MD

Article-Based Continuing Certification- Epilepsy

Amy Brooks-Kayal, MD, Chair
David Dunn, MD, Vice Chair
Debra Byler, MD
Kevin Chapman, MD
Cornelia Drees, MD
Jong Lee, MD, PhD
Katherine Noe, MD, PhD
Sebastian Pollandt, MD
Awais Riaz, MD, PhD
Ignacio Valencia, MD
Courtney Wusthoff, MD

Article-Based Continuing Certification- Forensic Psychiatry

Andrea Stolar, MD, Chair
Stephen Noffsinger, MD, Vice Chair
Renee Binder, MD
Kathryn Burns, MD
Alan Felthous, MD
Richard Frierson, MD
Susan Hatters-Friedman, MD
Joseph Penn, MD
Jennifer Piel, MD, JD
Ryan Wagoner, MD
Robert Weinstock, MD

Test Development Committee Names and Members

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Article-Based Continuing Certification- Geriatric Psychiatry

Joseph Cheong, MD, Chair
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Lisa Boyle, MD
Denise Feil, MD
Erica Garcia-Pittman, MD
Steven Huege, MD
Arnaldo Moreno, MD
Prasad Padala, MD
Steven Starks, MD
Sandra Swantek, MD
Matthew Warren, MD

Article-Based Continuing Certification- Neurodevelopmental Disabilities

John Bodensteiner, MD, Chair
Marc Patterson, MD, MBBS, Vice
Chair
Nicole Baumer, MD
Keith Coffman, MD
Emily C. de los Reyes, MD
Andrea Gropman, MD
Eboni Lance, MD
David Mandelbaum, MD, PhD
John Mantovani, MD
Sinan Turnacioglu, MD
Max Wiznitzer, MD

Article-Based Continuing Certification- Neuromuscular Medicine

Laurie Gutmann, MD, Chair
Kerry Levin, MD, Vice Chair
Eric Altschuler, MD, PhD *****
Paloma Gonzalez-Perez, MD
Lisa Hobson-Webb, MD
Kwan Lau, MD
Christopher Nance, MD
Amanda Peltier, MD
Seth Perlman, MD
Andrew Skalsky, MD *****
Eric Sorenson, MD

Article-Based Continuing Certification- Vascular Neurology

Jaffar Khan, MD, Chair
Andrew Southerland, MD, MSc,
Vice Chair
James Brorson, MD
Shawna Cutting, MD
Rima Dafer, MD
Michael De Georgia, MD
Amy Guzik, MD
Brett Meyer, MD
David Moore, MD, PhD, FAAN
Brian Silver, MD
Ken Uchino, MD

* Diplomat of the American Board of
Anesthesiology

** Diplomat of the American Board of
Emergency Medicine

*** Diplomat of American Board of
Internal Medicine

**** Diplomat of American Board of
Neurological Surgery

***** Diplomat of the American Board
of Pediatrics

***** Diplomat of the American Board
of Physical Medicine and Rehabilitation

Ambassadors Communicate Continuing Certification Messages to Specialty and Subspecialty Groups

The ABPN CC/MOC Ambassador Program was developed in 2011 in anticipation of launching the Continuing Certification (CC)/MOC Program in 2012. With this program, trained volunteer diplomats communicate a consistent positive message about lifelong learning and maintenance of certification to our diplomats via presentations for professional organizations, group practice settings and other groups. Our goal is to work together with the CC/MOC Ambassadors to continue to keep the field informed about ABPN policies and programs.

Thank you to the following psychiatrists and neurologists:

Psychiatry Ambassadors:

Alexis Cohen-Oram, MD
Melissa Buboltz, MD
Kristen Dunaway MD
Richard Frierson, MD
Rita Hargrave, MD
Marc Etensohn, MD
Annette Matthews, MD
Jonathan Morris, MD, MPH

Marcia Verduin, MD
Mitzi Wasserstein, MD

Neurology Ambassadors:

Justin Abbateamarco, MD
Zubair Ahmed, MD
José Biller, MD
Kalea Colletta, DO
Patricia Crumrine, MD
Anthony Fine, MD
Charles Flippen, II, MD
Aatif Husain, MD
Avni Kapadia, MD
John Kincaid, MD
Enrique Leira, MD
Tahseen Mozaffar, MD

Sarah O'Shea, MD
Robert Pascuzzi, MD
Marc Patterson, MD, MBBS
Mark Ross, MD
Benn Smith, MD

Advisory Committee Provides Input on Continuing Certification Program Enhancements

The Continuing Certification (CC)/MOC Clinical Advisory Committee was developed at the end of 2015 to provide physician feedback and contributions towards potential improvements to the ABPN CC/MOC Program. The American Psychiatry Association and the American Academy of Neurology were solicited for names of committee volunteers. The group consists of practicing board certified psychiatrists and neurologists who provide input on how CC/MOC impacts their practice and potentially improves patient care.

Thank you to the following psychiatrists and neurologists:

Psychiatry

Valerie Arnold, MD
J. Robert Batterson, MD
Lama Bazzi, MD
L. Russell Pet, MD

Neurology

Charlene Gamaldo, MD
Elaine Jones, MD
Eddie Patton, MD
Michael Rosenbloom, MD

Awards and Honors

Current members of the ABPN Board of Directors and staff received several awards in 2021.

Robert Boland, MD, ABPN director, was named vice chair of Psychiatry and Behavioral Sciences at Baylor College of Medicine and Chief of Staff at the Menninger Clinic, Houston.

Amy Brooks-Kayal, MD, ABPN director, received the Ambassador for Epilepsy Award from the International Bureau for Epilepsy and the International League Against Epilepsy for outstanding achievement in the international struggle against epilepsy.

Josepha Cheong, MD, ABPN director, received the Association for Academic Psychiatry's Roberts Award for outstanding mentorship.

Paramjit T. Joshi, MD, ABPN director, was appointed interim chair of the Department of Psychiatry and Human Behavior for the University of California, Irvine, School of Medicine.

Ralph Jozefowicz, MD, former ABPN director, was recognized for his career as residency director at the University of Rochester when university officials dedicated the resident room in his honor for "decades of leadership as the director of the neurology residency program, associate chair for education, and professor of neurology."

Jaffar Khan, MD, ABPN director, was appointed interim chair of the Department of Neurology at the Emory University School of Medicine, Atlanta. Khan was awarded the Emory University Provost's Distinguished Teaching Award for Excellence in Graduate and Professional Education.

Jeffrey Lyness, MD, ABPN director, delivered the Vestermark Psychiatry Educator Award lecture at the American Psychiatric Association annual meeting. Dr. Lyness received the Vestermark award in 2020 for outstanding contributions to the education and development of psychiatrists.

Janice M. Massey, MD, former ABPN director, received the 2021 Lifetime Achievement Award from the American Association of Neuromuscular & Electrodiagnostic Medicine for major contributors in the fields of neuromuscular and electrodiagnostic medicine by virtue of teaching, research, and scholarly publications.

Nina F. Schor, MD, PhD, ABPN director, received the National Institute of Health Director's Award for Contributions to the NIH COVID-19 Mental Health Taskforce, and the NICHD Director's Award for Contributions to the COVID-19 and MIS-C Common Data Elements Work Group.

Andrea Stolar, MD, ABPN director, was named Senior Associate Dean for Student Affairs at Baylor University, Houston.

ABPN's Educational Grants Allow Diplomates Access to CME Resources

To help ABPN diplomates enhance their lifelong learning in their specialties during the COVID pandemic, the ABPN worked with select professional societies to ensure that CME resources were available to ABPN diplomates.

Through unrestricted educational grants from the ABPN, all diplomates, regardless of areas of subspecialty certification or society membership, had access to additional self-assessment and CME options from select professional societies at either typical member pricing or at no cost.

During the past two years, the ABPN worked with the following societies to help diplomates access CME activities and earn additional credits:

- American Psychiatric Association (APA)
- American Academy of Neurology (AAN)
- Academy of Consultation-Liaison Psychiatry (ACLP)
- American Academy of Addiction Psychiatry (AAAP)
- American Academy of Psychiatry and the Law (AAPL)
- American Association for Geriatric Psychiatry (AAGP)
- American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM)
- American Clinical Neurophysiology Society (ACNS)
- American Epilepsy Society (AES)
- Child Neurology Society (CNS)
- Neurocritical Care Society (NCS)

Publications

ABPN staff, Board members and a former administrative fellow contributed to several publications published in 2021.

Schor NF. Programmatic foci of women in academic leadership positions at Historically Black Colleges and Universities: Stereotype threat and intersectionality. [Journal of Women in Educational Leadership](#), 2021.

Schor NF. Career equity in medicine. [Nature Medicine](#) 27:746, 2021.

Schor NF; Bianchi DW: Neurodevelopmental clues to neurodegeneration. [Pediatric Neurology](#) 123:67-76, 2021.

Lungu C; Cedarbaum JM; Dawson TM; Dorsey ER; Faraco C; Federoff HJ; Fiske B; Fox R; Goldfine AM; Kiebertz K; Macklin EA; Matthews H; Rafaloff G; Saunders-Pullman R; Schor NF; Schwarzschild MA; Sieber BA; Simuni T; Surmeier DJ; Tamiz A; Werner MH; Wright CB; Wyse R: Seeking progress in disease modification in Parkinson's. [Parkinsonism & Related Disorders](#) 90:134-141, 2021.

Morris JA; Boshoff CH; Schor NF; Wong LM; Gao G; Davidson BL: Next generation

strategies for gene-targeted therapies of central nervous system disorders: A workshop summary. [Molecular Therapy](#) 29:3332-3344, 2021.

Faulkner LR; Juul D; Thomas CR; Anzia JM; Lewis SL; Schor NF; Shen L; Cowan D; Vondrak P: An Article-Based Format for Medical Specialty and Subspecialty Maintenance of Certification. [Journal of Continuing Education in the Health Professions](#), accepted December 2021.

Schor NF; Tamiz AP; Koroshetz WJ; NINDS URGenT (Ultra-Rare Gene-based Therapy) Working Group; Broome A-M: NINDS launches network to develop treatments for ultra-rare neurologic diseases. [Nature Biotechnology](#), 2021.

Juul D; Gutmann L; Adams HP; O'Shea SA; Faulkner LR: Feedback from Graduates About the Psychiatry Component of Residency Training. [Neurology](#) (96), 233-236, 2021

Juul D; Haning WF III; Ronis RJ; Faulkner LR: The Development and Current Status of Subspecialty Training and Certification in Addiction Psychiatry. [Academic Psychiatry](#); accepted July 2021. Epub ahead of print.

ABPN Participation in American Board of Medical Specialties Committees and Groups

The ABPN continues its active involvement with the ABMS. The following ABPN diplomates, directors, emeritus directors, and staff served on ABMS committees and other groups in 2021:

Joan M. Anzia, MD: Committee on Continuing Certification

Josepha A. Cheong, MD: Board Member, Accreditation Council for Graduate Medical Education

Larry R. Faulkner, MD: Board Member, Continuing Certification Programs for Co-Sponsored Certificates Task Force

Jeffrey M. Lyness, MD: Chair, Health Policy and Strategy Committee

Diane Reis, MD, MPH: Stakeholder Council

Barbara S. Schneidman, MD, MPH: Awards Committee

Christopher R. Thomas, MD: Chair, Ethics and Professionalism Committee; Professionalism Task Force

ABPN Staff:

Jessica Rogers: ProNet

Patrick Reilly: ComNet

Patricia Vondrak and Amanda Bishop: MOCNet

Kevin Fitzpatrick: TechNet

2021 Presentations

During 2021, ABPN Directors, MOC ambassadors and staff contributed their knowledge of both the psychiatry and neurology specialties and subspecialties and the importance of initial certification and continuing certification through engaging in presentations to various groups.

February

ABPN Subspecialty of Neurocritical Care, presented by L. Faulkner, American Academy of Neurology Critical Care and Emergency Neurology Section Webinar, Chicago, IL.

Overview of the ABPN, presented by L. Faulkner, American Board of Medical Specialties Member Board Executive Caucus virtual presentation, Chicago, IL.

March

Update on the ABPN, presented virtually by L. Faulkner, American Association of Directors of Psychiatric Residency Training, Chicago, IL.

ABPN Continuing Certification Update, presented virtually by J. Morris, Department of Psychiatry, US Naval Hospital, Guam.

April

ABPN Continuing Certification Update, presented virtually by J.C. Goodman, American Academy of Neurology Annual Meeting.

Update from ABPN: Delayed Deadlines and Article Based Continuing Certification, presented virtually by J.C. Goodman, Neurology Grand Rounds, Baylor College of Medicine.

ABPN Continuing Certification Update, presented virtually by J. Anzia and R. Boland, American Psychiatric Association Annual Meeting.

ABPN Subspecialty Certification in Neurocritical Care, presented virtually by L. Faulkner and S. Lewis, Mayo Clinic, 7th Annual Neuro and Intensive Care: Review, Workshops and Controversies 2021.

Update on the ABPN, presented virtually by P. Joshi, American Association of Directors of Child and Adolescent Psychiatry.

Maintenance of Certification Transition to Practice Seminar, presented by S. Benjamin, UMass Chan Psychiatry Residency, Worcester, MA

May

ABPN Update on Neurocritical Care, presented virtually by L. Faulkner and S. Lewis, American Academy of Neurology Section on Critical Care and Emergency Neurology, Chicago, IL.

ABPN Subspecialty Certification in Neurocritical Care, presented virtually by L. Faulkner (with Steve Lewis), Mayo Clinic Annual Neurology and Intensive Care: Review, Workshops, and Controversies, Chicago, IL.

Structural Determinants of Help-Seeking as a Domain of Professionalism: A National Survey of Psychiatry and Neurology Trainees, poster presented virtually by A. Wolfgang; W. Sowden; D. Juul; C. Thomas; and L. Faulkner, American Psychiatric Association Annual Meeting.

The Impact of the COVID-19 Pandemic on Graduating Neurology and Child Neurology Residents, poster presented virtually by K. Mun, D. Juul and L. Faulkner, American Academy of Neurology Annual Meeting.

The 2021-26 NINDS Strategic Plan: Investing in the Future of Neuroscience Research, presented by N. Schor, Grand Rounds, Department of Neurology, University of Michigan, Ann Arbor, MI.

ABPN Continuing Certification Update, presented by I. Ali, American Academy of Neurology, CNP Section

July

ABPN Continuing Certification Update, presented by R. Boland, Grand Rounds at the Department of Psychiatry, Icahn School of Medicine, Mount Sinai, NY.

September

Multidimensional Approaches to Assessing Bias in Certification Programs, presented virtually by K. O'Brien, American Board of Medical Specialties Conference.

Calculating the Cronbach's Alpha for Article-based Assessments, Virtual Poster Session, presented by Isaac Li, American Board of Medical Specialties Conference.

Primers and Pitfalls: Continuous Improvement of Article-based Assessments and Item-review Processes, presented virtually by D. Cowan and P. Vondrak, American Board of Medical Specialties Conference.

Continuous Certification Transition to Practice Seminar, presented by S. Benjamin, UMass Chan Psychiatry Residency, Worcester, MA.

October

ABPN Continuing Certification Update, presented virtually by J.C. Goodman, American Neurological Association Annual Meeting.

ABPN Continuing Certification Update, presented virtually by J.C. Goodman, American Academy of Child & Adolescent Psychiatry Annual Meeting.

Our 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 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 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 aspects of professionalism.



American Board of Psychiatry and Neurology, Inc.

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