ABPN Implementing Recertification Changes

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Psychiatrists and neurologists who take the recertification examination in 2007 will face new requirements under the maintenance of certification process. Starting next year, physicians taking the exam will need to have completed 30 hours of specialty- or subspecialty-specific category 1 continuing medical education credits. Over the next 10 years, that requirement will grow to 300 hours of CME over a 10-year period. Other new requirements will be phased in over the next few years, according to Katie DiOrio, a spokesperson for the American Board of Psychiatry and Neurology (ABPN).

Impetus for the maintenance of certification process comes from the American Board of Medical Specialties, which began developing maintenance of certification several years ago. The basic requirements—evidence of professional standing, self-assessment, and lifelong learning, demonstration of cognitive expertise, and evaluation of performance in practice—apply to all 24 medical specialty boards.

The ABPN is still working out the details for its maintenance of certification program, which will be the only one for psychiatrists and neurologists who are members of the ABPN will be required to fulfill these components.

"Maintenance of certification implementation is really in its infancy," Ms. DiOrio said. The other new requirement being phased in as part of the new maintenance of certification process is a performance-in-practice component, which is aimed at evaluating whether a physician has participated in performance improvement activities over the 10-year cycle. Beginning in the 2013 examination year, psychiatrists and neurologists will be required to complete one module in this area. Three modules will be required by the 2017 examination cycle.

Each module will include chart reviews of five cases from a specific diagnostic category, along with feedback from either five peers or five patients seen in the past 3 years. To complete each module, physicians also will be required to compare clinical data with published practice guidelines or with their peers and obtain feedback on their performance and on how to improve the effectiveness of their practice. Physicians will also need to develop a plan to improve their performance.

Within 24 months of the original assessment, physicians will be asked to reassess their practice using five cases in the same diagnostic category and to get feedback from either five peers or five patients.

For physicians who are actively involved in continuing education and are current on the literature, the CME and self-assessment requirements being phased in over the next few years will not be an additional burden, said Dr. Deborah J. Hales, director of the division of education at the American Psychiatric Association.

Performance-in-practice, however, will require more work by physicians. ABPN officials are working on the tools for ABPN diplomats to fulfill these components.

"Maintenance of certification implementation is really in its infancy," Ms. DiOrio said. She advised board diplomats to continue to visit the ABPN Web site at www.abpn.com for updates to the maintenance of certification requirements.

Among other requirements, starting with the 2010 examination year (applications for which are due in 2009), diplomats of the ABPN will be required to have completed at least one major self-assessment activity over the 10-year cycle.

Psychiatrists have several approved options in this area. They can complete the American College of Psychiatrists’ Psychiatry In-Practice Examination, post-reading questions from the journal Focus, or the American Psychiatric Association’s Practice Guidelines Program.