



American Board of Psychiatry and Neurology, Inc.

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

Mission, People, and the Role of Specialty Certification

Transcript:

Hi. Jeff Lyness here and in this video I'd like to expand a little bit on things I've spoken about previously and talk about the role of the ABPN, its mission, our people, and the overall role of specialty certification. You'll see that unlike prior videos, I'm using slides here to try to illustrate some of my points.

I don't anticipate doing this in most of these videos but thought it might be helpful as we spend the next few minutes talking about these topics. So, let's talk about the mission and people of the ABPN. Basically, the role of the ABPN, like the other member boards of the American Board of Medical Specialties is to give us, as psychiatrists and neurologists and child neurologists and subspecialists in our fields, the opportunity to demonstrate our expertise and our abilities to provide high quality care to our patients in an inclusive manner.

To give us a chance to demonstrate that through a mechanism where the ABPN, at least in part, is using independent assessments to make that judgment. Why independent assessments? The result is credible reassurance to our patients and families and to the public. So that's the fundamental mission of the organization.

Who are we? How do we do this work? Well, our board of directors is all neurologists and psychiatrists, and together with about 300. Volunteers, physicians in our field serving on our 32 exam writing committees, physicians, people in our fields, in our profession, really can do the work of the ABPN together with our over 40 dedicated staff members.

You can see here our current board of directors. And as I mentioned, our board of directors comprises all psychiatrists and neurologists, and many of these people are going to be known to many of you watching this video because they're really quite well known for their work in our fields, in addition to their work for the ABPN.

So, we come out of the profession in order to serve the profession, and we have almost 60,000 active diplomates in our fields. More than 2,500 new diplomates each year are certified in our primary specialties. In addition to the people that we certify in our 11 subspecialties, for which the ABPN is the lead board, the work of the ABPN, of course interdigitates with lots of other professional organizations across the landscape of physician development.

And you can see in this complicated slide, this image is available also on our website, our relationships with the many other organizations that are involved in the developmental pathway, in producing expert physicians and specialists, and in people monitoring and supporting people and practice as well.

How do we get certified in our fields? Well, the eligibility requirements to sit for the ABPN examinations are not trivial, to say the least. As anybody who's been through this kind of test, you can see the basic requirements here. And only then are people eligible to sit for one of our examinations once we become board certified, though, that's not a one and done thing, and there are good reasons for that and therefore good reasons for having what we refer to as continuing certification.

First of all, our skills in our fields, like skills of all experts will decline over time unless we pay careful effort and attention to sustaining and maintaining our skills. How do we do that? Well, continuing medical education is obviously a really important part of that, but self-directed, CME in and of itself is not sufficient.

For continuing board certification. Part of it has to do with problems with self-assessing like other human beings, like experts in all fields. We as physicians are not that good at identifying our own weaknesses, and in particular, we tend to overestimate our abilities in the areas in which we are weakest.

So self-directed CME is obviously a problem from that perspective. Also, as I mentioned, the role of board certification in part requires independent assessments in order to provide that credible reassurance to the public. I also will note that all of us should want to be part of this as part of our profession, self-regulation, helping our profession identify people who in fact do need additional support and help in order to maintain and sustain their skills.

And we think it's really important that we do this ourselves coming out of the profession. Rather than seeding our professional right self-regulation to other bodies, including potentially to state legislatures that might choose to step in if we didn't do a good enough job regulating ourselves the way that we do.

Along these lines, then of course, only the ABPN can continue or maintain certification that was initially offered by the ABPN. Our continuing certification processes have made many changes over the years, in part in response to feedback from our diplomates compared to what it was years ago. Our continuing certification processes are far more flexible.

Far more relevant to clinical practice and much less burdensome than they were years ago. And as I mentioned, we remain open to continued constructive feedback from our diplomates. As one example of that, we rolled out the article based continuing certification pathway known as ABCC, as an option in lieu of the secure proctored recertification examination.

There was a pilot project along these lines for several years, and we've rolled it out to all of our specialties and subspecialties in 2022, and the feedback from the ABCC continues to be extremely positive. As you can see from these recent survey data here, we continue to see these numbers improve even more as we continue to make improvements and respond to feedback.

We're getting better at doing this the more that we do it. So, ABCC, or for those who choose it, the recertification Secure Proctored examination is one part of the requirements for continuing certification, which are laid out in broad form in this slide. And I will say that there's lots of flexibility and choices for most of those components of continuing certification.

We actually think that the ABCC pathway is a much better way to learn, to learn information in small chunks over time to get tested and assessed on them article by article over time, rather than one big examination every many years. However, we do offer the choice and people can choose to do the recertification exam instead of the ABCC pathway.

In terms of being relevant to one's own clinical practice, we get to choose what CME activities we do. ABPN doesn't tell us what CME things to do. The same thing's true for the self-assessment, CME products we choose to participate in, and there's actually quite a range of choices for the performance and practice modules.

As well as the articles that one can choose within the ABCC pathway to be able to tailor our continuing certification to be as close as possible to what we are most interested in and to what we're doing in our clinical practices. How do we actually track our own individual progress? Well, if you go to our website, the physician portal is easy to access from the main ABPN page.

If you log into your physician portal, you will see your own individual progress laid out here, and this will be updated. This is also a place you can upload information about self-assessment, CME, or CME things that we're doing. Your progress in the article-based pathway is also visible through this portal, so you can see it all here.

And if you've got questions about what you're doing or what might qualify or really anything else at all about your certification status, please email us here at the ABPN or call us. We have a dedicated team of staff members who can access your own individual information, and we'll be able to get you the answers you need to, whatever you're wondering about.