



American Board of Psychiatry and Neurology, Inc.

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

How to *Not* Peak at the End of Training, Part 2: Specialty Certification

Transcript:

Hi, I'm Jeff Lyness from the American Board of Psychiatry and Neurology, and this is the second of two relatively brief videos in which we are talking about lifelong learning and how that relates then to what we're going to talk about in the second video, Specialty Certification from the American Board of Psychiatry and Neurology.

Again, our hope is that these videos will spark conversations among trainees, residents, fellows and your faculty teachers and program directors and other colleagues in practice to think about these issues ahead of time, giving you at least some sense of what's coming and how to avoid the potential, which fortunately, most of us don't do, but what we worry about is that we're going to peak in our skills at the very end of our training.

But rather, how do we sustain and actually grow our expertise throughout our careers? So, let's now go into specialty certification from the ABPN. This is basically the game plan here. I'd like to tell you a little bit about the ABPN's mission and people, that is, what we do and why we do it and who we are, and then think with you about certification more broadly before focusing on continuing certification.

I began the first video with a defining evidence-based medicine paper from the British Medical Journal, and I will end this video with one as well at the conclusion. So, let's talk about mission and people for the ABPN. So, specialty certification is the only national level recognition of our expertise as psychiatrists, neurologists, and subspecialists.

So, this diagram basically is just pointing out what I hope we all understand already, which is that our medical degree, of course, doesn't recognize our specialty expertise. Medical licensure in states and territories in the U. S. or Canada do not recognize specialty expertise. They tell us that we're physicians.

It's really specialty certification by boards such as the ABPN that recognize their expertise in our fields of practice. So, the mission of the ABPN is really to give us as psychiatrists and neurologists a chance to demonstrate our expertise and our abilities to provide high quality and inclusive patient care, and to do so to demonstrate our expertise and abilities to the ABPN via independent assessments conducted by the ABPN.

And in order, and that then allows us at the ABPN to provide credible reassurance to patients and families and the public. So that's really the core of what we do. Now I say we, who are we at the ABPN? We come out of the profession. We flow out of our fields. We have approximately 325 volunteer physicians in our fields at any given time who donate their time to serving on our test development committees, deciding on what's important, writing and vetting the questions, assembling the examination, making sure that the right things are covered in any given examination. And this is all overseen by our board of directors, which is all psychiatrists and neurologists, all board certified in our fields. So again, we come out of the profession working very closely with our just over 40 staff members at the ABPN.

And as an organization, we relate very closely to the pretty complicated landscape of training and licensure and practice in the United States as demonstrated in this diagram. Obviously, this is not to be memorized, just to give

some sense of the complexities and the many relationships that we as a certifying board have with the many other pieces of the puzzle in American medicine.

Okay, so now let's talk about initial certification. So, to be able to sit for a certification exam from the ABPN, the eligibility requirements are not trivial, right? One has to graduate from an ACGME accredited training program. One has to complete the clinical skills evaluations and pass enough of them as required in that field.

And we also have to possess an unrestricted and full medical license in order to be able to sit for an examination. There are lots more details available on our website. Our website is at abpn.org and I recommend that you go there if you want to look at the details. I think over the years we've done a pretty good job explaining those nuts and bolts pretty clearly to people who are ready to apply for a certification examination.

If you go to our website, there's a couple of places to notice from the front page that are important. One of them is the Physician Portal here in the lower left. So, you have, and your training program has entered your information so that senior trainees have a Physician Portal. And it's really easy to set up your account.

So, you can log into it the very 1st time. And then after that, you log into your account to see your own individualized progress, including your applications for any certification examinations. To learn more about examinations themselves, you would click here under become certified and you would see pages like this to talk about the requirements, specific information about specific examinations, and then you actually apply for the examinations through your own Physician Portal. So that's a little bit about applying for an examination.

Why would you want to do this? Well, of course, the main reason is the fundamental reason is to recognize the specialty expertise and subspecialty expertise for those doing fellowships that you've worked so hard to attain. On a more practical note, most healthcare systems and most payers in the U.S. recognize specialty certification from the ABPN and the other member boards of the American Board of Medical Specialties. However, I refer to this as initial certification. That's really only one part of certification. Certification is not one and done. Now, those in my generation and the generations before me remember the days of lifetime certification, but it's been a long time, and we no longer offer lifetime certification for good reasons.

Continuing certification is in fact the way it needs to be. We need to maintain, to continue our specialty certification. Why is that? Well, this goes back to many of the things that we talked about in the first video, right? And remember, our expertise, our skills will naturally tend to decline over time, unless we put in some effort and pay attention to sustaining those skills.

Also, as important as continuing medical education is, self-directed CME alone is not sufficient, given that there are problems with recognizing our own areas of weakness. We talked about this also in the first video. And lastly, the very nature of the role of specialty certification requires that we do independent assessments.

An independent assessment that we did of somebody 10 or 20 years ago doesn't really tell us if they're meeting the standards today, right? So that's why we have continuing certification. I will say that even individual physicians who might well keep up their skills without being part of this can choose to be part of our profession's self-regulation to help identify the relatively few in our profession, but there are some who may need some additional support and help in regaining their skills and regaining their expertise.

And so, we want to do this out of professional self-regulation. We don't want to cede this to state legislatures or other bodies. We think it should come out of the profession. And that's what continuing certification is about. I will say what should sound fairly obvious, but only the ABPN can continue or maintain a certification that was initially provided by the ABPN.

We have made many modifications over the years to our continuing certification program so that it has become increasingly flexible and really, we can tailor it to be relevant to our own practice and minimize the burdens because we get credit for many of the things that most of us, in fact, are already doing.

Doing as one example of that, as an alternative to a 10-year recertification, multiple choice proctored examination, we rolled out an article based continuing certification pathway that was piloted from 2019 to 2021. And then we roll it out to pretty much all of our fields in 2022. And the feedback to this has been extraordinary.

And we remain and continue to be open to constructive feedback to continue to improve our continuing certification program in the years to come. So, in a nutshell, this is continuing certification as it stands now. And obviously, this will evolve over time. As a trainee, I don't think you need to memorize any of the things I'm about to say, but I do want to give you some sense of what's involved with continuing certification.

Basically, we have activity requirements, which are done in three-year blocks, and they include continuing medical education credits, including regular Category 1 credits, as well as self-assessment CME credits. And also, a performance and practice activity, some kind of quality improvement effort, which there are many ways to satisfy that.

And those are the activity requirements, which are three-year blocks beginning as soon as we become board certified in our primary specialty. As well, there needs to be an assessment piece, and that is either, your choice, either a 10-year recertification examination, or completing and keeping up with the article-based pathway, which is done in three year blocks for each field that we're certified in, which we can do in lieu of the examination.

So those are the main components, along with paying an annual fee to cover our costs of administering the program and maintaining a valid and full unrestricted medical license. And that allows us to remain certified. In the fine print here it also mentions we also have to do as a one-time thing, a patient safety activity during our very first continuing certification block.

Once we have done that, we don't require it more specifically after that. So, this shows those continuing certification requirements and kind of graphic form here. It is in kind of more bullet pointed form. And there's lots more details we could talk about that I will not go into here in terms of the many ways in which we can satisfy the performance and practice requirements.

There also are ways to waive self-assessment CME credits, including, by the way, doing fellowship training in a subspecialty and then becoming certified in that subspecialty that allows waiving a block of these activity requirements. So those are the details, the fine print about continuing certification.

I will say, in general, we offer many different ways to satisfy these requirements so that we really can tailor what we do to our own interests and to our own practices. We think the article-based pathway is a better way to learn and for us to assess people's learning over time, but there are people who prefer, for one reason or another, to take the recertification exam every 10 years instead, and we do continue to offer that as an option.

What we need to do for continuing certification, just like applying for initial certification, it's all through our Physician Portal. And so, for physicians in practice, we enter into our Physician Portal, we log into it, and it shows us exactly where we stand. It shows me where we stand with our assessments. Here's our progress in our articles. It shows you where our progress is in our CME and our PIP requirements, that are examinations that we have scheduled what we're certified in and so on, all in one place in our individualized Physician Portal. And if you have questions about applying for examinations, sitting for an examination, or about continuing certification, we have a dedicated team of staff at the ABPN. We monitor these phone numbers or our email as a kind of a tree. So, we answer in the order which questions are received.

We will get back to you promptly. So please feel free to send us any questions that you have about any of these things. Okay. So that's what I wanted to say about specialty certification. I said that I would wrap up with another defining article on evidence-based medicine from the BMJ.

And here's the title of the article, which I think you can get some sense of the nature of this article as well from the title. Again, this is a real article. And you get more flavor from the article from even how they talk about who the authors are. I'll leave this up here for a moment, or you can pause the video if you want to read this better.

So, you know, they show, they point out that we use parachutes to reduce the risk of injury after what they call a gravitational challenge, but their effectiveness has not been proved in randomized controlled trials. It turns out, actually, among the things we already know about this topic, this turns out to be true, that free fall without a parachute actually does not show 100 percent mortality, and there's been a lack of controlled trials.

And the authors go on at great length about a number of different factors, including the natural history of gravitational challenge, the so-called healthy cohort effect. I like this piece they do on the military industrial parachute complex. So, in the end what they say what their conclusions are is that they think the most radical protagonist of evidence-based medicine should organize and participate as subjects in a double blind, randomized, placebo-controlled crossover trial of the parachute.

As I said in the first video, I don't know why we don't have more articles like this one in American journals, but the BMJ does a nice job with these. So, I hope this has been helpful. I hope it will spark further conversation with your colleagues. And of course, if you've got questions for us at the ABPN, please do reach out to us and contact us.

Thank you very much for your attention.