

FIRST OF 2 PARTS

# A guide to the mysteries of maintenance of certification

The MOC process is manageable, but you need to be conversant with its elements

As part of a general trend among all medical specialty boards, the American Board of Psychiatry and Neurology (ABPN) instituted a recertification process for all new general psychiatry certifications on October 1, 1994.<sup>1</sup> In 2000, the individual specialties that constitute the American Board of Medical Specialties (ABMS) subsequently agreed to develop a comprehensive *maintenance of certification* (MOC) process to demonstrate ongoing learning and competency beyond what could be captured by a recertification examination alone.

All ABMS member boards now use a 4-part process for recertification. For ABPN, those 4 core components are listed in the *Table* (page 21).<sup>1,2</sup>

ABPN component 1 (maintaining an unrestricted medical license) and component 4 (passing the recertification examination) are straightforward; however, requirements for continuing medical education (CME), including the specific need to accrue ABPN-approved self-assessment (SA) CME hours, and the Improvement in Medical Practice (performance in practice, or PIP) module, have stoked significant commentary and confusion.

Based on feedback,<sup>3,4</sup> ABPN in 2014:

- modified the SA and PIP requirements for physicians who certified or recertified between 2005 and 2011
- changed the specific requirement for the PIP feedback component.

These modifications only added to feelings of uncertainty about the MOC process among many psychiatrists.<sup>5</sup>

Given the professional and personal importance attached to maintaining one's general and subspecialty certifications,



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## Maintenance of certification

### Clinical Point

Physicians who hold a certificate in a subspecialty also must maintain certification in general psychiatry or child and adolescent psychiatry



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the 2 parts of this article—here and in the January 2015 issue—have been constructed to highlight current ABPN MOC requirements and provide resources for understanding, tracking, and completing the SA and PIP portions.

In addition to this review, I urge all physicians who are subject to MOC to read the 20-page revised MOC Program booklet<sup>4</sup> (version 2.1, May 2014).<sup>5</sup>

### Who must recertify?

As of October 1, 1994, all physicians who achieve ABPN certifications in general psychiatry are issued a 10-year, time-limited certificate that expires on December 31 of the 10th year.<sup>3</sup> Note that the 10-year, time-limited certificate in child and adolescent psychiatry began in 1995 and expires 10 years later on December 31.

Certificates in the subspecialties (addiction psychiatry, forensic psychiatry, geriatric psychiatry, etc.), including those issued before October 1, 1994, are 10-year, time-limited certificates that expire on December 31.<sup>3</sup> This expiration date often is overlooked by physicians who are exempt from the MOC process for their general psychiatry, or child and adolescent psychiatry certification. There is *no exemption* for any subspecialty certificate (aside from child and adolescent psychiatry before 1995), regardless of the date of issue.

Moreover, physicians who hold a certificate in a subspecialty also must maintain certification in their specialty (general psychiatry) to apply for recertification in their subspecialization. One exception: Diplomates in child and adolescent psychiatry do *not* need to maintain current certification in general psychiatry for their subspecialty certification to remain valid or to recertify in child and adolescent psychiatry.

The need to maintain multiple certifications can seem onerous, but note that CME, SA, and PIP activities that have been completed in one area of specialization or subspecialization accrue and count for multiple certifications for diplomates certified in 2 or more areas.<sup>5</sup>

### Get started!

Tracking your progress is critical to keeping up with MOC requirements. You can do this with a personal spreadsheet or by using online resources. Although it is not required, ABPN has established a system that allows diplomates to create and maintain, at no cost, a physician folio on the ABPN server that facilitates documentation of CME hours, including specific SA hours, and PIP module completion.<sup>6</sup> All diplomates are required to maintain records of SA activities, CME activities, and PIP units; the ABPN will audit approximately 5% of examination applications.<sup>5</sup>

Regardless of what documentation method you choose, you should establish an active profile on the ABPN site ([www.abpn.com/folios](http://www.abpn.com/folios)), confirm your contact information, and, if you are not active clinically, update your clinical status. ABPN requires that diplomates self-report their clinical status every 24 months—information that is available to the public. Clinical status also identifies to ABPN those PIP modules that you must complete.

ABPN recognizes 3 categories of clinical status<sup>5</sup>:

**1. Clinically active.** Provided any amount of direct or consultative care, or both, in the preceding 24 months, including supervision of residents.

a) Engaged in direct or consultative care, or both, sufficient to complete Improvement in Medical Practice (PIP) units.

b) Engaged in direct or consultative care, or both, that is insufficient to complete PIP units.

**2. Clinically inactive.** Did not provide direct or consultative care in the preceding 24 months.

**3. Status unknown.** No information is available on clinical activity.

Based on these definitions, physicians in Category 1a are required to complete all components of the MOC program, including PIP units; physicians in Category 1b or Category 2 are required to complete all components of the MOC program *except* PIP units.

A change in status from Category 1b or 2 to Category 1a (eg, moving from a purely administrative position to one with

<sup>4</sup>Download the booklet at [www.abpn.com/downloads/moc/moc\\_web\\_doc.pdf](http://www.abpn.com/downloads/moc/moc_web_doc.pdf).

## MOC has 4 components plus subcomponents

Component	Requirements
1 Professional standing	<p>Must continuously hold an active, full, and unrestricted allopathic or osteopathic license (or both) to practice medicine in at least 1 state, commonwealth, territory, or possession of the United States or province of Canada</p> <p>All licenses held must be unrestricted</p> <p>An active, full, unrestricted license must be maintained even if the physician is out of the country for extended periods</p>
2a Total CME hours	Must accrue, on average, 30 Category 1 CME credits a year. CME must be relevant to the specialty/subspecialty in which the diplomate practices <sup>a</sup>
2b Self-assessment CME hours	Must complete 8 CME credits a year using ABPN-approved self-assessment programs. Self-assessment credits count toward the total CME requirement. Beginning January 1, 2014, must use only ABPN-approved products for self-assessment activities
3a PIP clinical module	Beginning January 1, 2014, PIP clinical activities must come from the ABPN-approved products list. For each module, 5 charts in a particular area (eg, diagnosis) are chosen and examined, and a plan of improvement is created. Another 5 charts (which may be the same charts, if the physician chooses) are selected and reviewed within 24 months
3b PIP feedback module	For each module, 5 peer or patient feedback forms are reviewed and a plan of improvement is created. Another 5 peer or patient feedback forms (which may be the same ones, if the physician chooses) are surveyed and reviewed within 24 months <sup>b</sup>
4 Cognitive expertise	Pay the fee and pass the specialty/subspecialty examination

<sup>a</sup>Physicians who certified or recertified in 2005 and wish to apply in 2014 for the examination in 2015 require only 270 total CME credits, with 150 CME credits in the prior 5-year block

<sup>b</sup>An exception to this "rule of 5" applies to psychiatrists who use a single supervisor who is capable of providing an evaluation of all general competencies, which include patient care; practice-based learning and improvement; professionalism; medical knowledge; interpersonal and communication skills; and system-based practices

ABPN: American Board of Psychiatry and Neurology; CME: continuing medical education; MOC: maintenance of certification; PIP: performance in practice

**Source:** References 1,2

clinical duties) requires completion of  $\geq 1$  PIP unit.

### The easy parts

**Licenses.** Maintaining your unrestricted professional license(s) is mandatory; the language of this requirement is unambiguous (*Table*).<sup>5</sup> The plural form of license is intentional: Some physicians have medical licenses in multiple states and, in some jurisdictions, licenses are required to supervise physician assistants and other personnel or to prescribe controlled substances. Any restriction on a professional license should be discussed with ABPN and resolved to prevent rejection of the examination application.<sup>5</sup>

**Examinations.** For physicians who are not yet enrolled in the continuous-MOC

(C-MOC) process (to be discussed in Part 2 of this article), an application to take the examination in Year 10 can be filed in Year 9 of the cycle—after the CME, SA, and PIP requirements are completed. Once a diplomate becomes subject to the C-MOC process by certifying or recertifying from 2012 onwards, completion of each 3-year module of CME, SA, and PIP will not coincide with the 10-year time frame of the examination.

The application deadline for all MOC examinations typically is the year before the examination; the examination should be taken in the year the certificate expires, although it can be taken earlier if desired.<sup>7</sup> The examinations are computer-based and administered at a certified testing center. For diplomates who have more than 1 ABPN certificate and want to combine multiple examinations into 1 test session, a reduced fee structure applies.

### Clinical Point

Any restriction on a license should be discussed with ABPN and resolved to prevent rejection of an application to take the examination

### More on MOC in Part 2

- CME, including self-assessment requirements
- Improvement in Medical Practice (performance in practice, or PIP)
- Continuous maintenance of certification



## Maintenance of certification

### Clinical Point

Examinations administered in 2015 and 2016 will use only diagnostic criteria that have not changed from DSM-IV-TR

### Related Resources

- ABPN MOC home page. [www.abpn.com/moc.html](http://www.abpn.com/moc.html)
- ABPN-approved products for SA, CME, and PIP modules. [www.abpn.com/moc\\_products.asp](http://www.abpn.com/moc_products.asp)
- Peer and patient feedback forms
  - Peer feedback form v1. [www.abpn.com/downloads/moc/PIP-peer-feedback-v1-051914.pdf](http://www.abpn.com/downloads/moc/PIP-peer-feedback-v1-051914.pdf)
  - Patient feedback form v1. [www.abpn.com/downloads/moc/PIP-patient-feedback-v1-051914.pdf](http://www.abpn.com/downloads/moc/PIP-patient-feedback-v1-051914.pdf)
  - Patient feedback form v2. [www.abpn.com/downloads/moc/PIP-patient-feedback-v2-051914.pdf](http://www.abpn.com/downloads/moc/PIP-patient-feedback-v2-051914.pdf)
- ABPN physician folio page. <https://application.abpn.com/webclient/folios.aspx>

The general psychiatry examination comprises 220 single-answer, multiple-choice questions that must be completed within 290 minutes, with 10 extra minutes allotted to read on-screen instructions, sign in, and complete a post-examination survey.<sup>8</sup> The combined examinations comprise 100 questions from each ABPN specialty or subspecialty area.<sup>5</sup>

The content of the 2015 general psychiatry examination<sup>b</sup> is available on the ABPN Web site.<sup>7</sup> Note that the recertification examination in general psychiatry does *not* cover neurology topics.

Examinations administered in 2015 and 2016 will use only diagnostic criteria that have not changed from DSM-IV-TR<sup>9</sup>: Neither obsolete diagnoses or subtypes from DSM-IV-TR nor new diagnoses or subtypes in DSM-5 (eg, hoarding disorder) will be tested.<sup>9</sup> Diagnoses that are exactly or substantially the same will be tested; these include diagnoses:

- with a name change only (eg, “phonological disorder” in DSM-IV-TR is “speech sound disorder” in DSM-5)

<sup>b</sup>Download the outline of the examination at [www.abpn.com/downloads/content\\_outlines/MOC/2015-MOC-Psych-blueprint-060314-EWM-MR.pdf](http://www.abpn.com/downloads/content_outlines/MOC/2015-MOC-Psych-blueprint-060314-EWM-MR.pdf).

- expanded into >1 new diagnosis (eg, hypochondriasis was expanded to 2 new diagnoses: somatic symptom disorder and illness anxiety disorder)

- subsumed or combined into a new diagnosis (eg, substance use and dependence are now combined into substance use disorder in DSM-5).<sup>9</sup>

For these diagnoses, both DSM-IV-TR and DSM-5 diagnoses will be provided on examinations.

Beginning in 2017, all examinations will use DSM-5 classifications and diagnostic criteria.<sup>9</sup>

*Part 2 of this article in the January 2015 issue reviews other key aspects of MOC: continuing medical education (CME), including self-assessment requirements; performance in practice (PIP); and continuous maintenance of certification (C-MOC).*

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## Bottom Line

Maintenance of certification (MOC) is a manageable process, although it requires you to be familiar with its various elements, including the duration of certification, licensing requirements, and the examination. Start the process by (1) establishing a login on the ABPN Web site and (2) reviewing the MOC program booklet.