



Maintenance of certification

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Psychiatrists must accrue, on average, 30 Category-1 CME credits a year, relevant to the specialty or subspecialty in which they practice



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Table 1

2014 Revised component requirements for ABPN's 10-year maintenance of certification

These are the requirements for physicians who certified or recertified between 2005 and 2011

Original year of certification or recertification	MOC application year	MOC exam year	Medical license	Total CME credits required	CME from a minimum of 2 self-assessment activities	Performance-in-practice units required
2005	2014	2015	Active, full, unrestricted license; no restrictions on any license	270	24	1 clinical 1 feedback
2006	2015	2016		300	24	1 clinical 1 feedback
2007	2016	2017		300	24	1 clinical 1 feedback
2008	2017	2018		300	24	1 clinical 1 feedback
2009	2018	2019		300	24	1 clinical 1 feedback
2010	2019	2020		300	24	1 clinical 1 feedback
2011	2020	2021		300	24	1 clinical 1 feedback
2012 and later	See Table 2					

Note: All CME, self-assessment, and performance-in-practice requirements must be completed before applying to take the recertification examination

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

Continuing medical education

The CME requirement is clear: All diplomate physicians must accrue, on average, 30 Category-1 CME credits a year; the CME must be relevant to the specialty or subspecialty in which the diplomate practices.³ For physicians who hold >1 ABPN certificates, the total CME requirement is the same; CME credits can be applied across each specialty and subspecialty.

The May 2014 MOC revision states that, for physicians who certified or recertified between 2005 and 2011 and who applied for the 2015 examination in 2014, the required CME credit total is 270.² For all subsequent years of certification or recertification, including 2012, diplomates are enrolled in C-MOC, which is described below.²

To even out the accrual of CME credits across the prior 10 years, ABPN mandates that, for diplomates who certified or recertified between 2005 and 2011, one hundred fifty of the CME credits be accrued in the

5 years before they apply for the examination. Diplomates in C-MOC should accrue, on average, 30 CME credits a year in each of the 3-year blocks (ie, 90 units in each block).²

Self-assessment

SA is a specific form of CME that is designed to provide comprehensive test-based feedback on knowledge acquired, to enhance the learning process.⁴ SA CME feedback must include:

- the correct answer to each test question
- recommended literature resources for each question
- performance compared to peers on each question.

Given the structured nature of SA activities, beginning January 1, 2014, one must use only ABPN-approved SA products (see *Related Resources, page 40*, for a list of APBN-approved SA products).⁵

Table 2

Component requirements for ABPN’s maintenance of certification

These are the requirements for physicians who certified or recertified, or who will certify or recertify, in 2012 or later. The block is divided into 3-year stages

Block	Medical license	Total CME credits required	CME from self-assessment activities	PIP units required
First 3-year block	Active, full, unrestricted license; no restrictions on any license	90	24	1 clinical 1 feedback
Second 3-year block		90	24	1 clinical 1 feedback
Third 3-year block		90	24	1 clinical 1 feedback

Note: ALL CME, self-assessment, and performance in practice requirements must be completed before applying to take the recertification examination
 ABPN: American Board of Psychiatry and Neurology; CME: continuing medical education; PIP: performance-in-practice

Table 1 and Table 2 outline SA requirements for, respectively, physicians who certified or recertified from 2005 through 2011, and those who certified or recertified in 2012 (and later). The SA requirement increases after 2011 to 24 credits in each 3-year block (8 credits a year, on average).² Multiple SA activities can be used to fulfill the credit requirement of each 3-year block.

Note: Credits accrued by performing SA activities count toward the CME credit total.

Improvement in medical practice, or PIP

Physicians who are active clinically must complete PIP modules. Each module comprises peer or patient feedback plus a clinical aspect. The May 2014 MOC revision simplified the feedback process to mandate peer or patient feedback—but not both, as required previously.² For the feedback PIP module, the physician selects 5 peers or patients to complete review forms, examines the results, and creates a plan of improvement. An exception to this “rule of 5” applies to diplomates who have a supervisor capable of evaluating all general competencies, defined below.

Related Resources, page 40, provides a link to ABPN-created forms.

Within 24 months, but not sooner than 1 month, 5 peers or patients (or 1 applicable supervisor) are selected to complete

review forms; changes in practice are noted. The same peers or patients might be selected for a second review. As noted in Table 1 and Table 2, the number of PIP modules is fewer for physicians who certified or recertified between 2005 and 2011; from 2012 onward, 1 PIP clinical module is required in each 3-year block.²

There are 6 ABPN-approved feedback module options, of which the diplomate must choose 1 in any given block²:

- 5 patient surveys
- 5 peer evaluations of general competencies^a
- 5 resident evaluations of general competencies^a
- 360° evaluation of general competencies,^a with 5 respondents
- institutional peer review of general competencies,^a with 5 respondents
- 1 supervisor evaluation of general competencies.^a

Although many institutions have a quality improvement (QI) program, that program must be approved by the Multi-Specialty MOC Portfolio Approval Program sponsored by ABMS for a clinician to receive credit for 1 PIP clinical module. If the approved QI program includes patient or peer feedback (eg, a survey), the diplo-

^aGeneral competencies include patient care; practice-based learning and improvement; professionalism; medical knowledge; interpersonal and communication skills; and system-based practices.

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Credits accrued by performing self-assessment activities count toward the required total of CME credits



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The only remnant of the old 10-year recertification cycle is the requirement to pass the cognitive exam every 10 years

Related Resources

- ABPN MOC home page. www.abpn.com/moc.html
- ABPN-approved products for SA, CME, and PIP modules. 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
 - Patient feedback form v1. 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
- ABPN physician folio page. <https://application.abpn.com/webclient/folios.aspx>

mate can receive credit for 1 PIP feedback module.²

For the clinical PIP module, the physician selects 5 charts for review and examines them based on criteria found in an ABPN-approved (starting in 2014) PIP product. (*Related Resources* provides a link to this list.) After reviewing the initial 5 charts, a plan for improvement is created. Within 24 months, but no sooner than 1 month, 5 charts are again selected and reviewed, and changes in practice are noted. The same charts can be selected for the second review.

As noted in *Table 1 (page 38)* and *Table 2 (page 39)*, the number of PIP modules is fewer for those who initially certified or recertified between 2005 and 2011; from 2012 onward, 1 PIP clinical module is required in each 3-year block.²

The C-MOC process

Physicians who certified or recertified in 2012, or who will certify or recertify after that year, are enrolled automatically in C-MOC.^{6,7} The purpose of C-MOC is

to keep diplomates on track to fulfill the higher level of SA requirements that began with this group; this is done by mandating use of the ABPN Physician Folios system. As shown in *Table 2 (page 39)*, there is no longer a 10-year cycle; instead, there are continuous 3-year stages, within which each diplomate must accrue 90 CME credits (on average, 30 credits a year), 24 SA credits (on average, 8 a year), 1 PIP clinical module, and 1 PIP feedback module.^{6,7}

The first 3-year block of C-MOC requirements will be waived for physicians who complete Accreditation Council on Graduate Medical Education–accredited or ABPN-approved subspecialty training in 2012 or later—if they pass the corresponding ABPN subspecialty examination during the first 3-year block of enrollment in C-MOC.² For diplomates enrolled in C-MOC, failure to track progress of each 3-year block, via the ABPN Physician Folios system, has significant consequences: Those who do not complete the first stage of the program by the end of 3 years will be listed on the ABPN Web site as “certified—not meeting MOC requirements.” Those who do not complete 2 stages by the end of 6 years will be listed as “not certified.”²

Cognitive exam still in place. The only remnant of the old 10-year cycle is the requirement to pass the cognitive examination every 10 years, although the exam can be taken earlier if the diplomate wishes. If all requirements are met and one does not sit for, or fails, the exam, the ABPN Web site will report the diplomate as “not meeting MOC requirements.” One can retake the exam within 1 year of the failed or missed exam, but a subsequent failure or missed exam will result in being listed as “not certified.”²

Bottom Line

Maintenance of certification (MOC) is manageable, although it requires you to be familiar with its various elements. Those elements include continuing medical education (CME requirements); the additional self-assessment component of CME; performance-in-practice modules; and continuous maintenance of certification. The MOC program booklet of the American Board of Psychiatry and Neurology provides all necessary details.

This month's instantpoll%

Fee structure. Instead of a single fee paid at the time of the exam(s), physicians in the C-MOC program pay an annual fee that covers participation in ABPN Physician Folios and 1 exam in a 10-year period. Fewer than 10 years of participation, or applying for a combined examination (for diplomates who hold multiple certifications), requires an additional fee.⁷

References

1. Faulkner LR, Tivnan PW, Winstead DK, et al. The ABPN Maintenance of Certification Program for psychiatrists: past history, current status, and future directions. *Acad Psychiatry*. 2008;32(3):241-248.
2. Maintenance of Certification Program. American Board of Psychiatry and Neurology Inc. http://www.abpn.com/downloads/moc/moc_web_doc.pdf. Published May 2014. Accessed August 25, 2014.
3. Faulkner LR, Vondrak PA. Frequently asked questions about maintenance of certification (MOC). *J Clin Psychiatry*. 2010;71(5):632-633.
4. Ebert MH, Faulkner L, Stubbe DE, et al. Maintenance of certification in psychiatry. *J Clin Psychiatry*. 2009;70(10):e39.
5. Approved MOC Products. American Board of Psychiatry and Neurology Inc. http://www.abpn.com/moc_products.asp. Accessed August 25, 2014.
6. Continuous MOC (C-MOC). American Board of Psychiatry and Neurology Inc. http://www.abpn.com/downloads/moc/ContinuousCertificationApproach_0311.pdf. Accessed August 25, 2014.
7. C-MOC Program Overview. American Board of Psychiatry and Neurology Inc. <http://www.abpn.com/downloads/moc/moc-handouts-CMOC-051314.pdf>. Published May 13, 2014. Accessed August 25, 2014.

Mr. S, age 19, reports feeling overly angry over the slightest daily annoyances, and he relieves his anger by punching a wall and occasionally others. Mr. S, who has no history of psychiatric illness, says that he recently started hurting himself when he has outbursts, because earlier episodes of violence have ruined relationships.

Which treatment option would you choose for Mr. S's intermittent explosive disorder?

- Prescribe fluoxetine, 20 mg/d, and titrate to 90 mg/d
- Encourage Mr. S to attend group therapy for anger management
- Prescribe fluoxetine and begin cognitive-behavioral therapy
- Prescribe oxcarbazepine, 600 mg/d, and titrate to 1,200 mg/d

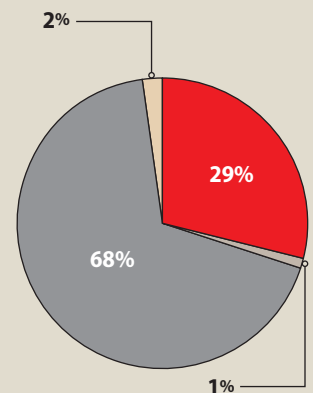
See **"Choosing a treatment for disruptive, impulse-control, and conduct disorders"** page 28-36

Visit **CurrentPsychiatry.com** to answer the **Instant Poll** and see how your colleagues responded. Click on **"Have more to say?"** to comment.

NOVEMBER POLL RESULTS

Mr. B, age 29, with a history of bipolar manic episodes, has started a new job—the second in a month. He has outbursts of energy, appears distracted and exhausted, and is visibly agitated. He denies suicidal ideation and psychotic symptoms. You recommend inpatient treatment, but he refuses. **How would you manage Mr. B as an outpatient?**

- 29%** Obtain blood work and prescribe antipsychotic
- 1%** Refer him to another provider
- 68%** Agree to treat him, but discuss situations in which he must consent to inpatient treatments
- 2%** Encourage him to quit his job so that he can focus on being treated



SUGGESTED READING:

Rakofsky JJ, Dunlop BW. *CURRENT PSYCHIATRY*. 2014;13(11):38-46.