

**American  
Board of  
Psychiatry and  
Neurology, Inc.**

**MEMORANDUM**

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TO: APA

FROM: Larry R. Faulkner, M.D.  
Executive Vice President

DATE: August, 2008

SUBJECT: ABPN Report

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1. New ABPN Director for Psychiatry

- Dr. Kailie Shaw was elected as a Director to replace Dr. Burton Reifler on January 1, 2009.

2. New Nominations to the RRC

- Dr. Steven Cuffe was elected as an ABPN member on the RRC to replace Dr. David Mrazek on July 1, 2009.

3. Examination Changes – Recent and Planned

- Elimination of the oral examination and creation of a new computerized examination “as soon as feasible.”
- Administration of the Psychiatry Part I examination in the Spring of PGY-4.
- Changes have been made in the content outline of the Psychiatry Part I examination.
- Candidates must pass both sections (A and B) of the Part I examination.

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- Numerical scoring of the oral examination replaced “Pass”, “Condition”, “Fail” - began in April 2005.
- Substitution of the vignette hour (3 written and 1 DVD) for the AV hour - began in May 2006.
- Patient hour of the Psychiatry Part II examination eliminated for those PGY-1 residents beginning their training in July 2007 and those PGY-2 residents beginning their training in 2008.
- Patient hour of the CAP Part II examination eliminated for those PGY-4 or PGY-5 residents entering the first year of CAP residency in July 2010.
- Attainment of specific competencies during psychiatry and CAP residencies will be required as part of the candidate’s credentialing process.

#### 4. The ABPN In-Residency Evaluation Process for Psychiatry

- General Principles
  - 1) Aspects of the core competencies of Patient Care, Interpersonal and Communication Skills, and Professionalism to be evaluated: physician-patient relationship; psychiatric interviewing, including the mental status examination; and case presentation.
  - 2) The satisfactory demonstration of the required competencies during the evaluations is necessary for credentialing for ABPN examinations, but the evaluations are not an ABPN examination.
  - 3) Resident participation in the evaluation and credentialing process is voluntary and is not required by the ABPN, but it may be required by residency programs and/or the Psychiatry RRC.

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4) The ability to successfully complete the required evaluations is not required by the ABPN for residency promotion and/or graduation, but it may be required by residency programs and/or the Psychiatry RRC.

5) For the purposes of credentialing of current residents or uncredentialed residency graduates, the ABPN will only accept those evaluations done by ACGME-accredited residency programs and attestations completed by a current Residency Training Director.

### • Process

1) Credentialing for ABPN examinations requires the successful demonstration of competencies in at least three evaluations with any patient type, in any clinical setting, and at any time during the residency.

2) Each of the three required evaluations must be conducted by an ABPN-certified psychiatrist; and at least two of the evaluations must be conducted by different ABPN-certified psychiatrists.

3) Residency Training Directors will attest to the ABPN that residents have demonstrated the required competencies during the three evaluations.

4) Documentation of the evaluations will be done on ABPN-approved forms.

5) If a resident is unsuccessful in completing the evaluations, specific remediation plans for individual residents are the responsibility of the residency programs.

### • Training and Monitoring

1) Training of evaluators will preferably be conducted by ABPN-affiliated professional organizations (e.g. AACAP, AACDP, AAP, AADPRT, APA, ACP) rather than by the ABPN itself; and the ABPN will work with those organizations to develop effective training.

2) Monitoring of the evaluation process will be done by the Psychiatry RRC but not by the ABPN, and the ABPN will collaborate with the Psychiatry RRC to help ensure that effective monitoring occurs; however, the ABPN reserves the right to audit specific residency programs when indicated.

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- In-residency Evaluator Education Meeting

An ABPN sponsored meeting of representatives from psychiatry and neurology organizations to design educational curricula for in-residency evaluators was held before the Part II examination in Baltimore (6/18 – 6/19/08).

5. The ABPN In-Residency Process for CAP

- Same as No. 4 above except:
  - At least two of the three patients must come from different age groups (preschool, grade school, and adolescence).
  - Each of the three required evaluations must be conducted by an ABPN-certified CAP psychiatrist.

6. Residency Tracking System

A contract with BoardPoint has been signed to implement a tracking system for resident experiences, including required in-residency evaluations. Beta testing has been completed. Phase-in of all residency programs should be included by the end of 2009.

7. RRC Reports

Discussions are on-going with the Psychiatry RRC concerning the types of reports that will be submitted documenting participation in the ABPN examinations by specific residents. Complete reports await the full implementation of the ABPN Residency Tracking System.

8. Examination Fees

Fees for ABPN examinations were not raised in 2006 or 2007, were reduced about 12% in 2008, and will not be increased in 2009.

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### 9. Maintenance of Certification (MOC)

- Criteria have been developed and posted on the ABPN web page for the ABPN endorsement of Self-assessment (SA) activities, Life-long Learning (CME), and Performance in Practice (PIP) Units for MOC, but all SA activities, CME Credits, and PIP Units that meet ABPN guidelines will be accepted.
- A new timeline for the implementation of MOC requirements has been established and posted on the ABPN web page:
  - . Life-long Learning (CME): 30 hours per year beginning in 2007
  - . Self-assessment: 1 activity beginning in 2010, 2 activities in 2014
  - . Performance in Practice: 1 Unit in 2013  
2 Units in 2015  
3 Units in 2017

### 10. “Active” vs “Inactive” Diplomate Status

- ABMS has requested that all Boards designate their current diplomates as clinically “active” or “inactive”.
- “Clinically Active”: A diplomate who has provided any amount of direct and/or consultative patient care in the preceding 24 months.
- “Clinically Inactive”: A diplomate who has not provided any direct and/or consultative patient care in the preceding 24 months (supervising the care provided by residents is considered direct patient care).
- A diplomate who has “Clinically Inactive” status may change his/her status to “Clinically Active” status by submitting a written request to the ABPN along with documentation that he/she has completed at least one PIP Unit of the MOC program. He/she would subsequently be subject to all of the requirements of the ABPN MOC program.

## ABPN Report

### 11. 2008 - 2009 Oral Examinations

- St. Louis (9/19 – 9/21)
- Philadelphia (CAP) (11/14 – 11/16)
- San Antonio (1/16 – 1/18)
- Boston (4/3 – 4/5)
- Denver (6/12 – 6/14)
- Kansas City (9/11 – 9/13)
- Baltimore (CAP) (11/13 – 11/15)
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