



American Board of Psychiatry and Neurology, Inc.

The ABPN's Maintenance of Certification Program: Lifelong Learning in the Era of Public Accountability

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October 23, 2013

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Disclosures:

- I serve as one of eight Psychiatry Directors for the ABPN
- Directors are not employed by the Board, but do receive modest honoraria and travel expenses
- The ABPN produces and administers certification examinations for which fees are charged
- The ABPN is a 501-C6 organization
- *While the text and content of this slide-set do generally reflect current policies and procedures of the ABPN, any editorial commentary represents my personal opinions and/or my best understanding...diplomates are encouraged consult the ABPN's web site (www.abpn.com) regularly, to ascertain whether any changes have been made.*



Learning Objectives

- 1. To provide the historical context and purpose for the development of the ABPN's MOC program
- 2. To describe the general characteristics and specific components of MOC
- 3. To introduce the new "Continuous MOC" program
- 4. To suggest strategies by which the individual clinician can achieve and incorporate the requirements of MOC into his/her daily practice



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“The good news is that none of it was my fault.”





Outline of Presentation:

- I. Introduction
- II. History of Certification by ABPN
- III. ABPN Certification Process
- IV. Rationale for MOC
- V. Outline of ABPN MOC Requirements
- VI. Phase-In Schedule of MOC Components and Diplomate Participation in MOC
- VII. Introduction of “Continuous MOC”
- VIII. “Clinically Active” Criteria
- IX. Implications of Healthcare Reform.
- X. Conclusions



I. Introduction

- The ABPN is in the midst of a sea change in its certification process:
 - Initial certification
 - Maintenance of certification
 - Continuous MOC
- The pressure for change is coming from several sectors:
 - Fields of neurology and psychiatry – cost, difficulty
 - Public – physician competence, quality of care, patient safety
 - ABPN – reliability, fairness



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- These interests are not always compatible.
- The ultimate goal for the ABPN is to strike a balance among these interests.



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“I cannot give you the formula for success, but I can give you the formula for failure, which is – ‘Try to please everybody.’”

Herbert B. Swope
American Journalist and Editor
1882-1958



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“We stand at a crossroads. One leads to hopelessness and the other to utter despair. We must have the courage to make the right decision.”

Woody Allen



II. History of Certification by the ABPN

The ABPN was established as a joint Board in 1934.

- Original “parents”: APA, AMA, ANA
- AAN added as “parent” in 1974
- Current “nominating organizations”: APA, ACP, AMA, ANA, AAN

The ABPN is a member of the American Board of Medical Specialties (ABMS)



There are currently 24 ABMS Member Boards.

- 37 specialties
- 93 subspecialties
- Approximately 90% of US physicians are certified by an ABMS Member Board

There are also about 180 non-ABMS Member Boards that issue specialty certificates.



3. Current ABPN Specialties and Subspecialties

- 1959 – Child and Adolescent Psychiatry
- 1969 – Child Neurology
- 1991 – Geriatric Psychiatry
- 1992 – Clinical Neurophysiology
- 1993 – Addiction Psychiatry
- 1994 – Forensic Psychiatry
- 2000 – Pain Medicine (ABA)
- 2001 – Neurodevelopmental Disabilities
- 2005 – Psychosomatic Medicine
 - Vascular Neurology
- 2007 – Sleep Medicine (ABIM)
- 2008 – Hospice and Palliative Medicine (ABIM)
 - ...Neuromuscular Medicine
 - ...Brain Injury Medicine



III. Purpose of Certification

“...to distinguish the fully qualified specialist from the would-be specialist of inferior training and inadequate experience.”

ABPN Information for Applicants, 1939



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“The intent...is to provide assurance to the public that a physician specialist certified by a Member Board of the ABMS has successfully completed an approved educational program and evaluation process ... to assess the medical knowledge, judgment, professionalism and clinical and communication skills required to provide quality patient care in that specialty.”

ABMS Annual Report, 2005



IV. ABPN Initial Certification

A. Credentialing:

- MD or DO degree
- Required ACGME-accredited residency
- Program Director attestation
- Unrestricted medical license



B. For residents who graduated in or before 2009:

1. Part I Examination

Cognitive computerized examination

- Requirement to pass both Parts A (Psychiatry) and B (Neurology and Neuroscience)

2. Part II Examination

Oral clinical skills examination

- One patient hour*
- One vignette hour**



C. For residents who graduated in or since 2010:

1. Must complete at least 3 CSV's (Clinical Skills Verification examinations) during residency training
 - Must be administered by “trained” examiners
 - Any clinical setting, no fixed time format
2. Must take the new written examination (first administered in September 2011)
 - Incorporates clinical vignettes, video technology, new Q/A formats

****NOT the same as the old Part I exam!!***



D. Selected Changes in the Format of Examinations

- 1935 – essay written exam – “deemed unsatisfactory”
- 1943 – true/false exam – “deemed unsatisfactory”
- 1949 – 1960 – failed attempts to develop written exam
- 1965 – written exam developed for ABPN by NBME
- 1967 – initiation of separate Part I/Part II exams
- 1977 – initiation of AV exam in psychiatry and neurology
- 1982 – elimination of “minor” oral exams
- 1985 – initiation of written vignettes in neurology
- 2006 – initiation of written/DVD vignettes in psychiatry
- 2008 – neurology Part II exam eliminated for new residency graduates
- 2011 – psychiatry Part II exam eliminated for new residency graduates

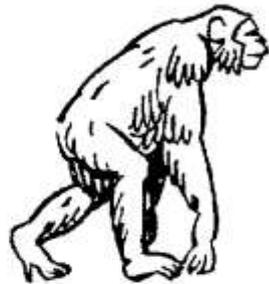


“Then the whole idea (of a written examination) was dropped because the directors could not agree on the questions, to say nothing of the answers.”

ABPN Policy Meeting Minutes, 1949

"EVOLUTION"

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Maintenance of Certification



V. Rationale for Maintenance of Certification:

1. Public Perception
2. Clinical Quality
3. Philosophical Underpinnings...



1. Public Perception of Certification and Recertification (Gallup Poll-2003)

- 54% were “very likely to change physicians if they knew that their current physician’s board certification had expired.
- 75% opted for board-certified physicians over physicians who were not board-certified but recommended by a trusted friend or family member.
- 73% considered it “very important” for physicians to be re-evaluated on their qualifications every few years.
- 68% considered it “very important” for physicians to periodically pass a written test of medical knowledge.



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- A minority ever researched or inquired about a physician's board-certification status.



2. Does Clinical Experience improve quality of care?

Chaudhry, et al. Review/Meta (AIM, 2005)

- 45/62 (73%) reported decreasing performance with increasing years in practice for some outcomes.
- 12/12 (100%) reported a negative association between knowledge and experience.
- 15/24 (63%) reported a negative association between years in practice and adherence to standards of practice.



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- 14/19 (74%) reported at least a partially negative association between physician age and adherence to standards of appropriate therapy.
- 4/7 (57%) reported at least a partially negative association between number of years in practice and actual health outcomes.



3. How good are physicians at assessing their own knowledge/skills?

- 13/20 (65%) comparisons demonstrated little, no, or an inverse relationship between self-and external assessments.
- The worst accuracy in self-assessment was frequently among the least skilled or most confident physicians.

Self-Assessment vs. Observed Measures of Competence
(Davis, et al. Review – JAMA, 2006)





4. Philosophical Foundations for the ABPN MOC Program

- Accountability
- Independence
- Peer Driven Process
- Competence
- Continuous Quality Improvement
- Professionalism
- Credibility
- Collaboration
- Convenience
- Life-Long Learning



VI. ABPN Maintenance of Certification (MOC) Program

- The MOC cycle is 10 years long* and culminates with the MOC cognitive examination (the former recertification examination).
- Diplomates are required to show evidence that they have met or exceeded requirements in each component over the 10-year cycle to maintain certification.

(* Beginning in 2012, MOC is a Continuous Process...)



A. Structure of MOC Program:

The ABPN MOC Program consists of four components*:

1. Professional Standing
2. Self-assessment and Lifelong Learning (CME)
3. Cognitive Expertise
4. Performance in Practice (PIP)
 - Clinical performance assessment
 - Feedback from patients and peers

***these are core requirements from the ABMS!**



1. Professional Standing

- Diplomates must possess an unrestricted medical license in at least one state, commonwealth, territory or possession of the U.S. or province of Canada.



2a. Self-assessment (SA)

- Diplomates will be required to complete at least three approved Self-assessment activities over a 10-year MOC cycle.
- Self-assessment activities must award CME credit
 - average of at least 8 CME credits per year beginning 2014
- Self-assessment activities must cover new knowledge and/or current best practices in one or more of the required competency areas.
- Self-assessment activities must provide feedback that can be used to guide subsequent CME
 - correct answers, literature sources, peer comparisons



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- In order to base CME activities on the results of self-assessment, completing self-assessment activities early in the MOC process is advantageous.
- Diplomates will be required to maintain a record of their self-assessment activities.
- Phase-in of this requirement began in 2011.



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- Self-assessment activities for psychiatrists and neurologists have already been developed by organizations, approved by the ABPN, and linked to the ABPN web site (www.abpn.com).
 - The Psychiatrist in Practice Examination (PIPE)
 - Focus Annual Self-assessment Examination
 - AACAP Modules
 - Geriatric Psychiatry Self-Assessment Program
 - APA Annual Meeting Self-Assessment (2011)



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- The ABPN will continue to work with professional organizations and subspecialty groups to ensure that self-assessment activities are developed for diplomates.
- The ABPN will accept all self-assessment activities that meet its guidelines, not just those that it has formally approved.



2b. Lifelong Learning (CME)

- Diplomates are required to complete an average of 30 specialty specific Category 1 CME credits per year
- An average of at least 8 CME credits per year must come from Self-assessment activities*.
- Diplomates certified in more than one area may accrue CME credits that count for all certifications.
- Diplomates are required to maintain a record of their CME activities.



Is this new??

- CME is already required by most states for licensure.
- CME activities for psychiatrists and neurologists have already been developed by professional organizations, endorsed by the ABPN, and linked to the ABPN web site www.abpn.com.
- All relevant Category 1 CME will be accepted.



Self-Assessment and CME form the Medical Knowledge Quality Improvement Cycle





3. Cognitive Expertise

- Diplomates must pass a SECURE cognitive examination prior to the expiration date of their certificates.
- Diplomates must satisfy all of the other MOC requirements before they are eligible to complete the cognitive examination.
- The ABPN will audit some of the applications for the cognitive examination to ensure that appropriate SA, CME, and PIP activities have been completed.
- The MOC cognitive examination is practice relevant and focuses on clinical application of knowledge.



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- The cognitive examinations are multiple-choice, computer-based examinations administered at Pearson VUE Professional Centers in over 200 locations around the U.S.
- To prepare for the cognitive examinations, diplomates should keep current with research and developments in the respective field, read specialty-specific journals and practice guidelines, and attend relevant continuing medical education programs.
- A very high pass rate is expected for diplomates completing the MOC cognitive examinations.



4. Performance in Practice (PIP)

- ...a quality improvement program designed to evaluate whether a physician has shown practice improvement over the 10-year MOC cycle
 - Each diplomate will be required to complete three (3) PIP Units (over 10 years).
- Each PIP Unit consists of a Clinical Module and a Feedback Module.
- Diplomates will be required to maintain a record of their PIP activities.
- Phase-in of this requirement begins in 2014



4a. The Clinical Modules

- Assess at least 5 cases in a specific category (e.g., diagnosis, type of treatment, treatment setting) from your own clinical practices over the previous 3 years.
- Compare data to best practices, practice guidelines, or peer comparisons.
- Development of plans to improve performance.
- Reassess data from a review of five additional cases in the same category within 24 months and provide feedback (same or different patients)



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Practice Guidelines

APA practice guidelines provide evidence-based recommendations for the assessment and treatment of psychiatric disorders. This page links to the complete text of all APA practice guidelines published on [PsychiatryOnline](#), which provides additional tools and resources for each guideline.

Continuing Medical Education (CME) courses for the guidelines (credit free to APA members) are available on the [APA Online CME Website](#).

APA guidelines describe treatment of adult patients. For the treatment of children and adolescents with psychiatric disorders, practice parameters are available from the [American Academy of Child and Adolescent Psychiatry](#).

APA makes the practice guidelines freely available to promote their dissemination and use; however, copyright protections are enforced in full. No part of these guidelines may be reproduced except as permitted under Sections 107 and 108 of the United States Copyright Act. For permission for reuse, visit our [Permissions and Licensing Center](#).

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4b. The Feedback Modules

- Obtain feedback from five patients and from five peers over the previous 3 years.
 - You select your own patients, peers
- Provide feedback for improvements in effectiveness and /or efficiency in their practices
- Development of plans to improve performance.
- Reassess feedback from five different patients and five different peers within 24 months.



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- Criteria for the ABPN endorsement of PIP activities have been established.
 - Endorsed PIP activities will be listed on the ABPN website (www.abpn.com).
- PIP Modules are currently under development by professional organizations, including:
 - For Psychiatry:
 - APA PIP Modules in Focus
 - Net Outcomes Program at UAMS

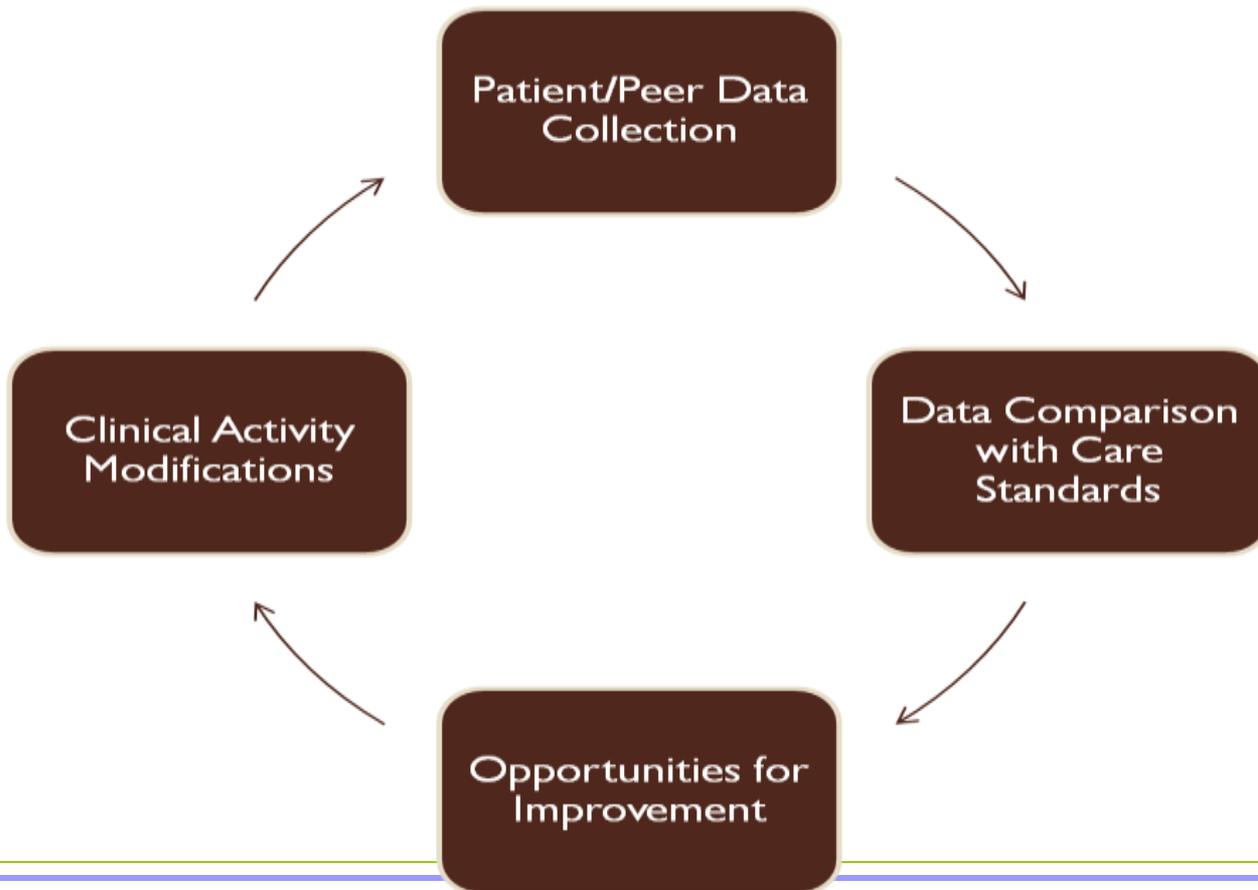


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- It is likely that participation in health system quality improvement programs will fulfill Part IV requirements.
- The ABPN will accept all PIP activities that meet its guidelines, not just those that it has endorsed.



PIP Represents the Clinical Activity Quality Improvement Cycle



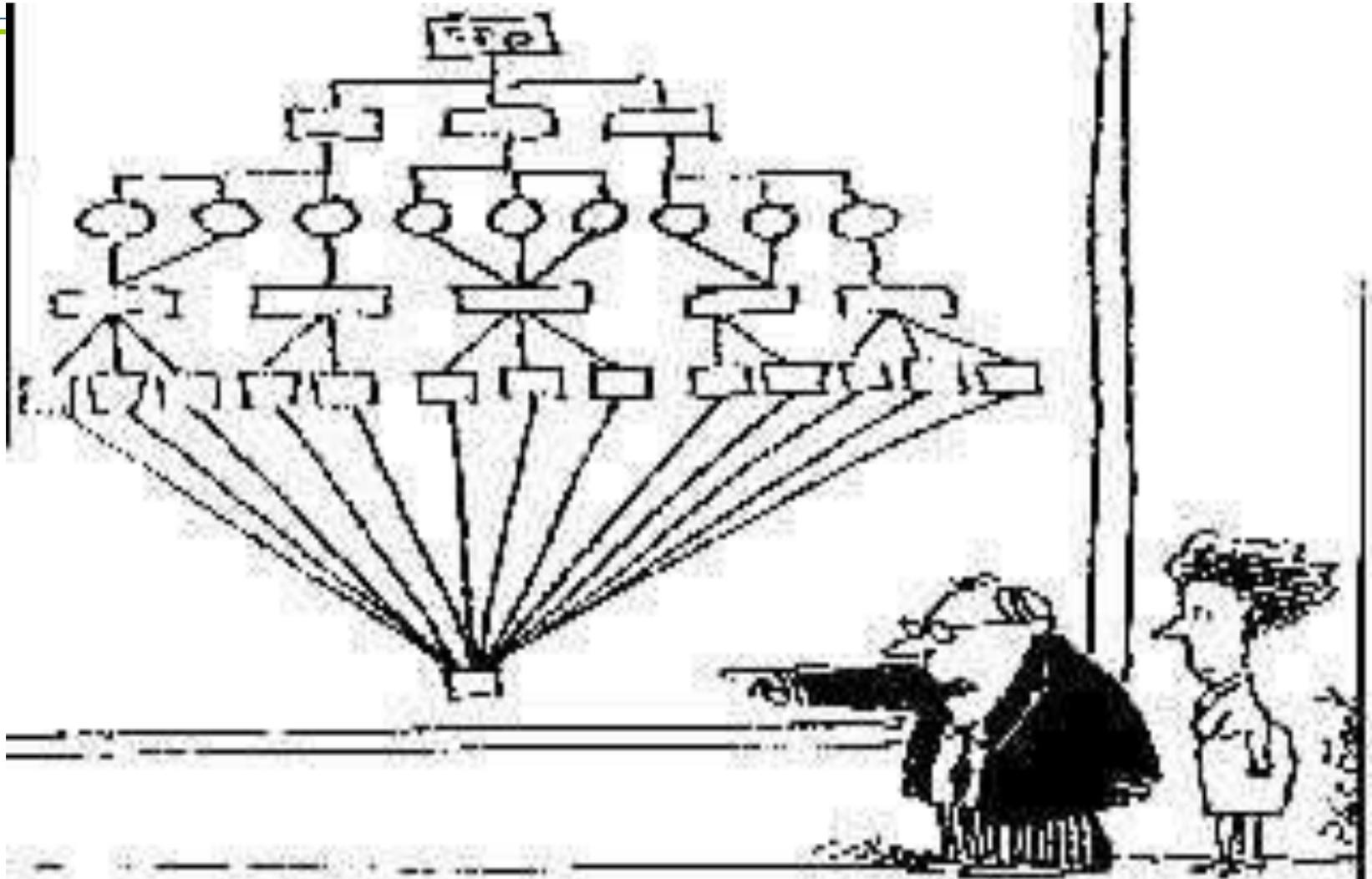


B. The Continuous ABPN MOC Program

- Begins for diplomates certified in 2012
- Requirements for MOC
 - Unrestricted Medical License(s)
 - Cognitive examination every 10 years*
 - Specific MOC activities every 3 years
 - 24 CME hours of self-assessment activities
 - 90 CME hours
 - 1 PIP Unit
- Annual registration on the ABPN Folio
- Annual MOC fee (\$175 for 2013)
 - * No fee for the MOC cognitive examination



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“That’ll be you right there.”



D. Is there evidence that MOC improves the quality of patient care?

- More than 10 peer-reviewed studies have indicated that internists who completed ABIM Practice Improvement Modules have made changes to their practice that improved patient care.

ABIM Talking Points
March, 2010



CME – Marinopoulos, et al Review (AHRQ Pub. No. 07-E006, 2007)

- Review of 136 articles and 9 systematic reviews.
- “Despite the low quality of the evidence, CME appears to be effective at the acquisition and retention of knowledge, attitudes, skills, behaviors, and clinical outcomes. More research is needed...”



Cognitive Exam – Holmboe, et al (AIM, 2008)

- Study of 3,600 internists and 220,000 beneficiaries on screening performance measures for diabetes, breast cancer, and cardiovascular disease.
- Internists were compared on the basis of their scores on the MOC examination.
 - Higher performers followed performance measures better for diabetes and breast cancer.
- “Cognitive skill is an important foundational capacity, one that is essential to facilitate other care activities.”



VII. Phase-In Schedule for ABPN MOC Component Requirements

Original Certification Year	MOC Application Year	MOC Examination Year	CME Credits Required	First SA Activity Required	Second SA Activity Required	First PIP Unit Required	Second PIP Unit Required	Third PIP Unit Required
1999	2008	2009	90					
2000	2009	2010	120					
2001	2010	2011	150	X				
2002	2011	2012	180	X				
2003	2012	2013	210	X				
2004	2013	2014	240	X	X	X		
2005	2014	2015	270	X	X	X		
2006	2015	2016	300	X	X	X	X	
2007	2016	2017	300	X	X	X	X	X
2008	2017	2018	300	X	X	X	X	X
2009	2018	2019	300	X	X	X	X	X

Notes: Every ABPN diplomate must possess a medical license, and all licenses must be unrestricted.

At least an average of 8 of the CME credits per year (averaged over 2-5 years) should involve self-assessment.

Only after completing licensure, CME, SA, and PIP requirements are diplomats qualified to complete the ABPN MOC Cognitive Examination.





“Things should be made as simple as possible – no simpler.”

Albert Einstein



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From: ComputerExams ComputerExams@abpn.com
To: rjr4@case.edu
Date: Tue, Sep 27, 2011 at 4:30 PM
Subject: ABPN Maintenance of Certification Information

Dear Dr. Ronis:

This is to notify you that your certificate in Addiction Psychiatry will expire December 31, 2014. The ABPN is contacting its diplomates to ensure that they are aware of the Maintenance of Certification (MOC) requirements before the expiration date of their certificate(s).

Requirements for admission to 2014 maintenance of certification examinations include:

A full, unrestricted medical license

- Completion of 240* Category-1 CMEs in the past 10 years
- Completion of at least two self-assessment activities that provide 20 CME credits in the past 10 years.
- Completion of one performance-in-practice unit
- * Of the total required 240 CME credits, 20 CME credits should involve self-assessment

Applications will be available only through the ABPN Physician Folios system. The Physician Folio system offers a single source for personalized information regarding your certification and MOC requirements. [ABPN Physician Folios Landing Page...](#) **ABPN**



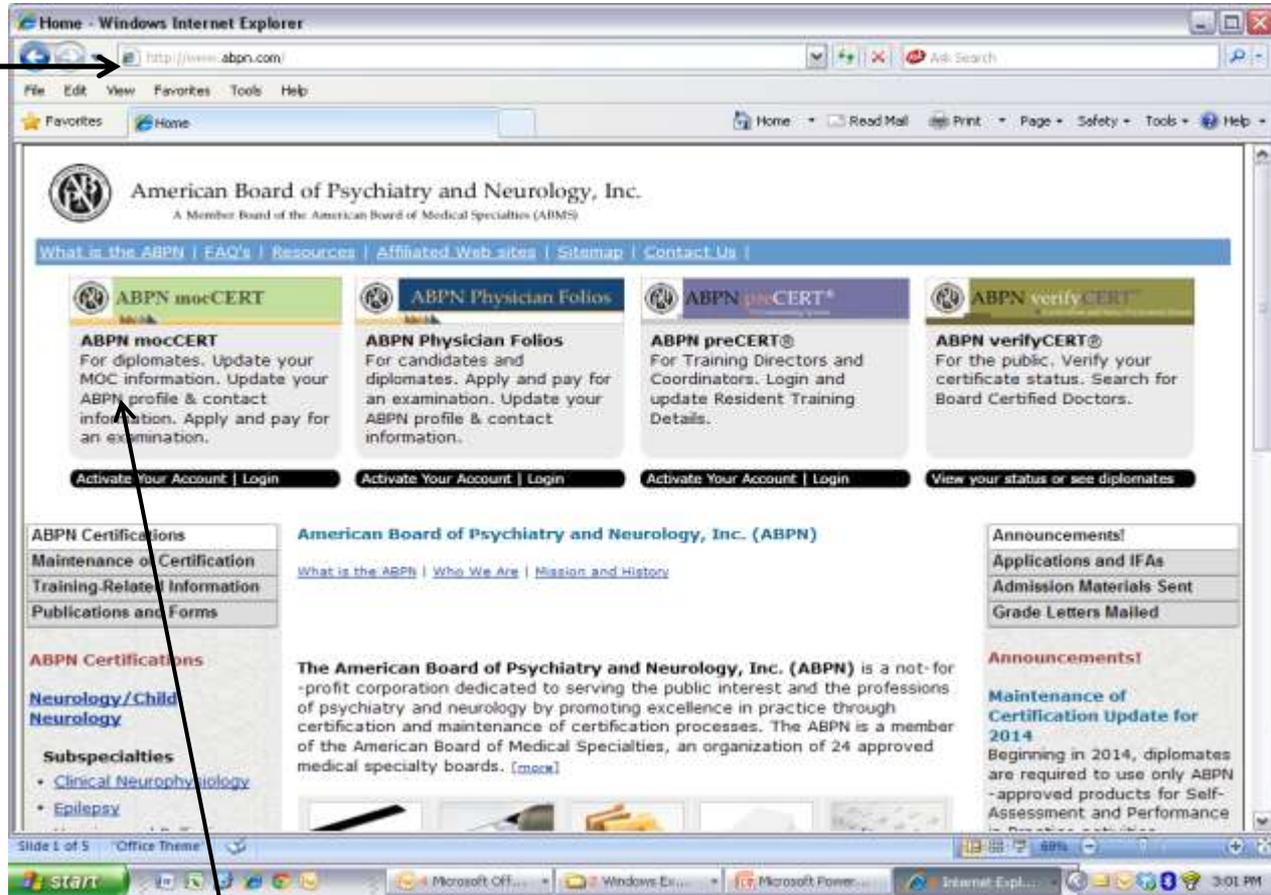
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F. ABPN Physician Folio's



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X. ABPN Physician Folios



- 1) Sign on to ABPN website.
www.abpn.com
- 2) Click on ABPN mocCERT



ABPN Physician Folios

To activate your account you will need to enter the following information:

- **Current Email Address** - Please note, your email address will be your login
- **First Name**
- **Last Name**
- **Birth Date**
- **The last 4 digits of your Social Security Number**

Please enter the information in the input boxes below and submit your request.

[Log In](#)

Current Email Address:

First Name:

Last Name:

Birth Date:  (MM/DD/YYYY)

Social Security Number: (Last 4 Digits Only)

[Activate Account Assistance](#)

ABPN Physician Folios :

- Secure login
- Personalized diplomate account
- Single source of MOC information



, M.D. | ID:

MOCcert - Qualification Status

Maintenance of Certification | MOC Main Menu | Maintain MOC Activity Records | MOC Plan Status

Home | Log off

MOC Requirements are specific for each year, once requirements have been met, you can take the MOC Exam, Modular Exam or Recertify an expired certification. **click to View** the MOC Qualification Status for your Certification(s) or select a year to view your qualification status for that year. **Please check** the ABPN Examination Schedule to verify Examination dates and Application deadlines.

Viewing • The **MOC Qualification Status** for your **Neurology** recertification that will be due in **2019**.

▶ Click the **Year** to view your MOC Qualification Status in: 2012 2013 2014 2015 2016 2017 2018 **2019**.

→ **If you take your Neurology MOC Examination in 2019**

- The following **2019** Maintenance of Certification requirements will need to be met before an application will be accepted.
- Qualifying Activities for this Exam Year must be dated between **2009** and **2018**.

MOC Requirement for Neurology	Qty Required	You have	You Need
Continuing Medical Education Credits (CME)	300	1	299
Self Assessment Activity (SA)	2	0	2
SA Activity -CME Credits (CME)	80	0	80
Performance in Practice - Clinical Module	3	0	3
Performance in Practice - Feedback Module	3	0	3

[Click here for the ABPN Approved MOC Products List for Neurology](#)

- ▶ Our records indicate that **you have not met** the **2019** requirements for this MOC Examination.
- ▶ You will need to complete all items listed in the **'You Need'** column of the requirements table listed above to qualify for this exam.
- ▶ Please refer to the **ABPN Maintenance of Certification (MOC) policy** for additional information on MOC requirements.

Personalized MOC status provides:

- What is required
- What you have
- What you need



ABPN Physician Folios

, M.D. |

Maintenance of Certification - Maintain MOC Activity Records

Maintenance of Certification | MOC Main Menu | Maintain MOC Activity Records | MOC Plan Status

Home | Log

Select a record to Edit or Add a New MOC record

CME

SA

PIP

Select	Activity Title ▼ ▲	Sponsor ▼ ▲	Applies to Year ▼ ▲	Completed	CME Credits	SA	is PIP Clinical	is PIP Feedback	ated
<input type="radio"/>	AACAP Annual Meeting	AACAP	2008	10/2008	4.00	No	No	No	No
<input type="radio"/>	AACAP Annual Meeting	AACAP	2010	10/2010	5.00	No	No	No	No
<input type="radio"/>	AADPRT Annual Meeting	Institute of Living	2010	03/2010	10.00	No	No	No	No
<input type="radio"/>	AADPRT Annual Meeting	Institute of Living	2008	03/2008	11.00	No	No	No	No
<input type="radio"/>	AADPRT Annual Meeting	Institute of Living	2007	03/2007	12.00	No	No	No	No
<input type="radio"/>	AADPRT Annual Meeting	Institute of Living	2009	03/2009	10.00	No	No	No	No
<input type="radio"/>	AAMC Annual Meeting	AAMC	2004	04/2004	10.00	No	No	No	No
<input type="radio"/>	AAN Annual Meeting	AAN	2008	04/2008	4.00	No	No	No	No
<input type="radio"/>	AAP Annual Meeting	MCW	2006	09/2006	5.00	No	No	No	No
<input type="radio"/>	AAPL Annual Meeting	AAPL	2004	10/2004	10.00	No	No	No	No
<input type="radio"/>	AAPL Annual Meeting	AAPL	2008	10/2008	4.00	No	No	No	No
<input type="radio"/>	AAPL Annual Meeting	AAPL	2010	10/2010	3.00	No	No	No	No
<input type="radio"/>	AAPL Annual Meeting	AAPL	2005	10/2005	8.00	No	No	No	No
<input type="radio"/>	AAPL Annual Meeting	AAPL	2007	10/2007	7.00	No	No	No	No
<input type="radio"/>	AAPL Annual Meeting	AAPL	2006	10/2006	7.00	No	No	No	No

|< < Page 1 of 2 > >|

To move to a page, enter a number between 1 and 2 and press TAB.

Enter completed MOC activities:
 CME,
 Self Assessment (SA),
 Performance in Practice (PIP)



ABPN Physician Folios

Maintenance of Certification - Qualification Status

- Medical Licensure ✓ Your License information is valid and up to date.
- Board Examination ✓ Your Child Neurology Certification is valid until 2014.

[Update my License Information](#)

MOC Requirement Cycle	Year 1 - 2011	Year 2 - 2012	Year 3 - 2013	Total	Status
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Continuous Medical Education Requires 30 Cat-1 CME Each Year for a Total of 90 CME credits within 3 years

Your CME Count	15	12	12	39 of 90	Incomplete
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CME

Self Assessment Requires 24 CME credits from Self-Assessment Activities within 3 Years

Your SA-CME Count	0	12	12	24 of 24	✓ Complete
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SA

Performance in Practice Requires 1 Clinical and 1 Feedback PIP within 3 years

Your Feedback PIP Count	0	1	0	1 of 1	✓ Complete
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PIP

Your Clinical PIP Count	0	0	1	1 of 1	✓ Complete
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Annual MOC Registration Fee Requires 1 Annual Fee Each Year for a total of 3 payments within 3 years

Your Payment Count	0	1	0	1 of 3	Incomplete
Your Payment Value	0	\$ 150	0	\$ 150	Incomplete

Continuous MOC in three-year blocks:
Dashboard view and status of all MOC requirements



VIII. “Clinically Active” Criteria

The ABMS has requested that all Boards designate current diplomates as clinically “active” or “inactive”.

- “Clinically Active”: Any amount of direct and/or consultative patient care that has been provided in the preceding 24 months.
- “Clinically Inactive”: No direct and/or consultative patient care that has been provided in the preceding 24 months.
 - Inactive status exempts from the PIP requirements, not the SA and general CME



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- A diplomate who has “Clinically Inactive” status may change to “Clinically Active” status by submitting a written request to the ABPN, plus evidence that one PIP module has been completed
- Change of status will subject the diplomate to all requirements of the ABPN MOC program.



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IX. Implications of the New Health Care Legislation

1. MOC has been recognized by Congress as an option in the CMS Physician Quality Reporting Initiative (PQRI/PQRS).
2. For 2011 – 2014, physicians who meet PQRS requirements (PQRS quality measures and/or ABPN MOC requirements) could qualify for a 0.5% increase in Medicare payments.
3. Beginning in 2015, physicians who do not meet PQRI requirements will have a 1.5% reduction in Medicare payments. In 2016, the reduction will be 2.0%.



4. To meet PQRS requirements with MOC, physicians must:
 - Participate in the ABPN MOC program,
 - Complete a PIP Clinical Module annually, and
 - Complete a PIP Patient Feedback Module annually.

5. The ABPN will be required to report diplomate participation in MOC to the ABMS and CMS on a regular basis.



X. Conclusions

- The ABPN's main goal for MOC is to help ensure that psychiatrists and neurologists protect the public and themselves through their Life-Long Learning (MOC) efforts.
 - Protect your patients.
 - Competent, state-of-the-art care.
 - Protect yourself.
 - Professionally
 - Legally
 - Financially



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- The ABPN's MOC Program offers diplomates the flexibility to:
 - Choose self-assessment measures.
 - Design continuing medical education plans.
 - Structure practice improvement programs.
 - Select personalized learning tools to address perceived needs.
- Intended outcomes of the ABPN MOC program include, but are not limited to:
 - Expanded expertise.
 - Heightened efficiency.
 - Enhanced effectiveness of practice.



Unanswered questions to date about the ABPN MOC Program

- Will diplomates participate in MOC?
- Will ABPN diplomates with “lifetime” certification participate in MOC?
- Will organizations that credential, privilege, and reimburse physicians accept diplomate participation in MOC in lieu of their requirements?



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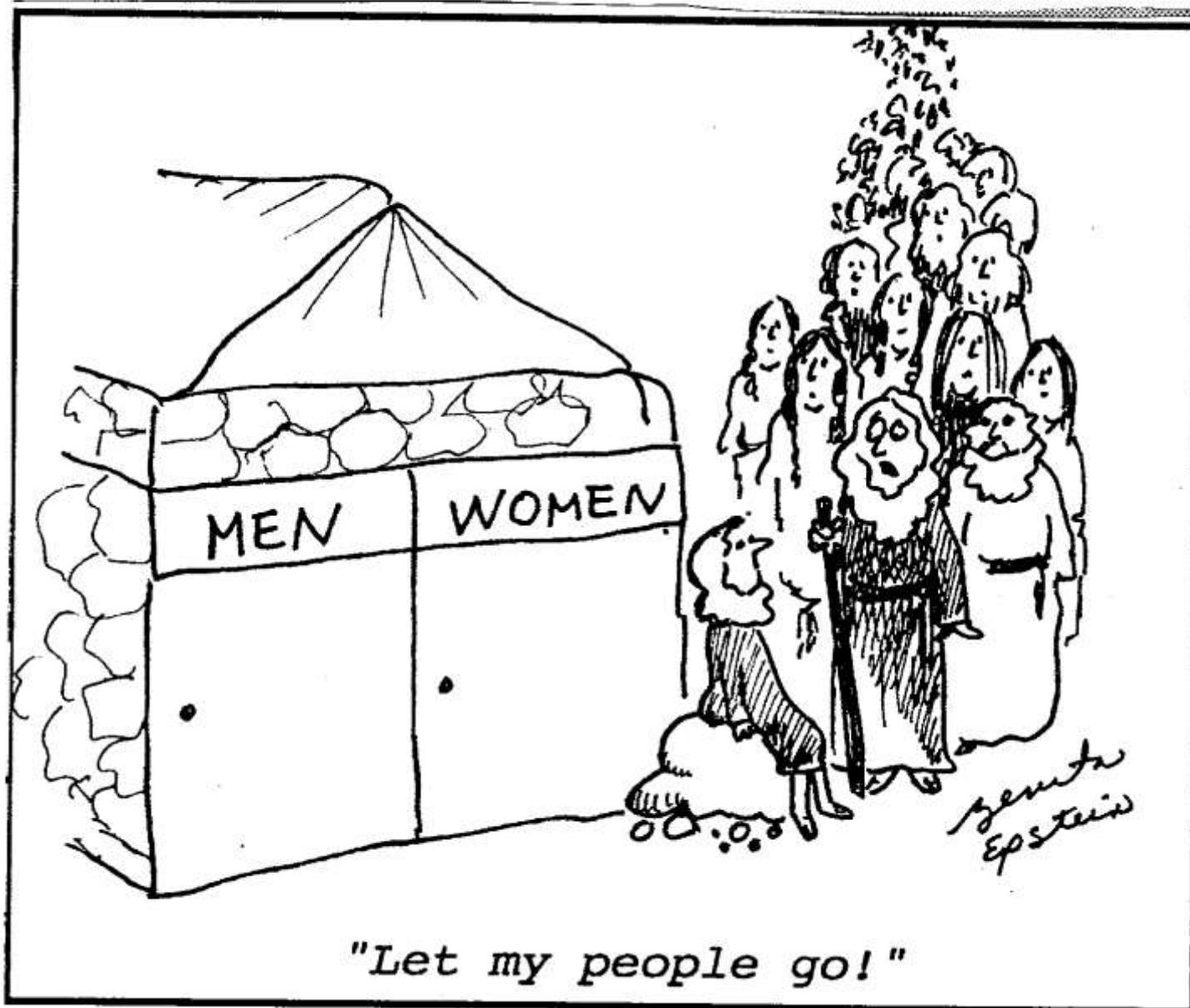
- Will the ABPN MOC Program be acceptable to state licensing boards when they initiate Maintenance of Licensure (MOL) Programs?
- Will the MOC Program satisfy public and political pressures for the documentation of continued competence of psychiatrists and neurologists?
- Will the ABPN itself need to develop self-assessment and PIP products?
- Will the ABPN need to require specific self-assessment and PIP products?



“The way they reach up to the sky reminds me of the huge pile of work I left behind on my desk.”



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"NOTE: All policies, components and requirements of the ABPN's MOC program are subject to change.

It is the responsibility of each individual ABPN Diplomate to remain apprised of the current applicable MOC program.

As such, Diplomates are encouraged to consult the ABPN's web site (www.abpn.com) regularly, to ascertain whether any changes have been made."



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