Maintenance of Certification in Psychiatry, Demystified

Melissa Buboltz MD, Mary Lu MD, Annette Matthews MD, Sahana Misra MD
Objectives

• Outline necessary steps towards maintaining board certification

• Identify a variety of resources available to assist with Maintenance of Certification (MOC) process
In 2000, the 24 member boards of the American Board of Medical Specialties (ABMS) decided to evolve their recertification programs into one of continuous professional development.

“Assures that the physician is committed to lifelong learning and competency....by requiring ongoing measurement of six core competencies.”

All member boards received approval of their MOC plans in 2006 and implementation is now in process.

Source: http://www.abms.org/Maintenance_of_Certification/
Core Competencies

- Identified by American Board of Medical Specialties and Accreditation Council for Graduate Medical Education (ACGME) in 1999
  - Medical knowledge
  - Patient care
  - Interpersonal and communication skills
  - Practice-based learning and improvement
  - Professionalism
  - Systems based practice
Public concern related to patient safety and quality of medical care

Negative association between years of physician experience and knowledge/performance/adherence to practice standards

Limited ability of physicians to identify their own clinical weaknesses

Traditional CME does not translate to changes in physician behavior


Why bother with MOC?

- Often a prerequisite for hospital privileges and credentialing by insurers
- 91 percent of the public considers board certification “important” or “very important” in choosing a doctor
- 85 percent of doctors are board certified in at least one specialty
- Good performance on the certification exams correlates with better quality of care
- Maintenance of licensure

Federation of State Medical Boards

- Aim to protect the public and promote quality health care
- Maintenance of Licensure (MOL) framework
  - Adopted in 2010
  - As a condition of license renewal, physicians “should provide evidence of participation in a program of professional development and lifelong learning that is based on the general competencies model”.
  - Components include reflective self-assessment, the assessment of knowledge and skills, and performance in practice

What is Maintenance of Licensure?

Welcome to the FSMB's Maintenance of Licensure (MOL) Information Center. At this website you will find resources to help you understand MOL. What is Maintenance of Licensure? As the focus on health care quality and patient safety has increased in the United States, the Federation of State Medical Boards and its member state medical boards have been considering initiatives aimed at enhancing quality, safety and physician practice improvement by requiring a verifiable system of lifelong learning as a condition of license renewal.

Under the current licensure renewal system, physicians are required by a majority of state medical and osteopathic boards to self-report their engagement in continuing medical education activities. Under FSMB's proposed system, known as Maintenance of Licensure (MOL), current requirements will be expanded by having physicians participate in a more robust program of continuous professional development that is relevant to their areas of practice, measured against objective data sources and aimed at improving performance over time. When fully implemented, MOL will encourage and support lifelong learning by all of the nation's licensed physicians and create a system to confirm their practice improvement efforts.

The FSMB formally adopted a policy on MOL in April 2010, and is now assisting the nation's medical boards as they consider implementation of state MOL policies. This website provides information about the FSMB's MOL initiative, as well as other related background materials.

- Message from FSMB Leadership
- Adopted Maintenance of Licensure Policy 2010

(Note: In April 2010, the FSMB formally adopted as policy the three recommendations on pages 10-12 of this report: the remainder of the report was filed for reference.)

- Frequently Asked Questions

- News Release: FSMB Recognizes EHRs as Tool to Help Physicians Assess Ongoing Competence for Licensure
- Background paper: Maintenance of Licensure: Protecting the Public, Promoting Quality Health Care
- News Release: FSMB Report Provides Roadmap for Maintenance of Licensure

- Timeline
Trends in MOC and MOL

- Active-learning approach
- Need to demonstrate continuous improvement
- Learning addresses the “core competencies”
The Four Part MOC Process

- Part I - Professional Standing
- Part II - Lifelong Learning and Self Assessment
- Part III - Cognitive Expertise
- Part IV - Practice Performance Assessment
Board Certified Recertification Exam
Lifelong learning and Self-assessment

Selective CME to address deficiencies

Self-assessment CME

Practice Performance Assessment

Patient/Peer Feedback

Re-evaluate

Improvement

Compare to Standards

Improvement
MOC: Does this even apply to me?

- Starting October 1, 1994, all individuals board-certified by the ABPN in primary specialties have received 10-year certificates.
- All ABPN time-limited certificates expire 10 years later on December 31.
- If you were certified before 1994, you have a lifetime certification. Your original certification is not at risk if you choose to recertify.
**MOC: 10 year Timeline**

<table>
<thead>
<tr>
<th>Year</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
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<tbody>
<tr>
<td><strong>Self Assessment, Option 1</strong>*</td>
<td>One “broad based” activity, such as PIPE (30 CMEs) or Focus (20 CMEs)</td>
<td></td>
<td>One “broad based” activity, such as PIPE (30 CMEs) or Focus (20 CMEs)</td>
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<tr>
<td><strong>Self Assessment, Option 2</strong>*</td>
<td>Complete 40 qualifying CMEs</td>
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<td>Complete 40 qualifying CMEs</td>
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<tr>
<td><strong>Lifelong Learning (CMEs)</strong></td>
<td>150 Category 1 CMEs</td>
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<td>150 Category 1 CMEs</td>
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<tr>
<td><strong>Cognitive Expertise</strong></td>
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<td></td>
<td>Apply for exam</td>
<td>Pearson Vue exam</td>
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<tr>
<td><strong>Performance in Practice (PIP)</strong></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; PIP units: Clinical and Feedback modules</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; PIP unit: Clinical and Feedback modules</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; PIP unit: Clinical and Feedback modules</td>
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<td></td>
<td>Clinical module: Review 5 cases in 1 category, compare w/ best practices, plan for improvement, repeat within 24 months.</td>
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<tr>
<td></td>
<td>Feedback module: Solicit feedback from 5 peers and 5 patients, refer to core competencies, plan for improvement, repeat within 24 months.</td>
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</table>

*For the Self Assessment requirement, you can do Option 1 or 2 until 2014. Starting in 2014, ABPN phases in a requirement to complete an average of 8 CMEs / year that qualify for self-assessment (including the broad-based SAs).
Phase-In Schedule for MOC Requirements: Is it too late for me?

• Answer: NO.

• If you were certified between 2000-2010:
  • Check the “What do you need to do and when” table for your certification year (see handout).
  • [http://www.abpn.com/moc_psychiatry.htm](http://www.abpn.com/moc_psychiatry.htm)

• If you were certified before 2000 and want to recertify before 2020:
  • Do the requirements for your target recertification year (MOC examination year).
<table>
<thead>
<tr>
<th>Original or Recertification Year</th>
<th>MOC Application Year</th>
<th>MOC Examination Year</th>
<th>CME Credits Required</th>
<th>First SA Activity Required</th>
<th>Second SA Activity Required</th>
<th>First PIP Unit Required</th>
<th>Second PIP Unit Required</th>
<th>Third PIP Unit Required</th>
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<tbody>
<tr>
<td>2000</td>
<td>2009</td>
<td>2010</td>
<td>120</td>
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<tr>
<td>2010</td>
<td>2019</td>
<td>2020</td>
<td>300</td>
<td>X</td>
<td>X</td>
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</table>

Notes:
• Every ABPN diplomate must possess a medical license in the U.S. or Canada, 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 diplomates qualified to complete the ABPN MOC Cognitive Examination.
What do you need to do and when?

Example from ABPN handout: Certification year 2008, or target recertification year 2018:

**IF YOU WERE CERTIFIED/RECERTIFIED IN 2008...**

Apply for the 2018 MOC examination in 2017.

**Requirements:**
- 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block)
- 2 self-assessment activities (complete 1st SA 2009-2011; 2nd SA 2014-2016)
- 3 completed PIP Units
MOC phase-in examples


2004 certification / 2014 recertification: 240 CMEs (150 in past 5 years), 2 SA activities, 1 PIP.

2008 certification / 2018 recertification: 300 CMEs (150 in past 5 years), 2 SA activities on schedule, 3 PIPs.

2010 certification / 2020 recertification: full MOC requirements on schedule.
Phase-In Schedule for MOC Requirements: Is it too late for me?

- What if your certificate expired or you miss one of the SA or PIP deadlines?
  - “There is no time limit on regaining certification status through recertification.”
  - [http://www.abpn.com/moc_psychiatry.htm](http://www.abpn.com/moc_psychiatry.htm)

- “If physicians missed the 2010 exam, they may apply for a subsequent MOC exam. Currently we are very flexible regarding the time frames for self-assessment and PIP. They should just do it now and get caught up. I don’t know at this point what will happen once the entire program is up and running.”

-Stephen Glick, Outlook message, 11/10/10; Manager, Credentials; American Board of Psychiatry and Neurology
CME: Only AMA PRA Category 1 Credits count towards MOC

Category 1 CMEs are most often awarded by accredited providers:

- Examples: Live activities, enduring materials, journal based CME learning, test item writing, manuscript review, Performance Improvement learning, internet point of care learning

Other Category 1 CMEs are awarded only through applying for credit to the AMA (www.ama-assn.org/go/cme), within 6 years:

- Examples: Presentation at live activity designated for CME, publishing articles, poster presentations, medically related advanced degrees/ACGME residency or fellowship, board certification/recertification

Category 2 may count towards licensing or credentialing: includes teaching, reading literature, peer consultation, group discussion, preceptorships, etc.

Source: Recognizing physician’s participation in educational activities: What physicians should know about the AMA PRA Credit System. American Medical Association, 2007
Self Assessment Requirements

Activities qualify as self assessment if they:

- Cover new knowledge and/or current best practices in one or more of the competency areas
- Provide feedback that includes the correct answer and recommended literature resources for each question
- By 2014, feedback must include comparative performance to peers.
Self Assessment Requirements

Definition of “broad-based” self-assessment activities:

• It is currently up to you to decide, but certain activities have been officially endorsed by ABPN as such.
Examples of broad-based self-assessment activities

*Focus: The Journal for Lifelong Learning in Psychiatry*
annual self-assessment exam supplement: 20 CMEs
- [http://www.psych.org/moc](http://www.psych.org/moc)

The Psychiatrist in Practice Examination (PIPE): 30 CMEs
- [http://www.acpsych.org/home](http://www.acpsych.org/home)

American Psychiatric Publishing textbooks: 10-30 CMEs
- [http://www.psychiatryonline.com](http://www.psychiatryonline.com), click on Self-Assessment link for quizzes and CME

Coming soon: APA pre-meeting assessments?
Maintaining CME records

ABPN Physician Folios online:
- Track CMEs and completion of MOC requirements.
- Does not replace documentation for audits.
- Linked to the online application for the MOC exam.
- [www.abpn.com](http://www.abpn.com), “Physician Folios” link, upper right.

APA CME tracker online:
- Tracks CMEs and can generate a “transcript.”
- Some APA CMEs automatically load into the tracker.

Plans are in progress for the APA tool to “talk to” the ABPN Physician Folio.
Add OR Modify Category 1 Record

If you have additional activities to enter after clicking "Done", select "CME Category 1 Data Entry" in the left navigation area. If you have entered this screen unintentionally, please click the Delete button below to avoid entering a blank Category 1 entry onto your transcript.

Status Date: 11/21/2010
Course Title: 
Sponsor: 
City or Location: 
State (if applicable): 
CME Credit Hours: 
Source: 

Done Delete
# My Transcript

Click here to create your transcript.

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<th>Course / Class Title</th>
<th>Launch Course</th>
<th>Final Results</th>
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<td>Parallel Processes in Supervision - Donald Rosen MD</td>
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<td><a href="#">Update Record</a></td>
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<tr>
<td>An Introduction to Supervision - Dr. Grady-Woliky</td>
<td>04/12/2010</td>
<td><a href="#">Update Record</a></td>
</tr>
<tr>
<td>AADPR 39th annual meeting The Mindful Leader in Changing Times</td>
<td>03/10/2010</td>
<td><a href="#">Update Record</a></td>
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<tr>
<td>Confronting Risk in Mental Health Research</td>
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<tr>
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<td>08/06/2010</td>
<td><a href="#">Update Record</a></td>
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<tr>
<td></td>
<td>07/28/2010</td>
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<td>Practice Guideline for the Treatment of Patients with HIV/AIDS</td>
<td>03/18/2009</td>
<td>Completed Satisfactorily</td>
</tr>
<tr>
<td>Practice Guideline for the Treatment of Patients With Eating Disorders Third Edition</td>
<td>03/18/2009</td>
<td>Completed Satisfactorily</td>
</tr>
</tbody>
</table>
### ABPN Physician Folios

Sahana Misra, M.D. | ID: 154154

**MOCcert - Maintain MOC records**

**Maintenance Of Certification - Maintain MOC records**

<table>
<thead>
<tr>
<th>Select</th>
<th>Status</th>
<th>Activity Title</th>
<th>Sponsor</th>
<th>Applies to Year</th>
<th>CME Credits</th>
<th>is SA</th>
<th>is PID Clinical</th>
<th>is PID Feedback</th>
<th>is Authenticated</th>
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<td>Current</td>
<td>AADPRT 39th Annual meeting The Mindful Leader in Changing Times</td>
<td>Institute of Living-Hartford Hospital</td>
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<tr>
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<td>Current</td>
<td>Practice Guideline for the Treatment of Patients With Eating Disorders Third Edition</td>
<td>APA</td>
<td>2009</td>
<td>5</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
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</table>

For Folios support call (847) 229-6513, email: Folios_help@abpn.com or Fax: 847-229-6500 Attn: Folios Help

The American Board of Psychiatry and Neurology, Inc., 2150 E. Lake Cook Road, Suite 900, Buffalo Grove, IL 60089, Ph: 847-229-6500
Hints to keep yourself organized

CME Completion

- Print all online certificates
- Look for certificates in the mail – often come several weeks later
- File and then compile on a regular basis – monthly/yearly
- Use a tracker – pros to ABPN is that they can see what you are doing – will that make it less likely that you will be audited? I don’t know.
Developing a Plan: PIP Modules

What you need:

1. Checklists for clinical module chart reviews (based on clinical guidelines).
   - Example: FOCUS tools for MDD, PTSD
     http://www.psych.org/MainMenu/EducationCareerDevelopment/LifeLongLearning/APAOOnlineCME_1/PerformanceinPracticeclinicalmodule/PIP-PTSD.aspx

2. Forms for feedback modules for peers and patients (based on core competencies).
   - Example: forms on ABPN website: http://www.abpn.com/forms.htm

Can use pre-made checklists and forms, or develop your own.
Of PIP note:

Must do three things:

- Clinical PIP module on 5 patients
- Patient PIP – feedback from 5 patients
- Peer PIP – feedback from 5 peers

- Hospital or clinic processes may be able to help

- Must repeat entire process within 24 months

- At full implementation (2014), will need to do this three times over the course of 10 years
Performance in Practice: Clinical Tools to Improve the Care of Patients with Posttraumatic Stress Disorder.

Free – 5 hours of CME credit for completing the PIP survey

http://www.psych.org/MainMenu/EducationCareerDevelopment/LifeLongLearning/APAOnlineCME_1/PerformanceinPracticeclinicalmodule
Clinical PIP: example retrospective

1. Assessment of patient

Appendix A: Retrospective Chart Review Performance in Practice Tool for the Care of Patients with Posttraumatic Stress Disorder (PTSD)

This performance improvement tool is intended to complement the provider's clinical judgment with visual aid highlighting key evidence-based recommendations for the assessment and treatment of PTSD and is provided as a preliminary exercise, which is not intended as a stand-alone tool.

Instructions: Choose the best answer to each question. If the answer is given here, it is “Yes.” If the answer is unknown, give a check mark in the appendix box. If the answer is the answer to “No” or “Unknown,” leave the box blank. After completing the sections, fill in the last column “# of new patients.”

I. ASSESSMENT for PTSD

<table>
<thead>
<tr>
<th>Patient</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
<th>#5</th>
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<tbody>
<tr>
<td>Did the initial evaluation assess:</td>
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<tr>
<td>a. Exposure to trauma (see Appendix C: recommendation II.1)</td>
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<td>b. Signs/symptoms of PTSD</td>
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</tr>
<tr>
<td>c. PTSD type: Acute, Chronic, PTSD w/ delayed onset</td>
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<td>5</td>
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<tr>
<td>d. Risk factors for PTSD (see Appendix C: recommendation II.3 to 5)</td>
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<td>5</td>
</tr>
</tbody>
</table>

2. Treatment of patient

B. TREATMENT / MANAGEMENT of PTSD

Does the treatment plan currently include, refer, or consider the following treatment management approaches for PTSD?

Check if any one of the “a” or “b” psychotherapeutic interventions are provided

a. Exposure-based psychotherapeutic first-line interventions for PTSD (e.g., Exposure-based Cognitive Behavioral Therapy, Cognitive Processing Therapy, Prolonged Exposure Therapy, Brief Exposure Therapy (4 to 5 sessions)) | 5 |

b. Other psychotherapeutic interventions considered for PTSD (e.g., Stress Inoculation Therapy, Eye Movement Desensitization and Reprocessing, Imagery Rehearsal Therapy) | 5 |

c. Appropriate psychopharmacological intervention for PTSD (e.g., SSRIs, SNRIs, TCAs, MAOIs) | 5 |

d. Ongoing follow-up and monitoring (e.g., at least one follow-up every 3 months) | 5 |

e. Patient/family education about illness/treatments | 5 |

f. Treatment for co-occurring substance use disorders | 5 |

g. Treatment for other co-occurring psychiatric disorders | 5 |
Clinical PIP: example “Real time”

- Several pages long
- Assesses:
  - pre-, peri- and post-trauma risk factors.
  - TBI
  - Co-occurring disorders
  - Functional level
  - Need for rehab
  - Axis 3 and 4 issues
  - Medication considerations

### Appendix B: Sample “Real-Time” Performance-In-Practice (PIP) Tool for Patients with Posttraumatic Stress Disorder (PTSD)

The “real-time” PIP tool is intended to be a prospective cross-sectional assessment that could be completed immediately following a patient visit. As currently formatted, the tool is designed to be folded in half to allow real-time feedback based upon answers to initial clinical based questions.

To establish a diagnosis of PTSD (refer to DSM-IV-TR for the diagnostic criteria), a thorough assessment of the patient's current and past exposure to traumatic events is required. The patient's response to the traumatic event of the time of trauma must involve intense fear, helplessness, or horror. Criteria A1 and A2 (and better meet an absence of re-experiencing) three or more symptoms of Criterion C (post-traumatic symptoms) are associated with the trauma and meeting of general symptoms—loss three or more symptoms in Criterion C, one persistent memory of repeated sexual or more symptoms in Criterion C (3) that need to be avoided change in functioning and the number of symptoms at one month or more.

<table>
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<tr>
<th>Patient's Sociodemographic Characteristics</th>
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<tbody>
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<tr>
<td>Sex: Male ☐ Female ☐</td>
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<tr>
<td>Race/Ethnic background</td>
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<td>Yes ☐ No ☐ Unknown ☐</td>
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<td>Highest level of education</td>
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<td>Marital status</td>
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<td>Employment status</td>
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<tr>
<td>Assess the following:</td>
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<tr>
<td>PTSD Specific pre-, peri- and post-trauma events</td>
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<td>No ☐</td>
<td>Unknown ☐</td>
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<tr>
<td>Yes ☐ No ☐ Unknown ☐</td>
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<td>Most severe trauma type (motor vehicle crash, violence, combat-related, sexual-related, other)</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
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<td></td>
</tr>
<tr>
<td>Severity of trauma (mild, moderate, severe)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>☐</td>
<td>☐</td>
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<td></td>
</tr>
<tr>
<td>Recency of exposure to trauma (time elapsed since exposure)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Level of distress at the time of traumatic/traumatic dissociation (multi/mild/moderate/severe)</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>History of trauma exposure (i.e., type, severity, frequency, adverse childhood experiences)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>☐</td>
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</tr>
<tr>
<td>Since exposure to most recent trauma is patient experiencing any of the following?</td>
<td>Yes ☐</td>
<td>No ☐</td>
<td>Unknown ☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>Nightmares about the experience/ thinking about it when patient did not want to</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>☐</td>
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<tr>
<td>Patient tries hard not to think about the trauma or goes out of his/her way to avoid situations that remind them of it</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Patient is constantly on guard, watchful, easily startled</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Patient feels numb or detached from others, activities, or their surroundings</td>
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</tbody>
</table>
# Patient Feedback Form v1

**Patient review of Dr.**

**Physician Specialty - Please select one:**  
- [ ] Psychiatry  
- [ ] Neurology  
- [ ] Child Neurology

## PERFORMANCE RATINGS

The following guidelines are to be used in selecting the appropriate rating:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Frequently</th>
<th>Always</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<td>3</td>
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<td>4</td>
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<tr>
<td>5</td>
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<tr>
<td>6</td>
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</tr>
</tbody>
</table>

1) Physician listens carefully to your symptoms.

2) Physician asks questions regarding your health history.

3) Physician explains tests that he/she ordered.

4) Physician discusses treatment options with you, including the expected course of treatment.

5) Physician explains drugs and other treatments (for example, psychotherapy), their expected effects, and possible side effects.

6) Physician discusses the treatment costs, insurance, and payment options with you.
Peer PIP: Sample Form

You can enter the names of reviewers into the form, but you may wish not to.

This is just as prone to providing false information as the patient evaluation section.
Please take care of my brick.
Seriously though, how much is this going to cost?
Costs – MOC Exams

- MOC recertification exam: $1500 ($700 application, $800 exam fee)

- $500 late fee for applications after the regular deadline, before the late application deadline
"Approved" by ABPN:

- PIPE exam: $249
- FOCUS:
  - APA member annual subscription: $296
  - Non member annual subscription: $476

ALSO - APP textbook self-assessments:

- $39/textbook for APA members or $49 per textbook for non-members
- $240 (members) or $300 (non-members) for 6 major texts
Costs- CME

- Free CME presentations
  - Dept of Psychiatry Grand Rounds
  - Affiliated hospital presentations (e.g. VA, Providence)
- Conference CMEs
  - Needs to be related to what you do
  - Registration
  - Additional workshop fee
  - Hotel
  - Airfare
  - Meals
  - Consider presenting as a way to get some costs subsidized
Costs – Indirect Costs

- Memberships in order for lower fees or access to CME offerings
  (Not including costs for licensure, DEA, etc)
Sahana’s Certification related Expenses during an exam year:

- Focus subscription: $296
  (Self-assessment activities and CME)
- Geri MOC Examination/Application: $1500
- Late Fee: $500
  (1 day late – no waiver!)
- Geropsychiatry study materials: $200
- APA Membership - yearly: $645
- APA, AADPRT Conferences: $1600
- TOTAL for this exam year: $4741
- Non exam year costs: ~$2500
MOC recertification...

...PRICELESS!!!!!
Ballot measure with two issues
- Patient feedback
- Onerous process
  - So onerous people won’t recertify?

Presidential Work Group on MOC

Vote in the APA Election!
- Ballots will be electronically mailed on December 22 along with candidate information and voting instructions.
- The deadline for receipt of all ballots is 5 p.m. Eastern time on February 7, 2011.
Summary of Steps

1) Determine what you need to do based on your year of certification
2) Develop plan to obtain CME, 30/yr including 8 self-assessment CME per year
3) Track your activities
4) Compare your patient’s chart data to standards of care to initiate the Performance in Practice clinical module
5) Elicit peer and patient feedback to initiate the Performance in Practice feedback module
6) Apply for MOC examination in timely manner
## MOC 10 YEAR TIMELINE

<table>
<thead>
<tr>
<th>Year</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self Assessment, Option 1</strong>*</td>
<td>One broad-based activity, such as PIPE (30 CMEs) or Focus (20 CMEs)</td>
<td></td>
<td>One broad-based activity, such as PIPE (30 CMEs) or Focus (20 CMEs)</td>
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<tr>
<td><strong>Self Assessment, Option 2</strong>*</td>
<td>Complete 40 qualifying CMEs</td>
<td></td>
<td>Complete 40 qualifying CMEs</td>
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</tr>
<tr>
<td><strong>Lifelong Learning (CMEs)</strong></td>
<td>150 Category 1 CMEs</td>
<td></td>
<td>150 Category 1 CMEs</td>
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<tr>
<td><strong>Cognitive Expertise</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Apply for exam</td>
<td>Pearson Vue exam</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Performance in Practice (PIP)</strong></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; PIP unit: Clinical module Feedback module</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; PIP unit: Clinical module Feedback module</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; PIP unit: Clinical module Feedback module</td>
<td></td>
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<tr>
<td></td>
<td>Clinical module: Review 5 cases in 1 category, compare w/ best practices, plan for improvement, repeat within 24 months.</td>
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<tr>
<td></td>
<td>Feedback module: Solicit feedback from 5 peers and 5 patients, refer to core competencies, plan for improvement, repeat within 24 months.</td>
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</tbody>
</table>

*For the Self Assessment requirement, you can do either Option 1 or 2 until 2014. Starting in 2014, you must average of 8 self-assessment CMEs per year, including the required broad-based activities.
## 2009 Phase-In Schedule for ABPN MOC Component Requirements

<table>
<thead>
<tr>
<th>Original or Recertification Year</th>
<th>MOC Application Year</th>
<th>MOC Examination Year</th>
<th>CME Credits Required</th>
<th>First SA Activity Required</th>
<th>Second SA Activity Required</th>
<th>First PIP Unit Required</th>
<th>Second PIP Unit Required</th>
<th>Third PIP Unit Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>2009</td>
<td>2010</td>
<td>120</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td>2010</td>
<td>2011</td>
<td>150</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>2011</td>
<td>2012</td>
<td>180</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2003</td>
<td>2012</td>
<td>2013</td>
<td>210</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>2013</td>
<td>2014</td>
<td>240</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>2014</td>
<td>2015</td>
<td>270</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>2015</td>
<td>2016</td>
<td>300</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2007</td>
<td>2016</td>
<td>2017</td>
<td>300</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2008</td>
<td>2017</td>
<td>2018</td>
<td>300</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>2018</td>
<td>2019</td>
<td>300</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2010</td>
<td>2019</td>
<td>2020</td>
<td>300</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**Notes:**
- Every ABPN diplomate must possess a medical license in the U.S. or Canada, 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 diplomates qualified to complete the ABPN MOC Cognitive Examination.
WHAT DO YOU NEED TO DO AND WHEN?

The ABPN recommends that diplomates allow ample time for completion of PIP Units. It may take diplomates 24 months from the date that the original data is collected from patients and peers to complete one PIP Unit.

IF YOU WERE CERTIFIED IN 2001...
Apply for the 2011 MOC examination in 2010.
Requirements: 150 Category 1 CME credits
1 completed self-assessment activity

IF YOU WERE CERTIFIED IN 2002...
Apply for the 2012 MOC examination in 2011.
Requirements: 180 Category 1 CME credits
1 completed self-assessment activity

IF YOU WERE CERTIFIED IN 2003...
Apply for the 2013 MOC examination in 2012.
Requirements: 210 Category 1 CME credits
1 completed self-assessment activity

IF YOU WERE CERTIFIED IN 2004...
Apply for the 2014 MOC examination in 2013.
Requirements: 240 Category 1 CME credits (150 in past 5-yr block)
2 completed self-assessment activities
1 completed PIP Unit

IF YOU WERE CERTIFIED IN 2005...
Apply for the 2015 MOC examination in 2014.
Requirements: 270 Category 1 CME credits (150 in past 5-yr block)
2 completed self-assessment activities
1 completed PIP Unit

IF YOU WERE CERTIFIED IN 2006...
Apply for the 2016 MOC examination in 2015.
Requirements: 300 Category 1 CME credits (150 in past 5-yr block)
2 completed self-assessment activities
2 completed PIP Units

IF YOU WERE CERTIFIED IN 2007...
Apply for the 2017 MOC examination in 2016.
Requirements: 300 Category 1 CME credits (150 in past 5-yr block)
2 completed self-assessment activities
3 completed PIP Units

IF YOU WERE CERTIFIED IN 2008...
Apply for the 2018 MOC examination in 2017.
Requirements: 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block)
2 self-assessment activities (complete 1st SA 2009-2011; 2nd SA 2014-2016)
3 completed PIP Units

IF YOU WERE CERTIFIED IN 2009...
Apply for the 2019 MOC examination in 2018.
Requirements: 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block)
3 completed PIP Units

IF YOU WERE CERTIFIED IN 2010...
Apply for the 2020 MOC examination in 2019.
Requirements: 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block)

IF YOU WILL BE CERTIFIED IN 2011...
Apply for the 2021 MOC examination in 2020.
Requirements: 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block)
2 self-assessment activities (complete 1st SA 2012-2014; 2nd SA 2017-2019)
3 PIP Units (complete 1st PIP 2012-2014; 2nd PIP 2015-2017; 3rd PIP 2018-2020)

IF YOU WILL BE CERTIFIED IN 2012...
Apply for the 2022 MOC examination in 2021.
Requirements: 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block)
3 PIP Units (complete 1st PIP 2013-2015; 2nd PIP 2016-2018; 3rd PIP 2019-2021)

IF YOU WILL BE CERTIFIED IN 2013...
Apply for the 2023 MOC examination in 2022.
Requirements: 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block)
2 self-assessment activities (complete 1st SA 2014-2016; 2nd SA 2019-2021)
3 PIP Units (complete 1st PIP 2014-2016; 2nd PIP 2017-2019; 3rd PIP 2020-2022)

IF YOU WILL BE CERTIFIED IN 2014...
Apply for the 2024 MOC examination in 2023.
Requirements: 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block)
2 self-assessment activities (complete 1st SA 2015-2017; 2nd SA 2020-2022)
3 PIP Units (complete 1st PIP 2015-2017; 2nd PIP 2018-2020; 3rd PIP 2021-2023)

IF YOU WILL BE CERTIFIED IN 2015...
Apply for the 2025 MOC examination in 2024.
Requirements: 300 Category 1 CME credits (150 in 1st 5-yr block, 150 in 2nd 5-yr block)
2 self-assessment activities (complete 1st SA 2016-2018; 2nd SA 2021-2023)
3 PIP Units (complete 1st PIP 2016-2018; 2nd PIP 2019-2021; 3rd PIP 2022-2024)
Maintenance of Certification CME on-line tracker information – OHSU Psychiatry Grand Rounds 12/7/10

APA Tracker - how to get there:

1) www.apaeducation.org: sign in (need to create APA user id and password)

2) Your education home page looks like this:
3) Enter CME 1 Data (your institution may recognize CME 2 for recredentialling purposes – can log CME 2 here too but it will not count toward required ABPN CME count – all of which has to be category 1):

4) Can print PDF or export to excel:
Additional INFO: what the APA course catalog link looks like:

ABPN TRACKER - how to get there:

1) www.abpn.com - go to ABPN Physician folio (will need to create a password):
2) My physician folio home page:

3) Enter information - “what would you like to do today?”
4) View my qualification status for my Geri MOC in 2011:

5) View my qualification status for my second adult MOC in 2019:
6) My CME record on ABPN – note: this is ALL Self-entered (similar to APA system):
Useful Websites

**General Information**

American Board of Psychiatry and Neurology Maintenance of Certification  
[http://www.abpn.com/moc_psychiatry.htm](http://www.abpn.com/moc_psychiatry.htm)

Federation of State Medical Boards Maintenance of Licensure  
[http://www.fsmb.org/mol.html](http://www.fsmb.org/mol.html)

**Maintaining records of MOC activity**

ABPN website  
[https://application.abpn.com/webclient/landing_page.asp](https://application.abpn.com/webclient/landing_page.asp)

APA website  

**Self-Assessment Activities**

Focus: The Journal for Lifelong Learning in Psychiatry  self-assessment exam  
[http://focus.psychiatryonline.org/misc/about.dtl](http://focus.psychiatryonline.org/misc/about.dtl)

The Psychiatrists In-Practice Examination (PIPE)  
[http://www.acpsych.org/pipe](http://www.acpsych.org/pipe)

American Psychiatric Publishing textbooks  

**Performance in Practice**

PIP Clinical Modules tools  
[http://www.psych.org/MainMenu/EducationCareerDevelopment/LifeLongLearning/APAOnlineCME_1/PerformanceinPracticeclinicalmodule](http://www.psych.org/MainMenu/EducationCareerDevelopment/LifeLongLearning/APAOnlineCME_1/PerformanceinPracticeclinicalmodule)

PIP Peer/Patient Feedback Forms  
[http://www.abpn.com/forms.htm](http://www.abpn.com/forms.htm)