

**AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY, INC.**  
**Crucial Issues Forum: Subspecialties in Psychiatry and Neurology**  
**Chicago, IL**  
**April 6-7, 2014**

**EXECUTIVE SUMMARY**

The first “crucial issues” forum organized by the American Board of Psychiatry and Neurology, Inc. (ABPN) was held on April 6-7, 2014, in Chicago, IL. The goal of the forum was for the ABPN Directors to get feedback from leaders in the fields of psychiatry and neurology on several subspecialty issues which they are addressing. In addition to ABPN directors and senior staff, representatives from several psychiatry, neurology, and child neurology organizations also participated. The participants are listed at the end of this document.

In addition to input sessions by Drs. Larry Faulkner (ABPN), Darrell Kirch (Association of American Medical Colleges), Thomas Nasca (Accreditation Council for Graduate Medical Education), and Lois Nora (American Board of Medical Specialties), three small group discussions centering on eight specific questions were held, and there was opportunity for informal exchange among the attendees. The results of the small group deliberations can be summarized as follows:

- The ABPN should not place a moratorium on new subspecialties or multidisciplinary subspecialties and should assess the future of the extant subspecialties.
- The option of beginning subspecialty training during the final year of specialty training was viewed more favorably by psychiatrists than by neurologists.
- Subspecialty certification and maintenance of certification (MOC) should continue to be linked with attainment and maintenance of specialty certification.
- Opinion was mixed about the possibility of allowing some self-selection of content on MOC examinations based on focus of practice.

It was the consensus of the ABPN Directors that the forum had met its objective and that in addition had provided the opportunity to update key leaders on various issues related to subspecialties, including maintenance of certification.

**Input Sessions**

**Larry Faulkner, M.D., ABPN President and CEO:** “Recent Trends in ABPN Specialties and Subspecialties”

Dr. Faulkner described the approval process for subspecialties (ABPN, ABMS, and ACGME); the historical timeline for ABPN subspecialties, including number of training programs and trainees; residency and fellowship graduates and ABPN examination candidates; and diplomate participation in maintenance of certificate (MOC). He concluded that the pace of subspecialization in psychiatry and neurology has increased significantly in the past 25 years, and the “health” of the subspecialties in terms of numbers of programs and graduates is variable

with some thriving and others either stable or in decline. In general, subspecialists seek initial certification and participate in MOC at lower rates than specialists.

The future of subspecialty training and practice in the new health care era will be determined by many factors, including the relative emphasis on primary care, accessibility of specialty and subspecialty care, reimbursement policies, availability of residency and fellowship stipends, the demand for certification and MOC by employers and the public, as well as the costs to the physician of becoming certified and maintaining that status.

**Darrel Kirch, M.D.**, President and CEO, Association of American Medical Colleges: “What Should the Role of the Medical School Be in Specialty Choice?”

Dr. Kirch described the early pressure on medical students to select a specialty. He outlined various workforce projections from the past three decades and noted that the current wisdom is that there is a physician shortage. The shortage is based on an increasing population, the aging of the population with a concomitant increased need for services, and an aging physician population. However, opinion is not unanimous about this conclusion. One change that is occurring in the health care delivery system is consolidation into larger practices. The effect of this on practice is unknown—will there be an increased emphasis on primary care or on specialist care? While the number of medical school graduates has increased in recent years, there has been no change in the number of GME positions, leading to a situation where a significant number of U.S. medical graduates did not obtain PGY-1 positions this year. Dr. Kirch argued that medical schools need to focus on the attainment of a broad range of competencies that transcend specialties. He also emphasized the need for appropriate mentorship for specialty selection.

**Thomas Nasca, M.D.**, Chief Executive Officer, Accreditation Council for Graduate Medical Education: “Current Status and Future Directions of Subspecialties in American Medicine”

Dr. Nasca presented data on the increasing number of subspecialty programs and positions over the past 30+ years and the factors contributing to this, including research and technology factors, social and economic status of subspecialists compared to specialists, practice opportunities, and the increase in the numbers of both ACGME-accredited and non-ACGME-accredited training programs. He described the impact of potential federal funding cuts on GME and argued that every GME program and position is valuable and should be treated as a national asset. The ACGME will continue to emphasize the quality of training rather than controlling the numbers and types of training programs that are available. He described newer aspects of ACGME accreditation including milestones, the CLER (Clinical Learning Environment Review) program, and the use of patient outcomes to evaluate training programs. He stated that the Next Accreditation System (NAS) emphasizes the link of subspecialty programs to their core programs.

**Lois Nora, M.D., J.D., M.B.A.**, President and CEO, American Board of Medical Specialties: “Future Directions of Subspecialties in American Medicine”

Dr. Nora spoke about medicine as a profession and the attendant rights and responsibilities and cited the Board system as an example of professional self-governance in the public interest. She also reflected on what the public expects of their physicians, namely accessibility, affordability, and competence. New specialties and subspecialties should serve society's needs, and through their MOC programs the Board's should assist their diplomates in providing state-of-the art care. She suggested that because over time physicians typically narrow their scope of practice, MOC should not only cover core aspects of the specialty/subspecialty but also reflect a physician's actual practice and thereby contribute to quality of practice.

### Small Group Sessions

The attendees addressed eight questions related to subspecialties in four working groups, and their responses are summarized here.

1. Should the ABPN consider instituting a moratorium on the approval of new subspecialties?  
*Three of the four groups voted no; one suggested a five-year moratorium; ABPN should adhere to its existing criteria.*
2. Should the ABPN consider instituting a moratorium on participating in multidisciplinary subspecialties administered by other Member Boards?  
*All four groups voted no.*
3. Should the ABPN conduct an assessment of the future of existing subspecialties?  
*All four groups voted yes with one group suggesting that a threshold be established for conducting such an assessment. Review should not be limited to just fiscal viability. Review should include an analysis of training in the subspecialty area in general residencies.*
4. Should the ABPN permit diplomates to complete primary specialty MOC with a "focused area" of subspecialty?  
*Three of the four groups voted no and mentioned the psychometric challenges associated with such examinations. The fourth group felt it was desirable for candidates to be able to tailor the examination to their practices.*
5. Should the ABPN consider permitting double-counting of general and subspecialty training during the last year of psychiatry, neurology, or child neurology training?  
*While the majority vote was no, the groups were split in their answers to this question, with the responses varying by discipline. There were more no votes than yeses for neurology, and the reverse for psychiatry.*
6. If the answer to this question is "yes," what requirements should the ABPN consider for this policy?  
*It was agreed that for subspecialty training to begin "early" all general requirements must be completed, all appropriate milestones must be achieved, the general program director must give explicit permission, and there would be no shortening of the current*

*length of general training. There was disagreement about requiring that subspecialty training must be completed in the same program where the resident completed PGY-3 because of the disadvantage this would have for small programs. Some other suggestions were that there should be specific requirements for PGY-4, e.g., supervision, adult subspecialties should be selected at the time of the match, and adding a concentration option (e.g., 6 months).*

7. Should the ABPN consider permitting diplomates to participate in MOC in a subspecialty without maintaining certification/MOC in a primary specialty?

*Three groups voted no, and one voted yes.*

8. Should the ABPN consider making all MOC examinations modular and requiring all subspecialists to complete at least one module in a primary specialty?

*Two groups voted no, and two voted yes, but only if the answer to No. 7 is yes.*

<b>Attendee</b>	<b>Organization</b>
Alejandro <b>Aparicio</b> , MD	American Medical Association
Adrienne <b>Bentman</b> , MD	American Association of Directors of Psychiatric Residency Training
Philip <b>Bialer</b> , MD	Academy of Psychosomatic Medicine
John <b>Bodensteiner</b> , MD	American Board of Psychiatry and Neurology
Robin <b>Callen</b>	American Board of Psychiatry and Neurology
Jason <b>Caplan</b> , MD	Association for Academic Psychiatry
Terrence <b>Cascino</b> , MD	American Board of Psychiatry and Neurology
Frank <b>Drislane</b> , MD	American Clinical Neurophysiology Society
Larry <b>Faulkner</b> , MD	American Board of Psychiatry and Neurology
Pierre <b>Fayad</b> , MD	American Academy of Neurology Stroke and Vascular Neurology Section
David <b>Fink</b> , MD	Association of University Professors of Neurology
Blair <b>Ford</b> , MD	American Academy of Neurology Consortium of Neurology Program Directors
Robert <b>Golden</b> , MD	American Board of Psychiatry and Neurology
Laurie <b>Gutmann</b> , MD	American Board of Psychiatry and Neurology
Robert <b>Guynn</b> , MD	American Board of Psychiatry and Neurology
Mark <b>Haygood</b> , DO, MS	American Psychiatric Association Residents and Fellows
Ahmet <b>Hoke</b> , MD, PhD	American Neurological Association
R. Edward <b>Hogan</b> , MD	American Epilepsy Society
Pat <b>Janda</b>	American Board of Psychiatry and Neurology
Paramjit <b>Joshi</b> , MD	American Board of Psychiatry and Neurology
Ralph <b>Jozefowicz</b> , MD	American Board of Psychiatry and Neurology
Dorthea <b>Juul</b> , PhD	American Board of Psychiatry and Neurology

<b>Attendee</b>	<b>Organization</b>
George <b>Keepers</b> , MD	American Board of Psychiatry and Neurology
Darrell <b>Kirch</b> , MD	Association of American Medical Colleges
Paul <b>Kirwin</b> , MD	American Association for Geriatric Psychiatry
Anand <b>Kumar</b> , MD	American Association of Chairs of Departments of Psychiatry
Frances R. <b>Levin</b> , MD	American Academy of Addiction Psychiatry
Kerry <b>Levin</b> , MD	American Board of Psychiatry and Neurology
Steven <b>Lewis</b> , MD	Neurology Residency Review Committee
Jeffrey <b>Lyness</b> , MD	American Board of Psychiatry and Neurology
David <b>Mallott</b> , MD	American College of Psychiatrists
Thomas <b>Nasca</b> , MD, MACP	Accreditation Council for Graduate Medical Education
Lois <b>Nora</b> , MD, JD, MBA	American Board of Medical Specialties
Phillip <b>Pearl</b> , MD	Child Neurology Society Professors of Child Neurology
Timothy <b>Pedley</b> , MD	American Academy of Neurology
Noor <b>Pirzada</b> , MD	American Board of Psychiatry and Neurology
Robert <b>Ronis</b> , MD, MPH	American Board of Psychiatry and Neurology
Cynthia <b>Santos</b> , MD	American Academy of Child and Adolescent Psychiatry
Logan <b>Schneider</b> , MD	American Academy of Neurology Consortium of Residents and Fellows
Barbara <b>Schneidman</b> , MD, MPH	American Board of Psychiatry and Neurology
Lesha <b>Shah</b> , MD	American Psychiatric Association Residents and Fellows
Kailie <b>Shaw</b> , MD	American Board of Psychiatry and Neurology
Linjun <b>Shen</b> , PhD	American Board of Psychiatry and Neurology

<b>Attendee</b>	<b>Organization</b>
Roy <b>Strowd</b> , MD	American Academy of Neurology Consortium of Residents and Fellows
Richard <b>Summers</b> , MD	American Psychiatric Association
Christopher <b>Thomas</b> , MD	Psychiatry Residency Review Committee
Ann <b>Tilton</b> , MD	American Board of Psychiatry and Neurology
Patti <b>Vondrak</b>	American Board of Psychiatry and Neurology
Francis <b>Walker</b> , MD	American Association of Neuromuscular and Electrodiagnostic Medicine
Robert <b>Weinstock</b> , MD	American Academy of Psychiatry and the Law
Paul <b>Whittington</b>	American Board of Psychiatry and Neurology