



The ABPN Maintenance of Certification (MOC) Program (rev. 07/26/09)

NOTE: All policies, components, and requirements of the ABPN's Maintenance of Certification (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 website (www.abpn.com) regularly to ascertain whether any changes have been made.

Introduction

The Maintenance of Certification Program (MOC) of the American Board of Psychiatry and Neurology reflects the Board's commitment to lifelong learning throughout one's profession. The mission of the ABPN's Maintenance of Certification (MOC) Program is to advance the clinical practice of psychiatry and neurology by promoting the highest evidence-based guidelines and standards to ensure excellence in all areas of care and practice improvement. The MOC program requires diplomates to participate in sanctioned self-assessment performance measures, identify perceived weaknesses in their knowledge, pursue learning activities tailored to areas that need to be strengthened, and develop quality improvement programs based on their clinical practice. The goal is for diplomates to reflect on their personal knowledge and performance and commit to a process of improvement and reevaluation of performance measures over a specified time frame that will ultimately lead to improved care for their patients.

Diplomates are responsible for their own self-assessment activities, continuing education credits, and practice improvement plans, and they can choose the learning tools that will best address their perceived needs, expand their expertise, and enhance the effectiveness and efficiency of their practice.

As of October 1, 1994, all individuals achieving Board certification by the ABPN are issued 10-year, time-limited certificates. Certificates issued in the subspecialties of addiction psychiatry, clinical neurophysiology, forensic psychiatry, geriatric psychiatry, hospice and palliative medicine, neurodevelopmental disabilities, neuromuscular medicine, pain medicine, psychosomatic medicine, sleep medicine, and vascular neurology, including those issued prior to October 1, 1994, are 10-year, time-limited certificates. Time-limited certificates for child and adolescent psychiatry began in 1995. All ABPN time-limited certificates, regardless of their exact dates of issuance, are considered to expire 10 years later on December 31.

Diplomates who are not recertified before their certificates expire are no longer Board certified in that area of certification. Once a former diplomate completes all MOC requirements and passes the MOC examination, however, he or she will regain certification status.

Physicians who are certified in both psychiatry and neurology and who desire to maintain their certificates in both disciplines must only meet the CME, Self-assessment, and PIP requirements for one specialty. However, they will be required to pass cognitive examinations in both psychiatry and neurology.

Diplomates with certificates in the subspecialties of addiction psychiatry, clinical neurophysiology, forensic psychiatry, geriatric psychiatry, hospice and palliative medicine, neuromuscular medicine, pain medicine, psychosomatic medicine, sleep medicine, and vascular neurology must also maintain certification in their specialty in order to apply for recertification in the area of subspecialization. Diplomates in neurodevelopmental disabilities must maintain certification in neurology with special qualification in child neurology. If certification in the specialty lapses, certification in the subspecialty is no longer valid.

Diplomates in child and adolescent psychiatry do not need to maintain current certification in general psychiatry for their subspecialty certification to remain valid and to recertify in child and adolescent psychiatry.

There is no time limit on regaining certification status through maintenance of certification. It is the responsibility of diplomates to obtain application materials for maintenance of certification. *Information for Applicants* publications and applications are available to download from www.abpn.com.



The ABPN Maintenance of Certification Program

As mandated by the American Board of Medical Specialties, the Board has developed a 10-year Maintenance of Certification (MOC) program. The ABPN MOC program includes four components:

1. Professional Standing
2. Self-Assessment and Lifelong Learning
3. Cognitive Expertise
4. Performance in Practice (PIP)

Record Keeping, Attestation, Multiple Certificates, and Auditing

Diplomates of the ABPN are required to maintain records of their self-assessment (SA) activities, Continuing Medical Education (CME) activities, and Performance in Practice (PIP) Units. **Diplomates must provide their signature attesting to completion of these activities (as determined by the phase-in schedule) on their applications for the MOC examinations. When the MOC Program is fully operational, attestation to all components will be required on applications for the MOC examinations.**

Diplomates are responsible for choosing their self-assessment activities, lifelong learning activities, and performance in practice components. Completed activities can be applied to multiple certifications thus fulfilling MOC criteria for one or more specialty or subspecialty areas.

The ABPN will audit approximately five percent of the applications submitted for the cognitive examination. Candidates whose applications are audited will receive a letter detailing the documentation required as evidence of completion of stipulated components (self-assessment program, CME activities, and PIP modules) as determined by the phase-in schedule. Failure to return this documentation may result in the denial of the application for the MOC cognitive examination.

Phase-In Schedule for ABPN MOC Component Requirements

Original or Recertification 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
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
2010	2019	2020	300	X	X	X	X	X

- 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.

1. Professional Standing (continuously effective)

To show evidence of professional standing, the ABPN requires that diplomates must hold an active and unrestricted license to practice medicine in at least one state, commonwealth, territory, or possession of the United States or province of Canada. Such license must be maintained even if the physician is out of the country for extended periods of time. All medical licenses must be unrestricted.

2. Self-Assessment and Lifelong Learning

A. Self-Assessment Activities

Diplomates of the ABPN are required to participate in at least two major, broad-based self-assessment activities during the 10-year MOC cycle. The self-assessment activities can come from multiple self-assessment programs. Each self-assessment activity must cover new knowledge and/or current best practices in one or more of the competency areas, and provide feedback to the diplomate that can be used as the basis for focused CME, lifelong learning, and/or career development. That feedback must include the correct answer and recommended literature resources for each question, and (by 2014) comparative performance to peers. This requirement is currently slated to begin in 2010 for those applying for 2011 MOC examinations.

When the ABPN MOC Program is fully implemented in 2014:

- At least an average of 8 of the CME credits per year (averaged over 2-5 years) should involve self-assessment.
- The first self-assessment activity must be completed in years 1-3 of the 10-year MOC cycle.
- The second self-assessment activity must be completed in years 6-8 of the 10-year MOC cycle.
- Feedback must include comparative performance to peers.

B. Lifelong Learning (CME) Activities

Diplomates of the ABPN are required to complete an average of 30 specialty or subspecialty Category 1 CME credits per year over the 10-year MOC cycle. CME activities must be accredited by ACCME or by the Royal College of Physicians and Surgeons of Canada, and CME must be relevant to the specialty in which the diplomate is certified. Diplomates certified in more than one area only need to accrue an average of 30 CME credits per year, as the same CME credits can be used to satisfy the MOC requirements for multiple specialties and subspecialties. This requirement was phased in beginning in 2006 for those applying for 2007 MOC examinations.

When the ABPN MOC Program is fully implemented in 2014:

- At least an average of 8 of the CME credits per year (averaged over 2-5 years) should involve self-assessment.
- 150 CME credits must be earned during the first 5-year block of the 10-year MOC cycle,
- 150 CME credits must be earned during the second 5-year block of the 10-year MOC cycle,
- Diplomates must accrue 300 Category 1 CME credits over the 10-year MOC cycle.

Examples of broad-based self-assessment activities approved by the Board may be found on the ABPN web site, www.abpn.com.

The Board may approve additional self-assessment programs over time. *The ABPN reserves the right to approve or reject any course or guideline submitted for approval.*

3. Cognitive Expertise (effective 1994)

Diplomates of the ABPN fulfill the cognitive expertise component by passing a cognitive examination prior to the expiration date on their certificates. To sit for a cognitive examination, all current MOC requirements must be satisfied at the time the MOC application is submitted. A passing score on the cognitive examination extends the renewal date of the certificate to December 31, 10 years from the year of the cognitive examination. Practice-relevant, clinically oriented, multiple-choice, computer-administered examinations are delivered in over 200 Pearson VUE testing centers throughout the country. To prepare for the MOC cognitive examinations, a diplomate should keep current with research and developments in the respective field, read specialty-specific journals and practice guidelines, and attend relevant CME programs.



4. Performance in Practice (PIP)

The Performance in Practice component is a two-part quality improvement program designed for “clinically-active” physicians (see definitions below) to participate in practice improvement activities over the 10-year MOC cycle by both chart review and second-party external review. Diplomates will be required to complete three (3) PIP Units, each consisting of both a Clinical Module (chart review) and a Feedback Module (Patient/Peer* second-party external review).

If a diplomate participates in an institutional quality improvement program that involves collection of chart data and comparison, and establishment of a plan to improve clinical activity for the individual physician, that institutional participation may also fulfill the Clinical module. If a diplomate participates in peer review in his/her clinical setting, that institutional activity may also fulfill the PIP Feedback Module criteria.

This requirement is currently slated to begin in 2013 for those applying for 2014 MOC examinations.

When the ABPN MOC Program is fully implemented:

- The first PIP Unit must be completed in years 1-3 of the 10-year MOC cycle;
- The second PIP Unit must be completed in years 4-6 of the 10-year MOC cycle;
- The third PIP Unit must be completed in years 7-9 of the 10-year MOC cycle.

A) Clinical modules (Chart Review)

- Clinical modules require that each diplomate collect data from at least five patient cases in a specific category (e.g., diagnosis, type of treatment, treatment setting) obtained from the diplomate’s personal practice over the previous 3-year period.
- Each diplomate must then compare data from the five patient cases with published best practices, or practice guidelines, or peer-based standards of care (e.g., hospital quality improvement programs), and develop a plan to improve effectiveness or efficiency of his/her clinical activities.
- Within 24 months, each diplomate must collect the same data from at least another five clinical cases in the same specific category, to see if improvements in practice have occurred. The same patients may be assessed in the original and follow-up data.

B) Feedback modules (Patient/Peer* Second Party External Review)

- Feedback modules require each diplomate to solicit personal performance feedback from at least five peers* and five patients concerning the diplomate’s clinical activity over the previous three years.
- Each diplomate must then identify opportunities for improvement in the effectiveness and/or efficiency in their practice as related to the core competencies and take steps to implement suggested improvements.
- Within 24 months, each diplomate is required to solicit feedback from at least another five peers* and five patients to see if improvements in practice have occurred. Feedback may be obtained from the same patients and peers as in the original and follow-up feedback.

*Peers include other professional healthcare staff such as, psychologists, social workers, physicians, counselors, and nurses.

Model Peer Feedback and Patient Feedback forms are available on the web site www.abpn.com.

The ABPN encourages all diplomates to take the Clinical Activity Status Survey at www.abpn.com.

Clinically-Active Status

The American Board of Medical Specialties (ABMS) has issued definitions of “Clinically Active” and Clinically Inactive” and requires that all diplomates self-report their status once every 24 months in each area of certification. This information will be available to the public.

1. **“Clinically Active”:** Any amount of direct and/or consultative patient care has been provided in the preceding 24 months. This includes the supervision of residents.

A. Engaged in direct and/or consultative care *sufficient* to complete Performance in Practice (PIP) Units.

B. Engaged in direct and/or consultative care *not sufficient* to complete PIP Units.

2. **“Clinically Inactive”:** No direct and or/consultative patient care has been provided in the past 24 months.

3. **“Status Unknown”:** No information available on the clinical activity of this diplomate.

Diplomates who are in category 1.A. above are required to complete all components of the MOC Program including PIP Units.

Diplomates who are in categories 1.B. or 2 above are required to complete all components of the MOC Program, except for PIP Units.

A change in diplomate status from 1.B. or 2 to 1.A. requires the completion of at least one PIP Unit.



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 2000...

Apply for the 2010 MOC examination in 2009.

Requirements: 120 Category 1 CME credits

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/RECERTIFIED IN 2004...

Apply for the 2014 MOC examination in 2013.

Requirements: 240 Category 1 CME credits (150 in past 5-yr block), at least an average of 8 of the CME credits per year [averaged over 2-5 years] should involve self-assessment
2 completed self-assessment activities
1 completed PIP Unit

IF YOU WERE CERTIFIED/RECERTIFIED IN 2005...

Apply for the 2015 MOC examination in 2014.

Requirements: 270 Category 1 CME credits (150 in past 5-yr block), at least an average of 8 of the CME credits per year [averaged over 2-5 years] should involve self-assessment
2 completed self-assessment activities
1 completed PIP Unit

IF YOU WERE CERTIFIED/RECERTIFIED IN 2006...

Apply for the 2016 MOC examination in 2015.

Requirements: 300 Category 1 CME credits (150 in past 5-yr block), at least an average of 8 of the CME credits per year [averaged over 2-5 years] should involve self-assessment
2 completed self-assessment activities
2 completed PIP Units

IF YOU WERE CERTIFIED/RECERTIFIED IN 2007...

Apply for the 2017 MOC examination in 2016.

Requirements: 300 Category 1 CME credits (150 in past 5-yr block), at least an average of 8 of the CME credits per year [averaged over 2-5 years] should involve self-assessment
2 completed self-assessment activities
3 completed PIP Units

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), at least an average of 8 of the CME credits per yr [averaged over 2-5 years] should involve self-assessment
2 self-assessment activities (complete 1st SA 2009-2011; 2nd SA 2014-2016)
3 completed PIP Units

IF YOU WILL BE 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), at least an average of 8 of the CME credits per year [averaged over 2-5 years] should involve self-assessment
2 self-assessment activities (complete 1st SA 2010-2012; 2nd SA 2015-2017)
3 completed PIP Units

IF YOU WILL BE 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), at least an average of 8 of the CME credits per year [averaged over 2-5 years] should involve self-assessment
2 self-assessment activities (complete 1st SA 2011-2013; 2nd SA 2016-2018)
3 PIP Units (complete 1st PIP 2011-2013; 2nd PIP 2014-2016; 3rd PIP 2017-2019)

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), at least an average of 8 of the CME credits per year [averaged over 2-5 years] should involve self-assessment
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), at least an average of 8 of the CME credits per year [averaged over 2-5 years] should involve self-assessment
2 self-assessment activities (complete 1st SA 2013-2015; 2nd SA 2018-2020)
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), at least an average of 8 of the CME credits per year [averaged over 2-5 years] should involve self-assessment
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), at least an average of 8 of the CME credits per year [averaged over 2-5 years] should involve self-assessment
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)