A Selective History of the ABPN: It's Déjà Vu All Over Again

by

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“Those who cannot remember the past are condemned to repeat it.”

George Santayana

“History is bunk.”

Henry Ford

Outline of Presentation

- Introduction
- The Origins of the ABPN
- Ten Selected ABPN Strategic Issues
- Conclusions

A. Introduction

A. Introduction

1. Given time constraints and my abilities, a complete history of the ABPN is not possible.

2. This presentation will focus on the origin of the ABPN and on ten strategic issues on which the ABPN has deliberated over the past 75 years.

3. Some of the best and brightest minds in psychiatry and neurology have reflected on these issues.

4. I will rely on the specific words of former Directors for much of my presentation.

5. Any current or future strategic process at the ABPN should give special attention to the perspectives of these past leaders.

“After all, all he did was string together a lot of old, well-known quotations.”

H. L. Mencken
(On Shakespeare)

B. The Origins of the ABPN

“Either we must act, and that promptly, or yield the control of this field to others.”

J. V. May, M.D.
APA President, 1933

Brief Timeline of the ABPN

.1928 - Adolf Meyer first calls for a plan to standardize American neuropsychiatry.

.1933 - Representatives from the APA, AMA, and ANA meet in New York to begin discussions about creating a certifying board.

.1934 - The first organizational meeting of the 12 Directors of the ABPN is held in Wilmington, DE and bylaws are adopted, officers elected, and committees appointed.

.1935 - The first certifying examination takes place in Chicago.

.1974 - The AAN becomes the fourth sponsoring society of the ABPN and the number of Directors is increased to 16.

The Original Directors of the ABPN

A. APA
- Adolf Meyer
- Clarence O. Cheney
- C. Macfie Campbell, Vice President
- Franklin G. Ebaugh

B. ANA
- Louis Casamajor
- Lewis J. Pollack*
- H. Douglas Singer, President
- Edwin G. Zabriskie

C. AMA
- George W. Hall
- J. Allen Jackson
- Walter Freeman, Secretary-Treasurer
- Lloyd H. Ziegler

*The only Director to refuse to accept Board certification.

“The Board records with deep regret the death of its first President, Dr. H. Douglas Singer, which occurred on August 28, 1940 and places on record the following minute:

To the members of the Board this loss has a very special significance. During the negotiations preceding the functions of the Board, during the early period of its existence with methods and standards still to be formulated, during the gradual attainment of an orderly and efficient procedure, Dr. Singer was invaluable.”

ABPN Board Meeting
May 1, 1941

Total Number and Primary Specialty of ABPN Directors

Primary Specialty	Number	%
Neurology	33	22
Child Neurology	11	7
Psychiatry	58	39
Neurology/Psychiatry	44	29
Child Neurology/ Psychiatry	3	2
None	1	1
Total	150	100

“The second meeting of the ABPN dealt with the thorny questions of fees, classes of applicants, the grandfather clause, and the naming of the organization. The meeting, which lasted from 8:30 p.m. to 2:30 a.m., was high spirited and opinionated, ‘with vehemence and conviction spurting from each individual pore.’”

Lester H. Rudy, M.D.
ABPN Director, 1970-1971
ABPN Executive, 1972-1985

(Walter Freeman, M.D. quote)

ABPN Executives

1. Walter Freeman – 1934 – 1946
2. Francis J. Braceland – 1947 – 1951
3. David A. Boyd, Jr. – 1951 – 1971
4. Lester H. Rudy – 1972 – 1985
5. Stephen C. Scheiber – 1986 – 2006*
6. Larry R. Faulkner – 2006 – Present

*First full-time ABPN Executive.

“I am overcome by the fact that I was elected, since I was not present at the time of election. This is too important a task for anybody to get into blindly, no matter how well meaning. I have no home, no office, and no idea what I am going to do. I shall do the best I can, but I was wondering if the Board would be willing to have me learn the job by next May.”

Francis Braceland, M.D.
ABPN Director, 1946-1952
ABPN Executive, 1947-1951

"The ABPN Executive is like an umpire…If a team wins or a candidate passes his examination, it is because they are good or are well prepared and coached. If they lose or fail, ipso facto it is someone else's fault, and in the case of Board examinations, the Board's fault, and because he signs the paper"…the Executive's… "fault. Thus in a relative short time an obscure, peace-loving physician becomes on a national scale what public officials sometimes call one another."

Francis Braceland, M.D.
ABPN Director, 1946-1952
ABPN Executive, 1947-1951

David A. Boyd, M.D.
ABPN Director, 1952-1959
ABPN Executive, 1951-1971

C. Ten Selected ABPN Strategic Issues

C. Ten Selected ABPN Strategic Issues

1. ABPN as a Single Board
2. Meaning and Purpose of ABPN Certification Processes
3. Content and Format of ABPN Examinations
4. Competence of ABPN Candidates in Patient Evaluations
5. Grading System for ABPN Oral Examinations
6. Relationships of the ABPN to RTPs and the RRCs
7. Recognition of ABPN Subspecialties
8. Recertification and MOC
9. Relationships of the ABPN to Psychiatrists and Neurologists
10. Relationship of the ABPN to the Public

“The more things change, the more they remain the same.”

Jean-Baptiste Alphonse Karr

1. ABPN as a Single Board

“At the same time that forces were bringing neurologists and psychiatrists together, other forces were keeping them apart. One of the earliest disputes occurred in connection with naming the Board…The covert issue seemed to be which specialty would be dominant. Neurologists contended that the naming should be decided alphabetically, and psychiatrists argued that the size of the constituency should be the determinant. The latter won out.”

Marc H. Hollander, M.D.
ABPN Director, 1972 – 1980

“From time to time the question of separation of psychiatry and neurology has provoked a degree of tension. Its occurrence…appears to have been occasioned principally by pressures of individuals or groups outside of the Board…There was no instance when the Board involved itself in a formal discussion of this possibility.”

Harvey J. Thompkins, M.D.
ABPN Director, 1968-1975

“The members of the two disciplines, it was said, ‘got along like…strange bulldogs’…Had it not been for the personal friendships of the members I don’t believe we would have gotten anywhere.”

Louis Casamajor, M.D.
ABPN Director, 1934-1942

“Even though I disagreed with some of the Board actions I never knew them to be unfair, and who could expect twelve men of different backgrounds and make up to agree on all things.”

Francis J. Braceland, M.D.
ABPN Director, 1946-1952
ABPN Executive, 1947-1951

“There is one thing of which I am very proud and that is…The Board has always stood behind its continuance as a joint Board.”

David B. Clark, M.D.
ABPN Director, 1969-1976

“Early in its deliberations, the ABPN reaffirmed the commitment of the two disciplines to work together for the common good of the psychiatric and neurologic fields. The combined board, as a whole, was determined to be more than the sum of its parts.”

Fundamental Tenet
ABPN Vision 20/10
February 11, 2000

2. Meaning and Purpose of ABPN Certification Processes

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

ABPN Information for Applicants, 1939

The examinations "will be of such type that no adequately trained individual will fail, yet they will be sufficiently searching so that the specialist-in-fact will be separated from the specialist-in-name."

ABPN Information for Applicants, 1939

"In determining eligibility for examination, an effort was also made to ascertain if the candidate met adequate ethical and professional standards of conduct, but such an effort produced only a very small yield. Accordingly, Board certification could assure the public that the specialist had fulfilled training and experience requirements and passed an examination, but it could provide only a modicum of information about ethical and professional conduct."

Marc H. Hollander, M.D.
ABPN Director, 1972-1980

Assessment of ABPN Core Competencies

Competency Areas	Where Documented
. Patient Care	. Residency, Exam
. Medical Knowledge	. Residency, Exam
. Interpersonal and Communication Skills	. Residency, Exam
. Practice-Based Learning and Improvement	. Residency, Exam
. Professionalism	. Residency, Exam
. Systems-Based Practice	. Residency, Exam

“The educational community in each of the specialties will define the levels of performance required to be declared proficient… While we will use the common language of the Competencies to organize these graduation milestones, the description and evaluation of the milestones in each discipline will reflect both the rich similarities and differences in their manifestation in each specialty.”

Thomas J. Nasca, M.D., MACP
CEO
ACGME
May 2008

“The ABPN will define and measure core competencies in psychiatry and neurology.”

Strategic Issue No. 1
ABPN Vision 20/10
February 11, 2000

3. Content and Format of ABPN Examinations

Selected Changes in the Content and Format of ABPN Examinations

. 1935	- oral exams in basic P and N and practical clinical exercises - essay written exam – "deemed unsatisfactory" - same exam for P and N candidates
. 1943	- true/false written exam – "deemed unsatisfactory"
. 1946	- different exams for P and N candidates
. 1949 – 1960	- failed attempts to develop written screening exam

. 1965	- same exam for P and N candidates
. 1967	- separate Part I and Part II exams - same Part I exam for P and N candidates
. 1975	- Part I exam entirely different for P and N candidates
. 1977	- replacement of N oral section of Part II exam for P candidates with video vignettes - addition of AV section to Part II exam for P, N, and CN candidates
. 1982	- N video vignette section of Part II exam for P candidates discontinued - P oral section of the Part II exam for N candidates discontinued
. 1985	N AV oral section of the Part II exam replaced with written vignettes

. 1994	transition of written exams from the NBME to the ABPN - all new certificates to become time-limited (10 years)
. 2003	- transition of written exams to computerized format
. 2005	all computerized exams administered at NCS Pearson VUE
. 2006	P AV oral section of the Part II exam replaced with written and DVD vignettes
. 2008	N Part II exam eliminated for new residency graduates - single computerized certification exam for N/CN
. 2011	P Part II exam eliminated for new residency graduates - single computerized certification exam for P

“In the 1970s the Board was overwhelmed by the number of psychiatrists seeking certification. The pressure they produced, more than any other force, was probably responsible for the changes that occurred. As previously noted, however, the changes had been in motion for many years. The direction remained constant, but the pace quickened.”

Marc H. Hollander, M.D.
ABPN Director, 1972-1980

Time Required to Effect Selected Changes in the Format of ABPN Examinations

- 1949-1965 – written examination
- 1970-1977 – AV examination in psychiatry
- 1975-1984 – recertification examination
- 1999-2004 – elimination of oral examination in neurology
- 1999-2008 – elimination of oral examination in psychiatry

“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

“There was a “general trend among specialty boards to ‘make haste slowly’.”

S. Mouchly Small, M.D.
ABPN Director, 1976-1983

“The ABPN will use the best technologies and information to achieve its goals.”

Strategic Issue No. 3
ABPN Vision 20/10
February 11, 2000

4. Competence of ABPN Candidates in Patient Evaluations

“The manner of examining both neurological and psychiatric patients and the reasoning and deductions therefrom constitute the most important part of the examination.”

ABPN Information for Applicants, 1939

“For some years, the ABPN was the only Board that continued to use live patients for its clinical examinations. Doing so into the 1970s had become increasingly more difficult as the number of patients required had become progressively greater…it was decided to use one hour of an A/V presentation, thereby reducing the need for patients by one-half.”

Marc H. Hollander, M.D.
ABPN Director, 1972-1980

“The results of this study raise questions about the wisdom of abolishing the last oral examination that uses a ‘live patient.” Instead, perhaps attention should be directed toward increasing the reliability of the examination and determining what (if anything) differentiates the two examination formats.”

John Talbott, M.D.
ABPN Director, 1980-1987

“Talbott’s defense of the live patient oral examination in psychiatry is clearly stated. However, the argument against such an examination for certification in postgraduate medicine does not lie in the reliability of the two different formats but in the problematic issues of validity and an acceptable level of reliability in all oral exams.”

James H. Shore, M.D.
ABPN Director, 1987-1994

The ABPN Competency Evaluation Process

- Satisfactory demonstration of required competencies during in-residency evaluations is necessary for credentialing for ABPN examinations.

- Psychiatry Competencies
  - physician-patient relationship
  - psychiatric interviewing, including the mental status examination
  - case presentation

- Neurology Competencies
  - medical interviewing
  - neurological examination
  - humanistic qualities, professionalism, and counseling skills

“The ABPN will assess the physician/patient relationships in its credentialing, certification, and maintenance of certification processes.”

Strategic Issue No. 4
ABPN Vision 20/10
July 2006

5. Grading System for ABPN Oral Examinations

“Without further reliability and validity data, we are on woefully thin ice, and that ice is thawing rapidly under the heat of embarrassing questions, relentlessly pursued by logicians and skeptics of the field of examinology.”

Milton Greenblatt, M.D.
ABPN Director, 1969-1976

Selected Changes in the Grading System for ABPN Oral Examinations

. 1935	- Numerical Scoring
. 1978	- High Pass, Pass, Condition, Fail
. 1981	- Pass, Condition, Fail
, 1996	- Pass/Fail for N - Each N Section Stands Alone
. 2005	- Numerical Scoring - Compensatory Grading for P

“The grading system for the oral examination changed often enough over the years to suggest that an ideal system had not yet been found. For many years numerical grades were used… Dissatisfaction with numerical grades probably was due mainly to the fact that they seemed to indicate greater precision than was actually attainable. More in keeping with the level of precision was the pass-fail scale. Once in use, however, this scale was also found wanting.”

Marc H. Hollander, M.D.
ABPN Director, 1972-1980

1940 ABPN Grading Session

Dr. P: "It is a hard problem. I don't want to bear down on him but he was awful."

Dr. S: "I am pretty sure he wouldn't take it again."

Dr. F: "I move he be passed."

Dr. P: "All right, I will raise his grade to 75."

1940 ABPN Grading Session

Dr. F: I think a man that couldn't get a Babinski sign ought to be failed.

Dr. R: Maybe he didn't have it.

Dr. C: Babinski himself couldn't get a sign from some of them.

Dr. F: I surrender.

1045 ABPN Grading Session

Dr. W: This man blew sky high after taking psychobiology and went into a terrific aggressive anxiety state and was shouting. He blamed this on a sugar reaction and took a bag of candy out of his pocket and began to eat it.

Dr. A: He said he was tired and discouraged and could not answer any more questions.

Result: Fail

Psychiatry Part I Examination: 2005 - 2008

	Passed	Failed	Total
New	4,179 (87%)	616 (13%)	4,795 (69%)
Repeat	931 (43%)	1,227 (57%)	2,158 (31%)
Total	5,110 (73%)	1,843 (27%)	6,953 (100%)

Psychiatry Part I Examination and PRITE

1992 PRITE and 1994 Part I (N=701)*

. Psychiatry: r=0.67 (p<.01)
. Neurology: r=0.43 (p<.01)

2002 PRITE and 2003 Part I (N=304)

. Psychiatry: r=0.60 (p<.01)
. Neurology: r=0.41 (p<.01)

Webb, et al: AJP, 1996

Psychiatry Part II Examination: 2000 – 2008

	Pass (%)	Fail (%)	Total (%)
2000-2004	5,259 (54%)	4,551 (46%)	9,810 (100%)
4/05 – 1/06*	1,180 (64%)	663 (36%)	1,843 (100%)
5/06-9/08**	3,349 (70%)	1,440 (30%)	4,789 (100%)

*Change to numerical and compensatory scoring.

**Change to vignette format from AV hour.

Psychiatry Part II Examination: May 2006 – January 2009

	Pass (%)	Fail (%)	Total (%)
New	2,775 (78%)	803 (22%)	3,578 (69%)
Repeat	875 (53%)	768 (47%)	1,643 (31%)
Total	3,650 (70%)	1,571 (30%)	5,221 (100%)

Performance on First Attempt (2002 Examinations)

Year Graduated	Part I First Pass (%)	Part II First Pass (%)
1997	50	48
1998	25	43
1999	50	58
2000	71	54
2001	78	68
2002	86	--

Neurology Part I Examination: 2005 – 2008

	Pass (%)	Fail (%)	Total (%)
New	1,318 (79%)	342 (21%)	1,660 (59%)
Repeat	250 (22%)	912 (78%)	1,162 (41%)
Total	1,568 (59%)	1,254 (44%)	2,822 (100%)

Child Neurology Part I Examination: 2005 – 2008

	Pass (%)	Fail (%)	Total (%)
New	170 (71%)	71 (29%)	241 (57%)
Repeat	46 (25%)	137 (75%)	183 (43%)
Total	216 (51%)	208 (49%)	424 (100%)

Neurology Part I Examination and RITE

1998 RITE and 1998 Part I (N=255)*

. Neurology: r=0.61 (p<.01)
. Psychiatry: r=0.75 (p<.01)

*Goodman, et al: Neurology, 2002

Neurology Part II Examination: 2000 – 2008

	Pass (%)	Fail (%)	Total (%)
2000-2004	2,131 (68%)	981 (32%)	3,112 (100%)
2005-2008*	1,896 (86%)	321 (14%)	2,217 (100%)

*Change to numerical scoring.

Child Neurology Part II Examination: 2000 – 2008

	Pass (%)	Fail (%)	Total (%)
2000-2004	250 (70%)	106 (30%)	356 (100%)
2005-2008*	232 (88%)	32 (12%)	264 (100%)

*Change to numerical scoring.

Neurology Part II Examination: April 2005 – January 2009

	Pass (%)	Fail (%)	Total (%)
New	1,602 (87%)	232 (13%)	1,834 (83%)
Repeat	294 (77%)	89 (23%)	383 (17%)
Total	1,896 (86%)	321 (14%)	2,217 (100%)

Child Neurology Part II Examination: April 2005 – January 2009

	Pass (%)	Fail (%)	Total (%)
New	202 (89%)	25 (11%)	227 (86%)
Repeat	30 (81%)	7 (19%)	37 (14%)
Total	232 (86%)	32 (12%)	264 (100%)

Neurology and Child Neurology Certification Examination - 2008

	Pass (%)	Fail (%)	Total (%)
Neurology	353 (91%)	34 (9%)	387 (100%)
Child Neurology	47 (90%)	5 (10%)	52 (100%)

American Board of Family and Neurology

Performance on First Attempt
(2002 Examinations)

Year Graduated	Part I First Pass (%)	Part II First Pass (%)
1997	50	64
1998	40	63
1999	30	72
2000	27	64
2001	73	75
2002	89	--

“The ABPN certification examinations will be fair and strive to achieve the highest levels of validity and reliability.”

Strategic Issue No. 2
ABPN Vision 20/10
February 11, 2000

6. Relationships of the ABPN to RTPs and the RRCs

“Initial responsibilities of the ABPN included designating programs “competent” to provide training and “encouraging and stimulating adequate training.”

AM J Psychiatry, 1933

1983 ABPN Board Meeting

Dr. F: "I wish to present the application of Dr. S."

Dr. H. "He is a quack."

Dr. F: "I believe he should be examined."

Dr. P: "The man is not practicing neurology or psychiatry and is not entitled to examination."

Dr. C: "He should be allowed to take the examination which of course he would fail."

Dr. S: "Exactly."

Dr. C: "I move he be examined."

“One of the “Chief Functions of the Board” is “To assist in the evaluation of training programs in hospitals, clinics and medical centers for the purpose of determining their adequacy as training centers in psychiatry and/or neurology.”

ABPN Information for Applicants, 1964

“It became apparent that policing programs…from a central office was an impossible task.”

Marc H. Hollander, M.D.
ABPN Director, 1972-1980

"The evaluation and accreditation of training programs through the 1940s and early 1950s was carried out jointly by the Board and the Council on Medical Education (CME) of the AMA…The organizational meeting of the RRC for Psychiatry and Neurology took place…on October 3, 1954. …The ABPN and CME of the AMA…would authorize the RRCs to approve or disapprove residency training programs…in 1983…the RRC in psychiatry and neurology split."

William L. Webb, Jr., M.D.
ABPN Director, 1982-1989

ABPN Nominees on the RRCs

- Psychiatry RRC (5/16)
  - Victor I. Reus, M.D. (Chair)
  - Steven Cuffe, M.D.
  - Burton V. Reifler, M.D.
  - Cynthia Santos, M.D.
  - Christopher Thomas, M.D.
  - Larry R. Faulkner, M.D. (Ex-officio)
- Neurology RRC (2/8)
  - Patricia K. Crumrine, M.D.
  - Ralph F. Jozefowicz, M.D.
  - Phillip L. Pearl, M.D.
  - Larry R. Faulkner, M.D. (Ex-officio)

“The ABPN will influence the curricula and standards of training programs in psychiatry and neurology.”

Strategic Issue No. 5
ABPN Vision 20/10
February 11, 2000

7. Recognition of ABPN Subspecialties

“The ABPN, which offered its first examination in child psychiatry in 1959, has been conservative in instituting new types of subspecialty certification. Its philosophy has been to follow the fields rather than to lead them.”

Donald G. Langsley, M.D.
ABPN Director, 1976-1979
ABMS Executive Vice President, 1982-1991

1948 ABPN Board Meeting

The question of an American Board of Psychoanalysis came up as they had applied for recognition directly to the ABMS:

Dr. M. I look with disfavor upon this whole thing.

Dr. M. It's the first entering step for feeble-minded, etc.

Dr. A. The EEG men will want a board of their own.

Dr. W. Couldn't this Board collaborate with a group for the purpose of sub-certification in psychoanalysis?

Dr. B. No. They want their own Board. They want a board to keep out the "unwashed."

“…powerful emotional currents had arisen and even a vicious, vindictive situation where friends do not speak to one another.”

David A. Boyd, M.D.
ABPN Director, 1952-1959
ABPN Executive, 1951-1971

Subspecialty	Year of First ABPN Examination	Certificates Awarded Through 2008
Child and Adolescent Psychiatry (CAP)	1959	6,653
Geriatric Psychiatry	1991	2,953
Clinical Neurophysiology (CNP)*	1992	1,826
Addiction Psychiatry	1993	2,032
Forensic Psychiatry	1994	1,693
Pain Medicine*	2000	243
Neurodevelopmental Disabilities*	2001	67
Psychosomatic Medicine	2005	853
Vascular Neurology	2005	704
Sleep Medicine*	2007	348
Hospice and Palliative Medicine*	2008	25
Neuromuscular Medicine*	2008	192
*Interdisciplinary subspecialty		

Subspecialties: 2000-2008

	Mean No. Programs	Mean No. Graduates	Mean No. (%) Part I Examinees
Psychiatry	182	1,053	1,166 (111%)
Neurology	120	433	459 (106%)
Child Neurology	68	48	56 (117%)
CAP	112	331	217 (66%)
Geriatric P.	61	82	107* (65%)
CNP	88	137	173* (63%)
Addiction P.	44	43	46* (53%)
Forensic P.	41	50	90* (90%)
*Exam administered every other year.			

“The ABPN will respond to the need for recognition of and/or certification in subspecialties and other focused areas of expertise.”

Strategic Issue No. 6
ABPN Vision 20/10
February 11, 2000

8. ABPN Recertification and MOC

“The suggestion that Diplomates be recertified after a 10-year period is an intriguing one with a good bit of potential merit but considerable actual difficulties. Perhaps it is premature. I am sure that it would raise loud cries of protest.”

Charles Rupp, M.D.
ABPN Director, 1962-1969

“The ground swell of support for recertification came not only from the medical profession but also from the public sector and government representatives.”

S. Mouchly Small, M.D.
ABPN Director, 1976-1983

“The trek of American psychiatry toward recertification has been long and arduous.”

James H. Shore, M.D.
ABPN Director, 1987-1994

Components of Maintenance of Certification (MOC)

I. Professional Standing (2007)
II. Self-Assessment (2010) and Lifelong Learning (CME) (2007)
III. Cognitive Expertise (2007)
IV. Performance in Practice (2013)

ABPN Diplomate Participation in Maintenance of Certification (MOC) Through 2008

Specialty	Time-Limited Certificates Issued	Number of Diplomates	Number Recertified (%)
Neurology	10/94-1998	1,569	1,354 (86%)
Child Neurology	10/94-1998	206	177 (86%)
Psychiatry	10/94-1998	4,568	3,639 (80%)
Subspecialty			
Geriatric Psych.	1991-1998	2,425	1,245 (51%)
Clinical Neurophy.	1992-1998	975	509 (52%)
Addiction Psych.	1993-1998	1,776	751 (42%)
Forensic Psych.	1994-1998	824	441 (54%)
CAP	1995-1998	724	547 (76%)

Maintenance of Certification (MOC) Pass Rates

Through 2007

Specialty	Number Passing	Number of Examinees	Percent Passing
Neurology	1,424	1,426	99%
Child Neurology	197	198	99%
Psychiatry	3,751	3,760	99%
Subspecialty			
Addiction Psych..	751	798	94%
CAP	575	575	100%
CNP	520	534	97%
Geriatric Psych.	1,245	1,297	96%
Forensic Psych.	469	480	98%
Pain Medicine	1	1	100%

“The ABPN will develop a maintenance of certification program in congruence with ABMS requirements.”

Strategic Issue No. 9
ABPN Vision 20/10
2002

9. Relationships of the ABPN to Psychiatrists and Neurologists

“In the final analysis, they (the directors) are responsible only to themselves. Of course, it is understood that the Board, like the Supreme Court, ‘reads the newspapers’.”

Henry W. Brosin, M.D.
ABPN Director, 1954-1961

1938 ABPN Board Meeting

A discussion of examination expenses resulted in a decision to allow Directors $7.50 per diem plus railway and Pullman fares.

1941 ABPN Board Meeting

Dr. C.: In regard to the expenses and receipts of the Board to be presented to the Council of the APA in Richmond, I would like to explain to them that the expenses incurred are all necessary and that we do not spend money on riotous living. It was decided to show the carping critics that the examination fees do not exceed the amount spent on traveling and hotel expenses at examination time.

"…the unrest and numerous complaints about the Board…have been sporadic ever since the Board was organized…there will always be complaints when professional men are subject to examinations and at present time persons in all medical specialties are evincing unrest as there is talk about requiring continuing education and possible Board re-examinations..."

Francis J. Braceland, M.D.
ABPN Director, 1946-1952
ABPN Executive, 1947-1951

“The decision by the ABPN to eliminate the internship requirement in 1970 met with severe criticism in several quarters, most notably from the APA Assembly of District Branches, the AACDP, and the AADPRT, all of whom were particularly perturbed because they had not been consulted.”

Marc H. Hollander, M.D.
ABPN Director, 1972-1980

“The ABPN will improve its relationship with those residents, psychiatrists, and neurologists who have not obtained certification by the ABPN.”

Strategic Issue No. 7
ABPN Vision 20/10
February 11, 2000

10. Relationship of the ABPN to the Public

“…the certificate ‘is evidence of recognized training in psychiatry’…and…is ‘also evidence to the public that the holder is recognized as competent to practice his specialty’.”

Am J Psychiatry, 1933

“Is it best to label as a neurologist or psychiatrist almost everybody who applies for examination, or is it to certify only those who in our considered opinion are safe to turn loose on a trusting and unsuspecting public? Some men – the incompetent ones – must be resigned to doing without the certificate of the board.”

Roland P. MacKay
ABPN Director, 1946-1953

“In the recounting of the history of the American Board of Psychiatry and Neurology we see that the philosophy of the Board, … since its founding, has continued to recognize the public interest as a prime fact.”

Shervert H. Frazier, M.D.
ABPN Director, 1966-1973

“The ABPN will enhance its relationship with the public.”

Strategic Issue No. 8
ABPN Vision 20/10
February 11, 2000

D. Conclusions

D. Conclusions

1. Most of the history and important strategic issues facing the ABPN have focused on complex and multifaceted questions.
   - **What are the core principles that guide the ABPN?**
   - **What is the meaning and purpose of board certification?**
   - **How should psychiatrists and neurologists be trained?**
   - **How can the ABPN best evaluate the competence of psychiatrists and neurologists?**
   - **How can the ABPN best relate to other professional organizations in psychiatry and neurology?**
   - **How can the ABPN best serve its diplomates, candidates, profession and public?**

2. Anyone who believes these questions have simple, straightforward answers has not studied the history of the ABPN.
   - **The ABPN will continue to deal with these issues for as long as it exists.**

“Never before have I been associated with a fairer, more understanding, more professional and distinguished group. I am proud to have been associated with you.”

John C. Whitehorn, M.D.
ABPN Director, 1944-1949