The most common questions I receive center around the ABPN’s MOC requirements. Here I systematically review the MOC requirement that should answer most psychiatrists’ questions. If you have remaining questions or areas of confusion, please email me at drjack@americanphysician.com to receive further clarification from me or my assistant.

### Meeting Your MOC Requirements

There are four requirements you must meet in order to maintain your ABPN board certification. These ABPN requirements are unique in detail but the same in scope to the other medical boards that are members of the American Board of Medical Specialties (ABMS).

Because of the phase-in of the ABPN MOC requirements there are two versions of MOC requirements based on the year of your next MOC exam. For psychiatrists with an MOC exam scheduled in 2021 or before, the hours of Self-Assessment (SA) credits and the number of Performance in Practice (PIP) units is less. I will describe this in the pertinent sections.
Part I: Professionalism and Professional Standing

This requirement simply requires that you maintain an unrestricted medical license from your state medical licensure board. In the future, to address the ‘professionalism’ requirement, a new ABPN committee will draft and include professionalism-related questions on the ABPN certification and MOC exams.

Part II: Life Long Learning and Self-Assessment

Meeting this criterion requires completing learning activities that are approved for the requisite number of CME and Self-Assessment (SA) credits. The *AMA PRA Category 1 Credit™* requirement is 30 credits per year, similar to what most state licensure boards require.

The SA requirement entails completion of learning activities that are specifically approved by the ABPN for SA credit. If your MOC exam takes place in 2016 through 2021, you must earn a total of 24 SA credits. If your MOC exam is in 2022 or later, you are entered into the Continuous MOC (CMOC) pathway and must complete 24 SA credits during each of the three 3-year periods, for a total of 72 SA credits. (The 10th year of the CMOC cycle is reserved for taking the MOC exam and does not require completion of any other MOC activity, that is, no CME, SA, or PIP activity is required.)

So, what are SA activities? For the most part they are learning activities approved for *AMA PRA Category 1 Credit™* that include additional features that meet the ABPN’s SA requirements. The first additional feature of an SA activity is that it allows the learner to compare his or her performance to that of peers. This means that the SA activity,
whether it is an article or conference, must include an exam of multiple choice questions (MCQs) that compare the learner’s responses to that of other physicians taking that exam. A second, additional feature is that the SA MCQs include sources that the learner can look up for further study and review.

Prior to 2014, every SA activity also had to be approved for *AMA PRA Category 1 Credit™*. Currently, however, the ABPN approves some non-CME learning activities to meet part of a psychiatrist’s SA requirements. Sixteen SA credits out of the required 24 SA credits needed in total for those taking the 2016-2021 MOC exams and for each of the 3-year periods for those in the CMOC program, can be non-CME SA activities. The ABPN lists 6 categories of these non-CME SA activities. Note that each individual non-CME SA activity is capped at 8 SA credits. So, if you wish to earn 16 out of the 24 SA credits through these non-CME activities, you will have to engage in at least two of them. The categories are as follows:

1. Passing a Certification or MOC Examination
2. Having a peer reviewed scientific grant accepted with documented feedback
3. Having a peer reviewed paper accepted in a scientific journal
4. Completing a non-CME Patient Safety Course SA activity
5. Documenting peer supervision (at least four hours)
6. Documenting a Peer Review Committee review of clinical performance

**Part III: Take and Pass the Psychiatry MOC Exam**

The ABPN calls this section “Assessment of Knowledge, Skills, and Judgment” but it really means taking and passing a computer-administered exam at a secure proctored site, in the case of the ABPN, at a Pearson Learning Center.
The good news is that the Psychiatry MOC exam is much easier to pass than the old Part 1 Certification exam or the new Initial Certification exam. The MOC exam does not include neurology or basic neuroscience questions. (Please note that the neurocognitive disorders and delirium are tested on the MOC exam because they are disorders included in the DSM.)

The Psychiatry MOC exam includes 220 MCQs and candidates are allowed up to 290 minutes (4 hours and 50 minutes) to complete it. The focus of the questions is primarily clinical, meaning that they focus on recognition of diagnostic entities, on assessment, and on treatment.

My advice to MOC exam candidates is to focus in their preparations on the following areas of knowledge. I’ve listed them in order of importance. Diagnostic and treatment questions make up the majority of the MOC exam.

- Know your DSM. The 2016 MOC exam includes the DSM-IV and DSM-5 names of disorders, while the 2017 and later exams are based exclusively on DSM-5 disorders. For the 2016 MOC exam, this means knowing only the disorders that are ‘substantially similar’ between the DSM-IV and DSM-5. For example, you will not be tested on disruptive mood dysregulation disorder, which is new to DSM-5. Note that the question stems and response options will include both the DSM-IV and DSM-5 disorder names, such as hypochondriasis/illness anxiety disorder or dementia/neurocognitive disorder. Starting in 2017, candidates need to know the entire DSM-5.
• Know your biological and psychosocial interventions. This means you should be familiar with all classes of psychotropic medications used to treat psychiatric disorders. There are three types of knowledge needed:

1. Know your treatment algorithms, that is, which meds are first line for which disorders, and which meds to consider when first line meds fail.

2. Know details about the meds, especially ones you don’t use regularly in clinical practice. For example, a Child Psychiatrist should review the cholinesterase inhibitors used to treat neurocognitive disorders, while the Geriatric Psychiatrist should review the psychostimulants used to treat ADHD.

3. Review drug-drug interactions, which are a popular exam testing topic. Additionally, every candidate should review the main psychotherapies and know their indications.

• Know your assessments. Know which labs and other assessments are needed when particular disorders are suspected. A good example is knowing which labs are absolute requirements when working up dementia/neurocognitive disorder. Also, some clinically-relevant neuroimaging questions are included on the exam. For example, a question could describe a patient with traumatic brain injury with neuroimaging evidence of injury to the prefrontal cortex. The question would ask which type of behavioral and/or cognitive changes would be expected. The answer would be disinhibition and executive dysfunction.
• Know normal human development through the life span. This includes a minor amount of neurodevelopment such as maturation of the visual system, cognitive and motor development throughout childhood, physical development (Tanner Stages) during puberty, and psychological development and adjustment in adulthood into old age.

• Know the basics of consult-liaison psychiatry and medical-legal issues. This includes ethical principles, privacy, professionalism, informed consent, disclosure of information, medical malpractice, adoption, foster-care, divorce and custody. It also includes a small number of questions regarding practice parameters such as Medicaid and Medicare rules, Affordable Care Act, HIPAA guidelines, etc.

Part IV: Improvement in Medical Practice

Part IV of MOC requires completion of ‘Performance in Practice’ units. The good news for candidates with MOC exams due in 2016 through 2021, is that they need only complete one PIP unit and, further, that the PIP unit requirements have been substantially rolled back. Initially, MOC exam candidates with exams up to 2015 needed to complete both modules that comprised a PIP unit, the Feedback and Clinical Modules. Now only the Clinical Module is required and completion of this module requires chart review of five patients. The Feedback Module, the more cumbersome of the two modules, requires seeking written feedback from peers and/or patients. It is now optional. Both modules, the mandatory Clinical Module and the optional Feedback Module, require the same order of activities: Assessment, Plan for Improvement, and Reassessment.
Here is an example. Let’s say I review five patient charts and find that I’m not consistent in ordering lab tests on my patients. I may have chosen charts of patients with bipolar disorder all of whom were on a mood stabilizer. To my chagrin, I realize that I am not ordering lithium or valproate levels at the recommended intervals. So I come up with a plan for improvement. Let’s say I develop a note-taking approach that entails writing in all my SOAP notes and the date of the next labs that should be ordered on that patient. If I’m using an EMR, I just carry over this line of text from note to note. Then, after enough time has elapsed to allow me to implement my plan, I review 5 new charts. This time I’m pleased when I find that my labs are almost all done on time. A common misconception relates to the timing of the reassessment. It needs to be done ‘within 2 years’ of the initial assessment. Many psychiatrists misread this and think it means that the reassessment needs to be done ‘2 years later.’ No. It can be done at any time within that 2 year window. You only need to wait long enough to ensure that you have implemented your plan for improvement.

The same concept applies if you choose to complete the optional Feedback Module. Let’s say I ask five patients to assess me. I learn that they have positive things to say but one negative is that four out of the five patients mention that I don’t explain the medications I prescribe well enough. I then make a plan to provide written handouts to patients about the meds I prescribe them. I also decide that I will review this handout with them at the time I hand it to them. I implement my plan and, let’s say, two months later I reassess my progress by asking five additional patients to rate me. This time I find not one patient criticizes me for not explaining the prescribed meds well enough.
Next Steps

Again, if I can answer additional areas of concern, just email me at drjack@americanphysician.com to receive further clarification from me or my assistant.

Know that American Physician Institute has several educational activities that are approved by the ABPN for Self-Assessment Credit. This includes our very popular audio lecture series, CMEtoGo. When you get the three-year bundle, we include simplePIP, an online tool that guides you through completion of the PIP module. Read more here: http://www.masterpsych.com/psychiatry-moc-credits/

Also, our MasterPsych Conference is also approved for Self-Assessment credits. This very popular conference is best known for the extremely practical guidance it provides, the well-known faculty and its beautiful locations. Additionally, it’s a great way of earning CME and SA credit. Read more here: http://www.masterpsych.com/psychiatry-conference-and-medical-update/