ACADEMY OF CONSULTATION-LIAISON PSYCHIATRY

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July 7, 2021

Richard E. Hawkins, MD
President and Chief Executive Officer
American Board of Medical Specialties
353 North Clark Street, Suite 1400
Chicago, IL 60654

Re: ABMS call for comments regarding the Draft Standards for Continuing Certification

Dear Dr. Hawkins,

The Academy of Consultation-Liaison Psychiatry (ACLP) represents psychiatrists who specialize in the care of the medically ill. The subspecialty field of Consultation-Liaison Psychiatry is a one-year fellowship training program, which follows four years of psychiatry residency training, and is recognized by the American Board of Psychiatry and Neurology.

We are writing in response to the request of the American Board of Medical Specialties (ABMS) for comments regarding the ABMS Draft Standards for Continuing Certification. We are also submitting direct comments via your web form.

Our workgroup reviewed the draft standards and solicited feedback from members working in different practice contexts. We did have significant concerns regarding the continuing certification system, both with regard to its effectiveness and its burdensomeness. Our members particularly noted limitations in the value of current self-assessment and performance improvement requirements.

The American Psychiatric Association (APA) is the national organization that represents the field of Psychiatry and has prepared a detailed response to your request for comments. The ACLP is an affiliate organization of the APA. We believe that their statement expresses well the issues that our own organization has brought forward.

We concur with the general principles with which the APA offers: continuing certification should not be a basis for licensure, hospital privileges, or insurance paneling, should award credit for a variety of practice improvement activities implicit within a physician's own practice or system, should minimize financial burden for practitioners and provide for those with true financial hardship, should not contribute to the burden of practice which are already a cause of physician burnout, and should emphasize accessible and cost-effective resources to meet requirements.

We concur also with two fundamental additions that the APA proposes. First, requirements for continuing certification should be based on evidence that the criteria do identify skillful practice. As noted above, our members did perceive that certain aspects of the current certification system in psychiatry do not reliably measure and encourage self-improvement. Only metrics supported by research should be employed, an approach that will assure physician confidence in the recertification process. Second, continuing certification represents a significant burden both in time and cost for physicians. We do urge that labor and price entailed be a part of the consideration of any requirement. We do urge full transparency as to the use of fees collected for examinations and other resources used in continuing certification.

Finally, we concur with all the specific recommendations made by the APA. Clear guidelines should mandate the involvement of specialty societies (Standard #1). Provision should be made for practitioners unable to afford certification (Standard #2). Recommendations to change the frequency of recertification, like all other proposals to alter continuing certification, should be based on clear research-supported conclusions (Standard #3). The formulation of requirements must be based on evidence of efficacy in establishing physician performance, and there must be a continuing process of re-assessment of program efficacy (Standard #7). Holders of multiple certifications should meet consolidated requirements, and thus face burdens of effort and fee comparable to those certified in a single field (Standard #8). Issues in professionalism are already monitored by state licensing authorities and employing institutions. Such issues should not be independently assessed in continuing certification (Standard #10). Knowledge base will certainly be a factor in certification, but evaluation of skill and judgment must be approached with instruments whose fairness and accuracy are solidly established by research (Standard #13). Continuing professional development should be the least burdensome needed to assure quality of care. As a professional subspecialty society, we certainly agree with involvement of relevant physician organizations (Standard #17). Physician participation in their own self-assessment and improvement, and physician participation in system quality improvement and patient safety, are essential, but standards in these areas must only be introduced when evidence clearly supports their meaningfulness. We agree that such standards must be suspended until research establishes a consensus regarding their value. Existing resources and activities, in a variety of contexts, should be accepted as participation (Standards #18, 19, and 20).

In short, we are happy to speak with one voice as psychiatrists and express our agreement with the response of our affiliate organization.

We are very appreciative that the ABMS has given careful thought to the continuing certification process. It is critical that the certification system serves both physicians and their patients. Clearly there are areas where revised approaches are needed. We hope the new standards will encourage such improvement, and we look forward to seeing the final ABMS Standards for Continuing Certification.

Sincerely,

Maria Tiamson-Kassab, MD, FACLP
President
Academy of Consultation-Liaison Psychiatry