



NEWS UPDATE

ANNUAL NEWSLETTER TO DIPLOMATES AND CANDIDATES ◀ ▶ MARCH 2008

HIGHLIGHTS FROM 2007

As the certification and maintenance of certification (MOC) processes continue to evolve to meet the growing needs of medicine, many exciting and new things are happening. Below is just a partial list of items of interest to our candidates and diplomates.

- ◆ At the conclusion of the August 2007 meeting Dr. Glenn Merchant (Aerospace Medicine trustee) and Dr. Cheryl Barbanel (Occupational Medicine trustee) completed their terms on the Board. They have been replaced by Dr. Susan Northrup and Dr. Denece Kesler respectively.
- ◆ With the departure of Dr. Merchant, Dr. Clyde Schechter was elected as the new Chair of the ABPM and Dr. Ronald Stout replaced Dr. Barbanel as Secretary.
- ◆ Beginning with the 2008 application cycle, clinical training accredited by the American Osteopathic Association will now be accepted by the Board if it includes at least six months of direct patient care comprising ambulatory and inpatient experience with hands-on patient care involving diagnostic workup and treatment of individual patients.
- ◆ The training plus practice pathway for Undersea and Hyperbaric Medicine has been extended through the 2010 application cycle. Applications are available at the ABPM website www.theabpm.org from March 1 to July 1 each year.
- ◆ In January 2008, the first time-limited certificates granted by the ABPM expired. Approximately 55% of diplomates whose certificates expired have already completed the components of MOC.
- ◆ The American College of Occupational and Environmental Medicine has developed educational and assessment materials to fulfill MOC Part 4 requirements. The American College of Preventive Medicine and the Aerospace Medical Association expect to have similar models available later this year or in early 2009.

WE'RE MOVING!

NEW ADDRESS BEGINNING MAY 1, 2008

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NEW BOARD MEMBER

Dr. Natalie Hartenbaum was elected at the January 2008 meeting of the Board to replace Dr. William Greaves. Her appointment will begin in August 2008 following the Board meeting.

Dr. Hartenbaum has extensive experience in Occupational Medicine and is very active in leadership roles in the American College of Occupational and Environmental Medicine. We are delighted to have Dr. Hartenbaum join the Board of Trustees.

A NOTE FROM THE CHAIR

Dr. Clyde Schechter (New York, NY)

You've probably had this experience. A friend or relative calls to ask you about a physician he or she is planning to see. You go to the usual sources of information about physicians and don't find much. The only specific is that the physician in question is board certified in a specialty, but that certification was in 1979—so who knows what it means today?

Lifetime specialty certificates are a bit like college diplomas. They speak to successful completion of education at some point in time. As the years go on, they become less and less informative about the holder's knowledge, skills, and abilities. Indeed, studies consistently show poorer performance on quality of care measures with increasing years out of training. As health care costs have skyrocketed and payors and the public grow increasingly skeptical about the quality of services they receive, demands for quality improvement and quality reporting grow ever stronger.

The American Board of Medical Specialties (ABMS) is an organization of 24 specialty boards, including the ABPM. ABMS is a resource to its individual boards in solving common problems, and also sets standards for the board certification process. Certification by an ABMS member board has for decades been recognized as a marker of excellence, and numerous public and private payors offer higher reimbursement rates or other forms of recognition to those with certification by an ABMS board. Board certification from an ABMS member board has become a requirement for appointments to many hospitals or medical school faculties. While there are alternative specialty boards that are not recognized by the ABMS, their certificates have, in general, not been recognized or rewarded by the public.

In the 1990s, ABMS foresaw a growing public demand for up-to-date information about physicians and responded, initially, by ending the issuance of lifetime certificates. All certificates would thereafter be limited to a term of at most 10 years. Certificates would be renewed by demonstrating continued licensure in good standing, currency in practice, and passing a secure written cognitive examination. This regimen was known as re-certification.

The reign of re-certification was brief. A broader concept of Maintenance of Certification® (MOC) emerged to shore up the weaknesses of re-certification. Re-certification, after all, spoke only to one aspect of maintaining expertise: the ability to pass a knowledge test. MOC requires a secure written test of knowledge and continued licensure in good

standing, and adds two more components: Lifelong Learning/Self Assessment, and Practice Performance Assessment. Furthermore, while the written examination is required only once per cycle, the other components have become on-going requirements to be fulfilled throughout the cycle on a continuing basis.

The ABMS has mandated all its member boards to implement a full MOC program no later than 2010. Several payors have recognized participation in an ABMS Board's MOC program in their pay-for-performance programs. Others, including Medicare, are seriously considering doing so. The Federation of State Medical Boards has recommended to the States that MOC participation be accepted in lieu of requiring decennial passage of a USMLE-like examination when they adopt Maintenance of Licensure programs.

The ABPM has been phasing in its MOC requirements, and the complete program will apply to all certificates issued in 2007 or later. The accompanying articles by the ABPM specialty area vice-chairs explain some of the specifics that apply in their areas. Full details can be obtained on our web site: www.theabpm.org/moc.cfm.

Let me outline the philosophy that ABPM applied in developing our MOC programs. First and foremost, we want the process to be meaningful and inherently valuable to diplomates. We have partnered with our specialty societies to develop practice performance assessments that are focused on the real practice of preventive medicine and easily tailored to each diplomate's individual niche within our broad specialty. Second, we want to minimize burdens, consistent with providing meaningful assurance to the public about our diplomates and maintaining the value of your certificate. In particular, our Lifelong Learning requirements are similar in quantity to what many states require for continued medical licensure. Diplomates who are already subject to quality improvement activities that assess their practices will usually be able to use those data to fulfill our practice performance assessment requirement. Diplomates maintaining multiple PM certificates have combined requirements that are less than the total of those of the individual certificates. Those who also maintain certification with another ABMS board may be able to reduce the Lifelong Learning requirement from ABPM.

Finally, what is most certain about MOC is that it will evolve over time as physicians, payors, the public, and specialty boards gain experience with it. ABPM wants your input in this process. As we go forward, please send us your feedback about MOC and your suggestions to make it better.

NEWS FROM OUR VICE-CHAIRS

Aerospace Medicine

Dr. John Crowley (Fort Rucker, AL)

Greetings to diplomates in the smallest (and therefore most elite) Preventive Medicine specialty area - Aerospace Medicine! My name is John Crowley, and I've been your Vice-Chair for Aerospace Medicine (AM) for the past three years or so. I'm a retired Army flight surgeon and a product of the USAFSAM RAM program (RAM '88), and am currently Science Program Director at the US Army Aeromedical Research Laboratory, Fort Rucker, Alabama. I'm ably assisted by two other ABPM trustees representing AM, Dr. Richard Jennings and Dr. Susan Northrup--you'll hear more from them in future columns.

Aerospace Medicine is healthy as an established medical specialty area within the ABPM, but it is no secret that there are challenges ahead. We're discussing a number of issues with the Aerospace Medical Association (AsMA), including the drop in applicants for the initial certifying exam and the introduction of the Maintenance of Certification process for AM physicians, particularly the Lifelong Learning and Practice Assessment components. The MOC cognitive examination has been successfully administered at the last three AsMA meetings, but to very few applicants. This could reflect a lack of MOC awareness or an alarming drop-out rate for our specialty. Contributing to the latter theory is the fact that more AM specialists have a second specialty than in the past, which adds valuable expertise, but at the possible expense of diminished long term participation in our specialty. ABPM is working closely with the American Society of Aerospace Medicine Specialists (ASAMS), a constituent organization of AsMA, on these career/specialty issues. I strongly encourage AM specialists to join ASAMS and participate in these discussions that will affect the long term health of Aerospace Medicine. Let us not dwell on potential problems, let me close with some good news. Aerospace Medicine (and Preventive Medicine in general) has never been more important than it is today. ABPM is alive and well, and continues to provide world-class certification of excellence in our specialty area. Since we are a member board of the American Board of Medical Specialties, we're on the cutting edge of MOC development. Diplomates can rest assured that our recertification tools are state-of-the-art. Please feel free to contact me if I can help in any way.

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www.theabpm.org/myprofile.cfm

Occupational Medicine

Dr. William Greaves (Milwaukee, WI)

The specialty of Occupational Medicine strives to achieve healthy workers in healthy workplaces. Your Occupational Medicine group at the ABPM works with the other Preventive Medicine specialties and their physician specialty societies to continually move toward this goal. We seek to improve and support the specialty through initial certification and its maintenance, as well as liaison with a host of associated professional organizations. The Occupational Medicine group at ABPM consists of Drs. Denece Kesler (Albuquerque), Kurt Hegmann (Salt Lake City), Ron Stout (Cincinnati), and myself, Bill Greaves (Milwaukee).

As you probably know, the ABPM directly links to each applicant and diplomate in an on-going relationship. This relationship is strengthened through two-way communication of important events and changes. How can you get the most from your relationship with the ABPM? One of the most important ways is to keep your address and other contact information current with us. In this way, our mutual communication is enhanced and we can better meet your needs. If you have changes, update your profile online or send them to ABPM staff at the Chicago office address.

Your ABPM supports the efforts of the American College of Occupational and Environmental Medicine and the American College of Preventive Medicine, which are working together to gain support in Congress for significantly increased funding of residency training programs in all of the Preventive Medicine specialties. The strength of our specialty depends not only on the quality and expertise of all our members but also on our numbers. We need to do all we can to build and to strengthen existing residency training programs that are struggling with inadequate resources, and we need to build new residency training programs to meet the people-power needs of our specialty.

On a personal note, I have been honored to serve you as Vice-Chair of Occupational Medicine and will complete ten years of service next summer. ABPM staff are hard-working, wonderful individuals who place your individual best interests at the top of their daily work tasks and who strive to meet the specialty goal of healthy people in healthy workplaces. Let me know how I can help you to meet your needs and we will accomplish it together.

(Continued on page 4)

VICE-CHAIR NEWS (CONT.)

(Continued from page 3)

Public Health/General Preventive Medicine
Dr. Miriam Alexander (Baltimore, MD)

The specialty of General Preventive Medicine/Public Health is devoted to health promotion and disease prevention. Typically we call ourselves the population-medicine specialty. What does that mean? Most of us would say that we train in this specialty because we want to assure optimal health for the populations we serve. Many of us take jobs where we manage or analyze the health of defined populations. Many in our specialty work for health departments. At the local or state levels, we may develop, implement and evaluate programs and serve as the "medical face" of all that happens in the public arena. At the local level some of us provide patient care to individuals who attend public health clinics. Though our diplomates work in traditional public health roles, increasingly the actual employer may be a quasi-private/public partnership.

Preventive Medicine doctors often work in environments in which we determine the health outcomes of populations we serve through the development of policies for the provision of clinical services, quality assurance, or patient safety in healthcare systems. Others of us are directly responsible for developing policies that affect the health of many lives. An example of this is the work of colleagues in the corporate sector who guide resource utilization to maximally benefit targeted populations, such as physicians employed in pharmaceutical companies. Such physicians may guide decisions about products worthy of development based on the products' potential impact on morbidity and mortality.

While some Preventive Medicine physicians are full time researchers in academia, government or the private sector, almost all of us have in common a near daily encounter with data and a need to analyze that data to make appropriate decisions. We may use complex statistical methods or simply straightforward descriptive epidemiology, but always with the intent of learning from the evidence and bringing that wisdom to bear on decision-making.

Preventive Medicine as a specialty is continually evolving. Already in this new century, we have taken leadership roles in areas as diverse as public health emergency preparedness, vaccine safety, and consumer-driven health care. The nature of our skill set is such that we are continually poised to take on the next challenge.

TREASURER'S REPORT

Dr. Joshua Lipsman (New Rochelle, NY)

The American Board of Preventive Medicine, Inc. (ABPM) is a private, independent, not-for-profit organization founded in 1948 and currently headquartered in Chicago. Its mission is to grant and issue, to qualified physicians who are licensed to practice medicine, certificates of special knowledge in Preventive Medicine and one of three specialty or two subspecialty areas; and to encourage the study, enhance the standards of practice, and advance the cause of Preventive Medicine.

As with other such organizations, ABPM has a board of directors, consisting of the chair, three specialty-area vice chairs, a secretary, a treasurer and five additional members. All Board officers and members, as well as members of the committees that write examination questions are unpaid volunteers. One of the responsibilities of the ABPM board, as with any board, is fiduciary, which means we oversee the financial health of the organization. I am pleased to report that ABPM's overall financial health is excellent, and would like to give you a brief financial description of ABPM.

Almost 95% of our income is from application and examination fees for certification and maintenance of certification examinations, and most of the remainder is income from investments. Expenses include maintaining and staffing an office (62% of our budget), direct exam-related costs (28%) and costs associated with holding board and committee meetings (10%).

Prior to the past few years, ABPM substantially downsized itself and undertook substantial cost-saving changes in its procedures. As a result of this self-restraint, we have been able to maintain service to our applicants and diplomates while sustaining conservatively invested financial reserves at the levels generally recommended for non-profit organizations of our size.

Given our asset cushion, we were delighted to be able to hold our fees constant from 2006 to 2007, the first time ABPM has done so in recent memory, and hope to be able to avoid fee increases again in future years. Holding fees steady is one benefit we can offer candidates and diplomates that increases the value to you of the services we administer and acknowledges the respect we hold for the confidence and trust you place in us as your fiduciary representatives at ABPM.

Please feel free to contact me if you have any questions about ABPM's financial status.

MOC EXAMS

Since 2005, the American Board of Preventive Medicine has offered the MOC examinations for diplomates with time-limited certificates. The test is a two-hour written examination consisting of 100 multiple-choice questions. This examination fulfills the Part III requirements of our MOC program and may be taken at any of the offerings in the final three years of certification.

Information on 2008 MOC exam dates and locations is listed below:

- ◆ February 20, 2008 at 1:00 pm
ACPM Preventive Medicine Austin, TX
- ◆ April 12, 2008 at 1:00 pm ACOEM
AOHC meeting New York, NY
- ◆ May 11, 2008 at 1:00 pm AsMA
Annual Meeting Boston, MA
- ◆ August 16, 2008 at 2:00 pm ACPM
Review Course Washington DC
- ◆ November 5, 2008 at 10:00 am
ACOEM Fall Courses Albuquerque, NM

To make sure you get the latest information on MOC, keep your mailing address and email information updated at the ABPM web site:

www.theabpm.org/myprofile.cfm

THE MOC EXAM: WHAT YOU NEED TO KNOW

One part of the Maintenance of Certification process that understandably attracts lots of Diplomate attention is the cognitive examination. We all have memories of the initial certifying examination that recall fear, concern and, of course, lots of work. But the philosophy and intent of the initial and MOC examinations are very different. This brief article is intended to reassure and focus

seasoned practitioners of preventive medicine who may be preparing for the ABPM MOC examination.

The ABPM conducts two general types of examinations: the Initial Certifying Examinations and the Maintenance of Certification Examinations. The Initial Certifying Examinations are designed to confirm that the candidate is qualified by training and experience to claim competence in a specialty area of Preventive Medicine (i.e., Aerospace Medicine, Occupational Medicine, or Public Health/General Preventive Medicine). The MOC examinations, in contrast to the initial certifying examinations, are designed to assess whether a Diplomate possesses the fundamental, practice-related and practice environment-related knowledge to provide quality care and expertise in a particular specialty area of preventive medicine.

An MOC examination is available for each specialty area of preventive medicine. There is no equivalent to the core examination for the MOC examination, in that the MOC examination consists of a single test session. The examination contains 100 multiple choice questions that emphasize knowledge relevant to day-to-day specialty area practice. The reference materials for the MOC examination are the same as for the initial certification examination, but examinees can expect questions focusing on applied aspects of specialty area practice, rather than questions emphasizing detailed knowledge and recall of unusual facts. Diplomates preparing for the MOC examination should consider that the nature of preventive medicine specialty practice is often the application of basic science (e.g., toxicology, chemistry, physics, etc.) to clinical scenarios, so a number of recall-type questions can be expected. Note also that a few questions about applying epidemiology and biostatistics principles and tools to the practice of the Preventive Medicine specialty areas may be encountered on the MOC examinations.

Diplomates in full-time practice of Preventive Medicine can be reassured that the MOC examination focuses on applied aspects of the reference texts such as those elements of knowledge that are important to practice in each specialty area of preventive medicine. Other diplomates may determine that their practice content and currency level require more intensive study. There is no pre-established "pass rate," as the purpose of this examination is to assure that the Diplomate continues to possess knowledge of the breadth of the specialty. The percentage of candidates passing the MOC examination is currently over 95%.

The MOC examination is offered at each major Preventive Medicine specialty meeting each year. These are the annual meetings of the American College of Preventive Medicine (ACPM), the American College of Occupational and Environmental Medicine (ACOEM) and the Aerospace Medical Association (AsMA). All three specialty area MOC examinations are offered at each specialty society meeting. You may take the MOC examination for which you are eligible whether or not you are attending that meeting.

For the most complete and up-to-date information, check the ABPM website, especially the Examination Study Guide

www.theabpm.org/public/studyguide.pdf

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2008 FEE SCHEDULE

TYPE OF FEE	FEE AMOUNT
Resident Pathway Application Fee *	\$ 410
Special Pathway Application *	\$ 590
Alternative Pathway Application *	\$ 705
Re-review Fee	\$ 190
Examination Fee (includes CBT)	\$1,950
Med Tox Application	\$ 420
Med Tox Exam Fee	\$1,470
UHM Fellowship Pathway Application	\$ 385
UHM Practice Pathway Application	\$ 555
UHM Examination Fee (includes CBT)	\$1,750

* \$200 additional charge for applications not completed online.

IMPORTANT DATES FOR 2008

Applications Available	March 1
Applications Due	June 1
All Documentation Due	July 15
Requirements Deadline for Alternative & Special Pathways	August 1
Notification Letters Sent	Mid August
Requirements Deadline for Residency Pathway	15 business days prior to the exam
Examination	September 29 — October 10
Exam Results Mailed	Late December

2008 PRIMARY EXAMINATION SCHEDULE

SEPTEMBER 29, 2008 THROUGH
OCTOBER 10, 2008
AT
PEARSON VUE
PROFESSIONAL TESTING CENTERS

EXECUTIVE DIRECTOR'S COLUMN

Dr. James Vanderploeg (Galveston, TX)

With the advent of time-limited certification and Maintenance of Certification, the Board's relationship with its Diplomates has changed from a one-time event to an ongoing one. Our three very capable staff members at the Chicago office (Kris, Pat, and Sheila) and I are available to help both candidates for certification and our Diplomates to navigate the certification processes. We welcome your questions and will try to make things as smooth as possible.

We continue to make increasing use of the web site as the primary mode of providing up-to-date information. Email has become our most common method of communication, so please keep your contact information and email address current in the My Profile section of the web site.

As has been pointed out in other sections of this News Update, MOC is continuing to evolve. The ABMS, as the overarching organization for board certification, is on the front lines in dealing with payors, quality assessment organizations, members of public advocacy groups, and the Federal government to make certain that board certification and the maintenance of certification process is recognized as the criterion by which these groups are assured of the quality of physician specialists. The demands for more complete and current information about physicians by the public and the above mentioned groups is escalating. In response to these increasing demands, the ABMS is undertaking an expanded role to enhance the value of board certification for all Diplomates and to address the call for complete and timely information about physicians through the Maintenance of Certification process.

2007 CERTIFICATION EXAMINATION RESULTS

The 2007 examinations were completed over a two week period in October. Applicants took the primary certification exams at Pearson VUE Professional Testing Centers located throughout the United States and in several foreign countries. A total of 264 individuals took at least one component of the examinations. Congratulations and lists of those who are newly certified are included on our web site at www.theabpm.org/diplomates.cfm.

Prior to release of examination results, the Board performs extensive test item evaluation with our psychometrician. During this process, called key validation, test items that have been identified for review may be kept, removed, or the correct answer changed if the item was mis-keyed during the original scoring. The exams are then rescored and the anonymous final results are reviewed by the Board. Once the pass point for each exam has been determined, the results are released to individual candidates. The exam result notification letters are sent to candidates in late December.

The chart below shows the pass rates for the 2007 exam. The charts in the column to the right show some historical data for comparison.

	Ref Group	Alt Path	Special Path	TOTAL
Aerosp Med	82%	N/A	N/A	71%
Occ Med	76%	55%	46%	65%
PH/GPM	91%	38%	100%	80%
Total	85%	50%	50%	72%

Specialty	# Examinees	% Pass
❖ Aerospace	324	77%
❖ Occupational	1595	64%
❖ Public Health/General Preventive	1198	75%
❖ TOTAL (1998-2007)	3117	71%

Specialty	03	04	05	06	07
❖ Core	292	270	251	241	216
❖ AM	33	25	22	30	23
❖ OM	169	129	137	126	117
❖ PHGPM	117	113	111	108	116

General Certificates	
• Aerospace (1953-2008)	1,440
• Occupational (1955-2008)	3,689
• Public Health/General Preventive (1983-2008)	2,252
• Public Health (1949-1982)	1,868
• General Preventive (1960-1982)	545
Subspecialty Certificates	
• Undersea Medicine (1993)	10
• Medical Toxicology(1995-2008)	32
• Undersea and Hyperbaric Medicine (2000-2008)	259
TOTAL (1949-2008)	10,095



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BOARD & ASSOCIATION MEETINGS—2008

ACPM Preventive Medicine 2008	February 20 - 23
APTR Annual Meeting	February 20 - 23
ACOEM American Occupational Health Conference	April 13 - 16
AsMA Annual Scientific Meeting	May 11 - 15
UHMS Annual Scientific Meeting	June 26 - 28
American Board of Preventive Medicine	July 31 - Aug 3
ABPM Certifying Examinations	Sept 29 - Oct 10

American Board of Preventive Medicine
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