



ANSWERS TO YOUR MOST ASKED QUESTIONS

This document is divided into three sections: Qualifications, Examination, and Recertification.

QUALIFICATIONS

1. *Does any internship year or PGY-1 accredited by the Accreditation Council on Graduate Medical Education (ACGME) or comparable accrediting body in Canada qualify as a "clinical year"?*

Answer: Although diplomates may eventually have highly specialized careers, a basic level of clinical knowledge and experience is required for approval to sit for the examination. Post-graduate direct care of patients is mandatory. The requirement is one year of clinical training of which at least six months must be direct patient care. Direct patient care is defined as hands-on patient care involving diagnostic work-up and treatment of individual patients. Training which involved only the provision of isolated diagnostic or therapeutic procedures would not be considered acceptable in meeting this requirement.

In summary, the Board must reserve the right to exercise judgement in each instance when the proportion of relevant direct patient care is not clearly sufficient, and individual circumstances may require special inquiry or documentation.

2. *Does any MPH degree meet the requirement for the academic year?*

Answer: Not necessarily. The Board examines each applicant's transcripts for specific course work in each of the core areas; i.e., biostatistics, epidemiology, environmental health, and health services management and administration. When titles of courses do not explicitly indicate that these core topics have been covered, course description from the institution's catalog, course outlines, or required texts may be requested to clarify the issue.

3. *I have an MPH from an institution accredited in preventive medicine, but I am applying for certification in occupational medicine. Will the year be acceptable?*

Answer: In general, an accredited academic year will meet the Board requirements for all three specialty areas, if the courses taken are appropriate to the specialty objective of the individual applicant. The Board will focus particular attention on course selection and content when the academic year is not accredited for the intended specialty area.

4. *What is the Board's evaluation of residency training with major portions of the academic year accomplished via mail or computer-mediated techniques?*

Answer: Since the Board deals with certification of persons rather than with accreditation of programs or institutions, it has no "official" view on this matter. However experts in medical education believe that such programs can be well designed and effective. Since computer-based training is commonly deficient in interaction with peers and other health professionals, e.g., nurses, industrial hygienists, counselors, subsequent training experience should afford ample opportunities for collaboration.

5. *Does completion of the practicum year in an accredited program automatically meet the Board's requirement?*

Answer: Completion of the practicum year in an institution accredited by the ACGME is expected to reflect conformance by the institution with ACGME requirements. When this is the case, the year qualifies without question. Please note, however, that the practicum year must be accredited in the specialty area for which certification is sought.

6. *Is practice prior to medical school or internship applicable in meeting the practice requirement?*

Answer: In general, the answer is no, as such practice would not reflect application of the knowledge and skills acquired in the residency as relevant to specialty practice. However persons who acquired an MPH or DrPH and held positions of responsibility in public health agencies, academic institutions, or research organizations prior to attending medical school may have had acceptable experience. In such situations the Board's specific case-by-case determinations govern.

7. *What are the practice requirements for an alternative pathway applicant?*

Answer: The Board expects that the practice will have a preponderant content of activities which have the characteristics of specialty practice in public health/general preventive medicine, occupational medicine, or aerospace medicine and which define and distinguish these specialties from family practice, internal medicine, emergency medicine, pediatrics, or other medical fields. Circumstances of employment do not automatically define the applicability of practice to Board requirements. For example, being employed by the Air Force, a chemical manufacturer, or county government does not automatically establish that a physician is engaged in the specialty practice of aerospace, occupational, or public health/general preventive medicine, respectively. Neither does the fact that a patient is a pilot, an agency client, or an employee of an industrial concern create specialty practice. There is no "cut-off" applied to the amount of primary care which may be included in a year. However, the Board must be convinced that the overall character of the year is specialty practice distinctive to the field in which the applicant seeks certification.

9. *It seems that the alternate pathway toward certification has increasing limitations and is becoming more difficult to use. Why is this?*

Answer: The alternate pathway toward certification has been offered primarily to accommodate the objectives of physicians who, after years of practice in a field other than preventive medicine, wish to change careers and become certified in preventive medicine. However the alternative experience has never been the equivalent of the conventional residency, and the Board has sought to reduce the difference by making some alternative pathway toward certification requirements more similar to those of the residency. In other fields of medical specialization, equivalency and preceptor arrangements have been gradually eliminated. Further information on the alternative pathway toward certification is available from the Board Office.

EXAMINATION

1. *What is the difference between a "core" and a "specialty area" exam?*

Answer: There is a misconception that the core exam is "easy" and specialty exam is "hard." In fact, often the opposite is the case. The core exam reviews those elements of the field which are shared by all three of our specialty areas (occupational, aerospace and public health/general preventive medicine). This will include advanced methods of statistics, epidemiology, management and clinical evaluation--often the most complex and demanding components of the field and the examination. Conversely, the specialty area (afternoon) exam emphasizes elements of practice which may more accurately reflect the specific nature of the specialty area of the examinee.

2. *Should I expect to answer all questions correctly?*

Answer: As physicians, trained and working in a specialty area, we are accustomed to being "right" all of the time. The examination is intended to discriminate between those who are adequately prepared and those who may need further preparation. While examinations differ from year to year, it is not at all unusual that the "cut score" for certification may be 60% or even lower. Thus, excellent physicians good enough to be certified by The American Board of Preventive Medicine, can still get 30 or 40% of the questions on this examination wrong. This strengthens our psychometrics and the examination's credibility in the field. Don't get discouraged when you're taking the exam if you know you have missed many of the questions. This exam is testing in a very broad and rapidly developing field. No one preventive medicine professional (not even the members of the Board or the authors of the exam) should be expected to answer all questions correctly.

3. *Will a "refresher course" help me pass the examination?*

Answer: The course is unlikely to impart important preventive medicine skills and knowledge that you never had. On the other hand, if "refreshing" is what you need, you'll probably get it. You may also develop a more advantageous approach to answering questions in general.

The Board and its members avoid participation in these examination-oriented courses and have nothing to do with questions that might appear in course material. Thus, taking a course affords no special insight into the content of Board examinations.

In conjunction with some courses, a Board representative might provide general information about the certification process. This material is readily available in written form from the Board office and the ABPM web site: www.abprevmed.org and is often presented at forums or discussion sessions of professional society meetings.

It is entirely possible that a question or topic at the "refresher" will appear on the Board examination. There are certain common questions about malaria, benzene, dysbarism, and non-parametric statistics. The fact that an examination question resembles a "refresher" question does not indicate collusion or "inside tracks."

4. *Several persons who took the examination in prior years complained about the need to memorize facts. How does the Board respond to this comment?*

Answer: The examinations are not designed to require the memorization of isolated facts such as the incubation periods of exotic diseases, predicted vital capacities, radiation frequency bands, and obscure legal citations. On the other hand, it is difficult to practice the specialty with a blank memory and the assertion that "I can always look it up." Specialists generally know something about basic clinical values, radiation units and exposure levels, immunization procedures for hepatitis B, and similar basic facts.

Some candidates have complained that memory often takes precedence over principle. In many instances, however, it appears that candidates holding such views fail to discern the principle inherent in the question. For example, a question on chemical carcinogenesis may have five answer options, all organic compounds. Selecting the correct response does not require prior memorization of a list of carcinogenic chemicals; the correct answer will be apparent to those who can recognize that a cited compound belongs to a family of substances that commonly have carcinogenic properties. Experts are expected to know these things.

5. *I've heard that the examinations have numerous questions that have nothing to do with day-to-day practice. Is this true?*

Answer: A specialist in the field of preventive medicine is expected to possess knowledge that goes well beyond that required for day-to-day practice. For example, a candidate in occupational medicine may find a considerable emphasis on toxicology, occupational lung disease, noise, and radiation, although these topics may not be prominent in the practice of many physicians in the field. It is useful to consider that this divergence is not unique to preventive medicine, but is typical to most specialty practice. The Board examination in pediatrics devotes major segments to inborn errors of metabolism, congenital malformations, endocrinopathies, and neoplasia. Expertise in the specialty of pediatrics encompasses far more than competence related to viral respiratory disease, colic, immunizations and eczema. Thus, the distribution of questions is not necessarily congruent with the distribution of work for most physicians in the specialty.

6. *I don't really need to know biostatistics or epidemiology in my work. Why does the Board continue to emphasize these areas when really knowledgeable people do whatever needs to be done?*

Answer: Some candidates have objected to questions with a significant biostatistical or epidemiologic component, saying something to the effect that "I'd seek consultation" or "I have people on my staff who do this." In view of the fact that the specialty of preventive medicine is grounded in biostatistics and epidemiology, the Board believes that such material is fundamental to preventive medicine practice. A corollary in other specialties would be the expectation that the internist be able to interpret standard chest roentgenograms without total reliance upon the radiologist.

7. *Why does ABPM work with an outside expert group to prepare and score the examination?*

Answer: To be legitimate and scientifically valid, an examination must embody state-of-the-art credible rigor. This requires careful professional psychometric evaluation services: including data management and validation; scientifically and psychologically standard assessment of new and continuing questions; maintenance and constant updating for timeliness and relevance to the field; and benchmarking of the examination.

8. *If the examination is given in the fall and is machine-scored, why must persons examined wait months for the results?*

Answer: While it is true that actual performance on examination can be ascertained rapidly, the complete process is not quite that simple.

- a) The performance of each individual question must be assessed. For example, if the best performers on the overall examination do very poorly on a specific question, is the question defective? Has the correct answer been miskeyed? Is the question ambiguous? There is an opportunity to correct the miskeyed answer or delete the question entirely for everyone and rescore the entire examination.
- b) The examination needs to be standardized against previous examinations to assure that a more difficult or less difficult examination does not result in scores that are, respectively, less or more favorable to current candidates. It is possible to standardize against performance on a series of reference questions that had been presented in prior years. An adjusted score can be prepared for each candidate to correct for drift in the rigor of the examination.

RECERTIFICATION

1. *When does the recertification process start?*

Answer: Diplomates who received their certificates in 1998, based on passing the Board certifying exam given in November 1997, are the first group with 10-year time limited certificates. These diplomates will require recertification in 2008. Diplomates who hold lifetime certificates may apply for voluntary recertification at any time.

2. *What are the requirements to become recertified?*

Answer: Enclosed is a description of the American Board of Preventive Medicine's recertification requirements as they currently exist. However, this process is continuing to evolve and we want to give you further information about the anticipated changes in the recertification process. The American Board of Medical Specialties (ABMS), of which ABPM is a member, is in the midst of further defining the recertification process and is now calling this Maintenance of Certification® (MOC). MOC is the board certification program for assessment of continuing competencies of physicians and encompasses recertification. All Member Boards of the ABMS must provide a MOC program for their diplomates. Although the precise details of the MOC process are still being defined by the ABMS, the following four basic components have been identified:

1. Evidence of professional standing
2. Evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process
3. Evidence of cognitive expertise
4. Evidence of evaluation of performance in practice

We will keep you informed as the MOC process is further defined by ABMS and as we modify our recertification process to comply with ABMS requirements. Please keep your address current with the Board so we can send you updated information as it becomes available. We will also post this information on our website at www.abprevmed.org.

3. *Where can I find information on the lifelong learning educational modules?*

Answer: A list of ABPM approved lifelong learning educational modules is available on our website at www.abprevmed.org.

4. *Where will recertification exams be administered, and how long will they take?*

Answer: As currently conceptualized, the proctored examinations will require a full-day commitment for the specialties and a half-day commitment for the subspecialties once every ten years. Recertification examinations will be administered at multiple sites, including computer test centers, thus requiring relatively limited travel to take the examination. If the technology evolves to allow a computer-based examination to be given securely in a home or office setting, that technology will be evaluated by the Board for consideration of adoption. Currently available biometric technologies do not yet provide the requisite assurances.

5. *Will it be possible to accommodate an individual who has a disability?*

Answer: The Americans with Disabilities act requires that all testing organizations have policies addressing candidates with disabilities.

6. *Was the decision to evolve from the current recertification program to a maintenance of certification program made in haste?*

Answer: A thoughtful process led to the decision to evolve from the ABPM recertification process to a maintenance of certification program that will include a secure examination. Additionally, the ABMS Task Force on Competence reached a similar conclusion regarding a secure examination, after deliberating on the topic for approximately one year. Diplomates have contacted the Board, advising that a few state licensing bodies do not honor the results of a take-home examination for recertification, but rather honor only proctored examinations. It should be noted that recertification examinations for some subspecialties have always been designed to be closed-book, proctored examinations.

7. *Why is it appropriate for the ABPM to address quality assessment of physicians through maintenance of certification?*

Answer: The specialty of Preventive Medicine has a history of involvement in quality performance measures. If your profession does not accept responsibility in a manner that provides the requisite public assurances, it surely will be challenged from the outside. For example, the National Skill Standards Board (an agency formed by the federal government in 1994) recently announced that it also is contemplating setting up a bureaucracy to assess the clinical competence of physicians. It is the intent of the ABMS member Boards, working together with the medical specialty societies, to provide methodologies that will eliminate the need for such intervention.

8. *If I need to recertify in one of the specialty areas of preventive medicine, will I also need to be recertified in my subspecialty area?*

Answer: Yes. Recertification is required in both the specialty and subspecialty areas.

9. *How will the ABPM determine the other aspects of maintenance of certification like practice performance, documentation of lifelong learning, and other requirements that may be promulgated for recertification?*

Answer: This determination will be an ongoing process. Although the ABPM has moved directly to lifelong learning modules and recertification with secure, cognitive examinations, the issue of how practice performance guidelines will be developed remains to be determined.

10. *Will there be a practice examination or some sample test material provided to diplomates taking the cognitive examination?*

Answer: Those who are accepted for examination will receive information about the content outline, question formats, and sample items to familiarize them with what will be expected of them on an actual examination.

11. *Will it be possible for all candidates to pass the recertification examination?*

Answer: Yes. Individuals participating in the maintenance of certification program will have met the requirements for initial certification and also will have practice experience. Hence, a low failure rate on the recertification examination is anticipated. As in the current process, passing scores will be absolute (not relative or on a curve) so that it is possible for everyone to meet the standard for passing.

12. *When will the ABPM recertification examinations be offered?*

Answer: The ABPM recertification examinations will be administered for the first time in 2005. The expiration date of the first time-limited certificates is January 2008.

13. *What if my initial certification expires in 2008 and I pass an exam in 2005? Won't my 2005 examination be valid for 13 years instead of ten?*

Answer: No. Ten years is the maximum amount of time for valid certification after taking an exam. All ABPM time-limited certificates, regardless of their exact dates of issuance, are considered to expire ten years later on January 31.

14. *How can I find out more about the maintenance of certification program as it develops?*

Answer: The ABPM posts current developments about recertification on the ABPM web site [www.abprevmed.org]. Approved modules are posted on the web site and it is possible for diplomates to Register for recertification on line and notify ABPM of completed modules.

15. *In addition to the Aerospace Medicine, Occupational Medicine, and Public Health and General Preventive Medicine, in what other specialties or subspecialties are time-limited certificates issued?*

Answer: Time-limited certificates are issued in the subspecialties of Medical Toxicology and Undersea and Hyperbaric Medicine.

16. *If certification lapses, what must be done to regain certification status?*

Answer: To regain certification status, the diplomate does not have to repeat the initial certification examination. However, the diplomate must pass the recertification examination and meet all other requirements of the recertification process.

17. *Is there a limit on the number of times a recertification examination may be repeated?*

Answer: There is currently no limit to the number of times the examination may be repeated.

18. *How often are subspecialty recertification examinations offered?*

Answer: As the recertification examinations for the various subspecialties are introduced, they will be offered initially on an annual basis. This may change depending upon need. The ABPM web site [www.abprevmed.org] will be the best source for a complete list of recertification dates.

19. *Is there a time limit on regaining certification status through recertification?*

Answer: There is no time limit on regaining certification status through recertification.