



**American Board of Psychiatry and Neurology, Inc.**

A Member Board of the American Board of Medical Specialties (ABMS)

# Crucial Issues Forum

Supporting and Promoting Physicians from  
Racially and Ethnically Underrepresented  
Groups in Academic Neurology and Psychiatry

2023

---

“We have been socialized to believe that it is not polite to talk about racism, injustice, and oppression. Psychiatrists and neurologists have not been taught explicitly about the connection between oppression, injustice, and health.”

— Dr. Shim

---

“These issues are uncomfortable. The work begins with each and every one of us, first with having forgiveness and compassion for self and others.”

— Dr. Greene



## 2023 ABPN Crucial Issues Forum: Supporting and Promoting Physicians from Racially and Ethnically Underrepresented Groups in Academic Neurology and Psychiatry

Reflecting its redoubled emphasis on goals fostering diversity, equity, and inclusion, the American Board of Psychiatry and Neurology (ABPN) hosted a Crucial Issues Forum focused on supporting and promoting physicians from racially and ethnically underrepresented groups in academic psychiatry and neurology. The two-day Forum was held at the ABPN headquarters in Deerfield, IL, on April 16-17, 2023. The Forum was chaired by Drs. Jeffrey Lyness, ABPN President and CEO, Joan Anzia, ABPN Chair, and Allison Brashear, ABPN Vice Chair. The attendees included ABPN directors and senior staff, representatives from most of the major professional societies in psychiatry, neurology, child neurology, and their subspecialties, and leaders from other key organizations.

The Forum included keynote speakers, panel presentations, and small group discussions. The focus on the first day was on barriers to career success and opportunities to overcome them. On the Forum's second day, the focus emphasized generating ideas as to how the ABPN can best eliminate the effects of structural and individual-level racism in certification and the development of specialty expertise, both through its own activities and in collaborations with organizations in the fields.

## Day One

# Keynote Address: Dismantling Structural Racism in Academic Neurology and Psychiatry



Ruth Shim, MD, MPH, Professor and Associate Dean of Diverse and Inclusive Education at University of California, Davis, discussed the concept of structural racism and how it has made an impact on society and in academic neurology and psychiatry.

Dr. Shim said it is hard as a society to talk about structural racism, which is defined by the Aspen Institute as a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity.

“We have been socialized to believe that it is not polite to talk about racism, injustice, and oppression,” Dr. Shim said. “Psychiatrists and neurologists have not been taught explicitly about the connection between oppression, injustice, and health.”

Dr. Shim noted that most clinicians try to address mental health inequities at a point when it is too late. They often intervene when trying to stop a risk factor, such as reduced options, behavior risk factors, poor choices, and psychological stress.

Spending time to prevent a risk factor from leading to a problematic effect, such as a disease outcome, does not take into account the factors that create the risk factor, Dr. Shim said. Social determinants of health, including poverty, poor access to healthcare, low education levels and discrimination, among other circumstances, often drive the development of risk factors.

But even intervening at the level of social determinants of health is still too late, Dr. Shim said. It is social injustice – the unfair and unjust distribution of opportunities – that sets the stage for social determinants of health, which leads to the creation of risk factors.

Underlying social injustice are social norms, in which fundamental ideas are developed about what population groups are worthy of advantages and what groups are not worthy and have less value, Dr. Shim noted. These social norms interact with inequitable laws and policies to drive social injustice, she said.

---

“If we are serious about how to address poor health outcomes and inequities, we have to start at this fundamental place of where our social norms and public policies are,” Dr. Shim said.

Practicing cultural humility is a good first step in dismissing structural racism. This involves the following steps:

- Commit to a lifelong process of self-evaluation and self-critique.
- Desire to fix power imbalances between providers and clients.
- Develop community partnerships to advocate within the larger organizations in which we participate.

Dr. Shim outlined and discussed several interpersonal action items that form a basis for changing problematic social norms in medicine.

- Enforce social norms of inclusion and equity.
- Educate or legislate to change social norms.
- Observe and challenge your own biases and norms.
- Evaluate breaking down hierarchies.

Dr. Shim also outlined action items for institutional transformation and ways to advocate for equitable policies.

- Take action beyond the walls of traditional hospitals and clinical settings.
- Advocate for policies that address social determinants of mental health.
- Communicate with elected officials and promote equitable representation.
- Form cross-sector collaborations and community coalitions.

Dr. Shim concluded by saying political stances and policy interventions are required and that it is incumbent on leadership of institutions to take political stances.

“I am hoping we can commit together to move into this state of being more active in the work that we do,” she said.



## Day One

# Keynote Panel: Career Successes Despite Racism Barriers in Medicine

**Ericka Greene, MD**, Professor of Clinical Neurology at Weill Cornell Medical College, New York, and at Houston Methodist Hospital, and ABPN Director

**David Henderson, MD**, Professor and Chair of the Department of Psychiatry at Boston University Chobanian & Avedisian School of Medicine and Psychiatrist-in-Chief at the Boston Medical Center, and ABPN Director

**Katrina Peters, MD**, Professor of Psychiatry (Forensic) at University of California, San Francisco, School of Medicine, National Medical Association

**Allison Willis, MD**, Associate Professor of Neurology and of Epidemiology at the University of Pennsylvania Perelman School of Medicine, American Neurological Association



Dr. Greene credits her career success to resilience. During her early career, Dr. Greene said she relied on mentors to help her navigate the landscape and racial barriers that existed.

Dr. Greene remembers being “numb and blind” to microaggressions around her because they had become part of the normal routine. She pushed through the barriers but did internalize the aggressions.

Dr. Greene also mentioned that she had a mindset of overperforming and being perfect in her work to offset the racial stereotypes that she encountered. She considered that another trauma, as she had to have a fixed mindset.

She recommends adopting a growth mindset and steering away from being perfect. “These issues are uncomfortable,” she said. “The work begins with each and every one of us, first with having forgiveness and compassion for self and others.”



Dr. Henderson recalled encountering racism at every level of his professional career and personal life. He credits finding good professional mentors as a key to overcoming institutional racism barriers.

With help from his mentors during college, medical school, and residency, Dr. Henderson said he was able to learn information about the value systems of the institutions and what it meant to be successful, even if it did not line up with his idea of success. By learning the expectations and rules of the institution, Dr. Henderson said he was able to figure out how his goals worked within the institution.

Dr. Henderson recommended focusing on fighting racism one step at a time and not trying to take on every battle. He also said making mental notes of who presented racial barriers during his career and who to avoid also was helpful in positioning for career success.

“In order to be successful, I made sure I was not just in one camp and that I did not put all my baskets in one place,” he said.



Dr. Peters discussed how networking led her to become the current chair of the board of directors at the National Medical Association (NMA), which represents African American physicians and their patients.

Dr. Peters was the first African American psychiatry resident at St. Elizabeth's Hospital in Boston when she was recruited to join UCSF. After becoming the medical director of inpatient forensic psychiatry, Dr. Peters was nominated to be a board member at large at NMA.

During her tenure at NMA Dr. Peters learned about advocacy work and how to work with legislators and policy makers to create a difference. Dr. Peters took that experience at the NMA and became involved with the American Medical Association and became the first African American woman to serve as president of the Alameda-Contra Costa Medical Association.

As she experienced racism throughout her career, Dr. Peters practiced meditation, humor and aphorisms to persevere through aggressions and micro aggressions.

"I wouldn't be able to persevere to work through issues without some inner journey to overcome a lot of the soul killing," Dr. Peters said.



Dr. Willis had three pieces of advice in navigating racism barriers in medicine, as she noted there is a deep inequity in experiences of persons from marginalized populations.

She recommended that people realize there are deep longstanding inequities in opportunities that result in measurable differences in achievement, self-perspective, confidence, and skills in seeking help.

Dr. Willis recommended making the choice of being anti-racist in programming and avoid being in the middle. Often, that can be aided by an anti-racist mentor, Dr. Willis said.

She also said that experiences of racism don't stop despite career success, and leaders should carefully consider who they are elevating into leadership positions.

"It doesn't end because we are successful," Dr. Willis said. "We need everyone to be part of a solution."



## Day One

# Small Group Discussions: What are the barriers and opportunities along the career developmental pathway to specialty expertise and certification?

During the forum, participants were divided into four small groups facilitated by ABPN directors Drs. Ericka Greene, David Henderson, Josepha Cheong, and Steven Lewis. The small groups were asked to identify the barriers and opportunities to specialty expertise and certification.

### What are the barriers and opportunities along the career developmental pathway to specialty expertise and certification?

The following suggestions and concerns were the result of the hour-long discussions among the four small groups:

#### Barriers

- Exposure to racism in the workplace on individual levels by physicians in URiM groups
- Limited training on DEI and how to support those who are underrepresented in medicine
- Structural racism impacts the developmental path toward medical school and specialty expertise
- Lack of appropriate mentors at local institutions, often without institutional support
- Implicit and explicit bias
- Micro- and macro-aggressions
- Burden to address inequities placed most on those most affected by inequities ('minority tax')
- Lack of representation among people in positions of power
- Lack of advocacy around neurology and psychiatry in health disparities to attract new students
- Lack of transparency in the career developmental pathway, including lack of recognition of multiple routes to success





- Challenges attracting diverse students into specialties
- Incomplete understanding of the current status of licensure and certification, including assessment methods and impacts of the Covid-19 pandemic
- Lack or limited availability of demographic data on diplomates and candidates for certification
- Financial burden of education, training and extended training, licensure, and certification
- Create institutional commitments to antiracism, including addressing leaders who oversee an environment that is not conducive to equity
- Create tools and skills for allies to recognize and respond to aggressions (micro and macro) and help support people from URiM and other groups targeted by such aggressions
- Use regular meetings with professional societies to discuss issues around structural racism

## **Opportunities**

- Create formal mentorship programs to expand faculty development and develop skills for mentees
- Value mentorship as a teaching requirement and for faculty promotion
- Educate program directors on how to work with trainees who are struggling

## Day Two

# Keynote Address: Leading Change to Promote the Career of Neurologists and Psychiatrists from Underrepresented Racial and Ethnic Groups

Jose Merino, MD, Professor of Neurology, Georgetown University Medical Center, and Editor-in Chief of *Neurology*, discussed the diversity problem in medicine and specifically the field of neurology.

He noted that only 6 percent of active physicians are Black or African American and only 7 percent are Hispanic, according to 2020 U.S. census records.

While that clearly shows an underrepresentation in medicine, Dr. Merino said, diversity in the field of neurology is even worse, with only 3 percent of neurologists being Black or African American.

The lack of diversity in the institutional setting often leads to worse patient outcomes, erosion in patient trust, perpetrates healthcare inequities, creates greater rates of employee burnout, and leads to lower employee retention rates, Dr. Merino noted.

Meaningful changes that address the diversity problem require transformations at the institutional level to affect structure, process, and outcomes metrics. He cited examples of such metrics included in the quality improvement frame proposed by Lisa Rosenstein and colleagues (*NEJM*, 2021).

### Structure metrics

- Having a position devoted to DEI at the executive level with adequate funding and staff
- Existence of programs to promote career satisfaction and ensure support of underrepresented in medicine (UIM) physicians and staff
- Availability of pipeline or recruitment programs

### Process metrics

- Where and how are positions advertised
- Number of UIM applicants interviewed at latest stages for each position



- Inclusion of information on diversity initiatives in annual report
- Actions taken to address problems with culture of inclusion and diversity

### Outcome metrics

- Number of faculty, clinicians, trainees from UIM groups
- Make up of committees in charge of funding and policy making decisions
- UIM physician promotion and retention
- Pay equity
- Job satisfaction

---

Dr. Merino cited the model proposed by J.P. Kotter that describes the steps that organizations go through to achieve enduring transformation and changes in institutional culture. This is a long process that includes several steps:

- Establish a sense of urgency
- Establish a powerful coalition
- Create a vision
- Communication the vision
- Empower others to act on the vision
- Plan for and create short-term wins
- Consolidate improvements
- Institutionalize the new approach

As an example of ongoing transformation following this path, Dr. Merino described how the American Academy of Neurology (AAN) embraced DEI as a core principle. This process has developed over several years. Initial steps involved discrete programs and interventions to foster greater diversity in the field, such as the creation of a medical student diversity program (1994), diversity task force (2014), and a diversity leadership program (2016).

The AAN acknowledged that DEI goals could only be achieved throughout the organization by creating a Joint Coordinating Council on Equity, Diversity, and Inclusion (2018). This Joint Council drafted a Guiding Policy on Equity, Diversity and Inclusion (2019), that identified DEI as a central value of the organization. In a position statement on Systemic Racism and Inequities (2020), the AAN committed to “eliminating inequities that are antithetical to our pursuit of our mission and vision” and to achieve this goal the AAN established a “Special Commission on Equity, Diversity, and Inclusion” (2020) to “identify immediate action, as well as longer-term, sustainable, and strategic steps that can be taken to make the AAN an anti-racist, inclusive organization that promotes equity and social justice.” To ensure that DEI was a major consideration for all Board actions, the AAN established a DEI Committee with the Chair being an ex-officio voting member of the AAN Board of Directors.

In conclusion, Dr. Merino stressed that leading institutional change for underrepresented groups takes time and should be viewed as a process, not a one-time event. In addition, he stressed that for true cultural change to take place, it is important to focus on systematic, organizational change rather than on isolated interventions.

## Day Two

# Keynote Panel: Leading Anti-Racism Change in Organizations

**David Acosta, MD**, *Chief Diversity Inclusion Officer at the Association of American Medical Colleges (AAMC)*

**Richard Hawkins, MD**, *President and CEO of the American Board of Medical Specialties (ABMS)*

**Pilar Ortega, MD, MGM**, *Vice President of Diversity, Equity, and Inclusion at the Accreditation Council for Graduate Medical Education (ACGME)*

Dr. Acosta pointed to the crisis of the George Floyd murder in 2020 as an opportunity for the AAMC to make a difference in creating anti-racism change within the organization.

At the time, the AAMC decided to check with staff members about their feelings on the matter as protests against historic racism were underway throughout the country. The organization hosted a planned 90-minute town hall meeting with employees that wound up lasting three hours.

While employees opened up about how racism affected them, the organization made a commitment to hold more town halls and open dialogue on what it felt to be Black and working at the AAMC, Dr. Acosta said.

After hosting the town halls, the AAMC created a roadmap, which Dr. Acosta said other organizations could use to lead anti-racism change:

- Assess where you are as organization
- Create a brave space where people don't feel they will be judged or face retribution. Allowing employees to show their identities helps make the organization better, Dr. Acosta said.
- Assess your organization's culture and climate. That requires acknowledging and accepting your organization's past history. For the AAMC, that meant accepting a racist past, Dr. Acosta said.

The next step was making a formal commitment publicly that the AAMC had a history as a racist organization. While it was difficult, Dr. Acosta said finding a voice and putting it into action underscored the importance of leadership in this situation. Commitment to changing the culture is critical in leading anti-racism change, he said.



After acknowledging the organization's racist past and making a commitment to change, Dr. Acosta said leadership developed a roadmap on what the organization needed to do to combat racism. The roadmap included:

- Individual goals of self-education
- Organization resources in education and training
- Accountability to keep the organization on track to contribute to anti-racism.
- Creating a DEI council



---

Dr. Ortega noted that she is newest member of the ACGME's DEI department, which was formed around four years ago upon the recommendation of a task force.

One of the first acts of the new DEI department was to change the ACGME mission statement to include the term 'population health.' By stressing population health, the ACGME is emphasizing that more diversity is making communities healthier. One recent study found that the presence of just one Black physician in a community increases the life expectancy of that community, Dr. Ortega noted.

Dr. Ortega said an emphasis on recruiting, training and retaining diverse groups of residents, faculty, and staff "drives excellence in care for diverse populations."

The ACGME is focused on helping those underrepresented in medicine in residency and fellowship programs by sharing DEI educational materials and positively reinforcing programs that are excelling in DEI.

The ACGME also created Equity Matters, a free program that introduces a framework of curriculum for continuous learning and process improvement in areas of DEI and anti-racism practices, Dr. Ortega said. The curriculum aims to increase diversity and build inclusive learning environments, while promoting health equity by addressing racial inequities in health care.



Dr. Ortega said the key to DEI at organizations is:

- Involve leadership and make anti-racism change a priority
- Look at diversity and anti-racism initiatives as a long-term game plan

Starting with DEI education in pathway programs is critical, Dr. Ortega added. Waiting until students are in medical school is waiting too long, she said.

---

Dr. Hawkins noted that the ABMS had been working on DEI initiatives before the social unrest connected to the George Floyd murder. After making a public statement denouncing structural racism following the Floyd murder, the organization began looking further at its structures, programs, policies, operations, and culture.

The ABMS also reviewed the composition of its staff, volunteers, and committees, and found that it had not met its objectives in hiring a diverse staff and appointing a diverse governance.

As a result, Dr. Hawkins said, the organization reviewed policies and procedures on hiring staff and recruiting and appointing committee members, and posted job openings on diversity websites and at career centers at historically black colleges and universities and expanded the list of organizations from which it sought nominations for committee members.

The next step involved enhancing efforts towards educating staff on disparities, implicit bias, and structural racism through workshops, webinars, speakers, and a book club. Books were presented on topics such as racism, anti-racism, disabilities, and gender diversity, Dr. Hawkins said.

The ABMS is committed to working with its member boards to support activities that will improve health equity and reduce health disparities, Dr. Hawkins said. The ABMS also is exploring the data and processes used in creating certification programming by working with member boards to evaluate the current state of diversity and promoting DEI in certification programs by ensuring equity in assessment and other programmatic activities.

The ABMS also is listening to the following recommendations from its committees:

- Focus on data collection and strategies for sharing in support of equity research,



- Focus on organizational and structural changes regarding staff and governance,
- Research and analytics – address healthcare disparities through certification programs,
- Create DEI task force with short-term and long-term goals, and
- Publicly report DEI progress.

The ABMS also recently included DEI as one of five themes in its 2023-2028 Strategic Plan, which strives for ABMS and member boards to increase diversity within the diplomate community, create a more diverse and inclusive culture within their organizations, and improve health equity and reduce health disparities, Dr. Hawkins said.

## Day Two

# Small Group Discussion Goal: How can ABPN eliminate racism barriers in the development of specialty expertise and certification?

On the second day of the forum, the four small groups reconvened to discuss what the ABPN should do to eliminate racism barriers in certification and the development of specialty expertise.

### What should the ABPN do to mitigate/eliminate racism barriers in the development of specialty expertise and certification?

The following ideas were submitted by each of the four small groups following their hour-long discussion:

#### Collaborations

- Partner with other organizations, including accrediting bodies, to assess healthcare disparities and social determinants of health
- Promulgate best practices and guidelines
- Advocate with governmental agencies for public campaigns

- Provide explicit support for DEI initiatives
- Ask professional societies to share their progress on DEI, including sharing tools and resources
- Be transparent about best practices for DEI work
- Support / foster work to improve access and recruitment to career pathways in the fields

#### Content development

- Require DEI content in certification and continuing certification assessments
- Dedicate questions regarding social determinants of health
- Include expertise on DEI topics on test-writing committees / review of content by DEI experts
- Include stories from marginalized communities calling out the impact of racism



- 
- Create inclusive test development guidelines
  - When demographic data is sufficiently available, analyze certification assessments to identify and eliminate bias/inequities
  - Encourage/incorporate DEI work into continuing certification (potentially including performance-in-practice modules)

### **‘Internal’ ABPN DEI Activities**

- Change artwork and other displays to make ABPN office public spaces more inclusive
- Implicit bias training for volunteers
- Update DEI strategic plan and report card based on the Forum

- Define metrics for ABPN DEI action plan
- Communicate progress proactively to help others hold ABPN accountable
- Modify ABPN grant awards to encourage DEI work
- Seek feedback from constituents, including from early career diplomates
- Increase communications with / improve understanding of certification by constituents
- More open and inclusive processes to increase representation across committees and leadership



## Day Two

# Whole Group Discussion: Next Steps

The Crucial Issues Forum concluded with a whole group discussion led by Drs. Jeffrey Lyness, ABPN President and CEO, Joan Anzia, ABPN Chair, and Allison Brashear, ABPN Vice Chair.

They discussed the importance of making diversity, equity, and inclusion an integral part of the ABPN at all levels within the organization. Dr. Lyness told attendees that communications and DEI are the two biggest priorities of the ABPN.



“Diversity, equity, and inclusion is really important to the ABPN Board and to me personally,” Dr. Lyness said. “All of us need to own the DEI plan. DEI has to permeate all levels of the organization.”

A culture of diversity, equity, and inclusion helps deliver the best possible patient care and

patient outcomes. The ABPN strategic plan now includes a DEI action plan report card that is continuously updated and revised by the ABPN Board and the DEI committee to show the ABPN’s progress, Dr. Lyness said.

The ABPN organizes its DEI activities into three broad categories. Its culture and people include employees, board members, and approximately 300 physician volunteers. DEI is also ingrained into ABPN products and services, Dr. Lyness added. Internal guidance has been created to foster the inclusivity of ABPN assessments, such as when and how to include sociodemographic information on patient vignettes in examinations. The third category is ABPN’s relationships with external constituents and collaborators including the professional organizations represented at the Forum.



Dr. Anzia said the Forum was an enriching experience that enabled those in psychiatry and neurology to network and share a common goal of increasing the diversity of providers and providing the best educational opportunities in the profession.



Dr. Brashear noted that because the ABPN is a joint board of psychiatrists and neurologists, the organization is a powerful voice and influencer among professional organizations that were in attendance. ABPN has regular meetings with the leadership of many of these organizations and will continue working to increase diversity, she said.

During the discussion with attendees, many of the key points raised throughout the Forum were emphasized and expanded. Additional points raised included the importance of identifying outcome metrics, where possible, to track progress, and the key roles of transparency and communications about the ABPN’s DEI work, to enhance its public accountability.

## Crucial Issues Forum Attendees

**Justin Abbateamarco, MD**  
American Board of  
Psychiatry and Neurology

**David Acosta, MD**  
Association of American  
Medical Colleges

**Ike Ahmed, MD**  
American College of  
Psychiatrists

**Imran Ali, MD**  
American Board of  
Psychiatry and Neurology

**Joan Anzia, MD**  
American Board of  
Psychiatry and Neurology

**Ali Asghar-Ali, MD**  
Association for Academic  
Psychiatry

**Erika Augustine, MD**  
Child Neurology Society

**Sheldon Benjamin, MD**  
American Board of  
Psychiatry and Neurology

**Robert Boland, MD**  
American Board of  
Psychiatry and Neurology

**Allison Brashear, MD**  
American Board of  
Psychiatry and Neurology

**Amy Brooks-Kayal, MD**  
American Board of  
Psychiatry and Neurology

**Ms. Robin Callen**  
American Board of  
Psychiatry and Neurology

**Angel Carballo, MD**  
American Psychiatric  
Association

**Theadia Carey, MD**  
American Association of  
Directors of Psychiatric  
Residency Training

**Ms. Louise Castile**  
Neurology Residency  
Review Committee

**Josepha Cheong, MD**  
American Board of  
Psychiatry and Neurology

**Nkechi Conteh, MBBS**  
American Academy of  
Addiction Psychiatry

**Laura Corrigan, MD**  
American Association  
of Neuromuscular and  
Electrodiagnostic Medicine

**Salvador Cruz-Flores, MD**  
Association of University  
Professors of Neurology

**Sandra DeJong, MD**  
American Board of  
Psychiatry and Neurology

**Ebony Dix, MD**  
American Association for  
Geriatric Psychiatry

**Marc Ettensohn, MD**  
American Board of  
Psychiatry and Neurology

**Fiona Fonseca, MD**  
Psychiatry Resident (APA)

**Ericka Greene, MD**  
American Board of  
Psychiatry and Neurology

**Deborah Hall, MD**  
American Academy of  
Neurology

**Richard Hawkins, MD**  
American Board of Medical  
Specialties

**David Henderson, MD**  
American Board of  
Psychiatry and Neurology

**Avni Kapadia, MD**  
American Board of  
Psychiatry and Neurology

**Jaffar Khan, MD**  
American Board of  
Psychiatry and Neurology

**Abishek Lenka, MD**  
Neurology Resident (AAN)

**Steven Lewis, MD**  
American Board of  
Psychiatry and Neurology

**Jaime López, MD**  
American Clinical  
Neurophysiology Society

**Jeffrey Lyness, MD**  
American Board of  
Psychiatry and Neurology

**Narpinder Malhi, MD**  
American Psychiatric  
Association

**José Merino, MD**  
Georgetown University

**Dararat (Pam)  
Mingbunjersuk, MD**  
Professors and Educators of  
Child Neurology

**Nimish Mohile, MD**  
American Academy of  
Neurology

**Katherine Mun, MD**  
American Board of  
Psychiatry and Neurology

**Warren Ng, MD**  
American Academy of Child  
and Adolescent Psychiatry

**Kehinde Obikoya, MD**  
American Academy of  
Psychiatry and the Law

**Pilar Ortega, MD**  
Accreditation Council  
for Graduate Medical  
Education

**Ana Ozdoba, MD**  
American Psychiatric  
Association

**Katrina Peters, MD**  
National Medical  
Association

**Emily Poole Pharr, MD**  
Consortium of Neurology  
Program Directors (AAN)

**Rana Said, MD**  
American Epilepsy Society

**Suzanne Sampang, MD**  
Psychiatry Residency  
Review Committee

**Stephan Scheinthal, MD**  
American Association of  
Chairs of Departments of  
Psychiatry

**Nina Schor, MD, PhD**  
American Board of  
Psychiatry and Neurology

**Linjun Shen, PhD**  
American Board of  
Psychiatry and Neurology

**Ruth Shim, MD**  
University of California,  
Davis, School of Medicine

**Benn Smith, MD**  
American Board of  
Psychiatry and Neurology

**Madhu Soni, MD**  
Consortium of Neurology  
Clerkship Directors

**Andrea Stolar, MD**  
American Board of  
Psychiatry and Neurology

**Adrienne Taylor, MD**  
Academy of Consultation-  
Liaison Psychiatry

**Monica Taylor-Desir, MD**  
American Psychiatric  
Association

**Christopher Thomas, MD**  
American Board of  
Psychiatry and Neurology

**Lia Thomas, MD**  
Association of Directors of  
Medical Student Education  
in Psychiatry

**Ms. Patti Vondrak**  
American Board of  
Psychiatry and Neurology

**Nicole Washington, MD**  
Black Psychiatrists of  
America, Inc.

**Allison Willis, MD**  
American Neurological  
Association



---

“It is important to look at this as a long process that requires many steps and a lot of change. We are aiming for institutional change at the level of the organization. Transformation is a process, not an event.”

— Dr. Merino

---

“Diversity, equity, and inclusion is really important to the ABPN Board and to me personally. All of us need to own the DEI plan. DEI has to permeate all levels of the organization.”

— Dr. Lyness

## Our Mission

The mission of the ABPN is to promote and assess the competence of psychiatrists and neurologists to provide high quality care in an equitable and inclusive manner to diverse populations by:

- Establishing standards and requirements for initial and continuing certification;
- Implementing state-of-the-art testing methods to evaluate candidate and diplomate competencies;
- Encouraging and assessing diplomate involvement in lifelong learning;
- Applying available technologies and information to collect and analyze pertinent data;
- Communicating and collaborating with training programs, residents, candidates, diplomates, professional and health care organizations, and the public;
- Supporting innovative educational and research programs relevant to psychiatrists and neurologists;
- Operating programs and services effectively and efficiently; and
- Advancing diversity, equity, and inclusion in all programs and services.

## Statement on Professionalism

Professionalism forms the basis of medicine's contract with society. The ABPN is concerned with those aspects of professionalism that are demonstrated through a physician's clinical competence, commitment to lifelong learning and professional improvement, interpersonal skills, and ethical understanding and behavior. In its credentialing, certification, and CC programs, the ABPN seeks to assess and document that its candidates and diplomates possess and maintain these aspects of professionalism.



**American Board of Psychiatry and Neurology, Inc.**

A Member Board of the American Board of Medical Specialties (ABMS)