That all changed in July 2016. When Diplomates logged on to our website after July 21st, they would have noticed all of this confusing terminology had gone away. We have replaced it with language that we think more accurately reflects our continuing integrative approach to the certification process. The activities that Diplomates will complete to continue their certification have been renamed to accurately describe what they are. To increase flexibility to meet requirements for continuous certification, all of these activities will be assigned a point value. Diplomates simply need to accumulate 50 points every 3 years with the completion of at least 1 knowledge self-assessment, at least 1 performance improvement activity, and any other activities of their choosing to reach this point total. Although about one-half of our Diplomates are familiar with this point system, the other half are not because they have not yet transitioned into the continuous certification process. We have provided a detailed crosswalk for those not familiar with the process to help them effortlessly move into the new point system.

Payment has been simplified as well. The previous methodology was confusing, because it seemed that payment was associated with paying for a module. In fact, Diplomates were paying a process fee that amortized the total cost of certification (including the examination) over their entire certification cycle and depended on whether they chose a 7- or 10-year option. Now everyone will simply pay that same amount on an annual basis. Once the annual fee has been paid, Diplomates can undertake and complete as many activities as they like. If they find that they don't like a particular module, they can quit and try another module that may be more to their liking at no additional cost. Because many like to prepay their fees, we have reinstated the ability to do that as well. As previously announced, we have also implemented the 50% discount for Diplomates aged over 70 years that will be retroactive to the beginning of this calendar year.

We hope that these changes will simplify and make the certification process more efficient, but more importantly, we hope it underscores that certification is a continuous process that begins in residency training and continues throughout a family physician's professional career. This was the original intent of those that founded the Board in 1969, and we hope to make that more explicit as we move forward. As many know, we have other initiatives underway to further simplify and reinforce this principle. This includes the recent rollout of our registry, PRIME, that many have already begun to utilize, as well as our recent announcement to release in early 2017 the continuous knowledge self-assessment activity and the new performance improvement platform integrated with PRIME. We will also be announcing changes to the format of the examination and describing the data that our Board of Directors used to mandate those changes at the end of this year.

We realize that these changes will necessitate "unlearning" old terminology and acquainting oneself with new language, but we believe that the ultimate goal of simplifying the certification process will justify these changes. As always, we welcome the feedback of our Diplomates; it has been critical in allowing us to continue to improve the certification process so that it is both meaningful and efficient.

James C. Puffer, MD
President and Chief Executive Officer
American Board of Family Medicine

From the Society of Teachers of Family Medicine

Ann Fam Med 2016;14:583-585. doi: 10.1370/afm.2012.

STFM RESPONDS TO COMMUNITY PRECEPTOR SHORTAGE

Primary care clerkship directors are finding it increasingly difficult to obtain clinical training sites.[1]

To begin to address this challenge, STFM is implementing new initiatives to:

- Decrease the percentage of primary care clerkship directors who report difficulty finding clinical preceptor sites
- Increase the percentage of students completing clerkships at high-functioning sites

Quantifying the Quality Issue

In order to determine the quality of current clerkship experiences, STFM developed research questions for a Council of Academic Family Medicine Educational Research Alliance (CERA) survey. The survey asked family medicine clerkship directors:

- Using either actual data or your best estimate, what percentage of your students complete their family medicine clerkships at preceptor sites that:
  - Have patient-centered medical home (PCMH) or similar practice transformation recognition?
  - Provide comprehensive care, including obstetrical care (OB)? Comprehensive care is defined as inclusion of both acute and chronic care, preventive services, end-of-life care, care at all stages of life, and obstetrics.
  - Provide comprehensive care, without obstetrical care (OB)? Comprehensive care is defined as

inclusion of both acute and chronic care, preventive services, end-of-life care, care at all stages of life, but without obstetrics.
  - Allow students to access data in the EHR?
  - Allow students to write patient encounter notes in the EHR?
- In your estimation, how often do your students hear negative comments about family medicine at their family medicine clerkship sites?

The results of the survey are being analyzed and will be used as baseline data to track results of improvement efforts over time. A follow-up survey will be conducted in 2020.

Summit to Address the Shortage of High-Quality Primary Care Community Preceptors

In August 2016, STFM brought together multiple stakeholders—health system leaders, organizational representatives, policy experts, clerkship directors, community preceptors, physicians who do not precept, students, etc—for a Summit to Address the Shortage of High Quality Primary Care Community Preceptors.

A summit provided an opportunity to bring together those who understand the problem and have power to make change. The summit was the first step in identifying the most significant reasons for the shortage of community preceptors and shaping the priorities, leadership, and investments needed to implement solutions to ensure the ongoing education of the primary care workforce.

At the beginning of the summit, Beat Steiner, the summit chair, laid out the following measures of success for the 1½ day summit. Participants would:

- Move beyond problems and barriers (talk about solutions)
- Identify 3 to 5 solutions that are ambitious enough to help resolve this vexing problem
- Make significant progress over the next 6 to 12 months to implement solutions

Before discussing solutions, participants reached consensus that key causes of the preceptor shortage are:

- Administrative burdens of teaching (complicated paperwork/systems, etc)
- Competing clinical/productivity demands leaving inadequate time to teach

Summit participants gave and listened to brief presentations on innovative ideas that are being implemented around the country on:

- Improving administrative efficiencies related to teaching
- New/better ways of teaching learners in the office
- Financial and other incentives

They then broke into small workgroups to discuss if/how those ideas and others could contribute to solutions to the preceptor shortage.

At the end of the second day, participants prioritized solutions, based on feasibility and potential impact; brainstormed next steps; and discussed who could help move the solutions forward.

Prioritized solutions

- Integrate Inter-professional education into ambulatory primary care settings
- Integrate longitudinal structure into ambulatory primary care settings
- Integrate students into the work of ambulatory primary care settings in useful and authentic ways
- Develop simplified and standard competencies/objectives and assessment tools for ambulatory primary care settings
- Develop a standardized onboarding process for students
- Develop educational collaboratives across schools to improve administrative efficiencies (central database of preceptors, centralized scheduling, shared administrative responsibilities)
- Work with CMS to revise student documentation guidelines
- Measure and adjust relative value units (RVU)s for high quality teaching practices
- Develop metrics to define quality teaching and quality clinical care that defines high quality teaching practices
- Develop a culture of teaching in clinical settings

STFM is working in collaboration with colleagues to finalize a vision and a detailed action plan that will be executed over the upcoming months and years. The action plan, which will incorporate some or all of the proposed solutions, will identify organizations and individuals who are willing and able to drive change within the health care system.

Additional information about the summit can be found at http://www.stfm.org/Portals/49/Documents/AboutPageDocs/PreceptingSummitExecutiveSummary_9_15_2016.pdf?ver=2016-09-16-102350-693.

The summit was supported, in part, by a grant from the American Board of Family Medicine Foundation. It was held to address Family Medicine for America's Health's Workforce Education and Development Core Team's task of identifying, developing, and disseminating resources for community preceptors.

Other Relevant Work

The preceptor shortage, while escalating, is not new. Over the past few years, STFM has developed several projects/programs for clerkship directors and/or community preceptors:

- TeachingPhysician.org: An online resource that streamlines training, answers questions, and com-

municates regularly with preceptors on behalf of medical schools. A revamped website and revised monthly communications launched in April 2016.

- White Paper: *Strategies to Ensure that Students Add Value in Outpatient Offices*
- Position Statement on *Student Use of Electronic Health Records*
- Preceptor Guidelines on *Student Use of Electronic Health Records*
- STFM National Clerkship Curriculum: Core content and competencies, learning objectives, assessment tools, educational strategies, and role definitions for family medicine clerkships
- STFM National Clerkship Curriculum Core Score Tool: An online tool to help clerkship directors identify curriculum gaps
- Medical Student Educators Development Institute: Yearlong fellowship that offers training, tools, and support for those who aspire to be clerkship directors
- Conference on Medical Student Education, with the recent addition of preconference workshops on preceptor recruitment and integrating students into ambulatory primary care settings in useful and authentic ways
- A forum for Clerkship directors to collaborative and discuss within the Medical Student Education Collaborative on STFM's new collaboration platform, STFM *CONNECT*
- Medical Student Education Collaborative project on preceptor recruitment and retention: The group is conducting national focus groups of community physicians who are, or may become, preceptors to identify relevant factors in decisions to precept. They are using lean methodology to rapidly test interventions and innovations to address barriers and create value for community physicians in their role as preceptors.

Mary Theobald, Vice President of Communications and Programs and Beat Steiner, MD, Summit Chair

References

1. Association of American Medical College, et al. Recruiting and maintaining U.S. clinical training sites: joint report of the 2013 multi-discipline clerkship/clinical training site survey. https://members.aamc.org/eweb/upload/13-225%20wc%20report%202%20update.pdf. Accessed Sep 7, 2016.

ADFM Association of Departments of Family Medicine
VISION, VOICE, LEADERSHIP

From the Association of Departments of Family Medicine

Ann Fam Med 2016;14:585-586. doi: 10.1370/afm.2009.

THE BUILDING RESEARCH CAPACITY (BRC) INITIATIVE: TO BE LAUNCHED AT THE 2016 ANNUAL NAPCRG MEETING

ADFM and NAPCRG approved the recommendations of a Joint ADFM-NAPCRG Task Force in November 2015. That Task Force recommended creation of a steering committee to implement a bi-national research capacity building initiative for Departments of Family Medicine (DFM) in the US and Canada.[1] The Building Research Capacity (BRC) Steering Committee (SC), the members of which are the authors of this commentary, will formally launch BRC at the 2016 NAPCRG Annual Meeting.

Building on the Foundation: BRC

Many departments and residency programs already enjoy cultures of inquiry, pursue meaningful scholarship, and/or generate impactful original research. A few have research cathedrals that dominate their landscapes. Most, however, are either in the beginning stages, are challenged to reach a stage of sustainability, or find their current infrastructure at risk due to crumbling support. The foundational elements needed for robust, sustainable, and transformational research and scholarship in all DFMs are currently only partially in place. BRC imagines a complete and solid foundation, as well as enduring infrastructures, of primary care research across the continent.

BRC Work Groups: The Implementation Teams

The tasks of current BRC Work Groups (WG) composed of multiple leading faculties from the US and Canada, each led by 1 or more BRC SC member(s), is briefly described below. Each WG and BRC will pursue staged implementation of programs; will evolve organically; will be guided by both formative and summative evaluation; and collectively will endeavor to build a self-sustaining and unshakable foundation for research and scholarship.

Brief Consultation Service (BCS) WG

An inter-department/inter-institutional BCS will be developed whereby experienced research leaders provide brief consultations on research and scholarship capacity building. This effort will formalize ad hoc