

firmed by the AAFP Congress of Delegates last year, reads as follows:

The AAFP supports efforts by manufacturers of prescription pharmaceuticals, nonprescription medications, health care devices and health-related products and services to provide general health information to the public. At the same time, the AAFP urges that any direct-to-consumer advertising of prescription drugs by pharmaceutical companies be based on disease state only, without mention of a specific drug by name. AAFP believes direct-to-consumer advertising of these products and services is acceptable when the following conditions are met:

- Advertisements must conform to applicable laws, including FDA and/or FTC guidelines.
- Advertisements should be labeled as such.
- Information should be accurate, balanced, objective, and complete, not false or misleading, and should not promote unhealthy or unsafe practices.
  - If specific properties or indications are mentioned, then negative or adverse reactions and effects should likewise be mentioned, in a manner that is easily accessible and understood by the consumer.
  - Advertisements should not promote the use of products that have addictive or abuse potential.
  - If advertisements direct the consumer to a physician, referral should be to the consumer's family or personal physician. The AAFP considers it inappropriate and unethical for an advertiser to act as a referring agent, due to the consumer's lack of awareness of any potential conflict of interest associated with such a referral.

I should acknowledge here that the AAFP receives money from the pharmaceutical industry, including publication advertising revenue and support for AAFP meetings. The percentage of revenue coming from pharmaceutical firms has decreased over the past five years, caused in part by the AAFP's decision to cultivate other sources of revenue.

Finally, the AAFP supports the editorial independence of the *Annals of Family Medicine* in deciding to run the Frosch study. The *Annals* needs to be free of organizational or political pressure from its parent organizations in choosing what to publish and to let those decisions be based solely on the quality of the science, the rigor of external peer review, and editorial judgment. Clearly, editors saw value in the study—and there is great value in examining the health messages Americans receive via DTC ads.

In fact, here's hoping that researchers will conduct additional studies of DTC commercials—looking this time at ads created in the current advertising environment and under the industry's own guidelines. Further research and discussion can only benefit all parties in the effort to educate consumers responsibly.

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## Reference

1. American Academy of Family Physicians Congress of Delegates. Board of Directors Report R to the 2006 AAFP Congress of Delegates. 2006; 99-103. Available at: <http://www.aafp.org/online/en/home/aboutus/theaafp/congress/transact06.mem.html>.



**From the American  
Board of Family Medicine**

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## MAINTENANCE OF CERTIFICATION UPDATE

The ABFM is pleased to announce as of December 31, 2006, over 9,000 of the Diplomates who certified or recertified in 2003 successfully met the deadline of completing their Stage 1 requirements for Maintenance of Certification for Family Physicians (MC-FP). By completing these requirements, these Diplomates are eligible to remain on track for the 3-year extension of their current certificate, creating a 10-year certificate. The 2003 Diplomates are the first to complete Stage 1 and set an important precedent for the next several groups of Diplomates. The first 3-year stage of the MC-FP process includes completing either 3 Part II Modules (SAMs), or 2 Part II Modules and 1 Part IV Module (PPM or approved alternate).

Stage 2 requirements, which the 2003 cohort must complete by December 31, 2009, includes 2 Part II Modules (SAMs) and 1 Part IV Module (PPM or approved alternate). After successfully completing these requirements, Diplomates will earn the 3-year extension to their 7-year certificate. These requirements may be completed anytime prior to the deadline; however, the 10-year certificate will not be mailed to the Diplomates until the end of Stage 2 (December 31, 2009). For those Diplomates who have completed their Stage 2 requirements, the ABFM Web site will immediately indicate the 3-year extension on their certificate upon completion.

The Diplomates who certified or recertified in 2004, and who began MC-FP in 2005, must complete their Stage 1 requirements by December 31, 2007. To date, over 7,500 of the 2004 cohort have completed at least 1 SAM. As with the 2003 cohort, the Stage 1 requirements are the same: either 3 Part II Modules (SAMs), or 2 Part II Modules and 1 Part IV Module (PPM or approved alternate).

Diplomates who certified or recertified in 2005 have until December 31, 2008 to complete Stage 1 requirements. For this, and all subsequent groups of

Diplomates, Stage 1 consists of 2 Part II Modules (SAMs) and 1 Part IV Module (PPM or approved alternate).

Diplomates who certified or recertified in 2006 may now begin working on the MC-FP Modules at their convenience. Stage 1 requirements (2 Part II Modules and 1 Part IV Module) are due by December 31, 2009.

In order to help all Diplomates keep track of their progress in MC-FP, the ABFM has updated its Web site to reflect the 7- or 10-year track chosen by the Diplomat. We encourage all Diplomates to visit the ABFM Web site (<http://www.theabfm.org>) and log in to the physician's portfolio section.

The ABFM has continuously worked to improve the MC-FP process to better serve and communicate with the Diplomates. As part of this process, the ABFM has collaborated with many key organizations to improve all areas of satisfying requirements for relicensure, credentialing, practice reporting requirements demanded by payors, and pay for performance initiatives. As a result of one of these endeavors, the ABFM will begin publicly reporting Diplomat certification status on the Web site to include MC-FP status. This information will begin to appear on the Web site in 2007. The Joint Committee for the Accreditation of Hospital Organizations (JCAHO) recently revised regulations after endorsing and now adopting the same 6 general competencies that the ABFM uses for the assessment of Diplomates who participate in MC-FP. The American Board of Medical Specialties (ABMS) is working closely with the JCAHO to develop a mechanism by which hospital credentialing agencies can verify the Maintenance of Certification status of physicians who apply for privileges within their hospital. This will require modifications to the current verification process on the ABMS Web site and also will necessitate that individual specialty boards report the status of their Diplomates in the Maintenance of Certification process.

*Jane Ireland  
American Board of Family Medicine*



**From the Society of Teachers  
of Family Medicine**

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## **STFM LAUNCHES ITS FUTURE FAMILY DOCS CAMPAIGN—THE SOCIETY'S PREMEDICAL SCHOOL RECRUITMENT PLAN**

STFM is proud to announce the official launch of Future Family Docs, a campaign designed to inspire and support outreach activities by our STFM members to premedical students to promote careers in family medicine. The campaign is organized in 3 ways: (1) a Web site of resource materials to use with students of all ages, (2) a schedule of features in STFM publications, along with discussion and "buzz" at all STFM events, and (3) new partnerships with other organizations who are tackling the same issue of changing the pipeline into medicine. We will promote the importance of mentoring and coaching and exposing young people before medical school to the joys of family medicine. We will target the young people in our own medical practice communities—children from rural communities, children with economic challenges, children of recent immigrant families, and children from minority ethnic communities. This is our next stage of action to fulfill our society's charge from the Future of Family Medicine report, namely, "To Promote a Sufficient Family Medicine Workforce".

At the Web site <http://www.futurefamilydocs.org>, members can find resources to assist with tackling some local mentoring, recruitment, and student "marketing" campaigns about family medicine. For example, are you thinking about leading a session on primary health care careers in a high school? Our resources include a slide show and a medical school planning guide that you can use for your presentation. We are in the process of building an inventory of STFM member pipeline programs. From this directory, you can contact and learn from STFM colleagues about how they are doing these initiatives, how they are organizing them, funding them, and more. Also on the site are legislative updates related to pipeline activities and inspiring stories and reflective pieces on mentoring, role modeling, and coaching, from the perspective of the mentor or the mentee. The Web site will continue to be filled throughout the year with your contributions. Send some today to our Web site coordinators listed on <http://www.futurefamilydocs.org>.

We will continue our discussion about this premedi-