

facilities to "go to the front of the line" isn't always in patients' best interests.

Abigail Shefer, MD, a captain in the US Public Health Service and associate director for science in the Immunization Services Division of the CDC's National Center for Immunization and Respiratory Diseases, told those at the hearing in no uncertain terms: "CDC opposes the concept of preferentially making vaccine available for any one group."

"Instead of focusing on getting vaccine prioritized directly to physicians, our AMA should focus on removing barriers that keep docs from getting ready access" to vaccine products, suggested a member of the AMA Council on Science and Public Health.

Delegates Preserve Core Message

Apparently swayed by testimony at the hearing, the reference committee recommended that the prioritization clause be deleted from the immunization measure when it came before the full house on June 25; the house adopted that recommendation.

The Academy's delegates remained committed to preserving the spirit of the original resolution, however, and proposed adding the following clause in place of the omitted language:

"Resolved, that the Board of Trustees study the impact on vaccine supply to medical practices, hospitals and other medical facilities that results from the large contracts, with preferential distribution, between vaccine manufacturers/distributors and large nongovernment purchasers, such as national retail health clinics, with particular attention to patient outcomes for clinical preventive services and chronic disease management."

"This amendment addresses *all* immunizations, not just influenza," Kellerman assured delegates when he introduced the proposed change. When physician offices are unable to offer routine vaccines to their patients, the overall function of the medical home can be breached, resulting in fragmentation of care and disruption of clinical preventive services and chronic disease management.

"We hope that this study will do 2 things: first of all, study the impact of large contracts with guaranteed delivery, such as to large retail purchasers, and the effect that that has on small practices; and then also study the effect on what happens in our offices when we don't have vaccines—on things such as evaluating children for developmental delays or elderly patients who have chronic disease."

In the end, the delegates signaled their approval of this middle ground by adopting the amended resolution, which also calls for a report back to the house at the 2008 annual meeting.

Cindy Borgmeyer
AAFP News Now



From the American
Board of Family Medicine

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DIPLOMATE VERIFICATION UPDATE 2007

Since 1970, when the charter class of physicians attained certification by the American Board of Family Practice (ABFM), the Board has acknowledged the accomplishment of all physicians who achieve certification and recertification as a specialist in family medicine, the nation's twentieth primary medical specialty. For the first 26 years, the Board published an annual Directory of Diplomates as a way of honoring and recognizing certified family physicians. The printed directory was made available to all Diplomates, residency training programs, libraries, and other individuals or entities. Formal recognition beyond certification in family medicine was added in the 1990s for physicians who achieve certification in geriatric medicine and sports medicine and received a Certificate of Added Qualifications (CAQ) in those specialties. When requested, letters are sent to any person, organization, or entity requiring the Board's assurance that a physician is certified by the ABFM.

The ABFM now operates, distributes information, and facilitates interaction with candidates and Diplomates via its Web site at <http://www.theabfm.org>. The Web site contains a directory devoted to the continued recognition of family physicians who have attained certification, recertification, and a CAQ at any time in their professional career. Obviously, many Diplomates have retired from the practice of medicine, yet the Board continues to recognize the efforts of its past Diplomates in the same way it acknowledges current Diplomates. The online directory has become a refined extension of its predecessor, the Directory of Diplomates. The process of locating certified family physicians online is simple; the user enters a city and state into the online directory and a listing of current board-certified physicians in that geographical area is generated. Alternately, the user enters the first and last name of a physician and all family physicians with identical names are shown with city and state of residence and current and past certification status.

Additionally, the online verification process facilitates the ease by which other specialists, hospitals, third-party payers, and health care consumers can verify the certification status of family physicians. By accessing the verification page of our Web site and

entering the first name, last name, date of birth, and last 4 digits of the physician's social security number, the user can search the ABFM's database to verify a physician's certification status. The data in the verification system is under the direct and complete control of the ABFM staff and is protected from and cannot be altered by unauthorized individuals.

Written verification of a Diplomate's status continues to be an option for Diplomates and third parties. Diplomates can obtain a verification letter at no charge by entering the Physician Portfolio with their ABFM identification and password and clicking on "Request Verification Letter." Others seeking written verification of a Diplomate's status can have a letter generated by ABFM staff for a \$25 fee, or they can access the ABFM's online verification system at no charge. The ABFM grants permission to copy the information provided by the online verification system for the purpose of maintaining physician credentials or for activities related to the evaluation of physician qualifications. The same database is used for written and online inquiries.

Just as recertification has evolved into Maintenance of Certification for Family Physicians (MC-FP), the online verification process is evolving in its role as the primary source for finding a family physician's certification status. A new online verification system will be launched later this year in 2 phases. The first phase, expected to be available in July 2007, will display certification information in a grid format. The second phase, expected to be available by the end of the 2007, will expand verification to include a physician's standing within MC-FP, a program designed to enhance the clinical excellence of family physicians through continuous measurement of physician competencies. The 4 components of MC-FP—Professionalism, Self-Assessment and Lifelong Learning, Cognitive Expertise, and Performance in Practice—must be successfully completed for renewal of certification.

The revised online verification system will display information in 5 categories.

Certification

Indicates that the Diplomate has successfully met all requirements for initial certification or recertification

in family medicine or in one or more areas of added qualifications.

- Family Medicine
- Sports Medicine CAQ
- Geriatric Medicine CAQ
- Adolescent Medicine CAQ
- Sleep Medicine CAQ (available in 2007)
- Hospice & Palliative Medicine CAQ (available in 2008)

Certification Status

Indicates the current status of the Diplomate's certification in family medicine or in one or more areas of added qualifications.

- Certified. The Diplomate has successfully met all requirements for initial certification or recertification.
- Not Certified. The Diplomate's time-limited certificate has expired, or the CAQ certificate is current but not in effect because the family medicine certificate has expired or been withdrawn (there will be an explanation in the Comments column).
- Expired. The Diplomate's time-limited family medicine or CAQ certificate has expired.
- Withdrawn. The Diplomate's certification has been withdrawn because of disciplinary action by the ABFM (there will be an explanation in the Comments column).

Certification History

Indicates a chronological history of all the Diplomate's certifications (any discontinuity will be explained in the Comments column).

Current MC-FP Status

Indicates the Diplomate's status in the MC-FP process.

- Participating and Current. The Diplomate is participating in MC-FP and has met all requirements to date.
- Participating and Not Current. The Diplomate is participating in MC-FP but has not completed all current requirements.
- Not Participating. The Diplomate has not fulfilled the requirements necessary to participate in MC-FP.
- Not Scheduled to Participate. The Diplomate has not yet entered MC-FP.

Table 1. Sample Chronological History of Diplomate's Certifications

| Certification | Certification Status | Certification History | Current MC-FP Status | Comments |
|---------------------|----------------------|--|---------------------------|----------|
| Family Medicine | Certified | Certified 7/13/1990–12/31/1997 Recertified 7/11/1997–12/31/2004 Recertified 8/12/2003–12/31/2010 | Participating and Current | |
| Sports Medicine CAQ | Certified | Certified 4/11/1997–12/31/2007 | | |

Comments

Indicates explanations for any certification status other than "certified," any non-certified interval, etc.

Family physicians who entered MC-FP within the year following their last successful examination, beginning with the 2003 examination, and who successfully complete all requirements through Stage 1 (the first 3 years of MC-FP) and Stage 2 (the second 3 years of MC-FP), will receive a 3-year extension to their 7-year family medicine certificate. Accordingly, the online verification system will appropriately note throughout each year of MC-FP the status of a physician in the MC-FP process. Physicians who are unable to complete the requirements of MC-FP as published will retain the certificate previously earned but they will remain on a traditional 7-year certification cycle.

The American Board of Medical Specialties (ABMS) Web site states that "certification means a commitment to quality care" and that consumers are becoming more active in learning about health, wellness, disease, and treatment options. The National Committee for Quality Assurance (NCQA) echoes these sentiments by indicating that the educated consumer is one of the most powerful forces driving improvement in health care. The NCQA also is on record as stating that "consumers who make informed choices and are engaged in their own care not only experience better health outcomes, they also help reward doctors, hospitals, and health plans that deliver better care and service." The online directory and verification systems of the American Board of Family Medicine will enhance the visibility of family physician accomplishments. Concurrently, the public will become aware and gain confidence in knowing that the first medical specialty board to require mandatory recertification has now implemented a program for its Diplomates to enhance their clinical excellence through continuous measurement of physician competencies.

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**From the Society of Teachers
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STFM SPONSORS PREDOCTORAL DIRECTORS DEVELOPMENT INSTITUTE

Imagine yourself as a faculty member in a family medicine department tasked with administrative responsibilities consistent with the role of a predoctoral director, such as oversight of the courses and advising programs offered to medical students. Although you may have a few years of experience with predoctoral teaching, you may feel you need more help to develop in your role and advance in your career. Now you have an opportunity for this training through a program called the Predoctoral Directors Development Institute or PDDI, sponsored by STFM.

The inaugural session of the PDDI occurred in 2007. Twenty-six registrants were supported by their respective chairs to attend the institute, giving evidence for the importance of this program in meeting the needs of academic departments of family medicine. Roughly patterned after similar programs for residency program directors, the PDDI offered 2 separate days of instruction, scheduled in conjunction with the STFM Predoctoral Education Conference and with the STFM Annual Spring Conference. The topics covered included:

- Roles and activities of predoctoral directors
- Curriculum development and evaluation
- Learner observation, assessment, and feedback
- Care and feeding of preceptors
- Scholarship/promotion/publications
- Grant writing/ extramural funding 101
- Promoting student interest and knowledge of family medicine
- Negotiation skills

In addition to the formal curriculum, fellows in the PDDI were tasked with developing a project unique to their home institution and their own personal needs. Through advising sessions and assigned counseling by experienced predoctoral faculty, the fellows developed their projects for submission to future STFM conferences. The combination of face-to-face sessions at the 2 meetings and ongoing communication with advisors was designed to allow critical networking relationships to develop.

This is what some of the participants had to say:

I have been involved in pre-doc education for more than 10 years. The PDDI was exactly what I needed in my profes-