

ent from the tax credit plans we see now being pushed," said Martin. "We're hoping to generate more discussion of these issues at the national level"—discussion that could later set the stage for introduction of legislation based on the Academy's plan.

Timing counts. The candidates for US president are addressing health issues in their campaigns, and Academy leaders and other family physicians are already asking presidential hopefuls to articulate their views on access to care for everyone.

"A lot depends on whether the American public has the will to push health care to the front of the line," said Martin.

Cindy Borgmeyer
AAFP News Department



From the American Board
of Family Practice

NEW EDITORS OF THE JOURNAL OF THE AMERICAN BOARD OF FAMILY PRACTICE

The American Board of Family Practice announces the retirement of long-time *Journal of the American Board of Family Practice (JABFP)* editor, John Geyman, MD. We are grateful for Dr. Geyman's stewardship in building the *Journal* and for leading it into its new electronic format. We also proudly announce the appointment of new editors. Editor-in-chief is Marjorie Bowman, MD, MPA, Professor and Founding Chair, Department of Family Practice and Community Medicine, University of Pennsylvania. The new deputy editor is Victoria Neale, PhD, MPH, Associate Professor, Department of Family Medicine, Wayne State University.

The *JABFP* is now available in a fully electronic format with free access to all content. The new *JABFP* Web site at <http://www.jabfp.org> offers wonderful advantages over the print format, which is now available only to paid subscribers.

The electronic format of *JABFP* offers numerous benefits, including PDF reprints of articles published from 2001 to the present. Readers are especially encouraged to submit comments about new articles as Rapid Responses through the www.jabfp.org Web site. Rapid Responses will be linked to articles and posted on the Web site within days of submission. The Rapid Responses feature allows for postpublication peer review and comment by readers. This open-review process should benefit our larger community of practitioners and researchers.

Coming Soon! The *JABFP* will soon provide electronic manuscript submission. Electronic submission will reduce duplicating and mailing costs for authors

and should increase the efficiency of the peer-review process. In the meantime, manuscripts should be mailed to Ms. Virginia Gessner, Senior Editorial Assistant, Dept. of Family Medicine, Box 354696, University of Washington, Seattle, WA 98195-4696.

Recruiting Peer Reviewers

The *JABFP* is also seeking new peer reviewers. If you are willing to serve as a peer reviewer, please send an e-mail message that specifies your areas of expertise and interest to Ms. Virginia Gessner at virginia_gessner@fammed.washington.edu.

Peer reviewing provides the opportunity for researchers to sharpen their critical appraisal skills. Peer reviewers are expected to treat all manuscripts as confidential documents. If a reviewer receives a manuscript that poses a real or perceived conflict of interest, this should be declared to the editorial office.

DECEMBER 5, 2003, ADMINISTRATION OF THE CERTIFICATION AND RECERTIFICATION EXAMINATIONS

The ABFP will offer a second administration of the Certification and Recertification Examinations on December 5, 2003. These examinations will be administered via computer only and will be offered to a select number of physicians who fall into the following categories:

- Off-cycle residents who complete their training after June 30, 2003, but on or before November 15, 2003
- Candidates who were unsuccessful on the July 11, 2003, examinations
- Candidates who applied for the July 2003 examinations and were unable to complete all of the requirements before the deadlines
- Candidates who were forced to defer participation in July 2003 because of illness or other extraordinary personal circumstances

To determine whether you are eligible, call the ABFP Help Desk at 877-223-7437 or email abfphd@abfp.org.

Questions from American Board of Family Practice (ABFP) Diplomates Regarding the Maintenance of Certification Program for Family Physicians (MC-FP)

By the time this issue of the *Annals of Family Medicine* has been published, the ABFP will have distributed to its Diplomates an overview of the MC-FP and its four components (Professionalism, Self-Assessment and Lifelong Learning, Cognitive Expertise and Performance in Practice) and a Frequently Asked Questions supplement. These were distributed through direct-mail handouts at the July 11, 2003, examinations, and via the Web site at www.abfp.org.

Since the introduction of the MC-FP, the Board has received a number of questions. In this and future issues, we will share questions from physicians in the field along with the answers from James C. Puffer, MD, ABFP Executive Director.

From Diplomates Practicing Emergency Medicine and Urgent Care

Q I am a full-time emergency room physician who completed an FP residency. I am concerned that the Self-Assessment Modules (SAMs) will be pertinent to my chosen area of medicine, which is full-time ER physician. Will there be acute problems to consider – acute cardiac syndrome or acute pulmonary embolisms as opposed to chronic care medicine, which does not pertain to my daily practice?

Q I am a full-time ER physician. I have a question regarding the module system. Does the fact I want to maintain my board status in family medicine mean I will still have to complete the modules pertaining to hypertension and diabetes, since they are the first modules being planned? Or, will we be allowed time to continue on the current "CME track" until modules, which are actually pertinent to our daily practice of medicine, are up and available? I am sure physicians practicing in other areas of interest (ie, sports medicine) are equally interested in upcoming changes.

Q I am currently board certified in family medicine and emergency medicine. I am in full-time emergency medicine, but have maintained both Boards since 1989. How will the continuous MC-FP dovetail with EM? How will the PPM be done with EM physicians who wish to maintain double boards?

A To maintain your certificate with both boards, you will need to meet the requirements of each. To remain certified with ABFP, you will need to complete one Self-Assessment Module (SAM) per year. Unique Performance in Practice Modules (PPMs) will be developed for physicians in your circumstance.

The first two SAMs will be on diabetes and hypertension. The following year, we plan to add modules for coronary artery disease, asthma and at least one sports medicine module. The number of selections will grow over time, but you will still need to complete one SAM per year. You will have the option of completing two SAMs that are developed by organizations other than the ABFP. For example, you might complete two offerings from the American Board of Emergency Medicine. We hope to have active links to other boards' offerings for Part II.

The American Board of Medical Specialties (ABMS) has not yet addressed whether activities in Parts II and IV can be used interchangeably to satisfy requirements for both boards, but we hope to receive clarification soon.

From Process B Diplomates

Q I am a medical director for an insurance firm, but have continued to teach at the family practice residency where I was a faculty member. Also, I might do some urgent care work. Will I be able to continue my certification if I do no clinical work? What if I just continue to teach and if so, how much time? What if I do some urgent care work, and if so, how much time?

Q I have a question regarding Process B. I am one of many family physicians who spent most of their time in leadership roles while practicing part-time. There are elements of the new program that do not fit us Process B-types very well. How will the MC-FP be achievable for Process B candidates?

A You will be able to maintain your certification if you do not see patients or do not see patients in continuity. We will create unique modules, such as patient safety and systems-based practice, for Part IV that will allow nonpracticing physicians the opportunity to complete this part of the MC-FP.

From Diplomates Serving in the Military

Q I am currently in the Navy, and the evaluation-enhancement of Practice Performance Modules will be difficult for me to complete. My patients and I will move every 3 years or so. How will these issues affect my involvement in the process? Also, as far as cost, do I have to get permission from the Navy before I send money? Will this cause a problem with ability to complete the modules?

A We will create unique modules for Part IV that will allow physicians who do not see patients or who do not see patients in continuity the opportunity to complete this part of the MC-FP. Regarding cost, Diplomates will have two options. You may either pay a one-time, upfront fee that covers the entire cost (including the examination fee) of the 7-year MC-FP, or you may pay for each component as you take it. You will be able to pay online. I do not foresee this causing a problem with your ability to complete the modules.

From Diplomates Practicing in the Nursing Home Environment

Q My question is in regard to clinical records. I work in a variety of geriatrics clinics within a nursing home environment. How will I complete the chart review?

A You may use the records from any source or multiple sources to satisfy the requirement. If you do not see patients in continuity, unique modules (see above) will be available for you to complete to satisfy this part of MC-FP.