

process, the Academy can endorse the guidelines if it meets AAFP criteria. Such an arrangement led to AAFP endorsing the American Academy of Pediatrics clinical practice guideline, "Treatment of the School-Aged Child With Attention-Deficit/Hyperactivity Disorder," published in the October 2001 *Pediatrics*.

Level 3 participation entails less involvement. It comes about when other organizations want a family medicine perspective as part of their guideline development, and the Academy will suggest family physicians—not official AAFP representatives—to participate.

Furthermore, the AAFP reviews draft guidelines from other organizations as part of their peer-review process.

### Selecting a Topic

The AAFP Commission on Clinical Policies and Research jump-starts the Academy's work on a clinical guideline topic by seeking approval from the AAFP Board of Directors. The commission has funding to work on 3 guidelines at any 1 time.

When nominating topics for guideline development, the Academy asks the Agency for Healthcare Research and Quality to develop an evidence report. AHRQ has criteria for topics: They must be common and there must be a "significant burden of suffering" associated with the condition. If the government chooses to fund the evidence report, the topic goes to an evidence-based practice center for development of an evidence report on the topic. The guidelines panel often builds its recommendations from the evidence report.

The involvement of primary care in nominating topics is important, says Young, particularly where comorbidities are concerned. Subspecialists tend to focus on a condition in isolation, even though it is the norm for many conditions to occur in tandem (for instance, myocardial infarction and depression).

The bottom line: The Academy takes steps to make clinical guidelines reflect the patient-centered orientation of family medicine, says Young. Implementation strategies and linkage to other AAFP activities are evolving, as are the Academy's relationships with other medical societies.

Toni Lapp  
AAFP News Department



From the American  
Board of Family Practice

### SUBMIT MANUSCRIPTS TO JABFP ONLINE

Starting in March 2004, authors can now submit manuscripts online at *The Journal of the American Board of Family Practice* Web site (<http://www.jabfp.org>) using

Rapid Review. A link on the *JABFP* home page will take authors to a step-by-step guide for establishing an account that will enable them to upload manuscripts and related files. Authors can use their account to log on and check the status of their article to see where it is in the editorial process.

The new Rapid Review system will enhance the speed with which manuscripts are processed and decisions are communicated by reducing the time that it takes for postal delivery. Rapid Review allows the editorial staff to distribute materials, select reviewers, track inquiries, and finalize decisions through e-mail. It will also increase the speed with which a manuscript is processed by the publisher, resulting in a tighter production schedule.

### JABFP Announces Addition to Editorial Staff

Nancy Jacobson is the new *JABFP* Senior Editorial Assistant, replacing Virginia Gessner, who retired. Many thanks to Ms. Gessner for her hard work and contribution to the *Journal* over the years. Ms. Jacobson joins Deputy Editor Victoria Neale, PhD, and Associate Editor Kendra Schwartz, MD, in the new editorial office in Detroit.

Ms. Jacobson handles *JABFP* correspondences and manuscripts. She also manages requests for classified ads and books submitted for review. New contact information for the *JABFP* is:

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### FEATURES OF WWW.ABFP.ORG

Physicians certified or recertified in 2003 become the first group of Diplomates to participate in Maintenance of Certification for Family Physicians (MC-FP). This new process, which replaces recertification, is more focused and encompasses multiple dimensions of physician performance. In addition to a cognitive examination every 7 years, MC-FP will involve annual participation throughout each 7-year cycle. To make this process convenient for the practicing physician, it will be completed over the Internet. Most components of MC-FP can be accessed in the comfort of one's home or office at a time convenient to the participant.

A new ABFP Web portal, <http://www.abfp.org>, will be used to navigate and manage MC-FP, and track