



From the American
Board of Family Medicine

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MAINTENANCE OF CERTIFICATION FOR FAMILY PHYSICIANS (MC-FP)

The new Maintenance of Certification for Family Physicians (MC-FP) has been in place since the beginning of 2004. During this time, our Diplomates have provided valuable feedback by telephone, e-mail, and in person, which has allowed us to improve the MC-FP process. We also discovered some misperceptions about this process and its requirements. To continue to communicate effectively with our Diplomates, the Board believes it would be helpful to provide a current overview.

In Table 1 the former recertification requirements are compared with those of today's MC-FP process.

Rationale for Changing the 30-Year Old Certification/Recertification Process

The American Board of Medical Specialties (ABMS) adopted a requirement that each of its 24 member boards develop specific mechanisms for implementing a Maintenance of Certification (MOC) process, which the ABFP has named MC-FP. The ABMS further required that all boards submit a plan for instituting the first 3 parts of this process by July 2003, with the expectation that all boards would begin their MOC process shortly thereafter.

The rationale for the MOC process is that medical knowledge is changing rapidly, and that physicians should continuously update their knowledge and skills so patients can receive the benefits of new developments. The ABMS believes one way to encourage continuous learning is to have specialty boards assess their Diplomates more frequently than in the past, and some of this assessment should focus on application of knowledge and on the patient-physician interface.

The ABFP Strategy for Maintenance of Certification

When the ABFP Board of Directors began planning to implement these requirements, they wanted to avoid imposing unnecessary burdens on our Diplomates. Many of our Directors are in private practice, and they understand the pressures on the practicing physician.

To ease the transition to this new process, the entry of current Diplomates into the MC-FP process will be staggered over 7 years. A new group will start the process each year, beginning the year after they recertify.

Diplomates who recertified in 2003 entered MC-FP January 1, 2004, along with those who were certified for the first time in 2003. Those who certify or recertify in 2004 will enter the process in 2005. This entry process will continue until January 1, 2010, at which time all Diplomates will be participating.

ABFP MC-FP Requirements

1. Maintain a Valid and Unrestricted License (Unchanged)

Most components necessary for the ABFP to meet the MOC requirement were already in place. The ABFP has always required a full, unrestricted license to maintain certification, and this satisfied the ABMS requirement.

2. Life-long Learning (Unchanged)

Although the ABMS still requires 300 hours of CME, the ABMS also requires a process to ensure that our Diplomates' knowledge and skills are updated more often than our examination required in the past. To this end, we are developing Internet-accessible tools that incorporate active learning, feedback, and application. Six of these self-assessment modules, or SAMs, must be completed during the 7-year MC-FP cycle. The first 2 SAMs have been approved for up to 15 hours of CME by the AAFP.

3. Cognitive Expertise (formerly Cognitive Exam) (Basically Unchanged)

The ABMS specified that the physicians complete a periodic, objective assessment of knowledge in their field. The ABFP has always required that its Diplomates pass a written examination every 7 years to maintain their certification. Today, this examination is taken by computer. With newer technology, we are able to provide more exam dates (11) and more test centers (202) than we could have with the paper-and-pencil test.

4. Evaluation of Performance in Practice Module (PPM) (Formerly Computerized Office Record Review – CORR) (Basically Unchanged)

The final requirement is a demonstration of performance in practice, which is similar to the Computerized Office Record Review that has been required for recertification by the ABFP for more than 20 years. There will be some changes to this process, and we believe that our Diplomates will find the PPM more useful and more applicable to practice. The PPM will be required once every 7 years, and the first modules will be available in January 2005. The ABFP will develop an alternative activity that physicians who are not responsible for providing continuity of patient care can complete to fulfill this requirement. This group includes physicians in administrative positions, those

Table 1. What Has Really Changed?

Former Recertification Requirements	Maintenance of Certification for Family Physicians (MC-FP) Requirements
I. Diplomate must maintain a valid and unrestricted license	I. Unchanged
II. Life-long learning	II. Life-long learning
a. 300 hours of continuing medical education (CME) Diplomate constantly searches for seminars that satisfy annual CME requirements	a. (Unchanged) 300 hours CME required. ABFP Web site assists in identifying sources to satisfy these requirements b. (New) Self-assessment module (SAM) taken by computer. One completed SAM per year required (total of 6 per 7-year cycle). Up to 15 hours of approved CME credit per SAM
III. Cognitive examination	III. Cognitive expertise
a. Paper-and-pencil test	a. Examination format and content (unchanged), but delivery is by computer (new)
b. Administered at a limited number of sites and dates	b. (New) Now offered on more dates (11) and at more test sites (202) c. Examination taken on computer
IV. Computer Office Record Review (CORR)	IV. Evaluation of Performance in Practice Module (PPM)
a. Once per 7-year cycle	a. Similar to CORR (once per 7-year cycle) (Not exactly the same but modified and improved. PPM replaces CORR in 2005)

working in emergency departments or urgent care centers, and others.

Self-Assessment Modules (SAMs)—a Further Explanation

The current SAMs and those under development by the ABFP correspond to the 20 priority areas identified by the Institute of Medicine in its report *Priority Areas for National Health Action. Transforming Health Care Quality*. In January 2004 we launched a SAM on hypertension and another on diabetes mellitus. In January 2005, 2 additional SAMs, one on asthma and one on coronary artery disease, will be available.

SAMs are similar in many ways to the CME materials that the ABFP has made available. One difference is that SAM materials are available over the Internet, which provides both the convenience of completing the assessment online and the advantage of allowing the Diplomate to stop and return to the program at any time. A second difference is that the assessment is designed to demonstrate information mastery. The SAMs have 2 parts, and both must be completed to satisfy the requirement.

SAM Part I. Knowledge Assessment

The first part of the SAM is knowledge assessment, which consists of 60 objective questions divided into several competencies. The Diplomate must demonstrate mastery by correctly answering 80% of the questions in each competency. Multiple retakes are allowed with no penalty or additional fees, and references are provided online whenever feasible. Diplomates may also consult

any resource during the assessment, including textbooks, journals, and even colleagues.

SAM Part II. Patient Simulation

Once the in-depth learning and assessment activity is successfully completed (Part I), the Diplomate advances to the patient simulation component (Part II), where knowledge is put into practice. The patient simulation component consists of a clinical case that is representative of the disease state. The patient's condition evolves as the simulation progresses, and the physician must respond. The simulation continues until either the patient's condition is stable for 3 successive office visits or 2 years of simulated time has elapsed, whichever comes first.

Improved Communications to Assist Our Diplomates

Tutorial and Practice Exam

To help each Diplomate become familiar with the new technology and delivery channels, we have created an online tutorial and practice exam, available at <http://www.TheABFM.org>. We are confident that visitors to this site will appreciate the added value this new computer technology brings to our Diplomates. If you have questions, we encourage you to call or e-mail us.

Help Desk

Our Help Desk provides immediate access to a live operator at 1-877-223-7437. It is staffed from 8:30 am to 9:00 pm EST, Monday through Friday and 9:00 am to 5:00 pm on Saturdays. Questions can also be asked and answered by e-mail through our Web site at <http://www.TheABFM.org>.

ABFP CHANGES ITS NAME TO THE AMERICAN BOARD OF FAMILY MEDICINE (ABFM)

Based on recommendations made by the Future of Family Medicine Project, the American Board of Family Practice will change its name to the American Board of Family Medicine and its Web site address to <http://www.TheABFM.org>. The name and Web site address changes became official January 1, 2005. Certificates issued by the American Board of Family Practice before January 1, 2005, remain valid through their stated expiration date.

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