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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Vice President, Exam Administration and Credentials

From the Society of Teachers of Family Medicine

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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-

sional development. There have been numerous resources, ideas, and contacts that I have made which have been invaluable to me. The PDDI rejuvenated me in my work.

This fellowship offers a great resource for new or aspiring predoctoral directors to gain insight and crucial knowledge about this position/role. The information presented was invaluable and will help in all aspects of my career.

Extremely helpful overall. There was a great deal of knowledge shared in the lectures. The collaborative group discussions interspersed with the lectures allowed for processing and building on information provided. Small-group discussions were very valuable mentoring opportunities.

Focused, informative, and helpful experience to support work of predoc directors and those engaged in medical education. Connections with course faculty and fellow predoc directors was both encouraging and maturating.

This was an extremely valuable experience. It was targeted toward my needs & interests. The faculty was dedicated, knowledgeable, and excellent facilitators.

The second annual PDDI will be held in 2008, again in conjunction with the STFM Predoctoral Education Conference in Portland, Ore, and with the STFM Annual Spring Conference in Baltimore. Registration is available through the STFM Web site at http://www.stfm.org/predocinstitute/index.htm.

Questions about the Institute can be addressed to the PDDI Steering Committee:

Katie Margo, MD
Steering Committee Chair, University of Pennsylvania
Jeff Stearns, MD
STFM Education Committee Chair, University of Wisconsin
Alec Chessman, MD, Medical University of South Carolina
David Little, MD, University of Vermont
Paul Paulman, MD, University of Nebraska
Cathy Florio Pipas, MD, Dartmouth Medical School
Kent Sheets, PhD, University of Michigan

From the Association of Departments of Family Medicine

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THE RESIDENCY REVIEW COMMITTEE AND ADFM-CONTRASTING PERSPECTIVES?

The Association of Departments of Family Medicine (ADFM) has articulated a number of concerns regarding family medicine residency education, such as the need for flexibility, a simplification of requirements, and more innovation/experimentation in the residency education continuum. The original Residency Review Committee (RRC) requirements were 2 pages in length and have now expanded to 40 pages.[1,2] The Future of Family Medicine report stated that "innovation in family medicine residency programs will be supported by the RRC for Family Medicine through 5-10 years of curricular flexibility … the discipline should actively experiment with 4 year residency programs that include additional training to add value to the role of family medicine graduates in the community."[3] The Residency Assistance Program, now known as Residency Programs Solutions (RPS), has suggested 3 levels of obstetrical training (the minimum being 2 months of obstetrical experience with no continuity obstetrics requirement) and a core curriculum that is competency based.[4] The P[4] project has identified 14 residency programs in order to support innovative educational process and content.[5] Graduates of these innovative programs will be accepted by the ABFM to sit for the certification exam and the RRC looks forward to the impact these innovative programs may have on future editions of the RRC requirements. The P[4] project is a major step to move residency education into the 21st century.

RRCs are accrediting bodies that determine whether a program has met the minimum standards to provide training sufficient to produce a competent family physician. Accreditation is substantially meeting the requirements—no program meets all requirements 100% of the time. The RRC has tended to be reactive to what it sees in the field and in the PIFs. In essence, the RRC has functioned as a rule-making body with measuring tools. The RRC has to respond to the ACGME, which oversees all RRCs. National accreditation organizations such as the ACGME may find that creativity and flexibility are a challenge. However, there is a sense that change may be forthcoming.

ADFM and the Association of Family Medicine Residency Directors (AFMRD) have much to gain by improving communication with each other and with the RRC for family medicine. Many concerns identified by ADFM are likely to be shared by AFMRD. ADFM should encourage the RRC to:

1. Permit several levels of obstetrical training with a floor of only 2 months of rotational experience and no continuity requirement. Specific rationale should be provided by programs requesting this option such as prohibitive malpractice costs or zero recent graduates practicing obstetrics in order to keep programs in step with reality.

2. Define the core curricular requirements that can be met in 18-24 months either through block rotations and/or longitudinal experiences. This would increase the available flexible time in each program.