

Family Medicine Updates



From the American
Board of Family Medicine

Ann Fam Med 2010;8:467-468. doi:10.1370/afm.1179.

ABFM Announces Further Enhancements to MC-FP

The beginning of 2010 officially completed the staged, 7-year transition of every American Board of Family Medicine (ABFM) Diplomate into the new recertification paradigm, Maintenance of Certification for Family Physicians (MC-FP). At its inception in 2003, MC-FP was designed to assist with providing high quality care to patients while at the same time fitting into physicians' busy day-to-day professional lives. In keeping with these 2 basic design principles, the ABFM listened carefully during the transition to feedback and concerns and continuously improved MC-FP to simplify and streamline the process, target it to practice needs, and create flexibility in how MC-FP requirements were met.

MC-FP has changed dynamically over time. The ABFM has systematically surveyed the medical literature, and as new information became available that would potentially change the quality of care delivered to patients, the ABFM made that information available by continually updating self-assessment modules. As new methods of measurement have been validated, they have been incorporated into the examination processes to more accurately assess the physician's knowledge base. As new tools became available for assessing and evaluating patients, clinical simulation technology has been modified to take advantage of these advances. The ABFM promised to remain on the cutting edge of physician assessment, and has worked diligently to keep that promise.

Penetration of MC-FP has been relatively uniform across the United States and has not been constrained by geography, practice setting, or physician demographics. Despite a rocky first year of the rollout of MC-FP, uptake has been consistent and has conformed to the ABFM's original assumptions about participation. In large part, this has been due to the excellent suggestions that Diplomates have offered to improve the process along the way. While there were many useful suggestions during the transition, 2 important messages stood out. First, the examination need not be

given as frequently as in the past, given the multiple ways in which the ABFM was now assessing Diplomates' competencies; by overwhelmingly choosing the 10-year option over the 7-year MC-FP pathway during the transition, almost all Diplomates passionately voted on this issue. Secondly, while flexibility of when and how MC-FP requirements were completed have been greatly enhanced, Diplomates have asked for even more flexibility.

The Diplomates have spoken, and the ABFM has listened. We are happy to announce some important enhancements to MC-FP that will be introduced starting in 2011. Beginning with those that certify or recertify next summer, the examination will be temporarily unlinked from the MC-FP cycle. While presently MC-FP culminates with the administration of the examination at the end of the cycle, with this change it may be taken at any point in time during the MC-FP cycle that the Diplomate wishes, and the results will be valid for 10 years. Additionally, Diplomates will be allowed to choose how they wish to complete their Part II (SAMs) and Part IV (PPMs, MIMMs, approved alternatives) requirements during each 3-year stage. Each module will be assigned a point value, and each Diplomate will need to accumulate a sufficient number of points every 3 years. The exact total is yet to be determined. How this is accomplished is up to the Diplomate as long as the combination of completed activity includes at least 1 Part II module and 1 Part IV module.

Diplomates must continuously meet the requirements of all 4 parts of MC-FP to remain certified. With this new format in place, each Diplomate will simply need to meet 4 requirements during each 3-year Stage of the MC-FP cycle to maintain certification:

1. Meet ABFM licensure requirements (Part I)
2. Complete Part II and Part IV activity totaling a set number of points in any combination of the Diplomate's choosing (Diplomates will continue to receive CME for this activity)
3. Meet ABFM CME requirements (Part II)
4. Perform successfully on the examination within the past 10 years (Part III)

The ABFM believes that these new changes will also allow it to begin issuing certificates without end dates beginning next summer. The validity of these newly issued certificates would be continuous as long as the first 3 above requirements had been met by the end of each 3-year Stage in MC-FP and the Diplomate had performed successfully on the examination within the past 10 years. Accordingly, last month, the ABFM

submitted a request to the American Board of Medical Specialties (ABMS) Committee on Certification (COCERT) seeking permission to do so. The American Board of Pediatrics (ABPeds) began issuing certificates without end dates at the beginning of this year, and the American Board of Internal Medicine (ABIM) soon will make a similar request to also begin in 2011. The fact that all 3 primary care Boards have contemplated these changes at the same time is not by mistake. The ABFM, ABPeds, and ABIM have been working together diligently in an effort to harmonize the maintenance of certification programs of each Board for the past 5 years.

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From the Society of Teachers
of Family Medicine

Ann Fam Med 2010;8:468-469. doi:10.1370/afm.1184.

The Evolution of the STFM Foundation— An Improved Synergy Between STFM and the STFM Foundation

Less than 10 years after the incorporation of the Society of Teachers of Family Medicine (STFM) the STFM Foundation was established primarily to provide the 501c3 tax status necessary for STFM members to make contributions in support of their professional organization. To ensure that the tie to STFM was strong and reciprocal, the membership of the Foundation was defined as the STFM Board of Directors; however, the Foundation Board is a separate group of leaders.

During its infancy, the Foundation's sole fundraising effort was in support of the Leland Blanchard Memorial Lecture. In 1987, during what might be considered its teenage years, the Foundation identified leadership development as its primary focus, recognizing the need for academic family medicine representation at the highest levels of health care administration and policy making. This commitment led to the New Faculty Scholars Program, the Faculty Enhancement Experience Program, the Bishop Fellowship, and the International Scholars Program. One hundred eighty-six STFM members have benefitted from these programs. A brief foray into grant-making in 1992 and 1993 was discontinued due to lack of funding in 1994.

The Foundation may now be seen as in the young adult stage, maturing but with a long life ahead. In fact a good way to think of the Foundation is as *timeless*, while

STFM is *timely*. In recent years Foundation Trustees have surveyed STFM members to ascertain the perception of the Foundation's relevance to the STFM member. It was discovered that many STFM members had little knowledge of the Foundation's programs, making the Trustees aware that better communication between the Foundation and STFM members was needed. Many STFM members requested funding for research and projects that fall within the strategic priorities of STFM.

The increasing success of the annual giving campaign enabled the Foundation to respond in 2008 to the request for grant funds by initiating the Group Project Fund. More than \$75,000 has been awarded for 10 projects, resulting in curricula for adolescent health, e-mail communication, and dietary supplements, in addition to surveys gathering information on domestic violence education, the effect of admission policies on rural service, and factors impacting resident satisfaction.

Also for the first time in 2008, the STFM Board of Directors presented requests to the Foundation for funding of special projects. All requests were approved as submitted. The projects are: the Family Medicine Clerkship Curriculum (\$25,000); Center for the History of Family Medicine (\$10,000 over 5 years); *Annals of Family Medicine* (\$25,000 for a supplement reporting on the results of the TransforMED demonstration project).

As the Foundation increasingly made financial decisions in response to STFM's strategic priorities, the Trustees scheduled a strategic planning session to align their bylaws and practices with their synergy with STFM. In essence the Foundation's focus changed from working independently of STFM to working collaboratively with STFM. STFM was a partner in this transformation as will be evident in the actions taken since that meeting in November 2009.

Perhaps of greatest significance is the Foundation's new purpose statement, "*growing the capacity of STFM to meet its mission and goals.*" While the Foundation will continue to offer leadership programs, this purpose statement reflects the spirit of harmony between the 2 entities. Changes that have occurred this year are:

- Adding a Foundation Trustee to the STFM Board of Directors (*The STFM Board has had a representative on the Foundation Board of Trustees since 2007*)
- Sharing of financial statements
- Formalizing the process for the STFM Board to submit proposals to the Foundation
- Revising Foundation bylaws to reflect the new purpose statement

What's next for the Foundation? How do we grow into middle age, defined as providing an optimum level of support for STFM? The success of the Foundation