The financial incentives for participants have been potentially substantial: in 2008, the incentive consisted of 1.5% of all of a participant's Medicare billings; the incentive rose to 2% in 2009, fell back to 1.5% for 2010 and will equal 1% in 2011. Medicare doesn't report to the registries the amounts paid to participants, but anecdotal information suggests that ABFM registry participants have averaged bonuses of approximately $1,200 (James Puffer, MD, personal communication 3/9/11.)

The registry has experienced varied participation since inception. 383 Diplomates submitted data in 2008, 722 in 2009, and we expect to submit 2010 data for 867 participants.

Our registry process includes an audit of 3% of participants' submissions. ABFM selects at random 3% of the participants, and contracts with a third party to audit the charts used for abstracting and reporting performance data. The audit process consists of comparing actual chart entries with the data submitted to the registry. These reviews have indicated high concordance between the reported and chart data: the 2008 submissions indicated 96% concordance between the registry submission and medical record data. The 2009 audit revealed approximately 94% agreement. The 2010 audit will occur later this spring.

In developing the registry, ABFM has striven to provide enhanced value for Diplomates who participate. Since the data elements correspond closely to those in the Diabetes PPM, Diplomates can choose to use their registry submissions for both the Physicians Quality Reporting System program and for the patient data required for the Diabetes PPM. Participants who select this option can use 1 year's Physicians Quality Reporting System data as their PPM pre-intervention submission, and the next year's Physicians Quality Reporting System data for their PPM post-intervention submission. This allows a Diplomate to accomplish a "threefer" for the same activities: 2 years of Physicians Quality Reporting System participation, as well as satisfaction of their MC-FP Part IV stage requirement.

In summary, ABFM engaged in the Physicians Quality Reporting System program to provide a service to our Diplomates (ABFM does not charge for Diplomate participation in the registry), and to enhance the value of MC-FP in Diplomates' ongoing professional activities. We hope more Diplomates will take advantage of this process!

Michael D. Hagen, MD; Senior Vice President

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STFM AND CAFM CREATE TASK FORCE TO ASSIST RESIDENCIES IN MEASURING RESIDENCY COMPETENCY

Residency training is once again experiencing significant pressure to transform. New requirements on duty hours will be going into effect in July 2011 for all disciplines of Graduate Medical Education under supervision of the Accreditation Council for Graduate Medical Education (ACGME). The Review Committee for Family Medicine (RC-FM) has been working on a revised set of training content rules for family medicine residencies, which will be significantly different from the existing guidelines. Over recent years, the ACGME has moved toward competency-based requirements. This move to a competency-based curriculum, along with other prospective changes in the upcoming RC revision, will challenge the variable structures and resources of residency programs, with some residencies perhaps unable to provide what is required by the RC-FM, as the next set of guidelines transition from the previous paradigm of counting experiences and duration of training rotation time to actually demonstrating resident competence. Evidence suggests faculty are not prepared to assess competencies for learners engaged in new systems, like interdisciplinary teamwork and evidence-based practices.[1]

To prepare our family medicine residencies to address the new training program challenges of assessing resident competency, the Council of Academic Family Medicine, with facilitation from STFM, created an interdisciplinary task force with broad representation from academic family medicine. The task force,

chaired by Sam Cullison, MD, is charged with identifying and disseminating appropriate materials and training on the establishment and measurement of competency in resident education.

"This very important effort was undertaken because of our belief that the next set of RC-FM requirements will be highly dependent on documentation of actual learner competency rather than counting of experiences," said Dr Cullison.

For residencies to select the tools their particular program will need to prove resident competencies, they must decide which competencies from the breadth of family medicine they will be emphasizing. Some programs may emphasize rural or urban practice preparation, underserved or international career training, or other such areas of focus for their program based on programmatic resources and community needs. Some programs may not yet have clarified their emphasis but as a result of the new requirements may choose to do so. It is expected that all or nearly all programs will need to undertake this goal clarification process before fully implementing their competency based documentation program. Critical to this project will then be identifying the best available methods and tools to prove competency, packaging them in a way that is easy to use, and providing multiple training opportunities for residency faculty.

Dr Cullison adds, "STFM and CAFM have assembled an all star cast of task force members to first review and then recommend to family medicine residencies proven approaches to competency assessment. This will be a 2-year process of tool analysis, and then distribution of methods through print and electronic disribution plus meetings offered by the family."

Over the next 2 years, the task force has been asked to do the following:

- Examine existing literature on residency competency-based education
- Recommend reliable existing tools: instruments to measure the competence of residents in family medicine training
- Create a guide for programs to develop/clarify the goals they have for their graduates – steps that will help programs and their faculty learn how to implement competency-based assessment and the tools associated.
- Provide a clear description of what the instruments are intended to measure; their accuracy, both qualitatively and quantitatively

Throughout this process, the task force will obtain input and feedback the family medicine organizations. The task force will share a draft document and dissemination plan with family medicine organizations this fall. Phase two of the task force charge will feature the dissemination of the materials and training faculty how to use them. The task force and others will facilitate communication and training throughout multiple family medicine venues for family medicine residency faculty and directors to achieve the improvement in expertise envisioned. This will be an important time for the family of family medicine to work together to share its resources in a systematic way to maximize efficiency and reach.

Task Force Members: Chair Sam Cullison, MD, Swedish Family Medicine Residency-Cherry Hill Campus; Wendy Biggs, MD, American Academy of Family Physicians; Colleen Conry, MD, University of Colorado; Alan David, MD, Medical College of Wisconsin; Mike Donoff, MD, University of Alberta; Julie Dostal, MD, Lehigh Valley Family Medicine Residency; Larry Mauksch, MEd, University of Washington; Tom O'Neill, PhD, American Board of Family Medicine; Allen Shaughnessy, PharmD, Tufts University Family Medicine Residency; Stephen Wilson, MD, UPMC St Margaret Family Medicine Residency. Staff: Jay Fetter, MSA, Association of Family Medicine Residency Directors; Perry Pugno, MD, MPH, CPE, American Academy of Family Physicians; Stacy Brungardt, CAE, Society of Teachers of Family Medicine.

The task force thus far has held several meetings by phone and has designated two work groups to achieve specific work. Julie Dostal, MD, leads the Measurement Tools Work Group whose work will identify the best tools to be recommended to residencies. Larry Mauksch MEd, leads the committee whose later task will be the distribution of the tools to the membership as mentioned above.

"We applaud these individuals for taking on this challenging task, and we share more information about the task force's work as the process continues," said Dr Cullison.

Sam Cullison MD, Swedish FMR, Seattle, Washington

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