ABFM MC-FP, the Maintenance of Certification for Family Physicians process provided by the American Board of Family Medicine (ABFM), is the means by which the ABFM continually assesses Diplomates. The American Board of Medical Specialties (ABMS), sensing growing and repeated threats from outside the medical field, determined that ABMS specialists within every discipline should be required to meet the highest standards of accountability. In response, the ABMS designed a process called Maintenance of Certification, and each specialty board agreed to adhere to a set structure in developing its individual programs. This structure consists of four components, each designed to assess important physician characteristics: professionalism (Part I), self-assessment and lifelong learning (Part II), cognitive expertise (Part III), and performance in practice (Part IV). Although these elements are similar to and consistent with the ABFM’s long-standing recertification program, the ABFM Maintenance of Certification process stresses the importance of ongoing participation in activities that evaluate each of these components between recertification examinations. ABFM MC-FP is a requirement that the ABFM believes encourages clinical excellence and benefits both physicians and their patients.

The following provides a brief description of each component (for additional information on each component, visit www.theabfm.org).

Part I – Professionalism
Fulfillment of this component requires a currently valid, full, and unrestricted license to practice medicine in the United States or Canada and continuous compliance with the ABFM Guidelines for Professionalism, Licensure, and Personal Conduct

Part II – Self-Assessment and Lifelong Learning
Fulfillment of this component requires completion of the required number of Self-Assessment Modules (SAMs) during the MC-FP cycle and completion of the required credits of Continuing Medical Education (CME)

Part III – Cognitive Expertise
Fulfillment of this component requires the successful completion of the MC-FP examination

Part IV – Performance in Practice
Fulfillment of this component requires completion of the required number of Performance in Practice Modules (PPMs) during the MC-FP cycle

In the ABFM MC-FP program, each certified Diplomate must successfully complete a series of modules in separate 3-year windows, called “stages.” Completing these requirements in a timely manner allows the Diplomate to maintain his or her certification status.

Physicians who have let their certification expire and lapse for more than three (3) years or have never been in the MC-FP process will need to complete the Re-Entry Process in order to be eligible for the exam and gain certification status.

Part II and Part IV activities may be clustered within each Stage, meaning more than one module can be completed within a single year. As long as the required number of modules is successfully completed by the end of each Stage, the requirement will be met. Diplomates will not be able to work ahead to the next stage for MC-FP credit, but additional modules can be taken for extra CME credit.
ABFM MC-FP Part II—Self-Assessment and Lifelong Learning

This component of ABFM Maintenance of Certification (also referred to as ABFM MC-FP or simply, MC-FP), has two parts that allow Diplomates to assess specific areas of knowledge of their own choosing. The purpose is to enhance knowledge and skills in areas that are of greatest use in each Diplomate’s practice.

Self-Assessment Modules (SAMs)
SAMs, categorized as Part II modules, can be accessed through the Physician Portfolio. Diplomates can access a module as many times as necessary to achieve successful completion. Each module consists of two parts:

Knowledge Assessment—an assessment of the Diplomate’s knowledge in a particular domain. Each domain consists of core competencies that the Diplomate must master. In order to successfully complete the assessment, eighty percent (80%) of the questions in each competency must be answered correctly. If the Diplomate is not successful initially, he/she moves to a review mode, in which a critique and reference for each incorrectly answered question can be reviewed before inputting new answers to the missed questions. When the Knowledge Assessment is successfully completed, the Diplomate progresses to the computer-based Clinical Simulation.

Clinical Simulation—presents patient care scenarios corresponding to the topic chosen in the Knowledge Assessment. Simulated patients evolve in response to therapeutic interventions, investigations, and the passage of time, providing an opportunity for Diplomates to demonstrate proficiency in patient management skills.

Once a Part II SAM module is started, it must be completed within one year. If the module is not completed in that time, the same module may be restarted or a new module may be selected. Currently, 15 MC-FP points in addition to 12 CME credits are awarded for successfully completing each SAM module.

Self-Assessment Modules (SAMs)

Asthma
Care of Vulnerable Elderly
Cerebrovascular Disease
Childhood Illness
Coronary Artery Disease
Depression
Diabetes
Health Behavior

Heart Failure
Hospital Medicine
Hypertension
Maternity Care
Mental Health in the Community
Pain Management
Preventive Care
Well Child Care

Alternative Part II Modules:
Health Literacy
PCMH e-Learning
ABFM MC-FP Part IV—Performance in Practice

This component of ABFM Maintenance of Certification for Family Physicians (also referred to as ABFM MC-FP or simply, MC-FP) assesses a Diplomate’s competence in systematic measurement and improvement in patient care.

Performance in Practice Modules (PPMs)

Performance in Practice Modules (PPMs), the ABFM’s Part IV modules, are web-based, quality improvement modules in health areas that generally correspond to the Self-Assessment Modules (SAMs).

Each physician will assess his or her care of patients using evidence-based quality indicators. After a physician enters data from 10 patients into the ABFM Website, feedback is provided for each of the quality indicators. The performance data is used by the physician to choose an indicator for which a quality improvement plan will be designed. Using a menu of interventions available from various online sources, the physician designs a plan of improvement, submits the plan, and implements the plan in practice. After a minimum of 1 week, the physician again assesses the care provided to 10 patients in the chosen health area and enters the data into the ABFM Website. The physician then is able to compare pre- and post-intervention performance, and compare their results to those of their peers. Evidence of improvement is not required to satisfy this MC-FP requirement.

Performance in Practice Modules (PPMs)

- Asthma
- Comprehensive
- Coronary Artery Disease
- Depression
- Diabetes
- Hand Hygiene
- Heart Failure
- Hypertension

Alternative Part IV Activities that Do Not Require Continuous Patient Care

- Cultural Competency MIMM
- Hand Hygiene PPM
- Self-Directed Quality Improvement Activity

Approved Alternative Part IV Activities

The ABFM has approved numerous alternative Part IV activities developed by external providers. Please visit our website for a current list of alternative activities approved for ABFM MC-FP Part IV credit. ABFM Diplomates who complete alternate MC-FP Part IV activities must submit the required MC-FP fees (beyond any cost paid to the external provider’s fee) in order to receive MC-FP credit for the alternate activity. In addition, for the alternate Part IV activity to apply toward the MC-FP Part IV requirement, it must be completed in the stage the Diplomate wishes to receive the credit.
ABFM MC-FP Part IV—Performance in Practice  A How-To Guide

To begin any MC-FP activity you must log into your Physician Portfolio at www.theabfm.org with your ABFM user ID and password. On the right-hand side, click the “MC-FP Modules” button. There you will see a list of requirements for your current stage. In the MC-FP Modules box, click the “Access Modules” button, and then click the “Part IV Modules” tab to see the Part IV module options.

Select a PPM health topic (you can withdraw from a PPM module at any time if you prefer to change the topic). On the first page of the PPM module you will be given a unique PPM ID that will enable you or your staff to access the PPM while bypassing access to your Physician Portfolio. Your PPM ID will be operational for the remainder of your MC-FP cycle. However, for privacy reasons, as soon as you successfully complete the PPM, the ABFM will no longer retain any link to the PPM ID. If you wish to use the PPM ID beyond this time, you must retain the number. ABFM will not be able to provide your PPM ID information once you have completed the PPM.

To begin the PPM process, you will need to download and print out 10 copies of the Indicators Instrument for the health topic you have selected. Gather data on 10 patients using the Indicators Instrument. Patients complete the patient portion of the form; you complete the physician portion of the form.

Once you have gathered data on 10 patients, return to your PPM at the ABFM website and enter the data from the Indicators Instruments. You may allow your staff to do this by providing them with your PPM ID, which will allow them access to the PPM, but not to any of the information in your Physician Portfolio.

Once you have all 10 patients’ data entered, feedback will be generated regarding your performance on the clinical indicators. This feedback will include comparisons to your peers’ performance. Note: If one of your staff is entering the data for you, you might ask that staff member to print out the report for you, or you can view it at a later date online.

Next, you must choose at least one clinical indicator as an area for improvement (although you can choose more). Select the intervention categories (a minimum of two categories is required) that you would like to use for that indicator; for example, if you choose to work on improving the frequency of your diabetic patients’ foot exams, you might choose a poster as an intervention category. You must choose at least two, but you may choose several intervention categories based on your interests, your desire for particular improvements, and your individual practice situation.

From the menu of intervention categories, select as many interventions as you feel are necessary for your plan of improvement, based on your unique preferences and your particular practice setting. You have now designed your Quality Improvement (QI) plan. Once you submit your QI plan, you will spend at least 1 week implementing the plan in your practice.

You will receive a reminder email from the ABFM about 1 week after you submit your plan. At this time, you again will gather data on 10 patients and enter the data in your PPM at the ABFM website, as you did prior to the intervention implementation.

Feedback will be generated regarding your performance on the clinical indicators. You may compare your performance pre- and post-intervention. You also can view comparative reports of your peers.

Track Your Progress will be updated to reflect your successful completion of a Part IV module.