RESIDENTS CERTIFYING IN 2015 MUST COMPLETE RESIDENT MC-FP ENTRY REQUIREMENTS

The 2015 graduating class of residents will be the first group as a whole that will be required to complete the Resident MC-FP Entry requirements. The ABFM requires residents who entered family medicine residency training on or after June 1, 2012 (including those who received advanced placement credit for prior training in another specialty, including osteopathic training) to complete the Resident MC-FP Entry Process. In order to become certified by the ABFM, the following requirements must be met:

- Completion of 50 MC-FP points which includes:
  - Minimum of one (1) Self-Assessment Module (SAM)-15 points each
  - Minimum of one (1) Performance in Practice Module (Part IV) with data from a patient population-20 points each
- Application and full examination fee for the MC-FP examination
- Attainment of a full, valid, unrestricted and permanent medical license and compliance with the Guidelines on Professionalism, Licensure, and Personal Conduct
- Successful completion of family medicine residency training
- Successful completion of the MC-FP examination

In order to satisfy the minimum requirement of one Performance in Practice (Part IV) module, residents MUST complete one Part IV activity using data from a patient population. Examples include:

- Asthma PPM
- Comprehensive PPM
- Coronary Disease PPM
- Depression PPM
- Diabetes PPM
- Hand Hygiene PPM
- Heart Failure PPM

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RESIDENTS CERTIFYING IN 2015 MUST COMPLETE RESIDENT MC-FP ENTRY REQUIREMENTS

- Hypertension PPM
- AAFP Metric
- Self-Directed Practice Improvement Module (PIM)

Residents may complete one of the Alternative Part IV modules listed below to count toward the overall 50 point requirement. However, these Part IV activities do not count toward the minimum required Part IV activity with patient population data.

- Cultural Competency MIMM (15 points)
- Hand Hygiene Simulated PPM (20 points)
- Information Management MIMM (20 points)

When applying for the certification examination, a resident may begin the application process and submit payment for the examination without having all the MC-FP Part II and Part IV requirements completed. In order to avoid late application filing fees, it is recommended that physicians start the application early. However, in order to be approved to take the examination and select a test center date and location, all MC-FP Part II and Part IV requirements must be complete.

Residents will be able to complete the above requirements for the Resident MC-FP Entry process during their residency training years and up to three calendar years after completion of training. If a resident does not fulfill all requirements within the three calendar years following training completion, he/she will have to go through the ABFM MC-FP Entry Process which includes the above requirements plus CME and additional process fees to gain certification. Any activities started or completed during the Resident MC-FP Entry Process will not count toward the ABFM MC-FP Entry Process.
ABFM MC-FP EXAMINATION NOVEMBER 2014

The 2014 Fall MC-FP Examination was administered on November 10, 11, 12, 13, 14, and 15. The conditions listed below must be met no later than June 30, 2015, in order for certification to be awarded. Certification will be awarded effective as of the date on which the last of these criteria are met.

1. Residents are expected to complete residency training no later than April 30, 2015.

2. Must obtain a currently valid, full and unrestricted license to practice medicine in the U.S. or Canada no later than June 30, 2015. (institutional, temporary, or training licenses are not acceptable).

3. Verification from the program director that the resident has successfully met all of the ACGME requirements for residency training in family medicine must be submitted via the RTM System upon completion of training but not later than June 30, 2015.

4. Successful performance on the ABFM MC-FP examination.

If a resident takes the examination, but does not fulfill ALL of these conditions by the June 30, 2015 deadline, the examination will be invalidated, the exam fee will be forfeited, and he/she will be required to retake the examination.

Please check the Program Alerts box in RTM periodically to see if you have any residents whose verification of satisfactory completion of training needs to be completed. You may verify these off-cycle residents within 15 days of their actual completion date.

Exam results are tentatively set to be released to the examinees on December 19, 2014.

2014 IN-TRAINING EXAMINATION

The 2014 In-Training Examination was administered October 27-31, 2014. There were 462 family medicine residency programs participating with a total of 10,530 resident examinees. The results will be released on December 19.
ABFM MC-FP EXAMINATION APRIL 2015

The dates for the April MC-FP Examination are April 1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 13, 14, 15, and 16.

Residents who are in good standing and expected to complete training by June 30, 2015 will be eligible to apply for the April 2015 MC-FP Examination. Residents who are expected to complete training after June 30, 2015, but no later than October 31, 2015, may also be deemed eligible to apply for the April examination at the discretion of their program director.

A valid, full and unrestricted license is not necessary to apply for the examination. Certification will be awarded upon completion of the following requirements:

- Successful performance on the ABFM MC-FP Examination
- Completion of training with verification from the program director that the resident has satisfactorily met all ACGME requirements
- A currently valid, full and unrestricted license to practice medicine in the U.S. or Canada must be held and the candidate must be in compliance with the Guidelines on Professionalism, Licensure and Personal Conduct

In order to obtain certification, these conditions must be met by December 31, 2015.

Residents can access the application beginning December 5, 2014 at www.theabfm.org by logging in to their physician portfolio with their ABFM ID/username and password and following the steps below. Residents who do not know their log in information may contact the ABFM Support Center at 1-877-223-7437 or help@theabfm.org.

AVOID DUPLICATE RTM ENTRIES

We often find duplicate resident profiles in the Resident Training Management (RTM) System. In an effort to avoid this occurrence, RTM will display an alert if you are trying to enter a resident’s name that is the same as, or similar to, another name in our database. This commonly occurs if you are attempting to add a resident who is currently or was enrolled in another family medicine residency. The “Transfer into Program” button on the RTM main menu should be used when adding a resident to your program who has previously completed training in another family medicine residency. If you should encounter the alert, contact us if you are unsure how to proceed. Please do not change the name slightly in order to enter them into RTM.
RESIDENT PASSWORDS

In an effort to increase the security of confidential information for residents as well as all ABFM physicians, the ABFM has established a new policy regarding the issuance and retrieval of ABFM physician portfolio passwords.

Passwords for residents are created as soon as a resident is entered with a unique email address into the Resident Training Management (RTM) System. As the resident is entered in RTM, an email is sent to the resident email address provided. This email will contain the resident’s username and a link which will direct him or her to the ABFM website to create a password of choice that will be known only to the resident. When the resident establishes a password, he or she will also setup password security questions/answers to facilitate an efficient online means for retrieving their password in the event the original is forgotten. Neither the ABFM staff nor the residency program will have access to this password. If a resident forgets his/her password, the best way to reset the password will be online at the ABFM website.

In the event you have a resident who indicates that he or she did not get the initial email to create their password, you will be able to resend the email via RTM.

Residents who have previously created a password will not be required to change it unless they choose to do so.

Residents who need assistance with their username and/or password may always contact the ABFM Support Center at 877-223-7437.

LICENSE REQUIREMENT FOR CERTIFICATION STATUS

Please advise your residents not to enter information for a temporary, training or institutional license when they apply for certification. We realize that residents who enter a fellowship training program post-residency completion are not required to possess a permanent license to complete fellowship training; however, this does not exempt them from meeting the ABFM licensure requirements for obtaining and maintaining certification.

To obtain and maintain certification, all candidates and Diplomates must hold a currently valid, full, and unrestricted license to practice medicine in the United States or Canada and be in continuous compliance with the ABFM Guidelines for Professionalism, Licensure, and Personal Conduct. Residents may apply for the MC-FP Certification Examination without holding a currently valid, full and unrestricted license to practice medicine. Residents applying for the April examination must meet the licensure requirement no later than December 31 of the same year. Residents who apply for the November examination must meet the licensure requirement no later than June 30 of the following year.
ABFM PARTNERS WITH CAFM, AFMRD, ACGME TO CREATE NATIONAL GRADUATE SURVEY

The Accreditation Council of Graduate Medical Education (ACGME) Program Requirements in Family Medicine state that “Program graduates should be surveyed at least every five years, and the results should be used in the annual program evaluation”. Surveys are often done sporadically and by single programs. Resulting data are difficult to compare given differences in questions between various surveys. Programs are supposed to utilize data from graduate surveys to determine how well they are training their residents for independent practice and to guide continuous improvement of curricula. Programs have found this difficult due to low response rates and lack of comparative data.

To address this issue, the ABFM convened a group of interested parties in August 2014 to think through a process to create a national graduate survey. The meeting included representatives from AFRMD, CAFM, MedEdNet, ACGME, ABFM, and a recent graduate. The group agreed on a process to collect data tied to ABFM Maintenance of Certification for Family Physicians. A Request for Proposals was released in November 2014 to create the survey. The ABFM plans to implement the survey in 2016 and will use the data to create reports similar to the board examination passing reports you already have access to.

We plan on making data from the survey available in a deidentified fashion for use by other researchers. This will provide a large searchable database to enable research on practicing family physicians as well as a more comprehensive understanding of how residency training programs prepare physicians for independent practice in diverse practice settings.

FAMILY MEDICINE LENGTH OF TRAINING PILOT PROJECT

The ABFM Foundation has joined with the ACGME in the Family Medicine Length of Training Pilot Project (LoT), an effort which originates in the concepts developed in the Future of Family Medicine Report and the preliminary findings of the first ever residency redesign experiment in Family Medicine, Preparing the Personal Physician for Practice (P4). The purpose of the pilot is to examine whether extending the length of Family Medicine training to 4 years through the development of innovative training paradigms further prepares family physicians to serve as highly effective personal physicians in a high performance health care system. With 17 participating programs, the LoT Pilot will, through a rigorous evaluation design, contribute to the discipline’s understanding of the impact, implications, and considerations in extending the length of residency training in Family Medicine. For more information, please visit http://www.lotpilot.org.
HOW TO CREATE YOUR OWN MC-FP PART IV ACTIVITY IN YOUR RESIDENCY PROGRAM

James Buchanan, MD of the Fort Wayne Medical Education Program recently submitted a successful alternate Part IV activity application detailing the steps his residency program used to develop an evidence-based intervention to identify and close the quality gap between an ideal state and the present (baseline) state. The resident and faculty teams were required to search out and review no less than five articles from the literature on each quality measure. There were four quality gaps identified in diabetic care in the family medicine clinic.

The identified interventions needed to be applied in a system-based fashion. Dr. Buchanan taught the residents the test of change, using a PDSA cycle modified initially by Deming: planning it, trying it, observing the results, and acting on what is learned.

Once the interventions were chosen, all of the participants were assigned roles: captain (leader), recorder, reflectors, and faculty. Additionally, the teams collaboratively developed a combined patient education sheet addressing the factors, and a chart audit tool was used by all teams.

As part of the PDSA, Dr. Buchanan reviewed the patient charts at both the baseline and post-intervention stages. He also taught the importance of comparing this baseline data with national peer and best practice data to determine the state of present practice (followed by an awareness that individual physician/team/practice didn’t realize they weren’t providing the optimal care they previously thought they were).

At conclusion, the result was that the practice has become more interprofessionally team-based. System and reliability science principles were utilized and sustained. The EHR has increased use regarding analytic capabilities and better dashboards. As a result of the QI project on diabetic care, the family medicine clinic has seen significant improvement from baseline to national peer level on nearly all measures.

In terms of starting your own QI activity at your own residency program, Dr. Buchanan stressed the following points:

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HOW TO CREATE YOUR OWN MC-FP PART IV ACTIVITY IN YOUR RESIDENCY PROGRAM

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1. Have a dedicated person in the residency program for the QI piece
2. Involve the 1st-year residents
3. Emphasize applying critical thought at the planning & design stage of the project
4. Develop teamwork skills for residents
5. Have a dedicated time for this activity. Carve it out of didactics.
6. Have all members of the team involved together (nurses, front office staff, residents, faculty)
7. Have complete transparency. Practice as a whole. The teams loved competing against each other! Post the daily indicators on a thermometer scale for all to see.
8. Make the project relevant. We all have areas where we can improve.
9. Sell teamwork!

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Encourage your Residents and your Programs to follow us on Facebook and Twitter. Also tell your Residents to check our Facebook updates for the Question(s) of the Week!

ABFM Facebook Page
http://www.facebook.com/TheABFM

ABFM Twitter Feed
http://twitter.com/TheABFM

Please let us know how we can improve this newsletter. Contact us at communications@theabfm.org with your thoughts.