Welcome to the New ABFM Newsletter for Program Directors

The American Board of Family Medicine (ABFM) has made great efforts over the past eight years to increase our communication with Family Medicine Program Directors beyond the annual sessions that we have conducted at the Program Directors’ Workshop and Residency Program Solutions Meeting. This has included brief columns in your newsletter, annual meetings with the Board of Directors of the Association of Family Medicine Residency Directors (AFMRD), and ad hoc meetings with AFMRD leadership. However, we have come to realize that not even these are sufficient to effectively communicate with you in this era of rapid transformation of our specialty. Therefore, we felt it wise to create a newsletter just for you; welcome to the inaugural edition!

We will use this vehicle to communicate with you regularly about information that is of vital importance to you and your residents, as well as review important policies of which you should be aware. We want this newsletter to reflect what you need to know from us, so we welcome your comments, and more importantly, your suggestions on how we can improve content. So please provide feedback and let us know what information you would like us to include in each issue. We sincerely want this communication to address your needs as program directors.

In this first issue, you will find important information about movement of Maintenance of Certification for Family Physicians (MC-FP) into the residency training paradigm; this year’s In-training Examination (ITE); changes in reporting ITE results; our smartphone applications; and a review of the ABFM’s leave of absence, continuity of care, and hardship policies. We hope you enjoy the newsletter and look forward to receiving your input on how we can make it better.

James C. Puffer, M.D.
President and Chief Executive Officer

NEW PREREQUISITES FOR CERTIFICATION BEGIN IN 2012

Maintenance of Certification for Family Physicians (MC-FP) is moving into residency training. There are three reasons why the ABFM has decided to do this. First, the new program requirements mandate that residents participate in quality improvement activities. The ABFM Part IV Modules can help them accomplish this. Second, MC-FP tools can help program directors demonstrate that general competencies and program requirements are being met. And finally, the clinical simulation technology currently used in the Self-Assessment Modules (SAMs) will be introduced into the MC-FP Examination beginning in 2014. Residents should familiarize themselves with the technology long before they take the exam. Participation will be at no cost to the resident and we will be providing each resident with their own online portfolio through which they can track their progress towards meeting these new requirements.

The ABFM Board of Directors has determined that all PGY1 family medicine residents who enter training in 2012 must accumulate a combination of 50 MC-FP points to be eligible to sit for the 2015 examination. Points are accumulated by completing Part II (SAMs) and Part IV (PPMs, Metric, etc) modules. At least one SAM and at least one Part IV activity must be included in the 50 points. Transition rules will apply to transfers.
THE ABFM MC-FP EXAMINATION IS MOVING TO APRIL IN 2012

Residents who are in good standing and expected to complete training on or about July 1, 2012 are eligible to take the examination. A currently valid, full, and unrestricted license to practice medicine in the US or Canada is not required to apply for and take the April examination. Certification will be awarded when all of the criteria are met:

1. Successful performance on the ABFM MC-FP Examination
2. The Program Director verifies that the resident has successfully met all of the ACGME program requirements
3. The candidate obtains a currently valid, full, and unrestricted license to practice medicine in the US or Canada

These conditions must be met by December 31, 2012.

The dates for the April 2012 MC-FP Examination are:
April 6, 7, 9, 10, 11, 12, 13, 16, 17, 18, 19, 21

The MC-FP Examination will also be offered in November for those residents who are off-cycle. This administration is for residents who are in good standing and expected to complete training on or about December 31, 2012.

The dates for the November 2012 MC-FP Examination are:
November 7, 8, 9, 10

As with the April exam, a currently valid, full, and unrestricted license to practice medicine in the US or Canada is not necessary to apply for and take the exam, but in order to be awarded certification, the same three criteria listed above must be met by July 1 of the following year.

CHANGES TO THE ITE REPORT FORMAT

The ABFM is making changes to the In-Training Exam (ITE) report format. Most of the format changes will be implemented with the 2011 exam administration, which will make the format similar to the MC-FP exam format. These changes include creating subscores for each of the content areas, providing an indicator of how precise these subscores are (using standard errors), and representing those subscores graphically with their standard errors so that an examinee’s performance can be seen, not as a point on a continuum, but as a range. Although the z-scores will be discontinued in 2012, they will still be included in 2011.

The rationale for removing all norm referenced comparisons, such as percentiles and z-scores, is that all scores should be compared to the passing standard, not a reference group. For this reason, program directors not already familiar with the prediction worksheets should become familiar with them. It will help with the interpretation of the scores. This information is available to program directors on the RTM system and to all diplomates on the ABFM website: https://www.theabfm.org/residency/ite.aspx. For additional information regarding the scoring of the ITE or the MC-FP examination, contact Dr. Kenneth Royal at 888-995-5700 ext. 1226 (kroyal@theabfm.org) or Dr. Thomas O’Neill at ext. 1225 (toneill@theabfm.org).
ITE TO BE COMPUTER-BASED IN 2013

The ABFM has selected Internet Testing Systems (ITS) as its vendor to deliver the ITE online. ITS delivered the 2010 in-training examination to 164 programs and over 3,100 residents in a computer-based setting over the internet. ITS offers enhanced security, improved pretest workstation and internet connectivity assessment, and a high level of technical support on exam days. Do not wait until 2013 to move to internet-based testing. Take part in the pilot testing to be held August 1 - 5 or August 8 - 10, 2011. For more details, contact Kathy Banks at 888-995-5700 ext. 1295 or via email at kbanks@theabfm.org.

NOTE: The 2011 ITE will take place on October 26, 27, and 28, 2011, as the ITE moves from its previous annual date of the first Friday in November to the last Wednesday, Thursday, and Friday in October. The testing window has been increased this year to encourage more programs to deliver the exam by computer, including laptops belonging to residents.

ABFM LAUNCHES NEW EXAM PREP iPhone AND ANDROID APP

This mobile application provides family physicians with useful information to assist with preparation for the ABFM MC-FP Exam. This module turns your smartphone into an invaluable tool for keeping you in touch with what you need to know as you enter your certification or recertification year.

Features include:
Exam Prep documents and videos—including the detailed ABFM Guide for Exam Preparation document
Upcoming Exam Dates—a quick view of future dates
Links to the ABFM website and the Journal of the American Board of Family Medicine website
Practice Quiz—Over 200 questions addressing problems commonly encountered by family physicians. Each practice quiz presents 10 questions followed by a clear rationale for the correct answer including the associated reference.

While not a substitute for a well-designed and executed study plan, the ABFM App is an additional tool to help prepare for the Maintenance of Certification Exam. This module is designed for family physicians, but the questions may be useful for medical students and other health care providers as well.

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**Scenario:** Dr. Abigail Smith (not her real name) entered her Family Medicine Residency Program on July 1, 2007 as a PGY1 resident. She completed the first year of training successfully and entered the PGY2 Year on July 1, 2008. On December 18, 2008, 5 months and 17 days into the PGY2 Year, Dr. Smith began a maternity leave. An uncomplicated vaginal delivery followed six days later with the birth of a healthy baby boy. Following the delivery, Dr. Smith communicated to her program director that she wished to apply the two remaining weeks of her vacation time to the maternity leave and return to training on April 1, 2009.

On April 1, Dr. Smith notified her program that she wished to remain home to bond with her infant through the remainder of the academic year and return to training on July 1, 2009. The program promptly communicated Dr. Smith’s request to the ABFM, and was advised that Dr. Smith must return to training by April 1 in order not to exceed the 3-month limit on leaves of absence. On June 1, 2009 the ABFM received a formal request for a waiver of the continuity of care requirement to permit Dr. Smith to return to training at the point of departure on July 1, 2009. The duration of Dr. Smith’s absence from training was six months.

A meeting of the ABFM Credentials Committee was held on June 15, 2009. What policies of the ABFM are pertinent to this case and what was the likely ruling of the Committee?

Policy: **LONG-TERM ABSENCE**

1. Absence from residency education, in excess of one month within the academic year (G-1, G-2 or G-3 year) must be made up before the resident advances to the next training level, and the time must be added to the projected date of completion of the required 36 months of education.

2. Absence from the residency, exclusive of the one month vacation/sick time, may interrupt continuity of patient care for a maximum of three (3) months in each of the G-2 and G-3 years of education. Leave time may be interspersed throughout the year or taken as a three-month block. Residents will be permitted to take vacation time immediately prior to or subsequent to a leave of absence.

3. Following a leave of absence of three months or less, the resident is expected to return to the program and maintain care of his or her panel of patients for a minimum of two months before any subsequent leave.

4. Program Directors are expected to inform the Board promptly by electronic mail of the date of departure and expected return date in cases where a resident is granted a leave of absence by the program, or must be away because of illness or injury. It should be understood that the resident may not return to the program at a level beyond that which was attained at the time of departure. All time away from training in excess of the allocated time for vacation and illness must be recorded in the RTM system.

5. Leaves of absence in excess of three months are considered a violation of the continuity of care requirement. Programs must be aware that the Board may require the resident to complete additional continuity of care time requirements beyond what is normally required to be eligible for certification.

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Policy: WAIVER OF CONTINUITY OF CARE REQUIREMENT

1. While reaffirming the importance of continuity of care in Family Medicine residency training, the Board recognizes that hardships occur in the personal and professional lives of residents. Accordingly, a waiver of the continuity of care requirement or an extension of the leave of absence policy may be granted when a residency training program closes or when there is evidence of the presence of a hardship involving a resident.

2. A hardship is defined as a debilitating illness or injury of an acute but temporary nature, or the existence of a threat to the integrity of the resident’s family, which impedes or prohibits the resident from making satisfactory progress toward the completion of the requirements of the residency program.

3. A request for a waiver of the continuity of care requirement or an extension of the leave of absence policy on the basis of hardship must demonstrate:
   a) that the absence from continuity of care does not exceed 12 months;
   b) the nature and extent of the hardship; and
   c) that excused absence time (vacation/sick time) permissible by the ABFM and the program for the academic year has been reasonably exhausted by the resident.

4. For absences from residency education of less than 12 months, the amount of the 24-month continuity of care requirement completed prior to the absence will be considered a significant factor in the consideration of the request.

5. When the break in continuity exceeds 12 months, it is highly unlikely that waivers of the continuity of care requirement will be granted.

6. In communicating with the Board, the program should indicate the criteria it will use, if any, to judge the point at which the resident is expected to reenter. The resident may NOT be readmitted to the program at a level beyond that which was attained at the time of departure, but the resident may reenter the program pending a final decision by the Board on the amount of additional education, if any, to be required of the resident.

Decision by the Credentials Committee

It was the determination of the Credentials Committee that the leave of absence extending beyond three months was not due to a hardship as defined by the ABFM; thus, the request for a waiver of the Continuity of Care requirement was denied. The Program Director was advised that Dr. Smith would be required to return to training at the beginning of the PGY2 Year and to successfully complete 24 months of training, in continuity, in order to seek certification by the ABFM. Dr. Smith’s anticipated completion date was 6/30/2011.