



THE PHOENIX

A Diplomates' Newsletter

A Message from the President

James C. Puffer, M.D.

I hope the arrival of this newsletter finds you enjoying your summer and all of the wonderful things that we usually associate with it—warm weather, the beach, the Fourth of July, and most importantly, vacations! Summer marks the beginning of a busy time for us as we prepare for newly elected officers and members of our Board of Directors. While you have already received an email from our new Board Chair, Keith Stelter, we introduce you to the remainder of our new officers and directors in a feature in this issue of the Phoenix. However, in addition to welcoming new officers and directors to our Board, we have also been busy making several changes to the certification process based upon feedback that you have provided.

I have mentioned previously how critically important your feedback is in helping us continue to improve the assessment tools that we use in our certification process. In the last issue of the Phoenix, I described how we used data in the evaluations you provided after completing self-assessment activities to determine that the clinical simulations were not as useful as the knowledge assessments in helping you improve your practices. This information led to our decision to no longer make the clinical simulations a mandatory part of the self-assessment and life-long learning component of continuous certification. Accordingly, we announced in that issue that we would uncouple the clinical simulations from the knowledge assessments this month.

This required several months of recoding the programs that drive self-assessment activity on our website, and since we were making these major changes, we thought it was time to make several other important changes in response to your feedback as well. We have consistently heard from you that we have made the certification process too complicated and unwieldy since we introduced maintenance of certification almost 15 years ago. Prior to the initiation of this new paradigm, the certification process was rather straightforward. You took the initial certification examination, and after passing it, you maintained a full, valid and unrestricted medical license and completed 300 continuing medical education credits and the computerized office record review, retrospectively auditing two charts each for one acute and one chronic medical condition, before taking the exam again 6 or 7 years later.

While the new maintenance of certification process replaced the computerized office record review with online modules to facilitate more efficient completion of quality improvement activities and

added new self-assessment modules, our overarching, integrated approach to continuing your certification changed little. However, we complicated it with all sorts of new terminology and acronyms—Parts I, II, III and IV, SAMS, PPMs, MIMMs and the like. As if that were not enough, we had multiple payment plans, and these plans have changed several times over the past 15 years so that we now have multiple permutations of payment methodology that are dependent on when you were transitioned into this new process!

Well, that will all change this month. When you log on to our website after July 22nd, you will notice that all of this confusing terminology has gone away. We have replaced it with language that we think more accurately reflects our continuing, integrative approach to the certification process. The activities that you will complete to continue your certification have been named to accurately describe what they are. To increase your flexibility to meet your requirements for continuous certification, all of these activities will be assigned a point value and you simply need to accumulate 50 points every three years with the completion of at least one knowledge self-assessment, at least one performance improvement activity and any other activities of your choosing to reach this point total. While about half of you are familiar with this point system, the other half of you are not, since you have not yet transitioned into the continuous certification process. We have provided a detailed crosswalk in this issue for those of you not familiar with this process to help you effortlessly move into the new point system.

Payment will be simplified as well. The previous methodology was confusing, because it always seemed that payment was associated with paying for a module when in fact you were paying a process fee that amortized the total cost of certification (including the examination) over your entire certification cycle, which also depended on whether you chose a 7- or 10-year option. Now you will simply pay that same amount on an annual basis. Once you have paid your annual fee, you can undertake and complete as many activities as you would like. If you find that you don't like a particular module, simply quit and try another module that may be more to your liking at no additional cost. Since many of you like to prepay your fees, we have reinstated the ability to do that as well. As previously announced and as described in detail in this issue, we will also be implementing the 50% discount for long-standing diplomates over the age of 70 that will be retroactive to the beginning of this calendar year.

[continued on page 2](#)



A Message from the President

We hope that these changes will simplify and make the certification process more efficient for you, but more importantly, we hope it underscores that certification is a continuous process that begins in residency training and continues throughout your professional career. This was the original intent of those that founded the Board in 1969, and we hope to make that more explicit as we move forward. As you know, we have other initiatives underway to further simplify and reinforce this principle. This includes the recent rollout of our registry, PRIME, that many of you have already begun to utilize, as well as our recent announcement of the continuous knowledge self-assessment activity and new performance improvement platform integrated with PRIME that we will introduce in early 2017. We will also be announcing changes to the format of the examination and describing the data that our Board of Directors used to mandate those changes in the next issue of the Phoenix.

While on the topic of the examination, please be sure to read the feature inside describing the results of the feedback that we ask each of you to provide before leaving the test center after you have finished taking the examination. Many of you have asked us to provide a summary of this data. We have performed some interesting analyses comparing responses of different groups of examinees; we think you will find the results very illuminating. On a personal note, many of you will remember me indicating in a prior issue of this newsletter that I was taking the examination in April of this year. Even though I have not practiced in almost 15 years, overall I thought the examination was a fair representation of the minimum level of knowledge needed to become or remain a board-certified family physician.

In closing, let me indicate that we realize that the changes described in this issue will necessitate “unlearning” old terminology and acquainting yourself with new

continued from page 1
language, but we believe that the ultimate goal of simplifying the certification process will justify these changes. As always, we welcome your feedback; it has been critical in allowing us to continue to improve the certification process so that it is both meaningful and efficient. We hope that all of you will enjoy the remainder of your summer.





Self-Assessment Module (SAM) Separated into Two Activities

New Knowledge Self-Assessment and Clinical Self-Assessment

The Self-Assessment Module, which was introduced in 2003, was comprised of two parts: a 60-question knowledge assessment and a clinical simulation that focused on a specific disease entity. Up until now, both the knowledge assessment and clinical simulation have been required to complete the SAM. Beginning July 22, physicians will have the flexibility to participate in two separate self-assessment activities: Knowledge Self-Assessment and Clinical Self-Assessment.

Self-Assessment is one of the four major parts of Family Medicine Certification, and since 2003, the SAM has been the minimum required self-assessment activity. However, with the separation of the SAM, the Knowledge Self-Assessment activity will now be the minimum required self-assessment activity. A completed Knowledge Self-Assessment will provide 10 certification points and 8 CME credits toward the certification requirements.

The Clinical Self-Assessment will be available as a self-assessment activity that can be completed as an additional activity for certification points. The Clinical Self-Assessment is currently being evaluated and redesigned for enhancements based on physician feedback. A completed Clinical Self-Assessment will provide 5 certification points and 4 CME credits toward the certification requirements.

The combined time for completion of the Knowledge Self-Assessment and the Clinical Self-Assessment should be the same amount of time as is currently needed to complete the full SAM. The two activities will look and feel the same as they did in the SAM. The only difference is now you will begin each activity individually.

Your portfolio will show the options below:

Available Topics	Knowledge Self-Assessment (KSA) Activities		Clinical Self-Assessment (CSA) Activities	
		Points		Points
Asthma	START	10	START	5
Care of Vulnerable Elders	START	10	START	5
Cerebrovascular Disease	START	10	START	5
Childhood Illness	START	10	START	5
Coronary Artery Disease	START	10	START	5

For those who have already completed a SAM, it will still apply toward certification requirements. A completed SAM will meet the minimum Knowledge Self-Assessment requirement and provide 15 certification points along with 12 CME credits toward certification requirements. Any SAM currently in progress can still be completed until July 31, 2017; however, in order to receive the minimum Knowledge Self-Assessment credit and the 15 points, the SAM must be completed in full, including both the 60 questions and clinical simulation.

The SAM, Knowledge Self-Assessment, and the Clinical Self-Assessment have a 3-year repeat limitation. Therefore, once a SAM, Knowledge Self-Assessment or Clinical Self-Assessment is completed, the same topic cannot be started again until 3 years have passed. Since the Knowledge Self-Assessment and Clinical Self-Assessment are separate components of the SAM, these components for a specific topic will not be available for 3 years from the completion date of the same SAM topic.



Family Medicine Certification is a Continuously Evolving Process

Certification Nomenclature Updated to Reflect Continuous Process

Since the beginning of Family Medicine Certification in 1969, the ABFM has been focused on improving the care provided by family physicians and we have continuously striven to improve the certification process. Whether improving certification through the addition of recertification, the inception of Maintenance of Certification, the option of extending a 7-year certificate to 10 years, or separating the SAM into two activities, the ABFM has continued to evolve certification based on the needs of family physicians and the care they provide.

In recent years, the certification process has evolved from one of a formal process culminating with a high-stakes examination to a process of ongoing assessment with flexibility in timing of the examination. The certification requirements have extended into residency training and are prerequisites for approval to take the Family Medicine Certification Examination and complete the Resident Certification Entry process. The process of certification is an important part of continuing professional development, and it now emphasizes continuous self-assessment, life-long learning, and focused quality improvement throughout the career of a family physician. The ABFM continues to develop new certification tools that reinforce the continuous nature of the certification process, including the Continuous Knowledge Self-Assessment activity that will be introduced in early 2017, the creation of the PRIME Registry, which has just gone live, and an enhanced Performance Improvement platform (replacing the current PPM) that will be integrated with the PRIME Registry and will also become available to both registry and non-registry participants in early 2017.

Accordingly, we have changed much of our terminology to accurately reflect the continuous nature of the certification process. Family Medicine Certification will continue to encompass the four basic elements that previously comprised Maintenance of Certification for Family Physicians (MC-FP): Professionalism, Self-Assessment (SA) & Lifelong Learning, Cognitive Expertise, and Performance Improvement (PI). However, the four parts will be referred to by name and no longer by “Part” for clearer understanding in describing the process. Below are just a few examples of changes in terminology:

- Self-Assessment activities—previously known as Part II modules
- Performance Improvement activities—previously known as Part IV modules
- Family Medicine Certification Examination—previously known as MC-FP Examination
- Certification Stage—previously known as MC-FP Stage
- Certification Points—previously known as MC-FP Points

On July 22, the certification terminology changes will also be implemented on the ABFM website and in documentation. We anticipate that changing all terminology throughout everything the ABFM offers will take some time, so we will be working hard to update everything as soon as possible. If there are any questions or clarification needed, please contact the ABFM Support Center at help@theabfm.org or 877-223-7437.



Certification Requirements Include Points for Flexible Process


Select a Variety of Activities or Keep the Same Process

The introduction of the Knowledge Self-Assessment and Clinical Self-Assessment resulting from the separation of the SAM provides physicians the ability to customize the way in which they complete certification requirements. To make the process more flexible, a point system will be applied to all physicians' certification requirements. Each Self-Assessment activity and Performance Improvement activity has been assigned a point value. Meeting the 3-year Stage requirements or 7-year cycle requirements will now include the minimum number of Knowledge Self-Assessment activities, the minimum number of Performance Improvement activities, and the minimum point value per Stage or Cycle.

Physicians Last Certified 2003 – 2010 with 3-year Stage Requirements

Currently, physicians last certified between 2003 and 2010 who are on the 10-year Certification path with 3-year Stage requirements meet the following: a minimum of one (1) Self-Assessment Module (SAM), a minimum of one (1) Part IV, and a minimum of one additional module (Part II or Part IV). Currently, Track Your Progress looks like this:

MC-FP Modules

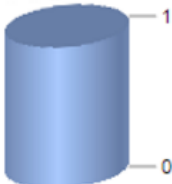
 **You need to complete the following:**

- ☐ Minimum of one (1) SAM Module
- ☐ Minimum of one (1) Part IV Module with Patient Population
- ☐ Minimum of one (1) Additional Module (Part II or Part IV)

Access Modules

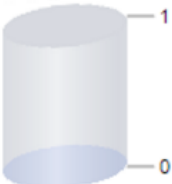
The updated requirements are a minimum of one (1) Knowledge Self-Assessment activity, a minimum of one (1) Performance Improvement activity, and a minimum of 50 Certification Points. The change to the point system will not require any new activities. Physicians will be able to complete the same activities as before to meet their requirements, or can choose from more options to complete the requirements. The new Track Your Progress will look like this:

Family Medicine Certification Activities



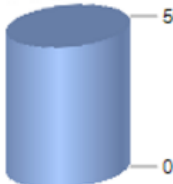
Min 1 KSA

☒ Minimum of one (1) Knowledge Self-Assessment Activity



Min 1 PI

☐ Minimum of one (1) Performance Improvement Activity



Points

☒ Minimum of 50 Family Medicine Certification points from completion of Self-Assessment and Performance Improvement Activities

Access Activities

continued on page 6



Certification Requirements Include Points for Flexible Process

continued from page 5

Flexibility of the Point System in 3-Year Stage Requirements

For physicians whose initial certification examination or most recent successful certification exam was prior to 2011 and who are on the 10-year certification pathway, the stage requirements can be successfully completed in various ways. Below are a few examples:

Options	Self-Assessment & Lifelong Learning Activities*		Performance Improvement	Certification Points
	Knowledge Self-Assessment (10 pts)	Clinical Self-Assessment (5 pts)	PPM, MIMM, etc. (20 pts)	Minimum 50 Points from SA and PI Activities
Option 1	2 KSA	2 CSA	1 PI Activity	50 Points
Option 2	3 KSA	0 CSA	1 PI Activity	50 Points
Option 3	1 KSA	0 CSA	2 PI Activities	50 Points

*Lifelong Learning requirement includes completing continuing medical education activities equaling 300 CME credits in the last 6 years prior to the examination year. Self-Assessment activities (SAMs, Knowledge Self-Assessments, and Clinical Self-Assessments), as well as Performance Improvement activities with CME credits can be applied toward the CME requirement.

Questions/Answers

Q. What if I want to complete the SAMs like I always have done?"

A. As of July 22, you can no longer start a new SAM. However, by selecting Option 1 above and completing the Knowledge Self-Assessment and Clinical Self-Assessment activities, it is the same as completing the SAM.

Q. What if I no longer want to do the simulations (Clinical Self-Assessment)?

A. This can be done by choosing Option 2 and completing 3 Knowledge Self-Assessment activities.

Q. What if I'm involved in multiple Performance Improvement activities?

A. Choose Option 3 and complete the minimum 1 Knowledge Self-Assessment and 2 Performance Improvement activities.

Physicians Last Certified 2003 – 2010 with 7-year Certification Requirements

Currently physicians last certified between 2003 and 2010 choosing to maintain a 7-year certificate are meeting the following requirements: a minimum of three (3) Self-Assessment Modules (SAM), a minimum of one (1) Part IV module, and a minimum three (3) additional modules (Part II or Part IV). Currently, Track Your Progress looks like this:

MC-FP Modules

You need to complete the following:

☐ Minimum of three (3) SAM Modules

☐ Minimum of one (1) Part IV Module with Patient Population

☐ Minimum of three (3) Additional Modules (Part II or Part IV)

Access Modules

continued on page 7



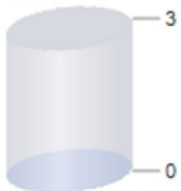
Certification Requirements Include Points for Flexible Process

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The updated requirements are a minimum of three (3) Knowledge Self-Assessment activities, a minimum of one (1) Performance Improvement activity, and a minimum of 110 Certification Points. The change to the point system will not require any new activities. Physicians will be able to complete the same activities as before to meet their requirements, or can choose from more options to complete requirements. The new Track Your Progress will look like this:

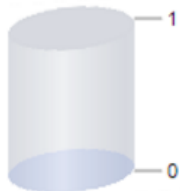
Family Medicine Certification Activities

You need to complete the following:



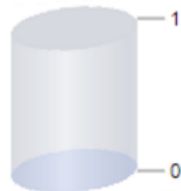
Min 3 KSA

☐ Minimum of three (3) Knowledge Self-Assessment Activities



Min 1 PI

☐ Minimum of one (1) Performance Improvement Activity with Patient Population



Points

☐ Minimum of 110 Family Medicine Certification points from completion of Self-Assessment and Performance Improvement Activities

[Access Activities](#)

Flexibility of the Point System in 7-Year Certification Requirements

For physicians whose initial certification examination or most recent successful certification exam was prior to 2011 and who are on the 7-year certification pathway, the stage requirements can be successfully completed in various ways. Below are a few examples:

Options	Self-Assessment and Lifelong Learning Activities*		Performance Improvement	Certification Points
	Knowledge Self-Assessment (10 pts)	Clinical Self-Assessment (5 pts)	PPM, MIMM, etc. (20 pts)	Minimum 110 Points from SA and PI Activities
Option 1	6 KSA	6 CSA	1 PI Activity	110 Points
Option 2	9 KSA	0 CSA	1 PI Activity	110 Points
Option 3	3 KSA	0 CSA	4 PI Activity	110 Points

*Lifelong learning requirement includes completing continuing medical education activities equaling 300 CME credits in the last 6 years prior to the examination year. Self-Assessment activities (SAMs, Knowledge Self-Assessments, and Clinical Self-Assessments), as well as Performance Improvement activities with CME credits, can be applied toward the CME requirement.

continued on page 8



Certification Requirements Include Points for Flexible Process

continued from page 7

Questions/Answers

Q. What if I want to complete the SAMs like I always have done?

A. As of July 22, you can no longer start a new SAM. However, by selecting Option 1 above and completing the Knowledge Self-Assessment and Clinical Self-Assessment activities, it is the same as completing the SAM.

Q. What if I no longer want to do the simulations (Clinical Self-Assessment)?

A. This can be done by choosing Option 2 and completing 9 Knowledge Self-Assessments.

Q. What if I'm involved in multiple Performance Improvement activities?

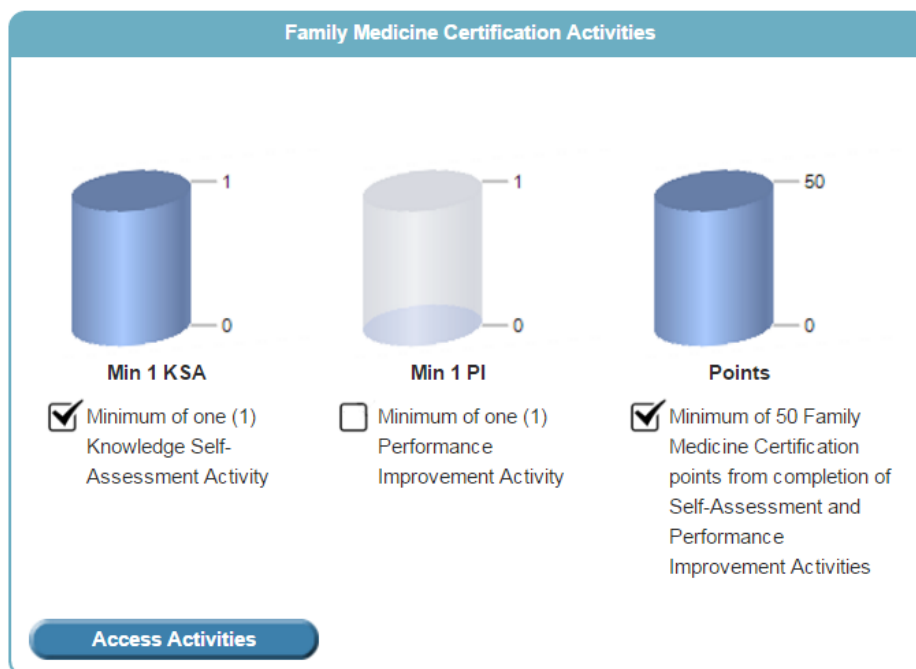
A. Choose Option 3 and complete any combination of activities that reaches the minimum three (3) Knowledge Self-Assessment activities, a minimum one (1) Performance Improvement activity, and a minimum of 110 Certification Points.

Physicians Last Certified 2011 – 2016

3-year Stage Requirements

For physicians last certified during this period, there will be little change since the point system was already in place for this group of physicians. The minimum of one (1) Self-Assessment Module (SAM) will now reflect a change to a minimum of one (1) Knowledge Self-Assessment activity. The minimum of one (1) Part IV activity will now be listed as a minimum of one (1) Performance Improvement activity to better explain the requirement. The change to the Knowledge Self-Assessment will be the one that impacts this group of physicians the most, by providing more ways to complete the Stage requirements.

Track Your Progress will continue to look like this:



continued on page 9



Certification Requirements Include Points for Flexible Process

continued from page 8

Flexibility with Knowledge Self-Assessment and Clinical Self-Assessment Activities for 3-Year Stage Requirements

For physicians whose initial certification examination or most recent successful certification exam was in 2011 or after, requirements can be successfully completed in more ways:

Options	Self-Assessment and Lifelong Learning Activities		Performance Improvement	Certification Points
	Knowledge Self-Assessment (10 pts)	Clinical Self-Assessment (5 pts)	PPM, MIMM, etc. (20 pts)	Minimum 50 Points from SA and PI Activities
Option 1	2 KSA	2 CSA	1 PI Activity	50 Points
Option 2	3 KSA	0 CSA	1 PI Activity	50 Points
Option 3	1 KSA	0 CSA	2 PI Activities	50 Points

*Lifelong Learning requirement includes completing continuing medical education activities equaling 150 CME credits (**50% Division I**) during each 3-year Stage. Self-Assessment activities (SAMs, Knowledge Self-Assessments, and Clinical Self-Assessments), as well as Performance Improvement activities with CME credits, can be applied toward the CME requirement.

Questions/Answers

Q. What if I want to complete the SAMs like I always have done?

A. As of July 22, you can no longer start a new SAM. However, by selecting Option 1 above and completing the Knowledge Self-Assessment and Clinical Self-Assessment activities, it is the same as completing the SAM.

Q. What if I no longer want to do the simulations (Clinical Self-Assessment)?

A. This can be done by choosing Option 2 and completing 3 Knowledge Self-Assessment activities.

Q. What if I'm involved in multiple Performance Improvement activities?

A. Choose Option 3 and complete the minimum 1 Knowledge Self-Assessment and 2 Performance Improvement activities.



ABFM Elects New Officers and Board Members

The American Board of Family Medicine (ABFM) is pleased to announce the election of four new officers and three new board members. The new officers elected at the ABFM's spring board meeting in April are: Keith L. Stelter, MD of Mankato, Minnesota elected as Chair; Elizabeth G. Baxley, MD of Greenville, North Carolina as Chair-Elect; Christine C. Matson, MD of Norfolk, Virginia as Treasurer; and Montgomery Douglas, MD of Farmington, Connecticut as Member-at-Large, Executive Committee. In addition, the ABFM welcomes this year's new members to the Board of Directors: Wendy Biggs, MD of Overland Park, Kansas; Christopher A. Cunha, MD of Crestview Hills, Kentucky; and Michael K. Magill, MD of Salt Lake City, Utah.

The remaining current members of the Board are: John Brady, MD of Newport News, Virginia; Colleen Conry, MD of Aurora, Colorado; Joseph Gravel, Jr, MD of Lawrence, Massachusetts; James Kennedy, MD of Winter Park, Colorado; Jerry E. Kruse, MD, MSPH of Springfield, Illinois; Lorna Anne Lynn, MD of Philadelphia, Pennsylvania; David W. Mercer, MD of Omaha, Nebraska; Marcia J. Nielsen, PhD, MPH of Washington, DC; Robert J. Ronis, MD, MPH of Cleveland, Ohio; David E. Soper, MD of Charleston, South Carolina; and Melissa Thomason of Pinetops, North Carolina.

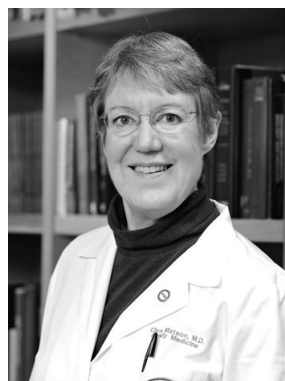
The ABFM Board of Directors looks forward to working with the new members as it continues to implement and enhance the Family Medicine Certification program and the important task of sustaining the mission of the ABFM. For more information on the current Board members, please visit the Board of Directors page on our website. ●



Keith Stelter, MD



Elizabeth G. Baxley, MD



Christine C. Matson, MD



Montgomery Douglas MD



Wendy Biggs, MD



Christopher A. Cunha, MD



Michael K. Magill, MD

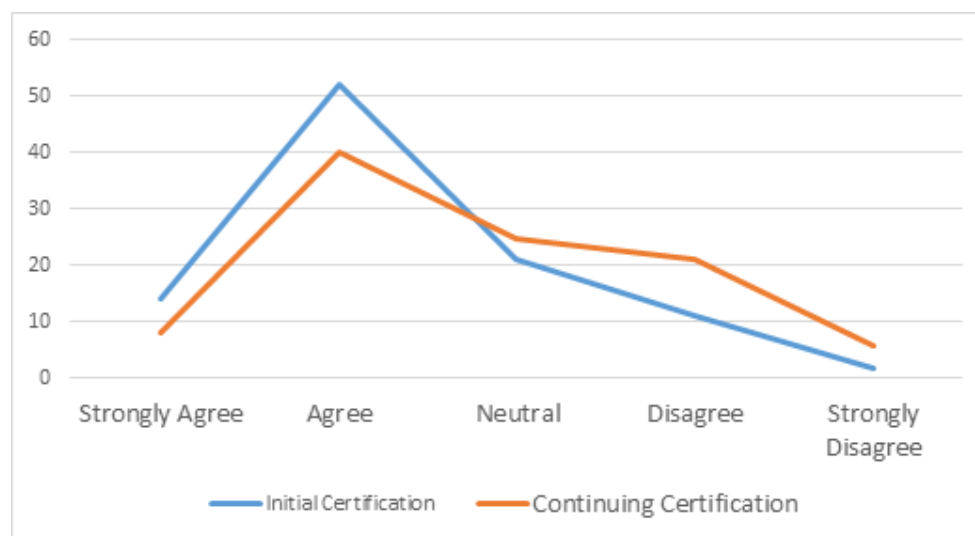


Do Questions on the ABFM Certification Examination Represent the Knowledge Needed to Practice Family Medicine?

The ABFM receives feedback about the examination registration process, test center selection, and examination day experience via an optional survey at the end of the exam day. An additional question asks “Do you agree that the examination questions reflect the knowledge family physicians need every day in practice?” A number of examinees have contacted us wanting to know what the results are for this question. Given our prior research documenting that family physicians with a broader scope of practice perform better on the examination (Peterson et al., JABFM 2015;28:265–270), we were interested in analyzing this data to determine whether family physicians with a broader scope of practice, as well as residents near the end of training seeking initial certification, would be more likely to agree.

For the spring 2016 exam, 88% (2,764 of 3,152) of initial certification examinees and 91% (5,610 of 6,160) of those taking the examination to continue certification answered the feedback survey. Using data supplied on the examination registration practice demographic survey, we also calculated a global measure of scope of practice for those taking the examination to continue certification using a methodology developed by our psychometric and research teams (O'Neill et al, JAM 2014;15:227–239). Among all examinees, those providing feedback tended to have higher exam scores and a higher passing rate than those that did not. Among practicing physicians attempting to continue their certification, there was no difference in scope of practice between those providing and not providing feedback.

Overall, 54.1% of examinees either strongly agreed or agreed that the examination reflected the knowledge needed to practice every day, with initial certification examinees being more likely to agree than those taking the exam to continue certification (66.1% vs. 48.3%, $p < 0.01$). For those seeking to continue their certification, the remaining examinees were nearly split between being neutral (24.9%) or disagreed or strongly disagreed (26.8%). Only 12.8% of initial certification examinees disagreed or strongly disagreed.



Among those attempting to continue certification who offered feedback, agreement vs. disagreement that the examination reflected the knowledge needed to practice every day did not differ by mean age or pass rate. Those responding strongly agree or agree scored nearly 40 points higher on average than those who responded strongly disagree ($p < 0.01$), but the average score in all categories was well above the minimum passing score. Similarly, the scope of practice score was slightly higher among those who strongly agreed or agreed than those who strongly disagreed or disagreed ($p < 0.01$).

continued on page 12



Do Questions on the ABFM Certification Examination Represent the Knowledge Needed to Practice Family Medicine?

continued from page 11

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
Mean Age in Years (Standard Deviation)	53.3 (8.8)	52.2 (8.7)	52.1 (8.8)	51.9 (8.5)	52.3 (8.6)	52.2 (8.7)
Mean Exam Score (Standard Deviation)	524.3 (128.8)	530.8 (117.9)	510.5 (113.1)	504.1 (104.0)	487.5 (103.3)	517.1 (114.8)
Percent Passing	88.6	90.9	88.4	90.3	86.5	89.7
Mean ISOP Scope of Practice Score (Standard Deviation)	15.5 (2.9)	15.5 (2.9)	15.1 (3.0)	15.1 (3.0)	14.9 (3.0)	15.3 (3.0)

These findings should not be surprising, as the content of the examination is based on a blueprint that encompasses the breadth of family medicine. Treating a broader range of patients and patient problems across multiple settings is more likely to reinforce knowledge and enable a family physician to keep up as a by-product of practice. Family physicians who have a limited scope of practice, or a practice that deviates broadly from traditional family medicine, are more likely to disagree that the examination content reflects knowledge needed to practice every day.

Family Medicine Certification

Examination Dates – Fall 2016

November 14, 15, 16, 17, 18 & 19

Registration Begins (online applications available) July 22



Certification Payment Process Simplified and More Flexible

Certification Process Fee per Year

Have you had questions about your certification payment plan? Did I pay for that module? Is there an optional module fee requirement? Did I remember to pay the pending payment?

The payment process is now simplified for all physicians. As of July 22, all certification payment plans transition to an annual certification process payment. There are no cost increases due to the change for any payment plan. The previous payment plans such as Stage Pre-Payment and Full Pre-Payment will be replaced with the process payment plan, but most importantly, all payment plan amounts remain the same. The change in the payment process provides more flexibility in prepaying certification fees, making fee payments without having to start an activity and a simplified process payment for each year of certification.

Previously, for the majority of payment plans, each time a certification activity was started, a payment was required. Now, a certification process fee is only required for each year of certification. As long as all past and current year certification process fees have been paid, one can participate in any self-assessment or performance improvement activity. There are no longer payments required at the start of the first three modules, complicated payment plans, confusion with withdraw fees, optional module fees, or pending payments required. In addition, prepaying for future years hasn't always been available, but now it is available for all payment plans.

In the physician portfolio, there will now be a Family Medicine Certification Fees indicator to easily see your payment status.

For help with logging in and tracking your progress—

Contact us at the ABFM Support Center

877-223-7437 or help@theabfm.org

Hours:	Monday through Friday	8:00am – 9:00pm
	Saturday	9:00am – 5:00pm

all times EST



Long-Standing Certified Family Physician Senior Discount

Initial Certification + Continued Certification + 70 Years of Age = Senior Discount

The oldest currently certified family physician is 93 years young. Family physicians are continuing to work longer in their careers either in a full-time, part-time, or volunteer capacity. Continuously being certified is an increasing necessity for older family physicians, but the cost is prohibitive in many cases during the later years. Therefore, as of January 1, 2016, all certification fees paid annually in 2016 and beyond will have a senior discount of 50% for those physicians initially certified and then continuously certified at least once with the ABFM who are 70 years of age and older.

Senior Discounts will be applied to annual certification fees owed for 2016 and beyond based on the year in which a physician turns 70 years of age. Beginning July 22, discount amounts will automatically appear and apply in each individual physician portfolio where fees are presented for payment, including future payment options available. Discounts will be included on annual certification process fees, full examination fees paid, and certification re-entry process fees. Discounts do not apply to Exam Application Fees. Physicians who meet the Senior Discount requirements for 2016 and have prepaid or paid future certification fees for 2016 and/or beyond can expect to receive a refund check in the near future.

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ATTENTION: Diplomates Who Certified in 2007

Diplomates who initially certified or continuously certified last in 2007 are required to complete the following Certification Activities for Stage Three: a minimum one (1) Knowledge Self-Assessment activity, a minimum one (1) Performance Improvement activity, and a minimum of 50 Certification Points.

Diplomates planning to take the Family Medicine Certification Exam in April 2017 may open and begin an examination application in December 2016, but until certification requirements are met, the application cannot be approved and finalized. Test centers and dates may not be chosen until an application is complete.

ATTENTION: Diplomates Who Certified in 2010

Diplomates who initially certified or continuously certified last in 2010 are required to complete the following Certification Activities for Stage Two by December 31, 2016 in order to remain eligible for the 10-year certification path: a minimum one (1) Knowledge Self-Assessment activity, a minimum one (1) Performance Improvement activity, and a minimum of 50 Certification Points.

Diplomates who do not complete Stage Two requirements on schedule will continue on the 7-year certification path. The 7-year cycle requirements include a minimum three (3) Knowledge Self-Assessment activities, a minimum one (1) Performance Improvement activity and a minimum of 110 Certification Points, which must be completed either prior to or during the application process for the next exam. To guarantee your eligibility for the 10-year certification, you must successfully complete certification requirements by the end of this year.

ATTENTION: Diplomates Who Certified in 2013

Diplomates who initially certified or continuously certified last in 2013 are required to complete the following Certification Activities for their current Stage by December 31, 2016: a minimum one (1) Knowledge Self-Assessment activity, a minimum one (1) Performance Improvement activity, and a minimum of 50 Certification Points, as well as completing 150 CME credits during the 3-year Stage, and remaining in compliance with the ABFM Guidelines for Professionalism, Licensure, and Personal Conduct.

Diplomates who do not complete Stage requirements on schedule will be listed as "not certified" on the ABFM website. A Diplomate has three years after becoming 'not certified' to regain certification status by completing the required certification activities. Once the delinquent requirements are completed, the Diplomate will again be listed as board-certified.



**The American Board
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