ATTENTION PROGRAM DIRECTORS

As a clarification: PGY3 Residents are not required to sit for the April examination. Residents may take the exam at their convenience.

CLINICAL SIMULATION COMING TO ITE IN 2013

The Clinical Simulation (or ClinSim) uses patient simulation technology developed by the ABFM to assess the physician’s ability to apply clinical knowledge in the management of a simulated patient. The ClinSim is currently in use as the second component of the Self-Assessment modules (SAMs) which are a required element of Maintenance of Certification for Family Physicians (MC-FP) Part II—Self-Assessment and Lifelong Learning.

Beginning in 2013, the ClinSim will be integrated into the In-training Exam (ITE), as the ITE is fully migrated to an online delivery system. In addition, beginning in 2014, the ClinSim will also be a new feature of the MC-FP exam.

MC-FP ENTRY

Any physician who does not successfully pass the MC-FP exam within three calendar years following the year in which residency training is completed will be required to satisfy the MC-FP Entry Process in order to be eligible for the exam and gain certification status.

The MC-FP Entry Process includes:

- Completion of fifty (50) MC-FP points including at least one SAM and one approved Part IV activity
- Completion of one hundred fifty (150) credits of acceptable continuing medical education
- Three (3) MC-FP Process Payments
- Submission of an application for the examination with full payment of the examination fee
The term ‘board eligible’ has never been recognized by member boards of the American Board of Medical Specialties (ABMS), including the ABFM, but the term continues to be used by credentialing organizations and others to recognize non-certified physicians as having equivalent status. The abuse of the board eligible term and status perpetuated the ability of poorly qualified physicians to practice outside of their initial certification with a risk to patients and resulted in a lack of relationship between the initial certifying examination and training as a concurrent/synergistic measure of physician competency.

In an effort to resolve this confusion for credentialers and patients, all member boards of the ABMS agreed to establish parameters under which non-certified physicians could actually be recognized as being board eligible and to further define the time limit for such board eligible status.

The ABFM Board of Directors decided at its meeting in October, 2011 that it would define board eligibility as the first seven years after either loss of certification or the completion of an ACGME accredited residency training program. Therefore, beginning January 1, 2012, a physician will have seven years in which to successfully complete his or her initial certification examination after completing training or, if previously certified, will have seven years after the loss of certification to successfully complete the examination. During this 7-year period, these board eligible physicians will have to continue to meet the ongoing requirements to sit for the examination and must maintain a full, valid, and unrestricted license. After this 7-year period, the physician will lose the ability to refer to himself or herself as board eligible and will need to re-enter training and complete at least one year of additional training in an ACGME accredited family medicine residency before he or she will be allowed to reapply to sit for the examination.

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http://twitter.com/TheABFM
ABFM Policies and Procedures

Case 3: Advanced-Placement Credit for Osteopathic Training

Scenario

John James, M.D. (not his real name) entered the Smith County Family Medicine Residency Program on July 1, 2009 as a PGY2 resident with 12 months of advanced-placement credit following a year of postgraduate training in Osteopathic Medicine at Jones Hospital.

Prior to accepting Dr. James into the Smith County Program, the Program Director obtained written documentation of Dr. James’s training, and he telephoned the Internship Director at Jones Hospital. Verbal confirmation was obtained that Dr. James had been functioning at an acceptable level throughout the year. Approximately two weeks following Dr. James’s matriculation, the Smith County Program entered data into the ABFM Resident Training Management (RTM) system to document Dr. James’s undergraduate medical education, internship year, and status with the USMLE. After reviewing the information submitted to RTM, ABFM staff promptly sent emails to the Smith County Program and the Jones Hospital seeking written confirmation that Dr. James was considered an official member of the internship class, and that he completed the identical rotations as other interns. The response from the ABFM was prompted by concerns raised previously by other Family Medicine programs about the internship procedures at Jones Hospital.

Upon further investigation by the Smith County Program, it was learned that Jones Hospital had nine interns during the 2008-2009 academic year, three greater than the number approved by the American Osteopathic Association. Dr. James was one of three interns categorized as “unfunded trainees.” Two of the three trainees, including Dr. James, were international medical graduates who had previously been unable to obtain internship or residency training in the U.S, but held a valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG). The third trainee graduated from an accredited AOA medical school. The DIO at Jones Hospital indicated that he was unaware that the internship contained unfunded trainees and promised to investigate thoroughly. Dr. James was suspended from training pending further information from Jones Hospital. Approximately three weeks later, the ABFM and the Smith County Program received confirmation that Dr. James was not an official member of the internship, but he had completed eight rotations identical to those completed by all other interns in the program.
On September 14, 2009 the ABFM received a request from the Smith County Family Medicine Residency for approval of eight months of advanced-placement training from Dr. James’s internship training at Jones Hospital.

A meeting of the ABFM Credentials Committee was held on October 25, 2009. What policies of the ABFM are pertinent to this case and what was the likely ruling of the Committee?

Policy: Selection of Residents
Only those physicians who possess the qualifications set forth in the section on “Eligibility and Selection of Residents” of the ACGME’s Institutional Requirements are eligible to enter a Family Medicine residency training program.

Programs must make a special effort to confirm that all of the educational requirements for the M.D. and D.O. degrees have been completed prior to entry for U.S. graduates, and that international graduates have one of the following: a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment, a full and unrestricted license to practice medicine in the U.S. licensing jurisdiction in which they are training, or completion of a Fifth Pathway program of an LCME-accredited medical school.

The formal registration of all residents in ACGME-accredited Family Medicine residency programs is accomplished via the ABFM’s web-based Resident Training Management System. This includes residents who have entered the program as first-year residents, as well as transfers and advanced level placements from other disciplines.

Policy: Advanced-Level Entry/Interprogram Transfers
Transfer/Advanced Level Entry
United States and Canada Programs may admit a resident into training with credit toward certification in the amount of 12 months or less for residents transferring from:

- ACGME-accredited Family Medicine programs
- other ACGME-accredited specialties
- American Osteopathic Association (AOA) approved programs
- Canadian programs approved by the College of Family Physicians of Canada

Transfer/Advanced Placement notification will be facilitated through the online
Resident Training Management System. However, some transfer/advanced placement appointments will require special attention, requiring prior approval from the ABFM. Appointments requiring prior approval include: requests for credit in excess of 12 months, transfers associated with the closing of a program, transfers involving hardship circumstances, and advanced placement credit for international training.

Transfer/Advanced Placement credit may not exceed 12 months. The amount of credit normally recognized for each curricular area is listed below.

**TABLE 1—Maximum Amount of Transfer Credit**

<table>
<thead>
<tr>
<th>Curricular Area</th>
<th>Credit</th>
<th>Curricular Area</th>
<th>Credit</th>
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</thead>
<tbody>
<tr>
<td>Human Behavior/Mental Health</td>
<td>2 months</td>
<td>Community Medicine</td>
<td>1 month</td>
</tr>
<tr>
<td>Adult Medicine</td>
<td>12 months</td>
<td>Care of Neonates, Infants, Children, and Adolescents</td>
<td>4 months</td>
</tr>
<tr>
<td>Critical Care (ICU/CCU)</td>
<td>1 month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>1 month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Womens Health</td>
<td>1 month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care of the Older Patient</td>
<td>1 month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity and Gynecologic Care</td>
<td>3 months</td>
<td>Diagnostic Imaging and Nuclear Medicine</td>
<td>1 month</td>
</tr>
<tr>
<td>Maternity Care</td>
<td>2 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gynecologic Care</td>
<td>1 month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Surgery</td>
<td>2 months</td>
<td>Physical Medicine and Rehabilitation</td>
<td>1 month</td>
</tr>
<tr>
<td>Genitourinary Disorders</td>
<td>1 month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disorders of the Eye, Ear, Nose and Throat</td>
<td>1 month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal and Sports Medicine</td>
<td>2 months</td>
<td>Practice Management</td>
<td>1 month</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>2 months</td>
<td>Care of the Skin</td>
<td>1 month</td>
</tr>
<tr>
<td>Neurology</td>
<td>1 month</td>
<td>Anesthesiology</td>
<td>1 month</td>
</tr>
<tr>
<td>Electives</td>
<td>3 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If a physician is admitted into training at an advanced level, the Program must advise the Board through an entry in the RTM system under advance placement or transfer credits. If no record for advance or transfer credits is created in RTM, the program must submit the appropriate information to the Board. The Board may subsequently alter the amount of credit if there is disagreement with the amount or type of credit awarded, or additional information is received. Once a resident begins a program at a defined level with a specified amount of credit, no additional credit toward certification for previous training will be authorized.
If it is the intention of the program to use a portion of a resident’s previous ACGME, AOA, or College of Family Physicians of Canada (CFPC)-accredited postgraduate education to meet residency program requirements while having the resident complete 36 months of education (e.g., applying the prior training to requirements to permit a greater amount of elective time), the program is NOT required to obtain authorization of credit from the Board.

Should a program recruit a physician for an entry level G-1 position and the physician begins training at that level, the resident will be expected to complete the full residency program of 36 months regardless of the amount of prior training or the performance of the resident after entry.

Transfer from one accredited Family Medicine residency program to another after the beginning of the G-2 year will be considered only when a residency training program closes or when there is evidence of the presence of a hardship involving a resident. A hardship is defined as a medical condition 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. In considering such transfers, the Board is concerned primarily with the requirements for continuity of care during the resident’s second and third years of training as stipulated in the “Program Requirements.” All requests must demonstrate the nature and extent of the hardship.

Any change that has not been approved by the Board and is at variance with the requirement for continuity will place the resident’s application for the Certification examination in jeopardy.

Decision by the Credentials Committee
It was the determination of the Credentials Committee that although the Jones Hospital Internship Program was fully accredited by the AOA, the procedure of adding unfunded trainees is considered an unacceptable practice by the ACGME and AOA and raises serious questions about the equivalency of training attained and the support received by the unfunded trainees. Consequently, the Committee denied the request for Advanced-Placement Credit.