

An Update for Program Directors from the American Board of Family Medicine

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

A Workshop for
Directors of Family Medicine Residencies
Kansas City, Missouri
March 26, 2017

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UPDATE

- Certification Examination Changes
- Board Eligibility
- Our Hats Off to You
- Continuous Knowledge Self Assessment (CKSA)
- National Family Medicine Residency Graduate Survey
- Vision for CKSA
- Review of ABFM Policies
- Questions and Answers

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April 2017 Certification Examination Dates

- April 6, 7, 8
- April 10, 11, 12, 13, 14, 15
- April 17, 18, 19
- Examination Results – Early June

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April Examination Eligibility

- Residents who are in good standing and reasonably expected to complete training by June 30, 2017
- Valid, unrestricted license not necessary to apply for examination
- Completion of FMC entry requirements not necessary to apply, but they must be completed before approval and test center selection

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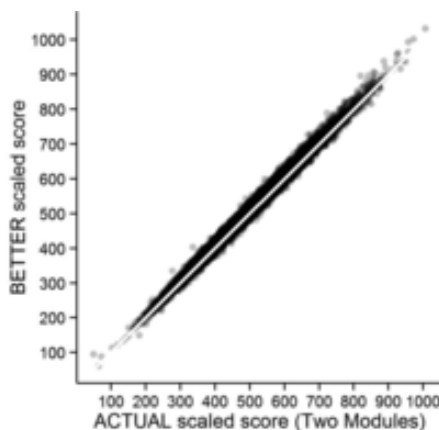
Examination Changes

- New Prometric platform – Surpass
- Number of questions reduced from 370 to 320
- Time for the exam remains unchanged
- Four sections of 80 questions allotted 100 minutes each
- Selection of only one module instead of two
- Total break time of 100 minutes between sections is flexible
- Minimum Passing Standard remains unchanged at 380

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One Module vs. Two



O'Neill and Peabody. JABFM 2017; 30:85-90

- 5.4 mean scaled score point increase when better score is used
- Four times as many people would have gone from fail to pass than the converse (1.6% vs. 0.4%)
- Overall pass rate increases by 1.2%

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November Examination Eligibility

- Residents who are in good standing and reasonably expected to complete training by December 31, 2017
- Residents who performed unsuccessfully on the April examination
- Valid, unrestricted license not necessary to apply for examination
- FMC entry requirements similar

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When Will Certification be Awarded?

- Perform successfully on the exam
- Program Director verifies that the resident has successfully met all of the ACGME program requirements.
- Candidate obtains a full, valid, unrestricted license to practice.
- Conditions must be met within the Board Eligibility period (7 years).

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Board Eligibility

- Beginning in 2012, residents that successfully completed training as well as those family physicians eligible for certification that were not certified will have 7 years in which to become certified.
- Those that have not successfully certified within 7 years will need to successfully complete re-entry requirements before they may regain certification eligibility.

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Re-Entry Pathway

- Comply with ABFM Guidelines for Professionalism, Licensure and Personal Conduct
- Complete at least one year of training in an ACGME accredited training program (or ABFM approved alternative).
- Meet resident certification re-entry requirements
 - 50 FMC points with at least one KA and one PI activity; pass the examination.

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Resident Certification Deadlines

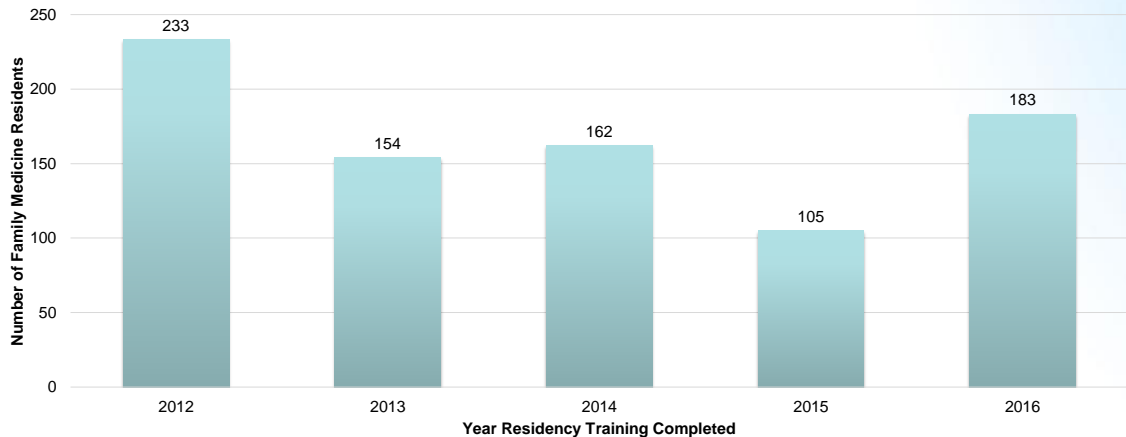
	<u>April Exam</u>	<u>November Exam</u>
Training Completed	June 30	December 31
Final Training Deadline	October 31	April 30
Requirements Met	2024	2024

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Board Eligibility

Graduated Residents Currently in 7-Year Board Eligibility Period

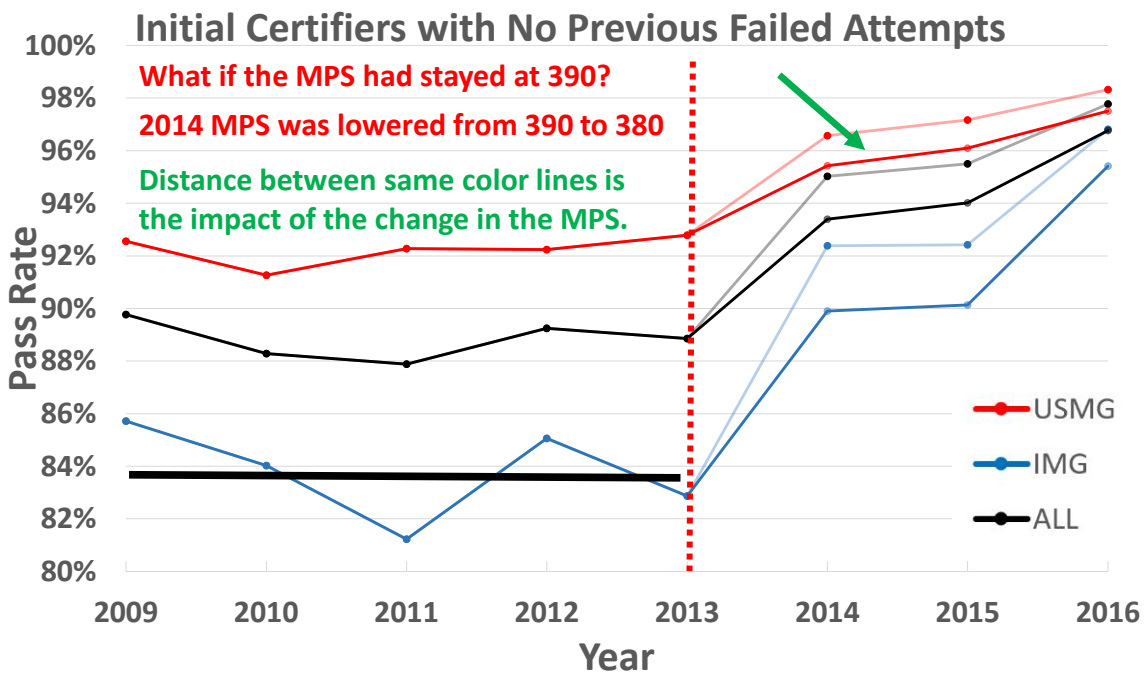


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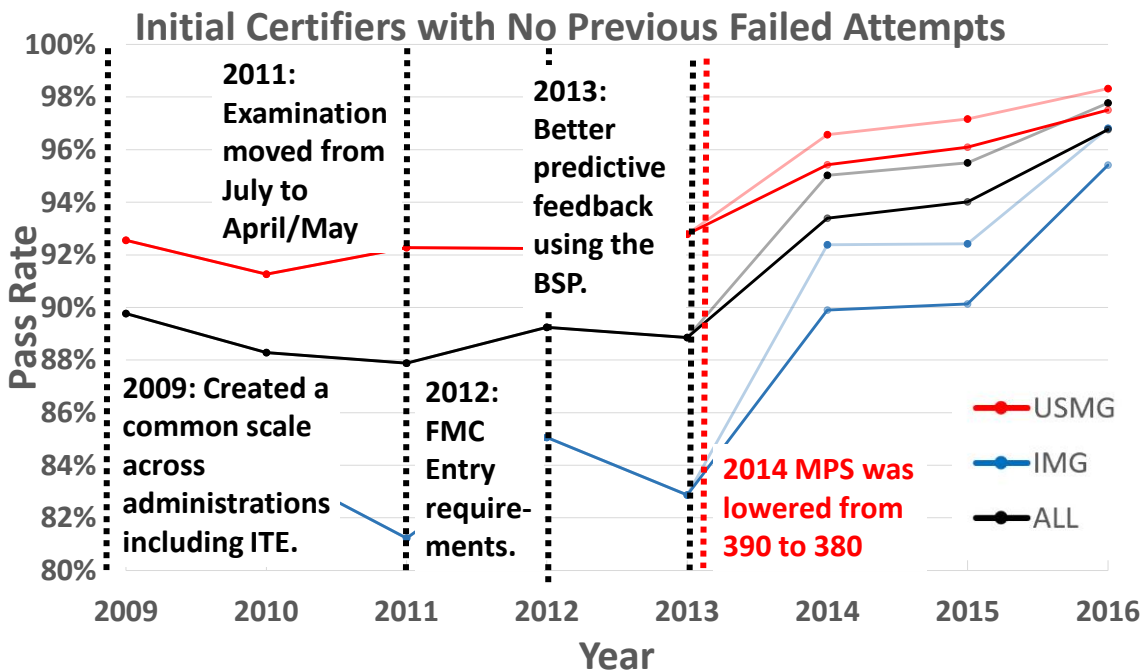
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Strategies to Improve Pass Rate

- In 2008, we created a scale common across administrations.
- In 2009, we placed the ITE onto that scale as well.
- In 2011, we moved the examination from July to April/May.
- In 2012, we instituted FMC Entry requirements
- In 2013, we released the Bayesian Score Predictor to help residents and their programs make better predictions about their likelihood of passing.

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Predictive Value of ITE

Table 2: Ability of ITE to Predict MC-FP Examination Results

		MC-FP Examination		
		Pass	Fail	
In-Training Exam	Pass	5,188 TP	226 FP	Positive Predictive Value 5,188/5,414= .96 TP/(TP+FP)
	Fail	538 FN	200 TN	Negative Predictive Value 200/738= .27 TN/(TN+FN)
		Sensitivity 5,188/5,726= .91 TP/(TP+FN)	Specificity 200/426= .47 TN/(TN+FP)	

Pass-fail predictions on the ITE and outcomes on the MC-FP Examination were both based upon a score of 390. n=6,152.

TP—True positive, FP—False positive, FN—False negative, TN—True negative

O'Neill TR et al. Fam Med 2015; 47:349-56

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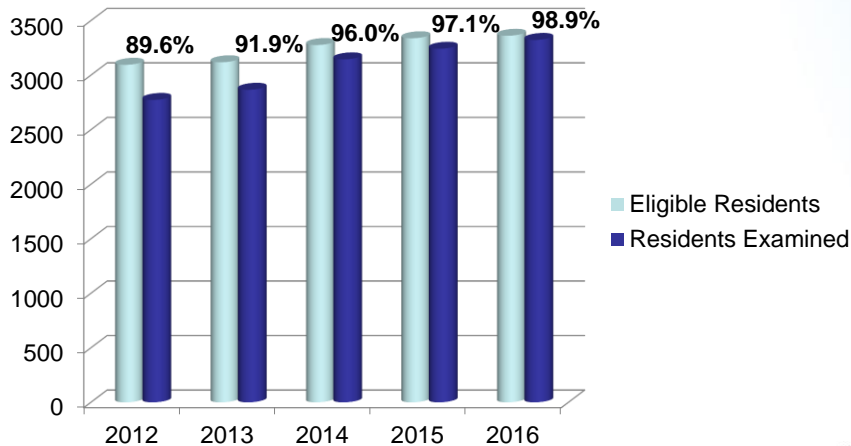


ADMINISTRATION OF THE ABFM CERTIFICATION EXAMINATION MOVED TO APRIL IN 2012

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Eligible Participant Take Rate



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**ABFM INTRODUCED FAMILY
MEDICINE CERTIFICATION
ENTRY REQUIREMENTS FOR
RESIDENTS BEGINNING ON
JULY 1, 2012**

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Self Assessment Modules

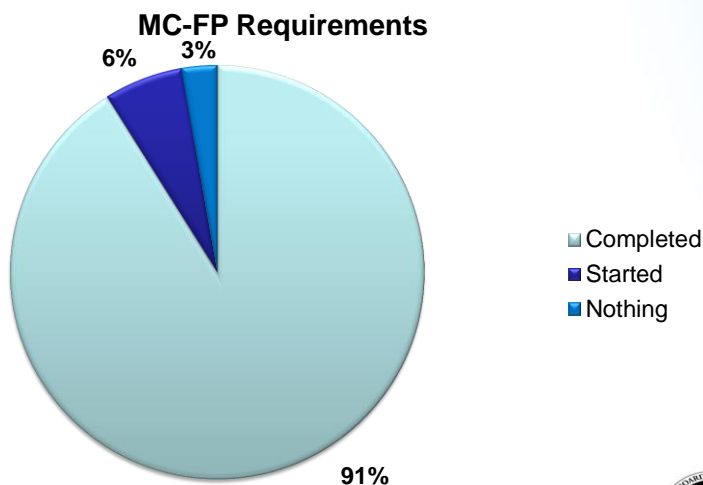
- From 2010 to 2012, 18% of residents started a SAM
- 62.8% of programs using SAMs prior to 2012
- Controlling for ITE score, those residents that completed SAMs were 62% more likely to pass the certification exam
- On average, composite score increased by 18 points

Peterson LE et al. Fam Med 2014;46(8):597-602

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2017 Resident Certification Entry Requirements

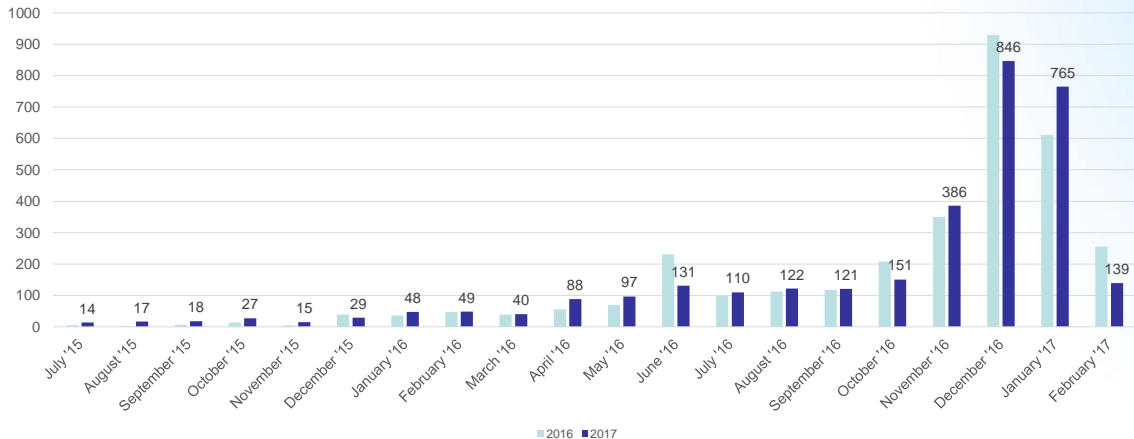


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Resident Certification Entry Completion

2017 vs 2016 April Examinees Resident Certification Entry Completed



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Continuous Knowledge Self Assessment

- 25 single best choice MCQ questions mapped to the certification examination blueprint received each quarter
- Immediate feedback provided after answering the question along with a critique
- Comment feature allows interaction with other participants
- Completion of 100 questions results in accumulation of 10 FMC points and detailed score report predicting likelihood of passing the certification examination

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Continuous Knowledge Self Assessment

- Completion of 100 questions satisfies Knowledge Assessment requirement
- Available to residents beginning in July 2017
- Currently must be completed via website
- Smart phone app coming in July

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Maybe We're Recruiting Better Residents?

Mean USMLE Step 2 Score of Entering Residents

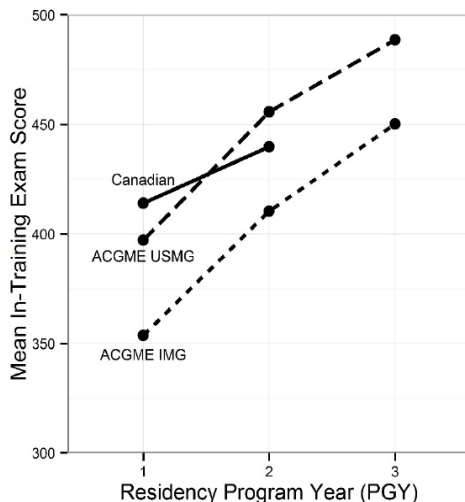
2007 USMG	219	2007 Independent	199
2009 USMG	222	2009 Independent	202
2011 USMG	228	2011 Independent	206
2014 USMG	231	2014 Independent	220
2016 USMG	238		

From "Charting Outcomes in the Match" - NRMP

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US vs Canadian Residents ITE Performance



O'Neill TR et al. Fam Med 2016; 48(10):770-74.

- Canadian PGY-1s outperform US PGY-1s
- This phenomenon is reversed by PGY-2 for USMGs
- Both USMGs and IMGs score better by PGY-3

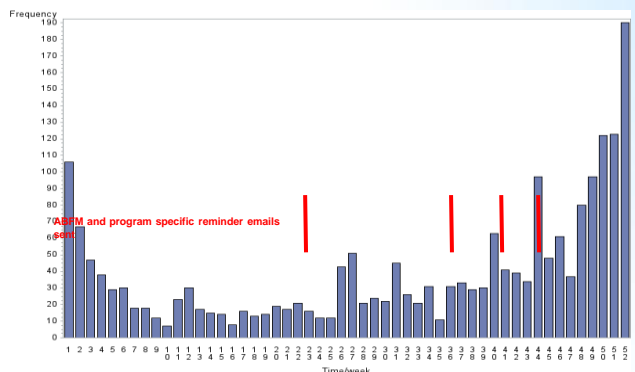
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National Graduate Survey

Your **reminder emails** helped!

- Survey of 2013 graduates who were ABFM certified in 2016
- 2069 respondents, 67% response rate
- Average time to complete was 11.9 minutes
- Survey Completed over entire year



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National Graduate Survey Findings

- 80.4% provided outpatient continuity care
- For the 395 not providing outpatient continuity care, their principal professional activities are shown on the right

Principal Activity	N (%)
Emergency Medicine	57 (14.4)
Urgent Care	99 (25.1)
Hospitalist	181 (45.8)
Sports Medicine	11 (2.8)
Geriatrics	8 (2.0)
Palliative Care	13 (3.3)
Other	26 (6.6)

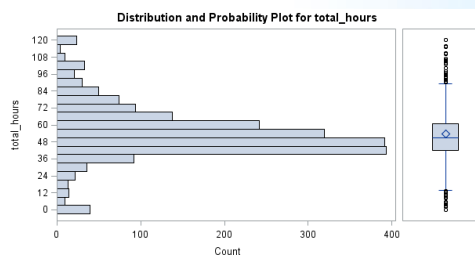
“Other” Responses: Aesthetic, Jail, Locums, Obesity, Diet and Lifestyle, Military (Deployed), student health

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Graduates are Largely Employed and Working over 50 hours per week

Ownership	N (%)
No official ownership stake (100% employed)	1008 (83.4)
Sole owner	36 (3.0)
Partial owner or shareholder	132 (10.9)
Self-employed as a contractor (including locums)	32 (2.7)



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Top 5 Areas of Highest and Lowest Preparation and Practice

	Residency Prepared to Practice N (%)		Currently Practicing N (%)
Outpatient Peds	1885 (92.1)	Behavioral Health	1769 (87.9)
Maternity Care	1870 (91.4)	Outpatient Peds	1544 (76.7)
Newborn Hospital	1817 (88.8)	Joint inject/aspiration	1499 (74.5)
Joint inject/aspiration	1809 (88.4)	End of Life Care	1294 (64.2)
Behavioral Health	1769 (87.9)	IUD insertion / removal	801 (39.8)
-----		----	
Uterine aspiration / D&C	345 (16.9)	MSK ultrasound	173 (8.6)
OMT	297 (14.5)	Buprenorphine treatment	143 (7.1)
Pregnancy termination	258 (12.7)	Uterine aspiration / D&C	90 (4.5)
MSK ultrasound	230 (11.2)	Vasectomy	87 (4.3)
Buprenorphine treatment	203 (9.9)	Pregnancy termination	49 (2.5)

Burnout Rates

I feel burned out from my work	N (%)	I have become more callous toward people since I took this job	N (%)
Never	85 (4.2)	Never	505 (24.7)
A few times a year or less	301 (14.7)	A few times a year or less	436 (21.3)
Once a month or less	302 (14.8)	Once a month or less	295 (14.4)
A few times a month	543 (26.5)	A few times a month	338 (16.5)
Once a week	314 (15.3)	Once a week	211 (10.3)
A few times a week	366 (17.9)	A few times a week	192 (9.4)
Every day	136 (6.6)	Every day	70 (3.4)

"Once per week" or more correlates to burnout on the MBI for emotional exhaustion and callousness subscales

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Updates on the Bayesian Score Predictor and Continuous Knowledge Self-Assessment

Thomas R. O'Neill, Ph.D.
Vice President of Psychometric Services

American Board of Family Medicine Inc.



If you have questions about the scoring of the ITE or the certification exam, please call us. We are eager to help.



Thomas O'Neill, Ph.D.
Vice President of Psychometric Services
(859) 269-5626 ext 1225



Michael Peabody, Ph.D.
Psychometrician
(859) 269-5626 ext 1226

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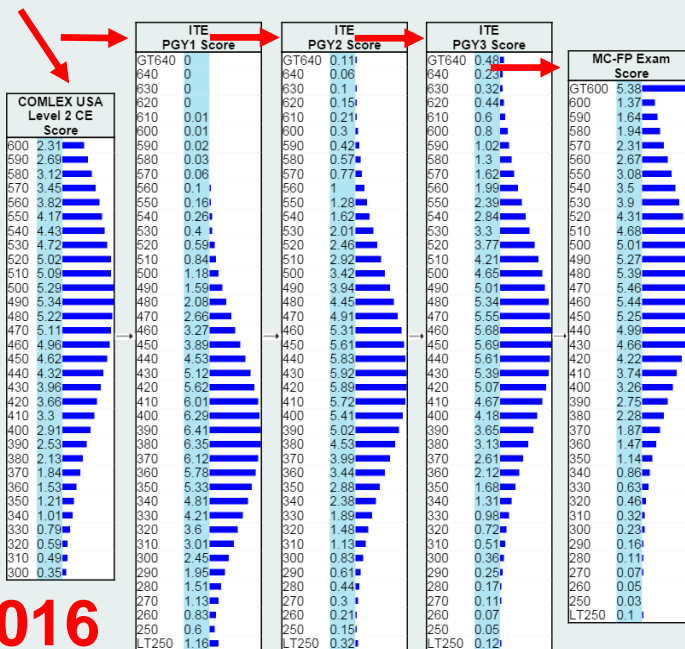


BAYESIAN SCORE PREDICTOR

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Bayesian Score Predictor



If you need assistance with the Bayesian Score Predictor please contact Thomas O'Neill, Ph.D. by phone at 888-995-5700 Ext. 1225 or email at toneill@theabfm.org

[Reset](#)

[Instructions](#)

Pass/Fail Status
Pass 92.52
Fail 7.48

Video:

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CONTINUOUS KNOWLEDGE SELF-ASSESSMENT (CKSA)

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The ABFM's Continuous Knowledge Self-Assessment (CKSA) was envisioned as a self-assessment activity, not as a learning activity, although learning may in fact occur.

It was designed to help physicians gain insights into their own individual cognitive processes so that they might better target their continuing medical education efforts. It was also intended to be more continuous than episodic.

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Self-Assessment

- The medical community generally presumes that:
 - Self-assessment is a professional obligation.
 - The results of self-assessment should drive a physician's continued learning.
 - This process will keep their knowledge current and perhaps even improve it.
- There is a substantial body of literature that says physicians are not good at self-assessment.
 - Michael Gordon (1991) reviewed literature (1970-1990).
 - David Davis et al. (2006) reviewed literature
 - Records from 1966-2006 were searched.
 - After applying inclusion/exclusion criteria, records from 1988-2005 were kept.
- It seems to be true for people in general, not just physicians!

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Self-Assessment

- There is also a substantial amount of ambiguity regarding what Self-Assessment is.
- In the medical community, it has been largely seen as:
 - an ingrained habit of reflective people and a by-product of a good medical education.
- It is often conflated with learning, but Self-Assessment and Learning are not the same thing.
- Since the mid 1990s, the amount of literature in the cognitive psychology community has dramatically increased, largely under the label of metacognition.

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Metacognition is knowledge you have about your own cognitive processes; however, metacognition is not always an accurate assessment of reality.

To assess the accuracy of judgments, we correlate metacognitive judgments (confidence) and performance outcomes.

We call this metacognitive accuracy (MCA).

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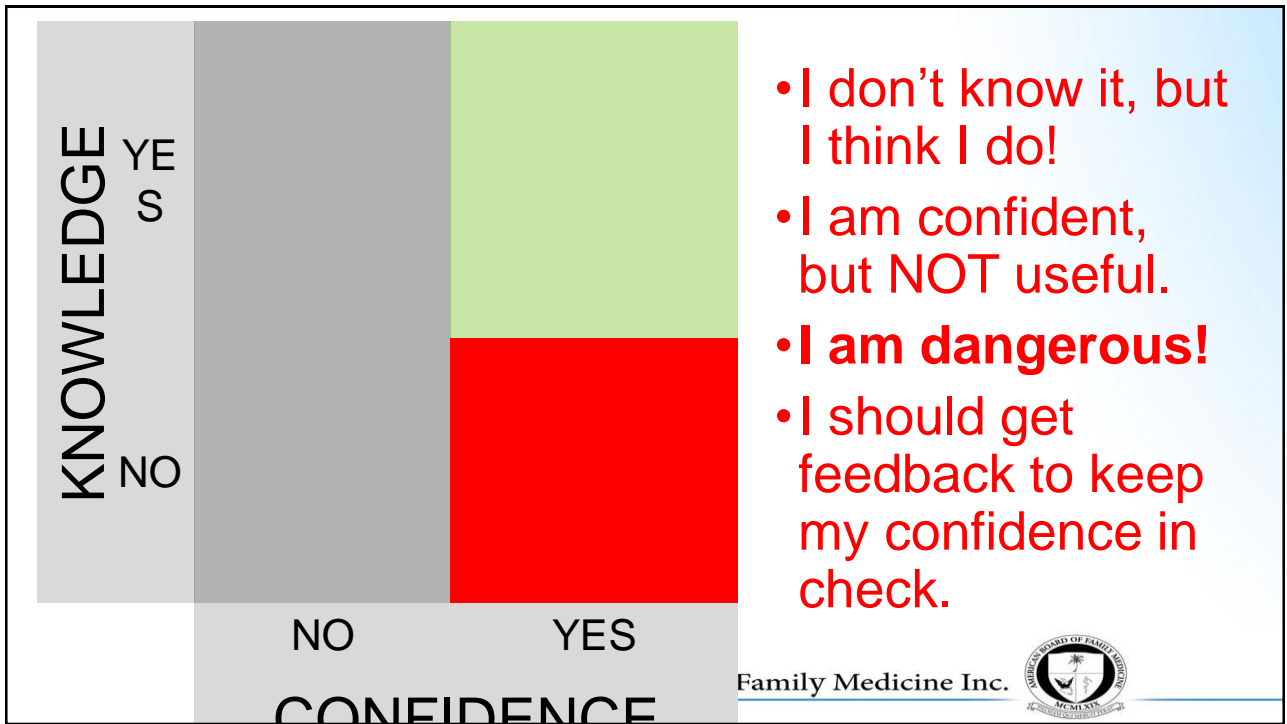


Self Assessment

- There are things that we know.
- There are things that we do not know.
 - Sometimes we are aware of what we do not know.
 - Other times, we are blind to our ignorance.

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DATA COLLECTION

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Physician Portfolio > My Certification > Activities

Family Medicine Certification Activities

Current Cycle Activity

Self-Assessment Activities

Performance Improvement Activities

Alternative Performance Improvement Activities

Self-Assessment Activities

You may choose any Continuous Knowledge Self-Assessment (CKSA), Knowledge Self-Assessment (KSA) or Clinical Self-Assessment (CSA) activity to fulfill your KSA activities are required for continuous certification, which may be fulfilled with a KSA activity, or 4 quarters of CKSA. CSA Activities are optional and do not count toward the KSA requirement; however, these activities will count toward your total Family Medicine Certification requirement.

Continuous Knowledge Self-Assessment

The Continuous Knowledge Self-Assessment is intended for periodic participation over time, with Self-Assessment Sections completed on a quarterly basis. Each quarter completed awards 2.5 Certification Process Points, and 4 completed quarters will also fulfill the Certification Process KSA requirements.

Available Topics	Points	Access Activity
2017 Q1 Continuous Knowledge Self-Assessment	2.5	START

Knowledge Self-Assessment and Clinical Self-Assessment Activities

Available Topics	Knowledge Self-Assessment (KSA) Activities	Points	Clinical Self-Assessment (CSA) Activities	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

Related Pages

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Activity Documents

Tutorial

[Clinical Self-Assessment - Mental Health in the Community](#)
[Clinical Self-Assessment](#)
[Knowledge Self-Assessment](#)

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2017 Quarter 1 Continuous Knowledge Self-Assessment

Activity at a Glance

Completion of this activity will fulfill 2.5 Family Medicine Certification Points. The American Academy of Family Physicians is currently reviewing this activity for CME accreditation. We have applied retroactively, so that anyone who completes this activity will be eligible for CME credit, pending AAFP approval. After the AAFP determines the amount of credit to be awarded, you will be able to claim CME Credit for completing this activity. Please view your [Track Your Progress](#) page for additional details on your Family Medicine Certification Requirements.

Topic Summary

The Continuous Knowledge Self-Assessment (CKSA) is intended for periodic participation over time, with Self-Assessment sections completed on a quarterly basis on an opt-in basis per quarter. Each quarter completed awards 2.5 Certification Process Points, and 4 completed quarters will also fulfill the Certification Process KSA requirement.

Knowledge Assessment

START

Continuing Medical Education (CME)

(CME Certificate will be available when you complete the activity)

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The ABFM is a member of the American Board of Medical Specialties

Possible directions for Feedback

THE FUTURE

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Ability Level Feedback

- Based on full-spectrum Family Medicine
- Only **UNASSISTED** responses are used to estimate your ability.
- There must be at least **90** responses in the last 3 years to compute your ability estimate.
- Think of your ability as having thickness rather than as a point.
 - The error bands shows you the 68% and 95% Confidence Interval for your score.

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Value of Ability Level Feedback

- Yields a prediction of how you would do the Certification Exam.
 - The more recent your responses, the better your prediction.
 - Do your best & answer honestly. [GIGO: Garbage In, Garbage Out]
- Think of your ability as having thickness rather than as a point.
 - The error bands shows you the 68% and 95% Confidence Interval for your score.
- Can let you know how you are doing in an ongoing manner.
 - May reduce UNNECESSARY anxiety prior to taking the examination.
 - Most people want to know where they stand in a private and ongoing way.

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MetaCognitive Accuracy (MCA) Feedback

- Based on full-spectrum Family Medicine
- Only **UNASSISTED** responses are used to estimate your MCA.
- There must be at least **90** responses in the last 3 years to compute your MCA estimate.
- Yields a record and an index of how accurate your predictions were.
 - Records you can review later.
 - Index is Pearson's R between Confidence Level (1-6) and right and wrong (0,1)
- Provides a chart to help identify instances of (and perhaps trends about) misplaced confidence.

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- How accurate are my predictions about performance?
- How often to I make a dangerous mistake?
- What are the common themes among the questions that I misjudge?

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An Update from the American Board of Family Medicine

A Review of ABFM Policies

Martin Quan, MD
Senior Advisor to the President
March 26, 2017

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A Review of ABFM Policies

- Important dates for spring and fall exam
- Resident Eligibility Requirements (MC-FP Entry Process)
- Transfer/A-P Credit
- Absence from Training
- Guidelines for Professionalism, Licensure, and Personal Conduct.

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SPRING, 2017 EXAMINATION

- Online Registration Begins..... **December 2**
- Final Application Deadline **January 20**
- Final Application Deadline (with penalty)**February 24**
- Deadline to complete FMC req.....**February 24**
- Deadline to Select Test Date/Location.....**March 24**
- Deadline to clear application deficiencies*....**March 15**
- Deadline to withdraw from examination.....30 days before exam
- Deadline to change test date/location48 hrs before exam
- Examination Results **early June**
- Completion of Residency Training**June 30**

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* Except licensure and completion of training

Achieving Diplomate status Resident FMC Entry Process

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 Certification Entry Process. In order to become certified by the ABFM, the following requirements must be met:

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Achieving Diplomate status Resident FMC Entry Process (con't)

Certification awarded upon completion of the following requirements:

- Completion of 50 FMC points
- Application and full examination fee for the Family Medicine Certification Examination
- Attainment of a currently valid, full and unrestricted license to practice medicine in the U.S. or Canada and continuous compliance with the Guidelines on Professionalism, Licensure and Personal Conduct.
- Completion of training with verification from the program director that the resident has satisfactorily met all ACGME requirements
- Successful performance on the ABFM FMC Examination

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FMC Residency Requirements

Completion of 50 Family Medicine Certification points which includes:

- Minimum of one (1) Knowledge Self-Assessment (KSA) activity (10 points each)
- Minimum of one (1) Performance Improvement (PI) activity with data from a patient population (20 points each)
- Additional approved KSA Knowledge Self-Assessment, Clinical Self-Assessment (CSA 5 points each), or Performance Improvement activities to reach a minimum of 50 points.

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Achieving Diplomate status Resident FMC Entry Process- exception

For those physicians who started FM residency training prior to June 1, 2012, the following must be obtained to become certificated:

- Successful performance on the Family Medicine Certification Examination
- The PD verifies that the resident has successfully met all of the ACGME program requirements
- An active, valid, full, and unrestricted license to practice medicine in any state or territory of the United States or any province of Canada

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April 2017 MC-FP Examination

Exam dates:

April 6, 7, 8, 10, 11, 12, 13, 14, 15, 17, 18, 19

Eligible residents:

- Residents who are in good standing and expected to complete training by June 30, 2017.
- Residents expected to complete training after June 30, 2017, but no later than October 31, 2017- at the discretion of their program director.

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Transfer/AP Credit

- 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.

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Transfer/Advanced Level Entry

Transfer/advanced-placement appointments requiring special attention and prior approval from the ABFM include:

- requests for credit in excess of 12 months;
- transfers associated with the closing of a program;
- transfers involving hardship circumstances;
- advanced placement credit for international training.

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IMG Transfer/AP credit

- Internationally-trained physicians with postgraduate training outside of the U.S. or Canada may be admitted to an ACGME-accredited Family Medicine program with advanced placement of 12 months or less. However, the program must obtain approval from the American Board of Family Medicine prior to the entry of the resident into training.
- The physician must have completed a minimum of 3 years of IMG graduate medical education beyond the receipt of the M.D. degree to be considered for any credit

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Transfer/AP Credit

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.

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Transfer After Start of PGY-2 Year

- 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.

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Hardship definition

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."

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Absence From Residency Continuity of Care

A resident is expected to be assigned to one FMP site for all 3 years, but at least throughout the second and third years of training. The total patient visits in the FMP site must be met, and residents must be scheduled to see patients in the FMP site for a minimum of 40 weeks during each year of training.

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Absence From Residency

Should a resident exceed the maximum Excused Absence Time (vacation, illness, personal business, leave, etc.) of 1 month within an academic year (PGY-1, PGY-2, PGY-3):

- the additional absence time is to be made up before the resident advances to the next training level.
- the time must be added to the projected date of completion of the required 36 months of education.

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Absence From Residency

- 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 from the program, or must be away because of illness or injury.
- All time away from training in excess of the allocated time for vacation and illness, should be recorded in the Resident Training Management (RTM) system.

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Absence From Residency

Potential Violation of COC Requirement

- Absences exclusive of vacation/sick time, and CME/workshop days, may interrupt continuity of patient care without penalty in each of the PG-2 and PG-3 years if the absence does not exceed 3 months.
- Residents will permitted to take vacation time immediately prior to or subsequent to a leave of absence.
- No two vacation periods may be concurrent (e.g., last month of the G-2 year and first month of the G-3 year in sequence)

COC: Continuity of Care

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Absence Greater Than 3 Months

An absence greater than 3 months is considered a serious violation of Continuity of Care (COC) requiring a review by the Credentials Committee of the ABFM. Programs must be aware that the Board may require the resident to complete additional COC requirements beyond what is normally required to be eligible for certification.

- May result in restarting the G-2 year.
- If there is evidence of a "Hardship," a waiver of the requirement may be obtained.

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Absences Recognized as Hardships

- Complications during pregnancy
- Post delivery problems with the infant and/or mother
- Prolonged illness
- Injury/Accident
- The closing of a residency

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Absences Not Recognized as Hardships

- X Preparation for USMLE Exam.
- X Decision by a resident to extend maternity leave as a personal choice.
- X Absence Under the Family Medical Leave Act (FMLA).
- X A request to transfer with >12 months of credit due to interpersonal conflicts with peers, director, faculty, or others.

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Absences Greater Than 3 Months ABFM Considerations

- absence from COC does not exceed 12 months;
- excused absence time (vacation/sick time) for the academic year has been reasonably exhausted by the resident;
- condition causing absence from training is within the Americans with Disabilities act (ADA) definition of disability.
- for absence < 12 months, the amount of the 24-month COC requirement already completed is a factor

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ABFM Licensure Requirements

Any candidate sitting for an examination while under an action by a licensing authority that places him/her in violation of the Guidelines for Professionalism, Licensure, and Personal Conduct will have their examination invalidated and the examination fee will be forfeited.

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ABFM Guidelines for Professionalism, Licensure and Personal Conduct

To obtain and maintain certification, a physician is expected to demonstrate:

- professional responsibility and ethical behavior
- the application of moral principles, values, and ethical conduct
- the skill, competence and character expected of a physician;
- compassion and benevolence for patients.

<https://www.theabfm.org/about/policy.aspx>

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ABFM Guidelines for Professionalism, Licensure and Personal Conduct

Professionalism (Section I). Violations include:

- Unethical, Unprofessional, or Immoral Behavior
- Failure to provide accurate and complete responses on applications or forms submitted to ABFM
- Misrepresentations, Fraud, Cheating,
- Incompetence, Impairment,
- Sanctions by entities with control over aspects of a physician's practice, including the FSMB, USDEA, CMS, Institutional Review Boards, and Ethics Committees of medical schools, hospitals, and medical clinics, the U.S. Military, USPHS, or the Department of Veterans Affairs.

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ABFM Guidelines for Professionalism, Licensure and Personal Conduct

Licensure (Section II)—A physician must hold a currently valid, full and unrestricted license to practice medicine in all jurisdictions of the U.S., its territories, or Canada, in which the physician holds a license. Licenses, including but not limited to,

...training, charity, military, practicing, inactive, etc. shall be considered restricted due to:

- Revocation, surrender, cancellation, or non-renewal in lieu of investigation or any disciplinary/adverse action.
- Suspension.
- Application of special conditions, requirements, or limitations.

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ABFM Guidelines for Professionalism, Licensure and Personal Conduct

- **Licensure** (Section II.B.4) A physician's license shall not be deemed "subject to practice privilege limitations" for purposes of this policy if the physician:.....

4. Shall hold a valid and full license not subject to practice privilege limitations to practice medicine in any jurisdiction in which he/she has currently and actively engaged in medical practice (as determined by the ABFM in its sole and absolute discretion) for not less than six (6) continuous years prior to applying for certification or to regain certification, and the physician further meets the following requirements:

- the physician shall not have had a medical license denied in another jurisdiction...for not less than six (6) continuous years prior to applying for certification...
- the physician shall not have violated ABFM professionalism or personal conduct guidelines (Section I & Section III) for not less than six (6) continuous years prior...
- for all other licenses held, the physician shall have received no new or additional practice privilege limitations ...nor received a letter of reprimand, nor been censured or placed on probation, for not less than six (6) continuous years prior to applying for certification or to regain certification...

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ABFM Guidelines for Professionalism, Licensure and Personal Conduct

Personal Conduct (Section III)—the following may be judged as sufficient cause to rescind Diplomate status, deny eligibility, invalidate exam results, or other action, as judged appropriate by the ABFM.

- Conviction of a misdemeanor or felony related or not related to the practice of medicine resulting in incarceration or probation in lieu of incarceration.
- Entry of a Guilty, *Nolo Contendere*, or Alford Plea.
- Deferred adjudication without expungement.
- Failure to provide “required data” requested by the ABFM.

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ABFM Guidelines for Professionalism, Licensure and Personal Conduct

Family Medicine Certification (Section IV)—To participate in FMC a physician must fulfill all of the requirements stipulated for participation in the four components designed to assess important physician characteristics.

A. A physician's participation in Family Medicine Certification may be terminated if, as a result of action or threatened action by a Governing Body, a physician's license is revoked, surrendered prior to, during, or following an inquiry or investigation, or permanently subject to practice privilege limitations.

B. A physician's participation in Family Medicine Certification may be terminated if the ABFM determines that there is evidence of one or more demonstrations of unprofessional behavior or actions as enumerated in Section I. A, B and C of these Guidelines.

C. A physician's participation in Family Medicine Certification may be terminated if the ABFM determines that there is evidence of unlawful activity as enumerated in Section III. A of these Guidelines.

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ABFM Statement re: Executive Order Travel Ban

February 3, 2017

“... we wish to reassure you and any residents who might be affected by the Executive Order that we are committed to assisting you and those residents with mitigating the effect that it might have on their successful completion of training and subsequent certification.

As you know, several existing ABFM policies address specific situations that your residents may encounter because of the Executive Order. We would ask that you notify us immediately of any expected problems that might jeopardize either training or subsequent certification so that we can work prospectively and collaboratively with you and the resident to minimize anxiety and facilitate a plan that will allow training to continue as uneventfully as possible....”

“..... We stand ready to work with you and any affected residents so that their ability to eventually become ABFM-certified is not jeopardized.”

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November 2017 Certification Examination

Exam dates:

- November 6, 7, 8, 9, 10, 11

Eligible residents:

- Residents who are in good standing and expected to complete training by December 31, 2017.
- Residents expected to complete training after December 31, 2016, but no later than April 30, 2018- will require Program Director approval.

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FALL, 2017 EXAMINATION

- Online Registration Begins..... **July 21**
- Final Application Deadline **August 25**
- Final Application Deadline (with penalty)**Sept 15**
- Deadline to complete FMC req.....**Sept 15**
- Deadline to Select Test Date/Location.....**October 2**
- Deadline to clear application deficiencies***Sept 30**
- Deadline to withdraw from examination.....30 days before exam
- Deadline to change test date/location48 hrs before exam
- Examination Results TBD
- Completion of Residency Training**December 31**

* Except licensure and completion of training

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THANK YOU!



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