



American Academy of Family Physicians

11400 Tomahawk Creek Parkway, Leawood, KS 66211-2672

November 30, 2004

Thomas E. Norris, MD
President
American Board of Family Practice
2228 Young Drive
Lexington, KY 40505

Dear Dr. Norris:

The Congress of Delegates of the American Academy of Family Physicians (AAFP) took action at its October 2004 meeting, adopting two resolutions related to Maintenance of Certification for Family Physicians.

The first of these two adopted resolutions, Substitute Resolution No. 603, reads,

RESOLVED, That the American Academy of Family Physicians develop collaboratively with the American Board of Family Practice (ABFP) a plan to educate members on the process and importance of Maintenance of Certification for Family Physicians (MC-FP), reasons why MC-FP is now the new standard for certification, and the benefits that can be derived from the process.

While we feel that this resolution is being met by the AAFP and the ABFP through the attached communications plan we also believe we can do more together and separately. We would anticipate that a review of the joint communication plan take place at the January meeting of the Executive Committees of the AAFP and the ABFP.

The second resolution adopted by the 2004 Congress of Delegates of the AAFP was Substitute Resolution No. 602, which reads,

RESOLVED, That the American Academy of Family Physicians (AAFP) urge the American Board of Family Practice (ABFP) to suspend the Self Assessment Modules (SAM) as a required part of the Maintenance of Certification for Family Physicians (MC-FP) until technical and clinical content problems are adequately resolved, and be it further

RESOLVED, That in order to continue the American Academy of Family Physician's (AAFP) commitment to quality of care and evidence based medicine, the AAFP recommend that the American Board of Family Practice (ABFP) develop a better mechanism for beta testing to gather and disseminate evidence of effectiveness [of the SAM], and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) recommend to the American Board of Family Practice (ABFP) to develop an alternative mechanism for those members who have unreliable access to the Internet [to complete the SAM].

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In response to the actions of our Congress of Delegates, we make the following recommendations to the ABFP:

1. We recommend that the SAMs be optional in 2004 and in 2005, for the purpose of beta testing. There needs to be ongoing content review as some questions appear to be outside the practices of most family physicians (we would be happy to contribute to such reviews), some appear to contain outdated recommendations (use of Rezulin), some use guidelines which have since been updated (ADA), some require answers with exact wording or else they are not counted as successful, etc. Should the ABFP utilize the 2004 and 2005 SAMs as beta testing, they would still be approved for prescribed credit. We would encourage many family physicians to complete the SAMs to assure adequacy of beta testing.
2. We recommend that a SAM be required of diplomates every other year, rather than every year (as is the case with colleagues certified by the American Board of Internal Medicine).
3. We recommend providing the option of a paper version of the SAMs, with references, for several years prior to transitioning the SAM to an Internet-only format. (We understand that this is the case with colleagues certified by the American Board of Internal Medicine who take their SAM at the American College of Physicians' annual meeting, for example.)
4. We applaud the recent decision of the ABFP to modify the SAMs so that correct answers are provided to physicians after the second attempt to answer the question. We recommend including the reference, a summary of why the physician's answer was wrong, and why the correct answer is in fact correct.
5. We recommend that the ABFP successfully address the technical challenges experienced by family physicians through the Internet domain of the SAMs, including better, live, after-hour technical support, prior to moving from beta testing to full implementation in 2006.

We believe we have done much to communicate our support of MC-FP to AAFP members. Nevertheless, members continue to express significant concerns, particularly with the SAMs, which we believe can and should be addressed.

We look forward to meeting together on January 20th with our joint Executive Committees. It is anticipated that staff of the two organizations would be in communication, and may need to meet prior to that time. We would also request, however, a formal written response from the ABFP to these recommendations of the AAFP by Tuesday, March 1, 2005, so that we may include your response in the agenda for the spring meeting of our Board of Directors.

Sincerely,



Michael Fleming, MD
Chair
Board of Directors
American Academy of Family Physicians

cc: James C. Puffer, MD, Executive Director
American Board of Family Practice
Douglas E. Henley, MD, Executive Vice President
American Academy of Family Physicians