

An Update for Residency Programs from the American Board of Family Medicine

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

Program Directors Workshop (PDW) and Residency Program
Solutions (RPS) Residency Education Symposium
Kansas City, Missouri
March 25, 2018

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UPDATE

- Certification Examination Changes
- Board Eligibility
- Continuous Knowledge Self Assessment
- National Family Medicine Residency Graduate Survey
- How to Interpret ABFM Examination Results
- Review of ABFM Policies
- Questions and Answers

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April 2018 Certification Examination Dates

- April 5, 6
- April 9, 10, 11, 12, 13, 14
- April 16, 17, 18, 19
- Examination Results – June 15

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April Examination Eligibility

- Residents who are in good standing and reasonably expected to complete training by June 30, 2018
- 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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April 2018 Examination Deadlines

- First deadline to submit online application: January 19
- Final deadline to submit online application: February 23
- Deadline to clear pending requirements: March 15
- Deadline to select testing date/location: March 23

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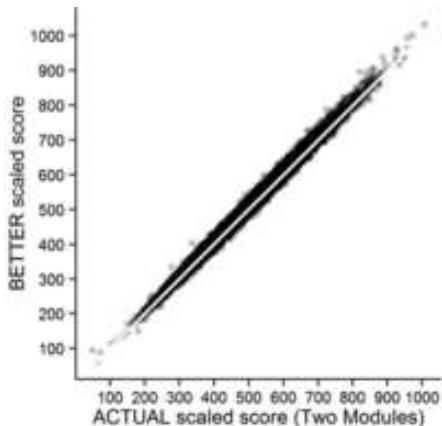
Examination Changes

- 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



- 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%

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

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November 2018 Examination Dates

- November 5, 6, 7, 8, 9, 10
- Examination results: December 30

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November 2018 Examination Deadlines

- Registration opens: July 20
- First deadline to submit online application: August 24
- Final deadline to submit online application: September 17
- Deadline to clear pending requirements: October 1
- Deadline to select testing date/location: October 22

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November Examination Eligibility

- Residents who are in good standing and reasonably expected to complete training by December 31, 2018
- 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.
- The board eligibility window for those residents completing training in 2012 will close December 31, 2018.

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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 MC-FP 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

Training Completed	<u>April Exam</u> June 30	<u>November Exam</u> December 31
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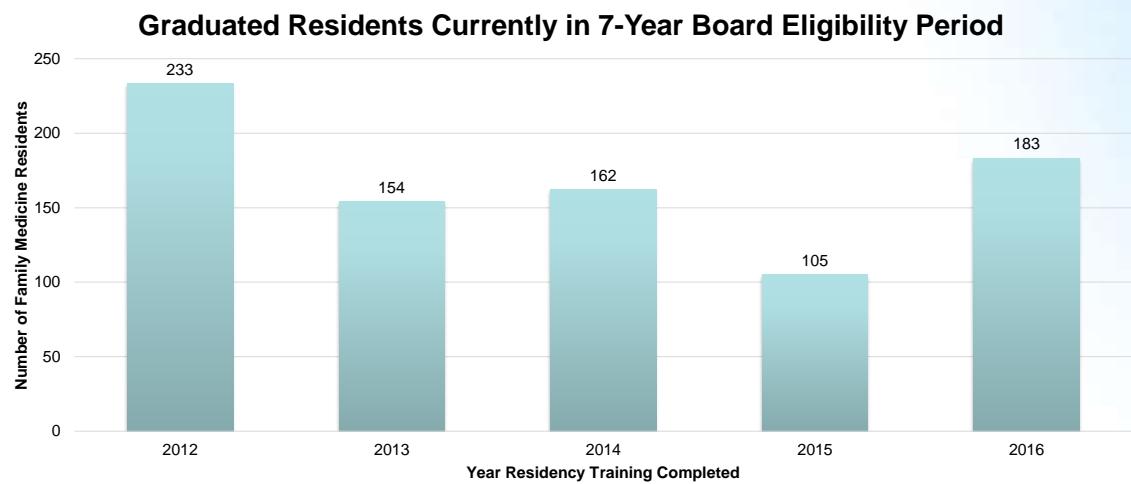
Final Training Deadline	October 31	April 30
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Requirements Met	12/31/2024	12/31/2024
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Board Eligibility



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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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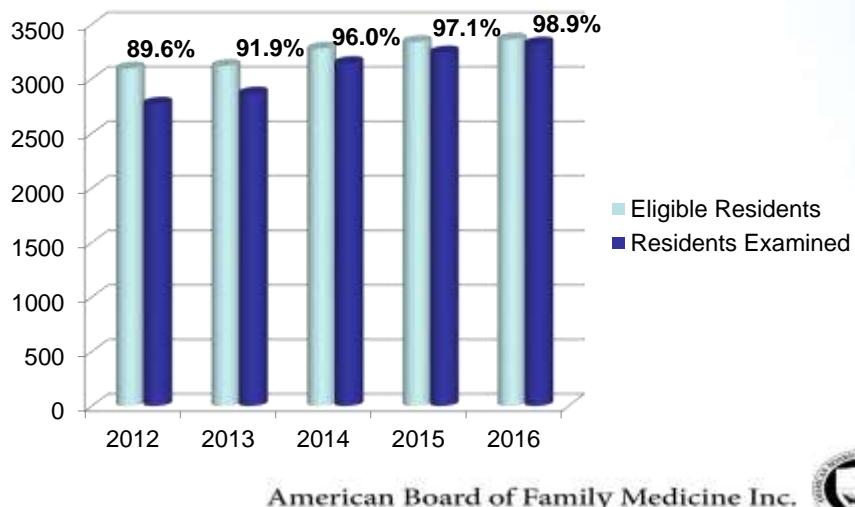


ADMINISTRATION OF THE ABFM CERTIFICATION EXAMINATION MOVED TO APRIL IN 2012

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Eligible Participant Take Rate



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

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Self Assessment Modules

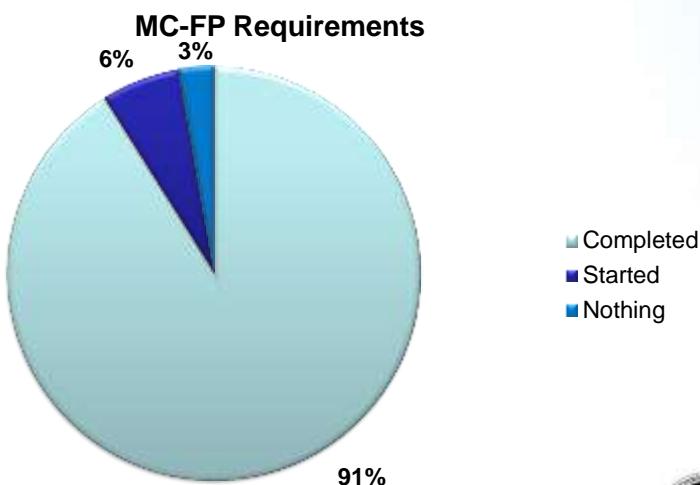
- From 2010 to 2012, 18% of residents started a SAM
- 62.8% of programs using SAMs prior to 2012
- Controlling for ITE score, those residents that completed SAMs were 62% more likely to pass the certification exam
- On average, composite score increased by 18 points

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

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2017 Resident Certification Entry Requirements

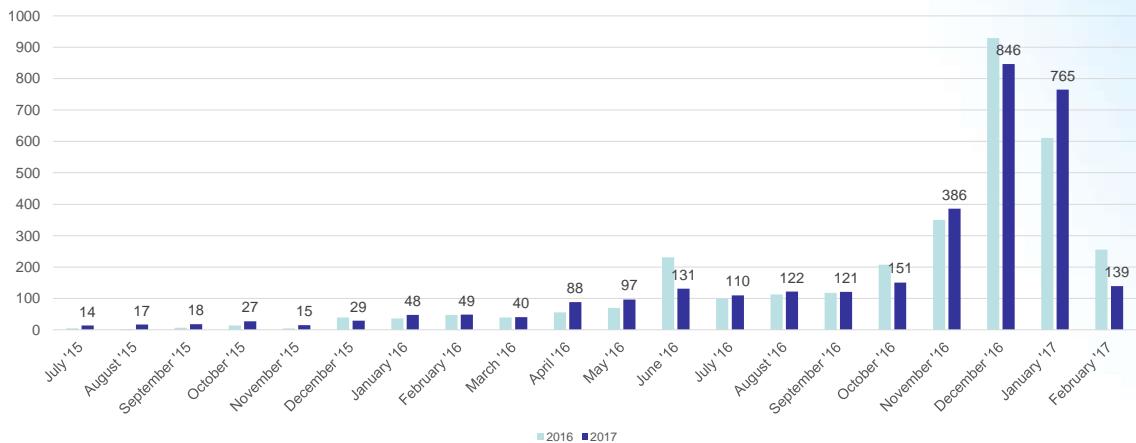


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Resident Certification Entry Completion

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

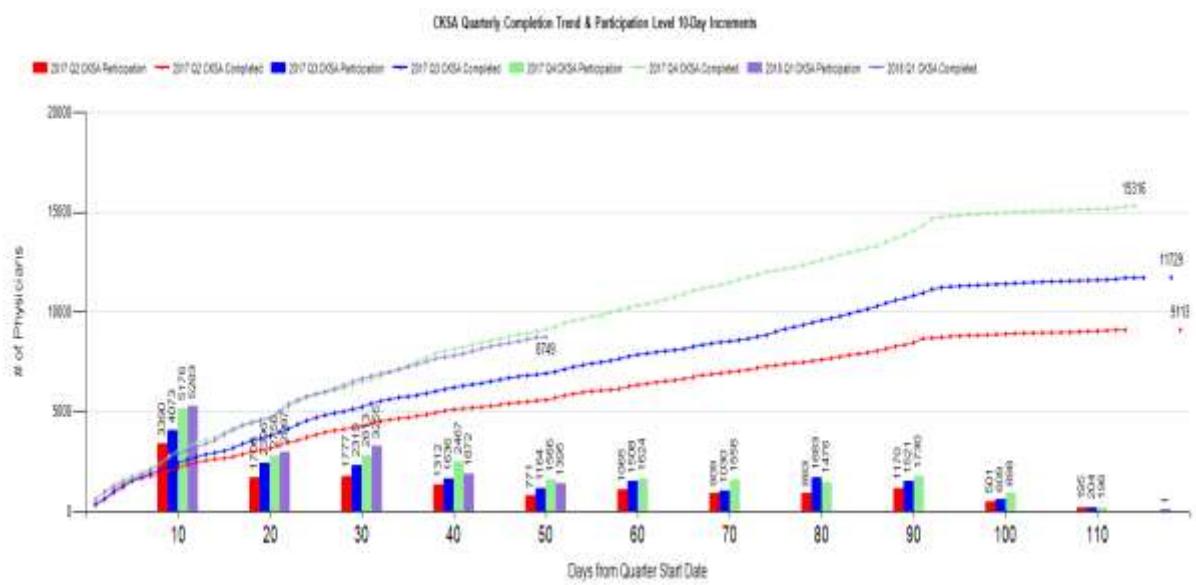
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Continuous Knowledge Self Assessment

- Completion of 100 questions satisfies Knowledge Assessment requirement
- Available to residents beginning in July 2017
- May be completed via website or with smart phone app

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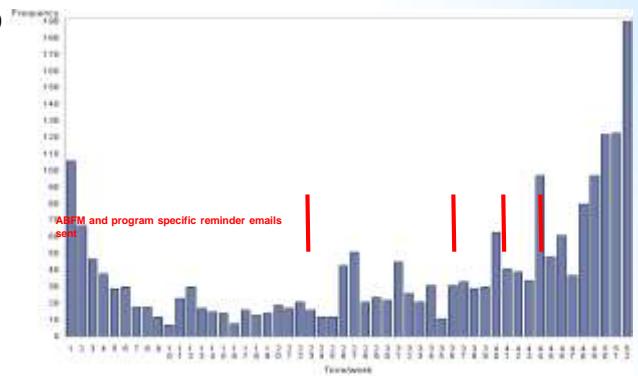
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National Graduate Survey

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)

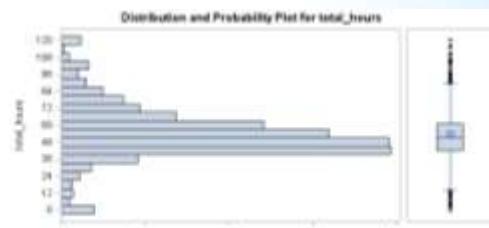
"Other" Responses: Aesthetic, Jail, Locums, Obesity, Diet and Lifestyle, Military (Deployed), student health

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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)



Mean Hours worked 53.5 ± 19.2

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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 from the ABFM's Psychometrics Department

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

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Agenda

- Re-release of ITE Scores
- Exam Format 2017 onward
 - Pooled Break, Shorter Test, Only 1 module
- Working with AFMRD on USMLE Scores
- CKSA available to residents.

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RE-RELEASE OF 2017 ITE SCORES

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Re-release of 2017 ITE Scores

- October 23-31, 2017 ITE administered
- November 9, 2017 Scoring and Equating began
40 links, 7 were excluded from the exam
Quality Control excluded another 11
ABFM released the ITE results
- December 14, 2017 Discovered 5 of the 33 linking items changed.
These 5 generally became more difficult
Scores were 20-30 points lower.
- January 4, 2018
- January 11, 2017 we notified PDs and coordinators (new release on or before Feb 15th).
- February 8, 2018 revised ITE results released.

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EXAM FORMAT 2017 ONWARD

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Exam Delivery Format

2016			2017		
SECTION	MINUTES	QUESTIONS	SECTION	MINUTES	QUESTIONS
1	120	120	1	100	80
Break	15	-	Break	pooled 100	-
2	45	45	2	100	40 + 40
3	45	45	Break	pooled 100	-
LUNCH	70	-	3	100	80
4	95	80	Break	pooled 100	-
Break	15	-	4	100	80
5	95	80			

**300 Operational items
20 Pretest items
320 Total**

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ONE MODULE IMPLEMENTATION

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New Exam Specs

- Keep the CORE at 260 items.
- Reduce MODULES from 45 to 40 items.
- Retain block of 20 Field Test Items.
- Overall, reduce the length of the exam from 370 items (350 scored) to 320 items (300 scored)

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USING USMLE STEP2 CK SCORES TO THE BAYESIAN SCORE PREDICTOR

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CONTINUOUS KNOWLEDGE SELF-ASSESSMENT

(CKSA)

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Step 1

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Initial Certification | Residency | Continuity Certification | Certificates of Added Qualifications | Research | Public | Find a Physician | About

Search our site: GO

Quality healthcare, public trust... setting the standards in Family Medicine

Key Application Dates

BOARD EXAM **CAQ EXAMS**

News

Call for Applications for a Preexisting Performance Improvement Program February 5, 2018

Burnout Among Young Family Medicine Physicians

April 2018 Family Medicine

Find a board-certified family physician

To search our physician directory

CLICK HERE

Physician Login:

Username/ID: ABFM Username/ID

Password: Password

LOGIN

Help! I forgot my password and/or Username

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The logo of the American Board of Family Medicine, featuring a circular emblem with a caduceus and the text "AMERICAN BOARD OF FAMILY MEDICINE".

Step 2



Welcome to your Physician Portfolio!

No alerts to display at this time

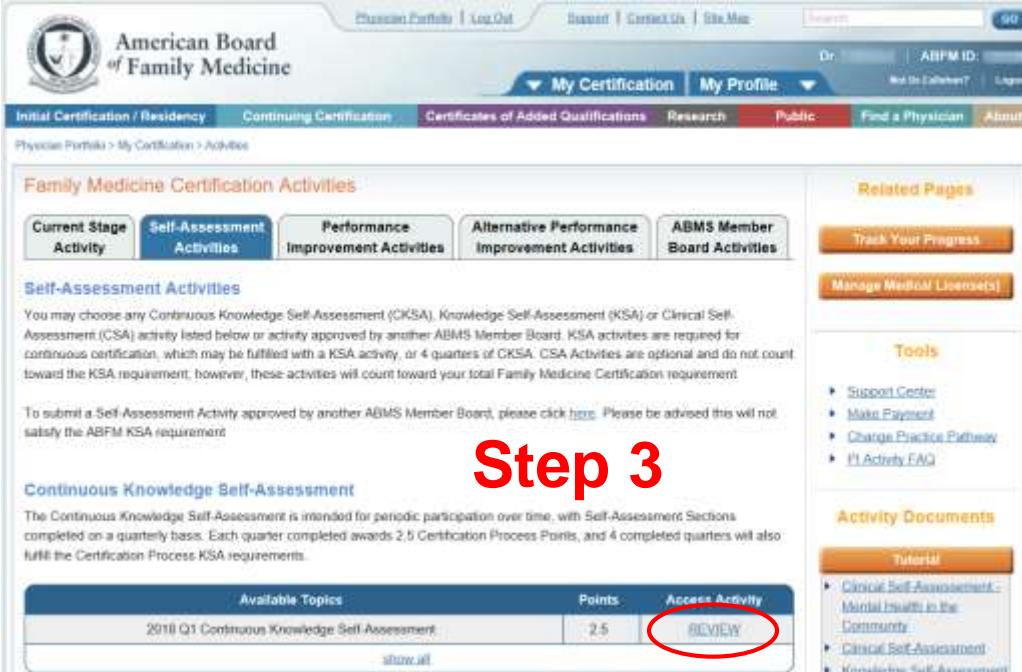
- About the Family Medicine Certification Process
- Access Self-Assessment Activities** (This link is circled in red)
- Access Performance Improvement Activities

Track Your Progress

- Certification Activities
- Certification Exam
- Medical Licensure
- Fee Payment

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Step 3



Family Medicine Certification Activities

Current Stage Activity Self-Assessment Activities Performance Improvement Activities Alternative Performance Improvement Activities ABMS Member Board Activities

Self-Assessment Activities

You may choose any Continuous Knowledge Self-Assessment (CKSA), Knowledge Self-Assessment (KSA) or Clinical Self-Assessment (CSA) activity listed below or activity approved by another ABMS Member Board. 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.

To submit a Self-Assessment Activity approved by another ABMS Member Board, please click [here](#). Please be advised this will not satisfy the ABFM KSA 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
2018 Q1 Continuous Knowledge Self-Assessment	2.5	REVIEW (This button is circled in red)
show all		

Related Pages

- Track Your Progress
- Manage Medical Licenses

Tools

- Support Center
- Make Payment
- Change Practice Pathway
- PI Activity FAQ

Activity Documents

Tutorial

- Clinical Self-Assessment - Mental Health in the Community
- Clinical Self-Assessment - Knowledge Self-Assessment

Physician Portfolio | Log Out | Direct | Contact Us | Site Map | Search | 90

Dr. [REDACTED] ABFM ID: [REDACTED] Not In Calendar? | Logout

Initial Certification / Residency | Continuing Certification | Certificates of Added Qualifications | Research | Public | Find a Physician | About

Physician Portfolio > My Certification > Activities > Activity Information > 2018 Q1 Continuous Knowledge Self-Assessment

2018 Quarter 1 Continuous Knowledge Self-Assessment

Activity at a Glance

Completion of this activity will fulfill 2.5 Family Medicine Certification Points. We will be applying with the American Academy of Family Physicians for CME accreditation. If the application is approved, anyone who completes this activity will be eligible for CME credit. 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.

► [Continuous Knowledge Self-Assessment Introduction](#)
 ► [Continuous Knowledge Self-Assessment Introduction Video](#)

Step 4

Knowledge Assessment

REVIEW

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

CME Certificate

Related Pages

Track Your Progress
My Requirements

Tools

► [Payment Requests](#)
 ► [Support Center](#)

Dr. [REDACTED] Log In

ABFM CKSA

Home Questions Report Settings Withdraw About CKSA Return to Portfolio

Home

You have answered all the 25 questions in the current quarter. You can click the "Review" button to review the questions in the current quarter.

Current Quarter	MCAI	Progress	Action
2018 Q1 CKSA	0.41	25 out of 25	Review

Step 5

Previous Quarters

Previous Quarters	MCAI	Progress	Action
2017 Q4 CKSA	0.08	25 out of 25	Review
2017 Q3 CKSA	0.08	25 out of 25	Review
2017 Q2 CKSA	0.08	25 out of 25	Review
2017 Q1 CKSA	0.08	25 out of 25	Review

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ABFM CKSA

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Step 6

Question List - 2018 Q1 CKSA

The following is the list of questions in the quarter. You can navigate to a question by clicking it. Note that all questions must be answered in order. So only the first unanswered question and the previously answered questions are enabled for clicking.

1. A 48-year-old male presents with painless rectal bleeding. He notices this mainly with wiping after bowel movements. He has ✓

2. A 63-year-old white female comes to the office for a refill of her blood pressure medications. You have not seen her for a year. ✓

3. A 70-year-old female presents for evaluation of urinary incontinence. She has had symptoms for years and feels her quality of life is ✗

4. Which one of the following medications used to treat depression should be avoided in the elderly? ✗

5. A 27-year-old male sees you for the first time. He reports feeling depressed most of the time and says he is often irritable, has ✗

6. A 28-year-old female comes to your office with a 1- to 2-month history of pain and stiffness in both of her hands and wrists. She ✗

7. A 25-year-old male presents to your office with a 3-month history of fatigue, headache, sore throat, body aches, and difficulty ✗




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MCU Chart [MCU Trends](#) [Performance](#) [Logout](#)

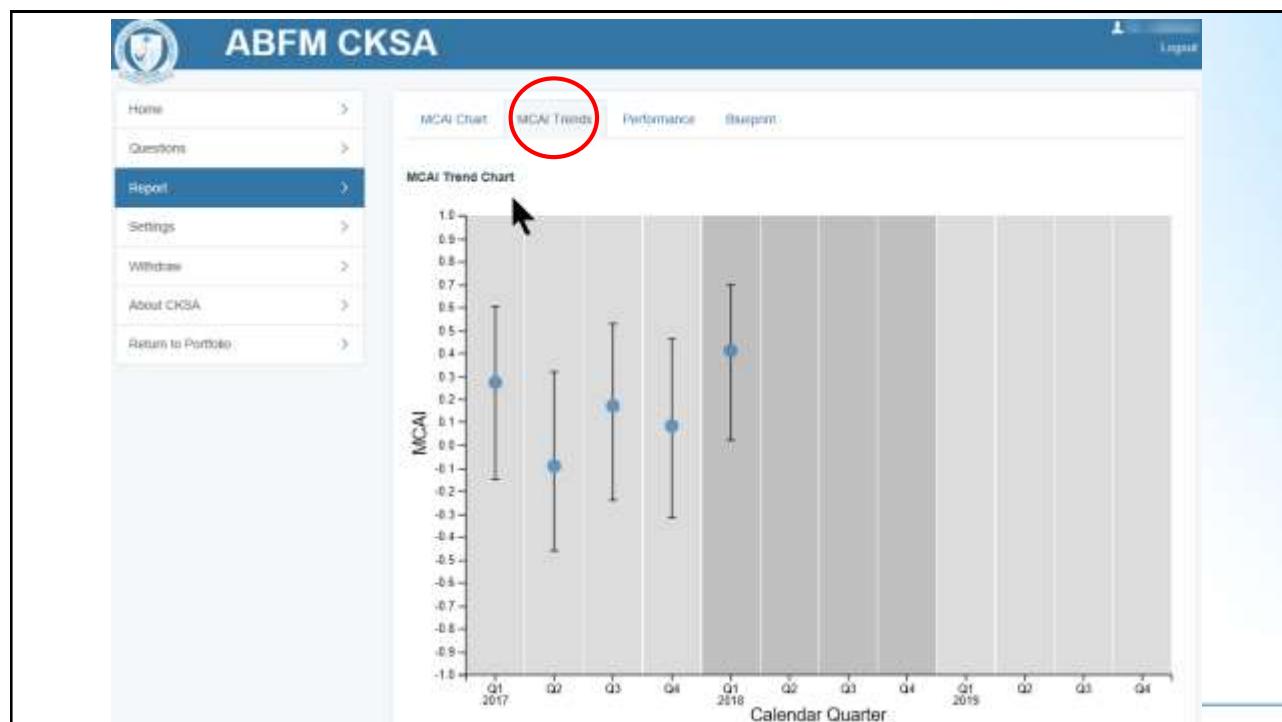
MCAT: 0.41 **2018-Q1 CKSA**

Legend: Correct Incorrect

Not at all Confident	0	
Slightly Confident (10% Correct)	X	X
Moderately Confident (20% Correct)	X	X
Pretty Confident (30% Correct)	X	X
Very Confident (60% Correct)	X	X
Extremely Confident	X	X

2018-Q1 Question 20

Question Difficulty Scaled Score



More Charts are in the Works!

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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 25, 2018

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A Review of ABFM Policies

- Important dates for spring and fall exam
- Resident Eligibility Requirements
- Transfer/A-P Credit
- Absence from Training
- ABFM Guidelines for Professionalism, Licensure, and Personal Conduct.

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SPRING, 2018 EXAMINATION

- Online Registration Begins..... **December 1**
- Final Application Deadline **January 19**
- Final Application Deadline (with penalty) **February 23**
- Deadline to complete FMC req..... **February 23**
- Deadline to Select Test Date/Location..... **March 23**
- Deadline to clear application deficiencies* **March 15**
- Deadline to withdraw from examination..... **30 days before exam**
- Deadline to change test date/location **48 hrs before exam**
- Examination Results **June 15 (tentative)**
- Completion of Residency Training **June 30**

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* Except licensure and completion of training

April 2018 Certification Examination

Exam dates:

April 5, 6, 9, 10, 11, 12, 13, 14, 16, 17, 18, 19

Eligible residents:

- Residents who are in good standing and expected to complete training by June 30, 2018.
- Residents expected to complete training after June 30, 2018, but no later than October 31, 2018- requires approval of the program director.

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Common Deficiencies

- Self-Assessment/Performance Improvement Activity requirements
- Length of training exceeded 36 months
- PGY2/PGY3 years not continuous or extended
- AP credit irregularities

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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.
- Successful completion of family medicine residency training and verification by the program
- 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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Awarding of Certification

Certification will be awarded when all of the criteria are met:

- Successful performance on the FMC Examination
- The Program Director verifies that the resident has successfully met all of the ACGME program requirements
- The candidate obtains 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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Certification Entry Process

- Candidates who do not successfully pass the Family Medicine Certification Exam within three calendar years of the year in which residency is completed are required to satisfy the Certification Entry Process in order to take the examination and gain initial certification status.....
- Requirements for the Certification Entry/Re-Entry process are:

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Certification Entry Process

- Completion of 50 FMC points in last 3 years
- Completion of 150 credits of acceptable CME in last 3 years
- Compliance with ABFM Guidelines for Professionalism, Licensure, and Personal Conduct which includes holding an active, valid, full and unrestricted license to practice medicine in any state or territory of the United States or any province of Canada
- Submission of entry process fee, application and accompanying full examination fee for the FMC Examination
- Successful completion of the Family Medicine Certification Examination

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Certification Entry Process

- The Entry process must be completed no later than 3 calendar years following the year the process is started. If the process is not completed in the established timeframe, a new cycle of the Certification Entry Process will be required in order to gain certification. Any activities completed prior to starting the Certification Entry Process (and the associated fees) will not carry forward.

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Board Eligibility

- The ABFM Board Eligibility Policy defines “Board Eligible” as having completed residency training but not yet attained initial certification. Board eligibility begins the first day after verified completion of ACGME-accredited Family Medicine residency training, and it expires exactly seven years from that date. A physician who wishes to be designated as board eligible must be active in the online certification Entry or Resident Entry Process and continuously adhere to the ABFM guidelines for professionalism, licensure, and personal conduct.

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Board Eligibility

- These guidelines require physicians to maintain a current, valid, and unrestricted medical license, and report current license details through the online physician portfolio.
- After the 7-year period of board eligibility expires, a family physician can regain board eligibility status by completing one year of additional training in an ACGME-accredited Family Medicine residency training program (or an ABFM approved alternative) and by completing the ABFM certification Entry Process...

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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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MAXIMUM AMOUNT OF TRANSFER CREDIT

Curricular area	Credit	Curricular area	Credit
Human Behavior/Mental Health	2 months	Community Medicine	1 month
Adult Medicine	12 months	Care of Neonates, Infants, Children, and Adolescents	4 months
Critical Care	1 months		
Cardiology	1 months		
Women's Health	1 months		
Older Patient	1 months		
Maternity and GYN Care	3 months	Diagnostic imaging and Nuclear Medicine	1 month
Maternity	2 months		
GYN	1 month		
General Surgery	2 months	Physical Medicine and Rehabilitation	1 month
Genitourinary	1 month		
Disorders of Eyes/ENT	1 month		
M/S and Sports Medicine	2 months	Practice Management	1 month
Emergency Care	2 months	Care of the Skin	1 month
Neurology	1 month	Anesthesiology	1 month
Electives	3 months		

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.



International GME 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 international graduate medical education beyond the receipt of the M.D. degree to be considered for any credit

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Transfer/Advanced Level Entry

- If a physician is admitted into training at an advanced level, the Program must advise the Board through an entry in the RTM System of advance placement or transfer credits.
- If no record for transfer or advance placement credit 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.

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ABFM Policy re AP Credit

- 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...
- 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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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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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

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 be 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

- ✗ Preparation for USMLE Exam.
- ✗ Decision by a resident to extend maternity leave as a personal choice.
- ✗ Absence Under the Family Medical Leave Act (FMLA).
- ✗ 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 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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<https://www.theabfm.org/about/policy.aspx>



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.

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

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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.

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

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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 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 2018 Certification Examination

Exam dates:

- November 5, 6, 7, 8, 9, 10

Eligible residents:

- Residents who are in good standing and expected to complete training by December 31, 2018.
- Residents expected to complete training after December 31, 2018, but no later than April 30, 2019- will require Program Director approval.

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FALL, 2018 EXAMINATION

- Online Registration Begins..... **July 20**
- Final Application Deadline **August 24**
- Final Application Deadline (with penalty) **Sept 17**
- Deadline to complete FMC req..... **Sept 17**
- Deadline to Select Test Date/Location..... **October 22**
- Deadline to clear application deficiencies* **October 1**
- Deadline to withdraw from examination..... **30 days before exam**
- Deadline to change test date/location **48 hrs before exam**
- Examination Results **December 30****
- Completion of Residency Training **December 31**

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* Except licensure and completion of training

** tentative

THANK YOU!



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