Welcome to the 500th edition of FP Essentials™

In the Beginning

FP Essentials had its origins in 1976 when the AAFP Division of Education, under the leadership of Dr Thomas Stern, created the AAFP Committee on Continuing Medical Education. The committee was charged with developing ways for the new specialty to provide continuing medical education (CME) to its members. Until that time, family physicians primarily relied on experts in other specialties to keep them up-to-date on important clinical information.

One of the first and most enduring creations of that committee was Dr Stern’s brainchild—the Core Curriculum Self-Assessment Program, later renamed the Home Study Self-Assessment (HSSA) monograph series, and subsequently renamed FP Essentials. The first medical editor was Dr James Price, who was the AAFP president from 1973 through 1974.

The first edition of HSSA was published in June of 1978—a monograph on childhood development authored by Drs Gerald DeWitt, David Marsland, and Fitzhugh Mayo. It was followed over the next several months by monographs on arthritis, contraception, psychiatry, blood gases, pharmacology, coronary artery disease, and subsequently hundreds more—until the 500th edition you are now holding in your hand (or viewing on your screen), which is about hand and finger injuries.

Medical Editors


Program Evolution

Early in the history of FP Essentials, or HSSA as it was then known, the goal was to transform CME for family physicians from something provided by subspecialist physicians into an ongoing process developed for and used by family physicians. In fact, most early monographs were written by family physicians. In comparison to the current process, that process was quite informal. Manuscripts were often submitted in the author’s handwriting. There was no detailed curriculum plan for topics, and peer review as we know it today was not standard.

The challenge over time was to transform the monographs into evidence-based publications. Through the 1990s, author selection was made by a competitive solicitation process rather than individual personal invitations. Word processing with submission of computer files, rather than typed or handwritten manuscripts, became the standard. A structured peer review process was developed, with authors revising manuscripts prior to publication in response to feedback and critique provided by peer reviewers who were experts in their field.

The program further evolved by matching the distribution of monograph topics to that of topics covered in the American Board of Family Medicine recertification examination. For example, with 10% of questions on the recertification examination focused on cardiovascular conditions, a similar percentage of monograph topics are on those conditions over a 6-year curriculum cycle. This has led to many subscribers relying on the monographs to prepare for their recertification examinations. There were even CD-ROMs available, with 6-year collections of monographs and the 1,440 CME quiz questions that went with them. Now, of course, subscribers can access all of this information by signing into the FP Essentials website.

There has also been an effort to make the monograph content practical and relevant to practicing physicians. We rely on an editorial board, composed of both academic physicians and physicians in practice, which develops content outlines to guide authors in deciding what specific information to include in
their monographs. In addition, *FP Essentials* has been indexed in Medline/PubMed since 2012.

The *FP Essentials* monographs have stood the test of time and continue monthly publication. Of course, in addition to the hard copy monographs that subscribers receive in the mail, online downloadable PDF versions are available through the *FP Essentials* app or webpage. Both are searchable to allow subscribers and potential new readers to search *FP Essentials* for topics of interest to them.

Despite the availability of many other sources of CME, *FP Essentials* continues to have thousands of subscribers. And a unique feature of *FP Essentials* is that it is supported wholly by those subscribers.

**The Future**

As we enter the 2020s in a world with endless sources of online medical information (and hopefully a resumption of in-person education when the COVID-19 pandemic eventually dissipates), the challenge for *FP Essentials* will be to maintain relevance for our readers. As noted, we make great efforts to keep the content timely and relevant to physicians, providing them with information they need to stay current and maintain board certification.

An important issue we deal with is whether we want to focus monograph topics only on helping physicians stay up-to-date on the issues they most frequently see in their practices or might encounter on board examination questions. Or do we also want to keep them abreast of evolving trends and new directions in clinical medicine that they might not be anticipating or even know about? We’re trying our best to do both, and feedback from subscribers is very helpful in maintaining that balance.

Finally, in a time when the health professions are becoming increasingly aware of disparities in health care—both in outcomes for patients and in clinical training and academia—*FP Essentials* joined the other family medicine journals in an effort to address structural racism and disparities in our journals and publication processes. We have published a position statement on this issue, which appeared simultaneously in all the journals. It can be viewed on the *FP Essentials* website at [https://www.aafp.org/dam/AAFP/documents/cme/fp_essentials/statement-on-systemic-racism.pdf](https://www.aafp.org/dam/AAFP/documents/cme/fp_essentials/statement-on-systemic-racism.pdf).

One final note: Thank you to former editors Jay Siewk, Al Berg, and Jeff Susman, and the staff at AAFP, for providing helpful information about the history of *FP Essentials*. I could not have shared all of this information without their input.

*Barry D. Weiss, MD, FAAFP*

*Medical Editor*