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

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
April 2018 Certification Examination Dates

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

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
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

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
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

November 2018 Examination Dates

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

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
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).

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.
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.

Resident Certification Deadlines

<table>
<thead>
<tr>
<th>Training Completed</th>
<th>April Exam</th>
<th>November Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>June 30</td>
<td>December 31</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final Training Deadline</th>
<th>October 31</th>
<th>April 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements Met</td>
<td>12/31/2024</td>
<td>12/31/2024</td>
</tr>
</tbody>
</table>
Board Eligibility

Graduated Residents Currently in 7-Year Board Eligibility Period

<table>
<thead>
<tr>
<th>Year Residency Training Completed</th>
<th>Number of Family Medicine Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>233</td>
</tr>
<tr>
<td>2013</td>
<td>154</td>
</tr>
<tr>
<td>2014</td>
<td>162</td>
</tr>
<tr>
<td>2015</td>
<td>105</td>
</tr>
<tr>
<td>2016</td>
<td>183</td>
</tr>
</tbody>
</table>

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.
## Predictive Value of ITE

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

<table>
<thead>
<tr>
<th>In-Training Exam</th>
<th>MC-FP Examination</th>
<th>Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>5,188</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TP</td>
</tr>
<tr>
<td>Fail</td>
<td></td>
<td>538</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FN</td>
</tr>
</tbody>
</table>

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

Positive Predictive Value:
\[
\frac{5,188}{5,188 + 226} \approx .96
\]

Negative Predictive Value:
\[
\frac{200}{200 + 538} \approx .27
\]

Sensitivity:
\[
\frac{5,188}{5,188 + 538} \approx .91
\]

Specificity:
\[
\frac{200}{200 + 226} \approx .47
\]

---


---

**ADMINISTRATION OF THE ABFM CERTIFICATION EXAMINATION MOVED TO APRIL IN 2012**
Eligible Participant Take Rate

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

2017 Resident Certification Entry Requirements
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
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
National Graduate Survey

- 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

Your reminder emails helped!

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

<table>
<thead>
<tr>
<th>Principal Activity</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>57 (14.4)</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>99 (25.1)</td>
</tr>
<tr>
<td>Hospitalist</td>
<td>181 (45.8)</td>
</tr>
<tr>
<td>Sports Medicine</td>
<td>11 (2.8)</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>8 (2.0)</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>13 (3.3)</td>
</tr>
<tr>
<td>Other</td>
<td>26 (6.6)</td>
</tr>
</tbody>
</table>

"Other" Responses: Aesthetic, Jail, Locums, Obesity, Diet and Lifestyle, Military (Deployed), student health
Graduates are Largely Employed and Working over 50 hours per week

<table>
<thead>
<tr>
<th>Ownership</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No official ownership stake (100% employed)</td>
<td>1008 (83.4)</td>
</tr>
<tr>
<td>Sole owner</td>
<td>36 (3.0)</td>
</tr>
<tr>
<td>Partial owner or shareholder</td>
<td>132 (10.9)</td>
</tr>
<tr>
<td>Self-employed as a contractor (including locums)</td>
<td>32 (2.7)</td>
</tr>
</tbody>
</table>

Mean Hours worked 53.5 ± 19.2

Top 5 Areas of Highest and Lowest Preparation and Practice

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

<table>
<thead>
<tr>
<th>I feel burned out from my work</th>
<th>N (%)</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>85 (4.2)</td>
<td>505 (24.7)</td>
</tr>
<tr>
<td>A few times a year or less</td>
<td>301 (14.7)</td>
<td>436 (21.3)</td>
</tr>
<tr>
<td>Once a month or less</td>
<td>302 (14.8)</td>
<td>295 (14.4)</td>
</tr>
<tr>
<td>A few times a month</td>
<td>543 (26.5)</td>
<td>338 (16.5)</td>
</tr>
<tr>
<td>Once a week</td>
<td>314 (15.3)</td>
<td>211 (10.3)</td>
</tr>
<tr>
<td>A few times a week</td>
<td>366 (17.9)</td>
<td>192 (9.4)</td>
</tr>
<tr>
<td>Every day</td>
<td>136 (6.6)</td>
<td>70 (3.4)</td>
</tr>
</tbody>
</table>

“I have become more callous toward people since I took this job”

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

**Updates from the ABFM’s Psychometrics Department**

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

RE-RELEASE OF 2017 ITE SCORES
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
- December 14, 2017: ABFM released the ITE results
- January 4, 2018: Discovered 5 of the 33 linking items changed.
  - These 5 generally became more difficulty
  - Scores were 20-30 points lower.

- January 11, 2017: we notified PDs and coordinators (new release on or before Feb 15th).
- February 8, 2018: revised ITE results released.

EXAM FORMAT 2017 ONWARD
# Exam Delivery Format

<table>
<thead>
<tr>
<th>SECTION</th>
<th>MINUTES</th>
<th>QUESTIONS</th>
<th>SECTION</th>
<th>MINUTES</th>
<th>QUESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>120</td>
<td>120</td>
<td>1</td>
<td>100</td>
<td>80</td>
</tr>
<tr>
<td>Break</td>
<td>15</td>
<td>-</td>
<td>Break</td>
<td>pooled 100</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>45</td>
<td>45</td>
<td>2</td>
<td>100</td>
<td>40 + 40</td>
</tr>
<tr>
<td>3</td>
<td>45</td>
<td>45</td>
<td>Break</td>
<td>pooled 100</td>
<td>-</td>
</tr>
<tr>
<td>LUNCH</td>
<td>70</td>
<td>-</td>
<td>3</td>
<td>100</td>
<td>80</td>
</tr>
<tr>
<td>4</td>
<td>95</td>
<td>80</td>
<td>Break</td>
<td>pooled 100</td>
<td>-</td>
</tr>
<tr>
<td>Break</td>
<td>15</td>
<td>-</td>
<td>4</td>
<td>100</td>
<td>80</td>
</tr>
<tr>
<td>5</td>
<td>95</td>
<td>80</td>
<td>300 Operational items</td>
<td>20 Pretest items</td>
<td>320 Total</td>
</tr>
</tbody>
</table>

ONE MODULE IMPLEMENTATION
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)

USING USMLE STEP2 CK SCORES TO THE BAYESIAN SCORE PREDICTOR
CONTINUOUS KNOWLEDGE SELF-ASSESSMENT (CKSA)
Step 2

Step 3
Step 4

Step 5
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 46-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 yes… ✓
3. A 70-year-old female presents for evaluation of urinary incontinence. She has had symptoms for years and feels her quality o… ×
4. Which one of the following medications used to treat depression should be avoided in the elderly? ✓
5. A 2T-year-old male sees you for the first time. He reports feeling depressed most of the time and says he is often irritable, ha… ×
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. S… ×
7. A 25-year-old male presents to your office with a 3-month history of fatigue, headache, sore throat, body aches, and difficulty… ×

American Board of Family Medicine Inc.

2018-Q1 Question 20
The Certification Examination Performance Predictions

- Predictions based upon: 2017-Q1 to 2018-Q1
- Predicted Scaled Score: 290
- Predicted Probability of Passing: 6%
- Number of CKSA Questions **: 125

** For early adopters, the initial 2017 pilot quarters (2017 Q1 and 2017 Q2) are not included in the prediction calculations.
More Charts are in the Works!

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
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.

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

* 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.

Common Deficiencies

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

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
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.

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
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:
  - 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
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.

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.
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…

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.
### MAXIMUM AMOUNT OF TRANSFER CREDIT

<table>
<thead>
<tr>
<th>Curricular area</th>
<th>Credit</th>
<th>Curricular area</th>
<th>Credit</th>
</tr>
</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</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>Women's Health</td>
<td>1 month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older Patient</td>
<td>1 month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity and GYN Care</td>
<td>3 months</td>
<td>Diagnostic imaging and Nuclear Medicine</td>
<td>1 month</td>
</tr>
<tr>
<td>Maternity</td>
<td>2 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GYN</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</td>
<td>1 month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disorders of Eyes/ENT</td>
<td>1 month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M/S 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></td>
<td></td>
</tr>
<tr>
<td>Electives</td>
<td>3 months</td>
<td>Anesthesiology</td>
<td>1 month</td>
</tr>
</tbody>
</table>

**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.

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.
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.

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.
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.

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."
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.

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.
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)

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.
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

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.
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

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
**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.

**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.

[https://www.theabfm.org/about/policy.aspx](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

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
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.

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.”
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.

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

* Except licensure and completion of training  ** tentative
THANK YOU!

American Board of Family Medicine Inc.