



# American Board of Family Medicine, Inc.

## MEMORANDUM

TO: ADFM Board of Directors and Members  
FROM: Warren Newton, MD, MPH  
President & CEO, ABFM  
RE: ABFM Update Since Last We Met  
DATE: February 3, 2023

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Greetings, Colleagues!

I write to update you on the activities of ABFM since our meeting in June. In talking with Amanda and the crew, I realize that there will be a number of lines of discussion over our days together in Atlanta. What follows provides an introduction to three topics— Research Capacity (for Saturday morning), Residency redesign (Thursday breakfast and an afternoon plenary), Leadership Development and the new HALM certificate, and then other ABFM news. I welcome questions on any part of it.

### *Building research capacity in Family Medicine*

ABFM is delighted to participate in the launch of the ADFM-NAPCRG initiative to rethink/reframe the development of research capacity in our specialty. We believe that the future of the specialty is bounded by the ideas our researchers develop. We have done a lot of good work in the past, led by Carole Bland and others in the 1990s, the Future of Family Medicine in the early 2000s, the Family Medicine for America's Health initiative in the last decade--as well as many other efforts. However, despite important progress and some departments with thriving research enterprises, ABFM is concerned that the research capacity of the specialty does not meet our needs, and believes that the supply of future clinician researchers is the smallest in a generation. There are single departments of Internal Medicine with more papers and funding than the entire specialty of family medicine, and not enough family physician-researcher to populate federal health reform initiatives. We therefore applaud the leadership of ADFM and NAPCRG in putting together this initiative. We appreciate the deliberate effort to take a broad view, put research on the agenda of the family of family medicine organizations and learn from both our past and from other countries and specialties.

ABFM will continue to do its part. In addition to support of *Annals of Family Medicine* and *JABFM*, we curate the demographic questions for certification and recertification, the AFMRD/ABFM graduate survey and the PRIME registry. We welcome collaborators and visiting scholars. Contact Lars Peterson [Lpeterson@theabfm.org](mailto:Lpeterson@theabfm.org) if you or one of your residents, fellows or faculty are interested; we are increasing the number of scholars we can invite to Lexington or Washington each year. ABFM has also increased its support of the Puffer fellows to provide more opportunities for clinician-researchers to participate in the National Academies.

I want to highlight two areas of current research focus. Dr. Phillips' long term work on adjusting payment for social risk is making good progress, as CMSS has begun to pilot this approach to payment. More to

follow, but this is a key policy initiative that aligns well with what family medicine is trying to do more broadly. In addition to our work with *Measures that Matter*, this is an example of working to make it easier for family physicians to address the social determinants of health in their communities. Separately, ABFM's AI/ML initiative continues, with funding of 4 departments to develop this capacity and a second round of grants along with curriculum development pending this summer. Our major research areas and grant funding are available at [Research Articles | ABFM | American Board of Family Medicine \(theabfm.org\)](#). We look forward to the conversation in Atlanta.

### *Residency Redesign in Family Medicine*

As you know, much is happening with residency redesign: I will update the group briefly in person.

Dedicated time for teaching is critical to the process, as you well know. As you know, in an unprecedented step, the ACGME Board of Directors has opened the door to a return to the standards for core faculty time in place before July 2019. But there are many steps to go. I will bring an update to the meeting, and the specialty will need to get involved. The earliest a final decision can be made is September 2023.

More broadly, the most pressing issue for the specialty now is the development of our overall strategy for supporting the transition to competency based medical education in residency. Over the last six weeks, the ACGME Family Medicine review committee, with input from ABFM and the organizations of family medicine has developed a draft document outlining the core outcomes for all residencies in the US. This is a major first step for our specialty. You will find that it takes a holistic approach to “outcomes,” including some competencies and some “EPAs”. I have attached the current version of the document developed by the ACGME and the ABFM. This is version 7.3!

The ACGME accredits residencies, and the ABFM certifies individuals. The Family Medicine Review Committee will use this model of residency outcomes to design the data systems to be used for accreditation of residencies (the WebAds and residency surveys in particular); similarly, the ABFM will use these outcomes to develop a strategy for ABFM Board eligibility. In addition to input on this document, I think the next step for the family of family medicine organizations is to develop an overall assessment framework, including strategies for education, faculty development and the digital technology we will need to develop for the specialty. STFM's summit on CBME with presentations from the CFPC, the American Board of Surgery and the American Board of Pediatrics was a great start. As a recovering chair, I believe that the Chairs have a critical role to play in many aspects of this work!

I am hopeful that the spring meetings of the specialty—such as those of AFMRD and STFM--will further develop the ideas and strategy. Throughout the discussion, however, it is very important for us to keep in mind that CBME is only part of residency redesign. The proposed standards are the most significant changes in Family Medicine residency education since 1969. They include emphasis on the practice as the curriculum, community outreach to address disparities and social determinants of health, individual development plans, residency learning networks—all in addition to CBME. If we do CBME right, however, it will support the other components.

The Advancing Innovation in Residency Education (AIRE) continues to gather momentum. Jay Fetter, who many of you know, has led the campaign to develop innovative residencies which integrate new competencies in an additional fourth year of training. Of 70-80 initial inquiries over the last six months, about 20 are so far in process of preparing applications, and 3 have been approved. We are learning a lot from them—glad to discuss at any of your meetings. Please contact Jay Fetter at [jfetter@theabfm.org](mailto:jfetter@theabfm.org) if you have any questions. I will be commenting further at our meeting, but I am hopeful that Departments will take the lead in developing AIRE programs which train future leaders in competency based medical education, executive management and research—let us talk! I have presented on residency redesign and AIRE to a variety of Departments—let me know if I can be helpful.

Jay has also worked to develop the Strengthening Outcomes and Assessment in Residencies (SOAR) project—a collaboration between AFMRD and ABFM. SOAR has three goals—to use graduate survey outcomes data to support innovation in residencies, develop a GME Web Hub with mapping and other resources to empower program directors in innovation and advocacy and a new fellowship for residency directors interests in policy research. SOAR will make its public debut at the Residency Leadership summit in a couple of weeks.

Importantly, the ABFM Foundation has invested in a number of programs to support residency redesign. In the fall, working with the ACGME, the foundation has opened up a special workshop to “train the trainers” in CBME in May. 52 individuals have applied for 40 slots; we will support additional scholarships in the fall course. Thank you for your nominees: please touch base with me if you have someone else you’d like to send. I think that this is a wonderful opportunity to develop our specialty’s future leaders in residency educations, both individually and as a cohort. Preference will go to those who can work across residencies, perhaps in networks.

ABFM-F has also funded STFM to convene the national summit on CBME in January note above and to develop a faculty development program for the specialty. At this meeting, you’ll have a chance to weigh in on what our strategy for faculty development should be including considerations of new faculty roles in coaching and individual learning plans. In addition, later this spring, STFM will convene a national summit on residency learning networks in early April. ABFM-F has just approved a program to support planning and seed money grants to help launch residency learning networks across the country. We hope to have these RFPs come out in April. Finally, as residencies sign up for AIRE, the ABFM F will support an annual meeting, a collaborative like the I3 collaborative and some support of the direct costs of participating in the collaborative, along with an independent evaluation. Let me know if you have any questions.

*Background information on Residency Redesign: and ABFM’s other work in this space*

1. The Family Medicine In-training Examination showed another significant decline in scores in 2022. New interns are now approximately 1.25 years behind interns of 2019—very concerning! Importantly, however, ABFM certification scores and pass rates have not yet changed substantially. I will summarize the results and get your thoughts about the etiology of the trends. I will also be doing a webinar for residency directors nationally in mid-February. We are also learning that some, but not all, other ABMS

boards are reporting similar findings in their ITEs and initial certification examinations. ABMS is launching a task force to characterize the problem and suggest next steps.

2. I welcome your advice about how to optimize resident use of ABFM activities, which are free and have had excellent evaluations. A first option is the use of CKSA and KSAs as a supplement to curriculum, either ongoing or in advance of a rotation. We are organizing these resources to support contemporary issues--from COVID-driven practice improvement to Health Equity--and covering a broad scope of clinical practice, from the Care of Children, Hospital Care, Behavioral Health Care, Palliative Care, the ALSO® Provider Course, and more. We are also seeing increasing activity in use of alternative self-assessment activities, such as the AAFP Health Equity series, self-assessment activities from the AB Peds and ABEM focused on care of children and adolescents and care provided in urgent/emergent settings. Look and see what we have, and let me know thoughts you may have about new modules.

A special focus this academic year is the National Journal Club, which continues to grow rapidly, with over 20,000 Diplomates participating. Evaluations have been very positive, with nearly two-thirds reporting specific practice changes associated with individual articles. A focus of communication this year is on improving utilization by residents, and early evidence suggests that resident participation has increased from 3% to about 10% in the last several months. The habit of reading is important!

3. As of this month, JABFM will be sent electronically to all Family Medicine residents. We are hopeful that the usage of our materials by residents will continue to increase; an accompanying editorial introduces residents to Board certification and how to use our tools. Feedback welcome!

### *Leadership Development in the Specialty*

I look forward to discussing this issue at the Board of Directors and individually. My question is: are our current leadership development programs, across all the organizations in the discipline appropriate for the pressing needs of the specialty. I have attached our recent editorial on this subject, and I look forward to your thoughts. Importantly, the ABMS COCERT Committee has formally approved the new subspecialty of Health Administration, Leadership and Management (HALM), with ABFM as a co-sponsor. This will be finalized at the ABMS Board meeting this spring. We are pleased with the final document and believe that this will represent a pathway for family physicians to move into the highest leadership roles in large health systems, academic medicine, and other healthcare organizations. Over 2,000 family physicians spend more than 50% of their time in administrative roles! Over the long-term, we also want to make sure that there is a focus on recruitment of mid-career physicians. The current plan emphasizes fellowship after residency, and we believe that it will be critical to create a mid-career on-ramp for family medicine.

As you know, the ABFM is supporting an expansion of the LEADS program, the Pisacano scholarships, the Puffer fellowships at the National Academy, and Visiting Scholars at Lexington and Washington DC. We also plan to develop two new programs—Distinguished Scholars to assist candidates for leadership in health systems and the Health Equity fellowships to support in underrepresented minorities, women and rural community based family physicians to get additional career development in practice redesign, educational transformation and community action.

I look forward to your wisdom. Consider our specialty's portfolio of leadership development—AAFP STFM, ADFM and ABFM—what is missing? Let us talk.

*Other ABFM News*

1. As of this January, ABFM has 102,212 Diplomates. Due to the Covid extension, we have had the largest number (47,382) ever of Diplomates finishing a stage this year ever. To put in perspective, this represented 102,000 KSAs, 128,436 CKSAs, 101,600 Journal articles and 42,498 PI activities plus the CME these activities provided. And the percentage of physicians completing their stage requirements on time was 1.8% higher relative to the last normal stage ending in 2019. I believe this as evidence of both targeted communications and the increased value we are building into the activities.
2. The new ABFM Blueprint has met a major milestone: we have a working model! As you know, the blueprint is used for all ABFM high stakes examinations. The goal of the new blueprint is to link the test to practice even more closely, to allow incorporation of risk of harm into item weighting and to facilitate education from the high stakes exam. The external Blue-Ribbon panel (which has representatives appointed by ADFM as well as all of the organizations of family medicine) met again in January to review the current status of the blueprint; their feedback was very positive regarding both the process and the results. Now a very different phase begins, as we do an item audit, write items for new subjects, test the psychometric performance of the new items and begin to construct the examination. The first use is current scheduled for the 2024 ITE.
3. ABFM continues to be active in the Professionalism space. We are seeing a small increase in cases of license problems for residents being dismissed or residents leaving in their third year: we will be tracking this trend. We continue to investigate and address cases of public mis/disinformation, though the volume has gone down with the ebbing of the pandemic. I also want to highlight a new initiative to develop a new, systematic, data based approach to our work in Professionalism. The first focus for this work is a study on sexual misconduct among board-certified family physicians. More to follow as we learn the results. More broadly, I am hopeful that we see innovative curricula about teaching professionalism to residents as a part of residency redesign. Please contact me if you have ideas!
4. ABFM's work in Health Equity continues over the last year. The numbers of PI projects that address and improv disparities done by family physicians, and the KSAs completed which address health equity are impressive. We continue to review high stakes examinations for bias against underrepresented minorities, and are beginning to collect data on those from rural areas and those who are first generation college graduates. We have published research related to health equity on the family medicine workforce, including pay equity for female family physicians. We also have made steady gains in increasing the diversity of our Board, our volunteers and AFBM staff. We have a long way to go but are committed to steady progress and reporting what we are doing regularly.
5. The Sports Medicine Co-Sponsored Certificate reorganization has made great progress since our last meeting. The new Sports Medicine Advisory Committee, chaired by Dr. Puffer, met and elected representatives from the AMSSM and a new Public Member. They have decided unanimously to explore a sports medicine longitudinal assessment, and are now in the process of developing a new blueprint for the field. About two thirds of Sports Medicine physicians are Family Physicians. FM serves as the administrative Board for Sports Medicine.

6. The Pisacano Leadership Foundation The ABFM has doubled the number of Pisacano Scholars to 9-10/year. The good news is that the number and quality of applicants is sufficient for the expansion. They are remarkable people! The Foundation has hired a former Pisacano scholar to help increase outreach, diversifying the application process and developing an initiative to connect Pisacano scholars across the generations. There are now about 170 Pisacanos. We welcome applicants this spring—please let us know. This is a wonderful opportunity for future family physicians.
7. As noted above, ABFM has also doubled the numbers of Puffer fellowship to 2/year. This fellowship provides an opportunity for outstanding family medicine scientists to have a two year part time fellowship at the National Academies of Science, Engineering and Medicine, at the center of major national policy discussions. Fellows get hands on opportunities to contribute to consensus reports and other academy initiatives. This is a tremendous opportunity! The application period is extremely competitive and will open up in the late spring. If you have any questions, please contact Andrew Bazemore ([abazemore@theabfm.org](mailto:abazemore@theabfm.org), or Bob Phillips ([bphillips@theabfm.org](mailto:bphillips@theabfm.org).)