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Two Boards Join to Offer Hospitalist Certification

Newly trained FPs

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BY JOYCE FRIEDEN

tion exam in hospital medicine less than a year away, the long-awaited program has grown in scope following the decision by the American Board of Family Medicine to allow family physicians to join internists in pursuing the new credential.

Starting in May 2010, family physicians as well as internists can sign up with their respective boards to take the exam that will be one of the requirements for certification with a Focused Practice in Hospital Medicine. The first exam will take place on Oct. 25, 2010.

The ABFM hopes to make its self-evaluation and practice improvement modules available starting in January, said Robert Catoi, a spokesperson for the American Board of Family Medicine (ABFM).

The new credential will be offered through the maintenance of certification

(MOC) framework, explained Dr. Jeffrey Wiese, president-elect of the Society for Hospital Medicine and chair of the ABIM internal medicine questionwriting committee.

"The new certification process is really a separate pathway," he said. For example, a family physician doing his required MOC could choose to go down the hospital medicine process rather than the standard MOC process. But the framework is going to be the same, he said.

Candidates will have to complete requirements in four areas: citizenship (including evidence of state licensure), self-evaluation, practice improvement, and secure exam. These requirements can be met in lieu of the standard MOC process, but newly trained family physicians seeking the new credential must first be certified in family medicine and have at least 3 years of practice focused on hospital medicine.

"One wrinkle for hospitalists is that they would be required to have Advanced Cardiac Life Support certification," Dr. Wiese noted. "The other wrinkle is that candidates would have to demonstrate a minimum number of inpatient medicine contacts over a specified time period."

The self-evaluation module in the hospital medicine pathway is "not going to differ appreciably [from those used in the existing MOC process], but the vision going forward is [to have] more hospital-focused sets, on things like patient safety and transition of care," said Dr. Wiese, who is a professor of medicine at Tulane University in New Orleans.

The practice improvement module

for hospitalist certification "will focus on the ability to interact well with a team," Dr. Wiese said. "The candidate would sign up, would identify some practice area, collect data on the practice, design an intervention, and collect data again after a few months to show an improvement in practice delivery." Other clinicians involved in the intervention, such as nurses, respiratory therapists, and social workers, would get e-mails seeking feedback on the hospitalist's improvement.

Dr. Eric Holmboe, the ABIM's senior vice president and chief medical officer, noted that the idea for certification with a Focused Practice in Hospital Medicine came from

hospitalists themselves. "They came to the board over 5 years ago saying they believed their field had matured to the point that it needed to have a specific program, and their primary driver was quality and defining the discipline," he said. "They were interested in the

[physician's] role in patient safety and quality and transitions at the hospital."

In addition, the hospitalists felt that taking MOC exams that emphasized outpatient care was not a good fit for their practice, Dr. Holmboe said.

"ABIM's decision to recognize hospital medicine acknowledges the value that hospital-based internists can bring to improving patient care in this practice setting. ... The rapid growth and development of this field is evidenced by the fact that there are currently about 20,000 hospitalists in the United States; approximately 85% are internists," the ABIM statement continued.

The new certification process is considered a pilot program by the American Board of Medical Specialties, Dr. Holmboe noted. The ABIM "will be doing pretty extensive research ... to find out what value and impact this [pathway] has for hospitalists and patients, and look at the public's perception of this new pathway and how they understand it. We will also talk with credentialists to see what impact this has on credentialing at the hospital."

Because the program is a pilot, it could be discontinued if too few people take advantage of it, but Dr. Holmboe said he doesn't think that will happen.

Although the ABFM is the only board so far to join ABIM in the pilot program, it's possible that the American Board of Pediatrics or other boards may join, Mr. Catoi said. Dr. Holmboe said that although pediatrics might be a possibility, "we haven't had any conversations along those lines yet" with the specialty.