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# Family Practice Forum

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## The American Board of Family Practice: Phoenix or Ostrich in 1983?

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The American Board of Family Practice (ABFP) was chartered in 1969 and in due course began certifying family physicians as diplomates. From the start of the Board's activities, diplomates were made aware that by 1977 they would be required to be recertified by examination every six years. In actuality, in 1976 and 1977 charter diplomates *first* had to meet mandatory continuing education requirements before being permitted to sit for the recertification examinations. They could do so by providing evidence of six years of active membership in the American Academy of Family Physicians (AAFP) *or* by possession of the American Medical Association (AMA) Physician's Recognition Award for six years *or* by presenting to the ABFP documentation of 300 hours of equivalent continuing education. However, beginning in 1983 *only* the last method will be acceptable by the ABFP. In the spring of 1978 the Secretary of the ABFP mailed the following notification to the diplomates who were recertified in 1977:

One of the requirements is maintenance of continuing education credits . . . Continuing education is defined as that type of education accrued while a physician is in the ACTUAL PRACTICE of medicine and does NOT include postbaccalureate degrees, fellowships, or residencies. We prefer the more formal refresher courses and seminars. The merit of any other type of documented educational experience will be decided on an individual basis and credit will be determined by the Board. We do not accept hospital

staff meetings, rounds, teaching hours, or journal reading. Audio Digest tapes may be approved if they require a written examination or some type of assessment mechanism and may be acceptable up to a maximum of 20 percent of the total hours you submit. All continuing education hours are subject to approval by the Board. Continuing education hours approved by other organizations may not NECESSARILY be approved by this Board. We do not use the terms "prescribed" or "category" to define CME. We prefer courses that, in our opinion, seem to be geared to continuing education for the Family Physician.

The wording of this notification should be very disturbing to all recertified diplomates and to current family practice residents. Instead of building upon the 30 years of AAFP experience with continuing education accreditation, the ABFP is attempting to redefine mandatory continuing education in a most inadequate manner for the practice realities of 1977, let alone for the predictable practice situations of 1983.

According to the ABFP definition, continuing medical education by journal reading, by teaching of medical students and residents, and by attending hospital staff meetings or university hospital teaching rounds are all specifically to be counted of *no* value to the practicing physician. Not only does the ABFP disagree with the AAFP and the AMA when discounting these activities, it also disregards current recommendations of the Joint Commission on Accreditation of Hospitals that hospital staff meetings and rounds be planned by a continuing medical education committee, be approved in advance by a regional AAFP or AMA authority, be evaluated afterwards as to content, and as much as possible be related to feedback

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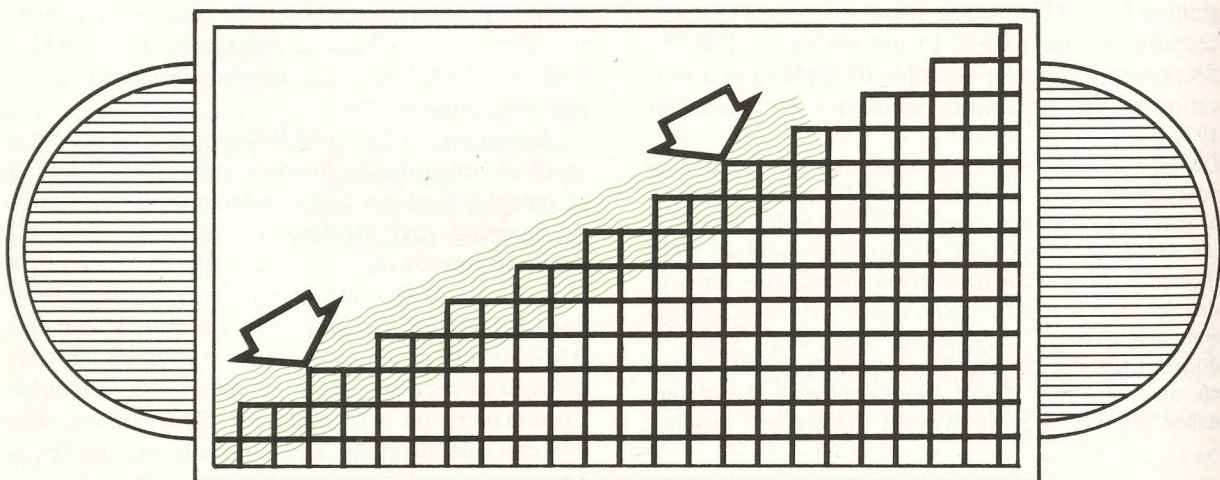
data from hospital and regional peer review audits. In other words, hospital staff meetings and rounds are now formal educational experiences. However, the ABFP discounts them entirely in favor of ill-defined "more formal refresher courses and seminars," which pour money into coffers of the universities and resort hotels sponsoring them but force family physicians to *leave* their practices to try to learn in a vacation environment.

Journal reading also will be discounted by the ABFP. Yet journals still are the basic source of reliable new medical data. Furthermore, the ABFP attempts with woeful shortsightedness to cover the entire range of potential and present medical education opportunities in audiocassette format by discussing only one brand name. Ignored are the cassette programs of all other groups, including the new Home Study Courses of the AAFP and those programs reviewed in *The Journal of Family Practice*.

Even more disturbing to me than the continuing education methods specifically discounted by the ABFP are the other valid and promising new sources for continuing medical education which are completely ignored—videocassette programs, computer feedback from office medical records

coding, the new generation of family medicine textbooks, office research in affiliation with family medicine programs, and literature searches available through Medlars and family medicine libraries. The Board has committed a grave oversight in ignoring the likely developments in these fields during the next six years.

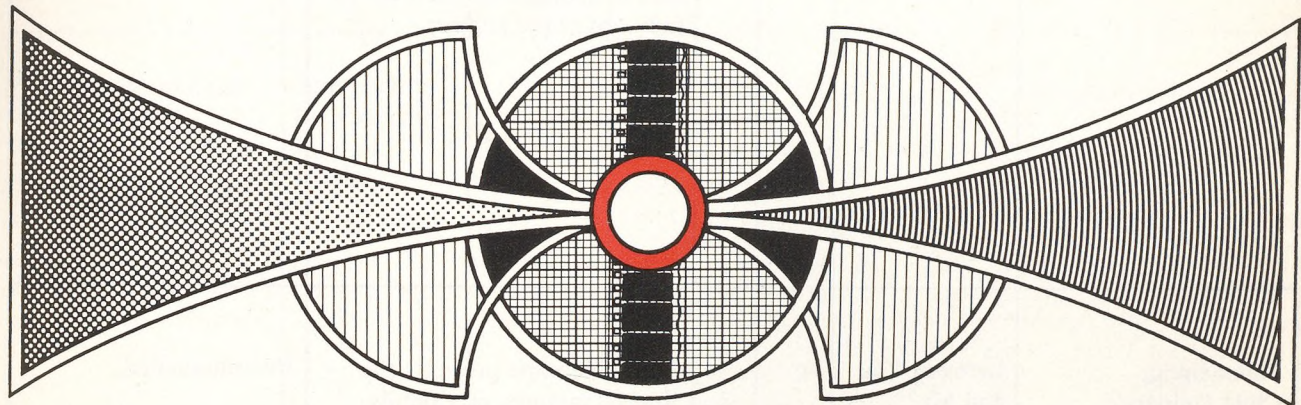
Many family physicians will utilize methods of continuing medical education other than formal review courses because such other methods are probably more effective, certainly more appropriate to the practice situation, and usually considerably less costly than the review courses. These other methods will be mandated long before 1983 by state medical societies, local hospital staff regulations, state licensing boards, and the AAFP (as always). These physicians may well decide not to bother with the recertification process if it entails spending hundreds of additional dollars on formal refresher courses of dubious added educational value (plus hundreds of dollars for the recertification fee itself). Unless the ABFP reconsiders its current policy, I predict that by 1983 it will no longer be represented by the mythological phoenix rising from the ashes but rather by the proverbial ostrich with its head buried in the sand.



# Reviews of Audiovisual Materials

- | AUDIENCE |                                 |
|----------|---------------------------------|
| 1        | Family physician                |
| 2        | Family practice resident        |
| 3        | Family nurse practitioner/Medex |
| 4        | Medical student                 |
| MEDIA    |                                 |
| A        | 35 mm slides                    |
| B        | 16 mm film                      |
| C        | Videotape                       |
| D        | Models                          |

The following audiovisual materials have been reviewed by the Audiovisual Review Committee, an *ad hoc* group of the Education Committee of the *Society of Teachers of Family Medicine*. Membership: John P. Geyman, MD, Chairman (University of Washington, Seattle), Richard M. Baker, MD (University of North Carolina, Chapel Hill), Thomas C. Brown, PhD (University of California, Davis), Thornton Bryan, MD (University of Tennessee, Memphis), Laurel G. Case, MD (University of Oregon Medical School, Portland), James L. Grobe, MD (Phoenix, Arizona), Warren A. Heffron, MD (University of New Mexico, Albuquerque), Brian K. Hennen, MD (Dalhousie University, Halifax, Nova Scotia), Thomas L. Leaman, MD (Pennsylvania State University, Hershey), Donald C. Ransom, PhD (Sonoma Community Hospital, Santa Rosa, California), Philip L. Roseberry, MD (York Hospital, York, Pennsylvania), Rafael C. Sanchez, MD (Louisiana State University, New Orleans), Robert Smith, MD (University of Cincinnati, Cincinnati, Ohio), William L. Stewart, MD (Southern Illinois University, Springfield), John Verby, MD (University of Minnesota, Minneapolis), Raymond O. West, MD (Loma Linda University, Loma Linda, California). Reviews of each type of media were carried out by subgroups of the committee.



SOURCE	PROGRAM	MEDIA		AUDIENCE	COMMENTS	OVERALL APPRAISAL
Learning Resources Center, University of Washington, Seattle, WA 98195  Purchase: \$50	<b>Gastric Lavage</b>	C	2 3 4		This videotape covers indications and contraindications of gastric lavage, as well as equipment needed, preparation of the patient, and technique. The procedure is demonstrated on a patient. The technical quality of the program is excellent, and the subject is definitively covered.	Highly Recommended

SOURCE	PROGRAM	MEDIA	AUDIENCE	COMMENTS	OVERALL APPRAISAL
<p>Institute for Dermatologic Communication and Education 2785 Jackson Street, San Francisco, CA 94115</p> <p>Purchase: \$85</p>	<p><b>Psoriasis</b></p>	<p>A</p>	<p>1 2 3 4</p>	<p>This tape-slide program covers the incidence, pathogenesis, and diagnosis of psoriasis in its various forms of presentation. Treatment is not covered. The program is of excellent technical quality and is definitive for the areas covered. Supplemental teaching is required in the area of management in order to fully cover the subject.</p>	<p>Highly Recommended</p>
<p>Philadelphia Child Guidance Clinic 34th &amp; Civic Center Blvd. Philadelphia, PA 19104</p> <p>Rental: \$70</p>	<p><b>Between You and Me</b></p>	<p>C</p>	<p>1 2 3 4</p>	<p>This videotape presents the first 20 minutes of a family therapy session with a family including an adolescent girl with anorexia nervosa. The approach of "structured family therapy" is illustrated, with Salvador Minuchin as therapist. Segments of the interaction are reviewed, with analysis of dynamics presented through commentary. Although the technical quality of the videotape could be improved, the content and approach are excellent and quite relevant to family medicine.</p>	<p>Recommended</p>

SOURCE	PROGRAM	MEDIA / AUDIENCE		COMMENTS	OVERALL APPRAISAL
		MEDIA	AUDIENCE		
<p>Population Dynamics 3829 Aurora Avenue N., Seattle, WA 98103</p> <p>Purchase: \$150 Rental: \$15</p>	<p><b>The Missed Period</b></p>	B	1 2	<p>This film deals with technique of uterine suction curettage for early abortion in an office setting. The technique is well presented and illustrated, but discussion of indications, contraindications, counseling, and related aspects are not included. This film, therefore, cannot stand alone as a definitive approach to the subject, and should be supplemented by further emphasis on related aspects.</p>	Recommended
<p>Learning Resources Center SB-56 University of Washington Seattle, WA 98195</p> <p>Purchase: \$50</p>	<p><b>Approach to the Critically Injured Patient</b></p>	C	2 3 4	<p>This program covers the principles of initial management of the critically injured patient. A stepwise approach to the patient is demonstrated. The technical quality of this program is only fair, and the material could be presented by other means. The program should probably not stand alone, and should be supplemented by other teaching on the subject.</p>	Of Some Value
<p>Learning Resources Center SB-56 University of Washington Seattle, WA 98195</p> <p>Purchase: \$50</p>	<p><b>Peritoneal Lavage</b></p>	C	1 2 4	<p>This videotape covers indications and contraindications of peritoneal lavage, as well as equipment needed, preparation of the patient, and technique. The procedure is effectively demonstrated on a patient. The technical quality of the program is good, and the subject is definitively covered.</p>	Highly Recommended