

Board News

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Annually, it is possible for the ABFP to examine data regarding our Diplomates. These data are gathered through the certification and recertification processes and can be used for many purposes, but mainly the information is valuable in planning. Trends can be identified when they appear. Sometimes policy decisions are affected by the data; occasionally, it is simply interesting and amusing to examine ourselves.

The data presented here are accurate for the year beginning January 1991. At that time there were 37,960 Diplomates, 74.3 percent of whom were residency trained. There were 22,596 recertified Diplomates of whom 19,114 (84.6 percent) were members of the American Academy of Family Physicians. Also, 7312 (32.4 percent) recertified Diplomates were appointed to a medical school faculty in full- or part-time roles.

Of the recertified Diplomates, 32.9 percent were in solo practice; 18.1 percent were in partnerships; 28.5 percent were in group practice; 4.6 percent were government employees; and 4.1 percent were in HMOs. Thus, recertified Diplomates clearly favor solo and group practice arrangements.

Recertified Diplomates are distributed in population groupings much the same as all family physicians. About 10.8 percent are in communities of less than 5000 population, and the same percentage (10.8 percent) are practicing in communities of more than 1,000,000 population. Cumulatively, 21.3 percent practice in communities less than 10,000 population; 36.2 percent in communities less than 25,000 population; 48.6 percent in communities less than 50,000 population; and 61.0 percent in communities less than 100,000 population. Evidently, recertified Diplomates are well represented in smaller communities. This also may mean that a person living in a large city may have difficulty finding a recertified Diplomate.

In regard to admitting privileges in at least one hospital, 90.2 percent of recertified Diplomates indicate they have privileges. A majority (69.8 percent) of recertified Diplomates do not deliver babies; 12.4 percent deliver 1–24 babies per year;

11.5 percent deliver 26–50; and 6.2 percent deliver more than 50 babies per year. Of those who do obstetrics, their practice consists of about 10 percent obstetrics. For geriatric services, 16.8 percent do not provide care to elderly patients, but of those who do, the mode is in the range of 10–14 percent of their practice and the median is 15 percent. More than one-third (35.2 percent) do not provide sports medicine services. Of those who do, the mode is in the range of 10–14 percent and the median is 10–14 percent.

The gender distribution of our specialty appears to be changing. Of the recertified Diplomates, 11.3 percent are women and 17.1 percent of all current Diplomates are women. Recertification rates for women are no different from men. There are simply more women entering the specialty.

Finally, the age distribution of recertified Diplomates is of interest. The median age is 44 years and the mode is 39 years. This suggests that the group is getting younger, and that would be no surprise. The age range is 33–88 years. Yes, there is a Diplomate who is 88 years of age.

The total number of certified Diplomates continues to rise. Thus, the addition of new Diplomates, though stable, continues to exceed the attrition. There are 1347 current Diplomates who are Charter Diplomates; i.e., they were first certified in 1970 or 1971.

It is our view that these data demonstrate that the specialty is robust and vigorous. It will be interesting to observe how these data change from year to year, marking the evolution of our specialty.

Special Report of the Board of Directors

Charity Care

At its annual meeting in April 1990, ABFP's Board of Directors approved a policy requesting Diplomates, as a voluntary part of the application process for recertification, to indicate the approximate amount of time donated to charity medical care since their last recertification. Beginning with the process for recertification in 1992, a question about the number of hours donated to

medically indigent persons will be included in the application materials.

The purposes of this policy are to endorse the practice of regularly donating professional services to medically indigent persons and to encourage Diplomates to give charity care as part of their identity as family physicians. In addition, demonstrating how much care is donated by family physicians is expected to inspire other specialties to take similar initiatives and to improve our specialty's relations with the public.

The Board recognizes that professional charitable activities can take numerous forms, and many Diplomates already donate time and care without expectation of remuneration. Each family physician's situation is unique, and each Diplomate should assess effective and practical ways to serve medically indigent persons. For some Diplomates, donating time at a homeless shelter or "free clinic" is practical; for others, donating care within their own practice is more effective.

This program is entirely voluntary. Charity care will not be required for recertification, nor will outside verification of such activities be requested.

The late Nicholas J. Pisacano, M.D., the first Executive Director of the ABFP, encouraged all physicians to donate a minimum of 4 hours a month to needy persons. It is hoped that this Board action will stimulate, increase, and recognize such activities among its Diplomates.

Editors' Note

A Special Thanks to Our Reviewers

The Editors of *JABFP* acknowledge the following persons who served as reviewers in 1990. Their assistance was much appreciated.

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