# Correspondence

**We try to publish authors' responses in the same edition with readers' comments. Time constraints might prevent this in some cases. The problem is compounded in a bimonthly journal where continuity of comment and redress are difficult to achieve. When the redress appears 2 months after the comment, 4 months will have passed since the article was published. Therefore, we would suggest to our readers that their correspondence about published papers be submitted as soon as possible after the article appears.**

*To the Editor*: I recently completed the fourth examination en route to what I hope will be the maintenance of my board certification as a family physician. In doing so, I remain convinced of the wisdom of the founders of our specialty in setting this requirement, which differentiates us from most other specialties, as one key pillar in cementing the credibility of family medicine in the minds of our fellow physicians and the patients we serve. At the same time, I have real questions about the content of the examination, its practical application to day-to-day practice, and the methods by which it is administered.

I think that members of our specialty may be missing some opportunities that may be available through the examination that would enhance the quality of medicine that we practice and strengthen our role/image in the eyes of the public at large. The greatest opportunity the examination offers is the chance to standardize the knowledge base of family physicians. There is ample information available regarding the core content of family medicine from a conceptual perspective.[1] Why not use the examination to underscore this in an effort to foster some degree of uniformity in the specialty? As some of the information from the Future of Family Medicine project clearly indicates, the public does not have a clear or consistent concept of who we are or what we do.[2] I suggest that the ABFP in concert with the AAFP refine and publish specific information deemed central to the role of the practicing family physician and make this information available well in advance of the exam, with the expectation that this material will be essential for review.

A second opportunity is to use the exam to diminish the vulnerability of family physicians to malpractice litigation. By surveying malpractice cases with family physicians as defendants, trends could be identified that could then be translated into published case reviews made available on an annual basis that would also be incorporated into the exam via test questions. We would be providing immediate assistance to family physicians in practice and taking careful steps to insure the public that their confidence in us is not misplaced.

A third opportunity is related to highlighting the implementation of new practice guidelines. These are being continually developed; currently, they are the responsibility of individual practitioners to find and implement on their own. Although it is technically feasible to remain current on an individual basis, the value that the Board would add by prioritizing and collating these and subsequently making them available to family physicians would be substantial. This would be further emphasized by their inclusion as content material suitable for testing on the recertification exam.

Instead, the exam as it is now constructed is essentially a National Boards part IV. It is an attempt to encompass the totality of medicine in a 1-day exam that by definition will exclude large amounts of material of real clinical significance. One of the most common questions fielded by the ABFP is "How can I prepare for the certification or re-certification examination?" The Board responds, "The answer is complex; there is no straightforward or simple way to answer it."[3] The authors of this article further expand on the answer, indicating that the best way to prepare is to be "actively involved in the full breadth of family practice," defined as reading appropriate educational materials and attending CME meetings and hospital conferences.[1] The article further expands on the methods for assembling the questions.

In my opinion, it is of no value to memorize information that is immediately available from one's personal digital assistant, yet many of the test questions require this information. In my attempts to prepare for each recertification examination and to stay as current as I can with the literature, I have taken what I believe were well-run board review courses. Despite the content and organization of these courses, their real relevance to the exam was limited at best and offered very little new information. I also wonder how many examinees look beyond their scores with the intent to sort through the questions answered incorrectly and consider their applicability to clinical practice.

I support of the Board's progress in moving toward computer-based administration that will diminish the need for what I believe is excessive supervision for written examinees. I also hope that the architects of future exams might consider ways to increase the relevance of the exam such that it might be a key factor in underscoring the essential nature of family medicine and the unique approach of family physicians as health care providers.

Russell G. Robertson, MD
Department of Family and Community Medicine
Medical College of Wisconsin
Milwaukee

## References

1. Recommended curriculum guidelines for Family Practice residents. Leawood, KS: American Academy of Family Physicians, 2000.

2. Future of Family Medicine Task Project. Available at: URL: http://www.futurefamilymed.org.
3. Anonymous. Preparing for the certification and recertification examination. J Am Board Fam Pract 2000;13:155–8.

The following letter is a reply to the letter above.

*To the Editor:* Dr. Robertson raises important issues that have been addressed consistently by the American Board of Family Practice (ABFP) for more than 20 years. Traditionally, the ABFP has used a "Content Blueprint" that described the substance of the discipline of family practice and defined both the subject areas and the proportion of questions in the ABFP certification and recertification examinations. The ABFP conducted 3 content validity studies during this time to guarantee that the examination was assessing the knowledge necessary to practice the full scope of family medicine.

The first study was conducted for the Board in 1982 by the University of Massachusetts. This was a task analysis that identified the knowledge, skills, and abilities of practicing family physicians. In 1993, a validity study was conducted by researchers at Jefferson Medical College that included surveys of patient mix and clinical experiences, as well as a review of data from the National Ambulatory Medical Care Survey. These results were consistent with the previous data collected on the practices of family physicians, but two major differences were apparent. First, the severity of illness reported by the physicians underscored the breadth and knowledge demanded of family physicians as they managed the advance stages of many diseases. Second, the data documented the role that many family physicians play in the treatment of emergent conditions. Unfortunately, the return rates of these surveys were low, placing the results in question. Therefore, in 1998, the Board asked the same researchers to replicate the study to verify whether the previous results were valid. In 1999, another patient mix study was conducted that produced sound data consistent with the findings from the work performed previously.

Based upon the recommendations from the 1999 study, the Board recently convened a blue ribbon task force of experts representing each of the constituencies of the "family" of family medicine. The American Board of Family Practice's Examination Committee served as the core for the Blueprint Task Force and was joined by 3 experts from each of the following organizations: the American Academy of Family Physicians, the Association of Departments of Family Medicine, the Association of Family Practice Residency Directors, and the Society of Teachers of Family Medicine. The Blueprint Task Force met in late February 2003 and early June 2003 to work on the project. Before, between, and after these meetings, additional work was done via e-mail.

After much discussion, coupled with study of the design and methodology of recently created "blueprints" from other American Board of Medical Specialties' Boards, the Task Force reached the conclusion that the structure of the current ABFP Content Blueprint was inadequate to meet the challenges of representing the current content of family practice and prevented a much larger, and better categorized, bank of test items from being developed. Therefore, they created a new blueprint that used a robust, multidimensional database that more than adequately characterized the breadth and depth of our specialty. A sample of recently certified diplomates will soon be used to weight the multiple cells within the blueprint, and it will be presented to the ABFP Board of Directors for approval in October. Once approved, the new blueprint will be used by our item writers to guide their development of test items from many of the evidence-based sources that Dr. Robertson has mentioned in his letter. It will also be posted on our web site so that it can be used by physicians to prepare for our certification and recertification examinations.

I would like to thank Dr. Robertson for raising some very critical questions about the design and content of the ABFP's examinations. They have provided me with the opportunity to bring the readership up to date with initiatives that the Board has undertaken to guarantee the content validity of its examinations.

James C. Puffer, MD
Executive Editor
American Board of Family Practice

Following is a brief reply from the editor.

The Agency for Healthcare Research and Quality maintains a national clearinghouse for guidelines, accessible through http://www.ahrq.gov or http://www.guideline.gov.

Marjorie Bowman, MD, MPA
Editor
*JABFP*