Board News

Paul R. Young, MD

The Board of Directors of the American Board of Family Practice met in October 1992 for its regular interim meeting. Reports were given regarding activities of the ABMS, several committee meetings, a joint ABFP-AAFP executive committee meeting, progress of the *Journal of the American Board of Family Practice*, and an update on the research and development activities of the Board.

Residency Credit Transfers

The Board acted on several policy issues. Among these was an important change in the policy regarding residency credit transfers. The new policy is as follows:

> The American Board of Family Practice will continue to require residency programs to submit prospective requests for advanced placement of residents. Program directors are responsible for notifying the Board prior to the entry of the transferring resident. If the program director fails to comply, the Board will determine the amount of transfer credit at the time of its discovery of the transfer. The program director is warned that the resident *may* receive less credit toward certification than anticipated and may be required to extend the duration of training.

The implementation of this policy has been made possible by an agreement which provides that the AAFP share its data on residents with the ABFP. This allows conservation of resources and provides protection of the resident from errors of omission on the part of the programs. Also, the process will virtually eliminate the problem of significant retroactive demands of credit.

The Valid and Unrestricted License

In other business, the Board reconsidered its policy regarding the requirement that Diplomates must maintain a valid and unrestricted license in order to maintain their certification. The item was considered as a result of concerns expressed about physicians whose licenses may be restricted by State Licensing Boards in the case of alcohol- or drug-associated impairment. After careful consideration, the Board concluded that the requirement to maintain a valid and unrestricted license was an appropriate standard to be recognized as a certified family physician. It would seem that the public has reason to believe that a certified family physician has met the state's standards for a valid and unrestricted license. If it is unfair or inappropriate for alcohol- or drug-impaired physicians who voluntarily submit to regulation by the State to have their licenses restricted, then it would appear that the licensing boards have the authority and responsibility to correct the situation. The standards for practice rest with the licensing agency. The standards for certification rest with the certifying boards.

Reinstatement of Certificates

The Board of Directors also re-examined its policy regarding reinstatement of certificates following revocation as a result of licensure restriction. The Board acted to modify its policy to the following:

> In the event a physician has lost Diplomate status due to a restriction of his/her license, and is subsequently cleared of restrictions, the Diplomate status can be reinstated for the remainder of the duration of the certificate held at the time of revocation. The Diplomate would not be required to be re-examined until the current certificate is to expire.

Nicholas J. Pisacano, MD, Memorial Foundation, Inc.

The Editors are pleased to report the goals, programs, and progress of the Nicholas J. Pisacano, MD, Memorial Foundation, Inc.

Mission

Family practice is the medical specialty that is concerned with the total health care of the in-

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