

## Residency Program Perspective on In-Service Exams

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### TO THE EDITOR:

I had the opportunity to read the Torres et al article<sup>1</sup> in the September 2022 issue of *Family Medicine* regarding the predictive value of the American Osteopathic Board of Family Physicians' (AOBFP) residency In-Service Examination (ISE). I was very pleased to see the level of detail about the osteopathic examination shared by the authors; however, it does not change my opinion about the current options for board certification and the need for unification within our discipline. I had the opportunity to work with the American Board of Family Medicine (ABFM) 5 years ago and engage in a comparative analysis of the AOBFP ISE and the ABFM In-Training Examination (ITE).<sup>2</sup> At the time, I chose to engage in that study because I was faculty in a department with multiple dually accredited family medicine residency programs where residents had been required to take both the ITE and the ISE on an annual basis. I felt this was unnecessary and did not add value to our assessment of their readiness to ultimately pass the certification examination at the end of residency. Our study confirmed similar performance patterns on each exam and highlighted the low number of questions specific to osteopathic principles and practice on the ISE at that time.

Around that same time, the American College of Osteopathic Family Physicians created a 75-question examination called CORTE<sub>x</sub>, which was focused only on osteopathic principles and practice. When we became aware of this option 5 years ago, we were excited to offer it to our osteopathic residents who wished to have that portion of their training assessed in addition to taking the annual ITE with the rest of their resident class. Since that time, the rules regarding which exam residents must take to maintain eligibility for AOBFP board certification have changed, and CORTE<sub>x</sub> is no longer an option for the residents who choose that path to certification. AOBFP created a more affordable, early entry pathway for initial certification, but for a resident to apply for this option they must have taken at least 2 of the ISEs during their residency training. Due to these changes, residency programs have reverted to previous practices of administering two different examinations and the

administrative burden that carries. This decision is one that I don't think we should have to ask our osteopathic residents to make.

Accreditation Council for Graduate Medical Education (ACGME) single accreditation was a great first step in bringing allopathic and osteopathic training programs under one umbrella of oversight to ensure both quality and consistency across the United States. We applied for Osteopathic Recognition with ACGME within the first 12 months of it being available. Our osteopathic training is still excellent even though we are now accredited only by ACGME (with Osteopathic Recognition), and medical students and residents recognize that as well. I hope the discipline of family medicine can one day move toward a unified umbrella for board certification, just as we have with residency training. I believe that with certifications of added qualifications, or other subspecialty board certifications, osteopathic physicians can maintain their unique identity and distinguish their training to patients.

### REFERENCES

1. Torres JW, Bowling JR, Zipp C. The predictive value of the residency AOBFP in-service exam, produced and administered by ACOFP. *Fam Med.* 2022;54(8):615–620.
2. Hofmeister S, Neill O, Butler TR, J D. Comparative analysis of the American Board of Family Medicine and American College of Osteopathic Family Physicians In-Training Examinations. *Fam Med.* 2018;50(10):746–750.