

# Transitioning From AFMRD Entrustable Professional Activities to ABFM Core Outcomes to Measure Clinical Preparedness

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## TO THE EDITOR:

I applaud the work of Dr Carney et al in their recent publication, “Measuring Clinical Preparedness After Residency Training: Development of a New Instrument,” which describes an effort to assess family medicine residency graduates’ preparedness for independent practice through a 360-degree evaluation tool.<sup>1</sup> This group astutely sought to measure this phenomenon within the Length of Training Pilot study participants, a population of special importance as our specialty debates the optimal length of residency training.<sup>2</sup> The authors used the 2015 Association of Family Medicine Residency Directors (AFMRD) entrustable professional activities (EPAs) to build their tool.<sup>3</sup> At the time, these represented the best measurements for clinical preparedness, but the 2022 American Board of Family Medicine (ABFM) core outcomes have now become the overarching measure of clinical preparedness for family medicine.<sup>4</sup> Although intentional, the delay in dissemination of this later tool is unfortunate because it had the opportunity to showcase the use of AFMRD EPAs, which may have influenced its uptake.

The AFMRD EPAs were developed in 2015 by program directors as an end point to family medicine residency training.<sup>3</sup> In contrast, the core outcomes were developed in conjunction with ABFM in 2022 by the Accreditation Council for Graduate Medical Education Family Medicine Review Committee to describe the competencies needed at the beginning of independent practice.<sup>4</sup> The AFMRD EPAs consist of 20 measures of the critical activities that constitute the work of a family physician, and the ABFM core outcomes consist of 12 competencies measuring the foundational knowledge, skills, and activities necessary for an autonomous family physician. The AFMRD EPAs have struggled to find their place in family medicine residency, with a minority of programs using them as an assessment tool.<sup>5</sup> The ABFM core outcomes have garnered more acceptance among family medicine residency programs

across the United States and will likely phase out use of the AFMRD EPAs.<sup>6</sup> These are important differences between the AFMRD EPAs and the ABFM core outcomes that make the core outcomes more accessible and likely of greater use and uptake.

The specialty of family medicine is moving on from the work-based AFMRD EPAs and toward competency-based medical education with the ABFM core outcomes. With this transition, assessment focus will move from work-level assessments and toward individual-level measurements. Converting the tool developed by Carney et al to align with the new ABFM core outcomes could provide an updated understanding of practicing family medicine physician competencies and preparedness for practice.

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