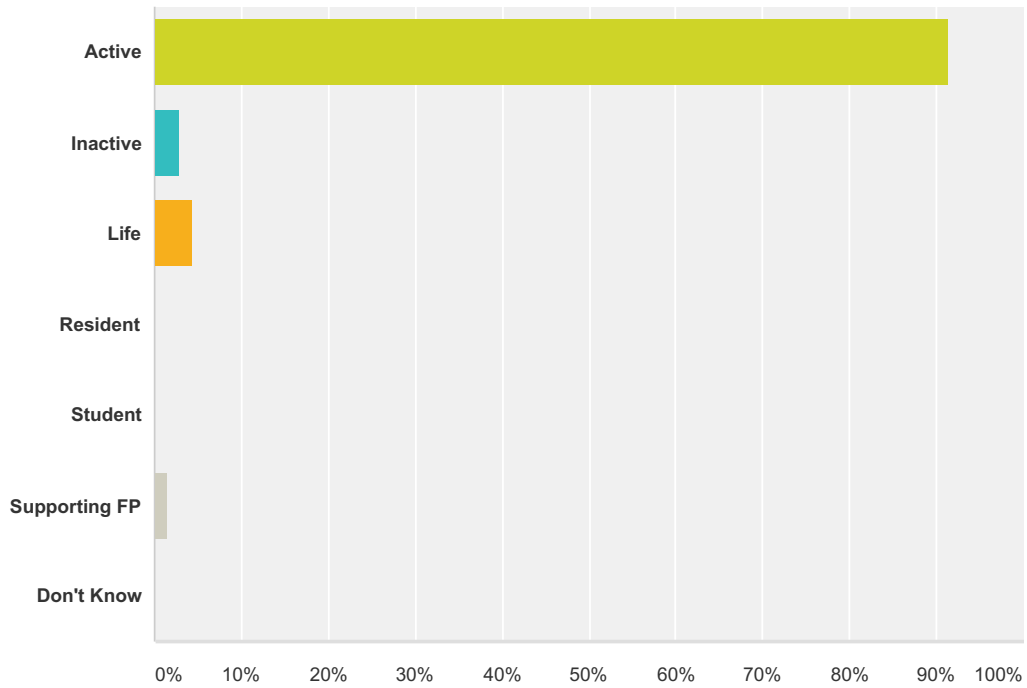


Q1 What is your current membership status:

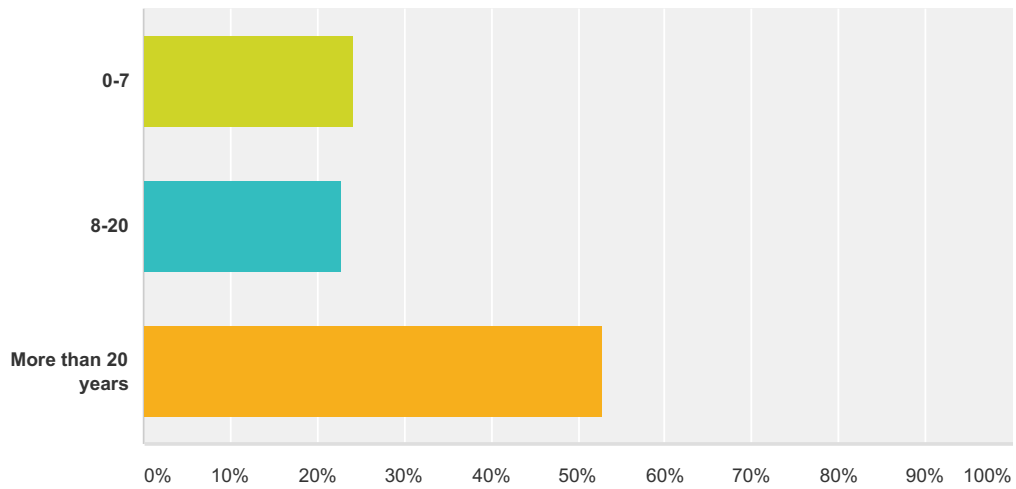
Answered: 70 Skipped: 0



Answer Choices	Responses
Active	91.43% 64
Inactive	2.86% 2
Life	4.29% 3
Resident	0.00% 0
Student	0.00% 0
Supporting FP	1.43% 1
Don't Know	0.00% 0
Total	70

Q2 How many years have you been in practice

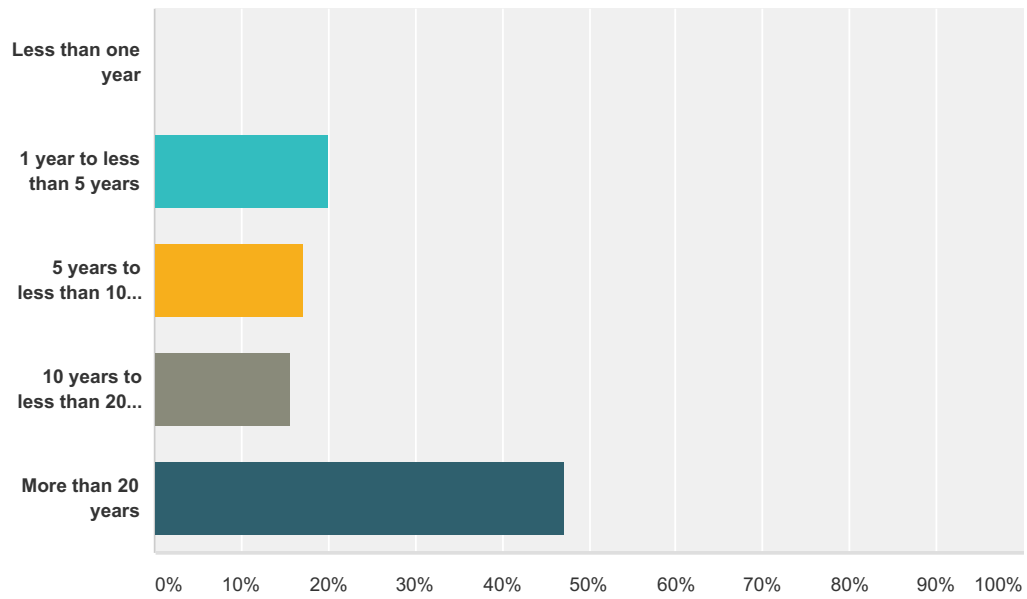
Answered: 70 Skipped: 0



Answer Choices	Responses
0-7	24.29% 17
8-20	22.86% 16
More than 20 years	52.86% 37
Total	70

Q3 How long have you been a member

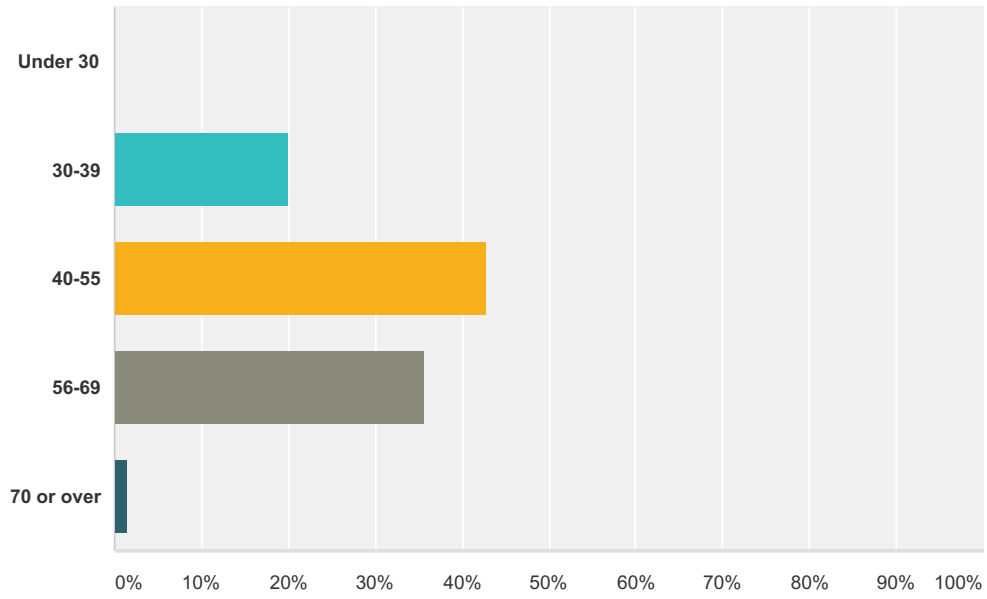
Answered: 70 Skipped: 0



Answer Choices	Responses
Less than one year	0.00% 0
1 year to less than 5 years	20.00% 14
5 years to less than 10 years	17.14% 12
10 years to less than 20 years	15.71% 11
More than 20 years	47.14% 33
Total	70

Q4 Please indicate your age:

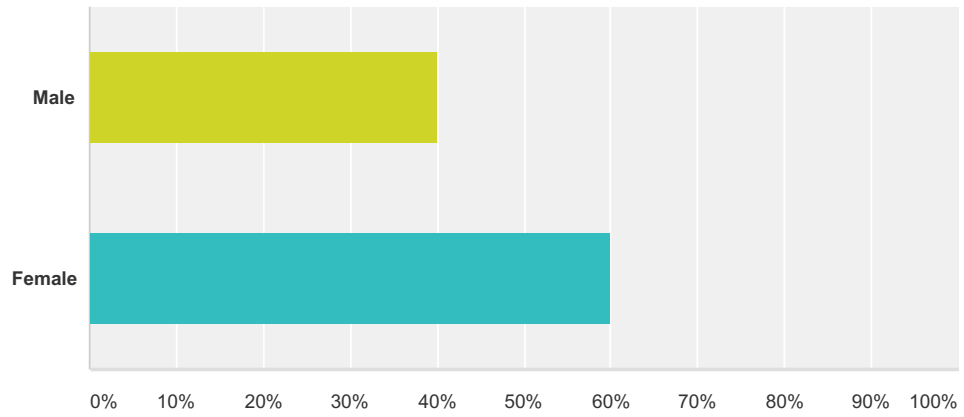
Answered: 70 Skipped: 0



Answer Choices	Responses
Under 30	0.00% 0
30-39	20.00% 14
40-55	42.86% 30
56-69	35.71% 25
70 or over	1.43% 1
Total	70

Q5 What is your gender

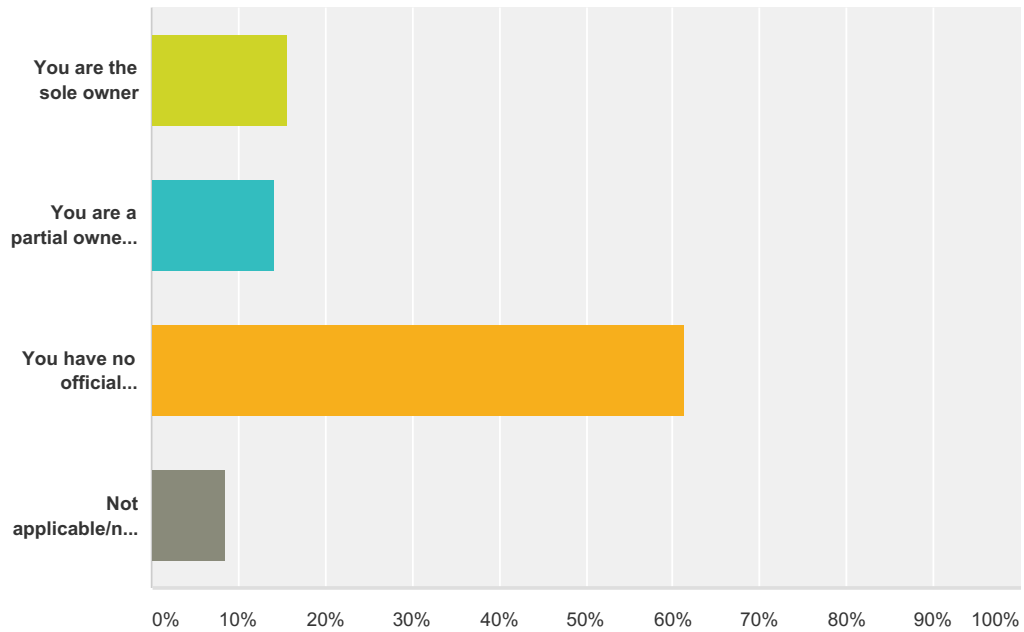
Answered: 70 Skipped: 0



Answer Choices	Responses
Male	40.00% 28
Female	60.00% 42
Total	70

Q6 Which of the following best describes your role in the ownership of your primary clinical practice?

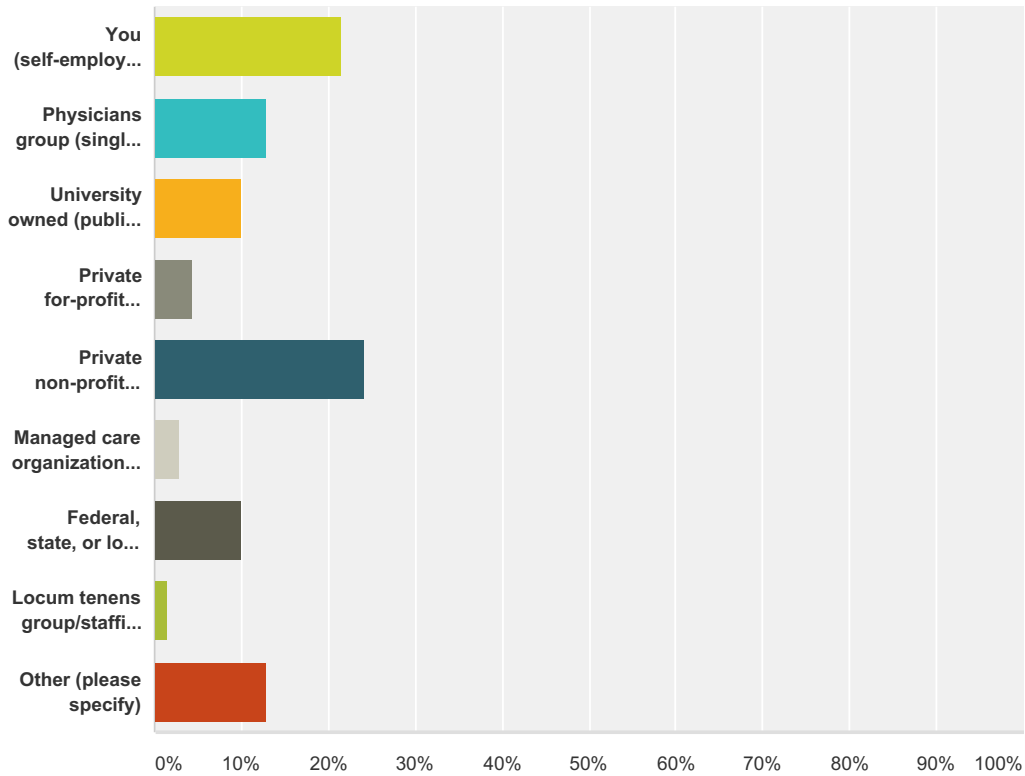
Answered: 70 Skipped: 0



Answer Choices	Responses
You are the sole owner	15.71% 11
You are a partial owner or shareholder in your practice	14.29% 10
You have no official ownership stake in your practice (100% employed)	61.43% 43
Not applicable/not in clinical practice	8.57% 6
Total	70

Q7 Who is your primary employer?

Answered: 70 Skipped: 0



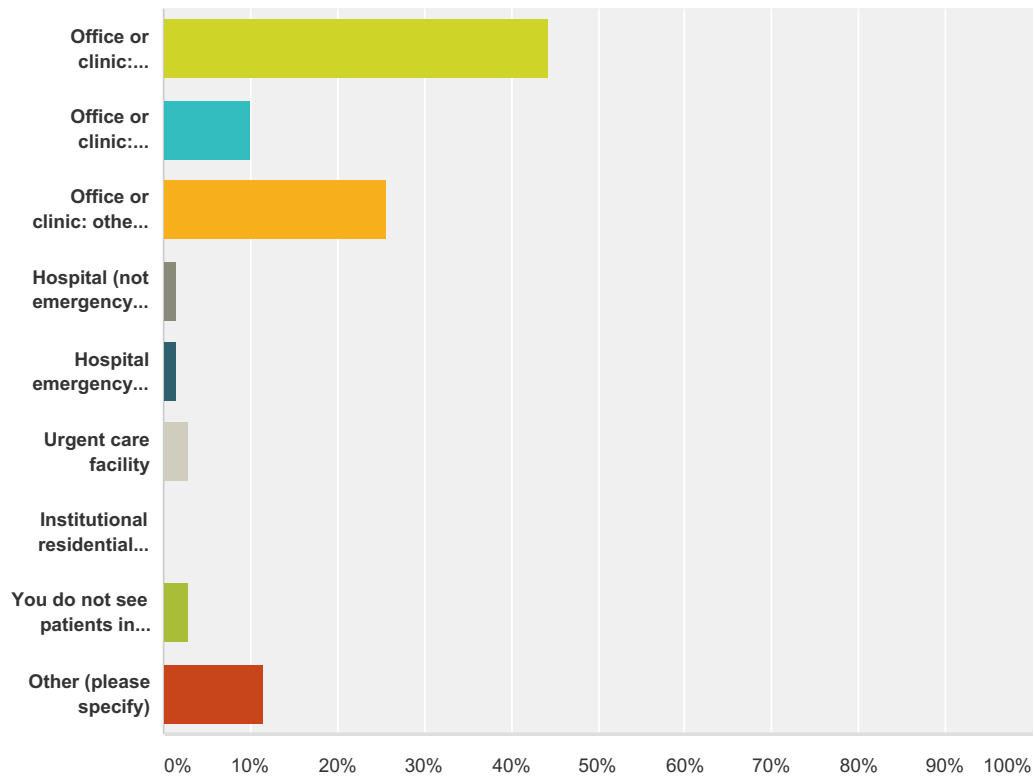
Answer Choices	Responses
You (self-employed, majority practice owner, independent contractor, etc.)	21.43% 15
Physicians group (single or multi-specialty)	12.86% 9
University owned (public or private) clinic or hospital	10.00% 7
Private for-profit hospital or health system	4.29% 3
Private non-profit hospital or health system	24.29% 17
Managed care organization or insurance company	2.86% 2
Federal, state, or local government, community board, etc. (not including universities)	10.00% 7
Locum tenens group/staffing organization	1.43% 1
Other (please specify)	12.86% 9
Total	70

#	Other (please specify)	Date
1	retired	2/8/2016 9:06 AM
2	Retirement Community	1/21/2016 8:36 PM
3	Retired, still participate insome activities, like Center for Clinical Activities, Georgetown	1/18/2016 11:02 AM
4	Not regularly practicing. Teach high school science.	1/16/2016 5:31 PM

5	retired	1/16/2016 7:32 AM
6	I'm employed in several capacities, self, academic, physician groups, and policy/nonclinical	1/15/2016 4:06 PM
7	Retired	1/15/2016 3:29 PM
8	Indian Health Service	1/15/2016 1:53 PM
9	On site workplace primary care, work for Premise Health (500 worksite clinics)	1/15/2016 10:55 AM

Q8 If you see patients, indicate your primary patient care location:

Answered: 70 Skipped: 0



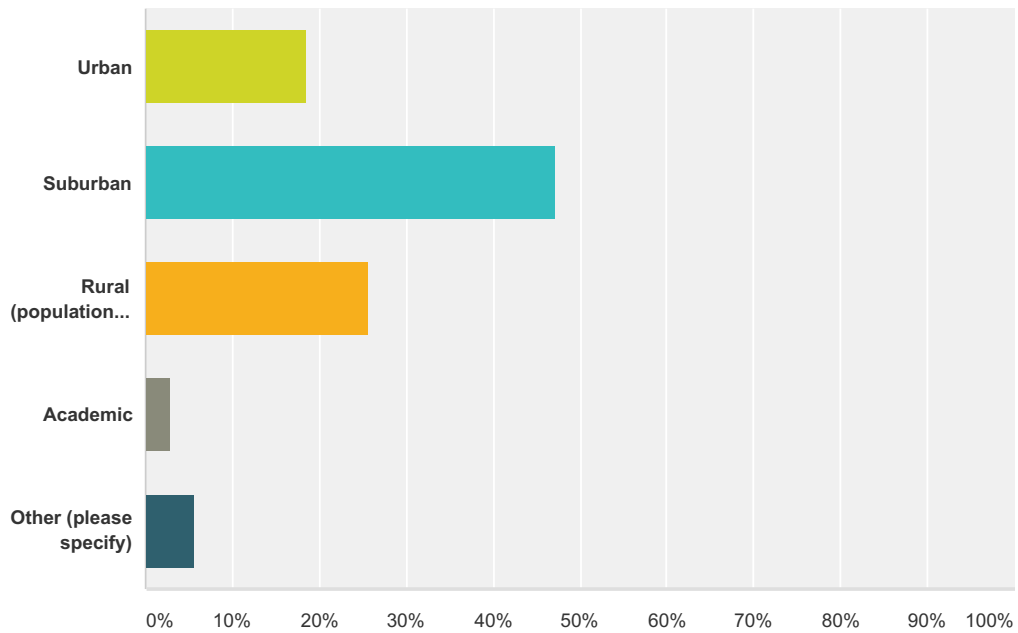
Answer Choices	Responses
Office or clinic: privately-owned medical practice (including private hospital-owned offices & clinics)	44.29% 31
Office or clinic: Federally-Qualified Community Health Center or other community health clinic	10.00% 7
Office or clinic: other clinic (including non-profit or public hospital-owned offices & clinics)	25.71% 18
Hospital (not emergency department)	1.43% 1
Hospital emergency department	1.43% 1
Urgent care facility	2.86% 2
Institutional residential facility (student health, prisons, nursing homes)	0.00% 0
You do not see patients in your primary setting	2.86% 2
Other (please specify)	11.43% 8
Total	70

#	Other (please specify)	Date
1	n/a	2/8/2016 9:06 AM
2	sub acute rehab facility, ALF, CC	1/21/2016 8:36 PM
3	Do not see patients	1/18/2016 11:02 AM

4	See above.	1/16/2016 5:31 PM
5	retired	1/16/2016 7:32 AM
6	Urgent care and continuity clinics part time by physician group	1/15/2016 4:06 PM
7	Family HeAlth Center at Franklin Zsquare	1/15/2016 11:04 AM
8	On site at a workplace	1/15/2016 10:55 AM

Q9 What best describes your practice setting?

Answered: 70 Skipped: 0

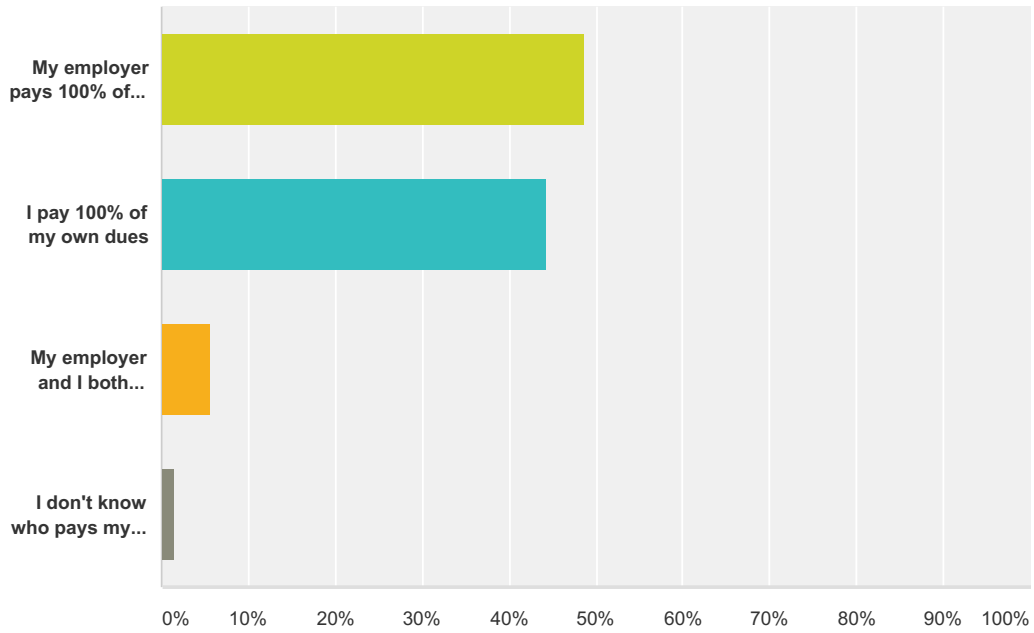


Answer Choices	Responses
Urban	18.57% 13
Suburban	47.14% 33
Rural (population under 10,000)	25.71% 18
Academic	2.86% 2
Other (please specify)	5.71% 4
Total	70

#	Other (please specify)	Date
1	Retired	1/18/2016 11:02 AM
2	Retired	1/15/2016 3:29 PM
3	Tribal Reservation	1/15/2016 1:53 PM
4	Residency	1/15/2016 11:04 AM

Q10 Who pays your membership dues?

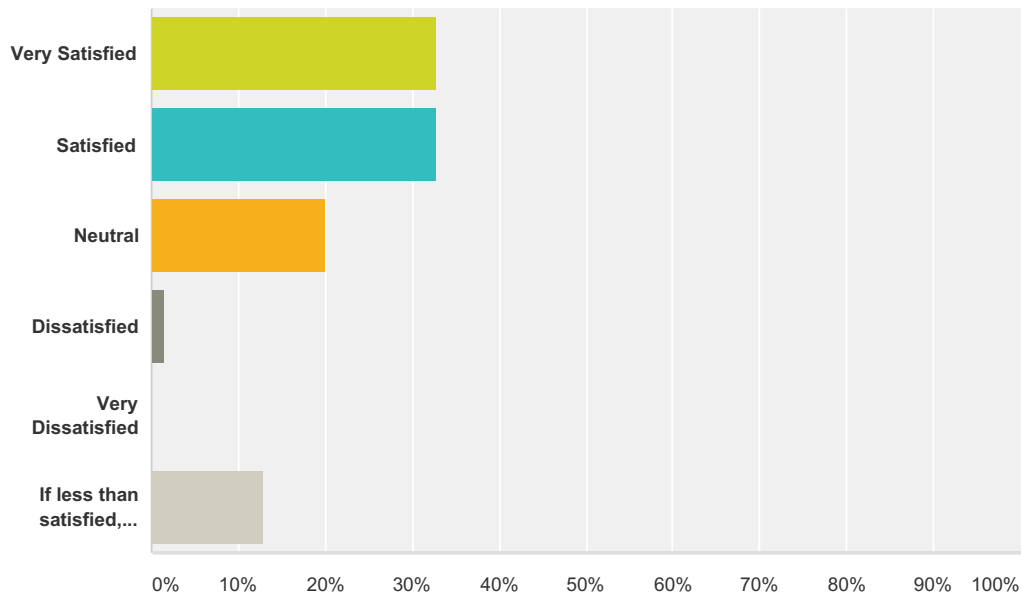
Answered: 70 Skipped: 0



Answer Choices	Responses
My employer pays 100% of my dues	48.57% 34
I pay 100% of my own dues	44.29% 31
My employer and I both partially pay my dues	5.71% 4
I don't know who pays my dues	1.43% 1
Total	70

Q11 Overall, how satisfied are you with your MD-AFP membership?

Answered: 70 Skipped: 0

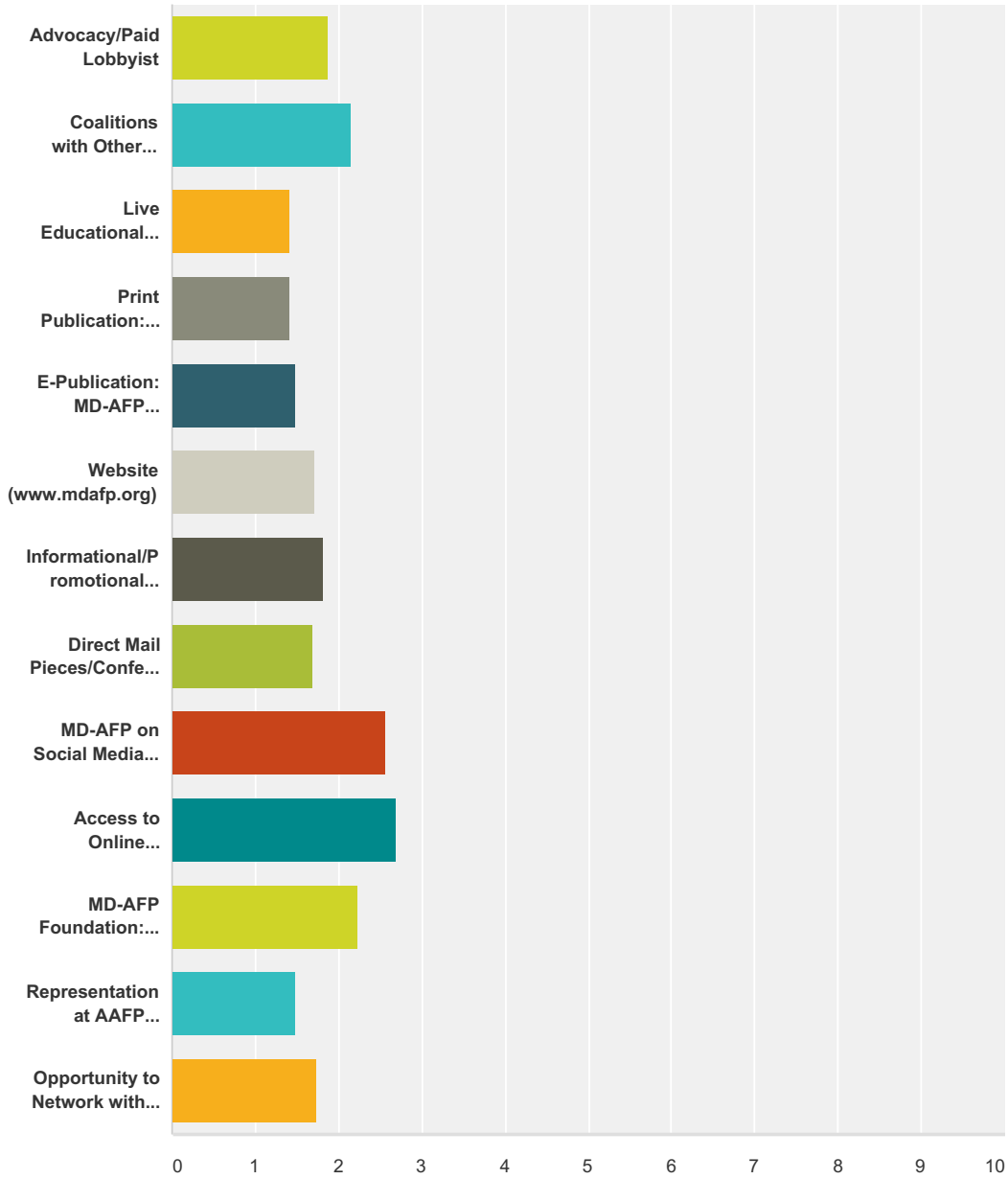


Answer Choices	Responses
Very Satisfied	32.86% 23
Satisfied	32.86% 23
Neutral	20.00% 14
Dissatisfied	1.43% 1
Very Dissatisfied	0.00% 0
If less than satisfied, explain reason(s) why:	12.86% 9
Total	70

#	If less than satisfied, explain reason(s) why:	Date
1	forced to do MDAFP CME and then a really major hassle getting it onto the AAFP CME list	2/9/2016 8:28 PM
2	I	2/5/2016 12:49 PM
3	I often feel that MAFP and AAFP do not reflect my views on state and national health care topics.	1/25/2016 8:59 AM
4	I don't see what my almost \$400 is getting me	1/18/2016 7:25 PM
5	AAFP is a good resource both the magazine and the web site. As an advocacy agency I feel AAFP has been ineffectual. MOC requirements are expensive, time consuming and without significant validation of utility.	1/16/2016 5:31 PM
6	expensive. I work part time and have to give up an entire paycheck each year for AAFP and MDAFP dues.	1/15/2016 3:14 PM
7	I thoroughly dislike being forced to pay dues to MD-AFP just to be a member of AAFP. I do not see any significant value in MD-AFP membership and the CME requirement is onerous	1/15/2016 2:12 PM
8	requirement to take MD AFP CME requirement creates extra work and time.	1/15/2016 10:55 AM
9	The organization doesn't really serve my needs	1/15/2016 9:49 AM

Q12 Indicate whether each of the following MD-AFP services provides value to you or your practice:

Answered: 70 Skipped: 0



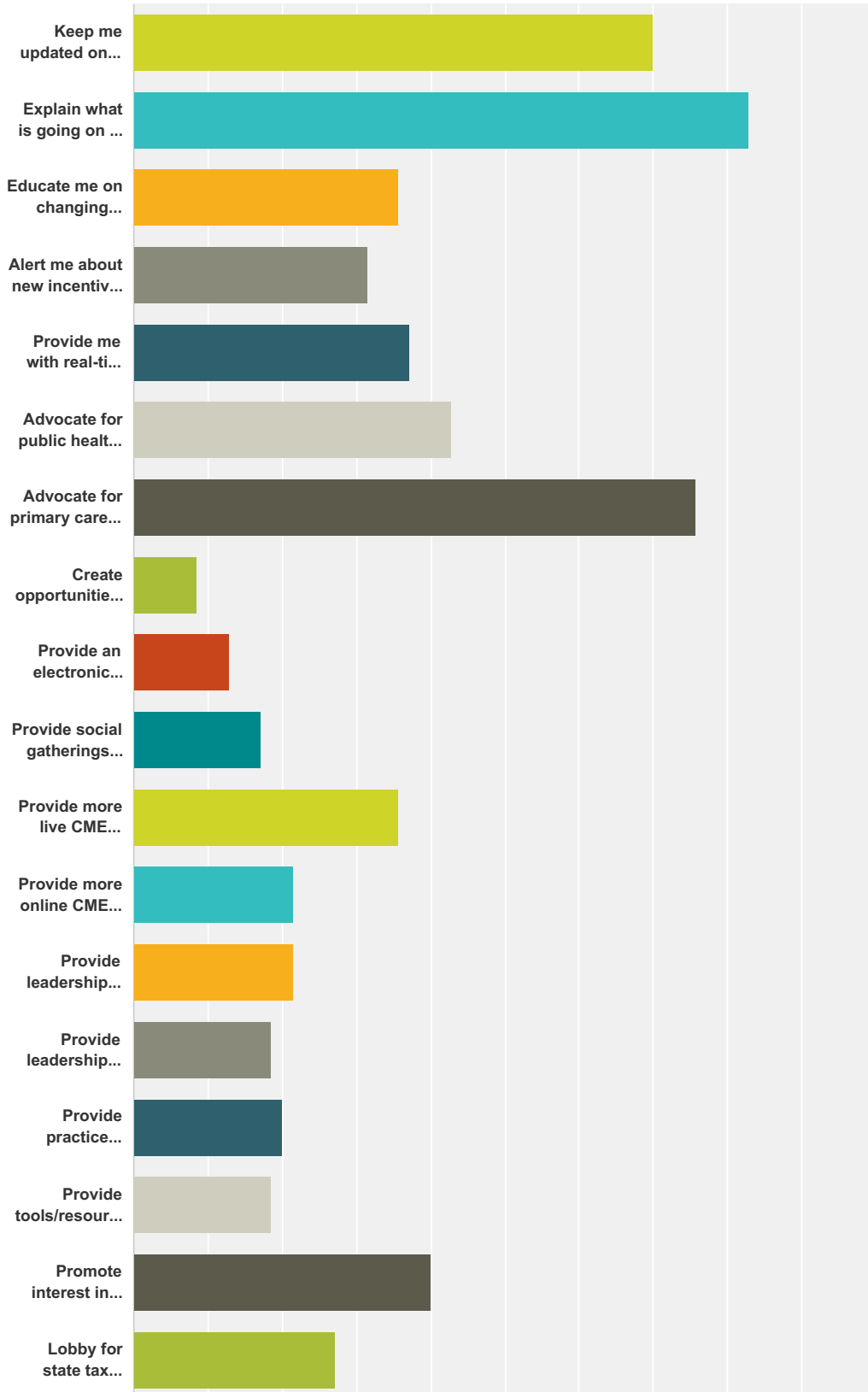
	Provides Significant Value	Provides Little or No Value	Don't Use This Service	Unaware of This Service	Total	Weighted Average
Advocacy/Paid Lobbyist	55.22% 37	16.42% 11	13.43% 9	14.93% 10	67	1.88
Coalitions with Other HealthCare Societies/Gov't Agencies	44.78% 30	17.91% 12	14.93% 10	22.39% 15	67	2.15

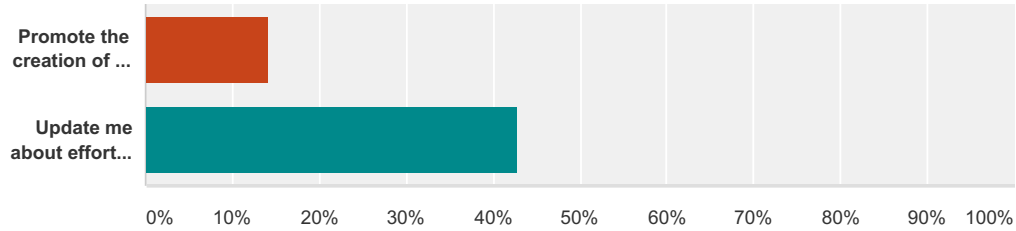
Live Educational Conferences	75.00% 51	11.76% 8	8.82% 6	4.41% 3	68	1.43
Print Publication: The Maryland Family Doctor (quarterly)	71.01% 49	23.19% 16	0.00% 0	5.80% 4	69	1.41
E-Publication: MD-AFP E-Bulletin (monthly)	61.76% 42	32.35% 22	1.47% 1	4.41% 3	68	1.49
Website (www.mdafp.org)	50.72% 35	28.99% 20	18.84% 13	1.45% 1	69	1.71
Informational/Promotional Broadcast Emails/Alerts	42.65% 29	39.71% 27	11.76% 8	5.88% 4	68	1.81
Direct Mail Pieces/Conference Promotions	43.48% 30	46.38% 32	7.25% 5	2.90% 2	69	1.70
MD-AFP on Social Media (Facebook, Twitter, LinkedIn)	10.29% 7	29.41% 20	54.41% 37	5.88% 4	68	2.56
Access to Online Vendors/Commercial Partners (job bank, vaccine purchasing, etc.)	8.82% 6	25.00% 17	54.41% 37	11.76% 8	68	2.69
MD-AFP Foundation: Focus on Medical Student Initiatives	30.30% 20	27.27% 18	30.30% 20	12.12% 8	66	2.24
Representation at AAFP (Congress of Delegates, Annual Chapter Leadership Conference, Chapter Constituency Leaders Conference, Resident/Student Conference; , AAFP Foundation, etc.)	64.71% 44	25.00% 17	7.35% 5	2.94% 2	68	1.49
Opportunity to Network with Peers	52.24% 35	25.37% 17	19.40% 13	2.99% 2	67	1.73

#	Other (please specify)	Date
1	N/a	1/15/2016 2:12 PM

Q13 How might MD-AFP be more valuable to you? Of the following, choose SIX that are the most important to you:

Answered: 70 Skipped: 0



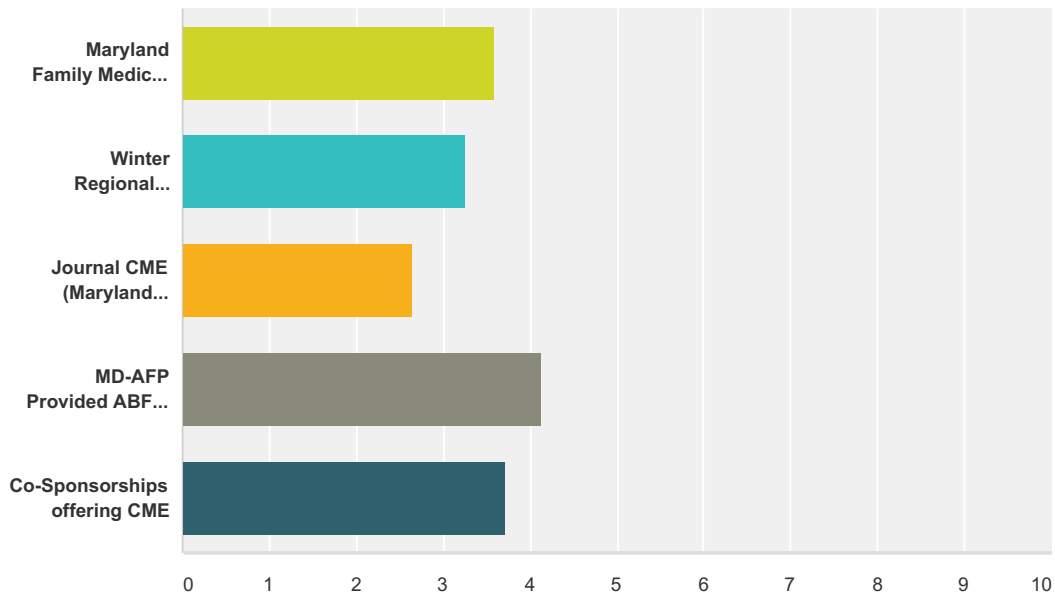


Answer Choices	Responses
Keep me updated on Federal and State regulations that will affect my practice now and in the future.	70.00% 49
Explain what is going on in Maryland health care, and how the changes will affect my practice.	82.86% 58
Educate me on changing payment models and help my practice prepare for them.	35.71% 25
Alert me about new incentive opportunities for my practice.	31.43% 22
Provide me with real-time alerts (via email or text) regarding emerging public health concerns that might affect my practice (e.g. Ebola, flu epidemic, contaminated lots of medication).	37.14% 26
Advocate for public health issues with Maryland/National leaders	42.86% 30
Advocate for primary care interests in Maryland/National	75.71% 53
Create opportunities and prepare me for testimony in Maryland/National legislatures regarding matters that involve family physicians and the communities they serve	8.57% 6
Provide an electronic "bulletin board" to help me recruit physicians and staff, buy/sell equipment, etc	12.86% 9
Provide social gatherings around Maryland	17.14% 12
Provide more live CME opportunities	35.71% 25
Provide more online CME opportunities	21.43% 15
Provide leadership training	21.43% 15
Provide leadership opportunities	18.57% 13
Provide practice management tools/resources for independent practices	20.00% 14
Provide tools/resources for employed physicians	18.57% 13
Promote interest in Family Medicine among medical students	40.00% 28
Lobby for state tax credits for Family Medicine community preceptors	27.14% 19

Promote the creation of new GME programs in Family Medicine in Maryland	14.29% 10
Update me about efforts to improve the Maintenance of Certification process through ABFM	42.86% 30
Total Respondents: 70	

Q14 How satisfied are you with the educational offerings by MD-AFP?

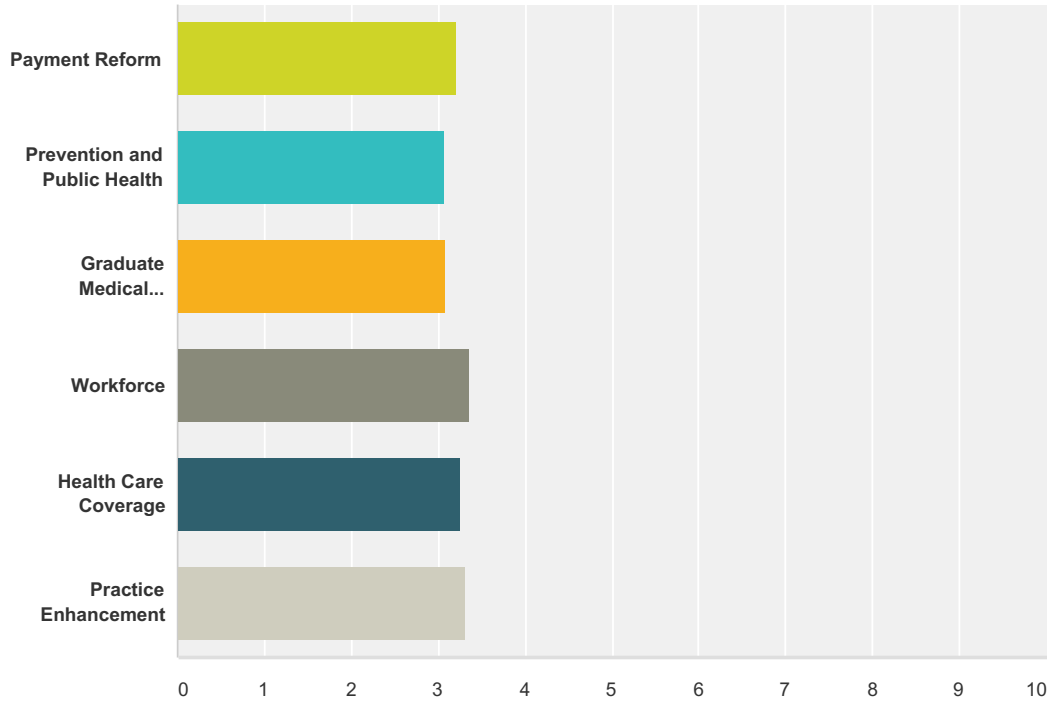
Answered: 70 Skipped: 0



	Satisfied	Neutral	Dissatisfied	Unaware of This Offering	Aware of This Offering But Do Not Use	Total	Weighted Average
Maryland Family Medicine Summit (former Annual Assembly - June)	35.71% 25	25.71% 18	8.57% 6	4.29% 3	25.71% 18	70	3.59
Winter Regional Conference (February)	51.43% 36	18.57% 13	5.71% 4	1.43% 1	22.86% 16	70	3.26
Journal CME (Maryland Family Doctor Articles)	60.00% 42	27.14% 19	5.71% 4	1.43% 1	5.71% 4	70	2.66
MD-AFP Provided ABFM SAM Courses	22.86% 16	27.14% 19	2.86% 2	7.14% 5	40.00% 28	70	4.14
Co-Sponsorships offering CME	25.71% 18	34.29% 24	4.29% 3	14.29% 10	21.43% 15	70	3.71

Q15 How satisfied are you with the MD-AFP's advocacy efforts on the following issues?

Answered: 70 Skipped: 0

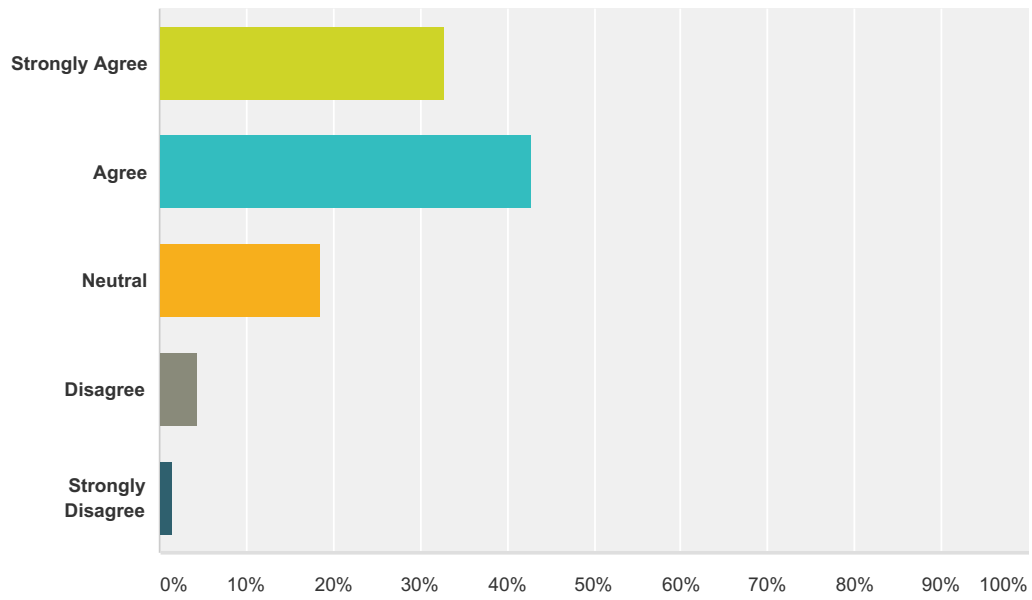


	Satisfied	Neutral	Dissatisfied	Unaware of This Effort	Total	Weighted Average
Payment Reform	40.00% 28	27.14% 19	4.29% 3	28.57% 20	70	3.21
Prevention and Public Health	44.29% 31	28.57% 20	2.86% 2	24.29% 17	70	3.07
Graduate Medical Education	41.43% 29	32.86% 23	0.00% 0	25.71% 18	70	3.10
Workforce	30.00% 21	37.14% 26	0.00% 0	32.86% 23	70	3.36
Health Care Coverage	28.57% 20	42.86% 30	2.86% 2	25.71% 18	70	3.26
Practice Enhancement	29.85% 20	38.81% 26	1.49% 1	29.85% 20	67	3.31

#	Other (please specify)	Date
1	I would like to see less pandering to initiatives (PCMH, MU, etc) and more emphasis on real reimbursement reform that would allow solo practitioners like myself stay in business.	1/16/2016 2:23 PM

Q16 I believe the chapter effectively represents the specialty of Family Medicine

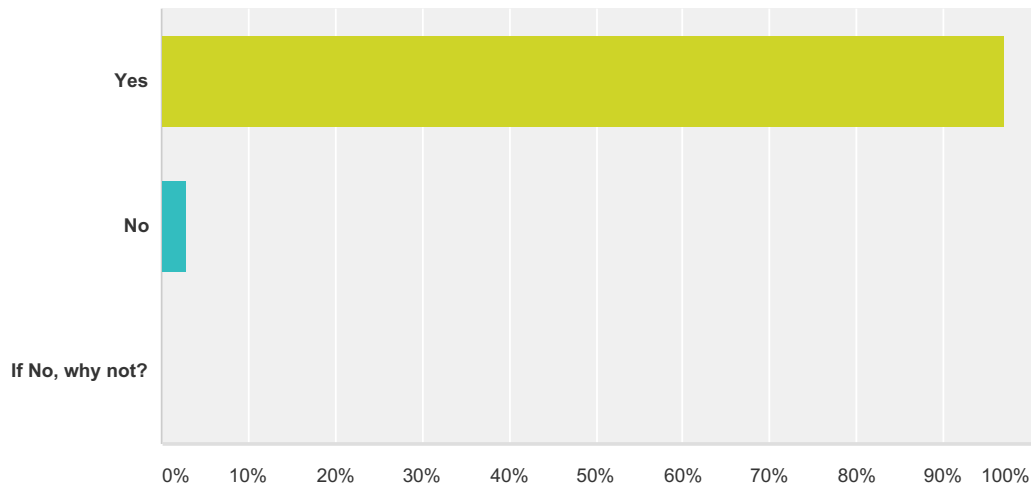
Answered: 70 Skipped: 0



Answer Choices	Responses	Count
Strongly Agree	32.86%	23
Agree	42.86%	30
Neutral	18.57%	13
Disagree	4.29%	3
Strongly Disagree	1.43%	1
Total		70

Q17 Do you plan to renew your MD-AFP membership next year?

Answered: 70 Skipped: 0

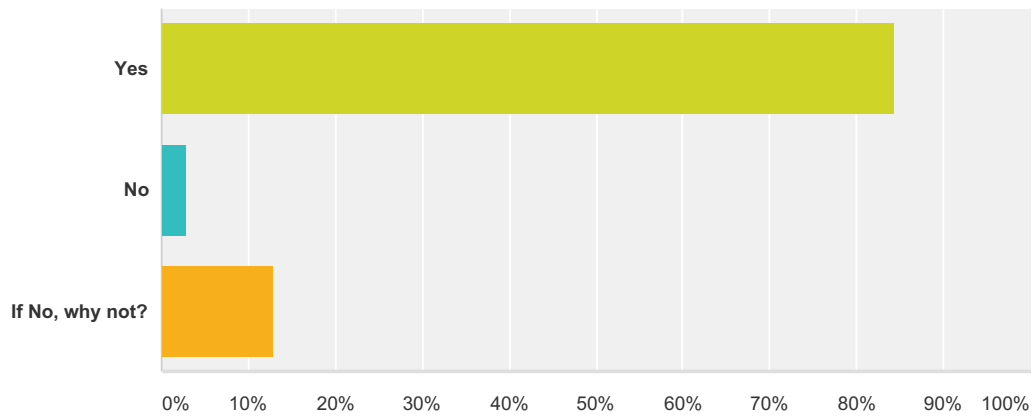


Answer Choices	Responses
Yes	97.14% 68
No	2.86% 2
If No, why not?	0.00% 0
Total	70

#	Additional Comment	Date
1	forced to through AAFP	2/9/2016 8:28 PM
2	but I do feel coerced to do so	1/24/2016 8:44 PM
3	If I had the option to renew my national membership, but not my MD-AFP membership, I wouldn't new with MD-AFP.	1/18/2016 7:25 PM
4	Retired status	1/15/2016 3:29 PM
5	I really don't have much of a choice	1/15/2016 3:14 PM

Q18 Would you recommend MD-AFP membership to a colleague?

Answered: 70 Skipped: 0



Answer Choices	Responses
Yes	84.29% 59
No	2.86% 2
If No, why not?	12.86% 9
Total	70

#	If No, why not?	Date
1	not if it weren't a requirement	2/6/2016 12:51 PM
2	I don't interact with colleagues often.	2/5/2016 12:49 PM
3	not a lot of value for the money	1/24/2016 8:44 PM
4	It's not worth \$400	1/18/2016 7:25 PM
5	I don't think the local chapter has done anything that effects my practice outside of requiring an annual fee	1/18/2016 5:00 PM
6	I don't think it provides value added. Instead it is yet another layer of bureaucracy.	1/16/2016 5:31 PM
7	Yes and no...steep price but if they want to be involved locally then yes.	1/15/2016 4:06 PM
8	if you live in MD, you have to	1/15/2016 3:14 PM
9	The state 6 credit CME requirement makes membership annoying.	1/15/2016 10:04 AM

Q19 Do you have any suggestions for improving your overall MD-AFP membership experience?

Answered: 70 Skipped: 0

#	Responses	Date
1	Very didactic conferences with not enough re-engagement for up and coming physicians with socially relevant issues that effect health of our patients.	2/16/2016 1:20 AM
2	Meetings occasionally with nearby chapters of FP	2/15/2016 11:11 AM
3	no	2/12/2016 10:47 AM
4	more awareness of needs for employed family physicians	2/11/2016 6:23 PM
5	Somehow need to become better advocates to reduce burnout.	2/11/2016 6:07 PM
6	no	2/10/2016 10:17 AM
7	No	2/10/2016 6:07 AM
8	No	2/9/2016 8:28 PM
9	it seems like the same set of people do everything, ie- the positions and the like, it can discourage others from feeling like they have a chance to participate	2/9/2016 4:39 PM
10	A once a year regional meeting (multi county) or once a year webinar to discuss issues for possible advocacy might keep members better informed and engaged in what the chapter is and should try to accomplish. Maybe have it in the fall before the legislative session.	2/8/2016 9:57 AM
11	no	2/8/2016 9:06 AM
12	Maryland Academy leadership appears to be insulated, related much more to training programs and Baltimore based efforts, rather than the rest of the family physicians around the state. Social gatherings and CME tend to be the same old thing and same old people and don't really seem to represent the hard working FPs from all ends of the state. Recent interactions with the North Carolina Academy of family medicine demonstrate a fuller, broader commitment to an representation of family medicine physicians, with much better conferences and ongoing dialogue with their doctors. Would strongly encourage the same type programs and leadership that they have in North Carolina. Maryland family medicine leaders should advocate for residency loan payback and other incentive programs for Maryland doctors. It is hard to be financially competitive in attracting new family medicine physicians to Maryland under current conditions.	2/6/2016 12:51 PM
13	.	2/5/2016 6:51 PM
14	no	2/5/2016 1:20 PM
15	?	2/5/2016 12:49 PM
16	I'm really not sure what MD-AFP does for me. I belong because I think I should support it not because I get anything out of it	1/30/2016 11:28 PM
17	No, very satisfied!	1/25/2016 10:01 AM
18	No	1/25/2016 8:59 AM
19	make cm e easier	1/24/2016 8:44 PM
20	I went to a MD-AFP conference once. then presentations were just average.	1/24/2016 2:47 PM
21	no	1/23/2016 2:08 PM
22	no	1/22/2016 12:07 PM
23	continue to work on web site ease of use	1/21/2016 8:36 PM
24	no	1/20/2016 10:18 AM
25	No	1/19/2016 11:08 PM

26	I would rather the Maryland Family Medicine Summit be in the DC/Baltimore area as it would be more accessible than Annapolis or Ocean City. Especially for those of us unable to take several days away from our practices.	1/19/2016 11:01 PM
27	No	1/18/2016 8:07 PM
28	publicize advocacy efforts more	1/18/2016 7:25 PM
29	More CME opportunities. Advertising other statewide CME even in not MDAFP sponsored	1/18/2016 5:00 PM
30	n/a	1/18/2016 1:17 PM
31	No	1/18/2016 11:02 AM
32	no	1/17/2016 6:27 PM
33	Bring the members together in more meaningful ways and help amplify our voice, to the AAFP and to local, state and federal governments. More carefully assess the day to day priorities and "pain points" of a wider array of members, using surveys such as these, and develop action plans on these issues	1/17/2016 3:13 PM
34	Offer something different.	1/17/2016 3:02 PM
35	No	1/17/2016 1:40 AM
36	Better tailor organization to needs of members	1/16/2016 6:54 PM
37	No	1/16/2016 5:34 PM
38	No	1/16/2016 5:31 PM
39	Address burnout	1/16/2016 3:27 PM
40	no	1/16/2016 2:23 PM
41	No	1/16/2016 2:05 PM
42	no	1/16/2016 10:43 AM
43	No	1/16/2016 10:01 AM
44	no	1/16/2016 7:32 AM
45	No	1/16/2016 4:27 AM
46	More live CME	1/16/2016 4:19 AM
47	Continue to advocate for Fp at the state and national levels	1/15/2016 7:42 PM
48	I have not found the live CME offerings to hold any interest for me. Topics are often not very applicable.	1/15/2016 5:59 PM
49	No	1/15/2016 5:51 PM
50	No	1/15/2016 4:06 PM
51	No, my membership experience was better with the Virginia Chapter because I was more involved being on the Board of Directors there.	1/15/2016 3:29 PM
52	lower fees	1/15/2016 3:14 PM
53	N/A	1/15/2016 3:11 PM
54	no	1/15/2016 3:03 PM
55	.	1/15/2016 2:56 PM
56	n/a	1/15/2016 2:41 PM
57	Don't make me join. I would just like to join the AAFP	1/15/2016 2:12 PM
58	MORE SAM MODULES , LIVE CME	1/15/2016 1:53 PM
59	plan some meetings in the Washington DC metro area	1/15/2016 12:03 PM
60	Since we must obtain 1 credit per year on the topic of narcotic use, please offer or posa listing of related programs	1/15/2016 11:32 AM
61	Keep dues affordable and coordinate services offered with MedChi.	1/15/2016 11:04 AM
62	0	1/15/2016 10:55 AM

63	PAFP much more active and successful. Consider a partnership with them or at least learn how they influence state laws.	1/15/2016 10:55 AM
64	More email connectivity	1/15/2016 10:19 AM
65	none at this time	1/15/2016 10:10 AM
66	Drop the state 6 credit CME requirement. It makes the state chapter membership annoying.	1/15/2016 10:04 AM
67	none	1/15/2016 10:00 AM
68	provide more value or at least acknowledge the value that has been provided...	1/15/2016 9:49 AM
69	Offer more local live CME conferences.	1/15/2016 9:32 AM
70	No	1/15/2016 9:04 AM

Q20 Is there anything else you would like to communicate to MD-AFP that hasn't been addressed by this survey?

Answered: 70 Skipped: 0

#	Responses	Date
1	no	2/16/2016 1:20 AM
2	No	2/15/2016 11:11 AM
3	significant and substantive improvements in the MDAFP with the enhanced website and hiring of a lobbyist	2/12/2016 10:47 AM
4	no	2/11/2016 6:23 PM
5	No	2/11/2016 6:07 PM
6	no	2/10/2016 10:17 AM
7	No	2/10/2016 6:07 AM
8	No	2/9/2016 8:28 PM
9	keep up to good work	2/9/2016 4:39 PM
10	no	2/8/2016 9:57 AM
11	no	2/8/2016 9:06 AM
12	no	2/6/2016 12:51 PM
13	.	2/5/2016 6:51 PM
14	no	2/5/2016 1:20 PM
15	?	2/5/2016 12:49 PM
16	No	1/30/2016 11:28 PM
17	No, thank you	1/25/2016 10:01 AM
18	I do not like the ACA and its provisions, and I feel this point of view is almost never represented in the political class of either MD-AFP or AAFP. Considering a Medicare fee schedule cut a "victory" is also more than annoying.	1/25/2016 8:59 AM
19	more value	1/24/2016 8:44 PM
20	no	1/24/2016 2:47 PM
21	no	1/23/2016 2:08 PM
22	no	1/22/2016 12:07 PM
23	no	1/21/2016 8:36 PM
24	no	1/20/2016 10:18 AM
25	No	1/19/2016 11:08 PM
26	I would appreciate more information on payment models, practice management and incentive programs. Including more involvement in ACOs and private payer incentive programs and whether they are helpful/harmful to practices.	1/19/2016 11:01 PM
27	No	1/18/2016 8:07 PM
28	no	1/18/2016 7:25 PM
29	When registering for your conferences online, website should give you a receipt, not just say, "Thank you for registering."	1/18/2016 5:00 PM
30	n/a	1/18/2016 1:17 PM
31	No	1/18/2016 11:02 AM
32	Thank you for all you do on an organizational level.	1/17/2016 6:27 PM

33	No	1/17/2016 3:13 PM
34	no	1/17/2016 3:02 PM
35	No	1/17/2016 1:40 AM
36	No	1/16/2016 6:54 PM
37	More emphasis on student recruitment into F.M. and on watching the Legislature to counter anti physician moves.	1/16/2016 5:34 PM
38	No	1/16/2016 5:31 PM
39	No	1/16/2016 3:27 PM
40	I believe the lobbying and advocacy toward more systems-based practice and participation are taking us in the wrong direction.	1/16/2016 2:23 PM
41	no	1/16/2016 2:05 PM
42	no	1/16/2016 10:43 AM
43	No	1/16/2016 10:01 AM
44	no	1/16/2016 7:32 AM
45	No	1/16/2016 4:27 AM
46	More options for members in rural locations	1/16/2016 4:19 AM
47	Advocate for more residencies to increase workforce. Advocate for private practice docs better	1/15/2016 7:42 PM
48	No	1/15/2016 5:59 PM
49	No	1/15/2016 5:51 PM
50	No	1/15/2016 4:06 PM
51	No, I am retired so I will not be renewing my membership.	1/15/2016 3:29 PM
52	lower fees	1/15/2016 3:14 PM
53	N/A	1/15/2016 3:11 PM
54	no	1/15/2016 3:03 PM
55	.	1/15/2016 2:56 PM
56	n/a	1/15/2016 2:41 PM
57	Get rid of the CME requirement to use MD-AFP to get my AAFP certification	1/15/2016 2:12 PM
58	TRENDS NOTED TO KEEP MD-AFP INFORMED.	1/15/2016 1:53 PM
59	make it easier to get CME credit from the MD AFP journal	1/15/2016 12:03 PM
60	Thanks	1/15/2016 11:32 AM
61	No	1/15/2016 11:04 AM
62	0	1/15/2016 10:55 AM
63	no	1/15/2016 10:55 AM
64	Elder care living will easy process sites without lawyer pay	1/15/2016 10:19 AM
65	not at this time.	1/15/2016 10:10 AM
66	xx	1/15/2016 10:04 AM
67	no	1/15/2016 10:00 AM
68	no	1/15/2016 9:49 AM
69	Would like MAFP and AAFP to strongly advocate to ABFM about eliminating need for Board Recertification exams every 7-10yrs. This exam does not help FPs to learn and retain knowledge and skills that pertain to their practice on a continual basis, results in lost time from work to prepare for exam, is costly, and creates a lot of stress unnecessarily. Instead, ABFM should require CME on continual basis to keep certification active, which will help FPs learn and retain information better. Other specialties have recognized the need to eliminate the recertification exam. It's time that ABFM does the same.	1/15/2016 9:32 AM

70	No	1/15/2016 9:04 AM
----	----	-------------------

Q21 If you are interested in joining serving on a committee or getting more involved in MD-AFP, please give us your name.

Answered: 12 Skipped: 58

#	Responses	Date
1	no	1/24/2016 2:47 PM
2	No	1/18/2016 8:07 PM
3	B. Heather Templeton, MD	1/18/2016 5:00 PM
4	John C Lucas	1/16/2016 5:31 PM
5	No	1/16/2016 3:27 PM
6	no	1/16/2016 2:05 PM
7	no	1/15/2016 3:14 PM
8	.	1/15/2016 2:56 PM
9	no	1/15/2016 2:12 PM
10	I would be happy to help on specific projects but am very involved with Med Chi- Mike Niehoff	1/15/2016 11:04 AM
11	Elizabeth Sequeira (Liz)	1/15/2016 10:55 AM
12	No	1/15/2016 9:04 AM