

RES 12 C-4/2025

SUBJECT:	Advocating for Resident Choice in Taking the In-Service Exam (ISE) vs. the In-Training Exam (ITE)
SUBMITTED BY:	ACOFP Resident Council
REFERRED TO:	2025 American College of Osteopathic Family Physicians (ACOFP) Congress of Delegates

RESOLUTION NO. 12

1 2	WHEREAS, osteopathic family medicine residents face no standardization with regards to knowledge testing while in residency. In order to become board certified through the
3	American Osteopathic Board of Family Physicians (AOBFP), some osteopathic residents
4	across the country are required by their programs to take two exams annually: the ABFM
5	In-Training Exam (ITE) and the AOBFP In-Service Exam (ISE); and
6	
7	WHEREAS, allopathic family medicine residents across the country take one standardized exam
8	annually: the ITE; and
9	
10	WHEREAS, the American College of Osteopathic Family Physicians (ACOFP) develops and
11	manages the ISE, there is no algorithm to create a score for program directors to generate a
12	predicted passing score; and
13	
14	WHEREAS, osteopathic residents must take two ISE exams in order to qualify for the early entry
15	initial certification (EEIC); most programs require residents who choose to take the ISE to
16	also take the ITE, making them take five to six exams through the course of their training
17	while allopathic residents are only required to take three exams; and
18 19	MULEDEAC residency programs screege the country feel more comfortable using the ITE to predict
20	WHEREAS, residency programs across the country feel more comfortable using the ITE to predict a resident's ability to pass a board exam given their Bayesian score system. Residents are
20 21	more likely to become board certified through the American Board of Family Medicine
22	(ABFM) as their residency programs do not make them aware of the AOBFP pathway; and
23	(ADIM) as then residency programs do not make them aware of the AODIT pathway, and
24	WHEREAS, increasing the number of standardized exams discriminates against and places undue
25	stress on osteopathic residents during their training, while not providing any further
26	benefit ¹ ; and
27	
28	WHEREAS, up to date contact information for every family medicine residency program can be
29	found using the ACGME Program Search function ² , facilitating the ability for the ACOFP to
30	help advocate to specific programs; now, therefore be it
31	
32	RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) creates a
33	Bayesian scoring system similar to the In-Training Exam (ITE) score predicting function
34	using In-Service Exam (ISE) scores along with Comprehensive Osteopathic Medical
35	Licensing Examination (COMLEX) scores to allow residency programs to predict a

36 resident's likelihood of passing the American Osteopathic Board of Family Physicians 37 (AOBOFP) written board exam³; and, be it further 38 39 RESOLVED, that the ACOFP works with the AOBFP to collaborate to provide education to 40 residency program directors across the country that the ISE and ITE are comparable in 41 their assessment of knowledge to decrease the burden of unnecessary standardized testing 42 which increases the number of Osteopathic Family Medicine Physicians board certified by 43 the AOBFP; and, be it further 44 45 RESOLVED, that the ACOFP advocates for a joint task force comprised of representatives of the 46 ACOFP, AOA, and AOBFP to further increase the number of osteopathic family physicians 47 becoming board certified through the osteopathic pathways. 48 49

FINAL ACTION: AMENDED & APPROVED as of April 2, 2025

References:

- 1. Hofmeister S, O'Neill TR, Butler DJ. 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. https://doi.org/10.22454/FamMed.2018.205747
- 2. https://apps.acgme.org/ads/Public/Programs/Search
- 3. Torres JW, Bowling JR, Zipp C, et al. The Predictive Value of the Residency AOBFP In-Service Exam, Produced and Administered by ACOFP. Fam Med. 2022;54(8):615-620. https://doi.org/10.22454/FamMed.2022.156954