THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY; A FIFTEEN-YEAR REVIEW*

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IT WOULD appear timely that a review of the problems and results of this organization's activities be presented now that it has completed more than fifteen years of work.

In 1930 the American Association of Obstetricians, Gynecologists, and Abdominal Surgeons, the American Gynecological Society, and the Section on Obstetrics and Gynecology of the American Medical Association each elected three Fellows to constitute the American Board of Obstetrics and Gynecology.

The Board was incorporated, organized, and held its first meeting in September, 1930. At that time the By-Laws were adopted and provisions were made, by resolutions, for its proper functioning.

This Board had been in the process of organization since 1927 and put into action a determined effort on the part of these three national organizations to improve the standards of practice of obstetrics and gynecology.

The avowed purposes of the Board, still unchanged from their original wording, have been as follows:

First: To elevate the standards and advance the cause of obstetrics and gynecology.

Second: To determine the competence of practitioners professing to be specialists in obstetrics and gynecology.

Third: To arrange, control, and conduct examinations to test the qualifications of voluntary candidates appearing before the Board for certification as specialists in obstetrics and gynecology.

Fourth: To grant and issue certificates of qualification as specialists in the field of obstetrics and gynecology to candidates successful in demonstrating their proficiency.

Fifth: To serve the public, hospitals, and the medical schools by preparing lists of specialists certified by the Board.

These activities proceed from the certificate of incorporation in which it is stated that "the nature of the business and the objects or purposes proposed to be transacted, promoted, and carried on by it" are as follows:

"To encourage the study, improve the practice, and advance the cause of obstetrics and gynecology, subjects which should be inseparably interwoven; and to grant and to issue to physicians duly licensed by law, certificates, or other equivalent recognition of special knowledge in obstetrics and gynecology."

An unavowed but determined policy of the Board has always been that everything about its activities, its investigations and examinations of candidates, its decisions and actions taken must be conducted on a high plane of

*Read, by invitation, before the Brooklyn Gynecological Society, Nov. 1, 1946.

†Dr. Titus has been the Secretary of the Board since its Organization, and has contributed largely to the important developments which the organization has achieved. This frank and authoritative statement is worthy of careful consideration by our readers.

The Editor.

judicial, unbiased standards, and that medical politics, local jealousies, or prejudiced views never be allowed to exert any influence.

Any responsible authority in obstetrics and gynecology who may think he has reason to doubt the absolutely unswerving fairness of our examinations and other proceedings is quite likely to find himself invited, if he is of professorial rank, as our examiners must be, to sit with the Board as an Associate Examiner at its next examination. He will come away as have others in the past, entirely convinced that an unfair or unconsidered action against a candidate is impossible, and he is likely to be among the Board's staunchest supporters from that time on. The sole exception to this in our fifteen years' experience was one Associate Examiner who was himself unusually severe in his judgment of candidates, but who protested and still does so over the failure, a year or two later, of a man in whom he happened to be personally interested. The others who have participated from time to time will not allow a charge of unfairness or bias to remain for an instant unchallenged.

All of you are familiar with our methods of investigating the background of special training, ethical standing in the community, and professional recognition of ability of all candidates. It is not necessary, therefore, to elaborate on this subject.

You may know of some men who have been admitted to examinations and have been certified, but who, in your opinion, should not have been. You may be right about this, but we could not have had sufficient positive information to warrant nonacceptance of these men as candidates. According to their verified records they met our requirements, and they proved able to pass the examinations. We depend heavily upon our diplomates to stand guard for us in their communities, but we must have specific information if we are to rule against a man. Furthermore, we have never violated any confidential communication. What are obviously isolated, local jealousies are disregarded, and anonymous letters or unsigned complaints against candidates or diplomates are consigned to the wastebasket.

We have to depend also on our diplomates to stand guard against infractions of regulations of specialty practice on the part of those holding certificates. We have not hesitated to withdraw a small number of certificates, and an additional few have been surrendered voluntarily.

What you may be less familiar with are some of the things that go on behind the scenes at the times of examinations.

The written examinations are compiled by an Examination Committee from sets of questions submitted by each of us on the Board. Papers and case records from any community are rigidly assigned for review and gradings to examiners in communities distant from that of the candidate. No examiner will ever participate in the judging of a candidate with whom he is personally acquainted.

At the time of the oral examinations, a candidate meets one or more teams, each consisting of a Director of the Board and an invited associate examiner, for his oral examination, and he goes also to two additional examiners for an examination in gross and microscopic pathology.

The candidate is given every possible opportunity to aquit himself favorably, as we greatly prefer to pass men rather than to fail them, and it must always be remembered that each one of these candidates has had training satisfying the Board's rigid requirements before ever being admitted to the examination.

If the first team of oral examiners has any doubt about a candidate, even to the extent of thinking that they have upset his poise and strained his "nerves," they send him to referee examiners rather than to take final adverse action. To

go to a referee is not generally classified by candidates as being a "nerve sedative" or designed to relax their mental tensions, but many a candidate has had his case ably and successfully pleaded for him later by his referees.

Notes are taken by all examiners on questions and answers and more notes are made of the examiners' opinions of the candidate's responses. Regardless of whether he and his judges agree or disagree over controversial questions, his logic and his defense of his viewpoint are the essential points considered.

That same evening, while the details are still fresh in everyone's mind, the Board and Associate Examiners meet to review the day's work. Each candidate's showing is discussed individually. Over those not passing or questioned by their examiners, a detailed and sometimes prolonged discussion takes place. Questions and answers are reported to the entire group of eighteen by the first examiners, followed by a similar detailed report with recommendations from the referees, and another from the laboratory examiners. Warm disagreements and arguments often take place and the entire group enters into these, final action in such cases as in all others being taken by an open vote of the entire Board. It would be utterly impossible for any bias or personal prejudice to creep in; it would be equally impossible for any one or two examiners to reject a candidate because they must report in detail to the entire Board with all of the Associate Examiners, and any dissenting opinion between two or more sets of examiners must be justified; the laboratory examiners must agree, and before any candidate can be failed the entire Board must be convinced that this action is proper, final action being taken by an open vote. Thus, it is much more difficult to fail than to pass a man before this Board, strange as that may seem.

Critics of this Board and of the other American Boards, and, in fact, of the whole subject of certification of specialists, have been loud and bitter. The Boards have been accused of discriminating against lesser trained specialists, usually self-styled as such, against young medical men struggling to establish themselves, and against general practitioners, though how this last is done is not entirely clear. They have been accused of setting up a political bloc, although all of the Boards have attended strictly to their business as examining and certifying bodies.

They have been accused of attempting to establish a medical aristocracy, and if, by certifying, on the sole basis of proved proficiency, men and women of all colors and all races and all religions practicing as specialists in this country an "aristocracy" is made, then this charge is true. Under this "aristocracy," however, the sick public is protected as it was not protected fifteen or twenty years ago.

We have seen results in respect to that first of our original stated purposes, namely, to elevate the standards and advance the cause of obstetrics and gynecology.

During our earlier years, the predominance of failures occurred in the laboratory branches of the examinations because this aspect of obstetrics-gynecology had been neglected in training, with emphasis concentrated on clinical activities. That situation has entirely changed, the majority of men coming before us now having made a distinct effort to perfect themselves in gross and histo-pathology, and other basic science subjects of the specialty.

Our requirements for training, in order to make better specialists whom we could certify, created a demand for facilities where such training could be acquired. In 1930, when this Board began to function, there were 167 residencies in either or both branches of our specialty approved for training by the Council on Medical Education and Hospitals of the A. M. A. This latter group has performed remarkable service to the public in its surveys and regulations

governing hospital practice. Its approval of residency training facilities has been the criterion under which the Boards, in general, have acted on the subject of what constitutes satisfactory or acceptable training in the specialties.

By 1935, the number of approved residency positions available in our specialty had increased from 167 to 245; in 1940 these numbered 269; and in 1945 reached the mark of 656. In 1946 there were 768.

Can there be any doubt that under the rigid and intensive educational standards that must be maintained by a hospital to retain its approval listing, all of its young physicians are much better trained under skillful supervision to meet the emergencies of obstetric and gynecologic practice than by the old method of "sink or swim"? Yet only recently the editor of a State Medical Society Journal wrote in criticism of American Board certification and requirements for these as follows: "Before this tragedy (of "impossible" requirements) occurred, we were all agreed that five or ten years of rural practice were the finest kind of training for any career in medicine."

Well, were we all agreed, and what would some of the families of dead mothers and babies say on this subject? Be that as it may, it is a fact that coincident with the establishment of these training requirements and the fifteen years of certification, the maternal death rate in this country fell more rapidly than in any other similar period, due *partly,* I maintain, to the fact of better teaching of obstetrics and gynecology and better training in practice of this specialty. Do not forget that it is by no means solely these interns and residents who go on to certification from these training centers that benefit from the bettered teaching standards, but also all who serve in them.

The general standards of practice of obstetrics and gynecology cannot help improving in these hospitals where residency teaching is being done, a statement that does not need to be elaborated. In the end it is the patient who benefits.

The medical public, including that important section of the profession, the general practitioner, can and has also benefited the lay public by being better able to determine who are recognized, according to fixed standards, as qualified specialists in all branches in all parts of this country and in Canada. The Directory of Medical Specialists publishes lists of all specialists certified by American Boards, and these are widely circulated.

When the Army and Navy mobilized vast numbers of men and women for military service, they desired as a primary function of their medical departments that that personnel be given the best possible medical care. It is quite true that as a general thing, and so far as possible, Diplomates of American Boards were given military assignments appropriate to their training. Specialists were needed for special work, and the Services quite naturally used American Board certification as a criterion of what constituted a specialist. Moreover, the Boards had seen to it that these men had been better trained in their specialties than were similar groups in World War I. Could not some of this have contributed to the fact that only about 2 per cent of our wounded personnel in World War II died of complications following their wounds as compared with approximately 11 per cent in World War I?

Thus it appears that, like the others, our Board in its fifteen years of existence has succeeded to some extent in carrying out its proclaimed purposes.

The standards of the practice of our specialty have been elevated; the Board has fairly determined to the best of its ability, the competence of those voluntarily appearing before it and professing to be specialists in obstetrics and gynecology; its examinations of candidates, though growing steadily more and more rigid, have always been impartial and judicial in their conduct and control; 2,184 certificates of qualification as specialists have been issued, of which

11 have been withdrawn or surrendered, 129 cancelled by death, 2,044 still remaining in effect.

The public has been served both in time of peace and in time of war by the lists of certificate holders.

Moreover, we of the Boards and many of you holding certificates believe that the entire medical profession has been benefited and standards of practice generally improved by this movement for certification of specialists. The Boards have never had any desire to interfere with or limit the professional activities of any licensed physician. Their chief aim has been to standardize and improve general qualifications for specialization, and by certification to make available the names of those who are qualified and not merely "self-styled" specialists, as in former days. As stated before, in the establishment of more and better training facilities which a few use to the limit, all of the profession have acquired vastly increased opportunities for improving themselves to whatever extent they wish.

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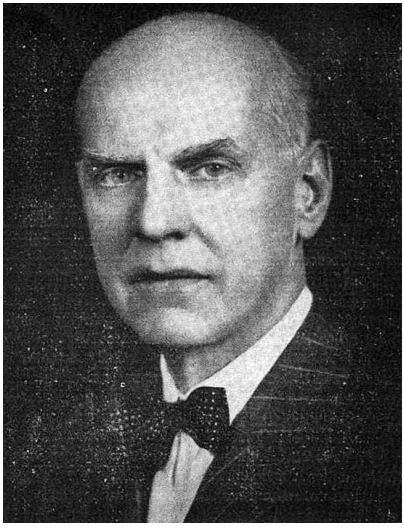

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