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Editorial Comments

Certification of Specialists

ATTENTION has already been called in our pages to the organization of the American Board of Obstetrics and Gynecology, created for the purpose of determining the competency of specialists in obstetrics and gynecology. The capabilities and proper designation of a specialist are matters which concern the public as well as the medical profession. With the enormous growth in medicine during recent years, it is obviously impossible for any one individual to familiarize himself with all the diagnostic refinements and therapeutic methods utilized in its various branches; hence, a demand for specially qualified practitioners is the logical sequence of such a state of affairs. Naturally difficulties have arisen in distinguishing between those who have been thoroughly trained, and those who have not. Thus far, so-called specialism has been practically uncontrolled. Sufficient contact with the general practice of medicine, so essential as a balance wheel for the potential specialist, has been largely disregarded. Internes graduated from one or another hospital service are all too ready to restrict their practice within the confines of some special field of medicine, or men in general practice go to a postgraduate school for a course which is all too brief, or perhaps spend a year abroad, and then pose as qualified specialists despite the inadequacy of their preparation.

The State makes no effort to standardize qualifications for the specialist: it grants a license which empowers its holder to practice any or all branches of medicine, and after that leaves the matter of his professional activities entirely to chance. Fortunately, many men have seriously fitted themselves for specialism by long service in an accredited hospital and under the supervision of competent teachers, as well as by wide clinical experience and intensive study and reading. But there have been few or no standards established whereby the pub-

lie at large can determine the individual's proficiency, except those set up by certain bodies whose membership represents national medical societies and who have seen the need for action. The task of fixing even minimum requirements for the average practicing specialist is a difficult one, and every credit should be given to those groups who are attempting to solve what only a short time ago seemed like an impossible problem. The ophthalmologists, the otologists, and the laryngologists have constituted themselves a vanguard with which the obstetricians and gynecologists have now joined ranks, in an effort to do for American medicine what no governmental agency can well undertake. Such reforms emanating from within the ranks of the profession itself will undoubtedly contribute more largely to public confidence than would any legislative action.

The American Board of Obstetrics and Gynecology was launched last September and is now actively functioning. It is composed of three representatives from each of the three national groups interested in obstetrics and gynecology: 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. The members of the Board are to be congratulated on the rapidity with which they have formulated their plans and regulations, and have begun the actual work of certifying specialists by examination and otherwise. During the early period of the Board's career trivial errors may be made, and perhaps certain details may meet with criticism, but its objectives are so meritorious and worthy of support by the profession that patience in the adjustment of details must be exercised until the project is well stabilized. Proper recognition of its undoubted value by the lay public and medical profession alike is