

THE DESIGNATION OF SPECIALISTS BY THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

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THE progress made in the diagnosis and treatment of various groups of illnesses has gradually impressed upon both the public and the medical profession the desirability for qualifying specialists by some recognized official body. A certificate of specialization based on training and a comprehensive personal examination can be recognized as evidence of adequate qualification, in contradistinction to the self-styled "specialist." This distinction would seem to apply with definite significance in the field to which this JOURNAL is devoted, particularly in obstetrics, in which inexpert interference with the natural progress of normal labor, with its undue increase of operative deliveries, has contributed materially to the high puerperal mortality rate.

The American Board of Obstetrics and Gynecology was conceived in the American Association of Obstetricians, Gynecologists and Abdominal Surgeons in September, 1927, fostered by the American Gynecological Society in 1928 and by the Section of Obstetrics and Gynecology of the American Medical Association in 1929, and incorporated in 1930. The chief objectives of the Board are to elevate the plane of obstetric and gynecologic education, training, and practice, as well as to fix standards for justifiable specialization. The primary purposes were to encourage and induce potential specialists to prepare themselves thoroughly, to persuade medical schools and hospitals to provide adequate facilities for special training, and to put the stamp of approval on qualified specialists. The principal function of the Board is to conduct examinations designed to test the qualifications of voluntary candidates for certification. Whereas in some quarters the Board's motives were originally viewed with suspicion, the quiet efficiency of its operation during the past ten years has dissipated practically all of the previous antagonism. Whatever momentum the activities of the Board have gained has been due largely to its successful accomplishments. The necessity for abbreviation precludes a review of many of the details of the Board's work which would clarify all of the misconceptions which still prevail.

Each of the sponsoring organizations was and still is represented by three elected members, who are also directors and examiners. There have been two changes in personnel during the past three years. Too frequent replacements are undesirable, because previous experience is of inestimable value to an examiner. The Presidency of the Board is of no significance whatever, as the sole reason for selecting officers is for the orderly transaction of business. All nine examiners serve on exactly the same basis, except the Secretary. The scope of his duties is shown by the fact that during the past fiscal year his office handled thirty-two thousand pieces of mail and prepared the first edition of the Di-

rectory of Certified Specialists, in addition to functioning as the focus for all routine matters. No one other than a Board member can fully appreciate the amount of work which devolves on each one throughout the year. All but the President are appointed to various committees: Credentials, Examination, Budget and Finance, and Graduate Training. Each one reads innumerable written examination papers and case records for many months before the oral and practical examinations are held. Although mistakes have been made, the examiners have labored faithfully, unswerved by extraneous influences, favoritism, or prejudice, and regardless of censure or applause.

Between September, 1930, and January, 1932, 255 recognized obstetricians and gynecologists were certified on application without examination. Each of these was either a Fellow of the American Association of Obstetricians, Gynecologists, and Abdominal Surgeons, or the American Gynecological Society, and limited his practice to obstetrics and gynecology, or held a professorial appointment in a Grade A medical school, or was so distinguished clinically that he received the unanimous vote of all nine Board members. The future significance of certification was apparently unanticipated by many others who might have been so certified, but who failed to file an application before the lists were permanently closed.

Since 1930, the Board has examined 1,226 applicants, of whom 992 passed and 234, or 19.1 per cent, were rejected. The total number of diplomates of the Board to date, including the 255 certified without examination and 992 who successfully passed the examinations, is 1,247. The value of every certificate issued depends not only on the maintenance of high standards by the Board, but also on the character of the practice of each diplomate. The license to practice medicine indicates that its holder is competent to assume any professional responsibility which he chooses. A certificate of competency only would be a trespass on the prerogatives of the State. The Board recognizes that many general surgeons do excellent pelvic surgery, and that many practitioners are well qualified to carry on a large obstetric practice, but these men do not claim to be specialists and require nothing more than a license from the State. On the other hand, if an obstetrician or gynecologist announces himself as a specialist, his pronouncement should assure superior training, extraordinary skill, and a background of extensive clinical experience. One hundred and two formal applications for examination have thus far been rejected by the Committee on Credentials. Certification carries with it the implication of absolute specialization, and the Board has a right to expect that its diplomates will restrict their work to obstetrics and gynecology. Each can help to preserve the prestige of his certificate by forwarding to the Secretary's office specific information regarding those who fail to limit their activities. The Board is prepared at all times to revoke the certificates of those who are found to be making excursions into other fields of medicine, and has already dropped the names of six such offenders.

With the passing of time, and as the Board gained experience, the necessity for changes in procedure became obvious. First, an adequate examination fee is essential for the conduct of the organization. Whereas the fee was originally fixed at fifty dollars, after ten years of operation it became necessary in 1939 to increase this to one hundred dollars. Second, when the yearly number of applicants exceeded two hundred, as it did in 1938, the custom of holding a written examination twice yearly was found to be too cumbersome, and was discontinued. Third, the large number of candidates in the past four years has made it necessary for the Board to utilize the services of nine assistant examiners during the four days of the oral and practical examinations. These were wisely provided for in the Articles of Incorporation, and care has been exercised to invite only those who hold professorial positions in Grade A medical schools.

Two radical changes will become effective on January 1, 1941, after which three years of special training in seven, instead of five years of practice, will be required before an applicant is eligible for examination, and all applicants without exception will have to file case records and take a preliminary written examination before appearing for the oral examination. As a result of the present trend toward prolonged institutional training, the Board has recently encountered several candidates who could fulfill the existing requirements for eligibility, but who had not as yet carried the responsibility for personal private patients. On the other hand, the Board feels that within the ten years of its operation, all senior and experienced obstetricians and gynecologists have had ample opportunity to apply for certification, and there is no longer any reason to make a distinction between candidates.

The achievements and progress of the Board since its creation have been such as to make its influence felt throughout the country. Prospective applicants for certification are preparing themselves more thoroughly for the practice of obstetrics and gynecology, hospitals are demanding certification for appointment to responsible staff positions, certain medical societies are favoring diplomates of the Board, and even the lay public is becoming aware of the implications of certification. That the certificate itself is gradually gaining prestige, there can be no doubt.