# The History of Board Certification of Family Medicine Obstetricians

Daniel M. Avery, MD, FACOG, FACS

#### Abstract

The need for board certification of Family Medicine Obstetricians is antedated only by the development of Obstetrics Fellowship Training Programs themselves. Postgraduate Fellowship Training in Obstetrics for Family Medicine Physicians began in 1984 as a result of the dire need of obstetric healthcare providers in rural areas of this country. Attempts to recognize and certify these physicians have actually been a long-term task, dating back to the 1980s. This paper is a history of the attempts at board certification.

#### Introduction

Postgraduate Fellowship Training in Obstetrics was founded by Dr. Paul D. Mozley in 1984. Dr. Mozley, now Professor Emeritus, was Professor and Chair of Obstetrics and Gynecology at the University of Alabama School of Medicine in Tuscaloosa, Alabama.<sup>1</sup> Even in 1984, it was apparent to him that this country faced a dire shortage of obstetrical care providers that would persist. Rural Alabama, like many states, would not have the luxury of an obstetrician should something drastic not be done. The perinatal morbidity and mortality in Alabama was as low as any state in the Union.

## **Original Obstetrics Fellowships**

Dr. Mozley came up with the idea of an Obstetrical Fellowship for Family Medicine Physicians who wanted to serve this terrific need. So, in 1984, the dream became a reality under his guidance and has continued in Tuscaloosa to the current time. Dr. Mozley has changed the face of rural healthcare in obstetrics in this state as well as in surrounding states. The field of Obstetrics in this country will always be indebted to this great man's dream, which became a reality. The numerical odds of training enough OB/GYNs to meet rural needs have not gotten better but only worse due to the diverse career pathways that graduating OB/GYN residents may choose today.<sup>2</sup>

Soon after, Obstetrics Fellowships were organized around the country. The next step was how do you authenticate their train-

ing and certify the graduates with board examinations beyond their certificate of completion of a fellowship? How would they compare with traditional OB/GYNs, their board certifications, credentialing, and privileging? Dr. Mozley worked with the American College of Obstetricians and Gynecologists in an attempt to establish training guidelines and a certifying examination to recognize these physicians.<sup>3</sup>

## Attempt to Certify Fellows by Family Medicine Residencies

In 2000, Dr. Samuel Gaskins, Family Medicine Residency Director at the University of Alabama School of Medicine in Tuscaloosa approached the American Academy of Family Medicine and the American College of Obstetricians and Gynecologists about board certification for Family Medicine Obstetricians without success.<sup>4</sup> Both organizations agreed that it was important, but a joint venture of the two was probably not possible. Both organizations were approached in 2003, without success again.

Two organizations giving examinations and conferring fellowship status had been accomplished by the American College of Obstetricians and Gynecologists and the American College of Surgeons. Both have given certifying examinations in gynecology for a number of years without problems. Many board certified Obstetrician/Gynecologists have taken the American College of Surgeons examination and have become Fellows of both the American College of Obstetricians and Gynecologists and the American College of Surgeons. So, it can be done. In fact, both authors completed certification in both without difficulty.

### **American Board of Medical Specialties**

In 2005, the American Board of Medical Specialties was approached about the need for a board examination and certification of Family Medicine Obstetricians. The ABMS agreed that it was important, but that ABMS would not create any new board examinations for any new specialties. ABMS did agree that it was needed and should be done. The American Medical

Association, questioned about the problem, stated that they understood the necessity but did not give certifying examinations.

#### **American Board of Physician Specialties**

In 2005, the American Board of Physician Specialties was approached about a certifying examination in Family Medicine Obstetrics, and they were open to the idea. At the time they were pursuing several new specialties including Disaster Medicine and Hospital Medicine. The Obstetrics Fellowship at the University of Alabama School of Medicine in Tuscaloosa was asked to make a presentation to their board at their annual meeting in Naples, Florida. On June 22-24, 2005, a presentation on Board Certification of Obstetrics Fellowship trained Family Physicians was presented to the American Association of Physician Specialties. The presentation included the history of fellowships, how they began, and how many family physicians in this country were attending childbirth.<sup>5</sup>

# Task Force for Certification of Family Physicians Practicing Obstetrics

The Association extended an offer to pursue certification. A Task Force for Certification of Family Physicians practicing Obstetrics was created from family physicians, family physicians practicing obstetrics, obstetrician/gynecologists, and obstetrics fellowship programs from around the country. The first task to be dealt with was to determine which of two possibilities was best: (1) add a certificate of added qualification in obstetrics to current family medicine board, or (2) create a completely new board of certification in obstetrics.<sup>6</sup>

## **Certificate of Added Qualification versus Board Certification**

The Task Force was charged with determining if there was a need for certification and, if so, which would be best: board certification in obstetrics or a certificate of added qualification in obstetrics added to a family practice board. A random study was conducted of hospitals, credentialing committees, malpractice insurance carriers, and obstetrics fellowship program directors.<sup>7</sup>

Hospitals around the country were selected at random, and an administrative representative was interviewed by telephone. Hospitals ranged in size from 60 to 1,000 beds. They varied in type including private, county, state, federal, teaching, and Armed Forces. The majority of hospitals interviewed preferred board certification. All federal, state, teaching, and Armed Forces hospitals required board certification.

The administrative person in charge of credentialing was then interviewed regarding the necessity of board certification, a certificate of added qualification to family medicine boards, or no preference in certification. 90% preferred board certification. Most non-physicians had no concept of what the term "certificate of added qualification" meant.

Malpractice insurance carriers were selected by contacting state medical societies at random and inquiring about the major malpractice carriers in their state. Carriers were interviewed by telephone. All malpractice carriers contended that board certification was more important than an added qualification. Malpractice carriers were more definitive about board certification than hospitals. Carriers uniformly reported that board certification affects insurability more than rates.

The twenty-four obstetrics fellowships programs advertised on the American Academy of Family Practice web site were contacted by email about their preference of board certification versus a certificate of added qualification. Fifty percent responded, and those that did not were contacted again by email or telephone. Program directors were most concerned about which would hold more weight with teaching institutions, hospital credentialing committees, and malpractice insurance carriers. While many directors think that either would be a positive step in the right direction, half preferred a certificate of added qualification. Tables 1 and 2 list Fellowship Training Programs in the United States described on the AAFP web site.<sup>7</sup>

**Table 1**: Obstetrics Fellowships Advertised on the AAFP web site<sup>7</sup>

PROGRAM	LOCATION	DIRECTOR
University of Alabama	Tuscaloosa	Daniel M. Avery
University of Alabama	Huntsville	Willie Chester
Santa Clara Valley	San Jose	Jennifer Domingo
Florida Hospital	Orlando	Mark Olsen
West Suburban	Oak Park	Alex Wu
Memorial Hospital	South Bend	Kelly Derbin
St. Elizabeth	Edgewood	Allana Oak
LSU Medical	Lafayette	Mark Stock
Lawrence	Lawrence	Bill Chun
Moses Cone	Greensboro	Arnold Grandees
Univ. of New Mexico	Albuquerque	Larry Leeman
University of Nevada	Las Vegas	Thomas Hunt
University of Rochester	Rochester	Steve Eisner
University Hospital	Cleveland	Al Cades
Memorial Hospital	Pawtucket	Richard Long
Spartanburg Family	Spartanburg	Iceman Simon
Family Medicine	Memphis	William Rodney
University of Tennessee	Memphis	Charles Couch
College of Medicine	Memphis	Carl Pean
Brackenridge	Austin	Michael Nix
Christ's Spoon Hospital	Corpus Christi	Jen Schroeder
University of Utah	Salt Lake City	Keith Harwood
Swedish Family Medicine	Seattle	Joseph Breuner
Family Medicine	Seattle	Heather Armstrong

Table 2: Part-Time Obstetrics Fellowships

PROGRAM	LOCATION	DIRECTOR
University of Alabama	Birmingham	John Hauth
University of S. Alabama	Mobile	Kathy Porter
University of Mississippi	Jackson	

Most physicians understand the difference between board certification versus a certificate of added qualification to a primary specialty board. Most non-physicians in this study had no idea what a certificate of added qualification is nor could they compare the two.

## Task Force Decision for New Board of Certification

The Task Force then decided to pursue the establishment of a separate new board of certification. Dr. Elizabeth Lanoue was selected as the Family Medicine Co-Chair and Dr. Daniel M. Avery as the OB/GYN Co-Chair. The name, American Board of Family Practice Obstetrics, was selected. The first meeting of the Board was September 22-24, 2006. The Board met in Atlanta with the staff of the American Association of Physician Specialties including Mr. William Carbone, Chief Executive Officer and Dr. Stanley Kalisch, Director of Psychometrics.<sup>8</sup>

An organizational chart and agenda were discussed and approved. A mission statement was discussed and adopted. The primary impetus was board certification of Obstetrics Fellowship trained Family Medicine Obstetricians and grandfathering those family physicians who have been practicing obstetrics already, whether fellowship trained or not. Grandfathering will be limited to five years. Beyond the initial five years after an examination is offered, a physician will need to complete fellowship training to be board eligible.

The general process of establishing a medical specialty is described in Table 3. An area of interest must be identified separate from other specialties and a sufficient number of physicians who practice that specialty must be identified as well. Creation of a Board is a long-term task and also involves grandfathering physicians already practicing that specialty and recertifying those that take the initial examination. Decisions have to be made about written and oral examinations, case lists, and practical examinations. Practical examinations are competency based and can be live operations with the examiner scrubbed in or a videotape of the same. Simulators are a new method of testing competency and skill.

After the basic fund of knowledge for examination is established, training programs should be accredited to competently prepare trainees for examinations. After physicians pass the examination, creation of a specialty college or society usually follows, with the capacity to confer fellowship status and create categories of membership. When the Board Certification process and College or Society is established, application to the American Medical Association for membership follows. Ultimately, both the specialty and training programs want to

Table 3: Process of Certification and Specialty Recognition

Identification of physician specialty	
Identification of physician providers	
Creation of board of certification	
Creation of grandfathering process	
Creation of recertification process	
Decision on written, oral, practical exams	
Accreditation of training programs	
Establishment of College or Society	
Creation of fellowship granting process	
Creation of classes of membership	
Application to American Medical Association for membership	
Request for recognition and membership in Accreditation Council for Graduate Medical Education	

be accredited by the Accreditation Council for Graduate Medical Education.

The American Board of Family Practice Obstetrics was incorporated in 2006. The Task Force has worked very hard in defining the above process and writing questions. An Advisory Committee to direct the Board was selected in 2007. The first written examinations will be given in 2007.

Daniel M. Avery, MD, is Associate Professor and Chair, Department of Obstetrics & Gynecology at the University of Alabama School of Medicine.

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