

Credentials, please

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"Board certification" is becoming the norm among physicians. But not all board-certified docs are specialists, and not all specialists are board certified.

It used to be that when you got sick, a doctor was a doctor was a doctor. But times -- and medicine -- have changed. Advances in medical technology, treatment techniques and pharmaceuticals mean higher levels of skill and training are needed to understand the body's systems, how to keep them healthy and how to treat them when they're not. These days, a majority of physicians are choosing to specialize.



Currently, more than two-thirds of all U.S. physicians are specialists, while the remaining one-third -- comprised of family practitioners, general internists and pediatricians -- are primary care providers. A specialist is a physician who has chosen to focus on a specific branch of medicine and has completed training in a general medical specialty, such as radiology, pathology or dermatology, to name a few. Sometimes specialists seek additional training in a more specific area, known as a subspecialty. Cardiology, for example, is a subspecialty of internal medicine, while neonatal-perinatal medicine is a subspecialty of pediatrics.

The decision to become a specialist comes after completing approximately four years of education at an accredited medical school and earning a medical degree (M.D.) or doctor of osteopathy degree (D.O.). Although M.D.s and D.O.s are from two different branches of medicine, each with its own philosophies of care and treatment, they are all physicians.

After completing medical school, an M.D. or D.O. must complete three to seven years of graduate medical education in his or her chosen specialty. This is known as residency training. (The first year of residency training used to be called an internship.) Subspecialty training can take an additional two to three years. Finally, a state medical board must license the physician before he or she may practice medicine. Licensing ensures that the physician has successfully completed medical education and residency requirements and demonstrated competence either by passing a licensing exam or by providing another endorsement that demonstrates qualifications for licensure.

Once licensed, a physician can self-designate his or her practice specialty. But, according to the American Medical Association (AMA), "a self-designated specialty does not warranty special skill to practice in that specialty." That's why many physicians choose to pursue board certification, an arduous process that's intended to ensure that a physician has met recommended standards in his or her specialty.

Board certification is a widely accepted means of recognizing a physician's qualifications and proficiency based on standards set by a medical specialty board. To become "board certified" your doctor must take and pass specific exams issued by a medical specialty board. The AMA says board certification "entails a complex and rigid series of requirements including examination and successful completion of an approved residency training program."

"The intent of the certification process is to provide assurance to the public and to the medical profession that a certified physician has successfully completed an accredited course of education and an extensive evaluation, including an examination," says Alice Epitropoulos, M.D., a board-certified ophthalmologist. "The evaluation is designed to assess the knowledge, experience and skills requisite to the delivery of high standards of quality patient care."

Should you shun any physician who's not board certified? Not necessarily. "Along the way, for a variety of circumstances, there are doctors who don't become board certified who still practice quality medicine," says Dwight Scarborough, M.D., a board-certified dermatologist with a practice in Dublin, who's president-elect of the Columbus Medical Association.

A disavowed term

Then there are doctors who bill themselves as "board eligible." Don't confuse that term with "board certified." The term "board eligible" used to indicate that a physician had made progress toward certification and was expected to sit for a certification exam. But Stephen H. Miller, M.D., executive vice president of the American Board of Medical Specialties (ABMS), says board eligibility has sometimes been accepted improperly as a permanent alternative to board certification.

The ABMS, the umbrella organization for 24 medical specialty boards and the most recognized source of information on issues of specialization and certification, has disavowed the term "board eligible." In other words, be cautious that your physician doesn't claim to be "board eligible" for years on end. A physician may indeed be eligible to sit for an exam if he or she has completed training, submitted an application and provided evidence of professional standing to a medical specialty board. But that doesn't authorize the physician to use "board eligible" as if it were a credential.

The ABMS maintains the Certified Doctor Verification Service, a free, online service that allows consumers to verify a physician's board certification status. Visit the site at www.abms.org and select "Who's Certified" or call toll-free at (800) 776-2378. You must provide your physician's full name.

Or, look at your local public library's reference section for a copy of *The Official American Board of Medical Specialties Directory of Board Certified Medical Specialists* four-volume set. Published annually, the directory provides verification of ABMS member board certification and biographies on ABMS member board-certified physicians.

While board certification is still voluntary, more and more HMOs and hospitals are requiring physicians who wish to practice in the group or institution to be certified by a specialty board. Managed care plans set this guideline, they say, as a means of attracting only quality physicians to their networks. Critics often disagree, saying that requiring board certification creates an artificial bottleneck and is a way of restricting access for patients.

According to the AMA, of the more than 777,000 physicians licensed to practice in the U.S., 60 percent are certified by at least one specialty board. Ohio ranks seventh

among states with 21,175 Ohio physicians holding ABMS board certificates. And in Columbus, over 80 percent of physician members of the Columbus Medical Association are board certified.

A physician does not have to be a specialist in order to be board certified. Indeed, more than half of the primary care physicians in the U.S. are board certified. Each medical specialty board has its own requirements for certification. Most boards do require recertification every few years.

Although the ABMS has been in existence since 1933 and is a good measure of board quality, not all medical specialty boards are ABMS-approved. The AMA says that ABMS approval does not necessarily infer reputability, nor does certification by a board that is not part of the ABMS imply a lower standard. Some fine medical specialty boards are not ABMS member boards. In addition, the American Osteopathic Association (AOA) Bureau of Osteopathic Specialists awards osteopathic board certification under 18 AOA specialty-certifying boards.

More specialists

The number of medical and osteopathic specialists, board certified and not, is growing -- from 59.8 percent to 66 percent of all licensed physicians since 1970. A higher percentage of men than women choose to specialize. A 1995 study conducted by a Dutch university found that male doctors were more likely to become specialists because men were most influenced by technology, scientific activities, status and income. Women, on the other hand, were more likely to become primary care doctors, having been influenced by greater opportunities for patient contact and better working hours.

Recent statistics from the AMA support the contention that gender plays a role. In 1998, 77 percent of male physicians were specialists compared to only 23 percent of female physicians.

There's also some support for the widespread belief that physicians choose specialty medicine over primary care medicine because specialists have greater prestige. Some specialists say that's a bad rap. "I personally feel that nothing is more rewarding than to be able to restore or improve someone's sight," says Epitropoulos of her choice of ophthalmology.

Scarborough agrees that it's not about prestige: "For those who choose specialties, the fact is that knowledge has taken off. We hear that knowledge doubles every 15 to 20 years, so trying to learn everything about every area of medicine is impossible."

Beyond certification

Many board-certified physicians become members of specialty societies, as well as more broadly focused national, state or local medical societies. The AMA's Office of Specialty Society Relations works with 100 medical specialty societies ranging from the Aerospace Medical Association to the American Academy of Pain Medicine to the Contact Lens Association of Ophthalmologists. Your doctor may indicate a specialty society membership by using an acronym or initials after his or her name. For

example, Jane Smith, M.D., ACOG, means that Jane Smith is a medical doctor and a member of the American College of Obstetricians and Gynecologists. Joe Jones, M.D., FACS, means that Joe Jones is a medical doctor and a fellow of the American College of Surgeons.

While those designations are hard earned and say a lot about your physician's involvement in his or her chosen specialty, they do not tell you whether your physician is board certified. Although many specialty societies, such as ACOG, do require board certification for all members, each society sets its own rules for membership. A physician can be a member of a specialty society but not be board certified. When in doubt, ask your doctor what the designation means.

Societies do provide specialty-related professional, educational and personal benefits to members. Epitropoulos says the benefits include continuing education and fellowship among colleagues. "I think it's another area that shows the doctor is involved with his or her peers, trying to forward knowledge," says Scarborough. "Most societies are based on learning and education so it represents a commitment by the doctor to stay current and involved." Adds Epitropoulos, "Physicians involved in their medical and specialty societies have taken an active role in organized medicine and in fighting for patient rights."

Can a consumer of health care assume that a combination of board certification and medical society participation is a reliable quality indicator? "Board certification is not a hard and fast rule," says Scarborough. "I think it is a bench mark for excellence, and yet training and experience and continuing of education all play a part in that excellence. If a patient is to do their homework, board certification should just be one piece to look at."