HOD ACTION: Council on Medical Education Report 6 adopted as amended and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 6-A-15

Subject: American Board of Medical Specialties Should Adhere to its Mission (Resolution 005-A-14)

Presented by: William A. McDade, MD, Chair

Referred to: Reference Committee C (Daniel B. Kimball, Jr., MD, Chair)

At its 2014 Annual Meeting, the American Medical Association (AMA) House of Delegates (HOD) referred Resolution 005, American Board of Medical Specialties Should Adhere to its Mission. This resolution, introduced by the New York Delegation, asked that the AMA “make clear to the American Board of Medical Specialties (ABMS) our AMA’s opposition to the establishment of scope of practice limitations through the use of board certifications by the ABMS and its member organizations.”

The essence of testimony proffered at the reference committee hearing was that, although scope of practice limitations through board certification are not appropriate, this is not a general practice beyond the one specific case that served as catalyst for this resolution. In addition, the organizations involved in the original case also testified that this was a limited circumstance and had been already addressed appropriately between the parties affected. In any event, to ensure that the AMA is on record with policy on this issue, should similar concerns arise in the future, the item was extracted on the House floor and the HOD voted for referral for a report back to the HOD.

BACKGROUND

On September 12, 2013, the American Board of Obstetrics & Gynecology (ABOG) posted on its website a new definition of an ABOG-certified obstetrician-gynecologist. Included in this definition was a limitation on the amount of time for performing non-gynecologic procedures, along with a statement that ABOG-certified physicians, with few exceptions, should treat female patients only. Physicians who treated male patients, the statement continued, could lose their ABOG certification. The notice specifically barred ob-gyns from performing an examination called anoscopy on men, a procedure for diagnosis of abnormal, potentially cancerous growths in the anal canal.

The impetus for the new definition, as described in an article in The New York Times, was to “protect patients and the integrity of the specialty because some gynecologists were practicing other types of medicine, like treating men for low testosterone or performing liposuction and other cosmetic procedures on women and men.” Further, the article noted the ABOG’s concern that some ABOG-certified physicians “ran ads offering those services and describing themselves as board certified, without specifying that their certification was in obstetrics and gynecology, an omission that could mislead patients into thinking they were certified in plastic surgery or some other specialty.”

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Regardless of the ABOG’s intent, the release of its statement provoked protests from obstetrician-gynecologists and patients nationwide and coverage in national media outlets. A November 22, 2013 article in *The New York Times*, for example, highlighted the potential fallout for patients as well as physicians: “About two months ago, Dr. Elizabeth Stier was shocked to learn that she would lose a vital credential, board certification as a gynecologist, unless she gave up an important part of her medical practice and her research: taking care of men at high risk for anal cancer. . . . Doctors cannot ignore such directives from a specialty board, because most need certification to keep their jobs. Now Dr. Stier’s studies are in limbo, her research colleagues are irate, and her male patients are distraught. Other gynecologists who had translated their skills to help male patients are in similar straits.”

A second article in *The New York Times*, published on December 10, 2013, profiled the tribulations of a male patient with chronic pelvic pain so severe that he could not work. After waiting five months for an appointment, he was notified less than one week before the appointment date that it had been canceled, due to the treating physician’s concerns that his ABOG certification could be at risk if he were to see the patient. The patient then “went home, close to despair. His condition has left him largely bedridden. The pain makes it unbearable for him to sit, and he can stand for only limited periods before he needs to lie down. ‘These characters at the board jerked the rug out from underneath me,’ he said.”

In response to such concerns raised by patient advocates and board-certified obstetrician-gynecologists alike, the ABOG revised its policy partially in both November and December 2013. The first revision allowed for continued screening of men for anal cancer; the second permitted treatment of male patients with pelvic pain, although it prohibited ABOG-certified physicians from accepting new patients with the condition.

After continued protests by obstetrician-gynecologists who treat male patients, the statement was fully rescinded one month later. In a January 30, 2014 statement on its website to announce the final revocation of the policy, the ABOG conceded that the issue had become a “distraction from our mission to ensure that women receive high quality and safe health care from certified obstetricians and gynecologists.” In addition, the statement noted, “This change recognizes that in a few rare instances board certified Diplomates were being called upon to treat men for certain conditions and to participate in research.” At the same time, the ABOG cautioned that the change was not an endorsement for board-certified Diplomates to practice in areas outside of their specialty, and that the ABOG “does not and cannot attest to the knowledge, judgment, skills, and qualifications of Diplomates related to practice outside of the scope of the specialty of Obstetrics and Gynecology.”

**DISCUSSION**

As stated earlier, the ABOG has retracted its policy. This case, however, offers a number of lessons related to physician scope of practice, the authority of physician certification bodies to regulate physician practice, and impact on physician workforce and patient access to care of such decisions by physician certification entities and other medical regulatory bodies.

First, regulation of physician practice is not the domain of certification boards, but rather within the purview of the state medical licensing boards, which protect the public through licensure of physicians to practice medicine in a given state or jurisdiction (and discipline of those physicians, as needed). The mission of the ABMS (and by extension, its 24 member boards) is encapsulated on its website: “to develop and utilize professional and educational standards for the certification of physician specialists” and “to provide assurance to the public that a physician … has successfully
completed an approved educational program and evaluation process … required to provide quality
patient care in that specialty.” The actions of the ABOG were seen by many as going beyond this
mission.

The stated rationale for its decision was to preserve the integrity of the specialty of gynecology and
to protect patients from those ABOG-certified physicians who might have been practicing fields of
medicine for which they were neither appropriately trained nor certified. In particular, the board
contended that too many gynecologists had extended their practice to areas outside the scope of
obstetrics-gynecology. In so doing, these physicians may have been presenting themselves as
“board-certified” without revealing that their certification was in obstetrics-gynecology (thereby
potentially misleading patients, and perhaps placing patients in harm’s way by not being fully
versed in the intricacies of a given subspecialty field). The board also argued that obstetrician-
gynecologists should focus on women’s health issues due to the workforce shortage of physicians
providing care to women.

The needs of patients are never static, and advances in medicine are continual; accordingly, the
borders between given specialties and fields of medicine are fluid. Where this fluidity benefits
patients, it is to be applauded, and advanced. A given subspecialty practice may be relevant for
only a small group of patients, but that does not detract from these patients’ needs (as illustrated by
the article quoted above on the male patient with chronic pelvic pain). In addition, the practice of
physicians with multiple board certifications should not be discouraged through unilateral actions
by a given board. One article on the ABOG case, for example, noted the impact on the
physicians with dual certification from the ABOG and the American Board of Addiction Medicine:
“[T]his change meant risking the loss of their ABOG certification if their practice of addiction
medicine comprised more than 25% of their medical practice or included male patients.” In short,
just as physicians practice patient-centered medicine, changes in medical practice should be
centered around, and responsive to, patient need—regardless of the number of patients impacted.

AMA POLICY

A search of AMA records found no AMA policy specific to this issue, although the following
policy may be relevant.

H-275.944, Board Certification and Discrimination
(1) Where board certification is one of the criteria considered for purposes of measuring quality of
care, determining eligibility to contract with managed care entities, eligibility to receive hospital
staff or other clinical privileges, ascertaining competence to practice medicine, or for other
purposes, the AMA oppose discrimination that may occur against physicians involved in the board
certification process including those who are in a clinical practice period for the specified
minimum period of time that must be completed prior to taking the board certifying examination.
(2) Our AMA reaffirms and communicates its policy of opposition to discrimination against
member physicians based solely on lack of American Board of Medical Specialties or equivalent
American Osteopathic Board certification. (3) Our AMA continues to advocate for nomenclature to
better distinguish those physicians who are in the board certification pathway from those who are
not. (Sub. Res. 701, I-95; Appended: Res. 314, I-98; Appended: Sub. Res. 301, I-99; Reaffirmed:
The AMA is opposed to scope of practice limitations put into place by physician certification bodies. Such actions can have an adverse impact on the availability of physician workforce to ensure patient access to care, especially in cases where subspecialty physicians provide care to specific patient populations. Although in this particular case the ABOG rescinded its decision, it would be advisable for the AMA to express its opposition to any potential future actions by the ABOG or other ABMS member boards that would inappropriately limit physicians’ scope of practice.

The Council on Medical Education therefore recommends that the following recommendation be adopted in lieu of Resolution 005-A-14 and that the remainder of the report be filed.

That our American Medical Association (AMA) work with the American Board of Medical Specialties (ABMS) to ensure that ABMS member boards avoid attempts at restricting the legitimate scope of practice of board-certified physicians. (Directive to Take Action)

Fiscal note: Less than $1,000 for staff time.
REFERENCES


