

**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)

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

7  
8 The essence of testimony proffered at the reference committee hearing was that, although scope of  
9 practice limitations through board certification are not appropriate, this is not a general practice  
10 beyond the one specific case that served as catalyst for this resolution. In addition, the  
11 organizations involved in the original case also testified that this was a limited circumstance and  
12 had been already addressed appropriately between the parties affected. In any event, to ensure that  
13 the AMA is on record with policy on this issue, should similar concerns arise in the future, the item  
14 was extracted on the House floor and the HOD voted for referral for a report back to the HOD.

15  
16 **BACKGROUND**

17  
18 On September 12, 2013, the American Board of Obstetrics & Gynecology (ABOG) posted on its  
19 website a new definition of an ABOG-certified obstetrician-gynecologist. Included in this  
20 definition was a limitation on the amount of time for performing non-gynecologic procedures,  
21 along with a statement that ABOG-certified physicians, with few exceptions, should treat female  
22 patients only. Physicians who treated male patients, the statement continued, could lose their  
23 ABOG certification. The notice specifically barred ob-gyns from performing an examination called  
24 anoscopy on men, a procedure for diagnosis of abnormal, potentially cancerous growths in the anal  
25 canal.<sup>1</sup>

26  
27 The impetus for the new definition, as described in an article in *The New York Times*, was to  
28 “protect patients and the integrity of the specialty because some gynecologists were practicing  
29 other types of medicine, like treating men for low testosterone or performing liposuction and other  
30 cosmetic procedures on women and men.” Further, the article noted the ABOG’s concern that  
31 some ABOG-certified physicians “ran ads offering those services and describing themselves as  
32 board certified, without specifying that their certification was in obstetrics and gynecology, an  
33 omission that could mislead patients into thinking they were certified in plastic surgery or some  
34 other specialty.”<sup>2</sup>

1 Regardless of the ABOG's intent, the release of its statement provoked protests from obstetrician-  
2 gynecologists and patients nationwide and coverage in national media outlets. A November 22,  
3 2013 article in *The New York Times*, for example, highlighted the potential fallout for patients as  
4 well as physicians: "About two months ago, Dr. Elizabeth Stier was shocked to learn that she  
5 would lose a vital credential, board certification as a gynecologist, unless she gave up an important  
6 part of her medical practice and her research: taking care of men at high risk for anal cancer. . . .  
7 Doctors cannot ignore such directives from a specialty board, because most need certification to  
8 keep their jobs. Now Dr. Stier's studies are in limbo, her research colleagues are irate, and her male  
9 patients are distraught. Other gynecologists who had translated their skills to help male patients are  
10 in similar straits."<sup>3</sup>

11  
12 A second article in *The New York Times*, published on December 10, 2013, profiled the tribulations  
13 of a male patient with chronic pelvic pain so severe that he could not work. After waiting five  
14 months for an appointment, he was notified less than one week before the appointment date that it  
15 had been canceled, due to the treating physician's concerns that his ABOG certification could be at  
16 risk if he were to see the patient. The patient then "went home, close to despair. His condition has  
17 left him largely bedridden. The pain makes it unbearable for him to sit, and he can stand for only  
18 limited periods before he needs to lie down. 'These characters at the board jerked the rug out from  
19 underneath me,' he said."<sup>4</sup>

20  
21 In response to such concerns raised by patient advocates and board-certified obstetrician-  
22 gynecologists alike, the ABOG revised its policy partially in both November and December 2013.  
23 The first revision allowed for continued screening of men for anal cancer; the second permitted  
24 treatment of male patients with pelvic pain, although it prohibited ABOG-certified physicians from  
25 accepting new patients with the condition.<sup>5</sup>

26  
27 After continued protests by obstetrician-gynecologists who treat male patients, the statement was  
28 fully rescinded one month later. In a January 30, 2014 statement on its website to announce the  
29 final revocation of the policy, the ABOG conceded that the issue had become a "distraction from  
30 our mission to ensure that women receive high quality and safe health care from certified  
31 obstetricians and gynecologists." In addition, the statement noted, "This change recognizes that in a  
32 few rare instances board certified Diplomates were being called upon to treat men for certain  
33 conditions and to participate in research." At the same time, the ABOG cautioned that the change  
34 was not "an endorsement for board-certified Diplomates to practice in areas outside of their  
35 specialty," and that the ABOG "does not and cannot attest to the knowledge, judgment, skills, and  
36 qualifications of Diplomates related to practice outside of the scope of the specialty of Obstetrics  
37 and Gynecology."<sup>6</sup>

## 38 39 DISCUSSION

40  
41 As stated earlier, the ABOG has retracted its policy. This case, however, offers a number of lessons  
42 related to physician scope of practice, the authority of physician certification bodies to regulate  
43 physician practice, and impact on physician workforce and patient access to care of such decisions  
44 by physician certification entities and other medical regulatory bodies.

45  
46 First, regulation of physician practice is not the domain of certification boards, but rather within the  
47 purview of the state medical licensing boards, which protect the public through licensure of  
48 physicians to practice medicine in a given state or jurisdiction (and discipline of those physicians,  
49 as needed). The mission of the ABMS (and by extension, its 24 member boards) is encapsulated on  
50 its website: "to develop and utilize professional and educational standards for the certification of  
51 physician specialists" and "to provide assurance to the public that a physician . . . has successfully

1 completed an approved educational program and evaluation process ... required to provide quality  
2 patient care in that specialty.” The actions of the ABOG were seen by many as going beyond this  
3 mission.

4  
5 The stated rationale for its decision was to preserve the integrity of the specialty of gynecology and  
6 to protect patients from those ABOG-certified physicians who might have been practicing fields of  
7 medicine for which they were neither appropriately trained nor certified. In particular, the board  
8 contended that too many gynecologists had extended their practice to areas outside the scope of  
9 obstetrics-gynecology. In so doing, these physicians may have been presenting themselves as  
10 “board-certified” without revealing that their certification was in obstetrics-gynecology (thereby  
11 potentially misleading patients, and perhaps placing patients in harm’s way by not being fully  
12 versed in the intricacies of a given subspecialty field). The board also argued that obstetrician-  
13 gynecologists should focus on women’s health issues due to the workforce shortage of physicians  
14 providing care to women.

15  
16 The needs of patients are never static, and advances in medicine are continual; accordingly, the  
17 borders between given specialties and fields of medicine are fluid. Where this fluidity benefits  
18 patients, it is to be applauded, and advanced. A given subspecialty practice may be relevant for  
19 only a small group of patients, but that does not detract from these patients’ needs (as illustrated by  
20 the article quoted above on the male patient with chronic pelvic pain). In addition, the practice of  
21 physicians with multiple board certifications should not be discouraged through unilateral actions  
22 by a given board. One article on the ABOG case, for example, noted the impact on the 33  
23 physicians with dual certification from the ABOG and the American Board of Addiction Medicine:  
24 “[T]his change meant risking the loss of their ABOG certification if their practice of addiction  
25 medicine comprised more than 25% of their medical practice or included male patients.”<sup>7</sup> In short,  
26 just as physicians practice patient-centered medicine, changes in medical practice should be  
27 centered around, and responsive to, patient need—regardless of the number of patients impacted.

#### 28 29 AMA POLICY

30  
31 A search of AMA records found no AMA policy specific to this issue, although the following  
32 policy may be relevant.

#### 33 34 H-275.944, Board Certification and Discrimination

35 (1) Where board certification is one of the criteria considered for purposes of measuring quality of  
36 care, determining eligibility to contract with managed care entities, eligibility to receive hospital  
37 staff or other clinical privileges, ascertaining competence to practice medicine, or for other  
38 purposes, the AMA oppose discrimination that may occur against physicians involved in the board  
39 certification process including those who are in a clinical practice period for the specified  
40 minimum period of time that must be completed prior to taking the board certifying examination.  
41 (2) Our AMA reaffirms and communicates its policy of opposition to discrimination against  
42 member physicians based solely on lack of American Board of Medical Specialties or equivalent  
43 American Osteopathic Board certification. (3) Our AMA continues to advocate for nomenclature to  
44 better distinguish those physicians who are in the board certification pathway from those who are  
45 not. (Sub. Res. 701, I-95; Appended: Res. 314, I-98; Appended: Sub. Res. 301, I-99; Reaffirmed:  
46 Sub. Res. 722, A-00; Reaffirmed: CME Rep. 7, A-07)

1 SUMMARY AND RECOMMENDATION

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3 The AMA is opposed to scope of practice limitations put into place by physician certification  
4 bodies. Such actions can have an adverse impact on the availability of physician workforce to  
5 ensure patient access to care, especially in cases where subspecialty physicians provide care to  
6 specific patient populations. Although in this particular case the ABOG rescinded its decision, it  
7 would be advisable for the AMA to express its opposition to any potential future actions by the  
8 ABOG or other ABMS member boards that would inappropriately limit physicians' scope of  
9 practice.

10

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

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

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

## REFERENCES

- <sup>1</sup> Should gynecologists treat men? The Daily Briefing/The Advisory Board Company. December 12, 2013. Available at: [advisory.com/Daily-Briefing/2013/12/02/Should-gynecologists-treat-men](http://advisory.com/Daily-Briefing/2013/12/02/Should-gynecologists-treat-men).
- <sup>2</sup> Grady D. Responding to Critics, Gynecology Board Reverses Ban on Treating Male Patients. *The New York Times*. January 30, 2014. Available at: [nytimes.com/2014/01/31/health/responding-to-critics-gynecology-board-reverses-ban-on-treating-male-patients.html](http://nytimes.com/2014/01/31/health/responding-to-critics-gynecology-board-reverses-ban-on-treating-male-patients.html)
- <sup>3</sup> Grady D. Gynecologists Run Afoul of Panel When Patient Is Male. *The New York Times*. November 22, 2013. Available at: [nytimes.com/2013/11/23/health/gynecologists-run-afoul-of-panel-when-patient-is-male.html](http://nytimes.com/2013/11/23/health/gynecologists-run-afoul-of-panel-when-patient-is-male.html).
- <sup>4</sup> Grady D. Men With Pelvic Pain Find a Path to Treatment Blocked by a Gynecology Board. *The New York Times*. December 10, 2013. Available at: [nytimes.com/2013/12/11/us/men-with-pelvic-pain-find-a-path-to-treatment-blocked-by-a-gynecology-board.html](http://nytimes.com/2013/12/11/us/men-with-pelvic-pain-find-a-path-to-treatment-blocked-by-a-gynecology-board.html).
- <sup>5</sup> OB-GYN board reverses ban on treating male patients. The Daily Briefing/The Advisory Board Company. February 3, 2014. Available at: [advisory.com/daily-briefing/2014/02/04/ob-gyn-board-reverses-ban-on-treating-male-patients](http://advisory.com/daily-briefing/2014/02/04/ob-gyn-board-reverses-ban-on-treating-male-patients).
- <sup>6</sup> The American Board of Obstetrics and Gynecology (ABOG) Revises Definition of an Obstetrician and Gynecologist and Clarifies Information about Certification. ABOS website. Available at: [abog.org/news.asp?news=01302014](http://abog.org/news.asp?news=01302014).
- <sup>7</sup> Starer J. A Crisis Averted for OB-GYNs. *ASAMagazine*. February 17, 2014. Available at: [asam.org/magazine/read/article/2014/02/17/a-crisis-averted-for-ob-gyns](http://asam.org/magazine/read/article/2014/02/17/a-crisis-averted-for-ob-gyns).