Is board certification a *true* measurement of quality?

Increasingly, for many healthcare professionals, board certification has become the standard by which to define quality; it is becoming a must for the physician to survive in the rapidly changing world of medical practice. One might well ask if board certification truly equates quality and if the examination itself is of substance. Perhaps a look at the history of medical education can help our perspective.

Specialization, as we know it today, began during the early years of the 20th century. It was during this time that dramatic and rapid changes in the practice of medicine occurred. In particular, the development of anesthesia enhanced the practice of surgery. Similarly, the early 1900s saw training that went beyond internships to residencies. These early residency programs lacked common standards, varying greatly in length, depth, and quality; no guarantee of competence was assumed.

In response to such inconsistencies, the specialty boards—beginning with ophthalmology in 1917—were created and began to exert influence. By the late 1930s, more than half of the presently existing specialty boards were operating. In 1923, the Council of Medical Education and Hospitals of the American Medical Association adopted a statement of principles and soon after published requirements for approval of internships and residencies.

As the osteopathic medical profession developed its specialty residency programs, the American Osteopathic Association established specialty boards to evaluate the competence of osteopathic medical graduates. Seeking board certification as a sign of peer review and as a symbol of professional scholarship, osteopathic physicians sat for these boards in varying numbers. Yet, neither licensure, hospital privileges, nor insurance reimbursement required board certification, as the lack of certification did *not* imply lack of competence.

Today, market forces have changed the significance of board certification. Gary L. Slick, DO, chairman of the AOA Bureau of Osteopathic Specialists and president of the American Osteopathic Board of Internal Medicine (AOBIM), argues that managed care companies "took the easy road" in using board certification as a criterion for admitting physicians to their panels. "There are much better ways of measuring quality than noting whether a person passed an exam. But developing a quality measurement system takes time and money, and everyone is concerned with cost-effectiveness," he maintains.

Questioning the quality, relevance, and the validity of our current board examinations is proper—and necessary. We must also examine how our DO graduates of osteopathic residency training programs perform on the AOBIM subspecialty examinations compared with DO graduates of allopathic residencies. Drs Slick and Dolan did just that in their article, "Performances of candidates with osteopathic compared with allopathic subspecialty training on the American Osteopathic Board of Internal Medicine subspecialty certifying examinations 1984–1992." Their study, which begins on page **1050** in this issue of the *JAOA*, concludes, "There exists no significant difference in the mean scores or pass-rate percentages based on training location."

The authors also examine the potential for bias by the panel of consultants who write the items for the Board examination.

Whether subspecialty board certification *truly* measures a physician's competence will not be determined soon. Nevertheless, it is quickly becoming the standard "yardstick" by which the medical profession is being judged—accurate or not. ♦

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