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# **THE BOARD OF CERTIFICATION IN FAMILY MEDICINE OBSTETRICS (BCFMO): CREATION OF A NEW BOARD**

**Daniel M. Avery, MD & Mark Loafman, MD**

**Abstract:** The Board of Certification in Family Medicine Obstetrics (BCFMO) was created in 2006 to examine and certify family physicians who have completed advanced training in obstetrics by way of a fellowship or equivalent clinical training program. Family medicine obstetrics fellowships first appeared in 1984 in response to the shortage of obstetric providers in rural areas. Only recently has there been a Board to examine and certify these physicians. Family physicians and obstetrician/gynecologists have traditionally worked together in a number of ways to provide the best in patient care. The development of standards for eligibility, an examination to verify competency, and a board of certification for qualified family physicians is a logical next step for the two specialties to continue the tradition of working together. The history of the development of this board is discussed in this paper.

## **INTRODUCTION**

Postgraduate obstetrics fellowship programs for family physicians were begun in 1984 in response to the need for obstetric providers who could practice independently in many underserved rural areas of this country (1). While most Family Medicine residency programs provide training in routine maternity care, few Family Physicians enter practice with the ability to demonstrate the training and competency required to include operative deliveries in their scope of practice. Historically, those Family Physicians who have attained the necessary skills and privileges to practice the full scope of obstetrics have done so through an informal “apprenticeship” approach with senior colleagues. Increasingly, this training has been occurring in more formal though as yet unaccredited fellowship programs. Family medicine physicians completing an accredited residency are eligible to become board certified in Family Medicine, which includes the domain of routine maternity care. It is widely recognized that the degree of preparation in obstetrical care varies widely among the residency programs.

A number of graduating Family Medicine residents go on to pursue additional training in one of several fellowship areas. Most of these fellowships have some form of examination and certification, usually in the form of a certificate of added qualification to their family medicine boards. Until recently there has been no mechanism to obtain additional certification for a family medicine physician completing an obstetrics fellowship. The Board of Certification in Family Medicine Obstetrics was incorporated in 2006 (as the American Board of Family Medicine Obstetrics) to establish eligibility criteria, examine to verify competency and certify these physicians (2).

## **HISTORY OF FAMILY MEDICINE OBSTETRICS FELLOWSHIPS**

Postgraduate Obstetrics Fellowship Training for family physicians was founded by Dr. Paul Mozley in 1984 at the University of Alabama School of Medicine in Tuscaloosa, Alabama (2). The development of these fellowships arose from the shortage of obstetric providers in rural

areas and a desire by graduating family medicine physicians to attain additional training needed to practice the full scope of obstetrics (2).

Obstetrics Fellowships are usually one year in length and include operative obstetrics with cesarean section and instrumental vaginal delivery, limited gynecologic surgery and office gynecology and preparation to independently manage the majority of complications that may be encountered in maternity care. In addition to operative obstetrics, fellows typically become proficient at postpartum tubal ligation, dilatation and curettage, cervical conization and suction curettage. The majority of obstetrics fellowship graduates practice obstetrics and perform cesarean sections according to a study by Pecci (3). Some programs also train fellows in important procedures that might otherwise be inaccessible in underserved settings including operative management of ectopic pregnancy, postoperative hemorrhage, management of incompetent cervix and laparoscopy (4, 5, 6). A guide for cesarean hysterectomy for family medicine physicians has also been published in recognition of the potential need for this procedure (7).

Family physicians provide excellent obstetric care with minimal malpractice exposure based on a study of 194 physicians and 32,831 births by Nesbitt et al (8). Family physicians who practice the full scope of obstetrics play a critical role in obstetrical care, particularly where there is an inadequate supply of obstetricians as occurs routinely in both urban and rural underserved areas (9).

## **HISTORY OF BOARD CERTIFICATION IN THE UNITED STATES**

The movement for specialty boards began in the United States in the early 1900's with the idea of a specialty board proposed in 1908 (10). Specialty societies and medical education institutions encouraged the development of specialty boards to define qualifications of physicians and provide those results to the public (10). Subsequently, most specialties and subspecialties have developed boards (11-24). The first boards of certification elevated the standards of specific specialties, protected the public against unqualified physicians, established requirements for examination, supervised the examination process and issued board certificates (10).

There are three board certifying organizations in the United States. An Advisory Committee for Medical Specialties was formed and later changed its name to the American Board of Medical Specialties (ABMS) in 1970 (10). The ABMS is composed of 24 medical specialty Member Boards (10) that administer 31 general specialty certificates and 57 subspecialty certificates (14). The American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS) was organized in 1933 (25). The Bureau is the certifying body for Doctors of Osteopathy for 18 medical specialty boards in the United States (25). The Osteopathic organization examination and certification is the only such entity that is voluntary (26).

The third certifying body in the United States is the American Board of Physicians Specialists (ABPS) which was organized in 1950 and incorporated in 1952 (27). This entity provides certification to both allopathic and osteopathic physicians in 17 boards of certification (27). ABPS is the first certifying entity to have active participation of public members (27). ABPS is

the parent organization of the Board of Certification in Family Medicine Obstetrics (BCFMO) (28).

## **INITIAL ATTEMPTS AT CERTIFICATION OF FAMILY MEDICINE PHYSICIANS**

Attempts to examine and certify family medicine physicians completing obstetrics fellowship training began in 1985. The idea of examination, board certification and recognition of these physicians was first attempted by Dr. Paul Mozley (2). Between 2000 and 2005, a number of national organizations were approached about examination and certification. While all organizations contacted were supportive and recognized the need, an examination and certification never materialized. The apparent obstacle to the development of a board of certification was a fellowship program that spanned two separate medical specialties, OB/GYN and Family Medicine. In 2000 and 2003, Dr. Samuel Gaskins, then Residency Director at the Tuscaloosa Family Medicine Residency in Tuscaloosa, Alabama, again pursued examination and certification of these physicians without success (29). In 2004, one of the authors (DMA) pursued a joint venture of two separate boards but without success.

## **AAFP-ACOG COOPERATIVE EFFORTS IN PRACTICE AND TRAINING**

Family Medicine and Obstetrics and Gynecology organizations have traditionally worked together to support training, promote collaboration and encourage practice improvements to help provide the best possible care for obstetrical patients. It would seem logical and prudent for both specialties to jointly develop eligibility criteria, examination and board certification for family physicians with fellowship training in obstetrics as a continuation of the many ways the organizations have worked together as described below:

- In 1988, a Joint Task Force of the American Academy of Family Physicians and the American College of Obstetricians and Gynecologists developed a joint statement on cooperative practice and hospital privileges of family physicians practicing obstetrics (22). This statement recognized that obstetrical care is provided by obstetricians, family physicians and nurse midwives and that a cooperative relationship is necessary for the best care of obstetric patients (30). “Privileges should be granted on the basis of training, experience and demonstrated current competence” rather than specialty (30).
- The Advanced Life Support in Obstetrics Program (ALSO) was developed by the University of Wisconsin Department of Family Medicine and the ALSO Development Group of family physicians, obstetricians and nurses in 1991 to help health care providers develop and maintain knowledge and skill for potential obstetric emergencies (31, 32). The ALSO course helps health care providers develop and maintain knowledge and skill for potential obstetric emergencies.
- The ALSO Course has also been adapted for training residents in obstetrics and gynecology as well as family medicine in 2005 (33). In 2005, Dauphin-McKenzie et al at Miller School of Medicine at the University of Miami reported using the ALSO course for first year residents as part of orientation (33). Both faculty and residents agreed that ALSO was useful for OB/GYN residents and an “effective educational tool” (33).

- A Joint Task Force of the American Academy of Family Physicians and the American College of Obstetricians and Gynecologists has developed core educational guidelines in OB/GYN care for training family medicine residents (34).

### **TASK FORCE FOR CERTIFICATION OF FAMILY PHYSICIANS PRACTICING OBSTETRICS**

The idea of examination and board certification of family medicine physicians completing obstetrics fellowships was presented to the American Board of Physician Specialties (ABPS) in 2004. A formal presentation was made to their existing boards at the ABPS Annual Leadership Meeting in Naples, FL, June 24, 2005 with support (35). The ABPS created a Task Force for the Certification of Family Physicians Practicing Obstetrics in 2005 composed of obstetricians and gynecologists, family physicians, family physicians practicing obstetrics, an emergency medicine physician, obstetrics fellowship directors, a family medicine residency director, the ABPS Family Medicine chair, chairs of Obstetrics and Gynecology Departments, an ABPS psychometrician and the founder of Obstetrics Fellowships, Dr. Paul Mozley. The Task Force was co-chaired by the ABPS Family Medicine Chair and a Family Medicine Obstetrics Fellowship Director who was also a medical school OB/GYN Department chair (DMA).

### **BOARD CERTIFICATION VS. CERTIFICATE OF ADDED QUALIFICATION**

In 2005, the American Board of Physician Specialties carried out a nation-wide survey questioning hospitals, hospital credentialing committees, malpractice insurance carriers, obstetrics fellowship programs and family physicians about the need for examination and certification, a certificate of added qualification and a separate board of certification for family physicians practicing obstetrics (30).

Hospitals around the country were selected at random, ranging in size from 60 to 1,000 beds (2). They varied in type including private, county, state, federal, teaching and Armed Forces (2). An administrative person was interviewed by telephone. The majority of hospitals (73%) preferred board certification. All federal, state, teaching and Armed Forces Hospitals preferred board certification (2). An administrative person in charge of physician credentialing was also interviewed by telephone regarding necessity of a certificate of added qualification, board certification or no preference for family medicine physicians practicing obstetrics in their institution. Ninety percent of hospitals credentialing personnel preferred board certification.

Malpractice insurance carriers were selected by contacting state medical societies at random and interviewing the major malpractice carriers by telephone. All carriers contended that board certification was more important than a certificate of added qualification to another board. Carriers were more definitive about board certification than hospitals and uniformly reported that board certification affects insurability more than insurance rates. Family medicine physicians, family medicine physicians practicing obstetrics, obstetrician/gynecologists and family medicine obstetrics fellows were interviewed. One half of them preferred board certification, 12.5% certificate of added qualification, 18.75% were uncertain and 12.5% preferred neither (2).

The twenty-four obstetrics fellowships advertised on the AAFP web site other than the Tuscaloosa program were interviewed by email regarding board certification or a certificate of added qualification. Fifty percent of the programs responded. Fifty percent preferred a certificate of added qualification and 33% board certification. All who responded thought that either would be a positive step in the right direction. Program directors were most concerned about which would have the greatest positive impact on teaching institutions, hospital credentialing committees and malpractice insurance carriers (2).

In summary, the majority of entities surveyed preferred board certification over a certificate of added qualification (36). Most non-physicians had no idea what the term “certificate of added qualification” meant and despite a lengthy explanation; this may have influenced their choice of board certification.

### **AMERICAN BOARD OF FAMILY MEDICINE OBSTETRICS**

The American Board of Physician Specialties (ABPS) created the American Board of Family Practice Obstetrics in 2006. The name was changed to the American Board of Family Medicine Obstetrics (ABFMO) in 2008, commensurate with the changing terminology to family medicine (36). The name was changed again to the Board of Certification in Family Medicine Obstetrics (BCFMO) in 2010 pursuant to an agreement with the American Board of Family Medicine (ABFM). An Advisory Council to oversee the Board was selected and included prominent authorities in Obstetrics and Gynecology, Family Medicine and Obstetrics, Rural Medicine and Academic Medicine (28).

The Board members convened a series of planning sessions between 2006 and 2008 to clearly define the scope of practice for Family Medicine Obstetrics, define the content areas and expected levels of competency, and to establish the criteria for eligibility of both candidates and the various training programs. Using the content areas as a resource, the Board worked with psychometric experts in accordance with standard practices for testing and assessing competency to develop a written examination and referenced according to information contained within the major textbooks on obstetrics in common use. This process generated a bank of 873 test items which have been referenced, fully vetted by Board members and psychometric evaluation including a determination of Angoff scoring to determine minimal levels of competency, with an effort to verify competency to that expected by the ABPS Board of certification in obstetrics and gynecology (36). A 200 question written examination was administered to the Board in February, 2009. Test items were then evaluated with standard analytical methods and Board member review for validity with revisions and exclusions as indicated. In 2008, it was decided to offer the examination to qualified family physicians trained and practicing in Canada.

News of the Board’s development has generally been met with enthusiasm and support among family physicians with advanced training in the full scope of obstetrics. However, some family physicians expressed a concern that board certification in family medicine obstetrics may become an expectation for all family physicians requesting obstetrical privileges. In response, care was taken to ensure that all activities and efforts of the Board reveal a clear recognition that board certification in family medicine is wholly adequate to render one eligible for privileging a family physician. Efforts have also been taken at a variety of regional and national family

medicine venues to provide information and forums for dialogue about board certification in family medicine Obstetrics, and it is hoped that this paper will facilitate more of the same.

During 2008 the Board then developed content for an oral examination utilizing a standardized process similar to that described above and subsequently generated a variety of cases, assignment by content area and weighing to assess competency in each area vetted in the same references used for the written examination. As a final step in the validation process the oral examination was administered as a pilot test to three volunteer Board members with observation, follow-up evaluation and discussion of the content, test administration process, Angoff scoring and results. The major obstetrical textbooks used to develop test items are listed in the Table 1 below.

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Table 1: Major Obstetrical Textbooks Used in Test Item Design

- Williams Obstetrics, 21<sup>st</sup> and 22<sup>nd</sup> Editions (37, 38)
  - Obstetrics—Normal and Problem Pregnancies (39)
  - ACOG Compendia (40, 41, 42)
  - AAP—ACOG Perinatal Guidelines (43, 44, 45)
  - Creasy and Resnik's Maternal—Fetal Medicine: Principles and Practice (46)
  - Modern Colposcopy: textbook and Atlas (47)
  - Pediatric Red Book (48)
  - Dennen's Forceps deliveries (49)
  - ALSO Course Syllabus (50)
  - Managing OB/GYN Emergencies (51)
  - Essential Management of Obstetric Emergencies (52)
  - Pocket Companion to Accompany Obstetrics (53)
  - Berek's and Novak's Gynecology (54)
  - Legal Medicine (55)
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## **SURGICAL COMPETENCY TESTING**

Documentation of physician competency is an area of interest of the Joint Commission on Accreditation of Hospitals and Organizations (56, 57). During the development of the written and oral examinations, the Board felt strongly that some form of surgical competency verification be a formal and mandatory part of the certification process. Many avenues of surgical proctoring were explored including on site observation by two ABFMO Board members, video-taping of a cesarean section, live video-cast of a cesarean section, demonstration of skills on a simulator and local proctoring by a qualified family physician, obstetrician or surgeon who actively practices operative obstetrics.

For a variety of both practical considerations including deference to the important role of a candidate's local medical staff, the Board decided to have local practicing physicians serve as proctors to observe and evaluate the surgical competency of a candidate for examination. The proctors are required to be approved by BCFMO in advance which includes attestation of their current surgical obstetrics privileges, that they have sufficient direct observation to evaluate each of the specified competencies, and that they are free of any conflicts of interest which might hinder their objective evaluation of the candidate.

## **CREDENTIALING FOR THE EXAMINATIONS**

Applicants for the BCFMO examination must be qualified under one of two tracks: a Fellowship Track or a Clinical Practice Track. The inclusion of clinical practice in operative obstetrics recognized the significant role informal “apprenticeship” style training has played in allowing Family Physicians to demonstrate adequate training and competency in operative obstetrics. This path is slated to close in 2016 in anticipation that a process to accredit the growing number of fellowship programs will be well established by that time. Requirements to take both the written and oral examinations were modeled after the requirements of the American Board of Obstetrics and Gynecology (58). Applicants who have satisfactorily completed a 12 month full-time Obstetrics or Maternal and Child Care Fellowship within the last five years that has been recognized by the BCFMO and registered on the AAFP website of fellowships will be considered eligible. The fellowship director is asked to submit a letter of verification attesting to the candidate’s satisfactory completion of the program.

Graduates of fellowships that have not been recognized by the BCFMO may ask their program to submit materials for consideration. If a program is ultimately not recognized by the BCFMO or if the applicant obtained training without a fellowship program they may apply under the Clinical Practice Track. Applicants in the Clinical Practice Track who have been actively engaged in the practice of surgical obstetrics for at least five years are asked to present a validated case list of the previous two years. All applicants of either tract must have performed a minimum of 100 vaginal deliveries and a verified case list of 50 cesarean sections within the last five years. Applicants successfully completing the written examination are required to submit verification of competency in surgical obstetrics described above and successfully complete the oral examination to attain Board certification.

During the February, 2009 meeting of the Board, submitted materials from applicants requesting clearance to take the written examination were reviewed and where appropriate, were duly credentialed. Recognized obstetrics fellowship programs in the United States were identified while searching for new programs was begun. The first written examination was administered in May, 2009 and the first oral examination took place in September, 2009. Subsequent written and oral examinations were administered in 2010 (60). In addition to successful completion of the written and oral examinations and verification of surgical proctoring, applicants also undergo a formal background check, a review of the National Practitioner Data Bank query and are required to submit payment of appropriate fees before being granted board certification in Family Medicine Obstetrics (60).

## **THE FUTURE OF FAMILY MEDICINE OBSTETRICS CERTIFICATION**

The next steps after the development of the Board of Certification in Family Medicine Obstetrics and its process for examination and certification of applicants are listed in Table 2 (60). Several of these steps have already been accomplished. Awarding of certificates of board certification is already in place but a confirmation process to recognize new diplomates needs to be created. There needs to be a recertification process to accompany the certification process like other boards with an ongoing maintenance of certification. An appeals process has already been



developed following the standard appeals process for the other boards in the American Board of Physician Specialists. There needs to be an educational component of Family Medicine Obstetrics for those certified separate from the Board such as an Academy, College or Society. Recognition and awareness of the Board is underway but is major challenge. The process to accredit training programs has been started following the ABPS standards for other boards of certification. Recognition and application for membership with the American Medical Association and Accreditation Council for Graduate Medical Education are future challenges.

Table 2: Next Steps Following Development of the Board of certification (60)

- Confirmation of Fellowship Status
- Implement a Recertification and Maintenance of Certification Process
- Development of an Appeals Process
- Establishment of an Academy, College or Society for Fellows separate from the Board
- Assess and encourage recognition and awareness by hospitals, malpractice insurance carriers, state medical societies and licensing commissions
- Accreditation for Training Programs
- Application for membership with the American Medical Association
- Recognition and Membership in the Accreditation Council for Graduate Medical Education (60)

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A timeline for the creation of the Board of Certification in Family Medicine Obstetrics is found in Table 3 following the references.

## **SUMMARY**

Twenty-five years ago, board certification was admirable but certainly not required to practice medicine; today, it is imperative. The original intent of boards to only recognize a few outstanding physicians is far from the current environment and expectations (13). Today, the vast majority of graduating physicians completing residency training today seek board certification as do those charged with granting privileges and the public at large. Most entities surveyed reported that examination and board certification is important (61). The complexity, risk and accountability inherent in maternity care support the need for a credible process to verify the competency of physicians providing this care. While Board Certification in Family Medicine accomplishes this goal for those family physicians practicing routine obstetrics, it does not address the wider scope of practice provided by fellowship trained physicians. The Board of Certification in Family Medicine Obstetrics (BCFMO) was developed to meet this need.

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Table 3: Timeline for Creation of the Board of Certification in Family Medicine Obstetrics

- 1908 Proposal of the development of boards of certification in the United States
- 1917 American Board of Ophthalmology was incorporated
- 1933 American Osteopathic Association Bureau of Osteopathic Specialists formed
- 1950 American Board of Physician Specialties formed
- 1952 American Board of Physician Specialties incorporated
- 1970 American Board of Medical Specialties formed from the Advisory Committee
- 1984 The first Obstetrics Fellowship founded by Dr. Paul Mozley in Tuscaloosa, Alabama

1985 ACOG petitioned for recognition a board examination by Dr. Paul Mozley

1988 ACOG and AAFP Joint Statement on collaborative practice

1991 Advanced Life Support in Obstetrics Course developed by Family Medicine and OB/GYN

1998 ACOG and AAFP Joint Statement on OB/GYN Education of Family Medicine residents

2000 National organizations petitioned to jointly create certifying board by Dr. Samuel Gaskins

2004 National organizations petitioned again to jointly create certifying board without success

2004 25 recognized obstetrics fellowships listed on AAFP website

2004 American Board of Physician Specialties (ABPS) petitioned for board

2005 ALSO Course adapted for OB/GYN Residency Programs

2005 Presentation for board of certification presented to ABPS Board of Directors

2005 Task Force on Creation of a Board of Certification established by ABPS

2005 Surveys of family physicians, hospitals, credentialing committees, malpractice carriers, and fellowship directors carried out

2006 Decision for a new board of certification for family physicians practicing obstetrics made

2006 American Board of Family Practice Obstetrics incorporated

2006 Major textbooks in obstetrics selected and written developed and studied

2006 Requirements for examination modeled after other boards of certification in OB/GYN

2007 Fellowship Track after completion of an AAFP recognized 12 month fellowship developed

2007 Practice Track with no fellowship but 5 years of active practice of obstetrics developed

2007 Satisfactory completion of fellowship attested to by fellowship director

2007 Applicant must have completed 100 vaginal deliveries and verified 50 cesarean sections

2008 Board name changed to American Board of Family Medicine Obstetrics (ABFMO)

2008 Advisory Council for Board created

2008 Oral examination questions developed

2008 ABFMO decision require surgical competency as part of certification process

2008 ABFMO approved proctor evaluates surgical competency of candidate

2008 Decision made to offer examinations to Family Physicians in Canada

2009 200 question written examination & 4 question oral examination given to Board

2009 First applicant credentialed for examinations

2009 First written and oral examinations scheduled

2009 American Board of Family Medicine Obstetrics advertised and promoted to family

medicine residencies and obstetrics fellowships

2010 Board name changed to Board of Certification in Family Medicine Obstetrics (BCFMO)

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