

BRIEF REPORT

Board Certification Versus Certificate of Added Qualification in Obstetrics for Family Physicians Practicing Obstetrics

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Abstract

The Task Force on Certification of Family Physicians Practicing Obstetrics of the American Board of Physician Specialties interviewed hospital's credentialing committees, malpractice insurance carriers and obstetrics fellowship program directors. The working hypothesis was that a Certificate of Added Qualification in obstetrics was as good as Board Certification in obstetrics for family physicians completing obstetrics fellowships and practicing obstetrics. However, the results of our survey found that the majority of agencies favor Board Certification in obstetrics over a Certificate of Added Qualification in obstetrics.

Introduction

Family physicians delivering babies is not new. They have been participating in childbirth for most of the past century. Obstetrics fellowship training for family physicians wishing to practice obstetrics is fairly new. There are 79,000 general practitioners and family physicians in the United States. Twenty-two percent or 17,380 of those attend childbirth according to the statistics department at the American Academy of Family Physicians.¹ There is currently no Board Certification for those physicians who complete obstetric fellowships and practice obstetrics. Twenty-five years ago it was unnecessary to be board certified; but today it is essential. Hospitals,

health maintenance organizations, peer review organizations, physician health programs, malpractice carriers, health insurance companies, credentialing organizations and attorneys want to know about Board Certification, eligibility, anticipated dates of examinations, failures and passes on examinations, as well as recertification.² Essentially all training programs have a certifying examination or something equivalent to it after training.

Family physicians who practice obstetrics need some mechanism of Board Certification or a Certificate of Added Qualification (CAQ) in obstetrics in addition to their family medicine boards. Such a certification would help authenticate their training and resolve the issue of adequacy of their practice. A Board of Certification in obstetrics would be a separate board from the Family Medicine Board while a CAQ in obstetrics would not be a new board but a certificate added to a Family Practice Board.

The Task Force on Certification of Family Physicians

Table 1: Hospital Preference Based on Type of Institution

HOSPITAL	LOCATION	TYPE	BOARD	CAQ
University	Jackson	Teaching	X	
Walter Reed	Washington	Armed Forces	X	
National Naval	Bethesda	Armed Forces	X	
DCH Regional	Tuscaloosa	Teaching	X	
Bryce	Tuscaloosa	State	X	
Veterans	Tuscaloosa	Federal	X	
Northport DCH	Northport	Private	X	
Pickens County	Carrollton	County		Neither Matters
Cooper Green	Birmingham	County	X	
Tampa General	Tampa	Teaching	X	
Grady Memorial	Atlanta	County	X	
Vanderbilt	Nashville	Private	X	
Baptist Memorial	Memphis	Private		No Preference
Northwest Medical	Winfield	Private		Neither Matters
St. Luke's-Rush	Chicago	Private		No Preference

Practicing Obstetrics of the American Board of Physician Specialties was charged with determining if there was a need for certification and if so, which would be best: Board Certification in obstetrics or a CAQ in obstetrics added to a Family Practice Board. Opinions were obtained from hospital's credentialing committees, malpractice insurance carriers and obstetrics fellowship program directors.

Methods

Hospitals around the country were selected at random. An attempt was made to select different types of hospitals including private, county, state, federal, teaching and Armed Forces. A representative from the hospital's administration was asked about approximate bed size of the hospital and preference of Board Certification versus a CAQ to a previous board.

Hospital credentialing committees were also selected by random. The staff person in charge of credentialing was asked about preference of Board Certification versus CAQ.

Malpractice insurance carriers were selected by contacting State Medical Societies at random and inquiring about major malpractice carriers in their state. These carriers were then interviewed by telephone.

Twenty-four obstetrics fellowship programs that advertised at the website of the American Academy of Family Practice were contacted by email about their preference of Board Certification versus a CAQ. Fifty percent responded. Those that did not respond were contacted again by email or telephone.

Discussion

Fifteen hospitals were interviewed to determine if type of hospital made any difference regarding Board Certification versus a CAQ. Types of hospitals included private, county, state, federal, teaching or Armed Forces. Table 1 lists the results of the interviews. The majority of hospitals interviewed preferred Board Certification (11 out of 15 or 73%). Two large private hospitals had no preference. One small county hospital and one small private hospital had no preference. All of the federal, state, teaching and Armed Forces

Table 2: Hospital Credentialing Preference of Boards vs. CAQ

HOSPITAL	LOCATION	Approx Bed	BOARDS	CAQ
DCH Regional	Tuscaloosa	700	X	
Northport DCH	Northport	200	X	
Tampa General	Tampa		X	
University	Jackson		X	
Grady Memorial	Atlanta	900	X	
Vanderbilt	Nashville	700	X	
Barnes-Jewish	St. Louis	700	X	
U New Mexico	Albuquerque	400	X	
Dallas Presbyterian	Dallas		X	
Baptist Memorial	Memphis	735	No Preference	
Cambridge	Cambridge	600	X	
Somerville	Somerville	200	X	
Whidden	Everett	230	X	
St. Luke's-Rush	Chicago	850	No Preference	
St. Mary's	Rochester	700	X	
Methodist	Rochester	500	X	
UAB	Birmingham	900	X	
Cedars Sinai ***	Los Angeles	1000	X	
Veteran's	Tuscaloosa	1000	X	
Bryce	Tuscaloosa	300	X	
Walter Reed	Washington	200	X	
Pickens County	Carrollton	60	Neither	
Northwest Medical	Winfield	73	Neither	
Trippler	Honolulu		X	
Gilmore Memorial	Amory	95	X	
Fayette Medical	Fayette	63	X	
North Mississippi	Tupelo	650	X	
National Naval	Bethesda		X	
Erlanger	Chattanooga	811	X	
Sacred Heart	Pensacola	520	X	
Cooper Green	Birmingham	119	X	

***No Family Medicine/Obstetricians at this hospital & excluded from data.

hospitals interviewed preferred Board Certification. Opinions were obtained from credentialing committees of 31 hospitals from various parts of the country, ranging in approximate bed size from 60 to 1,000 beds. One hospital was excluded from the study because it had no family physicians practicing obstetrics. Table 2 lists the results of the interviews. The majority of the hospitals (26 out of 30 or 87%) preferred Board Certification to a CAQ.

Sixteen malpractice insurance carriers were interviewed from various parts of the country. Table 3 lists the results of those interviews. All insurance carriers interviewed responded. All preferred Board Certification to a CAQ. Most insurance companies contend that Board Certification does not affect insurance rates but does affect insurability.

Twelve of 24 obstetrics fellowship program directors responded to our request for information. Table 4 lists

Table 3: Malpractice Insurance Preference of Board vs. CAQ

COMPANY	LOCATION	BOARDS	CAQ
University Trust Fund	Birmingham	X	
MACM	Jackson	X	
Medical Assurance	Birmingham	X	
Red Mountain	Birmingham	X	
First Professionals	Tampa	X	
Medical Protective	Fort Wayne	X	
MAG Mutual	Atlanta	X	
Doctors Reciprocal	Montgomery	X	
ProAssurance	Birmingham	X	
CRICO	Boston	X	
ProMutual	Boston	X	
SVMIC	Nashville	X	
TNLT	Dallas	X	
ISMLE	Chicago	X	
MSMA	St. Louis	X	
CNA	Maitland	X	

Conclusion: All (100%) of malpractice carriers prefer Board Certification over CAQ. Most underwriters do not understand CAQ. Board Certification vs CAQ makes no difference in cost of insurance but does make a significant difference in risk and whether a physician is offered coverage.

the results of those interviews. Three of the 11 (27%) thought Board Certification was preferred while 6 (55%) preferred a CAQ. One program director was uncertain and one thought either would be good. Program directors were concerned about which would hold more weight with teaching institutions, hospital's credentialing committees and malpractice insurance carriers. Many directors think that either is a positive step in the right direction.

Conclusions

The majority of hospitals regardless of bed size and type of hospital prefer Board Certification to a CAQ. All malpractice insurance carriers and most (87%) hospital credentialing committees prefer Board Certification. Over one-half of Obstetrics Fellowship Program Directors preferred a CAQ in obstetrics. Most feel that either is a very positive step in the right direction. Most program directors were concerned about the true effect of either as to which would carry

more weight with hospitals, their credentialing committees and malpractice insurance companies. Clearly, Board Certification in Obstetrics is preferred over a Certificate of Added Qualification in Obstetrics

Table 4: Program Director Preference of Boards vs. CAQ

RESPONDENT	TYPE	LOCATION	BOARDS	CAQ
Director	OB Fellowship	Huntsville	X	
Director	OB Fellowship	Las Vegas	Either	
Director	OB Fellowship	Seattle		X
Director	OB Fellowship	Memphis		X
Director	OB Fellowship	Pawtucket		X
Director	OB Fellowship	Albuquerque		X
Director	OB Fellowship	Salt Lake City	Uncertain	
Director	OB Fellowship	Spartanburg		X
Director	OB Fellowship	Seattle		X
Director	OB Fellowship	Oak Park	X	
Director	OB Fellowship	Seattle	X	

REFERENCES

1. Private Communication with the Statistics Department of the American Academy of Family Practice, 2005
2. Avery DM: Why Certify Family Physicians Practicing Obstetrics? The Medicolegal OB/GYN Newsletter 2006; Vol. 12, # 1.