

# American Board of Otolaryngology

## E-NEWS

*Serving the public and the profession since 1924*

### WHERE ARE WE ON SUBSPECIALTY CERTIFICATION?

August 2006

#### MISSION

The mission of the American Board of Otolaryngology (ABOto) is to assure that, at the time of certification and recertification, diplomates certified by the ABOto have met the ABOto's professional standards of training and knowledge in otolaryngology - head and neck surgery.

#### CONSIDERATIONS

As a member of the American Board of Medical Specialties<sup>1</sup> (ABMS), the ABOto must receive authorization by the ABMS to issue certificates in any given area. The ABOto will proceed to obtain authorization if:

- It can be established that a specific and unique body of knowledge exists in a particular area.
- There are subspecialty residency training programs for the subspecialty.
- The subspecialty membership organization(s) requests it.

At present, there are three subspecialty fellowships approved by the Accreditation Council for Graduate Medical Education (ACGME): Neurotology, Pediatric Otolaryngology, and Sleep Medicine. There are currently 15 ACGME-approved fellowship programs in Neurotology (total of 31 fellowship positions), five programs in Pediatric Otolaryngology (total of eight fellowship positions) and one ACGME-approved program in Sleep Medicine (total of four fellowship positions). There are no ACGME-approved subspecialty fellowships in facial plastic surgery or head and neck surgery at this time.

#### CONCERNS

Significant study and deliberation preceded ABOto's decision to proceed with subspecialty certification. Over the years, various concerns about subspecialty certification were expressed. Some felt that subspecialty certification would be divisive, creating two classes of specialists. Some felt that the scope of practice of the otolaryngologist would be narrowed or limited or that the significance of the primary certificate in otolaryngology would be diminished because of limitations being placed on those possessing only a primary certificate. There was also concern that hospital credentialing committees might limit the privileges of staff physicians based on subspecialty certification, which would compromise the ability of otolaryngologists to practice the full scope of otolaryngology-head and neck surgery. Finally, some expressed concern that subspecialty certification would create turf wars, result in splintering among our membership and diminish the sociopolitical efforts of the specialty as a whole. The ABOto has been responsive to the concerns, issues and recommendations of the subspecialty membership organizations on these matters.

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<sup>1</sup> The American Board of Medical Specialties is the umbrella organization for the 24 approved medical specialty boards in the United States. The ABMS serves to coordinate the activities of its member boards and to provide information to the public, the government, the profession and its members concerning issues involving specialization and certification in medicine.

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### **APPROVED SUBSPECIALTIES**

The ABOto is authorized by the ABMS to issue subspecialty certificates in Neurotology, Pediatric Otolaryngology, Sleep Medicine, and Plastic Surgery within the Head and Neck.

Perhaps the most compelling reason to offer an exam in Neurotology is that the ABOto exam for primary certification does not cover the scope of knowledge of Neurotology. This examination validates the ACGME residencies in Neurotology and provides recognition of those qualified to perform advanced Neurotologic procedures.

Recently, the ABOto joined the ABMS Conjoint Board in Sleep Medicine so that otolaryngologists are now eligible to apply for the subcertification in this specialty. Our participation in the conjoint board was warmly received by the other sponsoring boards: the American Board of Internal Medicine, the American Board of Psychiatry and Neurology, and the American Board of Pediatrics.

There is no plan at this time to move forward with a subspecialty examination in pediatric otolaryngology. Many otolaryngologists care for patients in the pediatric age group, and if this aspect of their practices were restricted, significant conflict could develop.

Subspecialty certification in Plastic Surgery within the Head and Neck will not be pursued until there are a sufficient number of ACGME-approved residencies in facial plastic surgery. Development of an examination process at this time would be premature, since there are presently no ACGME-approved residencies to train candidates for such an exam.

### **CONCLUSION**

It is evident that subspecialty certification can be a controversial issue. A subspecialty certifying exam process should go forward only if there is sufficient support from the subspecialty itself, so for this reason, the only active process at this time is Neurotology and Sleep Medicine. These examinations will not be duplicative of the general core requirements for the primary ABOto certificate, and is in keeping with the ABOto's mission to set professional standards in otolaryngology-head and neck surgery while maintaining the strength and harmony of our specialty.