

## History of The American Board of Dermatology, Inc. (1932-1982)

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### LANDMARKS IN THE 50-YEAR HISTORY OF THE AMERICAN BOARD OF DERMATOLOGY, INC. 1932-1982

- 1931** American Dermatological Association and AMA Section of Dermatology and Syphilology appointed ad hoc committees to determine the advisability of forming an American Board for the certification of dermatologists.
- 1932** The ad hoc committees made favorable reports at the annual meetings of both the American Dermatological Association and the AMA Section of Dermatology and Syphilology and recommended that the two organizations jointly sponsor an American Board of Dermatology and Syphilology; it was voted to proceed.
- 1932** May 11, 1932: First meeting of the Board in New Orleans, LA. The meeting was attended by Drs. George M. MacKee, Howard Fox, William H. Mook, Harold N. Cole, and C. Guy Lane.
- 1932** November 25, 1932: Incorporated as the American Board of Dermatology and Syphilology, Inc. in the state of Delaware.
- 1932** November 29, 1932: Certificate of incorporation and proposed Bylaws of the corporation approved. Founding members, Drs. Harold N. Cole, Howard Fox, C. Guy Lane, George M. MacKee, William H. Mook, Howard Morrow, Jay F. Schamberg, Arthur W. Stillians elected members and directors of the American Board of Dermatology and Syphilology, Inc. The following officers were elected: President, Dr. Howard Fox; Vice-President, Dr. William H. Mook; Secretary, Dr. C. Guy Lane; Treasurer, Dr. George M. MacKee.
- 1932** Committees on Requirements, Education, and Examinations appointed by President Fox.
- 1933** The first examination of the Board was held in New York City at New York University on Dec. 15 and 16, 1933. In October, 1933, written examinations had been given by individual members of the Board in various cities. There were twenty-seven candidates; twenty passed and seven failed (failure rate, 26%).
- 1933** Advisory Board for Medical Specialties established by the American Boards of Ophthalmology, Otolaryngology, Obstetrics and Gynecology, and Dermatology and Syphilology, the American Hospital Association, the Association of American Medical Colleges, Federation of State Medical Boards, and National Board of Medical Examiners.
- 1934** List of Opportunities for Residency Training in Dermatology and Syphilology compiled by the Board. There were fifteen 3-year programs, two 2-year programs, and one 1-year program.
- 1939** The first edition of "A Syllabus of Graduate Training in Dermatology and Syphilology," prepared by a committee headed by Dr. Fred Weidman, was published by the Board.
- 1939** The American Academy of Dermatology and Syphilology, which was founded in 1938, was added as a third sponsor of the Board along with the American Dermatological Association and the AMA Section of Dermatology and Syphilology; the number of members of the Board was increased from eight to nine.

From the Office of the Executive Director, The American Board of Dermatology, Inc.

Reprint requests to: Dr. Clarence S. Livingood, Executive Director, American Board of Dermatology, Inc., Henry Ford Hospital, Detroit, MI 48202.

- 1944** Dr. C. Guy Lane resigned as secretary-treasurer of the Board after serving in this capacity continuously since the organization of the Board in 1932.
- 1944** Office of the Board moved from Boston to New York.
- 1945** Dr. Howard Fox resigned as president of the American Board of Dermatology and Syphilology after holding this office continuously since the organization of the Board in 1932.
- 1949** Format of written examination changed from essay type examination to true-false questions, later supplemented by multiple choice questions.
- 1955** Dr. Francis W. Lynch, chairman of Written Examination Committee, implemented an improved multiple choice written examination employing Edward Swanson, Ph.D., of the University of Minnesota, as consultant.
- 1955** The name of the Board was changed from the American Board of Dermatology and Syphilology, Inc. to the American Board of Dermatology, Inc.
- 1955** Residency Review Committee for Dermatology established with American Board of Dermatology and AMA Council of Medical Education as sponsors.
- 1964** Office of the Board moved from New York to Detroit.
- 1967** Two oral examinations were held in 1967 and each year thereafter until 1975 (one in the East, South, or Southwest, and the other in the western section of the country).
- 1968** Position of executive secretary (changed to executive director in 1976) established with duties to include the responsibilities of the secretary-treasurer. Clarence S. Livingood, M.D., accepted the appointment as the first executive secretary and continues in this position.
- 1969** In-Training Examination made available by the Board to all training programs and continued to date.
- 1970** Advisory Board for Medical Specialties reorganized and renamed the American Board of Medical Specialties.
- 1973** Special Competence in Dermatopathology certification under the joint and equal sponsorship of the American Board of Dermatology and the American Board of Pathology established following approval by the American Board of Medical Specialties.
- 1974** First examination for Special Competence in Dermatopathology held in Washington, DC.
- 1974** The number of directors of the American Board of Dermatology increased from nine to twelve by adding three at-large directors.
- 1975** This was the last year for the oral examinations. In 1975 the oral examinations were held at the University of Colorado in Denver and Duke University Medical School in Durham, NC.
- 1976** Oral examination replaced by an examination based upon candidates' response to prepared questions relating to projected slides and examination of histopathologic slides, developed by committee chaired by Alfred W. Kopf, M.D., with the National Board of Medical Examiners retained as consultant examination service. Written examination and examination which replaced orals held in hotel located in O'Hare Airport area of Chicago, on two consecutive days, Nov. 20 and 21, 1976. This change in format and administration of certifying examination has been continued to date.
- 1979** Certifying examination designated as Part I (written) and Part II (based on projected slides and examination of microscopic slides—Clinical Dermatology, Clinical Pathology, and Dermatopathology). The National Board of Medical Examiners retained as consultant examination service for both Part I and Part II.
- 1980** Robert W. Goltz, M.D., appointed assistant executive director.

This year marks the 50th Anniversary of the American Board of Dermatology and Syphilology, Inc., now the American Board of Dermatology, Inc. It is, therefore, an appropriate time to write an account of the founding of the Board and its development to date.

Specialty certifying boards have had a profound influence on postgraduate education and the practice of medicine in this country. Certainly, our certifying board is no exception. Indeed, the founding of the American Board of Dermatology

and Syphilology was one of the most important milestones made in the history of our specialty. I believe that it is not an overstatement to note that if the leaders of our specialty at that time had not had the foresight to establish a certifying board for dermatology, or even if it had been delayed for a significant period of time, the course of our specialty would have been quite different.

The first specialty board was established by the ophthalmologists in 1917,<sup>1</sup> the second by otolaryngologists in 1924, and the third by obstetricians and gynecologists in 1930. Thus the American Board of Dermatology and Syphilology, formally incorporated on Nov. 25, 1932, was the fourth specialty board. There are now twenty-three specialty boards; the last one recommended for approval by the Liaison Committee for Specialty Boards (a joint committee of the American Board of Medical Specialties [ABMS] and the AMA Council on Medical Education) and approved by the ABMS is the American Board of Emergency Medicine, which had its first examination in 1981.

Although it cannot be documented, it is probable that several of the leaders of dermatology in the early 1930s were impressed with the success of the American Board of Ophthalmology and the American Board of Otolaryngology and came to the conclusion that our specialty should follow their examples; also the establishment of the American Board of Obstetrics and Gynecology in 1930 could have been a factor in further stimulating interest in a specialty board for our discipline.

At the 1931 meeting of the American Dermatological Association, the president, Dr. C. Morton Smith, appointed Drs. Howard Fox, Harold N. Cole, and Oliver S. Ormsby, chairman, as members of a committee to determine the advisability of forming an American Board for the certification of competent practitioners in our specialty, similar to the boards created by the ophthalmologists, the otolaryngologists, and the obstetricians and gynecologists. A similar committee was appointed by Dr. George M. MacKee, chairman of the Section on Dermatology and Syphilology of the American Medical Association, at its meeting in the same year. A favorable report was rendered by both committees at the 1932 meeting of each of these organizations and it was voted to proceed.<sup>2</sup> Thus,

the original sponsoring organizations of the Board were the AMA Section on Dermatology and Syphilology and the American Dermatological Association. It was decided to appoint eight members to serve on the original Board. The American Dermatological Association named Drs. Jay F. Schamberg of Philadelphia, Howard Fox of New York, Harold N. Cole of Cleveland, and Arthur W. Stillians of Chicago; the Section on Dermatology and Syphilology of the American Medical Association named Drs. Howard Morrow of San Francisco, William H. Mook of St. Louis, George M. MacKee of New York, and C. Guy Lane of Boston, to make a total of eight members of the original Board. After the Board was incorporated on Nov. 25, 1932, the Bylaws provided for nominees from the sponsoring organizations and election of members by the Board.

In an editorial by Dr. William Allen Pusey, editor of *Archives of Dermatology and Syphilology*,<sup>3</sup> it was stated that "the experience of the American Board of Ophthalmology, which has been in existence for 15 years, shows the desirability of such boards, and there can be little doubt that the Board of Dermatology would justify its formation." Furthermore, it was noted that the "personnel of the first Board leaves no doubt that it will pursue a broad-minded, intelligent policy with the confidence that its affairs will be administered wisely, faithfully, and without favor." It was emphasized that "this is to be a volunteer certifying board and that this seems to be the proper solution for certification of specialists in our discipline." Dr. Pusey, an outstanding contributor to the advancement of medicine in many fields and former president of the American Medical Association, was one of the most influential dermatologists of that era, and, therefore, his unqualified support was most helpful in launching the Board and in paving the way for its acceptance.

The first meeting of the American Board of Dermatology and Syphilology was held on Wednesday, May 11, 1932, at 1:30 p.m. at the Hotel Roosevelt, New Orleans, LA. It was attended by Drs. George M. MacKee, Howard Fox, William H. Mook, Harold N. Cole, and C. Guy Lane. Dr. MacKee acted as chairman; the following officers were elected: Dr. Howard Fox of New York, pres-

ident; Dr. William Mook of St. Louis, vice-president; Dr. C. Guy Lane of Boston, secretary; Dr. George M. MacKee of New York, treasurer. Essentially this was an organizational meeting, but the minutes indicate that there was considerable discussion regarding the objectives of the Board, the matter of incorporation, eligibility requirements, the examination, and fees. It was decided that the president and secretary collaborate in working out a plan of action, including the preparation of application blanks, certificates, and details about requirements for eligibility to take the examinations, with the understanding that the results of these deliberations would be sent to the other members for their comment and criticism. There was a general feeling that incorporation would be advisable, although no definite action was taken at that first meeting.

At the second meeting, held in Philadelphia on Nov. 11, 1932, at Dr. Jay Schamberg's apartment, attended by Drs. Fox, Schamberg, MacKee, Mook, and Lane, it was decided that the Board be incorporated in the state of Delaware with the aid of Mr. Reed B. Dawson, attorney. A set of bylaws, which had been sent out by the secretary to the other members of the Board, was adopted. Another important decision which was made at the Philadelphia meeting of the Board was that a Founder's Group would be established; it was decided that the Founder's Group would include all members of the American Dermatological Association and other distinguished dermatologists. The latter group included those who held professorships, either professor, associate professor, clinical professor, or assistant professor, providing that the incumbent had been teaching in a Class A medical school for 5 years, not including the period of training, or had at least 15 years of practice devoted exclusively to dermatology and syphilology. The fee for certification was set at \$35 with each application for a certificate. It was further stipulated that the same fee was required regardless of whether the certificate was to be granted with or without an examination. Also at this meeting decisions were made in regard to the format of the application blank, the preparation of the booklet of information, and the certificate. It was agreed that "applications from all dermatol-

ogists, except members of the American Dermatological Association, would be considered by a requirements committee to be appointed by the President with the stipulation that the names of the applicants approved by this Committee be sent to each member of the Board for final vote before a certificate is granted." It was decided that "members of the American Dermatological Association making application in due form, accompanied by the requisite fee, be granted their certificates without further action by the Board." Thus, during the first year of the Board, sixty-three members of the American Dermatological Association and twenty-one other applicants who had professorial rank and a minimum of 5 years of teaching experience were certified without examination.

The third meeting of the new Board was held in New York on Thursday, Nov. 29, 1932. This was attended by Dr. Howard Fox, president; Dr. George M. MacKee, treasurer; and by Mr. Reed B. Dawson, a lawyer who was responsible for preparing the papers for incorporation. It was announced by the president that on Nov. 25, 1932, the Board was formally incorporated as the American Board of Dermatology and Syphilology, Inc. under the laws of the state of Delaware. A certified copy of the Certificate of Incorporation and the proposed Bylaws of the corporation were submitted to the meeting by the chairman and approved. The chairman stated that in accordance with the terms of the Certificate of Incorporation and the Bylaws of the Board, the Section on Dermatology and Syphilology of the American Medical Association had nominated Drs. William H. Mook, Howard Morrow, C. Guy Lane, and George M. MacKee for membership in this corporation, and the American Dermatological Association had nominated Drs. Harold N. Cole, Jay F. Schamberg, Arthur W. Stillians, and Howard Fox. The above-named nominees were elected to membership in the corporation and then they were elected directors of the corporation. It was noted by the chairman that the expenses and fees involved in the filing of the certificate of incorporation, including the annual representation fees of the resident agent in Delaware, amounted to \$76.90; the legal fees were \$587.90. It is of historical interest to note that at its annual meeting in



1939. *Left to right, back row, C. Guy Lane, Harold N. Cole, Sr., J. Gardner Hopkins, Henry E. Michelson, Frederick D. Weidman, Paul A. O'Leary, left to right, front row; Charles C. Dennie, Howard Fox, Francis E. Senear, Arthur W. Stillians.*

May, 1932, which was held in Havana, Cuba, the American Dermatological Association voted to loan the new Board \$500 without interest, which was for the purpose of furnishing funds for beginning its work.

Since this meeting on Nov. 29, 1932, was the first one following the incorporation of the Board, it was also the first opportunity to have an official election of officers of the Board. The following individuals were elected officers of the corporation, each to serve in this capacity until the 1933 meeting of the Board of Directors: President, Howard Fox, M.D.; Vice-President, William H. Mook, M.D.; Secretary, C. Guy Lane, M.D.; Treasurer, George M. MacKee, M.D.

During the formative period of the Board, it is evident that the president, Dr. Howard Fox, and the secretary, Dr. C. Guy Lane, played a major role in planning the incorporation of the Board, in establishing procedures, and in making arrangements for the examinations which were scheduled for the fall of 1933. They carried on extensive correspondence with the secretaries of the other Boards which had been established. Information

obtained from these Boards was of great value in establishing the procedures and policies of the American Board of Dermatology and Syphilology. In addition, data regarding opportunities for postgraduate study in dermatology and syphilology in the United States were accumulated by Dr. Lane with the objective of compiling a list of institutions with adequate facilities and staff for postgraduate education in dermatology and syphilology. Dr. Fox and Dr. Lane evolved a plan for qualification of candidates for certification who were not eligible for the Founder's Group. After correspondence and consideration by all members of the new Board, it was decided that applicants would be classified in two groups. Group A consisted of physicians who had limited their practices to dermatology and syphilology for 10 or more years and who, in the opinion of the Board, had had adequate training; candidates in this category were required to pass only an oral clinical and a laboratory (dermatopathology and mycology) examination. Group B consisted of physicians who had practiced dermatology and syphilology at least 5 years, including their periods of

training, and who had at least 2 full years of special training devoted exclusively to dermatology and syphilology, with at least 1 year in a well-recognized clinic or as an assistant to a well-known specialist in the field. It was noted that it was desirable, although not obligatory, that the preliminary training of the group B candidates include at least a year of hospital internship on a general service. Candidates in group B were also required to pass a written examination in dermatology, syphilology, and cutaneous pathology and an oral clinical and laboratory examination. Furthermore, applicants in group B were required to submit typewritten reports of ten cases personally observed, preferably in private practice; this requirement was eliminated after the first year.

The first committee appointed by President Fox was a Committee on Requirements (Cole, Stillians, and MacKee, chairman). This committee had the responsibility of initial consideration of all group A and group B candidates to take the first examination scheduled for the fall of 1933. They also reviewed all the applicants for the Founder's Group.

In his report to the Board in 1933, after his first year as president, Dr. Fox remarked optimistically that "a good beginning had been made but that much work needs to be done in the next two or three years." He credited "the progress which had been made, to the hearty cooperation of all the members of the Board, to the work of the Committee on Requirements, and particularly to the able and untiring efforts of the secretary, Dr. C. Guy Lane." He stated that "The success of our specialty board would seem to be assured."

The first examination of the American Board of Dermatology and Syphilology was held on Friday, Dec. 15, 1933, at New York University College of Medicine. The examination was continued on Saturday morning, Dec. 16, 1933. A total of twenty-seven candidates were examined; of these, seven failed. Thus, the failure rate for the first examination was 26%. This meeting in New York was the first one which was attended by all eight members of the Board. Each candidate was examined separately for 20 minutes by each member of the Board.

During the early part of 1933, Dr. Schamberg

submitted his resignation because of illness; it was impossible for him to function as a member of the Board. Dr. Frederick D. Weidman of Philadelphia was elected to take his place and therefore, although Dr. Weidman was not one of the eight original members, he attended the 1933 annual meeting and thus was one of eight original examiners. In each examination, starting in 1933 and continuing until 1950, Dr. Weidman had the responsibility of examining in dermatopathology.

In the first *Booklet of Information of the Board*, published in 1932, under the section "Purposes of the Board," it was stated:

The Board has been established primarily to determine the competence of physicians who specialize in dermatology and syphilology. It will prescribe adequate standards of fitness, conduct examinations to test the qualifications of voluntary candidates, and grant certificates to candidates who successfully fulfill the requirements of the Board.

A second object is to publish lists of physicians who shall have been certified by the Board, for the benefit of hospitals, medical schools, other physicians, and the lay public.

A third object is to improve the standards of practice of dermatology and syphilology, (1) by investigation of medical school curricula, and (2) by investigation and encouragement of adequate facilities for graduate instruction in this specialty.

Fifty years later in the 1982 *Booklet of Information of the Board*, the purposes are stated as follows:

The American Board of Dermatology is a voluntary non-profit, private, autonomous organization formed for the primary purpose of protecting the public interest by establishing and maintaining high standards of training, education and qualifications of physicians rendering care in dermatology. The objective of all of its activities is to provide assurance that a diplomate of the Board possesses the knowledge and skills essential for the provision of competent care for patients with cutaneous diseases.

These two quotations from the first *Booklet of Information of the Board* and the current one are included in this history to make the point that the

founders charted a course which has not changed significantly 50 years later.

The members of the Board who served during these formative years under the leadership of these two remarkable statesmen of our specialty, Dr. Howard Fox as president and Dr. C. Guy Lane as secretary, established a firm foundation for our specialty board, which has had a profound influence on the practice of dermatology and the development of our specialty. During these early years they established policies in regard to requirements, examination procedures, training of dermatologists and syphilologists, and the approval of training programs and dealt with numerous other responsibilities which were involved in establishing this new specialty board.

The formative years of the American Board of Dermatology and Syphilology ended in 1944, 13 years after it was established, with the resignation of Dr. C. Guy Lane as secretary of the Board and the resignation of Dr. Howard Fox as president of the Board. They had served continuously in this capacity since the first meeting in May, 1932. Of the other six founding members, Dr. Jay F. Schamberg resigned after serving for less than a year because of illness, and he died soon thereafter. Dr. Schamberg was replaced by Dr. Fred D. Weidman, who was elected a member of the Board within 6 months after it was founded and, along with Dr. Fox and Dr. Lane, had served continuously since the first examination in 1933. Dr. William Mook died within 2 years after he had served on the Board; he was replaced by Dr. Charles C. Dennie of Kansas City. Dr. Howard Morrow resigned after 5 years because of health reasons and died soon thereafter; he was replaced by Dr. Paul O'Leary of Rochester, MN. Dr. George M. MacKee resigned after serving for 6 years; he was replaced by Dr. J. Gardner Hopkins of New York. Dr. Arthur W. Stillians resigned after 8 years; he was replaced by Dr. Henry Michelson of Minneapolis, MN. Dr. Harold Cole resigned after 8 years and was replaced by Dr. J. Bedford Shelmire, Jr., of Dallas, TX.

When the American Academy of Dermatology and Syphilology became a third sponsoring organization of the Board in 1939, the number of Board members was increased from eight to nine.

Dr. Francis Seneor of Chicago was elected as the ninth member of the Board.

During these early years, there was very little criticism of this new Board. In 1942, at the annual meeting, Dr. Fox noted that "during the last two or three years a few critical statements about all of the specialty boards had appeared in print." He referred to "most of them as unfounded and unreasonable." He commented that

since there are now 15 major boards and an imposing directory of their 14,000 diplomates has appeared, it is not surprising that a few disgruntled persons style the boards as medical guilds operating like a union for personal gain. Critics of the specialty certifying boards include candidates who have failed to pass their examination or have been excluded from an attempt to pass it. Our Board has functioned with astonishing smoothness and with comparatively little adverse criticism. A large measure of our success is due not only to the time and effort given by our Secretary but also to his rare genius in guiding our destiny. Success, however, would not have been obtained without the able and devoted efforts of all the members of the Board.

The acceptance of the American Board of Dermatology and Syphilology by the dermatologic community and the absence of significant criticisms of the policies established by the Board during these formative years are evident if one reviews the various articles and letters to the editor which were published in the *Archives of Dermatology and Syphilology* during the period from 1931 to 1941; there were no significant adverse comments.

During the tenure of Dr. Fox as president of the Board and Dr. Lane as secretary of the Board, a total of 710 dermatologists were certified as diplomates. Two hundred and thirty-one, or about one third of these diplomates, were members of the Founders' Group in that they were not required to take the examination in order to be certified; 122 of this Founders' Group were members of the American Dermatological Association (ADA), which means that almost all members of the ADA took advantage of this opportunity to become diplomates of the new Board without taking an examination.

Following Dr. Fox's retirement from the Board, Dr. C. Guy Lane was elected president for the year 1945. In 1946, Dr. Francis Senear succeeded Dr. Lane as president and continued to serve in this capacity for the next 5 years. In 1950, Dr. Anthony Cipollaro was elected president for a 1-year term, and since then each president of the Board has served for only 1 year. Thus, after 1950 all members of the Board have had the opportunity to serve first as vice-president, and the following year as president.

When Dr. C. Guy Lane retired as secretary-treasurer of the Board in 1944, he was replaced by Dr. George M. Lewis of New York, and the Board office was moved from Boston to New York. Dr. Anthony C. Cipollaro of New York was secretary-treasurer during 1953; the following year, Dr. Beatrice M. Kesten succeeded Dr. Cipollaro as secretary-treasurer. In 1961, Dr. Maurice C. Costello of New York assumed the responsibilities of the office. Two years later, at the 1963 meeting of the American Academy of Dermatology, Dr. Costello died following a massive cerebral hemorrhage. His premature death made it necessary to select a new secretary-treasurer, and on Dec. 4, 1963, Dr. Clarence S. Livingood of Detroit, who had been a director of the Board since 1961, was elected. The Board office was moved to Detroit. Dr. Livingood served in this capacity until 1968, at which time he accepted the position of executive secretary of the Board. In 1976, his title was changed to executive director of the Board, in which capacity he continues to serve. In 1980, a position of assistant executive director of the Board was established; this position was filled by Dr. Robert W. Goltz of Minneapolis.

Dr. Fred Weidman was the last member of the Board to serve more than 9 years. He completed 17 years of service in 1950, the longest of any Board member. Since that time all members of the Board have served for a period of 9 years, except for one who resigned for personal reasons after 6 years. As noted previously, originally the Bylaws provided for eight members; this number was increased to nine when the American Academy of Dermatology and Syphilology was added as a third sponsor in 1939. In 1974, three members-at-large were added, thus increasing the number of members from nine to twelve. The Bylaws of the

Board (1974 revision) provide for the election of members and directors and their terms of membership as follows:

#### MEMBERSHIP

*Qualifications for membership:* Members of the Corporation shall be and remain physicians who are duly licensed by law to practice medicine and who have been elected to membership in the Corporation in accordance with the articles of incorporation and by-laws.

*Election of members:* The members of the Corporation shall be elected by the Corporation's Board of Directors and shall number twelve. A total of nine members shall be elected who shall have been nominated by the following three nominating societies: The American Academy of Dermatology, The American Dermatological Association, and The American Medical Association. Three Members-At-Large shall also be elected by the Board of Directors.

*Term of membership:* Nominees from the three nominating societies and Members-At-Large shall be elected by the Corporation's Board of Directors for a term of three years; they may be re-elected for two subsequent terms after the initial term.

#### DIRECTORS

*Election of Directors:* The Directors shall be elected at each annual meeting of the Corporation.

*Powers and duties:* The Board of Directors, subject to the laws of the state of Delaware, to the Corporation's certificate of incorporation, and to the by-laws, shall have and may exercise all the powers of the Corporation and shall have general charge of the management and operation of the business and affairs of the Corporation.

Thus, the Board of Directors consists of the twelve members of the Board. In recent years, the policy has been to refer to individuals serving on the Board as directors, although, of course, they are also members of the Board. The names of former and current directors of the Board (a total of fifty-eight) are listed in Tables I and II.

Following the end of World War II in 1945, numerous physicians who had had partial training in dermatology before the war, or who had become interested in the specialty during their military

**Table I.** Directors of the American Board of Dermatology, Inc., (1932-1982)

†Howard Fox, M.D.* (President, 1932-1944)	1932-1945
†C. Guy Lane, M.D.* (Sec.-Treas., 1932-1944)	1932-1946
†Harold N. Cole, Sr., M.D.*	1932-1940
†George M. MacKee, M.D.*	1932-1938
†William H. Mook, M.D.*	1932-1933
†Howard Morrow, M.D.*	1932-1937
†Jay F. Schamberg, M.D.*	1932-1933
†Arthur W. Stillians, M.D.*	1932-1940
†Frederick D. Weidman, M.D.	1933-1950
†Charles C. Dennie, M.D.	1934-1945
†Paul O'Leary, M.D.	1938-1948
†J. Gardner Hopkins, M.D.	1939-1948
†Francis E. Senear, M.D.	1939-1951
†Henry E. Michelson, M.D.	1941-1950
†J. Bedford Shelmire, Jr., M.D.	1941-1949
†George M. Lewis, M.D. (Sec.-Treas., 1944-1954)	1944-1955
†Anthony C. Cipollaro, M.D.	1946-1955
†Hiram E. Miller, M.D.	1946-1947
†Nelson P. Anderson, M.D.	1947-1956
†Arthur C. Curtis, M.D.	1948-1957
†Donald M. Pillsbury, M.D.	1948-1953
†John H. Lamb, M.D.	1949-1958
J. Lamar Callaway, M.D.	1950-1959
†Marcus R. Caro, M.D.	1951-1960
Francis W. Lynch, M.D.	1951-1960
†Beatrice M. Kesten, M.D. (Sec.-Treas., 1954-1961)	1953-1962
Clinton W. Lane, M.D.	1955-1964
Walter C. Lobitz, Jr., M.D.	1955-1964
†Maurice J. Costello, M.D. (Sec.-Treas., 1961-1963)	1960-1963
†J. Walter Wilson, M.D.	1957-1966
†Louis A. Brunsting, Sr., M.D.	1957-1966
Edward P. Cawley, M.D.	1958-1967
Wiley M. Sams, Sr., M.D.	1959-1968
Walter B. Shelley, M.D.	1960-1969
Clarence S. Livingood, M.D. (Sec.-Treas., 1963-1968)	1962-1968
Rudolf L. Baer, M.D.	1963-1972
†Ray O. Noojin, M.D.	1964-1973
Rees B. Rees, M.D.	1964-1974
Harry L. Arnold, Jr., M.D.	1967-1976
E. Richard Harrell, Jr., M.D.	1968-1977
John R. Haserick, M.D.	1968-1977
Robert W. Goltz, M.D.	1969-1978
J. Fredric Mullins, M.D.	1969-1978
Clayton E. Wheeler, Jr., M.D.	1970-1979
Alfred W. Kopf, M.D.	1972-1981
Richard B. Stoughton, M.D.	1973-1982

\*Founding members of the Board.

†Deceased.

**Table II.** Current directors of the Board (1982-1983)

J. Graham Smith, Jr., M.D.	1974
John H. Epstein, M.D.	1974
Harry J. Hurley, M.D.	1974
Frederick A.J. Kingery, M.D.	1974
John M. Knox, M.D.	1975
James H. Graham, M.D.	1977
G. Thomas Jansen, M.D.	1977
Peyton E. Weary, M.D.	1978
Richard L. Dobson, M.D.	1978
Harold O. Perry, M.D.	1979
William A. Caro, M.D.	1981
John S. Strauss, M.D.	1982
Clarence S. Livingood, M.D., executive director	
Robert W. Goltz, M.D., assistant executive director	

**Table III.** Diplomates certified by the American Board of Dermatology during the period 1933-1981 inclusive

1933	136	1958	77
1934	64	1959	56
1935	107	1960	64
1936	24	1961	140
1937	52	1962	85
	<u>383</u>		<u>422</u>
1938	48	1963	95
1939	77	1964	91
1940	45	1965	110
1941	54	1966	94
1942	37	1967	121
	<u>261</u>		<u>511</u>
1943	36	1968	99
1944	30	1969	114
1945	43	1970	172
1946	91	1971	165
1947	80	1972	151
	<u>280</u>		<u>701</u>
1948	88	1973	196
1949	134	1974	197
1950	148	1975	223
1951	86	1976	271
1952	94	1977	440
	<u>550</u>		<u>1,327</u>
1953	93	1978	275
1954	68	1979	258
1955	63	1980	294
1956	69	1981	257
1957	88		<u>1,084</u>
	<u>381</u>		

Total 1933-1981 inclusive: 5,900

service, enrolled in dermatology residency training programs and thus qualified for the certifying examination. Furthermore, during this immediate post World War II period, many candidates who had served in the Armed Forces, and who had had meaningful experience in military hospitals under the supervision of qualified dermatologists, received as much as 1 year of training credit. For these reasons, during the period 1949 to 1953, there was an average annual increase of almost 100% in the number of dermatologists certified by the Board.

The number of diplomates certified each year, starting with the first examination in 1933 and ending with the last one in October, 1981, is summarized in Table III. It is evident in reviewing these data that after the post World War II increase, from 1949 to 1953, there was an actual decrease in the number of diplomates certified each year until the early 1960s. Since then there has been a very significant increase, gradual at first and then during the last 7 years increasing to an average of 288 annually. It is estimated that there will be about 320 candidates for the 1982 certifying examination.

Only 3 years after the Board had been established, Dr. Fox noted at the annual meeting that

an objection has been raised by one of our diplomates to the prominence of the word "syphilology" on our certificates. Although he values his certificate and would like to display it in his office, he is unwilling to do so unless the word syphilology is either deleted or possibly printed in small type. I am informed by our lawyer, Mr. Dawson, that it would be a simple matter to change the name of our Board but do not think that this would be at all advisable, especially in view of our long struggle to include syphilis as an integral part of dermatology. It might be possible in the future to have the word 'syphilis' printed in more or less inconspicuous type on our certificate.

At intervals during ensuing years, this matter was discussed at Board meetings and finally in 1955 it was decided to change the name from the American Board of Dermatology and Syphilology, Inc. to the American Board of Dermatology, Inc. At about the same time a similar change in name was

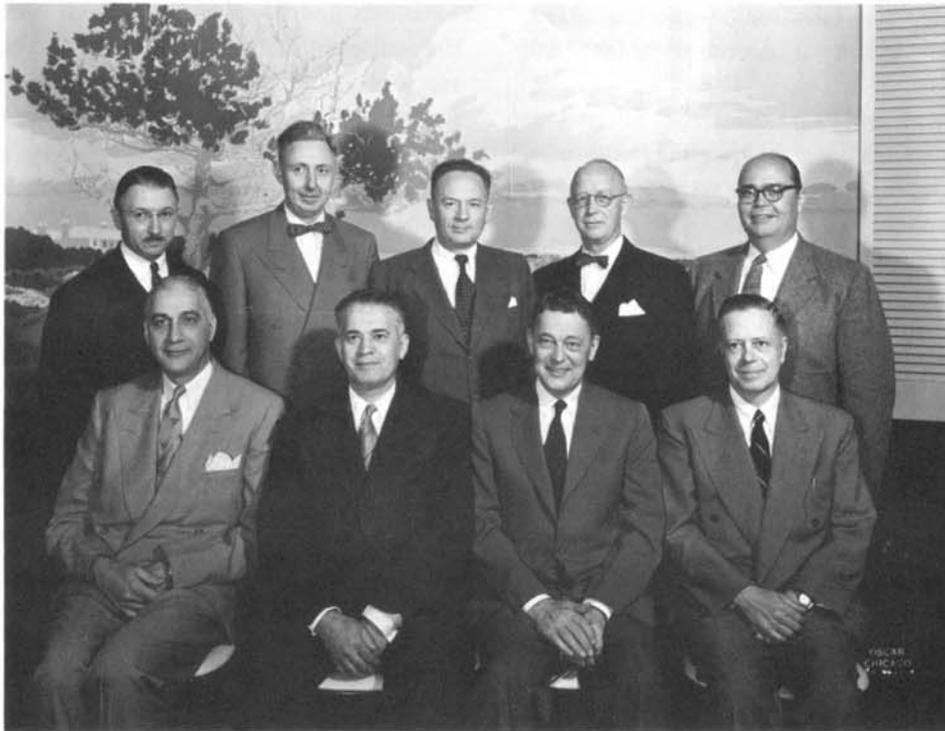
made by the American Academy of Dermatology and Syphilology and the *Archives of Dermatology and Syphilology*.

A review of the Board's activities from 1955 to date make it evident that the important developments during this eventful period of our Board's history, which will be described, include (1) an evolution of meaningful changes in the format and administration of the certifying examination, (2) the standardization of the accreditation of training programs by the Residency Review Committee for Dermatology (cosponsored by the Board and the AMA Council on Medical Education), (3) a significant increase in the influence of the American Board of Medical Specialties on policies of all specialty certifying boards, and (4) the establishment of certification for special competence in dermatopathology.

#### THE CERTIFYING EXAMINATION

A review of the Archives of the Board makes it very clear that, continuously from the time of the initial certifying examination in 1933 to the present time, the members of the Board have always placed great emphasis on improving the examination process so that it has maximal validity and reliability, it is fair for all candidates, and it assesses the qualifications of candidates for certification in as comprehensive a manner as is possible.

Evolution of the examination to its present format was a step-by-step process. The first written examination, in the fall of 1933, was an essay type examination. One candidate who qualified in the B group, and thus was required to take both the written and the oral examinations, described his impression of the first examination in dermatology and syphilology in a letter to the editor of the *Archives of Dermatology and Syphilology*.<sup>4</sup> He complained that he did not receive notification of his eligibility to take the examination until 9 days prior to the date that it was scheduled. His suggestion that notification should be at least 4 or 5 weeks in advance was understandable. He noted that "many of the questions called for differential diagnosis which in a written examination requires prolonged thought; a simpler method producing equally effective results should be devised." It



1952. *Left to right, back row, Marcus R. Caro, Francis W. Lynch, George M. Lewis, Arthur C. Curtis, J. Lamar Callaway; left to right, front row, John M. Lamb, Anthony C. Cipollaro, Donald M. Pillsbury, Nelson P. Anderson.*

was his opinion that "the questions required very comprehensive answers but they were fair." His oral examination took place on Dec. 15, 1933, in New York, 2 months after the written examination. He was not notified about his eligibility for the oral examination until 11 days before the scheduled date, which meant that he "was uncertain as to whether or not I would be admitted to the oral examination for too long a period of time." He considered the oral test a very satisfactory one although he thought that perhaps there was too much emphasis on syphilis of the viscera and central nervous system. He commented that "the average dermatologist does not see enough cases of this type of syphilis to hold his interest and to compel him to study the subject extensively." He noted that the pathologic examination consisted in the examination of slides under the microscope for the purpose of diagnosing and identifying pathologic changes in the tissue. He thought that "the pathology examination was a fair one and commented that a qualified dermatologist should be

able to have identified all of the slides which were shown." In discussing this further, he noted that "the general pathologist knows very little about the pathology of skin conditions and readily admits it; therefore, it is essential that the dermatologist know something about this subject." Another comment which he made was that he thought "that a post-graduate course in dermatology should include pathology and that the training institution should provide a set of pathologic slides for the students' constant reference because it is almost impossible to obtain pathologic slides except from large clinics." His advice to future candidates for the certifying examination of the American Board of Dermatology and Syphilology is that "they cover practically every aspect of rare and common cutaneous and syphilitic conditions." In closing the letter he asked himself, "Is an examination of this sort worth taking with all the extra work and anxiety which are entailed?" His answer was emphatically "Yes," "the examination puts the student on its toes and brings back

many dermatologic details long forgotten. Also, there is a satisfaction of accomplishment and progress.”

During the first 10 years after the Board was established, at several annual meetings, the relative merits of the oral versus the written examination were discussed. As early as 1934, it was the opinion of at least two members that it would be preferable to omit the written examination and use only the oral clinical and laboratory (dermatopathology and mycology) test. At the annual meeting in 1943, for the fourth time, the Board considered the possibility of eliminating the written examination at least for the duration of the war. However, after a long discussion, a motion to eliminate the written examination was defeated. It was decided that the Committee on Examinations, which consisted of two members of the Board, be charged with the responsibility of making the arrangements for the written examination, preparing the questions, and conducting the examination and marking the papers. When this matter was discussed again at the 1944 meeting, there was general agreement that the written examination provided very good screening of candidates and again there was almost unanimous agreement that it should be retained as one part of the certifying examination. At that time, the secretary, Dr. Lane, reviewed the policy in regard to the written examinations. He stated that he thought that “there should be more questions on the basic subjects, leaving other subjects perhaps to the oral examination.” Dr. Michelson suggested that “the whole Board should submit questions for the written examination rather than depending on the two members of the Examination Committee.”

Dr. Fox, in his annual report to the Board in 1943, summarized the policy in regard to the written and oral examination since the establishment of the Board. He stated that “during 1932, no examinations were held. Since then the Board has had one annual examination including both written and oral except in 1938 when two were held. After the first year, we have not required the presentation of case reports as is done by some of the other Boards. The question of omitting the written examination has often been discussed, although we

have retained it up to the present time. Although the oral examination is considered to be the important one, it is thought that an average marking of the results of the examination is the fairest procedure.” In his last year as president of the Board, in 1945, Dr. Fox noted that he favored the recommendation that “the written examination should be continued and that as far as possible, special phases of dermatology and syphilology should be represented in the written examination.” He pointed out that “it is requested that the course of training should include pathology, mycology, allergy and physical therapy in addition to clinical dermatology and syphilology. Therefore, it is proper that questions on all these subjects should be included in the written examination.” He stated that he was “in favor of allotting two of the usual ten questions to syphilis but if only one question is asked on this subject, it should consist of four or five sub-headings to include several phases of the disease.” This seemed to bring an end to the discussion about the possibility of eliminating the written examination and thus, despite repeated consideration of the role of the written examination during the first 10 to 12 years of the Board’s history, the written examination has always been used as part of the examination process.

In the 1944 edition of the *Booklet of Information of the Board*, the certifying examination of the Board was described as follows:

Applicants will be required to pass the written examination. This written examination on clinical and laboratory subjects including cutaneous pathology will be held simultaneously at stated intervals in different parts of the country approximately two months before the oral examination. The oral clinical and laboratory examination will be conducted in a clinic or hospital ward where individual cases will be discussed with each candidate as well as various subjects related to the skin such as histopathology, mycology, allergy, and physics of physical therapy. The Board reserves the right to add to this list other subjects within the field of dermatology and syphilology.

Furthermore, it was stated in the information booklet that “the examinations are designed to test

the candidate's fitness to practice dermatology and syphilology as a specialty." It was noted that "the Board will try especially to ascertain the breadth of the candidate's clinical experience, knowledge of recent literature of dermatology and syphilology, and the candidate's general qualifications as a specialist in this branch of medicine."

During the first 12 years, there were many discussions regarding the inclusion of basic science questions in the examination as well as references to the advisability of including questions regarding a broad spectrum of diseases in the written examination. Also, as noted above, Dr. C. Guy Lane had made a special point of emphasizing that there should be more questions on the basic subjects in the written examination. However, it appears that except for pathology, questions on basic science were not included in the written examination until 1949 when the essay type written examination was discontinued in favor of the more comprehensive "short answer" type of examination. The written examination which was given in 1946 is a typical essay type examination; it is included as a matter of historical interest:

1. Compare the histopathology of psoriasis vulgaris with that of pityriasis rubra pilaris.
2. Give the essential microscopic findings in:
  - a. Angiokeratoma
  - b. Lichen nitidus
  - c. Granuloma annulare
  - d. Leiomyoma

Example: Darier's disease—presence of dyskeratotic cells with so-called corps rond and grains in the epidermis.

3. Describe the eruption, sites involved, pathology, and differential diagnosis of lichen sclerosus et atrophicus.
4. Differentiate between lingua geographica and lichen planus involving the tongue.
5. Give the differential diagnosis of psoriasis guttata acuta and pityriasis lichenoides acuta varioliformis.
6. Describe the lesion, the pathology and give the treatment of cylindroma.
7. Discuss the diagnosis and treatment of scabies in a one-year-old infant.
8. Name the (a) Sweat gland tumors  
(b) Sebaceous gland tumors  
and describe one of each clinically.

9. Enumerate three systems of treatment for a twenty-year-old male with a chancre (darkfield positive for *Spirocheta pallida*) and positive serologic tests of the blood.
10. Enumerate the pigmentary disturbances (hyperpigmentation) of the skin.

The following year, at the annual meeting, held in April, 1947, the Board established the policy that, starting in 1948, "the written will be a screening examination and thus, those candidates who do not pass the written examination will not be permitted to take the oral examination." At the annual meeting in 1948 this policy was amended in that it was decided that "candidates who do not pass the written examination but who have borderline grades, that is as low as 5% below the passing grade, will be permitted to take the oral examination." Until this time all candidates in the B group took both the written and the oral examination with candidates either passing or failing depending on the average results in both examinations. Candidates in the A group were required to take only the oral clinical and laboratory examination and of course they either passed or failed according to their performance in this one examination; the A group was eliminated in 1949, and after that time all candidates were required to pass both a written and an oral examination in order to be certified.

From time to time there had been discussion by the members of the Board regarding the failure rate. Repeatedly, it had been stated that the failure rate for the examinations of the American Board of Dermatology and Syphilology was very similar to that of the other specialty certifying boards then in existence. In 1934, the Board pioneered the policy of conditioning candidates in the entire oral or written examination or in one or more sections of the oral examination; later on, this concept was adopted by many other specialty boards. Thus, the candidate could either pass the written and the oral examination and thus be certified, or be conditioned in either the written examination, the entire oral examination, or one of the following sections of the oral examination: clinical dermatology, pathology, physical therapy, mycology, or syphilology. Through the years a very high percentage of

candidates who were conditioned in one or more subjects, and who repeated the examination, passed the part in which they had been conditioned and thus became certified. In contrast, there was a much higher failure rate for candidates who had failed the entire examination and were required to repeat it.

In 1949, for the first time, the form of the written examination was changed in that a multiple question (short answer) type of examination was substituted for the essay type. This new type of written examination consisted of 100 questions covering the field of dermatology, from highly technical queries in basic subjects to practical topics in the clinical phases. Essentially, these were true-false questions. Dr. Cipollaro and the other members of his committee, Drs. Anderson and Shelmire, had prepared the examination, using their own questions as well as questions submitted by other members of the Board.

After experience with this new type of written examination for 1 year, Dr. Cipollaro stated that in discussing this with many candidates and diplomates he had found almost unanimous agreement that it is definitely preferable to the essay type examination. Dr. Senear and others agreed with this assessment of the reaction of candidates to the change of format of the written examination. Dr. Curtis pointed out that "this short answer examination makes it possible to cover an enormous field and, therefore, makes our examination a much more comprehensive one." In fact all members of the Board endorsed the new type of examination enthusiastically. It was emphasized by Dr. Cipollaro that "the success of this type of examination depends on the interest and cooperation of all the members of the Board; not only must they send in questions well in advance of the final preparation of the examination but also at least several members of the Board must review the answers to all questions so that ambiguity can be eliminated."

When the *Booklet of Information of the Board* was updated in 1951, the certifying examination was described as follows:

All applicants are required to take and pass the written examination before they are eligible for the oral examination. The written examina-

tion on clinical, basic science and laboratory subjects will be held simultaneously at stated intervals in different parts of the country approximately two months before the oral examination. The present policy of the Board is to test the knowledge of candidates by means of the so-called multiple choice written examination in place of the essay examination which was formerly in vogue. All applicants are also required to pass an oral and clinical laboratory examination. This examination will be conducted in a clinic, hospital ward or other suitable location where clinical dermatology will be discussed with each candidate as well as various subjects related to the skin such as histopathology, mycology, allergy, and physical therapy. The Board reserves the right to add to the list other subjects within the field of dermatology and syphilology. The examinations are designed to test the candidate's fitness to practice dermatology and syphilology as a specialty. The Board will try especially to ascertain the breadth of the candidate's knowledge in the basic as well as the clinical aspects of dermatology and syphilology.

After the first 4 years of experience with the new type of written examination, during which time the number of questions was increased, it became evident that a new dimension had been added to the certifying examination. In the first place, it was possible to cover a much broader range of subjects. In general, it was considered to be a fair one by the candidates although the presence of a few difficult questions led to some complaints. In commenting on this, Dr. Pillsbury noted that "the candidates in my group did not feel that the current written examination is an unfair one; the Board should not worry too much about criticism. Although actually insignificant, the presence of one or two difficult questions gives critics something to talk about and of course furnishes an alibi for the unsuccessful candidates; the poor candidates are failing and the good ones are passing."

In 1954, in his remarks to the Board at the annual meeting when he retired as president, Dr. Nelson Paul Anderson summarized the development of the certifying examination. Dr. Anderson recalled that

the first use of the objective multiple choice test by the Board occurred in 1949; our Board was one of the first to adopt this type of new test. This definitely represents an advance over the former essay type of examination. In the present comprehensive written examination, the total number of questions asked is so great that the vagaries of chance are practically eliminated. It seems certain that these comprehensive examinations have led to improvement in the teaching and training of dermatologists, at least in so far as factual knowledge is concerned. With the experience which has been gained in six such examinations, it would appear that the next step should be to consider the addition of questions which require the application of principles, the interpretation of facts, and the use of reasoning on the part of the candidates. Some of these objectives may be achieved by different phrasing of questions so that the correct answer requires more than factual knowledge but involves reasoned judgments.

Dr. Anderson pointed out that some Boards are now using testing consultants. He stated that he had been informed by one Board that "a testing consultant who had analyzed their examinations had informed them that the reliability coefficient of their objective written examination was 0.94, that of the essay examination 0.60, and that of the oral examination 0.76 (maximum theoretical value of 1.00)."

In 1954, Dr. Francis Lynch succeeded Dr. Cipollaro as chairman of the Written Examination Committee. In accepting this responsibility, Dr. Lynch insisted that the Board permit him to employ the services of an examination consultant. His request was approved and he selected Edward Swanson, Ph.D., a psychologist specializing in educational and psychological tests and measurement, University of Minnesota.

Dr. Lynch,<sup>5</sup> with the assistance of the consultant, Dr. Swanson, prepared an expanded written examination for 1955, more than doubling the total number of questions. Furthermore, multiple choice questions rather than the simple true-false questions were emphasized, and in fact, after 2 years, the true-false questions were eliminated entirely. The examination was machine-scored by Dr. Swanson, and in doing so he made available a

detailed analysis of the examination, including the performance on each question. Questions were solicited from training directors and other dermatologists and were added to those submitted by the members of the Board. A manual (12 pages) entitled *Writing Test Items for the Written Examination of the American Board of Dermatology* was prepared and distributed to those who were asked to submit questions.

Another innovation was that Dr. Lynch grouped the categories of the written examination into clinical, pathology, physiology, etiology, syphilis, allergy, radiology, and pharmacology. In his report to the Board in 1957, Dr. Lynch noted that "in the last written examination there were 180 questions of the single-alternative multiple-choice type and 30 of the multiple-choice alternative type." Furthermore, he reported that "roughly 2/5 of the questions related to clinical dermatology, 1/5 dermatopathology, and that there was a more or less equal distribution of questions on physiology, microbiology, etiology, syphilology, and allergy, with smaller proportions for radiology and pharmacology." In closing his report to the Board in 1957, Dr. Lynch emphasized the need for more questions on pharmacology and medicine as related to dermatology. The failure rate for the 1957 written examination was 8%. Although 9% were conditioned, these candidates were permitted to take the oral examination but in order to pass they were required to have a better than average performance in the orals.

The marked improvement in the written examination which Dr. Lynch initiated in 1955 represents one of the milestones of the Board's history. It is emphasized that he had the strong support of the other members of the Board, which included Drs. Anderson, Curtis, Lamb, Callaway, Caro, Kesten, Lane, and Lobitz. At that time and since then, the chairman of the Written Examination Committee has had the final responsibility for preparing the comprehensive multiple choice written examination which has been given since 1955 to the present time. This is a very time-consuming and demanding task which has been carried out in a very responsible manner by Dr. Lynch and a succession of Written Examination Committee chairmen, Drs. Louis A. Brunsting, Sr., Rees B.

Rees, Robert W. Goltz, Richard B. Stoughton, and J. Graham Smith, Jr. The current chairman of the Committee is Dr. Harold O. Perry.

During the first 42 years, an oral examination was either the only examination (group A candidates) or for all other candidates the final hurdle in passing the certifying examination. Indeed, as noted above, from 1934 to 1947, there was discussion about the possibility of eliminating the written, in which case the oral would have been *the* certifying examination for all candidates. Evidently the other three specialty boards in existence at that time emphasized oral examinations. Before the first examination was given in 1933, the president and secretary attended the examination of two of the other specialty boards to obtain information regarding their procedure in conducting the oral examinations which were given by these boards.

In preparation for the first oral examination, a looseleaf book of suitable questions was prepared by the president and secretary after having obtained lists of such questions from all the members of the Board; it was noted that "obviously new questions will be added in the future." These questions were classified as "general, etiology, symptomatology, differential diagnosis, general therapy, physical therapy, syphilis, syphilis therapy, rare diseases, pathology, and mycology." At the time of the 1933 oral examination, the policy was established that all members of the Board, except the secretary, who had administrative responsibilities during the examination should examine each candidate; this was continued until the last oral was given in 1975. During his tenure as a member of the Board from 1933 until 1950, Dr. Fred Weidman had the responsibility of examining in pathology. He was one of the great dermatopathologists of that era. Candidates who took the orals during these years will recall that Dr. Weidman was a "taskmaster" who insisted that dermatologists must be competent in dermatopathology.

After the first 7 years, there was more emphasis on mycology; in the 1940s this section was changed to microbiology and included both bacterial and viral infections of the skin in addition to fungus diseases. Physical therapy, which included x-ray, ultraviolet light, radium, and electrosurgery, as well as therapy with solid carbon dioxide

and fever therapy for the treatment of syphilis, was another important segment of the oral examination, especially during the period from about 1945 to 1955. After that time there tended to be a de-emphasis of questions on x-ray and radium therapy and, starting in 1963, this section was changed from "physical therapy" to "therapy," with questions relating to all therapeutic modalities including topical and systemic therapy. During the 1950s, a section was added on "medicine as it relates to dermatology," which included a broad spectrum of questions relating to skin diseases with systemic implications and syphilis.

There was an important addition to the oral examination process in 1951 when Dr. J. Lamar Callaway, after participating in his first oral examination following election to the Board, suggested that the clinical material used in the oral examination could be extended beyond the presentation of patients by the use of Kodachrome slides, thus making it possible to question candidates over a wider range of clinical dermatology. It was agreed that Dr. Callaway should implement this innovation. This proved to be very successful and it became an important part of the oral examination.

Summarizing, in 1963 the subjects included in the orals were allergy, cases 1, cases 2, clinical dermatology, medicine, microbiology, dermatopathology, and therapy. In the cases 1 segment of the examination, candidates examined two patients for about 14 minutes and then were questioned by an examiner for the same period of time; the cases 2 section was identical except there were two different patients and another examiner. The projection of selected Kodachrome slides, covering a rather wide range of dermatologic diseases, made it possible for the examiner in clinical dermatology to ask many questions in a short period of time. The oral examinations were given in various institutions throughout the country. One reason for this is that during the 3- to 5-day oral examination it was necessary for the training center to make available about fifty patients for conducting the cases 1 and cases 2 parts of the orals. Candidates either passed or failed the entire oral examination, or were conditioned in one or more parts, in which case they were required to repeat only that part (or parts) in which they were unsuccess-



1960. Left to right, back row, Wiley M. Sams, Sr., Walter C. Lobitz, Jr., Edward P. Cawley, J. Walter Wilson, Louis A. Brunsting, Sr.; Front row, Clinton W. Lane, Beatrice M. Kesten, Marcus R. Caro, Maurice J. Costello.

cessful. A high percentage of the candidates who were required to repeat parts of the orals were successful in passing the re-examination. Two oral examinations were held in 1967 and each year thereafter until the last one in 1975. This was necessary because of the increase in the number of candidates, which started in 1973 and continued in subsequent years.

At the 1973 annual meeting, Dr. John Haserick, chairman of the Oral Examination Committee, in making his report to the Board, stated that during the preceding year his committee had discussed the administration of the oral examination in some depth. He noted that "one concern of our Committee is the small number (4) of patients seen by each candidate and the necessity of changing the patients at least one time during each half day session; if this is not done, communication between candidates favors those who take the examination at the end of the session rather than at the beginning of the session." He pointed out that

although a wider range of clinical dermatology

is presented by the use of Kodachromes in the clinical dermatology section of the examination, the fact remains that each candidate is not examined on the same clinical subjects. Furthermore, the format of the dermatopathology segment of the examination provides for the use of only six microscopic sections, and here again it is necessary to change the examination material at rather frequent intervals during the examination or otherwise there is a distinct possibility of information about a particular slide being passed on from one candidate to another. The same situation applies in regard to the examination material used in the other sections of the oral examination, namely microbiology, allergy, therapy, and internal medicine as it relates to dermatology.

There was extensive discussion following Dr. Haserick's report; the decision of the Board was that "it is essential that the Oral Examination Committee continue to explore alternative methods of conducting this part of the certifying examination."

At the 1975 Interim Meeting of the Board, Dr. Kopf, who had replaced Dr. Haserick as chairman of the Oral Examination Committee, reported that "it is the recommendation of our Committee that we devise an examination based on the candidates' response to prepared questions related to projected slides and examination of histopathologic slides under the microscope." He mentioned that he had had "an opportunity to observe the second examination for special competence certification in dermatopathology which was similar to the type of examination which we are recommending as a replacement for our Oral Examination." He pointed out that "some time ago, the American Board of Pathology eliminated their oral examination as a part of their certifying examination and had substituted response to prepared questions following the use of projected Kodachromes and examination of slides under the microscope." Dr. Kopf commented that

there has been increasing difficulty in arranging for training centers to host the oral examinations which since 1967 have been given twice each year. The reasons for this are obvious; first, it is necessary for the training center to assemble at least 50-60 patients, allowing for those who do not show up, and furthermore, there is a major disruption of the patient-care and other activities of the department during a period of at least several days. It has always been the goal of the Board to have a certifying examination which is valid, reliable, consistent, discerning, and comprehensive. It is important and indeed essential that all candidates are treated alike. Through the years, every member of the Board has made an extraordinary effort to afford all candidates the same opportunity to pass the orals but the fact is that in an oral examination, it is impossible to administer it so that all candidates answer the same questions. If we adopt this proposed examination, every candidate will answer identical questions in response to the viewing of the same projected slides and examination of the same histopathologic section, each using his or her own microscope.

In concluding his report, Dr. Kopf expressed his strong conviction that "for many reasons, we should make plans to substitute this proposed examination for the oral examination."

The reaction of the Board to Dr. Kopf's proposal was a favorable one. However, several members expressed concern about substituting an examination for the orals which does not include questioning of candidates on a one-to-one basis; this had been an important component of the certifying examination since the first one in 1933. Also, it was noted that "another feature of the orals which would be relinquished with this new examination is the use of patients as part of the examination on clinical dermatology." Despite these objections, there was general agreement that "circumstances at this time make it necessary to change the 'orals' in some manner." The most compelling case for replacing the "orals" with an examination based on candidates' response to prepared questions related to projected slides and examination of histopathologic slides under the microscope was that all candidates would answer the same questions and thus be examined in exactly the same manner.

It was proposed by Dr. Kopf and his Committee that they prepare such an examination "with the objective of giving it on a trial basis to a small number of candidates in conjunction with the next oral examination in October which will be held at Duke University School of Medicine." The Board voted in favor of this plan. The Department of Dermatology at Duke University made available microscopes for the twenty-nine candidates who were selected to take this examination rather than the orals.

At the meeting of the Board which was held after the conclusion of the examination, Dr. Kopf stated that he "was very pleased with the reaction of the candidates who took the examination in that it was very positive; in particular, they were impressed with the format of the examination which made it possible for all candidates to answer the same questions. The members of the Committee who conducted this examination are in agreement that this trial run was successful and it is our recommendation that next year we replace the orals with this type of examination." In response to a question regarding the number of candidates for the 1976 examination, Dr. Livingood stated that

a considerable increase in the number of candidates, not only in 1976, but in the years to fol-

low, is anticipated. It is estimated that this number could reach as many as an average of 300 a year and possibly more than that. If the Board decides to replace the orals with this examination, it would be necessary to hold it in a hotel. Furthermore, it would be advisable to divide the candidates into groups of no more than 80-90. Another decision to be considered is the matter of retaining a consultant service to assist in planning for the examination, editing of questions, and analysis of results.

After further discussion, it was moved and seconded that the Board "adopt this proposed new type of examination to replace the oral examination and that Dr. Kopf explore the possibility of using the National Board of Medical Examiners as our consultant service." This motion was passed. Furthermore, it was decided that the written examination would not be changed and that Dr. Swanson would continue as consultant for this part of the certifying examination. Dr. Livingood was asked to make arrangements to hold the 1976 examination in a hotel to be selected on the basis of availability of appropriate facilities which would make it possible to divide the candidates into groups as he suggested. (The O'Hare/Kennedy Holiday Inn in the Chicago O'Hare airport area was selected for the 1976 examination, and it has been held at this hotel each year since that time. This hotel has five adjacent communicating ballrooms on one floor and a sufficient number of sleeping rooms to house all candidates.)

Thus, in 1976 for the first time in the history of the Board, the certifying examination was held in a hotel, the written examination was given to all candidates at the same time, and instead of an oral examination, all candidates answered identical questions in response to projected slides and examination of microscopic sections. During the preparation of the examination in 1976, this new examination was referred to as the "Practical Examination"; there were three sections, namely, clinical dermatology, microbiology, and dermatopathology (in 1979 the designation "Practical Examination" was discontinued, and since then it has been referred to as the Part II Examination with the written portion referred to as the Part I Examination). The entire examination was given

over a period of 2 days with one-half day for the Part I Written Examination, one-half day for the dermatopathology section of the Part II Examination, and the second day for the clinical dermatology and microbiology sections of the Part II Examination. The 298 candidates who took the examination in 1976 were divided into five groups with simultaneous projection of the photographs in each of the five ballrooms by skilled technicians, who used high-intensity projectors (at the present time the candidates are divided into ten groups, two in each of the five rooms, with one of the two groups facing the projector screen in the front of the room, and the other group facing the projector screen in the back of the room).

When Dr. Kopf, the chairman of the Practical Examination Committee, gave his report at the 1976 annual meeting, which was held on the day following the certifying examination, he stated that

considering all the effort put into this first Practical Examination and all the concerns and worries many had for so many months, it went very well. As you know, John Haserick was responsible for the dermatopathology section of the examination and Clayton Wheeler had the key role in preparing the microbiology section; all of you assisted me in preparing the clinical dermatology section. There was a tremendous amount of work involved on the part of every member of the Board\* and I express my deep appreciation. I believe that this is the beginning of something that could be extremely important. The fact that every candidate answered the same questions is a tremendous achievement for our Board. One feature of the examination was the extremely good quality of the projection equipment. I do not think that there was a single candidate who claimed that he or she could not see the projected photographic slides. As many of you know, the members of the staff of the National Board of Medical Examiners were extremely helpful and, indeed, indispensable in assisting us in implementing this examination

\*The Directors of the Board at that time were: Drs. Harry L. Arnold, Jr., John H. Epstein, Robert W. Goltz, E. Richard Harrell, Jr., John R. Haserick, Harry J. Hurley, Frederick A. J. Kingery, John M. Knox, Alfred W. Kopf, J. Fredric Mullins, J. Graham Smith, Jr., Richard B. Stoughton, and Clayton E. Wheeler, Jr.

and of course, they will do the scoring and analysis of the answer sheets. We will be meeting with them as soon as the data are available. Probably it isn't necessary for me to emphasize that there are an unbelievable number of details involved in preparing this examination. The selection of the photographic slides and histopathologic sections, the editing of the questions which pertain to the slides and the sections involved a tremendous amount of time, not only on the part of every member of the Board, but also the NBME staff.

In retrospect, at the end of 6 years of experience with the modified certifying examination, it is evident that the institution in 1976 of an examination based on the candidate's answers to prepared questions following the viewing of projected photographic slides and microscopic examination of histopathologic sections, to replace the orals, was one of the most important milestones in the 50-year history of the Board. The year 1976 marked the beginning of an era of continuous "throughout-the-year" maximum involvement of every member of the Board in preparing the certifying examination and in the accumulation of a large bank of questions, photographic slides, and histopathologic sections for the Part I and Part II Examinations. This has been accomplished with the superb leadership of the Examination Committee's chairmen, starting with Drs. Kopf, Haserick, Wheeler, and Stoughton, succeeded by Drs. Hurley, Knox, Graham, and Smith. In 1979, the National Board of Medical Examiners (NBME) assumed consultant responsibility for the written examination, and since then both parts of the certifying examination are prepared, graded, and analyzed with the assistance of members of the NBME staff. This change in regard to the Part I Examination was made under the leadership of Dr. Smith, who assumed the chairmanship of the Part I Committee in 1978. In addition, since then, Dr. Smith and his Committee have made innovations in the selection and review of questions for the written examination, both in relation to core content and in editing and analysis of the performance of each question. In 1981, Dr. Perry succeeded Dr. Smith as chairman of the Part I Examination Committee and in 1982, Dr. Jansen succeeded Dr.

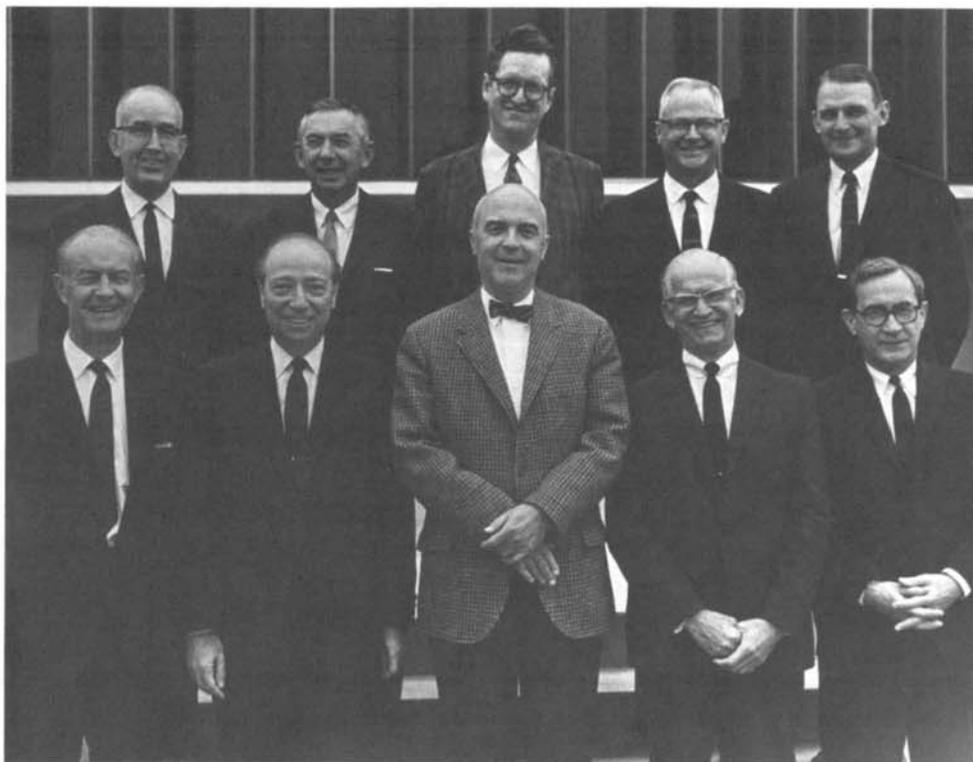
Hurley as chairman of the Part II Examination Committee.

In 1981, the ABMS Committee, which planned a conference on "Evaluation of Noncognitive Skills in Clinical Performance" sponsored by the American Board of Medical Specialties,<sup>6</sup> asked Dr. Hurley, the chairman of the Part II Committee, to report on the experience of the American Board of Dermatology with its examination which had replaced the orals in 1976. The attendees at this conference included representatives from all of the specialty certifying boards. In his presentation, Dr. Hurley noted that

for 43 years our Board administered an oral examination; however, in 1976 the oral examination was abandoned in favor of a more equitable and more standardizable Part II Examination. The loss of the special advantages of the oral examination, particularly the opportunity it provided to investigate the affective attributes of the candidates, was regretted. After prolonged discussion in 1975, it was concluded by the Board that the most effective implementable examination it could devise would be one using visual aids and microscopic material. Our experience with these examinations over the past six years has confirmed this conclusion.

He explained that

at the present time the certifying examination of the American Board of Dermatology consists of two parts, a Part I Written Examination and a Part II Examination, each of which a candidate must pass to be certified. Initially the latter was referred to as a "Practical Examination" but it is more precisely designated as an examination using visual aids or pictorial material. It includes a specialized component in which each candidate uses his or her own microscope to examine histopathologic sections. Among examinations of its type, given by specialty certifying boards, it is one of the most highly standardized. Furthermore, it is a long examination with enough test items to ensure its reliability. Minor improvements in the construction and administration of the examination have been made but it remains essentially as it was conceived and has proven to be an admirable method of measurement of the visual discriminatory or perceptual skills so necessary for the practice of dermatology.



1967. *Left to right, back row, Harry L. Arnold, Jr., Ray O. Noojin, Walter B. Shelley, Rees B. Rees, John R. Haserick; left to right, front row, Louis A. Brunsting, Sr., Rudolf L. Baer, Edward P. Cawley, Wiley M. Sams, Sr., Clarence S. Livingood.*

Dr. Hurley described the Part II Examination in some detail. He stated that

the development of the Part II Examination begins at least one year prior to its administration. A Test Committee within the Board selects the test items from a comprehensive content outline. The photographs and microscopic sections are identified and the accompanying written questions studied for accuracy and appropriateness of the distractors. The examination is then assembled and critiqued internally by the Test Committee and reviewed and modified editorially by educational test consultants from the National Board of Medical Examiners. It is later critiqued externally by a second Test Committee of the Board which was not involved in the preparation of the examination. Every precaution is taken to guarantee the security of the examination materials from the time of their selection to and beyond their used in the examination and their return for storage in the ABD Examination file. All of the photographs, which

are 35 mm transparencies, and the microscopic sections are of the highest possible quality. To ensure equivalence of the microscopic sections of a given disorder, large tissue blocks are used which will provide an adequate number of sections. Final selection of the ultimate indistinguishable sections for use in the examination is made by the Chairman of the Dermatopathology Examination Committee after careful scrutiny of all sections which are used. Dr. John Haserick was the Chairman of this Committee for the initial examination in 1976; since then and continuing until the present time (1977-1982), Dr. John Knox has been the Chairman of this Committee. The Part II Examination utilizes projected photographs which are administered in identical fashion on the morning and afternoon of one of the two days of the certifying examination. Within a single hotel, five adjacent and interconnecting large rooms approximately 150 feet long and 75 feet wide are set up with two identical high-intensity projectors in each room

placed back-to-back equidistant from their respective screens; the projectors are operated by audio-visual professionals who also control the digital stop watches used to govern the timing of the examinations. The seating arrangement provides for groups of 60-70 candidates in each of five rooms; one-half of the candidates, i.e., 30-35, face the screen in the front of the room and the other half face the screen in the back of the room while they take the examination. There are 24 questions corresponding to 24 histopathologic slides in the 90-minute dermatopathology segment of Part II. [See photograph.] As noted previously, the candidates must achieve a passing grade in both the Part I and Part II Examinations. If a candidate fails Part I and passes Part II, on re-examination it is necessary only to repeat Part I and vice versa.

This account of the development of the certifying examination makes it apparent that the American Board of Dermatology has been engaged in a continuing effort to provide a certifying examination which is valid, reliable, consistent, and comprehensive and which provides for equal treatment of all candidates. This effort will continue as new evaluative technics become available in the future.

#### IN-TRAINING EXAMINATION

In 1969 the Board made available the written examination of the previous years to the Directors of approved training programs as an In-Training Examination for their residents. This In-Training Examination has been continuous to the present time. In recent years, only a part of the questions from the previous year's written examination have been used; to complete the examination, questions are selected from written examinations given during the last 4 or 5 years, and also, questions are included which have never been used in a previous written examination.

Dr. Edward Swanson, examination consultant for the Board, analyzes the results and, in doing so, he compares the performance of first, second, and third year residents. Dr. Swanson sends a report of this detailed analysis to each training director and thus it is possible for them to compare the performance of their residents with their counterparts in the other residency training centers.

#### POSTGRADUATE EDUCATION RRC for dermatology

Throughout its 50-year history, the Board has had a continuing influential role in maintaining high standards of training and education of physicians who qualify for its certifying examination. It was specified in the first *Booklet of Information of the Board*, published in 1932, that one of the purposes of the Board "is to improve the standards of practice of dermatology and syphilology by investigation and encouragement of adequate facilities for graduate instruction in the specialty." Since 1955, this important function of the Board has been carried out "by participating through the Residency Review Committee for Dermatology in the assessment and approval of dermatology residency training programs in hospitals and institutions providing such training."

In 1933, Dr. Fox appointed Dr. Fred D. Weidman as the first chairman of the Education Committee. Dr. Weidman, who was one of the first American scientists to devote himself solely to basic laboratory research and teaching oriented toward the problem of diseases of the skin, had a very important role in the early development of facilities for postgraduate training in the specialties. In particular, as chairman of the Education Committee, he was very influential in stimulating training programs to elevate the level of knowledge in the basic sciences, especially dermatopathology and mycology. The initial activity of the Education Committee was to collect information regarding the current opportunities for postgraduate study in dermatology and syphilology in the United States. The secretary of the Board, Dr. C. Guy Lane, sent out questionnaires to institutions known to have facilities for such training. Dr. Weidman assumed the responsibility of analyzing the data which were collected. At the annual meeting in the fall of 1933, he reported that there were fifteen institutions or hospitals in this country that were able to provide adequate training in dermatology and syphilology. Dr. Lane prepared a list of these fifteen 3-year programs, together with a brief description of each department and the name of the chief of service; in addition, three institutions with adequate facilities for 1 year of



1976. Left to right, back row, John H. Epstein, Clayton E. Wheeler, Jr., Alfred W. Kopf, Richard B. Stoughton, Harry J. Hurley, John M. Knox, J. Graham Smith, Jr., Frederick A. J. Kingery; front row, Clarence S. Livingood, J. Fredric Mullins, Robert W. Goltz, E. Richard Harrell, Jr., John R. Haserick.

training were included. This list of "Opportunities for Post-Graduate Studies in Dermatology and Syphilology" was sent to physicians on request; starting in 1937 it was included in the *Booklet of Information of the Board*.

Another responsibility of the Education Committee chaired by Dr. Weidman was the preparation of "A Syllabus of Graduate Training in Dermatology and Syphilology," which was first published in March, 1939. The purpose of this syllabus was to inform the "student-physician" intending to specialize in this discipline of the requirements for specialization, of the general principles considered important by the Board, of the method of fulfilling these requirements, and the field to be covered in preparation for specialization. This syllabus was a 13-page document which included a proposed schedule of training for the "first or preparatory year," the "second or intermediate year," and the "third or finishing year." The syllabus included a quite detailed description of the recommended in-

struction in the basic sciences, including embryology, normal histology, pathology, physiology, chemistry, bacteriology, mycology, animal parasitology, immunology, and physical therapy. Selected references were included for each of these subjects. It is interesting that of the four textbooks, recommended for the study of histopathology of skin diseases, three were written by German dermatologists and the fourth was written by an American dermatologist (Dr. Lee McCarthy). This syllabus was updated on three occasions during the next 10 years; the fourth and final edition was published by the Board in 1955.

In 1939, the AMA Council on Medical Education and Hospitals offered to assist the various boards in making surveys of graduate education programs. It was noted by Dr. Fox that "this Council is specifically fitted to perform the task owing to its extensive experience in making similar surveys of undergraduate medical education. Several boards have accepted the Council's offer

and it is anticipated that others will follow suit. The plan of cooperation includes the setting of standards for and investigation of approved residencies, fellowships, and graduate courses of instruction. It also includes publication of approved educational opportunities by the Council and individual boards." The Board voted to approve in principle the above plan of cooperation with the AMA Council on Medical Education and Hospitals. In 1940, there were twenty approved dermatology residency training programs and there were approximately 155 residents or post-graduate students in training.

There was a rapid expansion of dermatology training programs following World War II. In 1949, Senear, Lewis, and Cormia<sup>7</sup> summarized the present status of residency training in dermatology, and in doing so, made a number of interesting observations. They noted that

today [1949] there are 80 institutions approved jointly by the American Board of Dermatology and by the Council on Medical Education and Hospitals of the American Medical Association as qualified to teach graduate students from periods of one to three years. Of the 80 institutions now approved, 31 are approved for the full three years of training, 26 for two year residencies, and 15 for one year of training; one institution was approved for one year of training in dermatopathology. The records indicate that there are 488 dermatologic trainees in these approved dermatology training programs. If the present rate of training continues, approximately 150 new dermatologists may be expected to enter practice each year. Even with the normal rate of attrition taken into consideration, the number of dermatologists in the United States in ten years will be more than doubled.

Dr. Lewis, who at that time was secretary-treasurer of the American Board of Dermatology, noted that "up until 1949, 1,001 candidates had been certified by the Board. Of these 1,001 diplomates, 37 are women, 27 of whom practice either in New York City, Chicago, Los Angeles, or San Francisco."

Senear et al<sup>7</sup> stated that "it is generally agreed that interest in and approval of teaching centers by the specialty boards have contributed singularly to the elevation of standards of practice. There would seem to be little justification for any relaxation of

interest by our board if present standards of opportunities for post-graduate education in dermatology are to be maintained."

Another observation which they made was that "an examination of the record shows that 40% of the present chiefs of service in the 80 approved institutions received their training—and with it the inspiration to become leaders in their fields—from four men, namely, Dr. George M. MacKee, Dr. Udo J. Wile, Dr. John H. Stokes, and Dr. Harold N. Cole. Without disparagement of the attainments of others in this respect these four men may be said to have affected profoundly the progress of the specialty in this country."

In 1955, the Board accepted the invitation of the AMA Council on Medical Education and Hospitals to join them in forming a Residency Review Committee (RRC) for Dermatology. Already prior to that time and specifically during the last few years, thirteen of the nineteen specialty boards had formed an RRC with the Council. It was noted that "this does not mean that there will be any change in the fundamental relationship existing between the two organizations but rather it promises efficient conjoint activity." The organizational meeting of the RRC for Dermatology was convened at the AMA headquarters in Chicago on Dec. 2, 1955. The original members of this Committee were Drs. Nelson Paul Anderson, Marcus R. Caro, and Arthur C. Curtis from the American Board of Dermatology, and Drs. Louis A. Brunsting, Anthony C. Cipollaro, and Edward H. Leveroos representing the AMA Council on Medical Education and Hospitals. At the present time, the membership of the RRC for Dermatology includes four directors of the American Board of Dermatology, Dr. Harry J. Hurley, chairman of the Committee, and Drs. J. Graham Smith, Jr., John H. Epstein, James H. Graham, and four members appointed by the AMA Council on Medical Education, Drs. Mark A. Everett, Arthur L. Norins, Samuel L. Moschella, and Larry E. Millikan; the executive director of the American Board of Dermatology, Dr. Clarence S. Livingood, and the secretary of the Residency Review Committee for Dermatology, Dr. Robert H. Sebring, who is a member of the staff of the Accreditation Council for Graduate Medical Education, are ex-officio, nonvoting members of the RRC.



1982. *Left to right, back row*, John M. Knox, Clarence S. Livingood, Peyton E. Weary, John H. Epstein, Clayton E. Wheeler, Jr. *Next row*, Harry J. Hurley, Frederick A. J. Kingery, John S. Strauss, G. Thomas Jansen; *next row*, William A. Caro, John R. Haserick, James H. Graham, J. Fredric Mullins, Alfred W. Kopf, J. Graham Smith, Jr.; *front row*, Edward P. Cawley, Rudolf L. Baer, J. Lamar Callaway, Walter B. Shelley, Robert W. Goltz.

In 1972, after several years of negotiations, the American Medical Association, the American Board of Medical Specialties, the American Hospital Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies formed the Liaison Committee on Graduate Medical Education (LCGME). In 1980, the name of the Committee was changed to Accreditation Council for Graduate Medical Education (ACGME). One of the responsibilities of ACGME is to review the actions of RRCs. Thus, training programs in dermatology are approved by the RRC for Dermatology and accredited by the

Accreditation Council for Graduate Medical Education. Information concerning approved training programs\* in all specialties is published in the "Directory of Residency Training Programs—Accredited by the Accreditation Council for Graduate Medical Education," which is published annually by the American Medical Association.

In the early 1940s, the Board adopted the concept of permitting candidates for the certifying examination to have part of their training in the

\*Ninety-five approved 3-year dermatology programs are listed in the 1982 edition.

private offices of preceptors who had applied for this privilege and who were approved by the Board. The list of approved preceptors was compiled and on request was made available to candidates. In the early 1960s, approval of preceptors by the Board was discontinued and the following policy was adopted: "Preceptee training is available only as a part of the program in some three year training centers. A preceptorship in the private office of a staff member at a three year training center is the direct responsibility of the Director of the training program. The maximum period of such training is one year."

The RRC has the responsibility of developing the "Special Requirements for Residency Training in Dermatology." The document is then sent to the parents (ABD and AMA Council on Medical Education) of the RRC for review and finally to the ACGME for approval.

#### THE AMERICAN BOARD OF MEDICAL SPECIALTIES

The predecessor of the American Board of Medical Specialties, the Advisory Board for Medical Specialties, was a direct outgrowth of the specialty board movement in the United States, which started with the establishment of the American Board of Ophthalmology in 1916.

In 1933, the American Board of Dermatology and Syphilology, the American Board of Ophthalmology, the American Board of Otolaryngology, and the American Board of Obstetrics and Gynecology joined together with representatives of the American Hospital Association, the Association of American Medical Colleges, the Federation of State Medical Boards, and the National Board of Medical Examiners to establish the Advisory Board for Medical Specialties. Dr. C. Guy Lane, secretary-treasurer of our Board, was the first chairman of the Standards Committee of the Advisory Board and later for 2 years he was the secretary of the Advisory Board. From 1933 to 1970, the Advisory Board operated as a federation of the individual specialty boards and indeed it was not formally incorporated until 1964. Each February, annual meetings were held "for discussion of items of mutual concern."

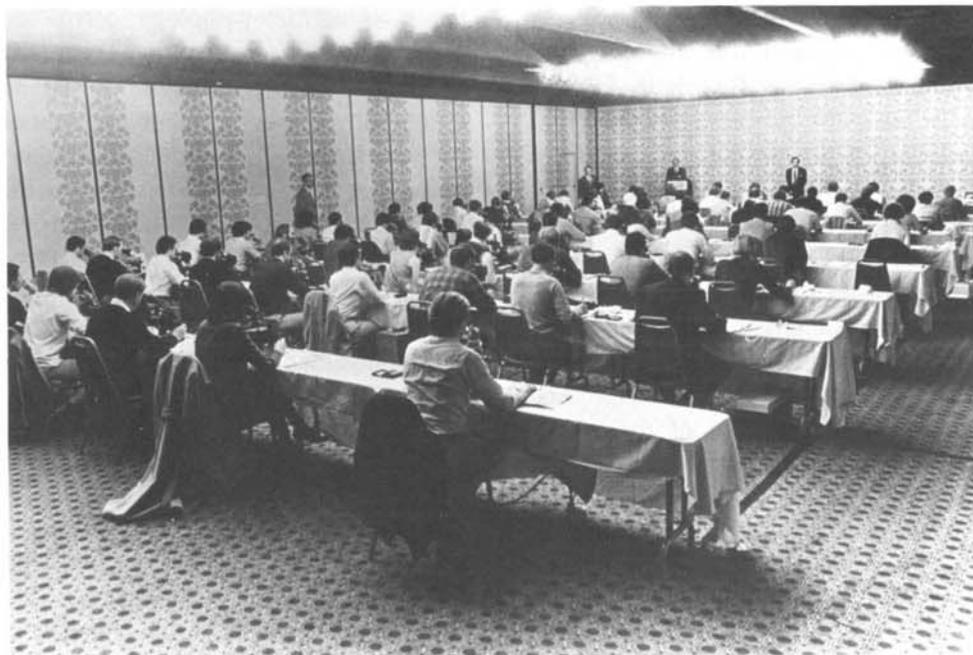
In 1937, the Advisory Board for Medical Specialties organized a Commission on Graduate Medical Education for the purpose of conducting a 3-year study of graduate medical education in this country; Robin C. Buerki, M.D., was the full-time director of this project, which was financed by three private foundations. In 1940, this study was published in a book entitled *Graduate Medical Education*.<sup>8</sup> This report helped establish basic concepts pertaining to graduate medical education and also included discussion on the specialty boards and specialists available and needed in the various fields.

Another early activity of the Advisory Board was the publication in 1939 of *The Directory of Medical Specialists* certified by the member boards. Since 1946, "*The Directory of Medical Specialists*" has been published by the A. N. Marquis Co. (since 1970, Marquis Who's Who, Inc.). The 20th edition of the Directory was published in 1980.

In 1970, the membership voted to reorganize the Advisory Board for Medical Specialties as the American Board of Medical Specialties (ABMS). It was agreed to establish a more formal organization with the implication that collectively the "Assembly" of the boards' representatives to ABMS\* would have decision-making responsibility in regard to the many problems of medical specialization, including subspecialty certification in the respective disciplines of the member boards. A full-time executive director, John C. Nunemaker, M.D., was appointed (in 1975, he was succeeded by Glen R. Leymaster, M.D.) and the headquarters was established in Evanston, IL. At the present time, Donald G. Langsley, M.D., is the executive vice-president; John S. Lloyd, Ph.D., is the director, Education and Research; other members of the staff and supporting personnel include a total of seven people.

One of the many early activities of this reorganized body was the appointment of a Committee on Certification, Subcertification, and Recertification. Standards for the establishment of subspe-

\*Drs. J. Graham Smith, Jr., Frederick A. J. Kingery, Peyton E. Weary, and alternates Drs. William A. Caro, John S. Strauss, and Clarence S. Livingood are the current American Board of Dermatology representatives.



1981. Candidates taking dermatology examination.

cialty certification in a given field were developed and approved by ABMS. A policy statement entitled "The Significance of Certification in Medical Specialties" was evolved. One paragraph of this policy statement was as follows: "Approval of a new area for special certification sometimes identified as subspecialty certification or certification of special competence signifies that there has been a thorough and critical review of the proposals by the Committee on Certification, Subcertification, and Recertification, by the Executive Committee and by the full membership."<sup>\*</sup>

At the annual meeting, March 1973, the ABMS took the following action in regard to recertification which had been a topic of discussion for at least 2 years prior to that time: "It was moved, seconded, and carried that ABMS adopt, in principle, and urge concurrence of its member boards with, the policy that voluntary periodic recertification of medical specialists become an integral part of all national medical specialty certifying programs and, further, that ABMS establish a reason-

able deadline when voluntary periodic recertification of medical specialists will have become a standard policy of all member boards." This subject has been a topic on the agenda of almost all ABMS meetings since that time. There is great variation in the policy of the twenty-three member boards in regard to recertification. It has been mandatory for diplomates of the American Board of Family Practice since the establishment of their Board in 1969. Several other boards, including the American Boards of Internal Medicine, Obstetrics and Gynecology, and Pediatrics, have offered voluntary recertification to their diplomates and one or more examinations have been given. Seven additional boards have submitted proposals for recertification which have been approved by ABMS. Twelve of the specialty boards, including the American Board of Dermatology, have not submitted proposals for recertification. At this time there appears to be very little "recertification activity" on the part of the majority of the specialty certifying boards.

Since 1970, with the reorganization of a more formal body of the specialty certifying boards, all specialty boards have been influenced signifi-

<sup>\*</sup>Annual Report and Reference Handbook, 1981, of the American Board of Medical Specialties, p. 13.

cantly, both directly and indirectly, by policies which have been evolved and voted upon by the representatives of the Member Boards to ABMS. During the 1970s the entire process of certification became the object of increasing tension from government agencies and public consumer groups. It has become evident that the specialty boards must work together, as well as with other professional agencies, in order to assure an appropriate continuing role for physicians in establishing and maintaining standards for education of physicians, for practice, and for health care. This is expressed appropriately in the 1981 edition of the *ABMS Reference Handbook*\* by the following statement: "While maintaining primary interest in the evaluation and certification of physician specialists, the ABMS has found its area of concern and influence steadily increasing."

#### **CERTIFICATION FOR SPECIAL COMPETENCE IN DERMATOPATHOLOGY**

The concept of special competence in dermatopathology certification as a subspecialty of the American Board of Dermatology was considered for the first time in 1971. It has always been assumed by dermatologists that the dominant role of our specialty in the development of dermatopathology, the emphasis on residency training programs, the emphasis of this segment of our specialty in the teaching of residents, and in practice the correlation of gross and microscopic findings in the diagnosis of benign and malignant diseases of the skin by dermatologists, made it self-evident that dermatopathology is a part of our discipline. The concern of the directors of the Board at that time was that physicians in other fields of medicine, as well as hospital administrators and others, were not aware that dermatopathology is and always has been an integral part of our specialty. After thorough discussion of this matter at the annual meeting in 1971, the Board made the unanimous decision to take steps to obtain approval from the American Board of Medical Specialties for the establishment of special compe-

tence in dermatopathology certification. It was agreed that "this is the only path to pursue in order to obtain definite recognition by the medical community, deans of medical schools, hospital administrators, government and others who participate in the decision-making process for hospitals, medical schools, insurance carriers, and government agencies, that dermatopathology is and always has been an important part of our specialty."

The president, Dr. Rees B. Rees, appointed an ad hoc Dermatopathology Committee which was charged with the responsibility of developing a proposal for certification of special competence in dermatopathology with the objective of submitting this at the time of the 1972 ABMS fall meeting so that it could be voted upon by ABMS at the fall meeting in 1973. The members of this Committee were Drs. John R. Haserick, Clayton W. Wheeler, Jr., Clarence S. Livingood, and Robert W. Goltz, chairman; E. Richard Harrell, Jr., who was an ABMS representative at that time, participated in the discussions.

The proposal was submitted at the 1972 fall meeting, and, both in open discussion on the floor and in many private conversations with our ABMS colleagues representing other specialty boards, it was emphasized and re-emphasized that dermatologists had made major contributions to the literature on dermatopathology, that dermatologists were authors or co-authors of almost all of the dermatopathology textbooks, and that dermatopathology had always been an essential component of our specialty, in our residency training programs, certifying examination, and in the practice of dermatologists. After prolonged intensive negotiations, a plan which provided for certification of special competence in dermatopathology, based on joint and equal participation of the American Board of Dermatology and the American Board of Pathology, was agreed upon by the two boards, literally "hours" before the ABMS meeting was convened. It was presented at the September, 1973, ABMS meeting and it was approved.

In the fall of 1973, the American Board of Dermatology and the American Board of Pathology established a joint Dermatopathology Com-

\*Annual Report and Reference Handbook, 1981, of the American Board of Medical Specialties, p. 13.

mittee consisting of three representatives from each board with the executive directors of the two boards as ex officio members of the Committee without vote. The American Board of Dermatology members of the first joint Dermatopathology Committee were Drs. Robert W. Goltz, John R. Haserick, and Richard B. Stoughton, and Clarence S. Livingood, ex officio; the American Board of Pathology members of the Committee were Drs. M. R. Abell, Elson W. Helwig, and Vernie A. Stembridge, and A. James French, ex officio. The current members of the Dermatopathology Committee are Drs. William A. Caro, James H. Graham, and John M. Knox, and Clarence S. Livingood, ex officio, representing the American Board of Dermatology; and Drs. Thomas J. Gill, III, Jack M. Layton, and Jack P. Strong, and M. R. Abell, ex officio, representing the American Board of Pathology. Also, a Residency Review Committee for Dermatopathology was established as a joint Committee of the Residency Review Committee for Dermatology and the Residency Review Committee for Pathology. This Committee consisted of three members from each RRC with the executive directors as ex officio members without vote.

The first examination for certification of special competence in dermatopathology was in Washington, DC on Nov. 20, 1974; 202 diplomates of the American Board of Dermatology and the American Board of Pathology took the examination. Since then a total of 934 diplomates of the two boards have taken the examinations, which have been held annually since 1974.

Since approved residency training was not established until 1976, all of the candidates who took the dermatopathology examination in 1974, 1975, 1976, and 1977 qualified to do so in the experience category.

When the first examination was announced early in 1974, a number of diplomates in some parts of the country expressed opposition to certification of special competence in dermatopathology. This was understandable because dermatologists had always assumed that dermatopathology is a part of our specialty and also there was the concept that they had already passed an examination in der-

matopathology when they passed the certifying examination of the Board. The Board decided to explain its reasons for establishing certification for special competence in dermatopathology and did so in an eight-page letter which was sent to all diplomates of the Board. This was the first time in the history of the Board that a communication of any kind had been sent by the Board to all of its diplomates, except for the letters which notified the diplomates when they passed the certifying examination. The diplomates were asked to vote on the proposal; ballots were enclosed with the letter with the request that diplomates return them to a third party. The majority approved the action of the Board, and as time passed the opposition decreased.

At this time, there appears to be general agreement that in 1971 and 1972, the directors of the Board (Drs. Ray O. Noojin, Rees B. Rees, Harry L. Arnold, Jr., E. Richard Harrell, Jr., John R. Haserick, Robert W. Goltz, J. Fredric Mullins, Clayton E. Wheeler, Jr., Alfred W. Kopf, Rudolf L. Baer) had remarkable foresight and acted in a very responsible manner when they made the decision to take steps to develop a plan for establishing certification for special competence in dermatopathology with the objective of approval by ABMS. It has resulted in the upgrading of training in dermatopathology\* of both dermatology and pathology residents and has directly and indirectly led to improved care of patients with skin diseases, which was the primary objective of the Board when certification of special competence in dermatopathology was proposed in 1971.

Special competence in dermatopathology certification represents a very important landmark in the history of the Board.

#### **CLOSING COMMENT**

This historical record is meant to represent more than a detailed account of the origin and development of the American Board of Dermatology and of its various activities. It is my hope that I have

\*At the present time (1982) there are twenty-one accredited dermatopathology programs.

also been able to indicate to all who read this narrative that this unique body occupies a special position in American dermatology. Influenced by the philosophy and collective experience of the American Board of Medical Specialties and its member boards, it nonetheless functions autonomously as the certifying agency for our specialty and affects profoundly the quality and range of graduate training in dermatology and dermatopathology. In so doing, it is thus pursuing its ultimate objective of maintaining the highest standards of care for patients with cutaneous diseases.

Dr. F. J. Szymanski, historian of the American Dermatological Association, searched the records of the Association for pertinent data. Drs. Harry L. Arnold, Jr., J. Lamar Callaway, Harry J. Hurley, Alfred W. Kopf, Rees B. Rees, and J. Graham Smith, Jr. reviewed parts of the manuscript and made many helpful suggestions. I am indebted to them for their assistance.

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