

7. A copy of the application blank.
8. Any general information or statement of importance.
9. Approximate number of physicians practicing the specialty which the Board represents.

Based on the experience of the existing Boards a model constitution and by-laws, and articles of incorporation have been drawn up and will be supplied to any such proposed Board upon application. Reference blanks, applications, and other forms will be supplied by the secretary of any of these existing Boards or can be obtained from the Secretary of the Advisory Board.

An application for election to membership in the Advisory Board and this above data listed will be referred immediately to the Committee on Standards and Examinations of the Advisory Board for review. Upon approval by the Committee incorporation should then be completed and a statement of this filed with the Secretary. Action on the application will be taken at the succeeding meeting of the Advisory Board for Medical Specialties, and each examining Board as elected will be recommended to the Council on Medical Education and Hospitals of the American Medical Association for official approval and recognition. Examination and certification of applicants in the specialty may follow immediately upon being given such approval.

Communications should be addressed to the Secretary:

PAUL TITUS, M. D.  
1015 HIGHLAND BUILDING  
PITTSBURGH, (6) PA.

THE ADVISORY BOARD  
*for*  
MEDICAL SPECIALTIES



1935

OFFICE:

1015 HIGHLAND BUILDING  
PITTSBURGH, (6) PA.

PAUL TITUS, M.D., *Secretary*

## ADVISORY BOARD FOR MEDICAL SPECIALTIES\*

Organized 1933-'34 for the purpose of coordinating graduate education and certification of medical specialists in the United States and Canada.

This Board reports to and functions in conjunction with the Council on Medical Education and Hospitals of the American Medical Association.

### OFFICERS AND EXECUTIVE COMMITTEE

LOUIS B. WILSON, M. D., *President*  
Rochester, Minn.

J. S. RODMAN, M. D., *Vice-President*  
Philadelphia, Pa.

PAUL TITUS, M. D., *Secretary-Treasurer*  
Pittsburgh, Pa.

W. P. WHERRY, M. D.  
Omaha, Neb.

W. B. LANCASTER, M. D.  
Boston, Mass.

### MEMBER ORGANIZATIONS AND REPRESENTATIVES

#### *The Association of American Medical Colleges*

W. C. RAPPLEYE, M. D.,  
Dean, College of Physicians and Surgeons,  
Columbia University, 630 West 168th Street,  
New York, N. Y.

LOUIS B. WILSON, M. D.,  
Mayo Foundation, Rochester Minn.

#### *The American Hospital Association*

R. C. BUERKI, M. D.,  
1300 University Avenue, Madison, Wis.

G. HARVEY AGNEW, M. D.,  
Canadian Medical Association, 184 College Street,  
Toronto, Canada.

#### *The Federation of State Medical Boards of the U. S. A.*

G. M. WILLIAMSON, M. D.,  
2½ South Third Street, Grand Forks, N. D.

HAROLD L. RYPINS, M. D.,  
State Education Building, Albany, N. Y.

\*The work of this Board has been aided by a grant from the Josiah Macy, Jr. Foundation of New York.

## SUGGESTIONS FOR ORGANIZATION OF AN EXAMINING BOARD

The foregoing essentials for approved special examining boards should be carefully studied and the experience of existing Boards will be found helpful. Interviews with the Secretary of any of these Boards will develop valuable information for a new Board.

Official sponsorship of the national societies, and the related section of the American Medical Association, in a specialty organizing an examining Board should include election or appointment of representatives from each of these national societies to serve on the Board as examiners and directors.

Each Board should be incorporated, but before assuming the expense of so doing, tentative application for approval and membership in the Advisory Board for Medical Specialties should be made. This application should include,

1. The name of the proposed Board.
2. A statement of its method of organization, the sponsoring societies, its list of officers, and the names and addresses of the elected or appointed members of the Board, including the societies which each represents.
3. A copy of the tentative constitution and by-laws.
4. A copy of its proposed articles of incorporation.
5. An outline of qualification requirements for applicants.
6. An outline of proposed methods of examination.

1. A period of study after the internship of not less than three years in clinics, dispensaries, hospitals or laboratories recognized by the same Council as competent to provide a satisfactory training in the special field of study.

2. This period of specialized preparation should include:

Intensive graduate training in anatomy, physiology, pathology, and the other basic medical sciences which are necessary to the proper understanding of the specialty in question:

An active experience of not less than eighteen months in hospital clinics, dispensaries and diagnostic laboratories recognized by the Council as competent in the specialty;

Examinations in the basic medical sciences of a specialty as well as in the clinical laboratory and public health aspects.

3. An additional period of not less than two years of practice.

The foregoing report is practically identical with an outline of Essentials for Approved Specialty Boards adopted June 10, 1934, by the Council on Medical Education and Hospitals of the American Medical Association and ratified June 11, 1934 by the House of Delegates of the American Medical Association.

*The National Board of Medical Examiners*

J. S. RODMAN, M. D.,  
225 South 15th Street, Philadelphia, Pa.

EVERETT S. ELWOOD,  
225 South 15th Street, Philadelphia, Pa.

*The American Board of Ophthalmology*

WALTER B. LANCASTER, M. D.,  
520 Commonwealth Avenue, Boston, Mass.

W. H. WILDER, M. D.,  
122 South Michigan Avenue, Chicago, Illinois.

*The American Board of Otolaryngology*

H. P. MOSHER, M. D.,  
828 Beacon Street, Boston, Mass.

W. P. WHERRY, M. D.,  
1500 Medical Arts Building, Omaha, Nebraska.

*The American Board of Obstetrics and Gynecology*

JOSEPH L. BAER, M. D.,  
104 South Michigan Avenue, Chicago, Illinois.

PAUL TITUS, M. D.,  
1015 Highland Building, Pittsburgh, Pa.

*The American Board of Dermatology and Syphilology*

C. GUY LANE, M. D.,  
416 Marlboro Street, Boston, Mass.

HOWARD FOX, M. D.,  
140 East 54th Street, New York, N. Y.

*The American Board of Pediatrics*

BORDEN S. VEEDER, M. D.,  
Beaumont Medical Building, St. Louis, Mo.

C. ANDERSON ALDRICH, M. D.,  
723 Elm Street, Winnetka, Ill.

*The American Board of Psychiatry and Neurology*

FRANKLIN G. EBAUGH, M. D.,  
Colorado Psychopathic Hospital, Denver, Colo.

WALTER FREEMAN, M. D.,  
1726 Eye Street, N. W., Washington, D. C.

*The American Board of Radiology*

A. C. CHRISTIE, M. D.,  
1835 Eye Street, Washington, D. C.

B. R. KIRKLIN, M. D.,  
Mayo Clinic, Rochester, Minn.

The Advisory Board for Medical Specialties has prepared this booklet for the purpose of furnishing general information regarding its activities in connection with graduate medical education and the certification of medical specialists in the United States and Canada. It is designed also to give detailed information concerning the procedures to be followed by examining Boards in the various specialties in order for them to obtain approval by this Advisory Board and recommendation to the Council on Medical Education and Hospitals of the American Medical Association for official recognition. This information is based in large part on the experience of previously formed Boards during the last fifteen years.

## ORGANIZATION

When the Council on Medical Education and Hospitals of the American Medical Association was first organized and inaugurated, it drew up standards of education which medical schools were required to meet in order to secure the approval of the Council. The results of these efforts has been a remarkable and rapid improvement in medical education throughout the country.

The segregation of medicine into the specialties has proceeded without any such supervision except for that of a limited number of special examining or certifying Boards and the uncoordinated interest of several other organizations active in various phases of graduate medical education. At the Milwaukee session of the American Medical Association in 1933 a resolution was adopted authorizing the Council on Medical Education and Hospitals to formulate standards of administration,

4. Obstetrics & Gynecology
5. Ophthalmology
6. Otolaryngology
7. Dermatology & Syphilology
8. Psychiatry & Neurology
9. Urology
10. Orthopedic Surgery
11. Radiology
12. Pathology

## III. QUALIFICATION OF CANDIDATES

Each applicant for admission to the examination should be required to present evidence that he has met the following standards:

### A. General Qualifications.\*

1. Satisfactory moral and ethical standing in the profession.
2. Membership in the American Medical Association or, by courtesy, membership in such Canadian and other medical societies as are approved by the Council on Medical Education and Hospitals of the American Medical Association. Membership in other societies should not be required.

### B. Professional Standing.\*

1. Graduation from a medical school of the United States or Canada recognized by the Council on Medical Education of the American Medical Association.
2. Completion of an internship of not less than one year in a hospital approved by the same Council.

### C. Special Training.\*

(To be effective as far as practical not later than January 1, 1938).

\*NOTE: In case of an applicant whose training has been received outside of the United States and Canada, the credentials must be satisfactory to the Advisory Board.

There are no dues chargeable to member organizations, as this is a distinctly education movement in the field of graduate training in the medical specialties. Traveling and other expenses of representatives in attendance must be borne by member organizations.

## ESSENTIALS FOR APPROVED SPECIAL EXAMINING BOARDS

(Adopted by the Advisory Board for Medical Specialties, June 10, 1934)

### I. ORGANIZATION

1. A special examining board to be approved by the Advisory Board for Medical Specialties should represent a recognized and distinct specialty of medicine.
2. It should be composed of representatives of the national organizations in that specialty including the related section of the American Medical Association.
3. It should be incorporated.
4. A special board should:
  - (a) Determine whether candidates have received adequate preparation.
  - (b) Provide a comprehensive test of the ability and fitness of such candidates.
  - (c) Certify to the competence of those physicians who have satisfied its requirements.

### II. DEFINITION OF SPECIAL FIELDS

The following branches of medicine at present are recognized as suitable fields for the certification of specialists:

1. Internal Medicine
2. Surgery
3. Pediatrics

based in general upon those of the American Boards of Ophthalmology, of Otolaryngology, of Obstetrics and Gynecology, and of Dermatology and Syphilology and officially to recognize new Boards meeting these standards.

To avoid duplication of effort as well as to coordinate the work of the several Boards and other interested groups into a concise and homogenous plan for betterment, it was deemed advisable to create an Advisory Board which should give consideration to those problems common to all, and which should be representative of each organization concerned.

During the years 1933 and 1934 this Advisory Board was organized and began actively to function. A constitution and by-laws was adopted at a meeting in Chicago on February 11, 1934. The original member organizations were: The Association of American Medical Colleges; The American Hospital Association; The Federation of State Medical Boards of the U. S. A.; The National Board of Medical Examiners; The American Board of Ophthalmology; The American Board of Otolaryngology; The American Board of Obstetrics and Gynecology; and The American Board of Dermatology and Syphilology. Two representatives were appointed from each of these organizations to serve on the Advisory Board. Since that time the American Board of Pediatrics, The American Board of Psychiatry and Neurology, and the American Board of Radiology have been properly organized, approved and elected to membership by the Advisory Board and recommended to the Council on Medical Education and Hospitals of the American Medical Association for official recognition.

## PURPOSE

Article Two of the Constitution states that, "This Board shall act in an advisory capacity to such organizations as may seek its advice concerning the coordination of the education and certification of medical specialists." Specifically, this represents an official effort to advance the standards and improve the methods of graduate education and training in the medical specialties, to be followed by certification of men thus educated and trained who can qualify as specialists in the various branches. The common interest of the member organizations in these purposes is obvious. It is equally apparent that some fixed grouping or classification of specialties needed to be established, preferably on an educational basis, that minimum standards of organization and conduct for new examining Boards should be fixed, and that some official method of recognition be developed.

The Council on Medical Education and Hospitals of the American Medical Association agreed under the authority vested in it by the resolution passed at the Milwaukee meeting and referred to above, that applications of special examining Boards for official approval are to be referred to the Council through the Advisory Board for Medical Specialties, recommendation by the Advisory Board for such approval to be based upon the standards established by the Council and mutually adopted. The understanding exists that the Council cannot be bound by recommendations of the Advisory Board, but will consult the Advisory Board of Medical Specialties before acting upon any applications so long as mutually adopted standards are in force.

## MEMBERSHIP

The Board is composed of two representatives from each of the approved examining Boards of the medical specialties and such other national organizations as are interested in education, examination, and certification of medical specialists and duly elected to this body.

The Constitution provides that, "To be eligible for representation in this Board an examining board in a specialty must be composed of members elected from or appointed by societies recognized by this Board as a national society in that specialty together with representation from the related section of the American Medical Association." Upon being accepted by this Advisory Board the Board in question will be recommended to the Council on Medical Education and Hospitals of the American Medical Association as qualified for recognition. Membership in this Advisory Board provides for the inclusion of the name of the organization in all lists and directories published by the Advisory Board for Medical Specialties and provides also for the publication of names of specialists certified by member examining Boards as reported to the Advisory Board by each individual examining Board. Similar lists will be published in the American Medical Directory at the discretion of the Council on Medical Education and Hospitals of the American Medical Association.

Meetings of the Advisory Board for Medical Specialties are held annually at the time and place of the meetings of the American Medical Association. Special meetings may be held in Chicago at the time of the annual meeting of the Council on Medical Education and Hospitals of the American Medical Association.