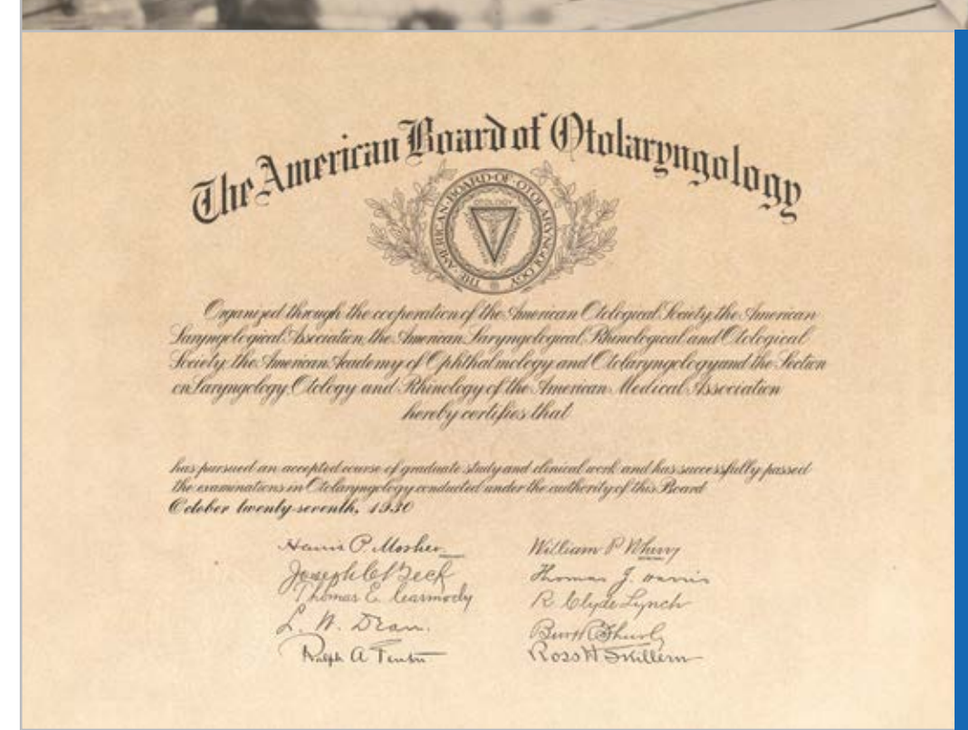
A Century of Professional Self-Regulation

How It All Began

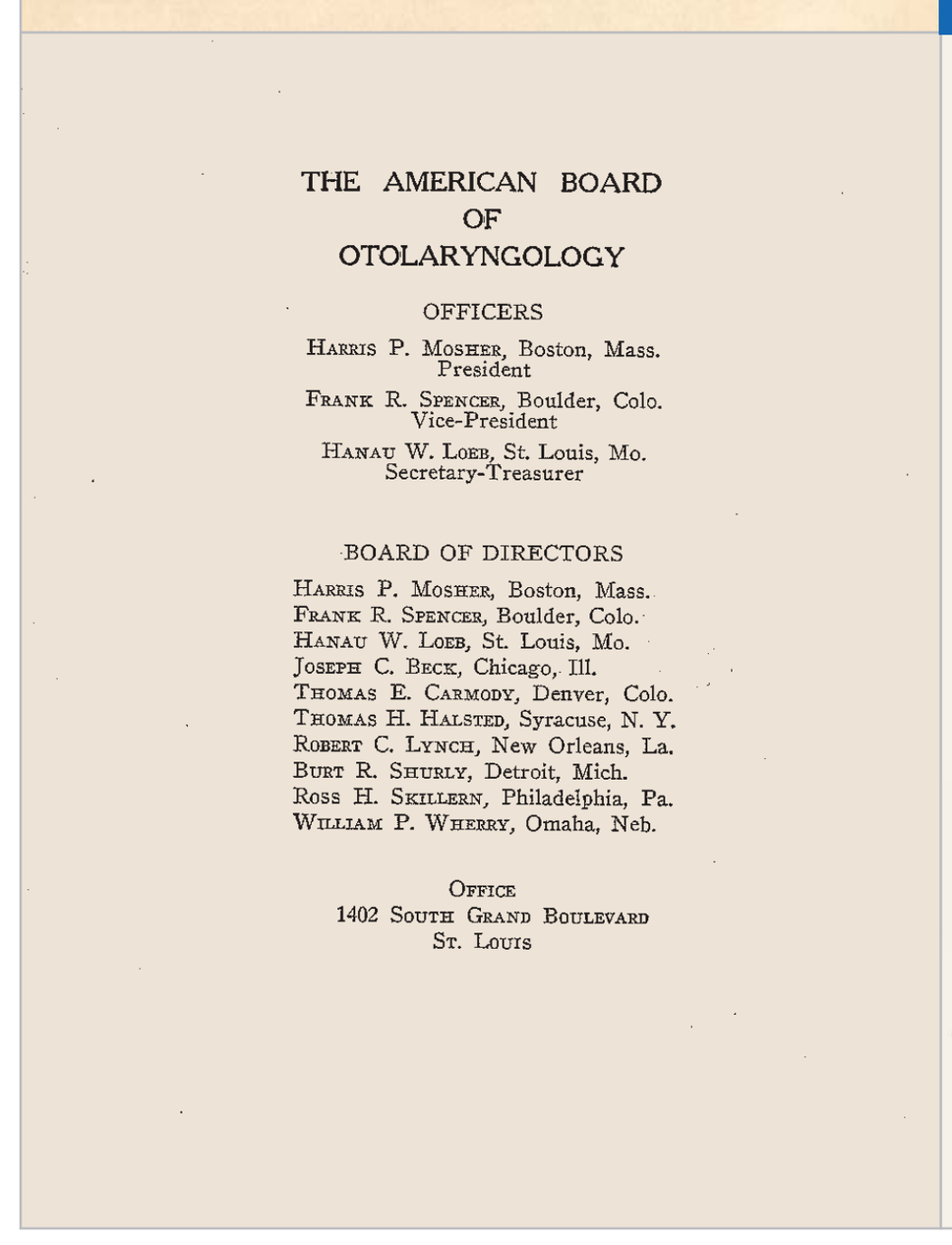
On November 10, 1924, The American Board of Otolaryngology was formally organized in Chicago, making it the second medical specialty in the nation to create a certifying board. It was a novel idea at this time, that an independent body—created by the specialists themselves—would certify who is qualified to represent themselves as a specialist in otolaryngology. This notion of professional self-regulation, in essence a social contract with the public, remains ABOHNS' North Star today.

Dr. Harris Mosher was a founding Director and the Board's first President.



"It's an unwritten social contract that has been understood for a hundred years that we are given the privilege to self-regulate. In return, the public expects that our board-certified physicians behave ethically and professionally and are competent and altruistic."

–RAMON M. ESCLAMADO, MD, MS



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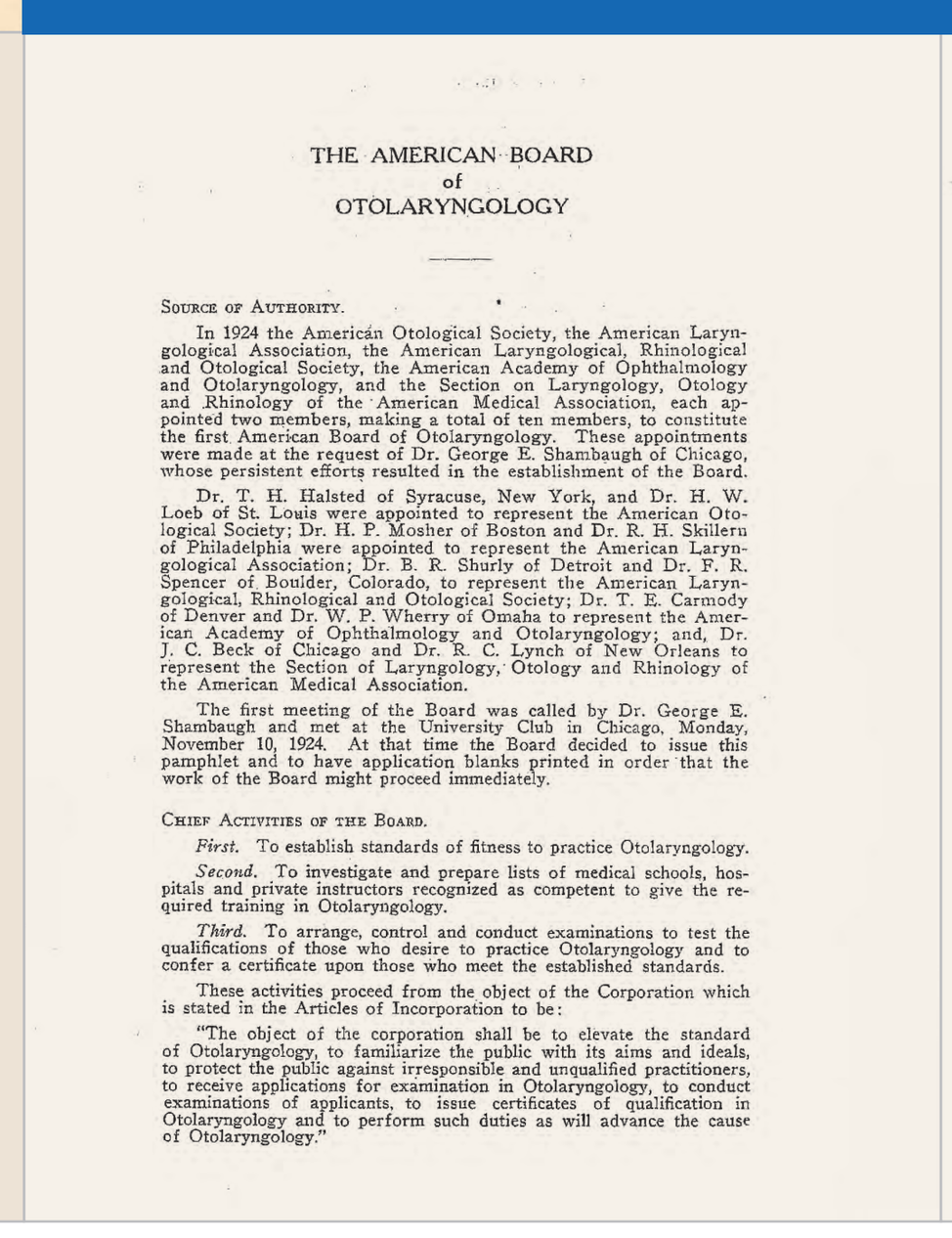
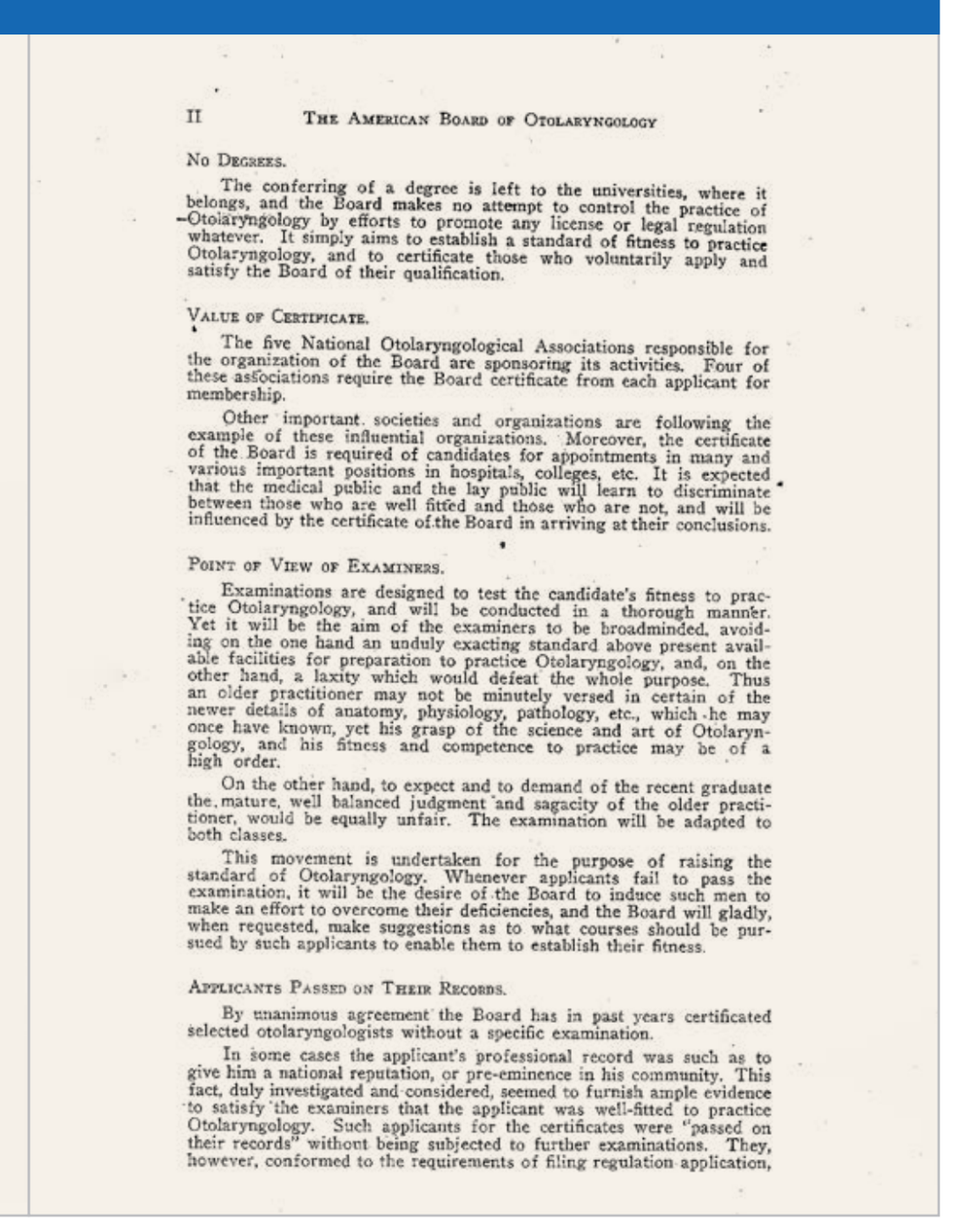


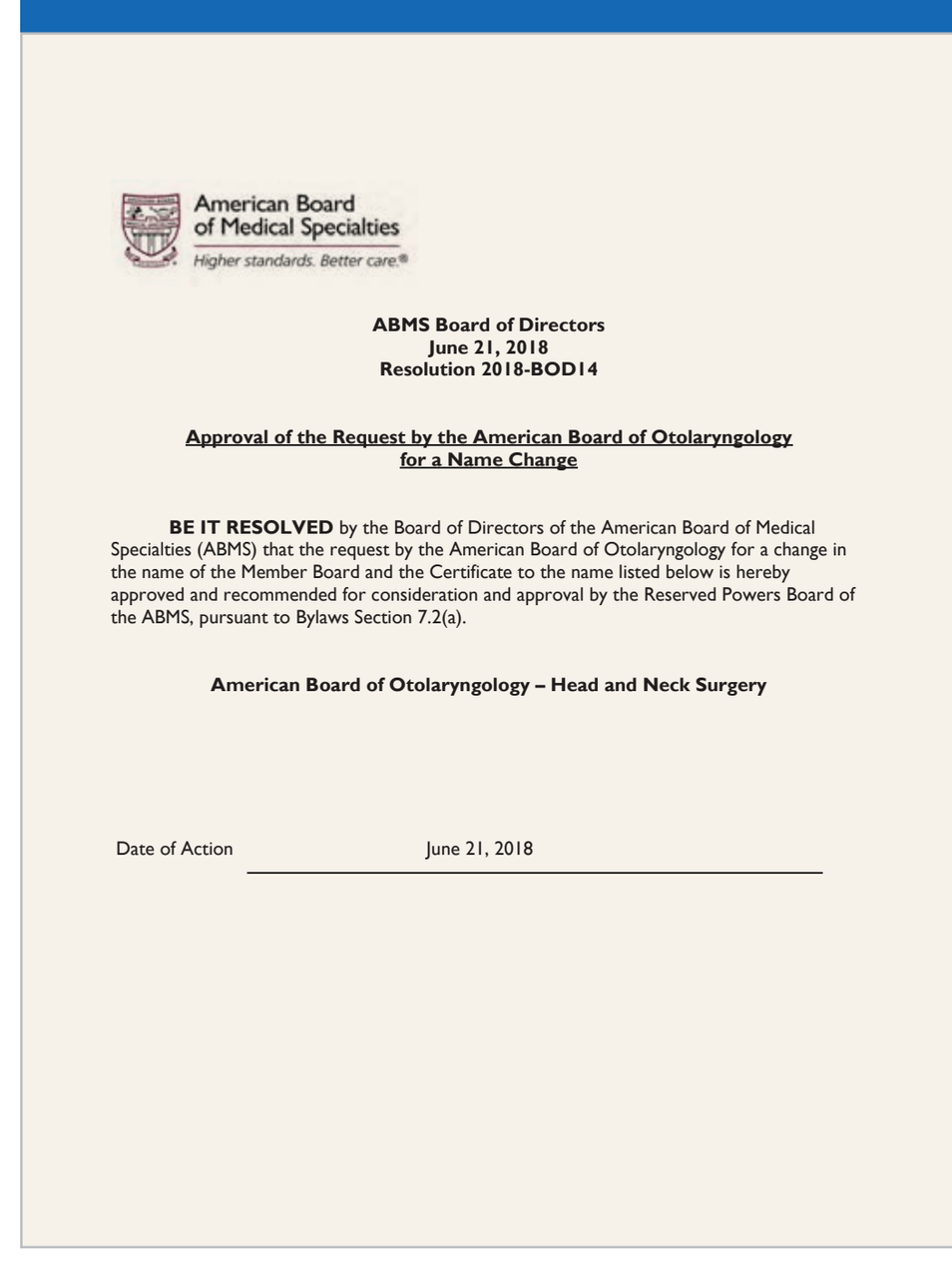


A New Name

The American Board of Otolaryngology tried to change its name to include "Head and Neck Surgery" in the 1980s. In the ensuing years, evidence for the appropriateness of changing the name of the certification continued to accumulate. The application to change the name of the organization and the specialty certificate was ultimately approved in 2018 by the American Board of Medical Specialties (ABMS). Shortly afterward, the Accreditation Council for Graduate Medical Education (ACGME) followed with changing the name of the Review Committee to include "Head and Neck Surgery."

"It was important that our certification and the name of our specialty reflect what we really did so the public would understand the breadth of the specialty we were being certified in and know what we are trained in and what we do."

–GERALD B. HEALY, MD



Dr. Bobby Alford 1986–1990 | Dr. Robert Cantrell 1990–1998 | Dr. Gerald Healy 1998–2004 | Dr. Robert Miller 2004–2017 | Dr. Brian Nussenbaum 2018-Present

The change to include "Head and Neck Surgery" in the Board name was the collective effort of these five executive directors.

Volunteers

The Board's success in fulfilling its mission is dependent on a dedicated group of highly committed volunteers. While some are initially appointed for Board service as an Oral Examiner, many volunteers enter Board service by first being appointed to the Task Force for New Materials to write exam questions, which may be followed by an appointment as an Oral Examiner. After serving as an Oral Examiner, the individual can be considered for election to the Exam Council. After serving on the Exam Council, the individual can be considered for election as a Director. Each level of volunteer service provides important and unique contributions, with leadership skills becoming increasingly utilized. The observed level and quality of dedicated service by volunteers has been truly inspirational to the Board leadership.

"Medicine has become increasingly complicated with lots of stakeholders and lots of multi-faceted missions the Board must address. We must have the right composition to reflect our constituents and ensure we are looking at the full landscape of medicine. It's in this spirit of inclusion and relevance to the changing times that we will ensure our makeup reflects the group we represent. We restructured so we have more knowledge content expertise and can tap into many people in our specialty, not just at the Board level."

–JOHN S. RHEE, MD, MPH

DIVERSITY

Thanks in part to new volunteer opportunities and structural changes, ABOHNS volunteers have become more diverse than ever. Additionally, ABOHNS elected its first female Board President, Dr. Kathleen C. Y. Sie, in 2022, who was followed in 2023 by the second woman to the hold the position, Dr. C. Gaelyn Garrett.

These firsts have come at a time when ABOHNS has evolved to increasingly mirror society—and the specialty—on many fronts. The diversity of Directors and other volunteers has been steadily increasing in terms of gender, race, age, practice-setting, and practice-type.

(Top L-R): ABOHNS Directors): Dr. Krishna Patel, Dr. Gayle Woodson, Dr. Cherie-Ann Nathan, Dr. Kathleen Sie, Dr. Gaelyn Garrett, Dr. Jennifer Parker Porter, Dr. Sonya Malekzadeh, Dr. Ellen Friedman.

(Center): Subject Matter Experts participating in the creation of the Job Task Analysis.

(Bottom): Working Group for creating the Complex Pediatric Otolaryngology Exam Blueprint.

1920s

The American Board of Otolaryngology was formally organized on November 10, 1924, in Chicago. The Board was incorporated in the State of Missouri as the second medical specialty board in organized medicine. The first certifying examination was held the following May in Philadelphia.

1930s

In 1933 the American Board of Otolaryngology joined the three other existing medical specialty boards in forming a confederation known as the Advisory Board for Medical Specialties, which later became the American Board of Medical Specialties.

1940s

The Board adjusted to World War II by granting credit for training and experience obtained in the military.

1950s

Training requirements were updated to require 1 year of internship, plus 4 years of graduate training including 3 years of otolaryngology and 1 year of general surgery. In 1953, the Residency Review Committee for Otolaryngology was formed to assume the residency accreditation process previously done by the Board. This newly formed committee was comprised of representatives from the Board in addition to the American College of Surgeons and the American Medical Association.

1960s

The Examination was changed to a three-part format: an oral examination, a clinical examination of a patient, and an evaluation of otorhinolaryngic abnormalities using microscopic slides or photomicrographs.

1970s

The examination format was changed to include a written multiple-choice component plus an oral component. The oral component was organized into diagnostic, emergency care, complications, and treatment. Residency Review Committees of all established specialties joined together in 1971 to form the Liaison Committee for Graduate Medical Education, which later became the Accreditation Council for Graduate Medical Education.

1980s

Starting in 1980, candidates who passed the Written Exam with a sufficiently high score were not required to take the Oral Exam. For candidates required to take both Exams, the pass-fail decision was based on the total of their Written and Oral Exam scores.

1990s

In 1991, the Written and Oral Exam scores were no longer combined, and candidates were required to pass both the Written Qualifying Exam and the Oral Exam to be certified. The Certificate of Added Qualifications for Pediatric Otolaryngology and Neurotology were both approved in 1992 by ABMS. The Board's first website was established in 1996.

A Century of Professional Self-Regulation

Evolving Assessments

INITIAL CERTIFICATION AND SUBCERTIFICATION

For board certification in otolaryngology-head and neck surgery, a candidate first must pass a written exam testing the entire breadth and depth of the primary specialty. After passing the Written Exam, the Oral Exam must be passed to become board certified. As a learning organization, The American Board of Otolaryngology – Head and Neck Surgery (ABOHNS) is always adapting to the constantly changing environment and looking for opportunities to improve our examination processes. Examples include conducting a comprehensive study of the contemporary practice of otolaryngology-head and neck surgery to inform the content and design of our Exam Blueprints, transitioning from an in-person to a virtual Oral Exam during the COVID-19 pandemic, and most recently changing the Oral Exam format to using cases from one's practice for the Exam content.

Since 2000, opportunities for additional certification have been introduced for board-certified otolaryngologist-head and neck surgeons. After accredited fellowship training in neurotology, sleep medicine, and pediatric otolaryngology were established by the ACGME, subcertification exams started to be offered by ABOHNS in 2004, 2008, and 2021, respectively. Subcertification allows for the individual to demonstrate to patients, the public, and peers that the additional knowledge, skills, and abilities acquired during fellowship to practice the subspecialty were successfully acquired, along with an ongoing commitment to focus their continuing certification activities in this area.

CONTINUING CERTIFICATION

In 2002, the ABMS announced it would require Member Boards to institute Maintenance of Certification (MOC) for all newly issued certificates. Board-certified physicians would need to be recertified every 10 years through a process that included professional standing, continuing medical education, knowledge assessment, and quality improvement. The traditional knowledge assessment was a point-in-time exam that was taken every 10 years.

Starting in 2017, ABOHNS began exploring whether an innovative longitudinal assessment program could be administered instead of the traditional exam for recertification. After a successful 2-year pilot that demonstrated the psychometric validity of the program, longitudinal assessment (CertLink) emerged as the strongly preferred option by diplomates. Since so few diplomates chose the option of taking the point-in-time exam after CertLink was introduced, ABOHNS stopped administering this exam after the 2021 administration. With the change to longitudinal assessment, along with other program changes, MOC was renamed Continuing Certification to best reflect the intent and purpose of the program.

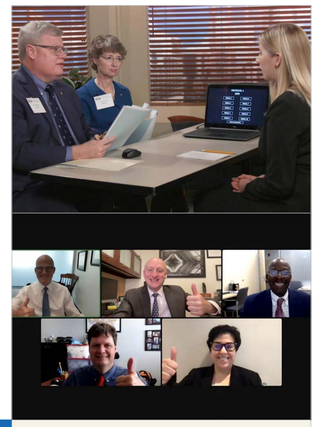
Diplomates have flexibility about when and where to access and complete their CertLink questions.

> "Medical education changed, the way medical schools formulated their curriculum changed, and then residency program requirements changed. We felt we ought to look at all our assessments, whether the in-service exam for the residents, the written exam, or the oral exam. And I think most everybody felt that there were opportunities to improve our exam processes to best align with the Board's mission."
>
> –C. GAELYN GARRETT, MD

Remaking the Oral Exam

The Board was considering changes to the Oral Exam for several years when the COVID-19 pandemic occurred, requiring ABOHNS to rapidly transition to conducting the Oral Exam virtually instead of in-person. As society began to emerge from the pandemic, and after nearly a decade of reflection and planning, a major change to the Oral Exam was unveiled in 2023.

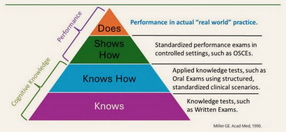
The new Oral Exam format requires that, after completing all training and fellowships, candidates submit a case log over a 9-month period and undergo peer review. The Board will then examine approved candidates on selected cases that are representative of their practice. Perhaps one of the most significant features of this new format is that it will allow the Board to assess candidates not just for their performance in actual practice but also their professionalism.



(Top): Prior to COVID-19, the Oral Exam was administered in-person.
(Center): Examiners accomplish the administration of the first virtual Oral Exam. (Clockwise from top left): Dr. Bradley Marple, Dr. Chris Holsinger, Dr. Jimmy Brown, Dr. Soka Ghussani, Dr. David White.

> "When we use that lens of the public being our primary focus, we feel the new Oral Exam process will be much more public-centered and patient-focused. We will be assessing what certification candidates are actually doing in practice, how they are approaching patient care in an evidence-based way, and if they are practicing safely and effectively."
>
> –JEFFREY M. BUMPOUS, MD

MILLER'S PYRAMID (1990) – FRAMEWORK FOR ASSESSMENT OF CLINICAL COMPETENCE



Miller GE. Acad Med. 1990.

Looking to the Future

In May of 2022, ABOHNS began work on an ambitious strategic plan, which will chart its course through the end of the decade and beyond.

The Board employed an innovative approach to strategy development known as scenario-based planning. It considered four alternative future operating environments the Board could face, which collectively covered the range of uncertainty on the horizon. Then, the Board came together to develop a common set of strategies that would deliver results regardless of what the future may bring.

> "I'm really excited about the future of the board. We are in a very transformational time, and the strategic plan we have created is ambitious, but at the same time, it is really hitting on the key ideas we need to be thinking about to serve the public as we move forward."
>
> –RONALD B. KUPPERSMITH, MD, MBA

At the core of *Focus 2030* are five objectives that will be achieved through a number of strategies. To ensure these strategies will be successfully implemented, each was assigned to a Board committee, which was tasked with developing tactics and timelines.

1 EVOLVING ASSESSMENTS

Assessments are core to the Board's operations and activities. As ABOHNS contemplates the coming decade and beyond, we expect the evolution of assessments to adapt to public expectations, changes in patient needs, technological advances, and changes in physicians' scope of practice and practice settings. These developments will challenge us to be proactive in how we carry out our mission – including initial, subspecialty, and continuing certification – and how we define and assess professionalism.

2 DEVELOPING EVALUATIONS THAT REINFORCE PUBLIC TRUST

The Board serves the public by developing evaluations that engender public trust in our certification processes. The training of residents and fellows is constantly evolving and becoming more complex. Using formative and summative assessments, the Board will measure the acquisition and maintenance of appropriate skills, knowledge and professionalism beginning in early training and continuing throughout a diplomate's career. Among other things, this would include providing feedback and creating tools for program directors and diplomates to support professional development goals and learning needs.

3 ENSURING RESPONSIVE GOVERNANCE

Changes are constantly occurring that necessitate ongoing evaluation of best governance practices. ABOHNS will continue to embrace a governance framework that enables the organization to effectively deliver upon its responsibility to the public and the profession, in a manner that is consistent with our values and endures over time.

4 STRENGTHENING THE SOCIAL CONTRACT THROUGH SELF-REGULATION

We need to continuously earn trust from the public to maintain the privilege of professional self-regulation. We earn this privilege by staying focused on what our patients and society expect from us. To best serve the public, we must be culturally competent in recognizing the diverse populations and needs of those we serve. This will be apparent in our expressed values as an organization and all we do including our standards, assessments, staffing, communications, and relationships with trainees and diplomates.

5 ADDRESSING THE ROLEOF ABOHNS IN NON-PHYSICIAN CARE

Increasingly, non-physician providers are engaged in the practice of caring for patients that traditionally have been the exclusive purview of physicians. We will explore the evolving landscape to determine whether the Board has a role in supporting the initial training, lifelong learning, assessment needs, and skills required for effective supervision of non-physician providers.

2000s

In 2002, the Board started its Maintenance of Certification (MOC) program. Diplomates would need to be recertified every 10 years. The first Neurotology Oral Exam was administered in 2004. The first Sleep Medicine Written Exam was administered in 2008.

2010s

Starting in 2018, ABOHNS piloted a longitudinal assessment program (CertLink) for the MOC program. CertLink was formally adopted 2 years later. The Board started accepting CME activities that met program requirements for the annual MOC self-assessment requirement. The MOC program was renamed Continuing Certification.

2020s

The Board made several changes due to the COVID-19 pandemic. The Otolaryngology Training Exam transitioned to a computer-based process. Oral Exams were administered using a virtual format. Governance and operational changes were made. In 2023, ABOHNS announced plans to make major changes to its Oral Exam. The new format will examine candidates on patients they have treated in their practices, both operatively and non-operatively.