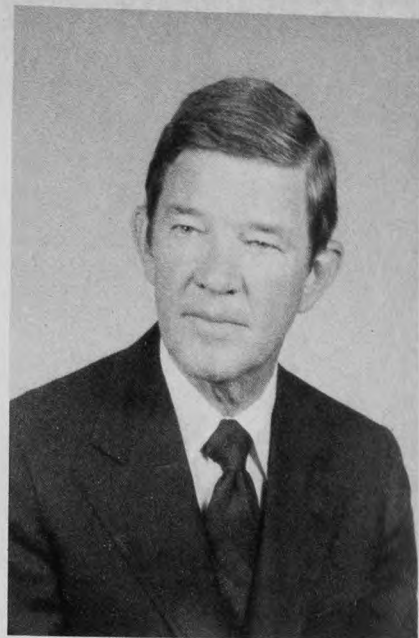


A Signpost in Medical History

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The fall of 1976 is rapidly approaching and, as the date for recertifying draws near, a certain amount of anxiety and apprehension is a natural phenomenon for those diplomates of the American Board of Family Practice who will be involved. Such uncertainty should, at least, be partially alleviated by the knowledge that the recertification process as planned by the Board will not be punitive and by the fact that the mechanism will be a tested, well-developed procedure involving two well-defined areas in good patient care. In addition, these diplomates may anticipate their participation in a very important event in the history of medicine. I refer to a mandatory recertification reflecting adequate postgraduate education.

The first Certifying Board was created by Ophthalmology in 1916. The idea was rather slow to "catch on" but, since 1924, when the second Board Certification was organized by Otolaryngology, there has been a steady improvement in the quality of graduate education in those areas of

medicine influenced by Board Certification and a steady increase in the number of residency programs. Furthermore, it is important to point out, these graduate training programs have developed in a systematic and orderly fashion.

During the past few years, postgraduate education programs have been proliferating at a terrific rate. Some are of excellent quality, some are mediocre, but many are very poor. In some instances, physicians register for programs to obtain credit but do not actually attend. The American Academy of Family Physicians postgraduate education requirements and accompanying program approval have brought some order to this area of education, but only 35,000 physicians out of some 250,000 are involved. The American Medical Association has joined the endeavor with its Physicians Recognition Award, but it is totally voluntary.

The American Board of Family Practice becomes the first medical organization to apply the same stimu-

lation and control to postgraduate education as to graduate education. Diplomates of this Board, anticipating recertification, will demand excellent, adequate, and appropriate postgraduate education. No longer will there be registration without attendance. "Junket" trips with postgraduate programs may provide exciting scenery and entertainment, but excellent postgraduate education must also be involved or the physician will not participate. The diplomate, on a personal basis, will seek out good, solid postgraduate education. Probably no definite approval procedure for postgraduate education will be absolutely necessary, although this may eventually become a function of the Liaison Committee for Continuing Medical Education.

Without doubt, those diplomates of the American Board of Family Practice who recertify in 1976 will be making this date an important one in medical history. To them, all of medicine should be extremely grateful.