Truth in Advertising a Medical Specialty Board Certification
Protecting patients by ensuring the quality of board certification

Background
Patients navigate complex terrain when choosing a doctor. It is a difficult, consequential decision. There are a few important truths about the current landscape patients navigate that policymakers should understand when trying to protect patients. While simple, these truths have serious consequences.

Patients use physician specialization to help make decisions about care. Advertising, specifically claims of “board certification,” significantly affects perceptions of physician specialization and therefore ultimately drives consequential decisions.

Appropriate, transparent advertising can help patients find highly-trained providers who have passed a rigorous assessment of their knowledge and skill within their specialty. Unfortunately, under the wrong circumstances, advertising can place patients squarely in danger. Here’s how:

- Most patients see the term “board certified” as a sign that a physician has received proper training. It’s a third-party validation of a doctor’s knowledge and skill.

- The number of medical specialties with doctors practicing outside their training has increased dramatically. This is an acute problem in aesthetic surgery, emergency medicine, orthopedics, pain medicine, and stem cell medicine because these are medical specialties where substandard boards offer certifications in lieu of the standard time-tested board certifications these specialties were based upon. This is particularly true – and particularly dangerous – when it comes to aesthetic surgery; where there are a substantial number of doctors ranging far beyond any high-quality, independently-accredited training they’ve received.

- However, very few patients know that such a thing as “substandard boards” even exist, let alone understand the interaction of state law and the marketplace of organizations that offer certifications.

- In states that lack advertising standards, and parameters for certifications, patients see advertisements that highlight all types of board certification, including the “substandard boards.” Those patients almost never realize that some of these boards are markedly different from the sort of boards – ABMS and AOA – that made the term “board certified” synonymous with quality.

This is the very definition of misleading.
The Solution
Allow the term “board certified” to remain a driver of patient safety by only allowing the best boards, certifying the best-trained doctors, to be associated with it.

Truth in advertising policy will achieve this if it requires that any claim of board certification includes the full name of the board and if it only allows advertisements to name boards that are members of the ABMS or require:
- complete ACGME or AOA-accredited training in the specialty they certify;
- prior certification in an ABMS or AOA member board that covers the specialty they certify; and
- passage of a valid examination in the specialty they certify

These are commonsense standards patients can trust. They place importance where it should be: on high-quality, independently-accredited, and relevant training – the bedrock of high-quality medical care. Also, these standards allow for competition with the ABMS and AOA member boards by creating a clear path for high-quality alternative certifying organizations. Competition in this space could be good for patients, but only if it is encouraged with the precondition that the minimum threshold for entry is a clear standard for relevant, complete, and regulated pre-requisite training.

Request
Equip patients to make informed and accurate decisions by sponsoring and passing legislation that brings transparency to board certification in advertising.