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Special Report

The American Board of Laser Surgery

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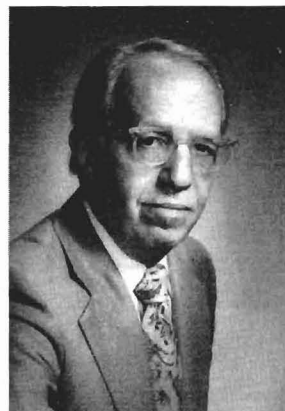
Introduction and History

At the request of the editor, Dr. Eugene Friedman, surgeon of New York City and a founding member of the American Board of Laser Surgery, I have prepared this brief report of the activities of the ABLS, a recently formed and unusual qualifying body within the medical profession. I have done so in order to clarify the Board's status and clear up any misunderstandings that have arisen in the minds of some individuals regarding its origins, purposes and methods, its quality, and even its legitimacy.

The American Board of Laser Surgery was first conceived by individuals already working with lasers, all of whom were concerned about patient safety and efficacious application to human patients. They were worried about the increasing complexity of the instrumentation and more especially about the indications and contraindications for their use. All perceived the need for a regulatory board that would help to provide for such a desirable state. Accepting this duty and exercising their rights, they duly formed and incorporated the ABLS, shortly after the later of a series of organizational meetings were held in Chicago on February 12, 1984. The discussions had already begun as early as 1982. The incorporation was done in Wisconsin, and Milwaukee is still the home office. The constitution and by-laws were passed at the Chicago meeting and were accepted by the state of Wisconsin. In 1984 and subsequent years, meetings were held annually just prior to, and at the site

of, the annual meetings of the American Society of Laser Medicine and Surgery, partly as a matter of convenience but also because all of the founding members of the ABLS were members of that society as well.

At the annual meeting of the ABLS in Salt Lake City, Utah on June 3, 1984, a board of directors consisting of nine individuals was elected from among the founding members. At a later session, the directors elected officers to serve the entire Board. Since its founding the officers and other board members have met several times each year at different locations in the United States to carry on business and have supplemented these meetings by innumerable



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telephone calls. Records of all activities have been made and preserved.

The instructional phase of creation of the examinations was carried on intensively in 1985 and 1986 with the National Board of Medical Examiners in Philadelphia. The work was performed under contract paid for by the ABLs, with money largely donated by the founding members. Examinations were given in 1986 and 1987 with annual examinations planned thereafter. With only a minimum of published announcements the response has been very gratifying, even beyond our expectations. During 1986 there were nearly 400 inquiries by individuals and organizations such as the American Hospital Association, and hospitals. Nearly all were accompanied by favorable and encouraging comments about the need for such a board. In 1987 the number of such inquiries rose to more than 600. It must also be acknowledged that there have been some negative comments. Some felt that existing organizations could take care of the very same goals desired by this board and others disliked the idea of an "instrument-based board." I would point out that the laser is more by far than a single instrument, perhaps reasonably analogous to the X ray for which no one today would find the American Board of Radiology unsuitable. We do indeed have a "decent respect" for the opinions of others but reject the idea of some who think that the American Board of Laser Surgery should have had prior approval by one or another of existing bodies.

Goals

The prime purposes of the ABLs are twofold, both being relevant to safety and efficacy. These criteria were uppermost in the minds of the original founding members and have continued to maintain their foremost position for newly appointed members as well. Although both are based on multifaceted foundation stones, not all of them fall under the purview of the Board. We are concerned at present with the setting and maintenance of the highest possible standards for individuals who actually provide laser therapy to patients and for the individuals who participate closely in such applications.

The ABLs is thus a horizontal Board, unique in that respect among specialty Boards, and cuts across all of surgery and medicine even at this early and explosive state of laser applications to patient care. This Board operates by screening candidates before admitting them to its examination, thereby taking into consideration much more than the examination result itself. It thus ensures that its certificate will reflect the individual physician's competence to use lasers, *approaching* to the extent possible for any human activity the ideal of perfect accuracy, i.e. certifying

those who are competent and not certifying those who have not yet reached that state. Certification without examination has been granted to a limited number of persons who pioneered in and made substantial research-based contributions to laser medical and surgical procedures and were active in the teaching and training of others. This "grandfather" certification ended on December 31, 1987, with provision for the rare exception of outstanding individuals with very special qualifications still being possible.

The ABLs does not at present evaluate or judge the quality of courses, publications, or institutions involved in laser surgery, nor does it evaluate training in the use of lasers in residency or fellowship programs. It also does not provide courses, hold conferences, publish a journal, or carry on teaching programs of its own. These functions properly belong to other organizations, such as the American Society for Laser Medicine and Surgery and similar groupings in foreign countries, or those of international scope.

Accomplishments to Date

Certificates without examination have been awarded to 126 persons. All are board certified or equivalently qualified in their own specialties. These individuals represent virtually all the specialties in surgery and/or medicine, as well as supporting fields such as nursing, biology, and physics. The geographical distribution is so far confined to the United States and Canada, with one exception in the Bahama Islands.

Certification by examination has been granted to a total of 58 individuals with a somewhat similar distribution relative to specialty (but including veterinary surgery) and geography in two examinations. The first was given on October 18, 1986 at Tulane University in New Orleans, La., and the second was held on October 10, 1987 at the University of California in San Francisco. The next examination will be given on October 22, 1988 at Northwestern University in Chicago, Ill.

The examination consists of two parts. Part I is required of all candidates and covers basic science and safety. The present format is written, multiple choice, and the entire morning of four hours is allowed for it. Part II consists of the clinical specialty examinations appropriate to the individual and may be written, multiple choice, oral, or both. These exams are given in the afternoon. Both parts I and II must be passed for the certificate to be awarded.

We would like, at this point, to acknowledge our indebtedness to the National Board of Medical Examiners from whom we sought guidance and training in creating the examinations. While that body is in no way responsible for our accomplishment, certainly not for any deficiencies that

may exist, it was very helpful in acquainting us with the special requirements essential to the proper use of examinations for evaluating the competence of individuals in complex medical and surgical fields. We spent considerable time in Philadelphia with the National Board of Medical Examiners before devising the 1986 examinations, a process which is different from, and in many ways much more difficult than, the taking of the examinations. We found the experience very edifying indeed and feel very grateful for what we learned in the days of instruction, periodically over many months. We were able, with the published instructional material provided, to write valid test questions which successfully brought out the knowledge, judgement, and skills of the candidates. The failure rate was approximately one-third for the first examination and only about one-tenth for the second, possibly due to better screening procedures and stricter criteria for admission to the examination itself.

Financial Matters

From the beginning, the members have provided funds for the Board's activities by voluntary contributions of actual monies and for payment of our own expenses to attend meetings, both for travel and hotel costs. All Board members have served without remuneration of any kind and we continue to do so at this time with no plans for change in that respect. We have, however, had sufficient funds for the last year, derived now in part from examination and certification fees, to pay some of our examiners at the San Francisco examination and to reimburse some expenses for officers, specifically for their attendance at interim meetings in various parts of the United States. No reimbursement has yet been made for Board members to attend annual meetings. No salaries have been paid to anyone.

The Board has recently been approved by the federal government as a tax-exempt body. Strict accounting has been maintained for all financial transactions and all monies have been expended only for designated Board expenses.

Peer Approval

Wishing to win its way only by the high quality of its standards and accomplishments, the ABLS has neither sought nor received specific approval from the American Board of

Medical Specialties nor from any comparable body. It should be noted that all existing specialty Boards were formed by private citizens acting privately and voluntarily to fill a perceived need. Only later were their functions given "approval" by outsiders who, nevertheless, often refused to recognize such legitimacy, while not at the same time calling into question their very own. The ABLS did not wish to solicit such "approval" before it had established a basis for such actions by its deeds. The Board did perceive the need as expressed by numerous individuals and many hospital administrations, accreditation committees, and other groups concerned with the Board's goals. This Board is, nevertheless, quite willing to cooperate with other organizations to further its goals and it actively supports their related functions of education and training, functions which it does not allocate to itself. This Board also believes that, with the passing of time, it will achieve a degree of status in the common law similar to that of other specialty Boards, provided it does its job with high standards, integrity, and a policy of openness to legitimate scrutiny.

Acknowledgment

Much credit for the success of the ABLS must go to the founding members and newly appointed members. More particularly I would like to thank my fellow officers, Dr. Billie Aronoff, General Surgeon of Dallas, Tx., Vice-President, Dr. John C. Fisher, a physicist of Bradenton, Fla., Secretary-Treasurer, and also Dr. Mahmood Mirhoseini, a thoracic surgeon of Milwaukee, Wisc., Chairman of the credentials committee, all of whom gave unstintingly of their expert knowledge and time. To Mary Cayton, a surgical nurse of Milwaukee, Wisc., and Assistant to the President, go very special thanks indeed, for her unrestricted dedication to the Board and its purposes. Her high intelligence and understanding of people have contributed greatly. Others, too numerous to mention by name, particularly the examiners, have likewise provided very significant assistance for this endeavor.

Dr. Stellar is the President of the American Board of Laser Surgery, attending neurosurgeon at St. Barnabas Medical Center, and clinical professor of neurosurgery at the New Jersey University of Medicine and Dentistry in Newark, New Jersey.