



VOLUME 9, NUMBER 2
MARCH-APRIL, 1999



forum

American Board of Hair Restoration Surgery?

The Argument Against Board Certification

by Robert Haber, MD, Cleveland, Ohio, USA

It is with a measure of reluctance that I write this, as it concerns the position and beliefs of a group of physicians that I admire, and in many cases consider to be good friends.

As you know, the American Board of Hair Restoration Surgery (ABHRS) was inaugurated in 1997, and the first exam and certifications were issued in that year. Ostensibly, the ABHRS and Board Certification were created to address a perceived need by the general public to have a method by which they could identify qualified hair restoration physicians and therefore avoid bad outcomes. This partially arose out of a media inquiry that identified the absence of any regulation of hair restoration physicians.

Over the past year, I wrestled with the ABHRS position and process, and came to the conclusion that although well intentioned, board certification in hair restoration surgery represents the wrong path to achieve the goal of assisting prospective patients in the selection process.

Justification for initiating the board certification process has included statements such as: "We are a specialty, and therefore we should offer board certification," and "Our patients are demanding this." I do not believe these statements are correct.

Unfortunately, inadequate public discussion took place prior to the current board certification process, and I therefore urge an immediate moratorium on further board certification activities until

this topic can be debated appropriately and a worldwide consensus is reached regarding how to best regulate ourselves and address the following concerns.

Obtaining Board Certification in Hair Restoration documents knowledge, not competence. How do we guarantee competence? We must accept that this is not possible. There exists no valid criteria that defines competence. Acceptable variations in technique make adoption of a "universal standard" impossible. Even the current members of the ABHRS adhere to widely divergent views of what a "satisfactory" hair transplant should look like. An intelligent physician, regardless of Hair Restoration experience, could read the necessary texts, attend the review course, and pass both the written and oral components of the exam. Documenting knowledge is laudable, but in no way indicates surgical competence. It is also necessary to document 80 cases in the past year. However, a surgeon could have performed 80 disasters to meet this criterion. Five cases must include operative reports and photos demonstrating "satisfactory" results. A surgeon could have performed only five successful cases to pass this review. In fact, even if the five detailed cases were substandard in quality, the ABHRS would probably have to accept them as valid. Rejecting submitted cases not already proven substandard in court would possibly subject the ABHRS Board to legal action, including defamation and restraint of trade. Therefore, even sur-

geons producing results so consistently poor as to be unconscionable would have no difficulty meeting criteria and passing exams, thereby achieving board-certified status and falsely elevating their reputations.

Hair restoration is not a true "specialty." The American Board of Medical Specialties (ABMS) recognizes only 24 fields of medicine as specialties.

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