

We will try to publish authors' responses in the same edition with readers' comments. Time constraints may prevent this in some cases. The problem is compounded in the case of a bimonthly journal where continuity of comment and redress is difficult to achieve. When the redress appears 2 months after the comment, 4 months will have passed since the original article was published. Therefore, we would suggest to our readers that their correspondence about published papers be submitted as soon as possible after the article appears.

## Recertification Examination

*To the Editor:* I recently took the recertification examination for the fourth time. I found it tiring and dispiriting. The questions ranged from the obvious to the extremely obscure, often from one question to the next.

I spoke to other physicians taking the examination; they raised concerns about its relevance to our modes of practice and their fears of failure. With most HMOs requiring board certification to stay in practice, there is a real economic threat associated with failure to pass the examination. With failure, a physician is no longer board certified, and an HMO can drop him or her from its panel. In the medical-economic climate of today, this is tantamount to driving a physician from practice.

In the real world of private practice, no one but other family physicians is aware of my struggle once every 6 years with obscure and unfortunately often useless trivia, yet I am in danger of forfeiting my board status each time I take this test. When I was a resident, I thought the concept of recertification

was a superb method of ensuring that the physicians practicing family medicine were an elite group who inspired confidence by their mastery of an examination that tested skills related to the practice of family medicine. Instead, this test merely verifies that I am keeping up with my continuing education. My patients are unaware that my specialty requires recertification, and other specialties look upon family practice with amused pity, while they continue to fend off real recertification. We have created a Frankenstein's monster that keeps on forcing family physicians to relive the horrors of our national boards yet has minimal relevance to our careers in everyday medicine.

The pediatricians are now doing some type of open-book recertification examination, of which I was initially contemptuous, but now I wonder if we are needlessly flagellating ourselves with our method of re-examination. I realize that in academic circles board certification is a necessity, but I doubt that family physicians are viewed as being on a higher level because of recertification.

I am still convinced that recertification can be a useful tool, and I continue to write examination questions for the Board. I think more input is needed from the practitioners taking the examination. Perhaps every physician taking the examination should submit one question. Perhaps it should be an open-book computerized examination with immediate feedback on the examinee's specific weaknesses. We definitely need more public education about our specialty's on-going attempt to keep its quality high through recertification.

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