

Opinion

BY RICHARD P. MILLS, MD, MPH

The Academy's Plan to Help You Stay Competent

In the past two Opinions, I dealt with the tremendous pressures being brought by the public worldwide for some assurance of individual physician competence, and the initial response from American medicine to meet the challenge. If you missed these editorials (yes, I forgive you), and you need to be convinced that

this is important stuff, you can review them in the archives at www.EyeNetMagazine.org.

The six general areas of physician competence adopted by our major accreditation and certification organizations are 1) medical knowledge, 2) patient care, 3) practice-based learning and improvement, 4) interpersonal and communications skills, 5) professionalism and 6) systems-based practice. Traditional CME concentrates on improving medical knowledge, directed toward patient care. The other areas have not received much attention. The American Board of Ophthalmology, a separate organization from the Academy, is responsible for testing in all six areas.

It has become clear to the Academy that it is time to restructure our education effort to respond to the new competencies. Thomas J. Liesegang, MD, senior secretary for Clinical Education, is leading this effort. Although the plans are still in draft form, an overview should be of interest to those who are worried about their ability to maintain their competencies or who want to prove to the public that they continue to be competent.

Above all, the Academy remains

committed to the education of its members. Advances in technology have made possible the prospect of individualized educational materials. Instead of generic materials, a variety of self-assessment tools just on the horizon will help a member to discover deficient areas and prescribe specific educational remedies.

Replacing the current organization of clinical education will be a secretariat for ophthalmic knowledge that will be responsible for defining and updating the specific core knowledge base that every ophthalmologist should possess, and a secretariat for new ophthalmic information that will rapidly disseminate developments important for up-to-date practice but not yet universally adopted. As the requirements for competence in communication, professionalism and systems become better defined, the Academy will be positioned to assist members in achieving the new standards.

What you should expect from this reorganization is a model system of improvement and remediation. If we must be accountable to our patients in ways other than the physician-patient encounter, and it is clear that we must, at least we should insist that every opportunity be provided for an ophthalmologist to “clear the bar” and in the process become a better doctor. Will it be necessary for the Academy and the ABO to cooperate to ensure that this model prevails? Of course. But make no mistake, the Academy educates, while the Board certifies. In the next Opinion, we’ll address Maintenance of Certification and the ABO perspective.

Readers should know that I have multiple conflicts of interest and that my remarks should be taken with several grains of salt. I serve the Academy as a past-president and editor of EyeNet, the ABO as director and member of the maintenance of certification committee, and the American Board of Medical Specialties as a voting representative and risk management committee member.



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