

Subspecialty Certification: Is It a Good Idea?



Are we in ophthalmology behind the times by being only one of six medical specialties without subspecialty certification, or are we somehow wise beyond our years?

This question has taken on importance with the plight of ophthalmic plastic surgeons. They are being denied

privileges to perform complex facial plastic and reconstructive surgical cases. It seems that many hospitals do not accept their fellowship training as equivalent to that of plastic surgeons or otolaryngologists or even maxillo-facial surgeons (dentists) because it does not lead to board certification. To make matters worse, the American Board of Plastic Surgery and the American Board of Otolaryngology recently have received approval to begin granting certificates of added qualification (CAQ) in facial plastic surgery to their diplomates. The ophthalmic plastic surgeons argue that it won't be long before ophthalmologists are frozen out of all but the simplest procedures. Consequently, they have petitioned the American Board of Ophthalmology to begin the process leading to a CAQ in ophthalmic facial and plastic surgery.

One of the criteria used by the American Board of Medical Specialties in approving new CAQ applications is whether the profession approves of the subspecialty certificate idea. So the ABO has asked the Academy to weigh in on the matter. Where better to begin the debate than with the Academy's Council (the grassroots body that advises Academy

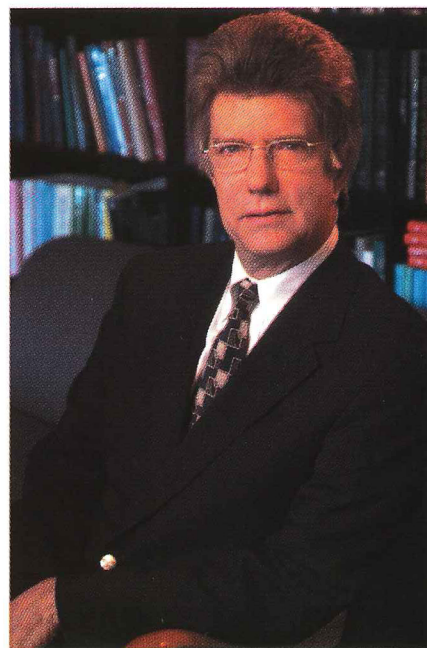
leadership on policy directions)? And a lively debate it was!

The Council heard that ophthalmology historically has resisted subspecialty certification because it would be divisive. Already one of the smallest of the major medical specialties, ophthalmology could not afford to be weakened by partition. Others argued that it is evident we have already broken into subspecialty societies, but come together for our mutual advantage very effectively under the umbrella of the Academy.

Some councilors voiced the fear that oculoplastic subspecialty certification might carve away a portion of comprehensive ophthalmology so that only the subspecialists would be allowed to perform even simple oculoplastic cases. The oculoplastic surgeons counter that they would, as a condition of requesting a CAQ, guarantee that all ophthalmologists will continue to enjoy access to entropion, ectropion, ptosis, etc. The subspecialty certificate would be for advanced oculoplastic and reconstructive surgery. Besides, they argue, without the strength of oculoplastic CAQs given by the ABO, general ophthalmologists might stand to lose such "simple" cases to ENTs and plastic surgeons.

Although the request on the table is from oculoplastics, it is reasonable to expect that other subspecialties such as retina/vitreous will request CAQs as well. Considering subspecialization within ophthalmology has been a 30-year trend, this is a watershed decision for our profession, and it is one about which all of us need to get informed and then get talking. Make your views known by writing *EyeNet*, Academy leadership and your state or subspecialty councilor. It's our profession; it's time to stand up and be counted.

Disclosure: Dr. Mills is a glaucoma specialist, past-president of the Academy and current director of the ABO.



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