

Opinion

Got a Professional Pet Peeve? Vent to Your Academy Councilor!

Most of us have been forced to leave a concert, movie or family gathering to attend to our on-call responsibilities. When a patient needs to be seen, and we commandeer the car to do so, our companions may need to seek alternate transportation home to the displeasure of all. Hospitals, required by law to provide a complete range of specialty care in their full-service emergency rooms, have long included call as part of the responsibilities of medical staff membership. But as specialty medicine, especially ophthalmology, has moved into ambulatory surgical centers, hospital staff membership with its attendant on-call requirement has become largely superfluous. While many ophthalmologists have “opted out” of on-call duties by resigning from the hospital medical staff, others consider it part of the professionalism of being a physician, so continue to serve.

Some ophthalmologists point out that there are nonmedical providers in the wings who will be more than happy to take eye call in exchange for coveted hospital privileges. Besides, avoiding emergency room call doesn't solve the problem of providing 24/7 care for established patients in the practice, or for outpatients of other physicians with whom we share call.

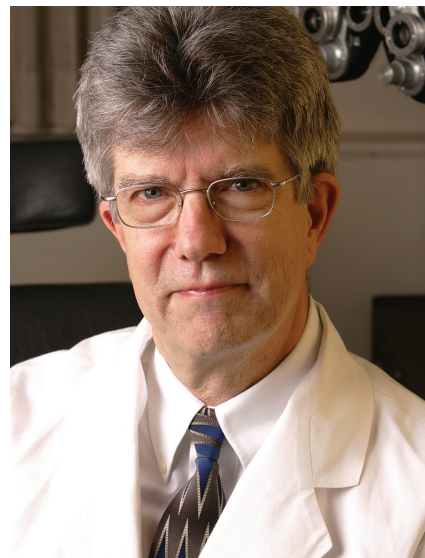
But returning to emergency room coverage, why shouldn't ophthalmologists be paid for taking call? The Academy Council recently pondered this

question and made recommendations to the Academy board of trustees. The result is an official statement of the organization, “On-Call Compensation for Ophthalmologists” (<http://one.aao.org/CE/PracticeGuidelines/ClinicalStatements.aspx>). But wait a minute, you may be thinking, what's this Academy Council? You would not be alone in asking that question because the Council seems to be the best kept secret in the Academy.

Over 30 years ago, there were two national organizations representing the breadth of the profession: the American Academy of Ophthalmology, for which education was the paramount activity, and the American Association of Ophthalmology, for which governmental advocacy was the *raison d'être*. The two organizations merged in 1979. Before then, Academy policy was determined by an elected board of trustees, as was true of most medical specialty organizations, while Association policy arose from its representative council, a structure common with the American Medical Association. To resolve conflicts of which body was in charge, the Academy adopted bylaws in 1993 that leave the final decision on matters of policy to the board, while the Council plays a critical grassroots advisory role. Each state, subspecialty and specialized interest society that constitutes the Council elects a councilor (or up to four councilors for the larger societies), and meetings are held

on the Sunday of the Annual Meeting and just following the Mid-Year Forum.

So my question is, do you know who your councilor is? Find out at www.aao.org/council. It's his or her job to listen to your concerns about your pet peeve(s) and bring them to the attention of leaders at the state and national level. These colleagues are well versed in the ophthalmic issues of the day, well positioned to advocate for your views, and ready to form coalitions with other societies to move issues forward. It's no fun to gripe in isolation, so chat up your councilor, and get the system working on your behalf.



RICHARD P. MILLS, MD, MPH
CHIEF MEDICAL EDITOR, EYENET