

Current Perspective

What Does It Take to Make an Ophthalmologist?

Thirty years ago, future ophthalmologists completed medical school, one year of general clinical training (PGY-1, or internship), three years of residency, and (for many) one to two years of fellowship training. They had to complete mandated subspecialty rotations and a minimum number of surgical procedures as primary surgeon in a variety of areas. Since then, the overall educational structure has changed very little.

At the same time, we face new imperatives for professional skills in areas as diverse as refractive surgery, statistics, professionalism, systems-based practice, medical informatics, genetics, and communications.

In June, at its annual strategic planning session, the Academy Board of Trustees and about 20 invited leaders in ophthalmology set the stage for the first major reexamination of the ophthalmologist-training process in 25 years. Attendees included residents, department chairs, residency program directors, deans, regulators, and other stakeholders.

Is a PGY-1 internship still needed? If so, what should it be like? What skills does the ophthalmologist of 2020 need that are different from those of the ophthalmologist of 2000? Does a resident need to learn how to perform scleral buckling surgery? What about practice management? Ophthalmic pathology? Are there ways to structure the PGY-1-ophthalmology residency—

fellowship continuum so that we graduate better ophthalmologists? How do we prepare ophthalmologists for the socioeconomic world of practice they will encounter in 2020? And how do we prepare them to always keep the patients' interests first when beset by pressures and regulations from payers, facilities, and government?

The Academy has a compelling interest in ensuring that graduates of residencies and fellowships are optimally prepared for the future. We represent the profession and the interests of our members and their patients. And while residencies are the principal site of training for three years, the Academy provides ophthalmologists with continuing medical education for the subsequent 30 to 40 years of their professional life.

Medical education is in crisis. This year, hundreds of graduating U.S. medical students did not secure a residency. No slots were available! And more students will graduate next year than this year. Pressure exists to reduce the number of "transitional" PG-1 years required by ophthalmology residencies. In fact, there is talk in Washington about decreasing funding for graduate medical education, not increasing it. Where and how will tomorrow's ophthalmologists receive their training? These future ophthalmologists may be your children, your grandchildren, or close friends.

What skills should an ophthalmolo-

gist possess to lead a team approach to eye care? How can we determine how many future ophthalmologists we need without understanding how they will practice? And how can we advocate for adequate funding for those residents without that information? (Each additional resident slot costs training programs more than \$300,000 per year.)

The Academy will be supporting an initiative to address these concerns. It will include the academic community, the residency accrediting body, the American Board of Ophthalmology, and other key stakeholders. The outcome we seek is better understanding of, and a new road map for, preparing our own future ophthalmologists.



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