Are you going to the Academy?” is a question voiced by ophthalmologists to their colleagues around the summer solstice, after they get their registration and housing information. Of course, they are referring to the annual meeting of the Academy, to be held this year in Las Vegas in November. It’s a city well known for gambling and sin, both of which are forsworn by ophthalmologists, at least in our public pronouncements. However, the last time the Academy was there, we set records for meeting attendance. Perhaps there were other reasons—like the scenery and tranquil ambience—that accounted for the good turnout. But I digress. Las Vegas is also known as a place where it’s okay to take a chance.

In that spirit, the Academy is trying an experiment this year: a joint symposium with the American Academy of Optometry. I’ll pause here a moment so those readers for whom this is news can pick themselves up off the floor. The symposium is the first substantive activity to result from the discussions between the Academies over the past 2 years. Admittedly, collaboration with optometry is still anathema to many ophthalmologists (and the reverse is true from the optometric side). Hence, the experiment is controversial. Nonetheless, it has the unanimous support of our Board of Trustees as well as the majority of the Academy Council. The symposium participants will be ophthalmologists and optometrists, and it will be presented twice. The first airing will be at the American Academy of Optometry meeting in New Orleans on Friday, Oct. 9, from 2 to 4 p.m. The second will be at our Las Vegas meeting on Monday, Nov. 16, from 8:30 to 10:15 a.m. in Venetian AB.

The necessity to innovate has been an underlying theme of ophthalmologists and our industry partners in a series of meetings during the past few years. Clearly, if investors don’t take risks on new products, our ophthalmic marketplace will stultify. Similarly, the Academy needs to innovate educationally—and take the associated risk—to move the profession forward.

The symposium is titled “Amblyopia and Beyond—Current Evidence-Based Pediatric Eye Care.” By mutual agreement, the panelists will steer well clear of surgical topics. Some current controversies in amblyopia, for those who are not pediatric ophthalmologists, can be reviewed in the April 2015 EyeNet (www.eyenet.org/archive).

So why should our Academy, and our counterpart Academy in optometry, be embarking on this experiment? Simply stated, if we are going to be providing team-based eye care in the future, it behooves all the members of the team to act like a team and collaborate more than we have done in the past. Certainly, this has already been happening in practice venues throughout the world; and, in a sense, the professional organizations are arriving late to the party. Are there risks to this experiment? Certainly, we have listened in the past to legislative testimony that optometrists are taught the same things as ophthalmologists and, therefore, should be allowed to do surgery. Will this experiment merely add fuel to that fire?

There are some safeguards. We chose to partner with the American Academy of Optometry, an educationally oriented group, rather than the politically active American Optometric Association. We can always disengage if it doesn’t work. But as they say in Las Vegas, “If you don’t take a chance, you can’t be a winner.”

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