# Opinion

BY RICHARD P. MILLS, MD, MPH

# Subspecialty Certification: Has the Debate Been Constructive?

In this column nine months ago, *EyeNet*'s formal gestation of the issue of subspecialty certification for oculofacial plastic surgery began with my exhortation to speak out. *EyeNet* carried a point-counterpoint outlining the pros and cons in the November/December issue, and the Academy Council further considered subspecialty certification at the Academy Annual Meeting in Anaheim. As I had hoped, Academy members and members of state, subspecialty and specialized interest societies discussed it among themselves in various venues where we resonate together. Now, as we approach a denouement, a few observations about the process have occurred to me that I think are worth sharing. (I'd be "mentioning" them if I weren't back in West Coast speak.)

First, most people confuse certification and accreditation. That's not surprising, because they are intertwined, but they can be teased apart. Certification is an individual physician's achievement, while accreditation is something that training programs like residencies and fellowships receive.

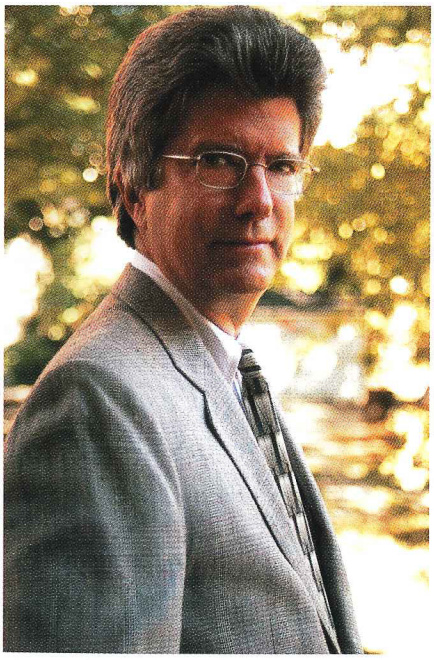
Second, it is much harder to evoke opinions on this issue from comprehensive ophthalmologists than from subspecialists. This stands to reason because subspecialists graze on this turf, while comprehensive ophthalmologists merely gaze at the arguably greener grass.

Third, the ophthalmic plastic surgeons have a real problem that subspecialty certification would solve. Genuine collegial compassion has been evident in the discussions, but there is fear that solving their problem would create other more serious problems for the rest of ophthalmology.

Finally, the Academy represents all ophthalmologists. Any position it could take on the issue would be viewed by some segment of the membership in a negative light.

Fortunately, on this matter, the American Board of Ophthalmology and the ABMS have the final decision on whether to propose subspecialty certification in ophthalmology. Wisely, the Academy board of trustees decided to facilitate discussion but not to take a formal position. Instead, a survey of the entire U. S. membership of practicing ophthalmologists is being conducted by a professional outside agency. The results of this survey, in addition to the final position papers of the state, subspecialty and specialized interest societies will be reviewed at the April Academy Council meeting. In the end, the survey results and the final position papers will be forwarded to the ABO for their decision. Without tacit approval of the profession, it is doubtful that the ABO would proceed to implement subspecialty certification.

If the survey results and the ABO decision are negative, does this mean that subspecialty certification is dead? Yes, for now, but circumstances are always changing. For example, what if payers should decide to reimburse for certain complex CPT codes only when performed by ABMS-certified subspecialists? What if optometrists elected to pursue subspecialty certification, thereby becoming the only "certified" subspecialists? It is easy to imagine other future scenarios that would cause us to re-examine the issue, to begin another gestation. If so, let us hope it proceeds as constructively and sensibly as this one did.



RICHARD P. MILLS, MD, MPH
SEATTLE