

Current Perspective

The Making of an Ophthalmologist

Most ophthalmologists have strong feelings about necessary ophthalmic education: four years of college, one year of general residency (PG-1), three years of ophthalmology residency, and perhaps one or more years of fellowship. Residency subjects range from ocular pathology to physiological optics to genetic counseling to retinopathy of prematurity to orbital apex lesions. Finally, residency is a time to acquire carefully mentored surgical skills involving hundreds of procedures.

The training structure hasn't changed much in 30 years, but the content has exploded. Medical knowledge is currently estimated to double every three years. The cost of training has also grown—in general, each resident “costs” a program about \$100,000 a year. (Yes, residents do provide some financial return to institutions, but most analyses show this return to be much less than the cost.)

And the cost for the resident is huge. Median medical school debt on graduation in 1980 was less than \$20,000. Now it is more than \$170,000. It is not unusual for debt load after residency to be over \$300,000 due to a combination of new debt and interest on preexisting loans.

The environment in which an ophthalmologist will practice in 2020 is rapidly changing, as are the knowledge and skills needed to practice effectively. Thirty years ago, ophthalmologists

admitted many more patients to the hospital, they operated in hospitals, and they collected a percentage of billed charges. Beyond that, electronic health records (EHRs) didn't exist, and the eye care team was often the individual ophthalmologist. Quality of care and outcomes assessment were subjective and generally irrelevant to the business of medicine.

The training of an ophthalmologist is overdue for a comprehensive reexamination to optimally match the training with the needs of the patient and society and the future challenges of practice. Only by meeting these needs will the ophthalmologist be successful—by any measure.

This means addressing important questions, such as:

- Is a PG-1 year necessary? If so, what should be the structure and objectives?
- How will we fit everything necessary in three years? What has to give?
- How do we prepare tomorrow's ophthalmologists for issues such as team leadership, EHRs, biostatistics, outcomes analytics, practice management, genetic counseling, population-based eye health, and more?
- What can we do to support the needs of tomorrow's comprehensive ophthalmologists?
- Should the structure of residency training change to obviate the need for so many subspecialists?

This process of critical reexamination is already under way. The Acad-

emy held a strategic session in Nashville one year ago. This past year the Association of University Professors of Ophthalmology (AUPO) became engaged in the initiative, with the added involvement of other key stakeholder groups. AAO 2014 in Chicago will feature an Opening Session panel on the topic, and the AUPO will hold a major symposium for educators at its annual meeting next January. The result in 2015 will be a document and a plan for meeting the future challenges in the Making of an Ophthalmologist. Only by focusing intently on this subject can we ensure the best care for patients and the future vibrancy and success of our profession.



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