

An Open Letter to the American Board of Ophthalmology (ABO)

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Having recently passed my boards, I would be remiss if I did not follow up on a resolution I made while studying for them: to bring attention to shortcomings of the current system.

The ABO certification process suffers from three major flaws: 1) it tests minutiae, 2) it is given long after completion of residency, and 3) its failure rate is too high. Unlike the oral boards, the written boards still tests minutiae, rather than focusing on items of clinical relevance. One favorite recurrent written question asks, "What is the diameter of a Goldmann applanation tonometer?" and gives as possible answers: 3.04 mm, 3.06 mm, 3.08 mm, and 1.53 mm. This type of question does nothing to test a candidate's knowledge of the Fick principle; rather, rote memorization is rewarded at the expense of conceptual understanding. Not surprisingly, several senior attendings, when asked if they recalled the Fick principle, gave the same reply: "No, all I remember is "3.06"--but that's all you need to know."

Secondly, why are the written boards given 1 year, and the oral boards 2 years after residency? Is there a valid reason, other than blind tradition? Most other specialty boards are given a year earlier, soon after completion of residency--a more logical time-frame.

Some might argue that testing candidates 2 years after residency allows for the acquisition of clinical skills, or tests knowledge retention. Such arguments ignore two facts: 1) residency provides all the skills necessary to be a good

ophthalmologist, and 2) most candidates admit that they "forget everything, then cram for the written and oral tests."

An analogy to the current system highlights its fallacy. Suppose you were to design a system for certifying airline pilots. Would you have them finish flight school, then go out and practice flying jumbo jets for a year before taking a written test of their knowledge, and another year later finally give them the oral test that determines whether to grant them their wings?

I propose that the 3rd year OKAPs be eliminated, replaced with the written boards. The oral boards would then be given shortly after residency. Adopting this system would save significant time and money. To further reduce travel expenses, the written boards should be given in each city with a residency program. What works for the SAT can work for the ABO.

Finally, I question if it is necessary to fail over a quarter of candidates on the written and oral boards. To determine the "proper" failure rate, one needs to examine the goal of certification.

The only reasonable goal of certification is to allow only qualified specialists to practice ophthalmology. Rephrased in the negative, the goal is to prevent unqualified candidates from injuring the public. Therefore, if the certification process functioned as advertised, all candidates who failed would be unqualified to practice, and would be prevented from doing so.

Patently, this is not the case. Most candidates who fail simply study a little harder and then pass, thereby undermining the argument that they were ill-qualified. One cannot honestly argue that memorizing a few magic numbers like "3.06" can make for a better diagnostician or surgeon.

Furthermore, those candidates who do fail the test multiple times, and even those who never pass, are in no way prevented from practicing. (What does grandma call the ophthalmologist who has just failed his written boards for the second time? "My cataract surgeon.")

The desire "to reduce the oversupply of ophthalmologists" should never be given as justification for a high failure rate. The proper way to address this issue is to decrease the number of residency positions, however impolitic this may be. It is grossly inefficient, and even immoral, to waste three years of a young physician's life merely to meet a Rand Study quota.

Adopting these measures would significantly improve the current system. Additional remedies (e.g., eliminating the entire oral component, which is largely redundant as a quality assurance measure; having residents sit on the Board) may be considered later.

As members of the oldest American Specialty Board, we should strive to be instruments of innovation, not ossification.

The ideas in this open letter could have been submitted privately to the ABO. They were not in order to promote debate and facilitate change. That is what all good editorials, and all good gadflies, do. The undersigned are admitted gadflies, too.

Sincerely,
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