EDITORIAL

The American Board of Ophthalmology, the American Journal of Ophthalmology, and Edward Jackson

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ON BEHALF OF THE AMERICAN BOARD OF Ophthalmology (ABO), I appreciate the opportunity to contribute to the collection of essays commemorating the centennial of the *American Journal of Ophthalmology*'s (AJO) Third Series. The ABO and the AJO have, in many ways, "grown up" together during the past century.

When the ABO administered its first examination in December 1916, only 10 candidates elected to participate. Nowadays, 650-700 ophthalmologists sit for the examinations annually. Similar exponential growth has occurred in the number of submissions to the AJO, which numbered more than 1700 in 2017. The quality of each organization's product has improved dramatically, as well. The ABO's original essay-question written examination was replaced in the 1950s by multiple choice questions. The oral examination was an aleatoric experience for many candidates even into the 1980s, when major efforts were made to standardize the assessment using case-based patient management problems. Currently, both the written and oral examinations are assiduously crafted, reviewed, and revised by panels of practicing ophthalmologists before being scrutinized both before and after test administration by the ABO's full-time PhD psychometrician to ensure that high standards for consistency, validity, reliability, and fairness are satisfied. At the AJO, manuscripts that pass muster for publication today must demonstrate a level of evidence-based scientific rigor that likely would be unimaginable to authors of the eminence-based, anecdotal accounts that characterized the journal in 1918. Indeed, the first 5 papers in the January 1918 issue were case reports (Figure 1). And both the ABO and the AJO have benefited immensely from increasingly refined peer review. Although the peer review process has been extensively studied and its effectiveness is widely appreciated in the publication arena, many physicians are not aware that medicine enjoys the privilege of professional self-regulation in part because board certification, administered and overseen by peers, is a credential trusted by the government, insurers, and, most importantly, the public.

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The mutualistic coevolution of the ABO and the AJO undoubtedly has been enhanced by a large cadre of ophthalmologists who have been active in both organizations. As listed in Table 1, nearly 4 dozen physicians have logged service as ABO Directors and AJO Editorial Board members. Five of these individuals have served as the *Journal*'s editor-in-chief and 3 have served as the ABO's chief executive. One person, however, deserves special recognition for his seminal role in the creation and early success of both the ABO and the AJO: Edward M. Jackson (Figure 2).

Jackson's efforts to update the Code of Ethics of the American Medical Association (AMA), his role in helping to found the American Academy of Ophthalmology and Otolaryngology (AAOO), his fundamental contributions to the establishment of the ABO, and his work in launching the AJO's Third Series, including his decade as the *Journal*'s first editor, have been well chronicled.[1–5] All of these activities share a recurring theme: a primary focus on professionalism in service to the needs of the patient.

Improving patient care seems integral to Jackson's efforts to spearhead the development of a certifying board in ophthalmology. The state of medicine in the late 19th and early 20th century was shambolic, with wide disparities in the quality of education and few constraints on who could call himself a physician. Six years before the publication of the monumental Flexner report that catalyzed a nationwide reformation in medical education, Jackson in his 1904 presidential address to the AAOO outlined the critical need to improve the teaching of ophthalmology in medical schools, which at that time devoted "an entirely inadequate" 50-60 hours to the subject (more than many medical schools allot to the eye today!).[3,6–8] He worked diligently toward this aim during the next decade and in 1914, inspired by the example of the Royal College of Surgeons of England and the Royal College of Physicians in London, which offered examinations as "a practical method of certifying the proper preparation for ophthalmic practice," Jackson proposed to the AMA that "a somewhat similar examining board to determine fitness for ophthalmic practice in America is practicable…The certificate or diploma obtained…although conferring no academic degree, would have great weight with the profession and the public, and soon come to be sought by most of those desiring to enter on the practice of ophthalmology."[9] Leveraging his influence as a leader

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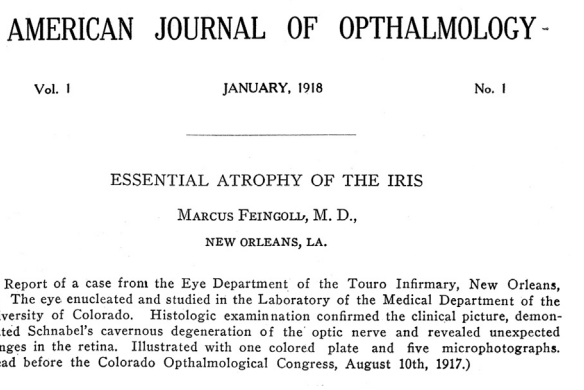

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ESSENTIAL ATROPHY OF THE IRIS

MARCUS FEINGOLL, M. D.,

NEW ORLEANS, LA.

Report of a case from the Eye Department of the Touro Infirmary, New Orleans, La. The eye enucleated and studied in the Laboratory of the Medical Department of the University of Colorado. Histologic examination confirmed the clinical picture, demonstrated Schnabel's cavernous degeneration of the optic nerve and revealed unexpected changes in the retina. Illustrated with one colored plate and five microphotographs. (Read before the Colorado Opthalmological Congress, August 10th, 1917.)

FIGURE 1. The first paper in the January 1918 issue of the *American Journal of Ophthalmology*. Note the unfortunate misspelling of the journal's name, most likely a publisher's error that had been corrected by the March issue.

in the AMA, the AAOO, and the American Ophthalmological Society (AOS), Jackson catalyzed collaboration between the 3 organizations, which culminated on May 8, 1916 in the formal creation of the American Board of Ophthalmic Examinations (which revised its name in 1933 to the American Board of Ophthalmology).[10–13]

Jackson also was committed to the ideal that medicine should be a profession and not a guild, which would link certification to licensure and have the protection of physicians' incomes as a foremost priority. Indeed, O'Day and Ladden asserted that "Jackson abandoned this aspect [that certification conferred the rights of a guild] and turned to the concept of voluntary certification as a marker of competence that was recognizable to patients and physicians alike."[4]

That the process has been and remains voluntary is key. This axiom was established at the beginning: In a letter between founding members dated February 2, 1916, Alexander Duane opined to Walter Lancaster, "I don't see why we should make anyone take our examination or secure our certification who did not apply for it spontaneously."[14] The focus on the patient was reaffirmed by Shaffer at the time of the ABO's 75th anniversary: "It has never been the purpose of the Board to define requirements for membership to hospital staffs or to gain special recognition of privileges for its Diplomates. Its principal purpose is to provide assurance to the public and to the medical profession that a certified physician has successfully completed an accredited course of education in ophthalmology and an evaluation including an examination."[14] The tenets that Jackson and his colleagues espoused—patient-centeredness, professionalism, education, fair but rigorous assessment, collaboration—are reflected a century later in the ABO's mission and guiding principles (Table 2).

What are the chief challenges facing the ABO as it begins its second century? Foremost among them is how best to define the characteristics of a competent ophthalmologist, assess such elements accurately, and then convey such information to the public. The Board considers initial certification to be a confirmation of achievement at an early point in an ophthalmologist's career. Verifying continuing competence throughout the subsequent

TABLE 1. Crossover Membership of the American Board of Ophthalmology and the American Journal of Ophthalmology Editorial Board

Name	ABO Service	AJO Service
Edward Jackson	1915–1925	1918–1927[b]
William H. Crisp	1928–1938	1928–1930[b]
Edward C. Ellett	1916–1947	1929–1932
John M. Wheeler	1926–1931	1929–1938
C. S. O'Brien	1937–1950	1936–1943
William L. Benedict	1936–1944	1963–1972
Grady E. Clay	1939–1942	1939–1942
Derrick T. Vail	1946–1953	1939–1940, 1941–1965[b]
F. C. Cordes	1941–1951	1963–1972
Algernon B. Reese	1943–1950	1963–1982
Edwin B. Dunphy	1947–1954, 1948–1954[a]	1963–1972
Phillips Thygeson	1947–1952	1963–1977
Bernard Becker	1967–1974	1963–1982
Frank W. Newell	1962–1974	1954–1962, 1965–1991[b]
A. Edward Maumenee	1960–1976	1963–1989
David Shoch	1969–1980	1963–1990
Frederick C. Blodi	1968–1980	1963–1977
Du Pont Guerry III	1971–1983	1963–1982
Irving H. Leopold	1966–1979	1963–1991
John M. McLean	1965–1968	1963–1971
Edward W. D. Norton	1969–1981	1963–1991
Frances Heed Adler	1950–1957, 1965–1979[a]	1963–1996
Michael J. Hogan	1952–1959	1963–1977
Robert W. Hollenhorst	1968–1980	1963–1982
Bradley R. Straatsma	1973–1980	1973–1991, 1993–2002[b]
Bruce E. Spivey	1975–1982	1973–2004
Robert D. Reinecke	1984–1987	1973–1982
Douglas R. Anderson	1988–1995	1973–1990
G. Richard O'Connor	1976–1983	1973–1987
H. Stanley Thompson	1989–1996	1978–1996
Stephen J. Ryan	1983–1990	1978–1991
Ronald M. Burde	1984–1991	1983–1992
Frederick T. Fraunfelder	1983–1990	1983–1991
Thomas M. Pettit	1983–1990	1983–1987
Dennis Robertson	1990–1997	1983–1991
M. Bruce Shields	1996–2003	1983–2005
Ronald E. Smith	1991–1998	1983–1991
Mark J. Mannis	2000–2007	1992–2003
George B. Bartley	1999–2006, 2017-present[a]	1993–2004
Wallace Lee Alward	2005–2012	1999–2008

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