



# Creation of the American Board of Ophthalmology

## *The Role of the American Medical Association*

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In the early 20th century, the American Medical Association (AMA), specifically its Section on Ophthalmology, played a central role in the founding of America's first medical specialty board, the American Board of Ophthalmology. With the American Ophthalmological Society and the American Academy of Ophthalmology and Otolaryngology, the AMA's contributions to the formation of the American Board of Ophthalmology led to the establishment of sound educational standards for practicing ophthalmologists and helped to advance the culture of medical excellence within the profession that is synonymous with board certification today. *Ophthalmology* 2016;123:S8-S11 © 2016 by the American Academy of Ophthalmology.

The late 19th century into the early 20th century was an era of great medical and scientific discovery. American medicine increasingly was based on scientific knowledge, but the connection between scientific knowledge and medical practice was not yet uniform or even required. In parallel, the important role of the subspecialist was emerging. In the decades leading up to the founding of the American Board of Ophthalmology, American medicine, aided by the American Medical Association (AMA; Fig 1), developed standards and cultivated the demand for demonstrating medical knowledge.

In his presidential address on June 6, 1904, to the AMA House of Delegates, which met in the Atlantic City High School, Frank Billings announced the creation of the first AMA committees, including the Council on Medical Education (CME). Billings described the Council on Medical Education, "which shall be referred all matters relating to medical colleges and medical education."<sup>1</sup>

The most transformative work of the CME unfolded in the next decade. It concentrated on setting standards for medical education, developing a culture that required more consistent training and testing.<sup>2</sup> In 1905, one of the first accomplishments of the newly formed CME was to define the minimum educational standards for physicians as 4 years of high school, at least 4 years of medical training, and a medical license.<sup>3</sup>

Medical schools were abundant and unregulated in the early 1900s, and many were nontraditional homeopathic schools. The next major undertaking of the CME was to rate the 160 medical schools based on the scores of graduates on state licensing examinations. For the initial grading, 82 medical schools were given class A, defined as acceptable, and 46 were assigned class B, or conditional, whereas 32 schools were assigned class C and were rejected.<sup>4</sup> In his

chairman's report to the House of Delegates in 1907, Arthur Dean Bevan recommended that state licensing boards enforce standards for medical education, pressuring substandard medical schools to comply with developing benchmarks.<sup>5</sup>

The next step in establishing medical education standards was revolutionary. The CME invited the Carnegie Foundation for the Advancement of Teaching to conduct an outside investigation of the medical schools in the United States and Canada. Abraham Flexner was commissioned for this task, and his report, "Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching, Bulletin No. 4," was published in 1910. Flexner visited 155 medical schools, reporting on each, and devised a conceptual model for modern medical education. Still cited today, the Flexner report firmly established that medical training must be standardized, monitored, and tested.<sup>6</sup>

In setting these various standards, the AMA emerged from its role as a protectionist trade group by adopting the mantle of a public trust. Medical organizations recognized a responsibility to individual patients and to the public, which was the underpinning of the subspecialty boards that were created subsequently. The first specialty section of the AMA, the Section on Ophthalmology, was formed in 1878. Interestingly, although the AMA was dominated by general practitioners and resistant to specialty medicine, the AMA Section on Ophthalmology was one of the major scientific meetings in ophthalmology. The 1914 *Transactions of the Section on Ophthalmology* records the scientific program,

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**Figure 1.** The first permanent headquarters of the American Medical Association in Chicago, 1902. (Courtesy of the American Medical Association. Available at: [ama-assn.org](http://ama-assn.org).)

including papers such as E. C. Ellett’s “A Study of the Healing of Trepchine Wounds of the Sclera and Corneoscleral Junction.”<sup>7</sup>

Tucked into the scientific session, the presentation after Ellett’s was the “Report of the Committee on Education in Ophthalmology,” which was delivered by Edward Jackson (Fig 2). The Committee on Education in Ophthalmology included Hiram Woods, Walter Parker, W. Zentmayer, William Wilder, Alexander Duane, and Edward Jackson. They proposed required training in ophthalmology for medical students to include anatomy, physiology, and examination of the eye. Furthermore, the committee recommended that specialization in ophthalmology should require at least 2 years of postgraduate study and that candidates must demonstrate ophthalmic knowledge through testing. Finally, they recommended “that a committee on the Section on Ophthalmology of the American Medical Association invite the cooperation of a similar committee of the American Ophthalmological

Society, and the American Academy of Ophthalmology and Oto-Laryngology, in working out a practical plan for the organization and support of a conjoint board to have charge of the examination of candidates who have prepared for ophthalmic practice.”<sup>8</sup>

It is likely that the “Report of the Committee on Education in Ophthalmology” elicited controversy, because the 1914 *Transactions* reported that the discussion and action occurred during an executive session. The only recorded action was to accept the report as “expressing the sentiments of the Section,” and to continue the Committee on Education in Ophthalmology. The joint committee, as described in the report, was established in May 1916 and was called the American Board for Ophthalmic Examinations, eventually becoming the American Board of Ophthalmology. Thus, medical educational standards established by the AMA in the first decade of the twentieth century advanced the culture of medical excellence, which was, and is, embodied by the American Board of Ophthalmology.

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