

# The History, Role, and Value of Public Directors on Certifying Boards

## *The American Board of Ophthalmology Experience*

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The mission of the American Board of Ophthalmology (ABO) is to serve the public by improving the quality of ophthalmic practice through a continuing certification process that fosters excellence and encourages continual learning. Since 2001, achieving this mission has been enhanced by including public directors in the ABO governance. We review the evolution of including nonprofessional members on the governing boards of professional regulatory and self-regulatory organizations generally, provide history about the incorporation of non-professional public directors into the governance structure of the American Board of Medical Specialties and the ABO, and offer insights about the perceived impact of public directors on the ABO. *Ophthalmology* 2016;123:S36-S39 © 2016 by the American Academy of Ophthalmology.

### The Emergence of Public Members on Professional Regulatory or Self-Regulatory Boards

The early part of the 20th century gave rise to the development of the current system of professional self-regulation in medicine. Founded in 1916, the American Board of Ophthalmology (ABO) was the first medical specialty examining board.<sup>1</sup> The ABO inspired other medical specialties to develop similar boards and participated in the creation of the national system of specialty boards, now known as the American Board of Medical Specialties (ABMS).<sup>2</sup> Hence, the ABO has been at the forefront of professional self-regulation in medicine.

Throughout the 20th century, ABO's governance structure—a board of directors—comprised solely highly respected, eminent ophthalmologists. This professional emphasis is understandable. The ABO sets professional standards that define the practice of ophthalmology. It determines whether a physician has adequate training and experience to attempt a certifying examination. Although the ABO works with others (including educators, psychometricians, and test development experts) to create the assessments that inform certification decisions, the specific content of those assessments is within the unique expertise of ophthalmologists. Because subject-matter expertise is so fundamental to the mission of the ABO, a strong professional emphasis is crucial. In fact, similar thinking about the disciplinary knowledge and expertise necessary to serve on professional regulatory boards contributed to many professional (e.g., medical, legal, nursing) licensing boards (the official state regulatory bodies with legal oversight of the practice of medicine, law, nursing) in the United States

being constructed solely of members of that profession and a few state regulators until the mid-20th century.<sup>3</sup>

During the 1960s, a societal conversation emerged about the appropriate role of the citizenry in medical, and other, professional regulation. Advocates argued for greater public participation in professional regulation, specifically state medical licensing boards. Sociologist Ruth Horowitz captured the prevailing sentiment: “We need to maintain a reasonable balance between the profession, the public, and the state, bearing in mind that too much state involvement risks the proliferation of ever-expanding bureaucracies and unwieldy regulations, that too much professional involvement threatens to marginalize public members and the public perspective, and that too much power devolving to the public can undermine the weight of professional judgment. Finding the proper mix for all these legitimate players and stakeholders will not only improve the quality of health care delivery in our society but also strengthen democratic governance in America.”<sup>4</sup>

With this increased public scrutiny and expressed concerns that boards composed entirely of members of a respective profession were more concerned about their own self-interest than about the interests of the public, legislatures began authorizing the appointment of nonprofessional directors onto professional regulatory boards.<sup>4</sup> For example, California's medical licensing board added its first nonprofessional public director in 1961.<sup>5</sup> Slowly, over the next several decades, other professional regulating and certifying bodies added public directors.

The national movement to include non-medical professional members on state medical licensing boards undoubtedly influenced thinking among the specialty boards,

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because many moved toward incorporating this role. It is also likely that the inclusion of non-medical professionals on the ABMS boards was stimulated by the monograph, “The Graduate Education of Physicians: The Report of the Citizens’ Commission on Graduate Medical Education,” commissioned by the American Medical Association in 1966.<sup>6</sup> The report, incorporating views from within and outside the medical profession, urged organized medicine to recognize and incorporate advice from sources outside the profession when making decisions about medical education and medical practice that would affect medical care.

## What Is a Public Director?

As licensing agencies and other public-serving organizations incorporate non-medical professional members onto their professional boards, the characteristics that define these public directors both inform the selection of and are informed by the selection of these individuals. Commentators note that the best governing boards are diverse, offering a depth and breadth of insight, perspective, and experience to the organization.<sup>7</sup> Diversity includes skills, competencies, philosophies, and life experiences, as well as age, ethnic, and gender diversity. Public directors on the certifying boards have in common that they are not physicians, bringing an important diversity to the board on that basis alone.

However, the advantages of public directors extend beyond who they are not (of the profession) to who they are, including the unique skill sets and perspectives they bring to their work. Public directors come from a variety of backgrounds and can bring a range of added expertise to improve board and organizational functioning. As business and contractual arrangements become more complex, directors with legal, business, finance, and governance backgrounds can offer specific technical advice and assistance. Public directors can bring expertise specifically related to the work of the boards; examples include those with backgrounds in quality improvement, communications, patient safety, health policy, and ethics. In addition, public directors may include those who use the board credential (e.g., hospitals who use certification as part of their credentialing decisions) and those who are directly impacted by the specialty care provided by the board’s diplomates (e.g., patients, family members, and representatives of disease-oriented groups).

Public directors increase the board’s credibility by adding transparency, by bringing new perspectives to board-level conversations, and also by helping to translate specialized terminology and discussions for the public.<sup>3</sup> The role also provides a visible mechanism for boards to demonstrate that they are aware of the need to engage the public in their work.

Successful public members, like other board members, work well with others, advocate effectively, understand the role of the board, represent the mission of the board, and are willing to improve in their board roles continuously. Public members face the unique challenge of gaining some level of mastery over the board’s professional language and focus while recognizing that their own unique skill set lies in other areas.<sup>7</sup> The ABMS has prepared materials to assist member

boards to identify, recruit, orient, and maximize the impact of public members.

Over the years, the ABO has refined its description of the roles and responsibilities of its public directors. Although public directors may represent diverse disciplines and bring new expertise to the board, all public directors are expected to have an impeccable reputation for ethical behavior, integrity and competence, and national prominence and recognition in their field of expertise. Furthermore, they should be hard working and collegial and be open-minded, giving fair consideration to alternate points of view. Public directors must understand and support the mission of the ABO and be knowledgeable and experienced with educational testing and the certification process or be willing to learn something about them and be unencumbered by conflicts of interest.

## The American Board of Medical Specialties and Public Directors

The ABO is one of the founding members of the ABMS. The ABMS leads the confederation of 24 independent member boards; its mission is to serve the public and the medical profession by improving the quality of health care through setting professional standards for lifelong certification, in partnership with member boards.

In 1975, the ABMS approved the addition of 3 public voting members to its board of directors. The first public director on the ABMS Board of Directors was author, lecturer, and health care administrator Professor Anne Somers, who began her term in 1976. According to ABMS records, from her first meeting with the board in 1975, Professor Somers presented 4 beliefs that provided the foundation of her approach to board service: (1) respect for individual leaders in the medical profession, (2) the need for public or government action to address certain serious social problems, (3) even well-intended programs are vulnerable to abuse, and (4) the optimal configuration of a program addressing important social issues requires professional leadership and quality standards, coupled with some mechanism for public accountability and adequate funding. Professor Somers believes that professional expertise is crucial but insufficient for optimal governance of the ABMS, and this belief is shared to this day, as illustrated by the 2014 ABMS Board decision to double the number of public board members from 3 to 6.

Since 1975, 22 individuals have served as public directors of the ABMS Board of Directors. The ABMS public board members have provided a diverse set of perspectives and skills. In the early years, public members frequently came from the fields of ethics, education, and communication. As serious efforts at health care reform emerged, public members were chosen from health care management and law. Current public members bring expertise in areas such as systems thinking, law, quality and safety, health care delivery, population health, and medical education.

Former and current physician directors of the ABMS indicate that public members have made substantial contributions to the board. Examples of these contributions have included providing the public perspective, bringing the

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