

# FOCUS



## News on Certification, Maintenance of Certification and Board Activities

### Y MOC CMA KESG OODME D I C I N E

by Marilyn B.  
Mets, M.D.



Dr. Marilyn B. Mets is the Cowen Research Professor of Pediatric Ophthalmology at the Feinberg School of Medicine at Northwestern University and the Division Head of Ophthalmology at Childrens' Memorial Hospital in Chicago, IL. She chairs the oversight committee for Maintenance of Certification for the American Board of Medical Specialties.

**Physicians are a community of lifelong learners.** Each one of us reads up on patient cases that are more complicated than usual or involve uncommon diagnoses. To stay up-to-date, we take courses through the Academy and our subspecialty societies, participate in online forums, consult with our colleagues and read our journals.

Why do we do this? Because it is the right thing to do. For our patients, our profession and for ourselves.

As you are aware, in recent years consumer advocacy groups, healthcare quality organizations and federal regulatory agencies have placed increasing pressure on certification boards to provide more information about physician credentials and practice performance. Physicians, through the American Board of Medical Specialties, have responded by creating a program that supports and recognizes our commitment to provide the best possible patient care.

Self regulation is a unique privilege and with this privilege comes responsibility. In addition to serving as an American Board of Ophthalmology Director, I volunteer as Chair of the American Board of Medical Specialties committee that was charged with setting MOC standards and now provides oversight of MOC for ALL medical specialties. The MOC standards we develop aim to provide tools and assessments that motivate and reward our ongoing lifelong learning efforts.

I speak about MOC at different meetings and find that a common misconception is that MOC is being developed by non-physicians or grandfathered physicians who are not subject to the rules they are creating. The good news is that this is not true. MOC standards are developed by your peers and colleagues, and the tools and assessments that make up the ABO's MOC are developed by practicing ophthalmologists. We also collaborate with patient representatives from the public and the government and this open communication has resulted in MOC participation being recognized across all medical specialties in federal healthcare policy and incentive programs.

I certainly want the professional standards for the practice of ophthalmology to continue to be shaped by clinicians who work directly with patients, as all physician ABO directors do. We can't do this, however, without input from diplomates. In late 2009, the ABO surveyed the diplomate population and, based on that feedback, is making changes to the MOC program to allow more flexibility, sustain moderate annual costs and provide crossover recognition for different activities. The improvements are reflected in MOC 2.0, which you can read more about on pages 6-7 of this publication.

Whenever I talk to colleagues about MOC, the major concern is the closed book exam. While it is a test, and yes, you will have to pass it, please keep in mind that:

Participating in Maintenance of Certification, a program of lifelong learning and continuous quality improvement, allows us to self regulate the practice of medicine and is the right thing to do for our patients, for our profession and for our practice.

Continue reading **Y MOC** on page 5

## About the American Board of Ophthalmology

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Founded in 1916 as the nation's first medical specialty certifying board, the mission of the American Board of Ophthalmology is to serve the public by improving the practice of ophthalmology through a process of certification and Maintenance of Certification that fosters excellence and encourages continual learning.

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# Chairman's Corner

Dear Diplomates,

Reminiscences...it seems a short eight years since I first became a Director of the American Board of Ophthalmology, but much has transpired during this period to bring major changes to the certification process.

Subspecialty accreditation for Oculoplastic and Reconstructive Surgery is now an option for training programs. The ABO has submitted a request to the American Board of Medical Specialties (ABMS) to begin awarding subspecialty certification in Oculoplastic and Reconstructive Surgery as early as 2014 (see page 4 for more information.) Independently and in collaboration with ABMS, the organization has also taken a much more active role in relating to the profession and public the value of board certification.

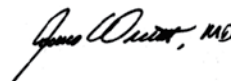
At the time I joined the Board, "recertification" was required of diplomates who held a time-limited certificate. This process included an exam, combined with Office Record Reviews, licensure and continuing education credits, and was completed over a relatively short period of time. While the basic components remain the same, the process has evolved into a 10-year Maintenance of Certification cycle, which better reflects the concept of lifelong certification.

The most fundamental change, however, has been the Board's focus on continuous quality improvement. The core of MOC is now about providing certified ophthalmologists with a means to enhance the quality of their care. Over the course of the MOC process, the Board allows the provider to identify areas for practice improvement and supplies the necessary tools to develop a plan to do so.

Historically, "passing the boards" was the hurdle. Once certified, the assumption was the provider met a quality standard which held for the remainder of their practice lifetime. Obviously, constant evaluation and continuous improvement provide much more real-time evidence of competency and quality.

ABO certification and active participation in MOC is now considered the gold standard. The value of participation in MOC must be emphasized to the public as the benchmark for quality. I would encourage everyone to consider the opportunity to participate in MOC, even those who hold non time-limited certificates. The process will improve your practice and provide evidence to the public of your lifelong commitment to quality of care.

Sincerely,



James C. Orcutt, M.D., Ph.D., Chair



**Did You Know?** May is Healthy Vision Month, an annual observance established by the National Eye Institute (NEI), one of the National Institutes of Health, to keep vision a health priority for the nation. You and your patients may be interested in the NEI's online resources about maintaining good eye health, which include teaching tools, e-cards, fact sheets, downloads, and more. **Make sure your patients know that checking for Board Certification is a recommended step in the NEI's tips for finding and choosing an eye care provider.** Visit <http://www.nei.nih.gov/healthyvisionmonth> to learn more.

## Four ophthalmologists, one quality improvement expert join Board



**MATTHEW E. FITZGERALD, Dr.P.H.**, of Easton, MD, is a Consulting Quality Scientist at the Center for Scientific Review and an adjunct Professor of Biological Sciences at Chesapeake College.

**KENNETH M. GOINS, M.D.**, of Iowa City, IA, is Professor of Ophthalmology at the University of Iowa and Medical Director of the Iowa Lions Eye Bank.

**SOPHIA M. CHUNG, M.D.**, of St. Louis, MO, is Professor of Ophthalmology and Neurology and Psychiatry at Saint Louis University School of Medicine.

**CLAUDE L. COWAN, M.D.**, of Washington, D.C., is Clinical Professor of Ophthalmology at George Washington University Medical Center and Georgetown University Medical Center.

**DALE K. HEUER, M.D.**, of Milwaukee, WI, is Professor and Chairman of Ophthalmology at the Medical College of Wisconsin and Director of Froedtert & the Medical College of Wisconsin Eye Institute.

For more Board news, turn to page 10.



### In Memoriam: Emily Anne MacDonald Adler Board Administrator, 1968-80

Emily Anne MacDonald Adler, 88, a lifelong resident of Philadelphia, died on January 19, 2011 at Cathedral Village. Shortly after her marriage to Dr. Francis Heed Adler in 1970, the couple embarked on a decade-long effort to reshape and strengthen the infrastructure of the American

Board of Ophthalmology's administrative staff and to develop improvements in the quality of the written and oral examinations. They were ably assisted by Dr. Robert Shaffer who had been appointed Assistant Secretary-Treasurer in 1969, and by Mary and Rita Ladden who joined the board staff in 1971 and 1974.

The Adlers were well suited to manage their respective positions as Registrar and Secretary-Treasurer of the board. Prior to her appointment to the board in 1968, Emily Anne had served in executive administrative positions of the Philadelphia branches of the World Affairs Council and United Nations Council, where she acquired her considerable business acumen

and honed her 'people' skills. Dr. Adler was widely respected for his superlative intellectual and professional accomplishments as well as his exemplary leadership skills. Together, the Adlers were truly concerned for the welfare of physicians undergoing the rite of passage from candidates to diplomates of the board.

By the time the Adlers retired in 1980, they had overseen the remarkable transition of the board office from a cottage industry - whose interactions with the board's directors and associate examiners were limited to the dates of the oral examination - to a smoothly functioning organization that earned the trust and respect of the public, as well as other specialty boards.

During the ensuing three decades Emily Anne had the satisfaction of observing the positive impact of the flexible administrative model that she and Francis had developed. The board headquarters was moved to a spacious office in Bala Cynwyd where the expanded affairs of the board are handled by a dedicated efficient staff that communicate on a regular basis with its board directors and examiners.

—William H. Spencer, M.D., Emeritus Director

### Application to award subspecialty certification in ophthalmic plastic and reconstructive surgery submitted for ABMS review

In January 2011, the ABO submitted an application to the American Board of Medical Specialties, the umbrella organization of the 24 medical specialty boards, to issue subspecialty certification in ophthalmic plastic and reconstructive surgery (OPRS). The purpose of this new certificate is to recognize the additional training (a two-year fellowship) that is required beyond a three-year residency in ophthalmology to gain experience and expertise in diagnosing and managing disorders that affect the tissues surrounding the eye, and thereby to improve the quality of care for the public.

The Board approved the development of OPRS subspecialty certification following approval of OPRS fellowship program requirements by the Accreditation Council for Graduate Medical Education (ACGME). There are currently five ACGME approved fellowships and one program in the review and approval process. The ACGME expects the approval process will be ongoing for the next several years.

ABO approval was based on the principle that ACGME subspecialty fellowship accreditation and subspecialty certification are consistent with the mission of the Board to serve the public by improving the quality of ophthalmic practice through a process of certification and maintenance of certification that fosters excellence and encourages continual learning. ACGME accredited fellowship training is an ABMS requirement for subspecialty certification.

Pending approval, the first subspecialty examination in OPRS is expected to take place in 2014.

The application will be reviewed by ABMS and its 23 other specialty boards, with feedback expected in summer 2011, followed by a second ABMS review in mid-2012. If ABMS approves the application, the ABO will develop a written exam for OPRS subspecialty certification candidates. The ABO will update the ophthalmic community regarding the outcome of the application process.

## Preserving Exam Integrity

### Certification candidate banned from Board examination process for five years

The American Board of Ophthalmology works diligently to preserve the integrity of the examination processes that define certification. We rely on candidates and diplomates to uphold the ethics and values outlined in the ABO Rules and Regulations — sometimes, however, situations arise that come into conflict with those values.

In March 2010, a candidate was found using study material during the Written Qualifying Examination. The incident was recorded at an ACT test center and the material, which included information and notes related to ophthalmology, was confiscated. The individual appeared before the Hearing Committee in 2010. Ultimately, the

Board decided the candidate's scores from the 2010 Written Qualifying Examination would be invalidated; the candidate would be restricted from sitting for the Written Qualifying Examination for a period of five years beginning in 2011; and that a brief account of the examination irregularity would be published in the ABO newsletter.

Questions regarding this or other Board related issues should be directed to the Board Office in Bala Cynwyd, Pennsylvania, phone: 610-664-1175. Anyone who is aware of any examination irregularity is encouraged to report that information to the Board.

## Enhanced Communication

### Privacy pledge regarding the use of electronic communications

Your privacy is extremely important to us. To that end, the American Board of Ophthalmology maintains an opt-in policy for its email communications, meaning we send email only to individuals who have provided the information to us directly as a result of their relationship with us as diplomates and certification candidates. We will send announcements related to ABO activities and alerts

specific to your certification status. These messages will come directly from the ABO. We will never sell or rent your email address, and we will not share your email address with anyone outside of our contracted testing vendors as necessary to facilitate the scheduling of an exam for which you have registered. Our vendors are not permitted to re-use your information for any other purpose.



**Y MOC**

continued from page 1

The top five things you need to know about Maintenance of Certification, ophthalmology’s lifelong learning and continuous quality improvement program are:

1. Maintenance of Certification is not *recertification*. It’s designed to be an ongoing physician learning process that helps you stay up-to-date for the life of your practice and find ways to continuously improve patient care.
2. The program was established by the American Board of Medical Specialties (ABMS), the umbrella organization for all 24 medical specialty boards in the United States, and customized for practicing ophthalmologists by the American Board of Ophthalmology (ABO).
3. In addition to two public members, the Board of Directors, which makes decisions about the Maintenance of Certification process and its policies, is made up of practicing ophthalmologists, all of whom participate in MOC.
4. The core of Maintenance of Certification is not a test. While the closed-book examination is one portion of the process, the practice improvement activities are truly the focus. The exam is based on a curriculum of knowledge considered fundamental to all practicing ophthalmologists and, therefore, the failure rate is consistently low.
5. The Board recognizes the need to improve the diplomate Maintenance of Certification experience and is making improvements to the process beginning in 2012 to make the program more flexible, more meaningful and more valuable.

Learn more about the Maintenance of Certification process on pages 6-7.

- The exam is given in three 50-question segments that focus on practice-specific topics. You can select two of the topics on which you want to be tested. For example, if you focus your practice only on glaucoma, you would take one 50-question module in core ophthalmology and two 50-question modules on glaucoma. If you practice general ophthalmology, you might select two 50-question comprehensive modules in addition to core ophthalmology.
- Questions on the test aren’t designed to trick you or trip you up. All exam content is based on a clinically relevant knowledge base developed by 10 panels of practicing ophthalmologists through the American Academy of Ophthalmology, who, by consensus, determined what information is essential to the current practice of ophthalmology. Because the content is based only on this clinically relevant information, the pass rate has remained consistently high.
- Online self-assessment tests are built into the MOC program in order to provide you with the opportunity to test yourself on similar content. These open-book exams allow you to gauge your overall strengths and weaknesses prior to taking the closed-book exam.
- MOC 2.0 allows you to take the exam as early as year 6 of the 10-year certification cycle. If you do not pass, you can take it again with no extra payment.
- The exam is given annually over a one-month window in September at nationally located test centers, which are open on the weekends. You can make your own appointment during that timeframe.
- The MOC exam will also likely satisfy your state medical licensing board’s requirements for maintenance of licensure. Contact your state for more information about licensure requirements.

Other elements of active participation in MOC reflect what most of us already do. We maintain an active license, participate in continuing education and reflect on our current practice to find ways to improve.

The Board is constantly upgrading and adding to the menu of MOC, and working with ABMS to create systems that support and promote our collective goal of excellence in patient care and improved national health. If you have questions about MOC, I encourage you to visit our website or contact the Board Office to learn more.

# Maintenance of Certification

## Customize your own 10-year activity plan with Maintenance of Certification

This chart provides an overview of the 10-year activity cycle under the framework of Maintenance of Certification. (You can create your own self assessment activity plan that fits your schedule and meets your professional development needs. You can complete any of the activities in any order you choose within the guidelines below.) Visit [2012.abop.org](http://2012.abop.org) or email [moc@abop.org](mailto:moc@abop.org)

YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Valid and unrestricted medical license in the United States or Canada.				
25 CME	25 CME	25 CME	25 CME	25 CME
Patient Safety Activity		Practice Improvement Activity #1		Two Self Assessment Tests
<p>→ Complete one Patient Safety Activity (which may be counted toward your 25 annual CME credits) in <b>Years 1 or 2</b> of the MOC cycle.</p>		<p>→ Participate in two Practice Improvement Activities. The ABO suggests doing one activity between <b>Years 1-5</b> and the second between <b>Years 6-10</b>. The ABO also recommends completing a third practice improvement activity before the end of the 10-year cycle. Practice Improvement activities ask you to review the care of your patients; compare the care with best practice standards; acquire new knowledge and skills; and apply the new knowledge and skills to your practice.</p>		<p>→ Take two 50-question open book tests. As they are designed to help you prepare for the exam, the ABO recommends taking them prior to the computer based exam.</p>

**KEY**

- Professional Standing
- Lifelong Learning & Self Assessment
- Cognitive Expertise
- Practice Assessment

### Who will do MOC 2.0?

All diplomates are encouraged to opt-in to the process, but **only diplomates certified for the first time in 2011 or later, or diplomates recertified on or after January 1, 2012, will begin MOC 2.0 immediately.** Diplomates will receive an invitation to opt-in to MOC 2.0 closer to 2012.

### What happens if I opt-in?

Current diplomates who opt-in to MOC 2.0 will receive credit for any previously completed MOC activities, but will still need to meet all other MOC 2.0 guidelines, including 25 CME per year, one Patient Safety activity and a total of two Practice Improvement activities. Diplomates cannot opt-out once they have selected 2.0.

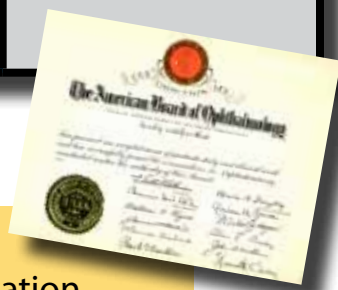
# Management of Certification 2.0

Management of Certification 2.0. Relaxed timeframe requirements will allow you to customize a learning and activity schedule (the layout below depicts the ABO's suggested schedule of activities. You may arrange the schedule as you see fit. For more information, contact [info@abop.org](mailto:info@abop.org).

YEAR 6	YEAR 7	YEAR 8	YEAR 9	YEAR 10
25 CME	25 CME	25 CME	25 CME	25 CME
Computer Based Exam	Practice Improvement Activity #2		Optional Practice Improvement Activity	

→ Take the 150-item computer based exam as early as **Year 6** of the MOC cycle. This provides five chances for you to sit for the exam, and ample time to schedule a re-take, if necessary. The exam is based on a curriculum of clinically relevant knowledge considered fundamental to the practice of ophthalmology.

Upon completion of MOC, you will receive a recertification certificate valid for a period of 10 years and begin another 10-year MOC cycle.



**What are the benefits of MOC 2.0?**

Benefits of MOC 2.0 include a more flexible program with an annual fee structure; a third free self assessment test; earlier exam availability and one free exam re-take; and expanded public reporting and recognition in the ABO's forthcoming searchable online diplomate database.

**What will be shared with the public?**

Presently, patients who contact the ABO are told whether their doctor is "certified" or "not certified." In 2012, the ABO will share whether a physician is "participating in MOC." Diplomates who opt-in to MOC 2.0 will be recognized for their participation in an annual quality improvement process.

**What will happen to MOC 1.0?**

All diplomates who do not opt-in will automatically move to MOC 2.0 upon the receipt of their recertification certificate. All diplomates certified after 2010 will be enrolled in MOC 2.0.

# 2010 Examiner Honor Roll

Examiners for the American Board of Ophthalmology are diplomates selected to examine at the oral exam, serve as item writers for the written and oral exam and act as special committee members in the development of exam materials. Examiners are selected based on a strict evaluation and their strong commitment to providing quality ophthalmic care. The Board sincerely thanks its 2010 Examiners and Item Writing Committees for their commitment and dedication. The ABO is grateful to the many current Examiners who assist in the examination process and who do so without compensation. The costs associated with preparing and administering a national standardized examination are high. For many years, to help offset these costs, the ABO has been the recipient of an extraordinary act of beneficence by hundreds of ophthalmologists throughout the country. Without this voluntary participation, the candidates' expenses would be considerably higher. In recognition of their contribution, the ABO would like to recognize and thank those who served as Examiners in 2010 and specially recognize those examiners who have shown unwavering commitment to the ABO by examining at more than 15 exams.

## 20+ Exams

Anthony C. Arnold, Los Angeles, CA  
Helmut Buettner, Rochester, MN  
Richard Cunningham, Temple, TX  
Lawrence A. Gans, St. Louis, MO  
Eva H. Hewes, Los Altos, CA  
Richard A. Lewis, Houston, TX  
John J. Purcell, St. Louis, MO  
Ivan R. Schwab, Sacramento, CA

## 15+ Exams

Arthur W. Allen, San Francisco, CA  
Rolfe A. Becker, Overland Park, KS  
Joseph W. Berkow, Baltimore, MD  
H. Culver Boldt, Iowa City, IA  
Donald J. Doughman, Minneapolis, MN  
Bartley R. Frueh, Ann Arbor, MI  
Anne B. Fulton, Boston, MA  
Nancy A. Hamming, Lake Forest, IL  
Barton L. Hodes, Tucson, AZ  
Edward A. Jaeger, Philadelphia, PA  
Howard M. Leibowitz, Boston, MA  
John A. McCrary, Houston, TX  
David M. Meisler, Cleveland, OH  
W. Scott Peterson, Waterbury, CT  
Turpin H. Rose, Danbury, CT  
Ralph A. Sawyer, Jacksonville, FL  
Debra J. Shetlar, Houston, TX  
Steven M. Shield, Chesterfield, MO  
Khalid F. Tabbara, San Francisco, CA

## 2010 Examiners Serving as Mentors

Anderson-Nelson, Susan J., Wheaton, IL  
Blodi, Christopher F., West Des Moines, IA  
Brandt, James D., Sacramento, CA  
Chang, Tom S., Pasadena, CA  
Coats, David K., Houston, TX  
Emerick, Geoffrey T., West Hartford, CT  
Feldon, Steven E., Rochester, NY  
Gans, Lawrence A., Hazelwood, MO  
Grodan, Lewis R., Tampa, FL  
Herman, David C., Rochester, MN  
Hsu-Winges, Charlene, Hillsborough, CA

Kalina, Paul H., St. Louis Park, MN  
Kline, Lanning B., Birmingham, AL  
Krauss, Howard R., Los Angeles, CA  
McLeod, Stephen D., San Francisco, CA  
Morgan, Rebecca K., Oklahoma City, OK  
O'Brien, Joan M., Philadelphia, PA  
Paysse, Evelyn A., Houston, TX  
Perkins, Todd W., Madison, WI  
Rich, Daniel G., Sebastopol, CA  
Sheth, Bhavna P., Milwaukee, WI  
Shetlar, Debra J., Houston, TX  
Spencer, W. Rand, Dallas, TX  
Steinert, Roger F., Irvine, CA  
Stevens, Julia L., Lexington, KY  
Walker, Jonathan D., Ft. Wayne, IN

## 2010 Examiners

Afshari, Natalie A., Durham, NC  
Aiello, Patrick D., Yuma, AZ  
Alcorn, Debby M., Stanford, CA  
Alford, Mark A., Fort Worth, TX  
Allen, Arthur W., San Francisco, CA  
Allen, Richard C., Iowa City, IA  
Anderson-Nelson, Susan J., Wheaton, IL  
Arnold, Barbara J., Sacramento, CA  
Arun, Veena V., Burr Ridge, IL  
Bacharach, Jason, Petaluma, CA  
Bailey, Jane A., Omaha, NE  
Banta, James T., Miami, FL  
Barrall, Janet L., Issaquah, WA  
Beardsley, Thomas L., Asheville, NC  
Beebe, Walter E., Dallas, TX  
Beeson, Charles C., La Jolla, CA  
Beller, Richard A., Napa, CA  
Berdy, Gregg J., St. Louis, MO  
Bernardino, Carlo R., Salinas, CA  
Berzins, U. John, Salem, OR  
Bishop, John E., Corpus Christi, TX  
Blodi, Christopher F., West Des Moines, IA  
Bolling, James P., Jacksonville, FL  
Bowden, Frank W., Jacksonville, FL  
Bradford, James D., Little Rock, AR  
Brandt, James D., Sacramento, CA

Brinton, Daniel A., Oakland, CA  
Budenz, Donald L., Miami Shores, FL  
Burkat, Cathy N., Middleton, WI  
Buzney, Sheldon M., Cambridge, MA  
Calman, Andrew F., San Francisco, CA  
Carlson, Dean W., Colorado Springs, CO  
Carter, Keith D., Iowa City, IA  
Challa, Pratap, Durham, NC  
Chaluvadi, Uma D., Indianapolis, IN  
Chang, Tom S., Pasadena, CA  
Chee, Percival H., Honolulu, HI  
Chen, Janet, Pismo Beach, CA  
Ching, Florencio C., Orange, CA  
Chiu, Cynthia S., San Francisco, CA  
Chung, Kelly D., Portland, OR  
Coats, David K., Houston, TX  
Coleman, Jamie M., Walla Walla, WA  
Cosgrove, Patricia A., Bozeman, MT  
Craven, E. Randy, Parker, CO  
Davidson, Richard S., Denver, CO  
Davitt, Bradley V., St. Louis, MO  
Dieckert, J. Paul, Belton, TX  
Donahue, Sean P., Brentwood, TN  
Eller, Andrew W., Pittsburgh, PA  
Emerick, Geoffrey T., West Hartford, CT  
Emerson, Michael V., Minneapolis, MN  
Epley, K. David, Woodinville, WA  
Fawzi, Amani A., Los Angeles, CA  
Feder, Robert S., Chicago, IL  
Feil, Stanley H., Visalia, CA  
Feiz, Vahid, Sacramento, CA  
Feldon, Steven E., Rochester, NY  
Foster, Jill A., Columbus, OH  
Foster, William J., Houston, TX  
Frambach, Donald A., Ventura, CA  
Fredrick, Douglas R., Stanford, CA  
Gans, Lawrence A., Hazelwood, MO  
Garcia, Denise D., Gilbert, AZ  
Garcia-Ferrer, Francisco J., Sacramento, CA  
Gardner, Kathryn M., Santa Monica, CA  
Garrity, James A., Rochester, MN  
Gatley, Devin M., Portland, OR  
Gigantelli, James W., Omaha, NE

Godley, Bernard F., Galveston, TX  
Golnik, Karl C., Terrace Park, OH  
Gossman, Mitchell V., St. Cloud, MN  
Grajewski, Alana L., Minneapolis, MN  
Gray, Andrea V., Roseburg, OR  
Grodan, Lewis R., Tampa, FL  
Gross, Ronald L., Houston, TX  
Hausheer, Jean R., Leawood, KS  
Hered, Robert W., Jacksonville, FL  
Herman, David C., Rochester, MN  
Hester, Ralph B., Oklahoma City, OK  
Hewes, Eva H., Los Altos, CA  
Hopen, Gary R., Hollywood, FL  
Horn, Erich P., Piedmont, CA  
Horns, Dorothy J., Edina, MN  
Hsu-Winges, Charlene, Hillsborough, CA  
Hug, Denise A., Lenexa, KS  
Hunt, Michael G., Ft. Worth, TX  
Husted, Roger C., Monterey, CA  
Hwang, Thomas S., Portland, OR  
Imes, Richard K., Alamo, CA  
Jahan-Parwar, Bobbie L., San Marino, CA  
Jarus, Glen D., Whittier, CA  
Jeng, Bennie H., San Francisco, CA  
Joffe, Leonard, Tucson, AZ  
Johnson, L. Alan, Reno, NV  
Kalina, Paul H., St. Louis Park, MN  
Karr, Daniel J., Portland, OR  
Katz, Raananah S., Plantation, FL  
Kaye, Laurence D., Tucson, AZ  
Keenum, Deborah G., Billings, MT  
Khan, Amir R., Rochester, MN  
Kidwell, Thomas P., Rancho Cordova, CA  
Kikkawa, Don O., La Jolla, CA  
Kim, Esther S. Y., Sacramento, CA  
Kim, Jonathan W., Palo Alto, CA  
Kim, Stella K., Houston, TX  
Kline, Lanning B., Birmingham, AL  
Krauss, Howard R., Los Angeles, CA  
Lauer, Andreas K., Portland, OR  
Lee, Katherine Ann, Boise, ID  
Leonard, Robert E., Edmond, OK  
Lin, Christopher, Redding, CA

Lin, Shan Chi, San Francisco, CA  
Liu, Don, Columbia, MO  
Lloyd, Mary Ann, Palo Alto, CA  
Lu, Kenneth L., Arcadia, CA  
Macy, Jonathan I., Los Angeles, CA  
Mansberger, Steven L., Portland, OR  
Margulies, Linda J., Martinez, CA  
Masket, Samuel, Los Angeles, CA  
Mathers, William D., Portland, OR  
Mathews, Robert C., Bend, OR  
Mazzoli, Robert A., Steilacoom, WA  
McKillop, Brian R., Seattle, WA  
McKinney, J. Kevin, Oregon City, OR  
McLeod, Stephen D., San Francisco, CA  
Merrill, Pauline T., Oak Park, IL  
Meyers, Stephanie J., Omaha, NE  
Mitzel, Duane L., Scottsdale, AZ  
Moorthy, Ramana S., Indianapolis, IN  
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Stock, E. Lee, Grafton, WI  
Walker, Jonathan D., Ft. Wayne, IN

## Four directors complete their terms, leave lasting imprint on

### Martin Wand, M.D.

Dr. Wand is the immediate past chair of the ABO and guided the development of the Board's current strategic plan.

**Dr. Martin Wand** completed his term as Director of the ABO in December 2010. During his tenure on the ABO he was actively involved in the Finance and Oral Examination committees.

He was instrumental during his 2010 Presidency to embark the ABO on a journey of strategic planning. As an outgrowth of this effort, the Communications Committee was established, which has been instrumental in developing awareness of ABO activities. The strategic planning process is now an ongoing process. We owe a great vote of thanks for Dr. Wand's leadership.

Martin was born in China and immigrated to the United States in 1950 through Ecuador and became a naturalized citizen in 1965. He subsequently graduated from Yale Medical School and completed his residency and fellowship training in Glaucoma at Massachusetts Eye and Ear Infirmary of Harvard University.

He is in private practice in Farmington, CT while continuing to do research and teach at the University of Connecticut School of Medicine. He is the recipient of many awards including the Lifetime Achievement and Secretariat Awards from the American Academy of Ophthalmology, and served as chair of the AAO Council.

While highly respected as an innovator, teacher and leader, we will remember him fondly for his personality. Martin has a great sense of humor which he is able to use adroitly during contentious discussions. He is proud of his family: Karen, his wife of 45 years, as well as three sons and four grandchildren. Martin has a great love of the grape, especially the fermented variety. His winery trips are always fun as he provides his oenological knowledge.

Martin's leadership and guidance during his tenure have been invaluable to the ABO and the Profession of Ophthalmology. Thank you, Martin.

—James C. Orcutt, M.D., Ph.D.



### Ivan R. Schwab, M.D.

The ABO shall greatly miss the keen insight, scintillating wit, and warm personality of **Dr. Ivan R. Schwab**.

His service to the Board encompassed many areas, and was marked by his consistent emphasis on practicality and increasing the value of certification and MOC to the diplomates.

His ideas were often novel, frequently thought-provoking, and always expressed with eloquence and respect.

His possession of a sharp but open mind, and desire to compromise without sacrificing core principles enhanced with wisdom of the decisions and actions of the Board.

Ivan's remarkable career in medicine includes stints as a departmental vice chair



and chair and medical or service director of a variety of entities.

He has lectured worldwide and delivered nine named lectures. Ivan has authored 150 peer-reviewed papers, over 30 book chapters, and almost 100 letters and entertaining editorials. His knowledge of evolutionary biology and visual development is extraordinarily extensive, and he is completing a massive work on this topic to be published later this year.

In preparation for this publication — and undoubtedly a whirlwind book tour — Ivan has scaled back his clinical duties at UC Davis. His additional free time will allow him to travel more with his lovely wife, Nora (both ardent birders), spend more time with his son Nathan and his wife, and pursue his most long-standing passion — West Virginia University football.

—R. Michael Siatkowski, M.D.

# certification policies, exam processes and programs

## Suzanne T. Anderson

Ms. Anderson was the first public member to serve two full terms with the ABO. Her efforts, particularly related to governance and administration, helped redefine the role and the necessity of public directors for the organization.



Physicians are not renowned for embracing input from others on matters of professional competence and certification. But whenever **Suzanne T. Anderson** had something to say, we were all ears.

The American Board of Ophthalmology was very fortunate to have Sue as a public member from 2003 to 2010, and she has left an indelible mark on the ABO. Most notably, since having Sue on the Board, I don't think that any member of the ABO could imagine us conducting the Board's activities without a public member's input. It is hard to imagine a decision we made during that time in which she was not a discussant.

Sue's background as a Health Care Management Consultant, and her prior work with the American Board of Medical Specialties gave her a tremendously useful knowledge base for her work on the ABO. She was an amazing resource regarding Board Governance, Finance and Conflict of Interest often leading subcommittees. She handled these sometimes divisive issues with aplomb; showing great patience and perseverance to eventually reach a workable consensus.

Of course, a great contributor like Sue was not going to go quietly into the night. She was quickly picked up as a Member-at-Large for the National Board of Medical Examiners and the Federation of State Medical Boards (now if we could just get her on one of those Congressional Health Care Commissions). We will certainly miss Sue's camaraderie and participation in our meetings, but we wish her great success and enjoyment with her future activities.

—David J. Wilson, M.D.

## David M. Meisler, M.D.



**Dr. David M. Meisler** was Chair of the Oral Exam Committee, where he was responsible for overseeing exam activities and the complex process of oral prop development.

Originally from Cleveland, he attended medical school at Ohio State and completed his residency training at Northwestern University. His expertise in cornea, external diseases and uveitis began with fellowships at the University of Iowa and the Proctor Foundation in San Francisco. Dr. Meisler

Dr. Meisler was the first Oral Examination Committee Chair to organize an Item Review Meeting to develop better oral props.

has spent the entirety of his nearly 30-year career at Cleveland Clinic where he is currently Clinical Professor of Ophthalmology.

Serving as a fellow in San Francisco during the early days of the AIDS epidemic, he saw firsthand the many infectious ocular complications of HIV. Building on this early clinical experience, he developed an interest in ocular inflammation and infection and was involved in numerous studies describing some of the earliest clinical reports on microsporidial and *Acanthamoeba* keratitis, infectious crystalline keratopathy, and *Propionibacterium acnes* endophthalmitis.

His curriculum vitae, which contains over 200 manuscripts and book chapters, tells the story of a diligent clinician, experienced surgeon, and keen observer who collaborated extensively with many great pioneers in the field of cornea and external disease.

We have come to know David as a warm, dependable and valued colleague who approached his duties with seriousness, but not without maintaining his wry sense of humor. His hard work, humility, wisdom and carefully chosen words were always appreciated. We will miss his camaraderie, and we wish the best to David, his wife, Eileen, and his three teenage sons, Evan, Adam and Steven.

—Keith H. Baratz, M.D.

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# Dates and Deadlines

## Initial Certification Examinations

Examination	Registration Deadline	Fee	Location
2011 Fall Oral Exam - October 14-16	July 15, 2011	\$1650	Cambridge, MA
2012 Written Qualifying Exam (WQE) - March 27	August 1, 2011	\$1650	Nationally-distributed Prometric test centers
	Late Deadline: October 1	\$1950	
2012 Spring Oral Exam - June 1-3	February 15, 2012	\$1650	San Francisco, CA

## 2011 Maintenance of Certification Activities

Component	Availability	Fee	Accessible
Office Record Review (ORR)	February 15 to December 31	\$775	Online
Periodic Ophthalmic Review Tests (PORTs)	February 15 to December 31	Two free; \$100 per additional	Online
Demonstration of Ophthalmic Cognitive Knowledge (DOCK) Exam	Register February 15 to June 1	\$775	Register online
	Late Deadline: August 1	\$1075	
	Exam given September 1 to 30		Nationally-distributed ACT test centers

The mission of the American Board of Ophthalmology is to serve the public by improving the quality of ophthalmic practice through a certification and maintenance of certification process that fosters excellence and encourages continual learning. Certification intends to provide assurance to the public and the medical profession that a physician has successfully completed an evaluation designed to assess the knowledge, experience and skills requisite to the delivery of high standards of patient care in ophthalmology. Maintenance of Certification is meant to assure that members of the profession continue their education, keep current in information and skills, and practice in a contemporary manner.