

APRIL 28, 2009

THE OTHER SIDE OF THE STORY: OD BOARD CERTIFICATION

Sue,

This is one of the worst written "Surveys" I've ever seen. As evidenced by using words like "ALL" in questions, it is drafted to produce the result the writer wants, not to ascertain the views of those taking the survey.

And, let me add a question or two that the AOA didn't ask:

- A. A. Do you believe all board certified doctors are competent?
- B. B. Do you believe, if optometry had a voluntary board certification program, it would prove to all insurance companies that all board certified doctors are competent and should therefore be permitted to be providers on their plan?
- C. C. Do you believe it benefits optometry to create two classes of optometrists, those that are board certified and those that are not?
- D. D. Do you believe the Board Certification proposed by the AOA, which requires no residency training and does not certify doctors in a specialty, will be used against optometry by organized medicine when optometrists seek to expand their scope of practice?
- E. E. If optometry creates a board certification program, do you believe some third party payers will require board certification to be on their panel?
- F. F. Do you believe it would be better for optometry if the AOA represents all optometrists than if they focus on advancing and protecting the interest of only board certified optometrists?
- G. G. Do you have any objection to spending up to \$10,000 to become board certified before any third party payer has indicated that they will ever require board certification of optometrists?
- H. H. Do you believe it is appropriate to ask delegates to the AOA convention to vote on Board Certification before their constituents have been given an opportunity to review the proposal in its final form?

Those are a few of the questions the AOA did NOT ask! Sue, to be fair and equal, the MOA needs to present **both** sides of the 'board certification' question. I would hope you will do so.

James Reeves, OD

This is how I will answer the questions:

Health Care Reform & Board Certification

1. Do you believe the health care world in which you practice has undergone significant changes in the last 20 years? Yes

No

I think we can all agree that health care has changed in the last 20 years. So?

2. Are you familiar with the Value Driven Health Care Reform that is currently taking place across the country and that is being pushed by both Republicans and Democrats? Yes No

Details can be found at <http://www.hhs.gov/valuedriven/>

The idea is to increase competition by making available information on price and quality. Quality of physician services is based on taking patients with a given condition and measuring what percent of tests that should be done were done (e.g. for COAG, optic nerve evaluation, for ARMD, counseling on anti-oxidants, etc.). Notably, nowhere in the voluminous information is Board Certification or "continued competency" of physicians mentioned.

3. Is it possible that Value Driven Healthcare may hurt the profession and practice of Optometry? Yes No

I don't see how any more than it may hurt any doctor who will face disclosure of their prices, which, in the case of OD's, will probably help us. It will reward doctors that meet clinical guidelines for care, and will reward doctor's that do so in a cost effective (e.g. they charge less) way.

4. Do you believe the insurance companies and the government will continue to attempt to reduce the amount of reimbursement that doctors receive for the care they provide? Yes No

Undoubtedly.

5. Do you believe the reduction in fees will be done based on: Yes No
Overall equal reduction for all providers? Yes No

To some extent.

Variable reduction based on performance and outcome criteria set by the government or insurance companies? Yes No

No -- according to the initiative, the government is going to let the public drive this based on transparency of costs and "quality" as measured through the procedure described above.

Reduction in fees based on government and insurance companies' review of your abilities and performance as a doctor? Yes No

No, not according to the initiative.

Patient perceptions of your abilities as a doctor? Yes No

You mean based on your personality? No, not likely.

All of the above? Yes No

Fees will continually be increased equally for all doctors? Yes No

Other? Yes No

Other (please specify)

6. Are you aware that insurance companies are currently 'steering' Patients to the doctors they rate as better by increasing the patient copays for the less acceptable doctors? Yes No

This is a grossly misleading use of the term "better." They STEER patients to the doctors that have agreed to accept a lower fee from the insurance by being a participating provider and agreeing to contracted rates. To the insurance company, that makes a doctor "better." That is, BETTER = CHEAPER. There are no standards for measuring better clinically.

7. Do you believe that in the future the government and insurance companies will want evidence of the quality of services that they are paying for? Yes No

Most likely, based on outcome analysis and in accord with the measures described above.

8. Do you believe patients prefer doctors that have demonstrated that they are current in their knowledge and skills? Yes No

No, since patients have no idea. That said, there is no doubt that patients would prefer the best trained most up to date doctor. Few patients seek out doctors that have no current knowledge or skills!

9. Do you believe that all Optometrists who sit through the minimum CE hours required by your state for relicensure are current and competent? Yes No

To phrase the question with the word "ALL" is to drive the answer sought. And "current" is not the same as "competent." These are two very different things. Some very good doctors are not necessarily "current" as compared with the doctors in a major research center like the Mayo Clinic. That doesn't make them incompetent.

"ALL" is not a fair measure. I do not believe ALL Board Certified [pick a specialty] are current and competent. I don't believe all members of the AOA Board of Directors are current and competent either.

I do believe that MOST Optometrists that attend the CE courses they are required to attend and keep up with the current journals are reasonably current. Whether or not they are competent is another thing. CE does not make one competent. It may be necessary, but it is not sufficient.

10. Do you think the government and insurance companies think all doctors who take their minimum CE hours are current and competent? Yes
No

Of course, not. If that were the case it would be a given that ALL licensed doctors in good standing are current and competent.

11. Do you believe it is acceptable for Optometry to be the only doctoral-level prescribing health care provider that does not have a voluntary continued competency program available? Yes No

Does it matter if it's voluntary or not? What's the relevancy of it being voluntary. If it's voluntary, it is, in fact, not relevant because one need not participate by definition. Would it not be FAR FAR better for a continued competency program to be required for one's license so that the public KNOWS the doctor has done it? Kind of like how one must attend a certain number of CE courses to keep one's license???

12. Do you believe it is a disadvantage for Optometry to be the only doctoral-level prescribing health care provider which does not have a voluntary continued competency program available? Yes No

No, because we have a REQUIRED one (state mandated CE in our profession) which is FAR FAR superior to a voluntary one!

13. Do you believe a voluntary program to educate a doctor beyond entry-level competence (the competence needed to become initially licensed), would result in improved patient care, better patient outcomes of treatment and a more successful practice? Yes No

This exists today -- any doctor can attend as many CE courses as he/she wishes, and do whatever he/she wants to do to be a "better" educated doctor. There are countless opportunities out there to voluntarily take courses to improve one's level of care and education. Why do we need another one???

14. Continued Competence of all non-optometric doctors in the United States is measured with a Maintenance of Certification program. Are you aware that to participate in this continued competence program requires a doctor to be Board Certified? Yes No

What? "ALL Non-optometric doctors?" You mean EVERY SINGLE DOCTOR in the US? This question is making a statement of fact which is subjective and undefined, and probably outright false. Many would say that "continued competence" is measured in a number of ways such as peer review in hospitals, outcomes (how many of your surgery patients died?), and meeting state licensing requirements.

15. Have you reviewed the Value-Driven Health Care/Board Certification presentation on the AOA Web site? Yes No

No, because it is AOA propaganda riddled with false assumptions and leading statements instead of setting forth an objective and critical examination of the pros and cons of the issue. The AOA is advocating, not educating. They are not opening a dialogue, they are pursuing THEIR agenda based on false premises and misleading information.

16. During the past year have you read the information on Board Certification: on the AOA Web site? Yes No

No, see above. Of course, since it's constantly changing it's not relevant in any event.

in the AOA News? Yes No

on the AOA eNews? Yes No

in the Optometry: Journal of the AOA? Yes No

in other Optometric publications Yes No

from information sent out by your association by email? Yes No

from information sent out by postal mail? Yes No

on online opinion blogs? Yes No

on the Joint Board Certification Project Team Web site? Yes No

attended presentations at state meetings? Yes No

attended presentations at society or local meetings? Yes No

17. Do you believe Optometry's future is best protected by Optometry being able to demonstrate continued competence to the government, insurers and our patients? Yes No

Yes and No. Our future is best protected by educating the government, insurers and patients that we are exceedingly well trained, have state mandated CE requirements far in excess of most professions (note that there is no licensing of medical specialties, so, unlike us, they have no state mandated CE requirements in their specialty!), the lowest malpractice rates in the medical professions, and extensive peer review.

18. Do you believe that in the future Optometry should be a full member of the health care team with other health care professions and have a program to demonstrate continued competence similar to other doctoral-level prescribing health care professions? Yes No

Yes to the first half, but no to the second because OUR profession already has state mandated CE requirements, unlike the medical specialties, which do not. The survey is comparing apples to oranges in order to steer the result. First, whether or not we are a "full member of the health care team" has nothing to do with demonstrating continued competence. Second, there is no evidence of a lack of competence. Third, unlike medical specialists, who have no state mandated training in their field, we have extensive state mandated CE requirements to keep our license.

19. Do you think that it is the responsibility of your elected leaders to watch the changes in the healthcare world that may affect Optometry and to recommend programs to the membership to help optometry overcome or benefit from future changes? Yes No

Yes, absolutely. But in a responsible way that does not HARM optometry in the process. Those leaders have as much, if not more responsibility to PREVENT the implementation of "changes" which would harm optometry, including self-imposed changes.

20. Do you think that failure to demonstrate continued competence on a Test should automatically cause a doctor to lose their license as suggested by other organizations? Yes No

Well, let's see. If a doctor has failed to demonstrate competence, should he be practicing? Is this as stupid a question as it seems? If a doctor is NOT competent he should lose his license, absolutely. The question is, what is competence? How is it measured? What DEGREE of competence?

21. Do you think any Board Certification process and the Maintenance of Certification for Optometry program should have strong practitioner input? Yes No

It should be WANTED and SUPPORTED by a significant number of practitioners after it has been fully vetted and debated. If the profession -- the guys and gals in the field -- do not want it and believe it would do far more harm than good, it is not ready. The AOA should respect the wishes of the broad majority of practicing optometrists and not impose its own view against the wishes of the "rank and file."

22. Understanding that the Board Certification proposal is still being modified based on member recommendations and that it may be amended at the AOA House of Delegates, is it your current opinion that the AOA should participate in the proposed formation of the American Board of Optometry? Yes No

ABSOLUTELY NOT. Until a final proposal is there, and the delegates have had a chance to go over it with their memberships and get their views, the AOA should NOT be doing anything.

Off the Cuff: Smoke and Mirrors

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President



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April 3, 2009

Dear Affiliate Association Leaders:

When the Joint Board Certification Project Team presented its draft model for board certification to the affiliate leadership in January, AOA made two commitments: we would listen to the concerns of the membership, and we would bring it to a vote in the AOA House of Delegates in June.

Beginning with that meeting -- where the project team made sure that every question was answered -- we have made every effort to listen to the concerns of AOA members and affiliate leaders. We are continuing to have questions and answers in the pages of *AOA News*, on the AOA Web site and to publish comments and letters on my blog. The AOA Board, the project team and others have made a serious effort to communicate with affiliate and regional members to continue the dialogue and to listen to all points of view.

The project team has listened to concerns and has made a number of changes to the proposed Board Certification model as a direct result of input from the members. Most prominently, we are now establishing a "board eligible" status for ODs who are qualified to take the exam but have not yet done so.

I think you will agree that we have lived up to our commitment to listen. We intend to follow through on the commitment to have a vote in June as well.

It is my hope, however, and the hope of the project team, the board, and the many others who have worked hard to create a model for board certification worthy of our great profession, that you will afford us the opportunity to present the final model before deciding how you will vote on it. We also hope those optometrists who have only heard one side of the debate, or been subjected to misinformation, will have a chance to hear more.

I know many of you are holding meetings in the next few weeks, and I am asking you to hold off making any final decision on a state position or on instructing your delegates to vote a particular way. What your members would be voting on today may well be different by the time this motion goes to the House. Please keep your options open so that your delegates can benefit from the additional information and discussions at Optometry's Meeting®. We will continue to send you and your members material relative to this issue on a regular basis to aid in your discussions.

There is a great deal at stake for our profession. It is my hope that the deliberation will be unfettered and robust; and at the conclusion we are all able to say the profession has progressed, our members were well represented, and we have done the right thing for our profession.

I thank you for your service to our profession and our shared commitment to a stronger future.

Sincerely,

Peter H. Kehoe, O.D.

cc: AOA Board of Trustees



While the official letter from AOA President Pete Kehoe to state affiliates (shown above) speaks for itself, let's read between the lines.

Finally, the AOA admits that once again, it is the primary driver behind "board certification". In its frenzy to win support for the proposal, it has systematically targeted state associations and key opinion leaders. But, even with a well-crafted PR blitz and intense behind-the-scenes political wrangling, opposition to the AOA/JBCPT board certification proposal continues to grow. The groundswell of opposition has not been lost on the AOA leadership. It is the very reason why this letter was sent to your state association.

The letter reveals how the AOA intends to deal with this growing opposition. Incredibly, our AOA President requests that states hold off on taking a position; that they keep their delegates uncommitted **regardless of how the state's membership voted**. What could possibly justify something so incredibly high-handed? President Kehoe tells us that the AOA/JBCPT proposal is still in flux and we should wait for the final version, which, of course, will only be revealed at the AOA House of Delegates *right before the decisive vote takes place*. In other words, regardless of how you or your fellow AOA members feel about the proposal and its merits, the AOA wants a last desperate chance at buttonholing, brainwashing and arm-twisting your state's delegates into submission.

The audacity of this stuns me! What has the AOA been doing all this time? Whether pro or con, everyone understands that adoption of a board certification process will be one of the most important decisions our profession will ever make. The AOA seems far more interested in rushing through an ill conceived and incomplete proposal than it is in doing the right thing for the profession. What incredible chutzpah!

As an aside, you may have also noticed the reference to "board eligible" in the letter. This obsolete term was once used to describe specialists who completed a residency, but had not yet taken their board exams. The AOA has resurrected it to appease members they believe are resistant to taking the additional tests needed to qualify for their pseudo-certification. Remember that the primary goal of the AOA board certification proposal was reputedly to prove ongoing competence beyond entry level. Accomplishing this without testing should prove quite the challenge!

I am certain that your state's leaders have more respect for you than the AOA board apparently does. I trust that they will fulfill their duty to represent you fairly. I urge you to make their jobs easier. Make sure that your feelings about this important issue have been communicated to your state's leadership.

The only way this will pass is if we allow it to. The future of our profession is still very much in our own hands.

P.S.: Check the [OP Blog](#) for new emails.

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Off the Cuff: Reality Check, Part 1

First, a few notes: Many of you using other than Windows-based computers were unable to vote in last week's poll. To ensure that your voice is heard, we are keeping the poll open. You may vote (or check to ensure your vote registered the first time) by using the web-based version of *Optometric Physician*, which works with all operating systems. It can be accessed by [clicking here](#). I will post the results after everyone has had a chance to vote.

My sincere thanks to the more than 100 colleagues and friends who wrote to express their thoughts regarding last week's editorial and the AOA/JBCPT proposal. The volume was so overwhelming that I was unable to respond to many of you. However, I have posted all e-mails on [OP Blog](#) and encourage you to read what your colleagues are saying. I have posted all emails anonymously because a number of writers, some well recognizable, feared retribution, as sad as that sounds.

As I write this, state optometric associations are formulating their positions on this critically important issue. I urge you to contact your association, the officers and Executive Director to express your views. I also encourage you to share [last week's editorial](#) as well as the [information provided by the AOA](#) with your colleagues who may otherwise not have access to this information. Everyone should have the opportunity to formulate their decision based on the facts rather than just accepting that "it's good for the profession". I also recommend visiting www.ODWire.org, which has several active posts discussing this issue.


In the interest of providing additional perspective on the debate about the AOA/JBCPT "optometric board certification model" this week, *Optometric Physician* offers a counterpoint to several key "Frequently Asked Questions of the JBCPT" that has been posted on the [AOA web site](#).

Q: How does the Joint Board Certification Project Team define or describe board certification in optometry?

A: The JBCPT defines board certification as: A voluntary process that establishes standards that denotes that a doctor of optometry has exceeded the requirement(s) necessary for licensure. It provides the assurance that a doctor of optometry maintains the appropriate knowledge skills and experience needed to deliver continuing quality patient care in optometry.

OP: Optometry is a legislated profession and the only body legally entitled to determine appropriateness of knowledge and or skills are our state boards. The North Carolina State Board of Optometry recently reaffirmed its sovereignty with this [statement from its Board](#) that specifically addresses "board certification". This raises significant questions about the legality of board certification in some states as well as infringement on state laws and rights.

In truth, any form of board certification regardless of merit, is unlikely to remain voluntary once enacted. Managed care plans, insurers, hospitals and government agencies may attempt to use board certification as an exclusion criteria, even if not recognized or legal by a state board.



Are you in favor of the current AOA/JBCPT proposal for optometric board certification?

Yes

No

No opinion or undecided

[Submit Result]

If you do not receive confirmation of your vote, please [click here](#) to vote using the web-version of *OP*.

Q: Why study board certification at all, and why now?

A: There is also a growing interest by managed care organizations and federal programs to address employer and patient inquiries regarding the quality of care offered. One option available to them is to consider requiring board certification for participation on a panel.

OP: This is at best conjecture and more a scare tactic than a likelihood. It is unlikely for any organization or agency to demand board certification of a provider group that does not have such a process. If that were the case, dental care would essentially cease being available in the U.S. There is a clear interest in assuring quality of care through maintenance of certification (MOC) and demonstrations of competency (DOC) metrics. AOA/JBCPT has focused on board certification. There are a variety of other options available to access quality of care. See the [AARP position paper](#) for more details.

The healthcare community is also seeing new legislative initiatives, most recently introduced in Virginia, to accomplish this end result. Legislation that was introduced in Virginia was not introduced by the profession or by the legislature. It was instead introduced by a local AARP affiliate. AARP, as you know, is probably the single most dominant citizen advocacy group today. These initiatives seek to ensure that health professionals have demonstrated ongoing competence.

OP: [AARP recommendations](#), focus on state boards and DOC for re-licensure—not board certification. The [full AARP recommendation](#) encourages alternative means for MOC with no recommendation for board certification as a requirement. It should be noted that optometrists were not consulted during the VA AARP fact finding despite the importance of the AARP nationally.

There are also states that have started to propose laws for study commissions to look at requiring board certification as a condition of license renewal. In 2006, as a result of proposed legislation, the governor of Washington created a work group that is looking at requiring continuing competence for MDs. Additionally, in Oklahoma, discussions were held in the 2008 legislature to require board certification of pediatricians, though no action was taken.

OP: Notice the state focus and discussion regarding pediatricians and MDs. Recommendations for BC have had nothing to do with optometry. It is exceedingly unlikely that a state would demand board certification of a non-boarded state regulated and licensed profession, especially when implementation would likely raise the cost of care. The cost for BC over 10 years has been estimated at exceeding **\$25,000** not including time lost from practice.

Next week, I will finish up the Optometric Physician counterpoint to the JBCPT's "Frequently Asked Questions" on the AOA web site.

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Off the Cuff: Reality Check, Part 2

As I write this, I am looking out on the harbor in Sydney, Australia. This is our second stop on a two-week journey down under. I was an invited keynote speaker at the New Zealand Cornea & Contact Lens Society meeting and was joined at the podium by an esteemed group of optometrists and ophthalmologists from around the world. The meeting itself was truly exceptional, but what struck me most was the cohesiveness and cooperation between New Zealand's ophthalmologists and optometrists. Sincere thanks to the organizers for an unforgettable experience. My hope is that one day we can achieve the same level of interprofessional cooperation and mutual support in the U.S.

While my travels have kept me busy, e-mails about "board certification" have continued to flood in. I am considering reprinting several reader's letters over the coming weeks to add to the dialog. Leading up to the AOA Congress in June, I will continue to focus on this crucial issue. I again urge you to share your own perspective with your local and state society leadership. I have heard that some states have already made decisions—in some cases without bothering to seek membership consensus. State and local society leadership must know what you think if you expect them to effectively represent you.

The following is part two of *Optometric Physician's* "Reality Check," a counterpoint to the AOA/JBCPT FAQ.

Q: Who is asking for board certification?

A: Consumers, managed care organizations, federal regulatory agencies, state legislatures, insurers, the government and other third parties are the driving forces behind this change.

OP: There is not one piece of credible evidence to support this assertion regarding optometry. The only ones asking for "board certification" are the AOA/JBCPT.

Q: Is the AOA driving this process?

A: No. This is a profession-wide effort with input and direction from representatives of six optometric organizations comprising the Joint Board Certification Project Team (JBCPT) that include the American Academy of Optometry (AAO), the American Optometric Association (AOA), the American Optometric Student Association (AOSA), the Association of Regulatory Boards of Optometry (ARBO), the Association of Schools and Colleges of Optometry (ASCO) and the National Board of Examiners in Optometry (NBEQ).

OP: The reality is that the AOA has stated and restated a positive position on board certification. As such, it has been the driving force. AOA Board of Trustees have engaged in a road show touting "board certification" at state association meetings for well over a year. President Pete Kehoe's editorial in last month's *AOA News* is the most recent example of the AOA pro-BC perspective. In addition, the AOA has engaged in what can best be described as a large scale *PR campaign*. The role of the AAO and other JBCPT participating organizations will be explored in a future "Off The Cuff."

Q: Have any ODs been rejected from plans because they weren't board certified?

A: To our knowledge, no optometrists have been excluded from plans or rejected due to a lack of board certification. However, independent web sites, such as www.healthgrades.com, and others are already using board certification as a means to pre-qualify a patient's search for a physician. These sites are expected to proliferate and be provided at no cost to consumers. Additionally, the Centers for Medicare & Medicaid Services (CMS) require "board certification" for a provider to be part of the CMS sponsored and paid-for medical home program. The program is currently limited to MDs/DOs. Programs such as the Physician Quality Reporting Initiative (PQRI) and Pay for Performance may require board certification in the future.

OP: No OD has ever been excluded from any plan, hospital or any other program due to a lack of board certification. Our exclusion is due to other issues that remain unaddressed. The web site www.healthgrades.com is limited to physicians and dentists.

ODs are excluded, but not because they lack board certification. Also, the site does not list board certification status for dentists who have rejected board certification for general practice.

Note the following misleading statements above: "The program is currently limited to MDs/DOs." Again, this is not because optometry lacks board certification. "Programs such as the Physician Quality Reporting Initiative (PQRI) and Pay for Performance may require board certification in the future." This is mere speculation and unfounded. It is unlikely that any program would force board certification upon a profession.

Q: If there aren't any ODs who have been rejected so far, why should we go through all this?

A: Optometry cannot afford to wait until it's too late. Health care is evolving and the expectations for providers are changing. Optometry is currently the only prescribing doctoral-level healthcare profession (other than the relatively new Doctorate of Nursing) that does not have a process such as board certification for individual providers to use as a measure of continued competence beyond entry level.

OP: General dentistry has a board certification process. Currently less than one half of one percent of general dentists participate in it. Board certification is not a measure of continued competence. It is awarded after specialty residency training and completion of a rigorous exam. Maintenance of certification (MOC) can exist in the absence of board certification. This important point is either overlooked or intentionally confused in AOA/JCBPT materials.

Q: Will board certification by and for optometrists be an acceptable and viable designation within the medical community, government and by third party entities?

A: Any board certification process we endorse will be designed to be verifiable, credible and able to bear the scrutiny of any outside organization. It will also be designed to help the profession provide the best possible eye care to our patients. We believe that as long as we develop the process with these issues in mind, we will be prepared for review by outside organizations.

OP: There is absolutely no guarantee that the AOA/JBCPT proposed process would be accepted by any entity or by the medical community at large. In fact, my research suggests otherwise. Optometry will stand alone with the only "board certification" in health care not based on specialty residency training. One MD asked, "are we trying to pull the wool over our own eyes?"

Q: What healthcare profession would be most comparable to what the project team is envisioning for optometry's board certification?

A: Probably the closest right now is family medicine, which is the most recent specialty to obtain board certification. An important goal for them was to develop a credible and attainable board certification program, which closely resembles our own priorities. Additionally, family medicine has the most advanced board certification and maintenance of certification processes of all of the 24 sub-specialties that are members of the American Board of Medical Specialties (ABMS). The family medicine model has been the leader in BC/MOC development.

OP: Family medicine is a medical specialty requiring residency training. Most optometrists are generalists and have not completed a residency. This comparison is weak at best and is irrelevant.

Q: Has the AOA Board of Trustees already decided that we are having board certification regardless of what AOA members or other organizations think?

A: No, at this time no decisions have been made except that the profession needs a board certification model to discuss and consider. The project team has been studying the issue and has proposed a model for the profession to discuss and evaluate. The next step is for each of the groups represented by the project team to review the model, get input from their members and determine whether and how they want to move forward with the process.

OP: There is a general concern among the majority of the profession, AOA members and non-members, that the AOA Board is driving "board certification" regardless of the wishes of the profession. The recent President's column, "Preventing History from Repeating," suggests strong support by the AOA. Comments made by AOA board

members tend to confirm this as well. Assertions to the contrary are disingenuous and can be disastrous for the AOA and optometry.

Q: Why use the term "board certification?" Why don't we use "advanced competence" or some other term?

A: We learned early on that the term "board certification" is the commonly accepted nomenclature used to denote continued competence in health care. It's a term that the public knows and understands. It is also the common currency in the healthcare lexicon used to evaluate and demonstrate continued competence of a practitioner.

OP: The term "board certification" is universally used to describe residency-trained specialists who have legitimately earned board certification. "Continued competence" describes an MOC process. Recertification for specialists can be used for MOC, but the two are clearly different. MOC can be achieved in numerous ways and should be tied to licensure, which by law is a state function.

Q: I would want to know specifically what happens if HOD votes no, since there are many other agencies involved. Will the other agencies continue to carry the torch?

A: The leadership of all the participating organizations saw the wisdom in working together with all stakeholders in optometry to study this issue. While it is thought that the decision of the AOA House of Delegates is crucial to this decision, it is possible that another group either inside or outside of optometry could move forward with a board certification process.

OP: This is nothing more than a scare tactic. There is absolutely no evidence that any inside or outside group will attempt to force a board certification process or requirement on our profession. Thankfully we live in a democracy.

Q: How will members of the American Board of Optometry be selected?

A: The JBCPT has recommended that the Organizing Board include one member of the sitting Joint Board Certification Project Team from each participating organization in order to retain the institutional knowledge of that group, and in addition, one additional member should be appointed by the American Optometric Association.

OP: Why does the AOA require two members? Unless ABO positions are voluntary and unpaid, this appears to be a conflict of interest.

Q: Has the proposed plan been presented to nationally recognized certifying organizations or government entities?

A: The accreditation of optometric board certification will be in the auspices of the American Board of Optometry if the process moves forward. The JBCPT feels strongly that it would be presumptuous of the project team to formally consult with national certifying organizations prior to the profession deciding to proceed. Such consultation could result in a mandate to proceed with certification that could be prejudicial to our debate and discussion.

OP: The AOA/JBCPT has invested significant funds and used substantial resources, yet no attempt has been made to ensure that their work product would actually be acceptable to the key certifying organizations. There is no guarantee or even a convincing likelihood that the proposed model will ever be accepted for the purposes described by the AOA/JBCPT.

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