OHIO OPTOMETRIC ASSOCIATION

May 7, 2009

Dear OOA Member:

For over two years organized optometry has been reviewing implications regarding optometric board certification. The OOA Board has followed and participated in these on-going discussions by national optometric organizations. During the past three months information has been announced regarding the direction that is being considered for board certification. Although new information continues to be developed and a final model of optometric board certification has not been determined as of the date of this letter, the OOA Board in good faith to you, our members, is publishing our opinion. That statement follows this letter.

The opinion developed by the OOA Board will be carried to the House of Delegates of the American Optometric Association, June 25-27, in Washington, D.C. The Board does not anticipate that our opinion will change during the next 45 days, but we will continue to monitor modifications that are being considered by national leadership.

We recognize that these are challenging times at the local, state and national levels and anticipate significant health care reform. Accordingly, it is imperative that optometry remains united including strong support of the Ohio Optometric Association and the American Optometric Association. We appreciate your significant interest in this matter as well as your continued support of organized optometry's efforts to maintain and advance our profession.

Ohio Optometric Association Board

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Ohio Statement Regarding Board Certification
May 7, 2009

The Ohio Optometric Association acknowledges the work that has been done by the Joint Board Certification Project Team and thanks them for their efforts.

In the interest of providing quality and competent care to our patients and with the knowledge that participation in value-driven health care reform will require a means for all health care providers to demonstrate competence throughout their career to the public, government and third party payers, the Ohio Optometric Association Board concurs with the AOA Board of Trustees that a credible and defensible mechanism of demonstrating continued competence needs to be made available to our profession.

However,

Board Certification as defined in the medical model demonstrates expertise in a particular specialty of medical practice and represents advanced competency requiring residency based specialty training.

Completion of the Doctor of Optometry degree, National Boards and appropriate state licensure requirements should be recognized as the only necessary documentation for competence to practice optometry.

Therefore we find board certification in optometry to be unnecessary to demonstrate continued competence and divisive to the profession.

Recognizing that demonstrating continued competence and the value of optometric care to the public, government and third party payers would allow optometrists to fully participate in any future healthcare models, efforts should be redirected to develop the following:

- Effective measures to show the cost/value benefits of optometric services in healthcare.
- A coordinated debate on the need for a national measure of continued competence that does not include board certification.
- Level licensure

Appendix
Discussion/Rationale for the position paper

We believe it is a critical mistake to equate board certification with continued competence. They are not the same. We feel that the optometric profession does not require board certification to be able to demonstrate a high degree of competence and public accountability. A method should be found that is a less onerous and divisive process to demonstrate proof of continued competence and the high value for the health care dollar that optometrists can provide.

Following the path that is currently being proposed would set optometry on a road that is fraught with many unintended consequences and implications. These include the assumption of a future optometric education model that will require residency training, a future requirement which could subdivide optometry into specialties such as primary eye care, pediatric care, etc. and a divisive method by which outside agencies could discriminate against optometrists who do not choose to be board certified.

We agree optometry should discuss and define its own process of demonstrating requirements such as public accountability, proof of initial competence and proof of our continued dedication to life-long learning, evidence based care and continued competence. We disagree that this requires us to accept board certification as the only path to attain this.

Board Certification represents advanced competency in a particular specialty.

As we have stated, *Board Certification*[1] *as defined in the medical model demonstrates expertise in a particular specialty of medical practice and represents advanced competency requiring residency based specialty training.*

It cannot be overstated that optometry is not a specialty within a discipline such as family practice, pediatrics, or any other example in medicine. Medicine has evolved to the point that the general practice M.D. does not effectively exist. Areas of specialty are required to practice. The American Board of Medical Specialties Member Boards currently offers 145 specialties and subspecialties for certification. The M.D. must complete a residency and then the board certification process is used to "certify" that the practitioner has obtained the necessary training to provide quality healthcare within that given specialty. This is not advanced competency but rather the necessary competency to be able to work in their selected specialty of medicine. An ophthalmologist is not an eye doctor upon completion of the M.D. or

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[1] Board certification—and the Gold Star—demonstrate a physician's exceptional expertise in a particular specialty and/or subspecialty of medical practice. [From American Board of Medical Specialties website]

D.O. degree. Optometrists are eye doctors when they finish school and are licensed. This is an important distinction that should not be forgotten.

It is often stated that optometry is "like Family Practice" and should use their model as a basis to build our system of measuring competence. The flaw in this argument is that Family Practice is a specialty within medicine that requires a medical degree followed by a three-year residency program and qualifying examinations. While their model of demonstrating continued competence might be useful in defining how we will prove our continued competence, it is not appropriate to demonstrate initial competence. Once again, we are faced with comparing apples and oranges. Optometry is not a specialty within a discipline but rather a professional degree that provides the necessary training to all O.D.s who complete the education process and pass National Boards and state license requirements.

Podiatry may predict the future of optometry's current foray into the arena of board certification. One of the consequences of their program was a push toward a significant advanced post-graduate training before being able to practice. In podiatry to be Board Qualified post-graduate candidates must complete two years of Council of Podiatric Medical Education, which must include one of several specified residency programs. To be Board Certified, candidates must complete the Board Qualification process and then document 42 months of clinical experience and/or education inclusive of residency, pass a case documentation process and oral and written exams. Podiatry's process had an unintended consequence of creating a profession that required residencies and/or post-graduate training to be licensed.

Dentistry most closely resembles optometry in that it deals with a specific component of the human health system and has the training and licensure that allows its practitioners to fully provide primary services without post-graduate specialty training or board certification. Less than 1% of general dentists are board certified. Most dentists do not become board certified because it is not necessary or required to practice and does not necessarily enhance their ability to provide high quality and competent care to their patients. For those who choose to be certified it is a long and difficult process that is obviously of little real value to the general dentist or their patients. To be certified a dentist must complete a two-year general dentistry residency, or a one-year general dentistry residency plus 600 hours of continuing education, or earn a Mastership with the Academy of General Dentistry, which requires 1100 hours of continuing education or two years of advanced education plus 300 hours of training. Acceptance of this process by the practicing dentist has been underwhelming.

It is interesting to note that according to the American Board of General Dentistry, "The [board] certificate shall not be held out to the public as evidence of superior skill and/or knowledge. The Board does not intend in any way to interfere with or limit the professional activities of any duly licensed general dentist who is not certified by this Board." If optometry chooses to make a truly voluntary system, it may be

important to include such wording to insure that those who would use board certification as a sorting tool do not discriminate against optometrists who are duly licensed to practice but not board certified.

Who is competent to practice today and in the future?

Completion of the Doctor of Optometry degree, National Boards and appropriate state licensure requirements should be recognized as the necessary documentation for competence to practice optometry.

Optometric training is specifically designed to allow the optometrist to be the primary health care professional for the eye and to examine, diagnose, treat and manage diseases, injuries and disorders of the visual system, associated structures and ocular manifestations of systemic disease. All optometrists are trained and competent to perform these services upon completion of their Doctor of Optometry degree, passing National Boards as administered by ARBO and obtaining appropriate state license as required by law. No further training or certification is required to be an optometrist and therefore advanced competency is not required to be a successful and skilled practitioner.

Does the AOA no longer feel that optometrists, as primary eye care providers, are fully capable of providing full-scope eye care based on state licensure? If entry-level competence is no longer adequate to provide good optometric care, then we must argue for residency based advanced competence in a specialty of primary eye care. Do we really need or want to have a specialty in general practice (like family practice)? If the answer is "yes," then that position needs to be fully examined and vetted to insure that the grass roots optometrist is "on board" with this new process and that our educational system can be modified to undertake such a major restructuring. It appears that the board certification debate is moving us towards requiring advanced competency. Before we climb this ladder we should be sure we are leaning it against the right wall. It would cause significant harm to our profession if we invest valuable time, effort and political capital only to find that board certification was the "wrong" wall upon which to climb.

A required residency and subsequent specialty designation in optometry should not become a reality because it is a consequence of a program that did not evaluate all of the potential ramifications of a board certification process. If the profession wishes to pursue residency requirements in the future, we should have a study and debate about that specific issue. The leaders of our educational system should direct this study and bring to the front all relevant issues such as the total restructuring of the educational programs and clinic features in today's colleges of optometry, the increased costs students would incur by adding 1 to 3 years of training and the potential challenges to recruit the number of new residency programs to handle the volume that will be required. This is not a path to be taken lightly or by accident.

Controlling our own future

It is important that optometry define its own criteria for measuring continued competence and not bow to a board certification definition that does not fit our current education process. To call something board certification that does not meet the "specialty and residency" criteria used in all other fields of health care will promote skepticism and rejection from the very parties we are trying to persuade. If our goal is to demonstrate continued competency, then we should create our own system of evaluating that competence. Many of the ideas and programs suggested by the Joint Board Certification Project Team could provide a useful starting point for discussion. Ohio optometry would look forward to being an active participant in any future discussion of continued competence.