

“Will board certification impact optometric education, and if so, how?”

*A*s I ruminates on the actions of the House of Delegates at the 2009 Annual Meeting of the American Optometric Association and the effect those actions will have on optometric education, I am distressed about the fate of the young professionals at entry into practice. In the not-too-distant future, it is likely that third-party plans will use this credential in selecting panelists for their reimbursement program. Therefore, board certification will become mandatory for doctors wishing to participate in third-party care (physicians cannot obtain hospital privileges without board certification). So a board certification program that was voluntary and merely to certify maintenance of competency will become mandatory and a prerequisite to practice in tomorrow's economy. As an aside, what happened to State Boards being the arbiter of maintenance of competency?

According to the plan, which is vague, new graduates will have three years to complete requirements to sit for the examination to become board-certified. I know of no mechanism for their inclusion in the managed-care system during the period prior to their certification by the board. Must the new graduate forego panel

inclusion? If so, from where does recompense arise? Will the panels accept them as “board eligible?” If so, from whence does that status confer? If the program of board certification is voluntary, then what differentiates the new graduate to the third-party program? In other words, if I am a third-party provider, how do I differentiate between a new graduate who is working toward board certification and one who is not working toward board certification? The immediately preceding question creates problems for those conferring “board eligible” statuses if board certification is voluntary. One other question comes to mind: How long can one spend in the “board eligible” status? If it lasts for only three years, then candidates should lose the status at year three of that status. How does that circumstance affect their status with the third-party panel? I do not believe that we should return to the days of a non-paid year of service before licensure or board certification could be conferred.

I would posit that these are but a few of the questions that must be answered to protect the public and the profession.

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The availability of board certification may be the most transformative change in optometry since the incorporation of pharmaceutical agents into optometric patient care. For the first time, optometrists will be afforded an opportunity to demonstrate competence in the principles and practice of general optometry through a rigorous and comprehensive post-licensure process. Will board certification impact optometric education? Absolutely! The initial impact will be the pursuit of faculty to serve as content experts and item writers for the various components of the certification process. Faculty also will be needed to lead continuing educational activities approved by the ABO.

Because the qualifying process that leads to board certification places a high value upon the completion of a residency, an additional short-term effect will likely be an increase in the number of applicants for existing residency positions. Projecting forward five to 10 years, it is likely the profession and ABO will expect the schools and colleges to facilitate the development of additional residency positions, including some that emphasize a focused experience on a path toward subspecialty certification.

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At the American Optometric Association's 2009 Convention, the House of Delegates voted to establish the American Board of Optometry and to begin the institution of the process of board certification in optometry. This occurred despite a seeming majority of the association's rank-and-file being opposed to the board certification concept. In parallel events on the national stage, national health care reform, seemingly a shoe-in to be passed by a Democratic Congress, has become far more controversial than anticipated and far less a sure thing. At this point, it is not perfectly clear what the model of optometric board certification will look like, and what the model for national health care reform will develop into. Despite the adversarial nature of these issues, it is highly likely that both board certification in optometry and national health care reform will be instituted in the near future in some yet-to-be-determined format.

The optometric profession has been in a constant state of change for the last 30 to 35 years. Optometric educators have most often been at the leading edge of the changes instituted into optometric practice and also engaged in a constant struggle to adapt optometric education to the increasing demands of optometry's enhanced scope of practice. The expanded scope of practice has compelled optometric educators, who are largely PhD-educated scientists, into collaborating with their colleagues who are largely clinical educators for the common ground and the links between the disciplines. The new National Board Examination in Optometry is certainly the most readily visible example of this.

Optometric board certification in its current proposed format will almost certainly inspire more interest in optometric residency programs and the increased clinical experience they represent. As we continue to vie with legislators, third-party payers, and public perception, it is highly likely that the optometric education program, which now stands at four years, will be expanded to include both an internship and a residency year as part of the standard preparation for future optometrists. This will allow optometric educators to expand didactic class work to the specific areas of our expanded scope of practice without sacrificing the traditional subjects that have made optometry such a unique and viable profession, while also allowing for the necessary clinical experience.

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The creation of the American Board of Optometry has been agreed upon by the recent signing of a memorandum of understanding between the American Optometric Association (AOA), the American Academy of Optometry, the American Optometric Student Association, and the Association of Schools and Colleges of Optometry. The 2009 AOA House of Delegates approved the formation of the American Board of Optometry and the proposed model of board certification/maintenance of certification (MOC) process. With the proposed model for MOC including concepts used in medicine's MOC programs known as Self-Assessment Modules and Performance in Practice Modules, and the recent Senate Finance Committee's Health Care Reform Bill tying the Physician Quality Reporting Initiative (PQRI) to MOC, it is likely that partici-

pating optometrists will need to demonstrate use of evidence-based medicine. As written in the aforementioned bill, demonstration of evidence-based medicine will be part of the requirements for eligible professionals to qualify for the Centers for Medicare and Medicaid Services (CMS) in PQRI incentive payments. Evidence-based medicine being brought into clinical practice to improve the quality of health and clinical care outcomes for patients is being asked for in support of clinical decision-making in health care reform. Optometric education will need to integrate more evidence-based medicine to prepare all optometrists to be ready to volunteer to participate in the MOC process. Furthermore, with residency programs playing a role in the initial board certification process, a rise in residency programs may be seen for the schools and colleges of optometry, again with the integration of more evidence-based medicine.

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