

American Optometric Association NEWS

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Volume 47

February 2, 2009

No. 10



Arol Augsburger, O.D., representing the Association of Schools and Colleges of Optometry, describes a proposed model for board certification of optometry at a meeting of state and affiliated optometric association leaders Jan. 23 in St. Louis. At right is **Mike Horstman,** chair of the International Association of Optometric Executives, who moderated the discussion. Members of the Joint Board Certification Project Team on stage are, from left, **Randolph Brooks, O.D., (AOA); David Cockrell, O.D., (AOA); Larry Davis, O.D., (Association of Schools and Colleges of Optometry); Christina Sorenson, O.D., (Association of Regulatory Boards of Optometry); Donovan Crouch, O.D., (National Board of Examiners in Optometry); Jack Terry, O.D., Ph.D., (NBEO); Thomas Lewis, O.D., Ph.D., (American Academy of Optometry); Mary Jo Stiegemeier, O.D., (AAO), Mary Phillips, O.D., (American Optometric Student Association) and Christopher Wolfe, O.D., (AOSA).** Not pictured is **William Rafferty, O.D.,** representing ARBO.

State leaders consider board certification model

The Joint Board Certification Project Team (JBCPT), formed by six optometric organizations in 2007, released a model framework for a board certification process for optometry and began presenting it to leaders within the profession.

The first presentation, to state and affiliate optometric association leaders in St. Louis, included two hours of questions and answers.

At the core of the initial board certification program will be a Patient Assessment

and Management-like examination that tests knowledge in core categories.

Beginning this month, members of the AOA, American Academy of Optometry (AAO), 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 (NBEO) will be briefed on details of the model framework by repre-

sentatives from the project team.

AOA representative to the JBCPT David A. Cockrell, O.D., noted, "For 18 months, the Joint Board Certification Project Team researched other professional health certification

See Certification, page 6



Emilio Balias, O.D., president-elect of the Florida Optometric Association, asks a question during the presentation on board certification.



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5

American Board of Optometry (ABO) Initial Board Certification Process

As proposed by the Joint Board Certification Project Team, there will be two aspects of optometric board certification:

- ❖ Demonstrating a commitment to continuing one's education in order to qualify for the certification exam and
- ❖ The examination itself.

Board Certification Examination

At the core of the initial board certification program will be a patient assessment and management-like (PAM-like) examination with areas of emphasis. Prior to the examination, candidates will choose from several bulleted topics, and their examinations will be weighted toward their areas of preferred emphasis with more questions.

Possible examination topics covering the areas of refractive status, sensory processes and oculomotor processes include:

- ❖ Ametropia
- ❖ Ophthalmic optics
- ❖ Contact lenses
- ❖ Low vision
- ❖ Binocular vision/perceptual anomalies

Possible examination topics covering the areas of disease/trauma include:

- ❖ Lids, lashes, the lacrimal system, ocular adnexa and orbit
- ❖ Conjunctiva/cornea/refractive surgery
- ❖ Lens/cataract/IOL/pre- and post-operative care
- ❖ Episclera/sclera/uvea
- ❖ Vitreous/retina
- ❖ Optic nerve/neuro-ophthalmic pathways
- ❖ Glaucoma
- ❖ Emergencies
- ❖ Systemic health

Pass/fail criteria will be established using statistical standards similar to those governing the National Boards.

General eligibility requirements prior to examination:

To be eligible to take the exam, optometrists must satisfy a number of basic requirements, such as graduating from optometry school and being licensed, and then attaining a set number of points, earned by engaging in post-graduate educational activities.

The basic requirements are:

- ❖ Graduate of school or college of optometry accredited by the Accreditation Council on Optometric Education (ACOE).
- ❖ Possession of an active license to practice therapeutic optometry in a state, District of Columbia, U.S. commonwealth or territory.
- ❖ Clearance of Search of National Practitioner Data Bank (NPDB) & Health Integrity and Protection Data Bank (HIPDB)
- ❖ Statement of adherence to American Board of Optometry (ABO) Code of Ethics
- ❖ Proof of three years active licensure immediately prior to application (*Exceptions follow)

The post-graduate educational requirements call for a minimum of 150 points after initial licensure to be eligible for the examination. These must be attained within the three years immediately prior to the examination and can be attained by the following experiences. Note that these categories have minimum or maximum points permitted.

- ❖ **Residency:** Certificate of Completion of an ACOE-accredited optometry residency is worth 150 points toward the requirement if within three years of completion of the residency, or 100 points if between three and 10 years of com-

pletion of the residency. *In addition, the three-year active licensure general requirement is waived.

- ❖ **Fellowship in the American Academy of Optometry:** Certificate of Fellowship (Clinical) in the American Academy of Optometry (AAO) is worth 50 points toward the requirement if within 10 years of completion of Fellowship. *In addition, the three-year active licensure general requirement is reduced to one year.

- ❖ **Other educational activities:** A minimum of 50 percent of points must be "Category I," which includes:

- ❖ Continuing education conferences, meetings or workshops carrying ABO-authorized credit (such as state, District of Columbia, U.S. commonwealth or territory board-approved or COPE-approved credit.)

- ❖ Continuing Education with Examination, CEE, is acceptable but not required.

No more than 50 percent of points can come from "Category II." A maximum of 20 percent of the total points can be from each of the lettered sub-categories:

A. Educational activities (such as papers and poster presentations, scientific sessions and grand rounds) provided by schools and colleges of optometry accredited by the ACOE, and medical schools approved by the Liaison Committee on Medical Education (LCME).

B. Distance learning courses, both interactive and non-interactive, with examinations that qualify for ABO-authorized credit (such as state, District of Columbia, U.S. commonwealth or territory board-approved or COPE-approved credit) upon completion. (Examples include electronic media, audio/video tapes, and journals.)

C. Educational or scientific portions of hospital meetings, local optometric or medical society meetings, or grand rounds not approved by COPE or the state board.

D. Other ABO-authorized performance in practice activities (other than self-assessment modules or performance in practice modules (SAMs or PPMs) such as Web-based quality improvement modules, record review, peer evaluation, documented point of care learning, etc.

E. An educational program of a university or college having a defined curriculum, designated faculty, and accreditation from a recognized institutional accrediting organization or an agency recognized by the U.S. Department of Education, that is designed to enhance a participant's instructional, research, administrative, or clinical knowledge and skills necessary for the participant to succeed as an educator, administrator, or practitioner in optometry.

F. Scholarly Activities

- ❖ Members of teams who develop assessment tools, including SAMs and PPMs, knowledge development for Initial and Maintenance of Certification for Optometrists, item developers for the National Board of Examiners in Optometry (NBEO), members of graduate thesis committees or AAO oral examination committees.

- ❖ Teaching health care students or health care professionals.
- ❖ Review of manuscripts for publication in a peer-reviewed optometry, medical or scientific journal.

- ❖ Publication of a clinical, review or research article in a peer-reviewed optometry, medical or scientific journal.

A third category, still under development, would include "Completion of Self-Assessment Modules (SAMs) and Performance in Practice Modules (PPMs) designed to enhance knowledge and skills significant to the practice of optometry."

All points would be subject to final approval of the American Board of Optometry.

Certification

from page 1

processes and talked to experts and practitioners throughout the country to develop this proposal. We believe it is a credible model that addresses many of the issues of interest to members of the profession."

"We hope the specifics contained in this model proposal contribute to the ongoing discussion within the profession regarding the future of board certification," said Thomas L. Lewis, O.D., Ph.D., AAO representative to the JBCPT.

"It is vital to demonstrate to our patients, as well as to health care advocates, the federal government, and managed care programs, that a doctor of optometry meets high standards of competence," said Arol R. Augsburg, O.D., ASCO representative to the JBCPT. "The model we've proposed should help us determine how the profession can best meet those demands."

A key area of the proposed certification process is demonstrating a commitment to continuing education in order to qualify for the certification exam.

"We wanted to design a model based partly on continuing education but to make sure that the requirements were flexible enough to apply to optometrists in general practice," said AOSA representative to the JBCPT, Christopher S. Wolfe, O.D.

The proposed post-graduate educational requirements call for optometrists to attain a minimum of 150 points after initial licensure to be eligible for the examination. These points may be attained in a number of ways such as residency, Clinical Fellowship in the American Academy of Optometry and/or other educational activities

See Certification,
page 7

Project team outlines maintenance of certification procedure

While the initial certification process has garnered the most attention within the profession, it is optometry's ability to demonstrate continued competence that is most important to third parties.

"Maintenance of Certification," as the process is called, will entail keeping a current, valid, unrestricted, therapeutic license; continuing education (CE); self-assessment modules (SAMs); a clinical validation of skills through Performance in Practice Modules (PPMs); and an examination every 10 years.

During that 10-year period, optometrists would be expected to satisfy requirements in continuing education and practice performance assessments. In that way, participating optometrists could demonstrate that they have knowledge and practice skills that have kept pace with best practices and clinical knowledge.

Details on the maintenance of certification aspect of the Joint Board Certification Project Team's (JBCPT) work will appear in the next *AOA News*, along with coverage of

questions posed to the JBCPT and the answers they have provided.

The initial model proposed by the JBCPT has been favorably received by outside organizations.

"Given your limited number of accredited training programs, I think that the options that you have created for acceptable pathways to certification are very reasonable. Congratulations on the development of an excellent document," noted James C. Puffer, M.D., president and chief executive officer of the American Board of Family Medicine.

Certification

from page 6

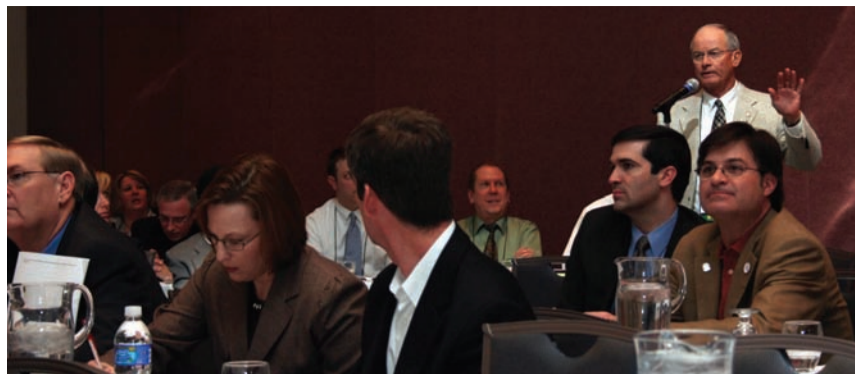
including continuing education.

Once practitioners become board-certified, maintenance of certification as a means of demonstrating continued competence is an important part of the process. Self-Assessment Modules (SAMs) and Performance In Practice Modules (PPMs) designed to enhance knowledge and skills significant to the practice of optometry are in their early stages of development.

"My fellow team members and I encourage all optometrists to study the model we've proposed and

provide feedback," said William B. Rafferty, O.D., ARBO representative to the JBCPT. "Refining the model and ensuring that it meets the needs of the profession should be important to every optometrist."

NBEO representative to the JBCPT, Donovan L. Crouch, O.D., concurred, "Opening up the development process now to get as many viewpoints as possible is the only way we can make sure any board certification process addresses the current and future needs of optometrists and the patients we serve."



James Sandefur, O.D., executive director of the Optometry Association of Louisiana.



Lisa Howard, O.D., president of the Kentucky Optometric Association, asks a question.



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Tom Lewis, O.D., Ph.D., answers a question during the presentation. Also pictured, from left, are Jack Terry, O.D., Mary Jo Stiegemeier, O.D., Mary Phillips, O.D., and Christopher Wolfe, O.D.