EDITORIAL

A CASE FOR OPTOMETRIC BOARD CERTIFICATION

The subject of board certification for primary care optometrists will likely be a topic of debate at the Annual Meeting of the American Optometric Association. The subject has been discussed, both pro[1-3] and con.[4,5] Both sides make good points and it is in the interest of both the public and the profession that all aspects of board certification are brought to an open forum.

There are legitimate reasons for board certification in optometry. With the increased scope of practice, it is unlikely that one OD will be able to stay abreast of all aspects of this profession**.** There are now many areas comprising optometry's scope of practice: systemic, ocular and visual pathway pathology; ocular surgery; traditional vision analysis including refraction, ocular motor, binocular, accommodation functions, and visual information processing. Knowledge in each of these areas is exploding. There are specialty areas of contact lenses, low vision and vision therapy. Within these areas there are sub-specialties; for example, within vision therapy these include sports vision and visual rehabilitation for both strokes and traumatic brain injury victims. In summary, there is just too much to know to be a master of all. We must plan ahead for what is inevitable, specialization.

A second factor that should encourage OD's to embrace specialization is the economics of controlling health care costs. As the scope of practice expands, how many practices will purchase the different types of lasers to perform surgery? How many solo practices will have a complete inventory of electro-diagnostic instruments that will only be needed in a minority of patients in the general OD practice? The initial cost of the instrument, the maintenance and the dedicated space to house these increasingly high tech instruments mandate that these services be located in specialized clinics in order to justify these costs. It is highly unlikely that any one optometrist, in the future, will offer all services, to all patients, all the time. As a practical and economically feasible plan, one optometrist practicing "full scope" optometry is inefficient at best.

An obvious answer to this dilemma is the group practice. Ideally, each member would practice *general optometry* in addition to a specified area of expertise, a *specialty,* if you choose. This arrangement would allow a particular office or clinic to provide a wide range of optometric services at the basic and advanced levels in a financially feasible manner. Such practices are not feasible in many rural settings, hamlets and small cities. Nevertheless, when the rationale of group practice is accepted, optometry has implicitly given itself over to the concept of *specialty* areas. The next logical step: *board certification.*

Hand in hand with the dilemma seen in practice is the challenge of the optometric education community. Just as it is unreasonable for the practicing OD of the future to provide advanced care in all areas of optometry, so is it increasingly unlikely for optometric education to graduate optometrists beyond what has been defined as *entry level.* In optometric education, we have long since reached a super saturation of material that should be covered in the professional optometric curriculum. In the profession's quest to continue to keep at the front of medical aspects of the eye and vision, tough choices were made. The scope of optometric practice has not just expanded; it has shifted. Thus, the more traditional aspects of the optometric curriculum have been significantly reduced in the classroom and clinic. These include contact lenses, low vision and aspects of binocular vision and visual information processing. A four year optometric curriculum cannot possibly qualify a new graduate to treat, at the highest level of care, every condition an optometric office may encounter. Knowledge will continue to expand. It is time that we, as a profession, faced the challenge. Optometry, therefore, must put in place the educational infra-structure to support board certification, if board certification is to have credibility. Board certification currently exists as a specialty or subspecialty area of professional practice in medicine, dentistry and other health care professions. Specialization, and with it certification, is destined to evolve more broadly within and outside our profession. We must analyze and plan for this event. There are three aspects the profession must consider. These essential aspects to board certification are:[6-10]

1) advanced formal education (residency) of the board certified practitioner,

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2) the qualifications one must attain to demonstrate competence in a specialized area, once formal residency education is complete and,
3) the transparent, objective, board certifying body that will administer, verify and recertify the board certified optometrist.

In the short term residency trained optometrists may not always be possible; however, this goal must be quickly obtained. The concept of residency training for the specialties in optometry will allow the basic optometric curriculum to place greater emphasis on some of the traditional subjects that have been reduced with the expanded scope of practice. Courses will be designed to prepare the new graduate for advanced learning by providing an enhanced basic science background and less of the details that can subsequently be covered in residency. The graduate optometrist will be afforded the freedom to investigate the intricacies of each condition that their residency covers. General practice optometry will continue to treat the basic visual problems and be able to detect vision conditions beyond the professional's scope of practice. The general practice OD will consult with, co-manage and refer to other optometric colleagues. He/she will have a specialty partner in the diagnosis and treatment of the many areas encompassing this modern profession. Intra-professional consultation and referral will be common.

As I have understood the present discussion,[1-5] the profession is considering board certification for *general optometry* and I believe that board certification for general optometry is coming. Should board certification for general optometry be the first step? How does one develop a board certification for general optometry? Should not board certified specialty optometry be developed before general optometry? In fact, for 38 years COVD has developed and provided a board certification process for the profession. It compares favorably with both medical and dental specialties.[6-10]

The candidate for fellowship (FCOVD) must have:

1) at least three years of clinical experience in vision development/vision therapy. A residency counts as one year of this three year requirement.
2) submitted evidence of 100 hours of continuing education in developmental/behavioral vision care. A residency meets this requirement
3) a FCOVD mentor who advises the candidate
4) completed three cases and six open book questions to the satisfaction of the International Examination and Certification Board
5) passed a written examination (100 multiple choice questions that were constructed with the assistance of Dr. Leon Gross of the National Board of Examiners in Optometry) and the oral interview

Upon completion of all these phases of the process the candidate is awarded board certification. Further, board certification requires a code of ethical conduct and continued updating of skills by demonstrating 15 hours of continuing optometric education in developmental vision each year.

It is seen that board certification in optometry already exists and has for almost 40 years. As the debate continues, the profession should keep in mind that we are continually evolving in our practices and our identity. Before we embark on *general practice board certification*, we need to carefully plan for more family practice type residencies and insure that the board certification body is fair, impartial and that they are truly verifying advanced competence in general optometry. When this is accomplished, we should embrace board certification within the profession.

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