

# EDITORIAL

## WE LIVE IN INTERESTING TIMES

**I**n the dark ages of television (the 1950s for you youngsters), there was a weekly program that dramatized great events in history. The title of the program was, "You Were There." The actors were in costume and the program, with high drama, interviewed persons who were involved in momentous events that impacted the direction of the world and our lives. A program centered about the horrible winter at Valley Forge might have interviewed members of Congress, then some of the barefooted troops and lastly General Washington. It could have been centered on Bob Lee as he surrendered the Army of Virginia at Appomattox. In any event, the program would invariably end with a sentence that went something like this, "This was an event that altered and illuminated our times, and *YOU WERE THERE.*"

I perceive that just such an event happened on June 26, 2009 at 4:55 PM in Washington, DC. The house of delegates of the American Optometric Association (AOA), in meeting assembled approved, by a vote of 1126 FOR and 887 AGAINST; the following motion:

That the American Optometric Association House of Delegates endorses the concept of general Board Certification and Maintenance of Certification for Optometry and authorized the AOA to participate in the development, formation, implementation and governance of the American Board of Optometry (ABO) and that the American Optometric Association House of Delegates recommends that the American Board of Optometry (ABO) adopt the following founding principles and develop a process for Board Certi-

fication and Maintenance of Certification based predominately on the draft model proposal below.<sup>1</sup>

If you were there, and I was not, you witnessed an event "that altered and illuminated our times."

The mantra of then candidate Obama in the last presidential election was "Change." Board certification may be one of the most profession-changing acts since Prentice began to charge a professional fee for the examination of the vision system. I believe it to be the beginning of dramatic and sweeping changes in the practice of optometry within the United States, and ultimately will have implications, world-wide.

This motion adopted by the AOA painted a general picture of board certification. However, there are significant implications that general board certification will have on a phenomenon that has developed over the past several decades, namely, the "specialty" areas. Admittedly, the adoption of optometric board certification is a work in progress. Nevertheless, these implications must be considered at the outset.

Although not officially designated as such, a number of "specialties" have silently emerged in optometry. These are evident by specific sections in the American Academy of Optometry (AAO) and the AOA. In their greatest representation, these include contact lenses, and various aspects relating to the diagnosis and treatment of ocular disease. Active participation in one of these organizationally based "special interest groups" has come to indicate advanced competency in the particular area. However, virtually all optometrists who are not actively involved in these groups provide these services on a daily basis. As such, the provision of

contact lens and ocular disease care are part of "general optometric practice," and only at an advanced competency level can they be considered as "specialties."

A somewhat different situation has come about for two other "specialty" areas; namely low vision and the vision therapy complex. I define the latter as including optometric provision of care in: special pediatric populations, autism spectrum patients, visual rehabilitation of acquired brain injury, vision related learning problems, amblyopia, strabismic and non-strabismic anomalies of binocular vision. These "specialties" are represented by formal groups in both the AAO and the AOA. Active membership and involvement in the Optometric Extension Program, the College of Optometrists in Vision Development and the Neuro-Optometric Rehabilitation Association further are indicative of advanced competency in this vision therapy complex. However,

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the number of optometrists who provide care in low vision and vision therapy complex on a daily, or even monthly basis, are, to my experience, relatively small. The reality is, that these areas are currently not part of general optometric practice. Consequently, practicing these areas at or beyond entry level standards would define such activity as a “specialty.” This raises the question of how or whether the ABO will deal with these areas that are not practiced by most optometrists at an advanced competency level. Further, how will these areas be represented as the ABO proceeds?

There is a second question that must be raised regarding optometric board certification. It relates to the motivation for optometric board certification. Recent statements published in the *AOA News* succinctly give the rationale that has been proposed:<sup>2</sup>

Board certification is a valid tool for battling optometric discrimination within the medical community, and our profession needs to understand that the extra burdens placed on us now will pay dividends in the long run.<sup>(p5)</sup>

As optometry continues to play a much bigger role in our health care system, we must be willing to accept additional responsibility to continue to advance the level of care optometrists provide.<sup>(p 12)</sup>

Whether we like it or not, to be part of the health care system in the United States we must speak the same language as medicine.<sup>(p</sup>

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These quotes show that the AOA’s House of Delegates voted to proceed with a move to maintain the remarkable advances optometry has attained in the nation’s health care system. This is apparently a strategic act to counter threats that might be inherent in potential changes that could transpire in the nation’s health care delivery system. As such, it is a justifiably self serving action. However, at this time it does not address a very important consideration that I wrote about in a previous issue of this *Journal*; namely, will how will board certification impact patient care? <sup>3</sup> Certainly, we have heard strong and legitimate opinions on both sides of this board certification issue. There are indeed legitimate reasons for board certification in this profession. I am firmly of the belief that the movement toward board certification must be purposed, first and foremost, to assure better care for the patients we serve. Optometry must embrace the concept of board certification but we must embrace it to help our patients, not primarily as a political move to position the profession for inclusion into the overall health care scheme. As the profession moves toward board certification, it should continually ask itself, is our primary motive for patient welfare or for the profession’s welfare.

## References

1. Anonymous. Handout from the House of Delegates amplifying the motion to form the American Board of Optometry. June 26, 2009 Washington, D.C.
2. Anonymous. *AOA News* 2009 47;12.
3. Maples WC. A case for optometric board certification. *J Behav Optom* 2008 19:30,36.