

Presentation

to the

SUMMIT ON BOARD CERTIFICATION AND CONTINUED COMPETENCY

April 29 – 30, 2001

St. Louis, Missouri

Introduction

The National Board of Examiners in Optometry (National Board), established in 1951 by the Association of Regulatory Boards of Optometry (ARBO) and the Association of Schools and Colleges of Optometry (ASCO), appreciates this opportunity to present its views at the Summit on Board Certification and Continued Competency. The National Board congratulates the American Optometric Association (AOA) for convening representatives of optometric organizations that have standing in education and credentialing, other organizations that have an interest in optometric competence in specific areas of the practice of optometry, and the affiliated state associations.

We believe that an open and collegial dialogue on the issues to be raised at this Summit will benefit both the profession of optometry and the public we serve.

Board Certification and Continued Competency

The National Board believes that this Summit should first consider two fundamental points, as doing so will avoid misuse of language which can lead, inadvertently, to faulty conclusions:

- “Board certification” and “continued competency” are two distinct issues and should never be considered as being one and the same; and,
- “Competency” is a personal attribute. A practitioner can have many “competencies,” whereas, “competence” is the state of being “competent.” Thus, the National Board uses the term “continued competence” throughout this paper.

The National Board's position on board certification has been explored at some length in published articles over the last 18 months. In summary, the National Board believes that:

- Board certification is a credentialing process that should only follow supervised advanced clinical education and training that occurs after obtaining both a doctor of optometry degree and a license to practice general optometry; and,
- Board certification, as typically applied to other health professions, including dentistry and podiatry that have similar practice modes as optometry, relates to demonstrated advanced competence in specific areas within the broad scope of practice as defined by the profession's name (i.e., dentistry, podiatry, optometry).

The National Board's position on continued competence is that:

- Continued competence should be actively maintained by all licensed practitioners independent of their level of credentials; and,
- Assuring continued competence is the responsibility of the licensing authorities of each state, which has been advocated by a recent Pew Health Professions Commission report.

The National Board believes that the state agencies charged with protecting the health, safety, and welfare of the public through the licensing of practitioners, i.e., the state boards of optometry, are the logical and appropriate vehicles for assuring the public that those who hold a license to practice their profession do, in fact, maintain an acceptable level of practice competence throughout their career.

Thus, the National Board believes that it is very important that the proceedings of this Summit differentiate between the two terms board certification and continued competence. Treating these terms as identical, or even complementary, creates a fundamental misunderstanding as to how each of these two important aspects of competence assurance relate to the evolution of our profession's service to the public.

Four Questions Posed

The invitational material to the Summit asked that four questions developed by the Continued Competency Project Team be addressed.

1. Is there a need or a demand for demonstrating continued competency in optometry?

The National Board believes that a very critical need exists to demonstrate continued competence in optometry even without an identifiable demand. We concur with the

recommendations of the Pew Health Professions Commission that the appropriate agencies for assuring the continued competence of licensed practitioners are the licensing boards of each state government.

From the public perspective, however, the issue is more one of identifying incompetence. The current demand for practitioner continued competence is minimal and comes from public policy agencies rather than the public at large. Public representation on state boards of optometry is a signal to the profession that the public is concerned about practitioner incompetence, and the recent Pew Health Professions Commission report adds to this growing concern. Thus, while the demand is more philosophical than actual at this time, it is likely that the demand will grow over the coming years, with the public's concern focused on identifying optometrists who actually practice in an incompetent manner, whether or not they are theoretically competent. Consequently it is appropriate for the regulatory agencies to proactively address this growing public expectation.

2. How can we best measure or demonstrate continued competency in optometry?

The use of the word “we” needs to be clarified. If this is intended to represent “optometry” or “the profession,” the National Board believes that only through a sustained effort by the state boards and their national association (ARBO), with the support and cooperation of the state associations and their national association (AOA), can the profession unite behind a method of measuring or demonstrating the continued competence of its practitioners and assure the public that mechanisms exist to identify incompetent practice. If “we” refers to the AOA, the National Board reiterates its previously stated position that any form of credentialing of practitioners is outside both the scope and mission of the AOA.

Effective measures of continued competence can take several different forms, both personal and practice-based. Personal continued competence can be demonstrated through a number of vehicles, including an assessment of knowledge and skills gained from continuing education programs, through challenge examinations that provide self-assessment, through clinical case presentations to a group of peers, through submission of portfolios of practice experiences and other work products, or through personal development programs (PDPs) like those being established in other countries. In all cases, the measurement or demonstration of continued competence should be done in a way that stimulates a practitioner to achieve a better level of service to patients, not as a vehicle for denying practice privileges to an already licensed optometrist. While this latter event can certainly occur, if incompetence is demonstrated, the overriding assumption should be that all licensed practitioners have retained some level of competence throughout their careers. What is necessary is to be able to assure the public that the competence of any practitioner is maintained at the current status of the profession and the current standards of care expected of all practitioners within each state.

Another aspect of continued competence can be practice-based and relates to the quality of practice records and procedures. This becomes more of a practice audit or practice assessment, in a manner similar to the way that schools and colleges of optometry undergo periodic accreditation to assure that the quality of their “practice of education” meets the standards necessary for today’s practitioners. The self study approach to educational accreditation is one model that could be adopted, as the thrust of an accreditation evaluation is not to find fault, but rather to help an institution (or in this case a practice) to identify areas where improvements can be made to ultimately enhance the outcome; i.e., the quality of patient care.

A growing concern in medicine is the performance of providers within healthcare systems, such as hospitals and extended care facilities. This concern was stimulated by the 1999 Institute of Medicine (IOM) report that between 44,000 and 98,000 deaths per year in the U.S. were due to medical errors, and that more people die from medical errors than from breast cancer, AIDS, or motor vehicle accidents. More recently, the impact of the ethical and behavioral characteristics of practitioners at all levels of care on patient safety has begun to be explored. While optometric practice does not face the same degree of fatal outcomes found in institutional medical practice as described in the IOM study, the same elements of potential deficiencies also exist within an optometric practice, including that of a private practitioner. For example, it is possible to generate scenarios wherein a patient’s visit to a basically competent practitioner results in poor patient care, perhaps even incompetent care, when the final outcomes of that visit take into account the skills and abilities of supporting staff, the ethical behavior of the practitioner in handling either the patient or the patient’s records, or even the patient’s financial relationship with the practice. Thus, the National Board believes that a simple approach to assuring continued competence by assessing the practitioner alone might not assure the delivery of “competent patient care” by any practice.

3. What measures of continued competency currently exist in the profession?

The only measure of continued competence that currently exists is the fairly universal continuing education (CE) requirement that has been adopted by the states as part of the profession’s commitment to protecting the public through the state licensing acts. The evolution of the Council on Optometric Practitioner Education (COPE) of ARBO, as a centralized clearinghouse and approval mechanism for both courses and providers of continuing education, has been helpful. This allows some level of assurance that COPE approved courses at CE meetings actually do meet some minimum standards of acceptability in terms of course structure and administration. The relatively few courses that require an assessment of the knowledge gained from the courses have also been strengthened by the establishment of reasonable and non-onerous standards for the examinations that follow each unit of CE.

Other organizations have also developed formats for measuring current competence, such as the American Academy of Optometry's (AAO) Fellowship program. However, while these "entrance" requirements to membership in a prestigious academy are helpful, they are limited by being only assessed once (at entry) and do not apply to all licensed practitioners.

Consequently, there are no adequate, national, readily available instruments to measure the continued competence of optometric practitioners today.

4. Can board certification be useful as one of the tools to demonstrate continued competency in optometry?

This question raises a major concern for the National Board, as the way it is posed implies that board certification is still being considered by the AOA as a suitable mechanism for continued competence assurance, despite the recent debate throughout the profession. The National Board reiterates its belief that "board certification" and "continued competence" are two separate concepts and should not be identified in the same context.

Clearly, for a practitioner to retain board certification, after having achieved that credential by demonstrating that advanced and supervised clinical education and training has been completed and that a level of knowledge and skill has been demonstrated above that required for licensure, there should be an expectation that advanced competence at the specialist level in that practice area has been maintained. However, the intent of the term continued competency in this question addresses the need for patients to be assured that any practitioner who holds a license to practice optometry is currently competent at the level of general practice.

Thus, the National Board rejects the notion that "board certification" should be used to demonstrate "continued competence" in optometry because it is not a vehicle for this purpose. Recent history has demonstrated that the incorrect use of "board certification" leads to conflict within the profession.

The AOA has already developed the basis of a viable model of how "board certification" can be implemented in a manner that could bring the profession together on this issue. The final report of the "Commission on Optometric Specialties" of June 23, 1986, and its Bulletin No. 106, of May 29, 1986, provide a thoughtful and probably universally acceptable manner for moving ahead should the profession believe that the time is right for the recognition of "specialties" within optometry. The Commission's general recommendations for recognizing "specialties" and the development of "board certification" in optometric specialties are supported by the National Board. The Commission's two-step approach, the first to "recognize" a "specialty" and only after that has occurred, to then "recognize" the "certifying agency" is both logical and appropriate. There is a role for the AOA as the national organization of the profession to act through

such a broadly represented Commission to “recognize” specialties and the associated certifying agencies. However, there should not be a role for the AOA, or any organization controlled by it, to actually credential specialty competence. When the time is right, and based on the discussions at this Summit, the National Board urges colleagues to revisit the work of the Commission and consider bringing this model forward for further debate, refinement, and potential implementation.

Summary

The National Board believes that the outcomes of this Summit should:

- Clearly differentiate between “board certification” and “continued competence;”
- Recognize that the state boards, with the support of the state associations and their national association, are the proper agencies to implement “continued competence” assurance on behalf of the public;
- Support the concept that “continued competence” assurance is meant to encourage practitioners to maintain their competence and that of their practices; not to threaten the well being of practitioners; and,
- Reconsider the 1986 report of the AOA Commission on Optometric Specialties as a logical and thoughtful approach to implementing “board certification.”

With good faith discussions, we believe that the Summit has the potential of identifying mechanisms to address issues that will benefit both the public and the profession. The National Board stands ready to assist in this important endeavor.

Respectfully submitted by:

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