

# ABCMO - Frequently Asked Questions

- Will ABCMO certification expand current clinical privileges?

No. Privileges health care facilities authorize can not exceed those of the optometrist's state license of record. Like dentistry and podiatry, optometry is an independent, license-defined health care provider. Facilities accredited by the Joint Commission on the Accreditation of Health Care Organizations and state, local, private and federal health facilities authorize those privileges specified by the license of record. Additional training or certification following state licensure can not expand clinical privileges or "any willing provider" provisions defining who may participate in provider panels and the services they may provide.

- What about future effects on state licensure?

In the past 25 years, as the training curriculum of optometry students broadened, states correspondingly broadened the treatments licensed optometrists could provide using DPA and TPA endorsements. Since the practice of optometry is defined by state optometry laws which are based upon training, it is creditable that states may begin to provide advanced endorsements for those completing residency programs who become certified in medical optometry.

- Can ABCMO certification help standardize state practice acts?

ABCMO certification offers a uniform national certification process requiring completion of an ACOE accredited residency programs and passage of the NBEO examination ACMO which utilize nation-wide standards. Thus ABCMO certification is a uniform national credential that some state boards may, in the future, use to create a new a higher level of endorsement for those ABCMO certified in medical optometry.

- What is the advantage of Board Certification in Medical Optometry?

Many medical and eye practices, accredited health care facilities with patients requiring medical eye treatment, and schools and colleges of optometry seeking faculty prefer to recruit optometrists with advanced competence in medical optometry. ABCMO certification requires the components credentialing committees at these facilities accept as traditional board certification

- What optometrists will benefit from Certification?

Those seeking a career at health care organizations in which comprehensive eye care is provided to patients at risk of, or having, ocular diseases and to age groups at risk of such conditions. In particular, accredited health care facilities having other board certified

health specialties on their staff, teaching hospitals and clinics and federal, state and local chartered health care systems as well as academic eye clinics.

- Will the written examination proposed by the American Board of Optometry be accepted in lieu of ACMO?

No. The ABO examination is designed to certify continued competence in general practice optometry and not advanced specialty competence. Completion of an accredited residency is also not required by ABO and its examination tests “core competencies” of general practice but not specialist skills. The skill set tested by the ACMO examination is limited to the specialty of medical optometry. All board certification specialists recognized by accredited health facilities must have had residency training and passed a specialty-specific written examination accepted by their specialty board.

- Why is only the ACMO examination accepted by ABCMO?

Only the ACMO examination tests the advanced competence resulting from completing an accredited residency in medical optometry. It does not test entry level or general practice competence. Both residency training and written examination are necessary to ascertain advanced competence just as both training and written NBEO examinations are necessary to ascertain entry level competence and licensure. All specialties require, after the professional degree; residency a written examination and then certification by a specialty board. ABCMO is the specialty board for medical optometry

- How many optometry graduates serve residencies each year?

About 300 but not all are in medical optometry and not all are ACOE accredited. The ABCMO will certify only those completing an ACOE accredited residency concentrated on the diagnosis and medical treatment of diseases and dysfunctions of the human eye, adnexa and visual tracts, passing ACMO and then meeting other requirements.

- What effect will ABCMO certification have on our profession?

By offering creditable certification in a defined specialty of optometry it will facilitate the same opportunities to practice that specialty as board certification has done for specialists in medicine, dentistry and podiatry and will assist in appropriate referrals and serve as a quality indicator for the general public and credentialing committees.

- Will ABCMO shift optometry away from general practice?

No. Like dentistry, the majority of optometrists will continue to seek general practice and not enter residency training in a specialty. The percentage of graduates seeking accredited residency training in medical optometry is unlikely to exceed 15%. Turning general practice optometry into a specialty requiring residency training would not be cost effective or desirable since current academic training programs and licensing requirements produce fully competent general practitioners well distributed

geographically. Our profession will continue to emphasize general practice since it meets the needs of most eye patients, allows for wide geographical distribution and is cost effective.

- Why were optometry residencies established?

For the same reasons they began in medicine, dentistry and podiatry as their responsibilities expanded. In 1946 the VA developed teaching affiliations with all schools training health professionals except optometry. In 1976 the Congress, in conjunction with a report by the US General Accounting Office and a White Paper from the Association of Schools and Colleges of Optometry and the recommendations and support of the AOA, enacted legislation (PL94-581) directing the VA to establish an Optometry Service with teaching affiliations like those of medicine, dentistry and nursing. Recognizing that optometrists with advanced medical training would improve access to eye care the VA had begun an optometry residency program in 1975 which then served as a model to implement PL94-581. All VA optometry residency programs are accredited by ACOE, affiliated with a school of optometry, based full-time at a VA facility and supervised by VA optometrists holding faculty appointments. There are some 150 VA optometry resident positions. The non-VA residencies that later arose are based upon the VA model.

- How have residencies benefited our profession and patients?

They produce opportunities for optometrists to train and see patients on a daily basis with other medical professionals. Most schools now have a cadre of faculty who served residencies and most former residents have joined group practices and/or medical eye clinics utilizing team eye care. Patient care has benefited from their presence and they serve at many well recognized facilities such as the Mayo and Cleveland Clinic. Former residents are active in our professional societies and teach and contribute significant numbers of articles and papers. The first groups to actively recruit residency-trained optometrists were medical group practices.

- Why so long for ACMO and ABCMO to become organized?

Until residency positions were more numerous, it was impracticable to create the ACMO examination since it was a departure from all other NBEO examinations by testing advanced competence in a specialty of optometry. It was not until 2005 that ACMO was available and, as a result, creation of a specialty board of certification was not possible until 2009. Considerable time was also required before the first medical specialty boards were created after their first residency programs began.

- Why three components for certification?

It is the accepted system in medical, dental and podiatric specialties. Use of three independent checks and balances insure creditable certification. All recognized specialty certification systems have three components:

1. Residency training at an accredited treatment facility with full-time specialists and sufficient patients to ensure exposure to the specialty. Residents are full-time, paid stipends, granted clinical privileges and made members of the medical staff. The residency program itself is accredited by ACOE and affiliated with an ACOE accredited optometry school and those training residents hold faculty appointments with that school and clinical privileges at the training facility.

Note the residency program itself is accredited separately, apart from the accreditation held by the affiliated school of optometry.

2. After residency, a written examination testing competence in the specialty is necessary to become “eligible for certification”. The examination ACMO is administered by an independent testing body the NBEO. Residents seeking certification in medical optometry must take the ACMO administered by NBEO.
3. An independent Board of Specialty Certification recognizing training programs and examinations meeting the above specifications then certifies advanced competence in the specialty. Boards often require oral examinations and/or interviews, letters of recommendation and affirmed adherence to the ethical standards set by the specialty board. For optometry the independent certifying specialty board is ABCMO.

All three components acting together ensure a fair and creditable process of training, testing and certification which is why all three are used by recognized medical, dental and podiatric specialties.

- What is the purpose of the American College of Medical Optometrists?

It is traditional for specialists to seek each other out, enjoy their company and share information. With ABCMO certification comes election as a Fellow of the College. As the number of Fellows grows they may choose to hold meetings and share information. Each Fellow has a vote on future operations of the ABCMO to ensure it continues to act in the best interests of the specialty.