

ABCMO - Overview of ABCMO and History of Board Certification

Table of Contents:

- *ABCMO Mission Statement*
- *Requirements for Certification in Medical Optometry*
- *Development of Specialization and Board Certification*
- *General Practice Doesn't Require Specialization and Board Certification*
- *Specialization and Board Certification are Linked*
- *ABCMO Offers Traditional Board Certification*
- *Specialization and Board Certification in Medicine*
- *Defined-License Practitioners do not Need Board Certification*
- *Development of Optometry Residencies and Specialization*
- *VA Develops First Residency Training and Specialization*
- *VA Develops First Residency Matching Program*
- *VA Develops Hospital-Based Student and Residency Training*
- *Development of ACMO by NAVA and NBEO*
- *Creation of ABCMO Certification in Medical Optometry*
- *Thirty-five Years Required to Achieve Board Certification in Medical Optometry*
- *Why ABCMO is Creditable*
- *Summary*

ABCMO Mission Statement:

The American Board of Certification in Medical Optometry (ABMO) was established in 2009 to recognize and certify optometrists with advanced competence in medical optometry resulting from completion of an accredited residency in the treatment and management of ocular disease. Eligibility for ABCMO requires passage of the examination "Advanced Competence in Medical Optometry" administered by the National Board of Examiners in Optometry and evidence of sound clinical and ethical judgment and active practice in the specialty since completion of training.

The ABCMO is a non-profit 501(c)3 organization created to provide practitioners, medical facilities, government and state agencies and the general public a uniform national standard to identify optometrists with advanced competence in the medical diagnosis, treatment and management of primary and secondary disease and dysfunctions of the human eye, adnexa and visual tracts.

Like dentistry, the majority of practicing optometrists are engaged in general practice. But paralleling specialization in dentistry, currently 20% of optometrists elect to seek residency training following licensing to practice a specialty of optometry.

By adopting the process of specialty certification used by medicine, dentistry and podiatry based upon residency training and written examination, the ABCMO offers an equivalent specialty certification. ABCMO certification will benefit practitioners, patients and third-party organizations by offering a creditable national certification of those having advanced competence in medical optometry.

Requirements for ABCMO Certification:

- OD degree from accredited school or college of optometry.
- Current, unrestricted TPA-endorsed state license to practice
- Completion of ACOE accredited residency with emphasis on diagnosis, management and treatment of diseases of the human eye
- Passage of the ACMO written examination
- Evidence of sound medical and ethical judgment
- Practice of medical optometry for 2 or more consecutive years at date of application

Notes: Until 2012, passage of ACMO not required of those who completed residency prior to 2005 and an “experienced-based” application for eligibility also exists.

Development of Specialization and Board Certification:

There has been rapid increase in the breath of medical eye care optometrists offer and the settings where they practice. By training and licensure, the majority of optometrists enter and remain in general practice.

But since 1975, postgraduate, clinical residency programs in medical optometry have developed that offer the opportunity for advanced training in the diagnosis, management and medical treatment of ocular diseases and approximately 20% of optometry graduates enter residency training following licensure.

It was recognized residencies should be accredited based upon nation-wide criteria and this was undertaken by the American Council of Optometric Education. Accreditation is based upon self-studies required by ACOE and regular site evaluations.

The National Association of VA Optometrists (NAVAO) met with the National Board of Examiners in Optometry over the years to discuss development of a written examination to assess the advanced competence resulting from VA residency training and NBEO developed the written examination “Advanced Competence in Medical Optometry” (ACMO) first offered in 2005 to those completing an accredited VA residency in medical optometry.

To comply with the medical-dental model of postgraduate training and offer an equivalent “board certification” in medical optometry, the American Board of

Certification in Medical Optometry was formed. Like medical and dental specialty boards, ABCMO is an independently incorporated 501(c)(3) nonprofit body.

The result is a certification process comprised of three independent organizations:

- The American Council on Optometric Education which accredits a candidate's residency program.
- The National Board of Examiners in Optometry that administers the candidate's specialty examination.
- The American Board of Certification in Medical Optometry that grants recognition via "board certification".

The pattern of three independent bodies is used by all medical and dental specialties and essential to removing conflicts of interest that might weaken the resulting certification.

ABCMO ensures only those completing an accredited residency program with emphasis on medical optometry and then passing ACMO may be deemed to meet the requirements to be certified in medical optometry.

ABCMO certification denoting advanced, specialized competence in medical optometry will be of value to public, private and governmental health care facilities for credentialing purposes and assist optometrists seeking privileges therein.

General Practice Does Not Require Specialization and Board Certification:

The majority of optometrists are in general practice because our schools train graduates for general practice just as the degree in dentistry prepares dentists for general practice.

The fact most optometrists are in general practice is the basis for the cost-effectiveness of optometrists and their wide accessibility and it would be unwise to require all optometrists to gain competence in a specialty by serving a residency.

But, like medicine and dentistry before it, postgraduate residencies in medical optometry have developed to meet the need for optometrists wishing to practice within medical settings.

Specialization and Board Certification Are Linked:

Board certification recognizes advanced competence in a specialty achieved from residency training and passage of a written examination accepted by the certifying specialty board.

Board certification is inexorably linked in medical and dental professions with specialization and must carry the same context in optometry to avoid misrepresentation.

General practice optometrists are not disadvantaged from not being “board certified” any more than dentists in general practice of which 99% have not pursued residency and board certification in general dentistry.

Accredited health care organizations do not require general practice optometrists and dentists to be board certified. To encourage general practice optometrist to become board certified in a specialty would offer no advantage.

ABCMO Offers Traditional Board Certification:

The American Board of Certification in Medical Optometry believes “board certification” within optometry must carry the same meaning it conveys in medical, dental and podiatry professions because hospitals, insurers, Medicare, Medicaid and other federal and non-government bodies understand it to mean advanced competence in a specialty achieved from residency training, written examination and specialty board certification.

Specialization and Board Certification in Medicine:

Medical specialties arose in the 1930’s and before then practically all physicians entered practice following medical school and internship. Since medical licenses are essentially unrestricted, a medical practice was limited by the confidence and experience of each physician rather than outside agency.

Due to the wide range of human maladies, some physicians began to “refer” rarer or complex conditions to those having more familiarity with them. The “referral” was often to a professor at a medical school or to a private practice limited to treating these disorders.

Beginning in the 1930’s, postgraduate training programs, residencies, began to be offered at some hospitals where one could learn the management of these rarer conditions under expert supervision. Their number grew slowly until after WWII.

By mid 1950 the majority of medical graduates began to augment their internship with residency training in a specialty and today, 26 recognized medical specialties exist that require residency and about 90% of medical graduates enter them. Upon completing residency training a physician is eligible to take a written examination that, if passed, leads to “board certification” by a “specialty board”.

Physicians are required by accredited health care facilities to provide only the care in which they are board certified.

Defined-License Practitioners Do Not Need Board Certification:

Dentistry, optometry and podiatry licenses restrict them to treatment of the human oral cavity, visual system or lower limbs. As a result their 4-year training programs cover

these areas in great depth and their degrees and licenses enable them to immediately enter general practice.

Most dentists are in general practice and have not served a residency or become board certified in general dentistry. Those wishing to practice a specialty like orthodontics or oral surgery, enter residency programs, pass examinations and become certified in them.

Because lower limb care has become more surgical in nature podiatry has established surgical residencies that are required to be board certified in foot-ankle surgery.

Interest in optometry specialization began in the 1960's when some optometrists began to limit their practice and by 1972 the drive to revise state licensing laws began and the range of diagnostic and treatment options began to rapidly increase.

Development of Optometry Residency Training and Specialization:

The stimulus for optometry residency training began within the Veterans Administration hospital system.

Before 1972, optometry schools had virtually no interface with medical hospitals and clinics and teaching clinics were in the schools or clinics serving the poor, blind or homeless.

Founded in 1930, the Department of Veterans Affairs was swamped with returning WWII veterans in 1946 and first given congressional mandates to affiliate with medical, dental and nursing schools and it set out to build more hospitals and to affiliate with medical, dental and nursing schools, appoint their faculty to VA staff and tie into their student and residency training programs and many VA hospitals were built across the street from a medical school or teaching hospital.

This was a boon to the medical schools, giving them access to large inpatient populations and funds to support faculty and residency training programs while the VA gained skilled, board certified physician specialists and medical students and residents who rendered considerable patient care as part of their training. In effect, in 1946 the Congress directed the VA to reorganize its hospitals as "teaching hospitals".

Soon almost every medical school was affiliated with a VA hospital and most medical students and residents rotated through them. VA physicians were required to be board certified in a specialty and held faculty appointments at the nearby medical school and the VA became the largest medical training program in the world with 183 hospitals and 220 outpatient clinics.

But as recently as 1972 the VA had not one optometry school affiliation or optometry student rotations. VA optometry care was almost nonexistence with but 9 staff ODs but a patient base of some 30 million.

Congress noted military hospital systems had large number of optometry officers as did newly developed HMOs and in 1973 enacted legislation (PL 93-82) requiring the VA to establish an optometry program. An expanded mandate was given in 1976 (PL 94-581) which was the equivalent of the 1946 mandate for medical and dental care by calling for the VA to increase its number of ODs and establish teaching affiliations with optometry schools.

Despite difficulties, a number of VA optometry training programs were established which was a major step for US hospitals did not, with rare exceptions, train or utilize optometrists.

But a pilot student training program begun in 1973 at one hospital was followed by others and in 1975 the first residency training program began. Both arose as means to expand VA eye care.

The development and growth of VA optometry training programs were the result of policy arising with the congressional committees with VA oversight that determined an optometry service within VA hospitals with students and affiliated schools were the best means to meet unmet needs for eye care within the VA which was the same solution Congress had used in 1946 for medical, dental and nursing care

This integration continued to accelerate while VA worked to define areas of residency training within its hospitals in cooperation with the Association of Schools and Colleges of Optometry and to create an accrediting process for the new optometry residency programs in cooperation with the American Council on Optometric Education.

VA Develops First Residency Matching Program:

Created by VA optometrists, a residency matching program that initially matched only VA residencies and applicants evolved into ORMS (Optometric Residency Matching System) to match any applicant with any accredited residency program. Today about 300 graduates annually seek to enter residency training of which over half are based at VA hospitals and clinics.

VA Pioneers Hospital-Based Optometry Training Programs:

Since 1972 and the first pilot teaching program the VA has developed the largest optometry patient care and training program in the world. It was the first to offer hospital-based medical training to optometry students and to create optometry residencies. Over half (about 700/year) of all US optometry students receive training via a VA hospital or clinic rotation and over one-half of optometry residency programs are VA-based.

Since the VA Office of Academic Affairs supports and funds optometry affiliations they are subject to the same criteria as medical and dental training programs and thus VA

optometry residencies developed following the medical-dental residency training systems consisting of residency training leading to written examinations and board certification.

Development of ACMO by NAAO and NBO:

The VA optometry student and residency training programs were used to expand VA eye care for the same reasons medical teaching affiliations were begun in 1946 to expand VA medical care. It was also easier to attract medically oriented optometrists when they could be offered faculty appointments and the opportunity to train students and residents.

By operating within the medical educational model it was clear VA optometry residency programs should lead to verification of advanced competence via a written examination and then certification. While several meetings were held with the National Board of Examiners in Optometry for some years about developing such an examination these failed to bear fruit because the number of residency programs remained under 50 and this was too few to afford development of a new, advanced written examination.

With time however, VA residencies grew and later joined by those begun at the schools, colleges and private clinics. This meant that by 2000 there were a sufficient number of residencies to support development of ACMO which was offered in 2005.

Creation of ABCMO Specialty Board Certification:

During discussions leading to the ACMO examination it was clear that to put VA optometry residents on equal footing with those completing VA residencies in medicine and dentistry it was necessary to offer them a board certification process equivalent to those in medicine and dentistry which required three steps (residency, examination, and certification) independent of each other, with separate governance. This meant establishing a specialty board offering certification in medical optometry was needed.

Medical optometry was chosen as the first specialty since the majority of VA optometry residency programs concentrate on the diagnosis and medical treatment of ocular diseases which arose because of the large number of VA patients presenting with ocular diseases.

ABCMO certification after completing an accredited residency and passage of ACMO creates a credential within the specialty of Medical Optometry equivalent to those that exist for medical, dental and podiatric specialists.

Establishment of a Traditional, Creditable Certification in the Specialty of Medical Optometry Required 35 Years and Coordinated Actions by Optometry Organization:

A period of 35 years and actions by the groups and organizations listed below represent the process that integrated VA optometry residency programs into the American medical education system and fostered development of a creditable board certification process in the specialty of medical optometry.

- VA Office of Academic Affairs (budget support for training programs)
- VA Office of Professional Affairs (recruitment, privileging, supervision of optometrists)
- US Congress (House and Senate VA committee hearings and reports)
- US General Accounting Office Report (Role and Utilization of Optometry Within the VA Need Improvement)
- American Optometric Association (support for PL 93-82 and PL 94-58)
- American Council on Optometric Education (residency program accreditation)
- American Association of Schools and Colleges of Optometry Report (support for VA affiliation with schools of optometry and student, resident training)
- National Association of VA Optometrists (efforts to create ACMO).
- National Board of Examiners in Optometry (ACMO examination)
- American Board of Certification in Medical Optometry (specialty board)

ABCMO Offers Creditable Certification in the Specialty of Medical Optometry:

All medical specialists recognized by the American Board of Medical Specialties and the credentialing and privileging committees at accredited US health care facilities are required to have completed accredited residencies in their specialty and to have passed a rigorous examination testing competence in their specialty that is acceptable to their specialty Board of Certification. Osteopathy, Dentistry and Podiatry use the same systems and standards for certification in their specialties. But it was not until 2009 that the same specialty certification process became available for specialists in medical optometry when ABCMO was incorporated.

Because all other specialty residency training programs within VA hospitals and clinics lead to specialty board certification while residents in medical optometry could not, this placed support of their training programs in jeopardy. And there also was no quantitative means (examination) and certification to evaluate the quality of the residents completing VA training programs in medical optometry.

Because the VA requires all specialty training programs to meet the traditional requirements of residency training, examination in that specialty and certification by a specialty board, the National Association of VA Optometrists could not support or endorse the establishment of the American Board of Optometry as it did not comply with the accepted form of board certification by not requiring residency in a specialty and uses a written examination testing not specialty competence but continued competence in general practice optometry. Board certification for the defined-license professions of optometry, dentistry and podiatry whose graduates are trained and licensed to enter general practice is only applicable for those who specialize by serving a residency and passing an examination in a specialty. This is why 99% of dentists in general practice have elected to not have general practice become a specialty that requires residency training and additional testing.

Summary:

The development of the specialty of Medical Optometry evolved from the same forces that earlier shaped the growth of medical, dental and podiatry specialties. The Department of Veterans Affairs and Congress acted as key stimulants to develop this specialty which has greatly affected both the VA health care system and the profession of optometry. Creation of ABCMO certification represents the final step needed for creditable board certification in medical optometry.