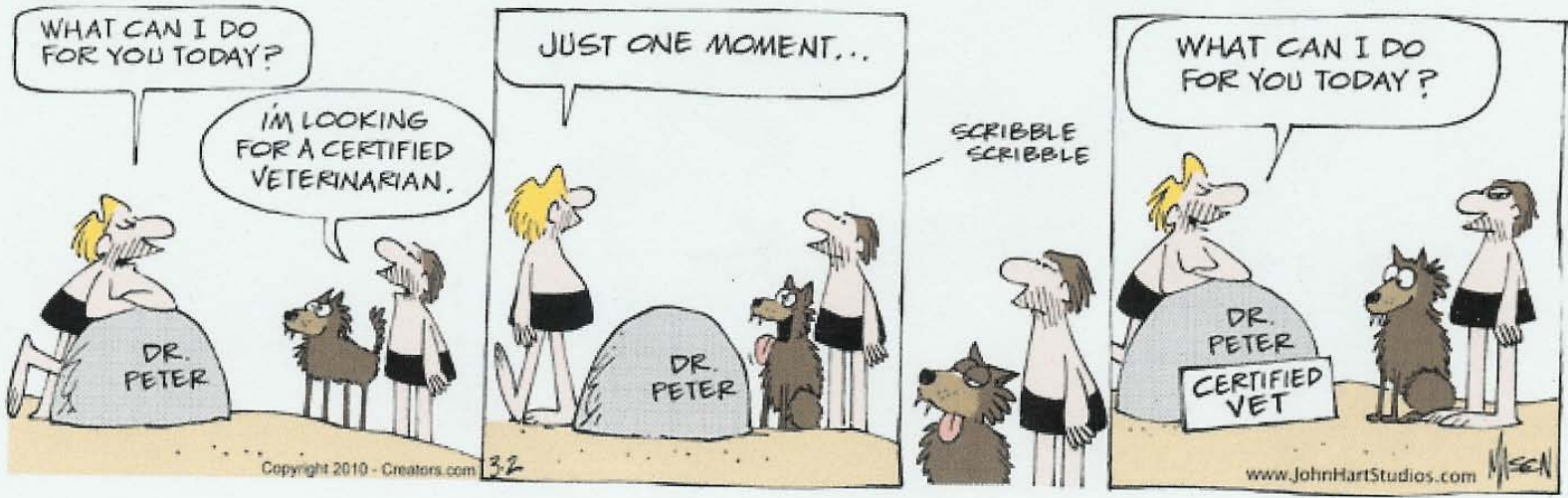


# American Board of Certification in Medical Optometry

ARBO Annual Meeting 2010







**Kenneth J. Myers, Ph.D., O.D.**  
*President*

P: 231-796-0127  
18683 Milton Ave.  
Big Rapids, MI 49307

[www.abcmo.org](http://www.abcmo.org)  
[info@abcmo.org](mailto:info@abcmo.org)



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# Initial Facts

- 1. No study or evidence suggests ODs not maintaining competence.**
- 2. No Bill, Act or legislative language calls for BC of optometrists.**
- 3. General practice dentists rejected BC by 99.6%.**
- 4. Board Certification required only of specialists. (Joint Commission)**

# The Accepted Meaning of Board Certification

Within medicine, osteopathy, dentistry and podiatry, “board certification” is synonymous with specialization requiring:

- Residency training in specialty after degree.
- Passage of written examination in specialty.
- Certification by specialty board.

Each step is independently controlled.  
For optometry these are:

- Residency training accredited by ACOE
- Written specialty examination (ACMO by NBEO)
- Traditional specialty board certification (ABCMO)

Board certification is only of use to, and required of, specialists at Joint Commission accredited health care facilities. Not required for general practice.

# Specialization evolved over 35 years:

- **First residency at Kansas City VA, 1975**
- **ASCO list of specialties**
- **ACOE began to accredit residency programs**
- **Residencies spread to non-VA sites and total 300+**
- **Matching system begun that spread to all sites (ORMS)**
- **ACMO first administered 2005**
- **ABCMO incorporated 2009**



# ABCMO follows accepted model of board certification

- Today about 20% of graduates complete residency training.
- About 300 residency positions at ACOE accredited sites.
- ABCMO recognizes advanced competence in medical optometry by requiring residency and passage of ACMO.

- BC can not alter or expand practice.
- ABCMO requires compliance with state license.
- ABCMO requires compliance with state regulations.
- ABCMO recognizes state boards as “controlling legal authority”.

- No local, state or federal agency or their laws/regulations require board certification of optometrists or are contemplating such.
- Joint Commission on Accreditation of Health Care Organizations accepts state license and degree for practice of optometry, dentistry, psychology, audiology and other limited-licensed health care providers.
- Joint Commission requires board certification only of specialists.

- **Citation of Section 10327 of Health Care Reform Act as supporting board certification of optometrists is incorrect. (ABO website, May, Rev. Opt.)**
- **\*\*This Section applies only to physicians holding a medical license and board certified in one of 24 ABMS specialties.\*\***

- No evidence current state regulations fail to ensure continued competence.
- ABO or ABCO are not board certification and will not be recognized by Joint Commission credentialing panels.
- Only state boards have authority to determine if current CE inadequate and take corrective actions if needed.
- “Any provider” laws recognize degree and license as sole requirements.

- **ABCMO recognizes advanced competence in medical optometry and will be accepted by credentialing bodies and VA.**
- **ABCMO the result of 35-year effort to create specialty of medical optometry supported by AOA, ASCO and AAO.**

- Our sister, limited-license profession, dentistry, rejected board certification of general practice dentists with <1% choosing to be board certified.
- Of some 377,000 general practice dentists, under 800 are board certified.

In 2000 the AMA plan to ensure competence was closed.

- In all professions, board certification denotes specialization beyond that represented by degree and license and requires residency training.
- Who believes our profession should become a specialty by requiring residency?
- General practice should therefore continue based solely on degree and license as regulated by state boards.





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