

## Competence assessment in optometric specialty certification: the missing element<sup>a</sup>

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### Introduction

Almost 20 years ago, one of optometry's best known prognosticators, Henry B. Peters, presented a paper<sup>1</sup> on the matter of optometric specialties that is remarkable in its relevance to the current state of the profession. While some of Dr. Peters' projections of manpower needs may be open to question, and while his crystal ball was not clear enough to accurately predict the current "entrepreneurial" rush taking place in most health care delivery professions including optometry, his opinions and observations on the issue of specialty certification are no less critical now than then. His model is still valid and his concerns are still here — perhaps even more so.

Yet, in spite of the work of three AOA project teams (1968,<sup>2</sup> 1973,<sup>3</sup> and 1984<sup>4</sup>) and a Commission on Optometric Specialties (1986<sup>5</sup>), the profession, as represented by the recent decision of the House of Delegates of the AOA, has yet to embrace the concept that specialties in fact exist within optometry.

However, whatever the profession's ultimate response to the growing evidence that some form of specialization continues to evolve at various levels of sophistication and definition, there will eventually be a need to "certify" that a member of the profession who purports to offer "specialized" care to the public is indeed qualified and can be identified in an honest and meaningful way.

### Specialty evolution

A great deal can be learned by studying what has evolved in other professions, and within different national health delivery systems. Of historical interest is that the first formally recognized specialty board in medicine in the United States was in ophthalmology. Originally formed in 1917 as the American Board of Ophthalmic Examinations, it changed its name in 1933 to the American Board of Ophthalmology. At the time

of its inception, other specialty areas were being identified. These usually arose from a group of practitioners who identified a particular area of clinical interest, developed an association or academy, published a journal, and ultimately established a board for examinations in the new sub-discipline. Early in the development of medical specialties, the need for some national coordinating body was recognized, and in 1934 the Advisory Board for Medical Specialists was created, and a constitution and bylaws adopted. From this point on, official recognition of medical specialty boards in the U.S. was based on compliance with the policies and procedures of the Advisory Board and the American Medical Association (AMA) Council on Medical Education. In 1948 a more formal relationship with the AMA was established, and in 1970 the Articles of Incorporation of the Advisory Board were amended to form the American Board of Medical Specialties (ABMS), with a full-time executive director and headquarters in Illinois. Thus for all new specialties, and the growing number of sub-specialties that have evolved from already approved specialties, the ABMS is the regulating body. ABMS is structured as a "federation" of the various medical specialty boards, and as such, representatives from these boards are involved in all decisions with the associated and inherent interpersonal political complications.

During this same period a different model of specialty identification and approval evolved in Canada. From the beginning of specialty certification, the Royal College of Physicians and Surgeons of Canada (RCPC) was accepted as the recognized "umbrella" organization to control the development and recognition of specialties, as well as the education of all specialists in Canada. Given the differences in the health care delivery systems that have evolved to date in our two countries, even though we share the same continent, these two models probably serve each respective health care system quite well. In the U.S., we have a fractionated and complicated "fee-for-service"/"free-for-all" medical system, supervised by a federation of different competing factions at times; in Canada, a national health system