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tence through external (i.e., non-college or university based) examinations. With these two elements successfully completed (i.e., education and external assessment), and with any other administrative requirements that might exist (e.g., residence, age, and payment of fees) in order, new practitioners, or practitioners migrating from one state to another, are given the privilege of practicing their profession.

This model has served the profession well over the years. Optometric education has expanded, particularly since the mid-1960s with the infusion of federal money through the original Health Professions Educational Assistance Act which provided the resources to upgrade faculties, facilities and curricula. At the same time, state boards have increased their expectations of candidates for licensure, because of the expansion in scope of practice of optometry brought about by changes in the optometric practice statutes.

Some might argue about the need for this independent assessment of competence. After all, haven't the graduates spent 4 years taking tests, and don't they have the doctor of optometry degree to "prove" their competence? Unfortunately, not all graduates of all optometry schools have the necessary complement of skills to safely practice the profession. This is not exclusive to optometry, and is true of other disciplines in the health professions. State boards, therefore, become the mechanism to determine whether or not the person they are considering giving the privilege to practice has reached the competency levels expected in that state.

What is this competency level that is expected? It is *entry-level* competence — essentially a base level of competence below which it is doubtful that the person being assessed could practice "safely" on the public. Entry-level assessment at the point of licensure is nothing more than making a judgment to assure the public of the state that the candidate for licensure, *at that point in time*, has the basic knowledge and skills necessary for "safe" practice. It is *not* intended to identify other levels of competence or ability. In most states, with the exception of almost universal mandatory continuing education (which is a separate issue), that is where the matter ends!

If one subscribes to the concept that a "specialist" is a practitioner who is first a generalist, and then for whatever reason, and in whatever manner, develops additional advanced knowledge and skills in a subdivision of the general discipline, then the same model for competence assessment used for licensure, i.e., entry-level competence, could very well hold for specialty certification, i.e., a higher, specialized, competence. One would expect documentation of additional educational and/or clinical preparation, along with proof of a higher level of knowledge and skills through some form of assessment mechanism.

Competence assessment

In the outlined model of licensure for entry-level to the profession, through the stages of educational preparation and acceptable performance on challenge examinations, there are some implied general psychometric principles that must be taken into account if the system is to be of sufficient quality to stand up to public scrutiny. This system for assessment of entry-level competence has been in operation in optometry since 1901. As we look at the key elements in certifying optometric specialties, it is not unreasonable to learn from those years of experience and effort. What is required is the identification and definition of another higher level in the hierarchy of knowledge and skills, in a circumscribed clinical area within the broad scope of optometric practice.

The first of these elements is easier to deal with than the second. The educational requirements for becoming eligible for the external assessment of specialty level competence can probably be readily agreed to by those members of the profession that are recognized to have amassed their own expanded base of knowledge and skills that has evolved into an optometric specialty. I am sure that the profession-at-large would agree with the perceptions of these leaders and experts regarding the development of standards of eligibility. I cannot conceive of anyone believing, for example, that a new graduate from optometry school, who by definition is trained to be at the entry-level of skills for the practice of optometry, could be even considered eligible for specialty certification! But with the continuing development of residency training programs, the accumulation of concentrated clinical experience in practices devoted to particular areas of optometry, and methods of self-study and personalized learning, the necessary basic and clinical "education" can be reasonably evaluated and an appropriate level of "eligibility" determined. This assessment of eligibility for initial licensure is done by the state boards, and the universal standard that has been accepted at the entry-level is proof of graduation from a professional program