

# ABCMO - Organizations and Board Certification

## Background

To understand the accepted meaning of “board certification” it helps to review the following organizations and definitions.

Within the medical, osteopathic and dental professions, “board certification” signifies attainment of advanced competence in a specialty of the profession attained from completing a residency training program after receiving the professional degree, and passage of a specialty-specific written examination and the meeting of other “board requirements” that may include oral or practical clinical exams and affirmation to be governed by their specialty’s standard of ethics.

Board certification within medicine, osteopathy and dentistry is synonymous with advanced competence in a specialty. The professions of dentistry and optometry are different since their state licenses are already “limited” since their education, training and licensing prepare them to engage in the general practice of dentistry or optometry without additional training or certification. This is not the case for physicians and osteopaths who must choose a specialty in which to serve a residency and then become board certified.

The general practice of optometry and dentistry therefore does not require further training to become a specialist since their state licenses grant full legal status to practice. There is no need for board certification of dentists or optometrists engaged in general practice and this is why only some 700 of the over 370,000 general practice dentists have sought residency training in general dentistry. This is why the Joint Commission of the Accreditation of Health Care Facilities recognizes the optometry and dental professional degrees and state licenses allow each to become medical staff members and to practice as allowed by their licensure without becoming board certified in any specialty.

## Continued Competence or Maintenance of Competence (CC or MOC)

All health professions today are concerned about practitioners remaining up-to-date and current with their profession’s skill set. Unfortunately, some within optometry have confused CC or MOC with the board certification process of specialists which is incorrect.

All practitioners, whether in general or specialized practice are now expected to have CC or MOC programs in place to ensure their continued competence. This means both those in general practice and board certified specialists are expected to have CC or MOC programs. Optometry has a long history of ensuring continued competence by the requirements each state optometry board places on license renewal and no evidence has been presented to indicate these requirements are insufficient and the malpractice rate for

general practice optometrists has remained low. Only state optometry licensing boards have the legal standing to specify and require CC or MOC programs for re-licensure.

Only recently, however, have the specialty boards begun to require those board certified in their specialty to “maintain their certificate” by periodically re-documenting their advanced competence. The American Board of Medical Specialties has named their programs to ensure the continued competence of those board certified in a specialty “maintenance of certificate” or MOC. Thus MOC can be used to denote programs to ensure the continued competence of board certified specialists or programs to ensure the continued competence of general practice dentists and optometrists.

Unfortunately, some continue to misuse these terms by believing board certification is the certification of continued competence or maintenance of competence which it is not. Continued competence or maintenance of competence refers to requirements placed upon both those in general practice and those in specialty practice to ensure they maintain their skill sets. Optometrists and dentists in general practice must meet requirements placed upon them by their state boards for license renewal and now those board certified in a specialty must do the same by meeting maintenance of certificate requirements.

### **ABCMO**

The American Board of Certification in Medical Optometry follows the established system of specialty certification by requiring completion of an ACOE accredited residency in medical optometry and passage of the written exam testing “Advanced Competence in Medical Optometry” (ACMO), offered by the National Board of Examiners in Optometry. ABCMO offers certification in the specialty of medical optometry using the same criteria required of physicians, osteopaths, dentists and podiatrists by their certifying specialty boards.

### **ACOE**

The American Council on Optometric Education (ACOE) accredits American schools and colleges of optometry and post-graduate optometry residency training programs. ACOE accreditation is required for residency programs operated by the Department of Veterans Affairs and the schools and colleges of optometry. A small number of independent residency programs are not ACOE accredited. [www.aoa.org/x5153.xml](http://www.aoa.org/x5153.xml)

### **ASCO**

The Association of schools and colleges of optometry or ASCO. ASCO worked with the DVA in the late 1970s to introduce optometry residency training programs within VA hospitals and clinics. Those programs have spread within and outside DVA and today about 300 licensed optometry graduates enter residency training of which most concentrate on medical optometry or about 20% of those graduating from optometry school. There are 9, ASCO approved, optometry specialties suitable for residency training. [www.opted.org](http://www.opted.org)

### **Board Certification (BC)**

Understood within medicine, osteopathy, dentistry, and podiatry as requiring, after licensing, residency training in a specialty followed by passage of written, oral and sometimes clinical examination and the meeting of other requirements set by their certifying board JCAHO requires specialists in medicine, osteopathy, dentistry and podiatry to be BC to be appointed to the medical staff of accredited health facilities and to hold clinical privileges. It does not require BC of general practice dentists and optometrists since a license to practice is the sole legal requirement.

### **ABO**

The American Board of Optometry offers a voluntary “board certification” that open to **all** licensed optometrists. A 34 page description is at the AOA website. It does not require residency training but allows those who have completed residency training to take an examination (not ACMO). Since 95% of licensed optometrists have not served residencies and like, dentistry, optometry considers itself to mainly consist of those in general practice, this is essentially certification of general practice optometry. ABO has no legal standing to require its “certification” in general practice since this is the legal role of the state optometry boards. [www.aoa.org](http://www.aoa.org)

### **Joint Commission (JCAHO)**

The Joint Commission on the Accreditation of Healthcare Organizations. The body that accredits US medical hospitals and clinics and sets policy that determines the requirements for practitioners to be appointed to the medical staff and how clinical privileges are set. The JCAHO requires specialists to be board certified but does not require general practice dentists and general practice optometrists be board certified. The JCAHO dental and optometry practice laws as the determinant of clinical privileges. All DVA health facilities are JCAHO accredited as are most US health care hospitals and clinics. [www.jcaho.org](http://www.jcaho.org)

### **NBEO**

The National Board of Examiners of Optometry. The development of the first optometry residencies within the DVA in 1975 later led the National Association of VA Optometrists to encourage and work with NBEO to develop the ACMO exam for those completing VA residencies. Because it was only recently that significant numbers of residencies positions became available and considerable resources are required to develop a creditable written examination and securely deliver it to geographically diverse locations it was not until 2005 that ACMO became operational. The establishment of ACMO has allowed the final, third step necessary for traditional board certification; creation of the American Board of Certification in Medical Optometry.

Eventually other optometry specialty boards may develop that require other NBEO specialty written examinations. [www.optometry.org](http://www.optometry.org)

**Scope of Practice**

Board certification can not alter or expand scope of practice since these are legally determined by the state optometry laws and state boards that administer them. The JCAHO affirmed this fact in 1986 by accepting the OD degree and license as sufficient credentials to practice general optometry within JCAHO accredited health care facilities.

There is longstanding evidence, however, that accredited health care organizations prefer to appoint optometrists who have completed accredited residencies. Board certification requiring residency training does enhance appointment within accredited health organizations. [www.arbo.org](http://www.arbo.org)

**DVA**

The Dept. of Veteran's Affairs operates the world's largest system of medical hospitals and outpatient clinics. All medical, dental, optometry and podiatry schools have teaching affiliations with DVA which operates the largest clinical training program in the nation. A national DVA Optometry Service was organized in 1976 that today operates the largest clinical teaching program for optometry externs and residents. Each year over 1,000 optometry students rotate through a DVA facility for training and there are 145 accredited residency training positions based at DVA facilities. All DVA health care facilities are JCAHO accredited. [www1.va.org/optometry](http://www1.va.org/optometry)