

Optometry Specialties

Background: Specialties arose in medicine around 1930 and later in dentistry, optometry and podiatry as their clinical responsibilities expanded. Today it is virtually impossible for a medical, dental, optometry or podiatry practitioner to be fully qualified in all aspects of their profession.

While over 80% of medical practitioners are certified by a recognized specialty board, the percentage is much lower for dentists and optometrists because they are “defined-licensed” practitioners for whom their degree and license permit the general practice of their professions. As a result the majority of dentists have not specialized nor served specialty residents and are in general practice. While it is likely optometry will also continue to primarily consist of general practitioners, there are clearly more specialty residency programs each year and a need exists to establish viable credentialing and career paths for those completing residency training.

Although optometry residency programs began in 1975, optometry has been slow to establish the credentialing and career paths of written specialty examinations and specialty certifications that benefit those completing residency specialty training in our sister medical professions.

At this time there are:

- o 24 allopathic (M.D.) medical specialty boards.
- o 18 osteopathic (D.O.) medical specialty boards.
- o 9 dental specialty boards.
- o 6 podiatry specialty boards.
- o 1 optometry specialty board.

These 58 specialty boards are accepted by credentialing-privileging committees at Joint Commission accredited US health care facilities such that practitioners certified by these boards are accepted, and credentialed, as board certified specialists. Specialty credentialing is therefore important since specialists tend to seek positions within accredited health care faculties.

The distinguishing requirement of these specialty boards is that to receive their certification applicants must have completed an accredited post graduate, clinical residency program in their specialty and to have passed an independent, national written examination testing advanced competence in that specialty in order to be considered for certification by the specialty board for their specialty.

Optometry Specialties: Optometry residency programs began in 1975 within the US Department of Veterans Affairs and originally concentrated in the specialties of medical optometry and rehabilitative optometry as there was a need within the VA for optometrists with postgraduate residency training in these areas. There are now about 220

VA optometry residents. By the late 1980's residency program had been established at many schools and colleges of optometry and independent ophthalmic referral and teaching clinics, bringing the current number of US residency positions to about 400.

The Association of Schools and Colleges currently lists 11 areas suitable for specialty residency training.

With the current graduation rate of just over 1,600 per year from the schools and colleges of optometry, 25% of optometry graduates are now electing to specialize via residency training after receiving their degree.

Beginning in 2000, the National Association of VA Optometrists opened discussions with the National Board of Examiners in Optometry [NBEO] that prepares and administers the series of national written and clinical examinations required by state optometry boards for licensing of graduates. These discussions resulted in the creation of, and first national administration in 2005 of the written optometry specialty examination, Advanced Competence in Medical Optometry.

In 2009 the American Board of Certification in Medical Optometry formed [the first optometry specialty board] and began to issue board certifications in the specialty of medical optometry and is now accepted at US accredited health care organizations as the specialty board for medical optometry.

As a result there is an optometry specialty, medical optometry, that fulfills these three recognized requirements for recognition as a specialty.

1. Accredited residency training in a well defined and limited area of optometry.
2. Passage of a standardized national written examination testing advanced competence in that defined specialty area of optometry.
3. Certification of specialty competence in that specialty area by the national specialty board for that specialty.

Additional Specialty Boards Needed: While medical optometry has the most number of residents, there are other specialty residencies that offer valuable and needed training and those completing these residency training programs would also benefit from the credentialing path open to medical optometrists of, residency training, passage of a national written specialty examination and certification by their own specialty board.

The course of development of specialties in medicine and dentistry shows they evolved at the grass roots level rather than from the top down. Creating additional specialty boards and specialty examinations will require those residency trained in those optometry specialties to initiate and support their establishment.

This AAOSB formed to assist in the development and recognition of optometry specialties and to educate the public about the importance of optometry specialty certification.