How Specialty Boards are Recognized And the Role of ABOS

Physician Specialization:

At one time all prescribing health care providers became eligible for licensing to enter private practice shortly after receiving their professional degree. Medicine, having the broadest scope of practice however, began to require a one-year internship after the M.D. to become state licensed to practice medicine. Today, all state medical boards require 1 to 2 years of supervised training-practice (once termed an internship) after the M.D. or D.O. degree, to become eligible for licensing to practice medicine.

As early as 1930 however, physicians (those holding a license to practice medicine) began to develop specialties from informal training after licensing or by serving what began to be called specialty "residencies" under the supervision of a recognized expert in the specialty, often at a teaching hospital or clinic.

Physicians continued thereafter to differentiate themselves by serving residencies in increasing number of specialties. For example, the American Board of Medical Specialties recognizes 24 for M.D.s and osteopaths (D.O.s) have 18 recognized specialty boards.

Physician specialty boards began to form to certify the competence of selected physician specialties by requiring completion of both a residency in the specialty and passage of a written/oral examination in the specialty acceptable to the specialty board, a process that became know as "board certification" of physician specialists.

The increasing use of hospitals by physicians to treat more complex medical conditions accelerated the movement towards physician specialization because hospitals and their accrediting agencies began to prefer that complex diseases/conditions be treated by specialists certified by recognized specialty boards. Recognition of a physician specialty board is achieved by its becoming utilized for credentialing-privileging purposes by Joint Commission accredited health care organizations.

Non-physician Specialization:

With time, changes in licensing laws, increased treatment options and responsibilities, dentists, optometrists, podiatrists, and other independent prescribing licensed health professions also developed specialties and board certifications of specialists.

Whereas about 90% of physicians are board certified specialists, fewer independent, prescribing licensed non-physicians are certified specialists since these professions have more limited scopes of licensed practice.

There are 9 recognized specialties in dentistry, 6 in podiatry and 1 in optometry having specialty boards recognized by credentialing committees at Joint Commission accredited medical facilities.

Recognition of these 16 non-physician specialty boards means that a dentist, optometrist or podiatrist certified by them is credentialed at accredited health care organizations as a dental, optometry or podiatry specialist rather than as a general practitioner of dentistry, optometry or podiatry.

A specialty board for physicians or non-physicians therefore becomes recognized from being utilization for specialist credentialing purposes at accredited health care organizations.

The hallmarks required of a specialist seeking credentialing at accredited medical facilities are therefore:

1. Residency training in the specialty.
2. Passage of a national specialty examination
3. Existence of a national specialty board issuing board certification in the specialty.

<u>Standards of Specialty Boards:</u>

Not all specialty boards are recognized by credentialing committees. For example, the specialty board for Plastic Surgery is recognized but the specialty board for Cosmetic Surgery is not.

There are specialties having specialty boards that issue “board certifications” that do not meet the standards of accrediting bodies at medical facilities or their profession’s “association” of specialty boards. Some eventually become recognized but others do not. While holders of non-recognized

specialty certifications are free to state they are “board certified” to the public when in private practice, their credential will not be accepted by credentialing committees at accredited health care facilities which reduces their usefulness.

Current Standards of Optometry Specialties:

While there are 11 named optometry specialties listed by the Association of Schools and Colleges of Optometry (ASCO), only one optometry specialty, Medical Optometry, has established a specialty board, residency programs and a national written specialty examination at this time.

The American Board of Certification in Medical Optometry (ABCMO) began to issue board certifications in medical optometry in 2010 that are now recognized by credentialing committees at Joint Commission accredited health care organizations as well as private clinics and practices.

ABCMO formed in 2009 as an IRS qualified, not-for-profit, charitable organization and its required, standardized, national written examination, Advanced Competence in Medical Optometry (ACMO) has been administered since 2005 by the National Board of Examiners in Optometry.

The bylaws, under which ABCMO operates, specifically require it to utilize equivalent standards, as appropriate for the profession of optometry, as those of recognized medical, dental and podiatry specialty boards.

Purpose of the American Board of Optometry Specialties:

Since the prime purpose of a specialty board is to protect the public from less than fully qualified specialists, most health professions have established organizations of specialty boards similar to the American Board of Medical Specialties (ABMS) that oversees the credentialing of M.D. specialists to ensure that its member specialty boards adhere to the highest standards.

It is for this reason of setting high standards that ABMS member physician specialty boards, and those of similar organizations for osteopathic, dental and podiatry specialty boards, are accepted for the credentialing of specialists at Joint Commission accredited health care facilities.
The American Board of Optometry Specialties (ABOS) exists to encourage, support, and provide recognition of optometry specialty boards meeting the

same high standards of excellence required of recognized medical, osteopathic, dental and podiatric specialty boards, as appropriate for the profession of optometry and as established by ABCMO, now recognized by accredited health care organizations as certifying a practitioner as a specialist.

Growth of Optometry Specialty Residency Training

Post graduate optometry specialty residences began within Veterans Affairs hospitals and clinics in 1975 which had been struggling to meet a congressional mandate to provide better optometry care. These VA optometry residency programs allowed the VA to recruit optometrists prepared to practice within medical settings. They were, and are, successful, having high retentions of residents as staff. Today VA operates 81 accredited residency programs, affiliated with schools of optometry, at which some 225 VA residents train per year.

Soon schools of optometry began specialty residency programs at their campus teaching clinics followed by external clinical settings and referral centers including a small number of Dept. of Defense medical centers. All are accredited and affiliated with schools of college or medicine.

By 2014 the number of residents in training at VA and non-VA facilities totaled just under 400 which meant that in 2014 about 25% of those receiving their O.D. degree went on to serve a residency.

Why ABOS Was Established

A) Equity with other profession's specialty recognition and certification.

While those completing medical optometry residency programs have the career path open to them (residency, national specialty examination, board certification) open to medical, osteopathic, dental and podiatry specialties, other optometry specialties do not.

There are now 11 differently named optometry residency programs having considerable content overlap along with new specialties not yet named. None have developed national specialty examinations or specialty certification boards.

Those completing these specialty residency programs are thus unable to receive the recognition and certification open to those completing specialty residencies in medical optometry or in medicine and dentistry specialties.

The validity and value of certifying specialist competence and thereby identify them to the public and credentialing committees, is long standing and of unquestioned value and usefulness.

After 40 years of developing optometry specialty residencies, it is a disservice to those completing accredited optometry specialty residencies, as well as to the public, to not ensure they have access to the long accepted 3-step mile stones of achievement; residency, specialty examination and specialty board certification.

ABOS has as it purpose encouraging, supporting and setting the standards which optometry specialty boards must meet to, like recognized medical and dental specialty boards, be accepted as certifying specialist competence by credentialing committees at Joint Commission accredited health care organizations.

B) No organization exists to set uniform criteria for specialty boards or champion their establishment and development.

Existing optometry organizations, while recognizing the value of specialty residency training, and the development of specialties, have elected to not be involved with certifying optometry specialists or recognizing specialty boards. This is a good situation as it avoids conflicts of interests and maintains transparency and independence between the three legs of residency-specialty examination-specialty board.

1. The American Academy of Optometry studied certification of optometry specialists over the years but its Executive Council in 1984 decided this was not within the purview of the Academy as it is a knowledge-based body rather than a competency certifying body.

"With few exceptions, optometrists in 1922 could pursue their profession only as private practitioners. Now there are a multitude of practice settings including HMOs and other multidisciplinary clinics, hospitals, the uniformed and public health services, Veterans Administration, etc. And optometry residencies were non-existent until 1975."

“The issue of … credentialing of optometric specialties…were high on the list of concerns as 1970 came to a close.”

“A second challenge (facing the Academy) is in the field of certification of the optometric specialties. “

“To clarify an issue of concern because of the growing attention to credentialing and certification, the Executive Council expressed the position that neither Academy fellowship nor section diplomate status constitutes certification of specialization, and that diplomates are knowledge based, not competency based.”

2. The American Optometric Association formed a Project Team on Certification that reported its results in 1984. Based on its recommendations, the House of Delegates established a Commission on Optometric Specialties that conducted a two-year study on whether the AOA should, or could, recognize specialties and certify optometry specialists.

That commission released its recommendations in 1986 which set forth recommended “criteria for the recognition of specialty areas in optometric practice and for identifying a certifying body for a recognized specialty.”

The Commission recommended the AOA not certify specialists itself but could recognize bodies external to the AOA as specialty boards certifying specialists. To accomplish this, changes to the AOA bylaws would be required and the Commission’s proposals were put before the House of Delegates on June, 1986 which voted against accepting the Commission’s recommendations. As a result the AOA places no role in the recognition of specialties and the certification of specialties, leaving these matters to external bodies.

3. The National Board of Examiners in Optometry developed and administers the written specialty examination Advanced Competence in Medical Optometry but plays no other role in the certification of specialists in medical optometry.

4. The Accreditation Council on Optometric Education accredits optometry residency programs but plays no other role.

5. The Association of Schools and Colleges of Optometry operates a residency matching service and maintains a list of specialties suitable for residency training but plays no other role.

Concluding Comments on Role of ABOS

For reasons of transparency, avoidance of "regulatory capture" and conflicts of interest, other medical professions maintain independence of each of the three parts of the training, testing and certification of specialists to insure complete administrative independent of each other.

The role of ABOS is to provide the independent, standards setting, 3rd component of this accepted process for training, testing and certifying specialists. To act as a body to recognize, via membership, specialty boards holding such standards they will be recognized as specialty boards by credentialing bodies at accredited medical facilities and health care organizations. As a result those completing accredited specialty residencies will have the same career path as those completing accredited medical, dental, and podiatry residencies.

This completed process and affiliated optometry agencies, is below:

Training: Residency Director, ACOE, ASCO, Academic Affiliate

Testing: National Board of Examiners in Optometry

Certification: ABOS recognized specialty boards

ABOS will offer ad hoc, non-voting, advisory seats on its Board of Directors for all affiliated agencies to further communications and coordination with them but will remain independent of them for the above reasons.

Selected References:

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4. Website of the American Board of Medical Specialties. www.abms.org
5. Website of the American Osteopathic Association. www.osteopathic.org
6. Website of the American Dental Association. www.ada.org.
7. Website of the Association of Schools and Colleges of Optometry. www.opted.org
8. Website of the American Optometric Association. www.aoa.org.
9. Website of the Joint Commission. www.jointcommision.org.