



Response of the Association of Regulatory Boards of Optometry to the request for comments for the Summit on Board Certification & Continued Competency

**April 29-30, 2001
St. Louis, MO**

As the basis for discussions at the American Optometric Association's (AOA) Summit on Board Certification and Continued Competency, the following four questions have been advanced to attending organizations:

1. Is there a need or demand for demonstrating continued competence in optometry?
2. How can we best measure or demonstrate continued competency in optometry?
3. What measures of continued competency currently exist in the profession?
4. Can board certification be useful as one of the tools to demonstrate continued competency in optometry?

The Association of Regulatory Boards of Optometry (ARBO) thanks the AOA for its invitation to the summit and appreciates the opportunity to reflect on the topic of continued optometric competence.

1. Is there a need or demand for demonstrating continued competence in optometry?

ARBO has recently completed a survey of US regulatory boards of optometry on disciplinary actions taken against licensees over the last five years. Fifty-four regulatory boards were queried (fifty states, the District of Columbia, Puerto Rico, Guam and the Virgin Islands), with fifty responding, a 93% return rate. The states surveyed regulate 38,424 licenses (this overly large number reflects the many practitioners who hold two, or sometimes more, licenses). The generally accepted assumption of low malpractice insurance rates for optometrists is widely held as a reflection of practitioner competence, however, due to ARBO's inability to query the National Practitioner Data Bank, we were not able to factor malpractice data into this survey.

The survey data indicate a consistent, broad-based small number of disciplinary actions taken against practitioners, with only 2 states reporting more than 25 official actions against licensees over a five-year reporting period. In fact, only 7 (16%) of the 43 states that identified the number of consumer complaints resulting in official action reported filing 6 or more adverse actions against licensees. A majority of 36 boards (84% of the 43 boards reporting; 67% of the 54 boards surveyed) have taken 5 or less disciplinary actions against a practitioner's license during the last five years.

This is a remarkably low rate of incidents given the generally accepted estimate of the professional population of approximately 34,000. Using the reporting parameters identified in the survey, if we assume a worst-case scenario of even 250 disciplinary cases over a 5-year period for the 43 boards (with respectively 37,838 licenses) reporting on final adverse actions, only 0.7% of practitioners faced some form of disciplinary action. These data imply the current system of continued competence assurance is working adequately, as there appears to be only limited incidents of incompetent clinical care. Couple this with further survey data which indicate that 64% of state boards feel that continued competence is not an issue at this time and argument in support of expanding continued competence programs would appear redundant and unnecessary.

But as Benjamin Disraeli famously said, “There are three kinds of lies: lies, damned lies and statistics,” and from ARBO’s perspective, statistics cannot be the only factor in this debate. The political climate of health care in the United States at present is charged with consumer protection initiatives that center on *assurances* that health care providers maintain an established level of competence, *regardless* of the actuality of disciplinary data or malpractice insurance rates. This drive to initiate policy change on the issue of competence assurance has been raised in several contexts over the last 20 years, but most predominantly by the publication in 1995 of the Pew Health Professions Commission, Taskforce on Health Care Workforce Regulation report, *Reforming Health Care Workforce Regulation*. This authoritative and widely-disseminated report called to task the efficacy of the US licensing and regulatory structure, and identified ten key areas that warranted changes to protect the public safety and welfare. The report stimulated dialogue at all levels among groups that count public safety and/or regulatory interests as part of their mission, ARBO included.

The Pew Health Professions Commission, Taskforce on Health Care Workforce Regulation went on to deliver three more reports, the first reporting on the dialogue and actions spawned as a result of the original report (*Considering The Future of Health Care Workforce Regulation*, December 1997), then, in two separate reports, discussing three major areas where substantive change would likely have the most beneficial effect on public safety (*Strengthening Consumer Protection: Priorities for Health Care Workforce Regulation* (October 1998) and *Recreating Health Professional Practice for a New Century* (December 1998)).

From ARBO’s perspective, and that of many other regulatory-oriented organizations, the key recommendation advanced by the Taskforce, and which instigated an enormous amount of debate among interested organizations, was the following (which appeared in all of the reports):

States should require that their regulated health care practitioners demonstrate their competence in the knowledge, judgment, technical skills and interpersonal skills relevant to their jobs throughout their careers.

Recognizing the impact of such a recommendation on ARBO’s Member Boards, ARBO participated in founding the Interprofessional Workgroup on Health Professions Regulation (IWHPR), an informal coalition of organizations representing 18 separate health disciplines, which hosted the July 1997 Continued Competency Summit. Advancing the dialogue several steps further, ARBO conducted workshops on continued competence assurance for state board members and staff at its 1998 Annual Meeting, and followed by hosting the intra-profession National Optometric Continuing Education Conference (NOCEC) in April 1999, which featured participants representing educators, academics, regulatory boards, optometry’s testing agency and the profession’s political organization debating in panel discussions and workshops the various merits of CE.

ARBO is one of many groups that have explored this issue, as a spate of dialogue has occurred in the last few years stemming specifically from the Pew Commission reports. The consumer-focused Citizen Advocacy Center, for example, has recently begun talks with IWHPR to host a new conference designed to identify and overcome existing obstacles to progress on continued competency at the state board level.

This level of public pressure to address continued competence is without precedence and is unlikely to abate, as evidenced by the ongoing dialogue that occurs among the national groups who have a vested interest in regulatory concerns and public safety. To ignore this growing, and accepted, public view of the necessity of continuing competency assurance will certainly imperil a myopic profession, be it optometry or any other health care provider group.

2. How can we best measure or demonstrate continued competency in optometry?

State regulatory boards have long utilized CE as a means by which the public may be assured of a licensee's current competence to practice. Even today, mandatory CE is the accepted foundation of assuring continued competence, and yet many independent, authoritative sources (the Pew Health Professions Commission among them) have argued that there is no empirical evidence that supports CE as a valid form of competence assurance. At the April 1999 NOCEC, ARBO challenged attendees with the focused question, is continuing education (CE) still a valid tool or is it time for a change? ARBO's NOCEC position paper attempted to answer this question by recommending consideration of:

1. Development of organized learning tracks;
2. Better CE quality controls;
3. Acceptance of alternate forms of CE delivery;
4. Development of standards for, and widespread adoption of, post-course testing.

The knowledgeable and experienced NOCEC participants had various suggestions for improving CE and assuring competence, and the benefit of this intra-profession dialogue was amply evident in the valuable assessments that arose from the issue-specific workshops. NOCEC's final recommendations outlined a clear, broad direction intended to provide the profession with the impetus and challenge to begin to look at options for change.

This background supports ARBO's view of the long-standing acceptance of CE in optometry as a means of competence assurance (despite its flaws), and it therefore would be counter-productive to develop a process that ignores this entrenched facet of professional life, to instead advance a new and untested mechanism that might conceivably erode important gains in securing practitioner compliance. ARBO believes that any future consideration for continued competence assurance should accommodate and promote CE in some form, though we feel a meaningful dialogue among interested organizations is necessary to continue to seek out improved methods of enhancing these traditional educational tools. ARBO recommends the furthering of this profession-wide dialogue as a central outcome of the Summit.

3. What measures of continued competency currently exist in the profession?

During its long exploration of this issue over the years, ARBO has encountered several programs that purport to assure continued practitioner competence. Unequivocally, an organized assessment of known competency assurance programs, incorporating empirical data derived from appropriate

measurement tools, should be undertaken to help define the future direction for the profession. Such an analysis far exceeds the scope of this paper.

However, as mentioned in our response to Question 2 above, the reality of the profession at this time strongly suggests that the most acceptable and understandable mechanism for fostering practitioner continued competence lies in the development of programs, assessments and learning tools centered on the existing CE delivery system. This analysis is supported by the fact that all fifty states, plus the District of Columbia, Puerto Rico and Guam, require CE credits for re-licensure and likely will continue to use CE as a component of license renewal, barring compelling evidence that completely rejects it as a form of competence assurance.

This supposition does not address the question of which system, if any, can either measure or demonstrate continued competence; ARBO merely acknowledges the reality of the existing system in optometry and suggests that a solution built upon it may help promote a better practitioner. As suggested in our answer to Question 2, an intra-profession task force would be better positioned to further examine this, and other questions, that will likely arise from this Summit.

4. Can board certification be useful as one of the tools to demonstrate continued competency in optometry?

The term “board certification” as commonly used within the medical community refers to earned credentials at a level above licensure. In effect, board certification is a tool that lends itself to the assessment of competence in a specified, narrow area of advanced competence, and is a credential typically controlled by independent, private organizations. Continued competence, in any profession, refers to the maintenance of the appropriate level of knowledge and skills necessary to meet the general and current standard of care, and is *a prerogative of state licensing boards, granted by extension of each state’s practice act.*

The distinction between the two is critical to understanding the concept of continued competence assurance and underlies the credibility of any profession that chooses to develop a program based on one premise or the other. Clearly, “board certification” is a term that has no place when describing a process related to continued competence, and to do so invites damaging criticism and professional confusion. ARBO steadfastly opposes development of any “board certification” program that purports to be a form of continued competence assurance.

Conclusion

The recommendation on continued competence advanced by the Pew Health Professions Commission (cited on page 2) unambiguously holds state regulatory agencies responsible for assuring and defining continuing competence for its licensees, a natural consequence of a states’ privilege to grant a license, or to withdraw it if the public’s safety is at risk. However, further in the same analysis, and worthy of note, the Pew Commission also makes a place for collaborative efforts among professional organizations to develop the tools that actually conduct the competence assessment: “The states should establish the assessment standards they expect licensees to meet, thereby stimulating private sector responsiveness and minimizing the chance of inappropriate, irrelevant or unreasonable standards being set.”

True constructive progress within the profession should be built upon an ongoing, intra-profession dialogue in the form of an independent, standard-setting body (an Optometric Continued Competence Council?) with a mandate to review all processes that may affect practitioner competence in a reliable and uniform manner. ARBO believes this model of regulatory board standard setting and private-sector program development is a natural symbiosis that encourages the cooperative and constructive advancement of the profession, and strongly urges the participants of the Summit to support this concept for continued dialogue on this important issue.

References:

1. Association of Regulatory Boards of Optometry. Survey on State Board Disciplinary Actions, March 2001.
2. Pew Health Professions Commission, Taskforce on Health Care Workforce Regulation:
 - Reforming Health Care Workforce Regulation, December 1995.
 - Considering The Future of Health Care Workforce Regulation, December 1997
 - Strengthening Consumer Protection: Priorities for Health Care Workforce Regulation, October 1998
 - Recreating Health Professional Practice for a New Century, December 1998

(Pew Health Professions Commission publications are available on the web at:
<http://futurehealth.ucsf.edu/publications/index.html>)
3. Interprofessional Workgroup on Health Professions Regulation. Continued Competency Summit: Assessing the Issues, Methods and Realities for Health Care Professions, July 1997.
4. Association of Regulatory Boards of Optometry. National Optometric Continuing Education Conference (NOCEC) Final Report, April 1999.