Optometry Credentialing at Medical Facilities

Purpose:

Credentialing optometrists can be complex compared to other health practitioners because only states can issue licenses to health care practitioners and there is variation among the states as to what constitutes the practice of optometry. These variations first arose when the scopes of practice permitted optometrists by the states expanded after 1970 as a result of additional optometry didactic and clinical training and these scopes of practice continue to evolve to this day and some states issue different levels of licensure depending upon an optometrist's training and experience. (1)

This article provides guidance to credentialing-privileging committees at *Joint Commission* accredited medical facilities seeking to credential optometrists who are, or will become, members of their medical staff.

Only States License Practitioners:

States have long had sole authority to protect the health of their residents by requiring its health care practitioners be licensed by the state. This authority has been reaffirmed by the U.S. Supreme Court and federal licensing of health practitioners does not exist. (2)

There are variations among the states in the scope of practice permitted health care practitioners with optometry varying the most from state-to-state. (3)

Initial Optometry Licensing Laws were Uniform:

The first optometry licensing board was established in 1903 (Minnesota) and within about 25 years all states had established optometry licensing boards. Use of the term "optometrist" to describe those examining the eye, determining refractive error and selling eyeglasses, appeared early, but the licensing of optometrists was initially opposed by state medical societies because, in their view:

1. Optometry was the "practice of medicine" and should be regulated by state medical licensing boards. (4)

2. Optometry licensing would exclude physicians from prescribing and selling eyeglasses unless they held an optometry license.

Optometrists argued that "A lens is not a pill"; an optometry examination involved no medicine or drug; and optometrists were not practicing medicine and should not come under the authority of state medical licensing boards. In addition, optometrists placed in proposed optometry licensing laws clauses that optometrists would not use or prescribe drugs and physicians could prescribe and sell eyeglasses without an optometry license.

Those first optometry licensing laws were essentially uniform across the states and limited optometrists to examining the eye, performing refractions and prescribing optical aids.

Pre 1960 Optometry Training:

Independent schools of optometry appeared late in the 19th Century and the first university optometry training program was established at Ohio State University in 1916. Today, most optometry schools are based at universities and all award the professional degree O.D. (Doctor of Optometry) after a four-year postgraduate course for which a bachelors degree in an appropriate preparatory course of study is generally required as a prerequisite. (5)

Because the practice of optometry was initially narrowly defined, optometry state practice acts from 1903 through the1960s remained essentially equivalent and relations with medicine usually cordial from optometrists referring medical eye cases to physicians.

Increased Training Brought Diversity:

Due to the expanding length and depth of training in ocular disease, pharmacology and use of the ophthalmoscope to examine the internal eye that began in the 1960's, optometry began to see its role as primary eye care. A new generation of optometrists, trained to diagnose and treat ocular and systemic-related diseases, found their ability to do this was hampered by the original and now outdated optometry licensing laws.

By early 1970 optometry concluded that to fulfill its legal obligation to detect ocular disease, its practitioners needed to dilate the eye's pupil to facilitate ophthalmoscope examinations and to anesthetize the cornea to test for glaucoma. (6) Efforts began to update state optometry laws to include diagnosis and then treatment of certain eye diseases by optometrists that produced a conflict with some physicians that waxes and wanes to this day. All states now permit optometrists use of diagnostic drugs and specified types of medical-surgical treatment for certain eye diseases.

As a result, since 1972, variation in the types of medical-surgical treatments provided by optometrists in each state have evolved and created the need for individual credentialing of optometrists to ensure their clinical privileges are governed by their state license of record.

Credentialing of Optometrists:

(1) Approximately 1,200 optometrists practice within federal health care facilities as commissioned officers (Dept. of Defense, U.S. Public Health Svc.) or civil service employees (U.S. Dept. of Veterans Affairs). Federal facilities, spread across states, territories and foreign countries, credential optometrists holding licenses from states with

different scopes of optometry practice and often serve at federal facilities in different states during their federal career.

Federal optometrists are required to hold a license from a U.S. state, commonwealth, territory or district. Clinical privileges granted by their facility are congruent with those authorized by their optometry license, which need not have been issued by the state in which their federal facility is located.

(2) Optometrists practicing at state or locally chartered health facilities are issued clinical privileges congruent with their license, training and facility requirements. The optometry license must be issued by the state in which the facility is located.

(3) In 1986 Joint Commission policy addressed the issue of Licensed Independent Practitioners at health care organizations and noted that optometrists may be made members of the medical staff and hold clinical privileges permitted by their state license and the facility.

(4) Currently, optometrists are credentialing at Joint Commission accredited facilities by the same credentialing committees and standards that credential physicians, dentists and podiatrists.

Levels and Types of Optometry Credentials:

A: General Practice

License:

The necessary and sufficient credential for general practice is a valid, current state license to practice optometry. Each state utilizes, for license renewals, a Maintenance of License (MOL) program which requires specified hours of verified attendance at COPE approved continuing education programs and lectures. COPE is a program of the Association of Regulatory Boards of Optometry that accredits CE programs and tracks and reports annual CE attendance hours to state boards using unique tracking numbers issued to optometrists.

Due to the diversity of state optometry laws, credentialing committees should inform themselves of the specific diagnostic and therapeutic privileges authorized by the license held by an optometrist. At state or local Joint Commission accredited facilities, the license must be from the state in which the facility is located.

Voluntary General Practice Credentials:

No federal or state accredited medical system, insurance panel or Medicare-Medicaid programs require clinical credentials other than a valid, current license, for the practice of optometry within their systems or before the public.

While not required for appointment to the medical staff, or to hole privileges, general practice optometrists may hold voluntary credentials attesting to their additional efforts maintain continuing competence in general practice as listed below:

(a) Fellow of the American Academy of Optometry (FAAO).

Election as a Fellow requires submission of written case reports and an oral examination. The Academy application process is "knowledge based" and not "competency based" and election as a Fellow does not "…constitute certification of specialization…" About 10% of licensed optometrists are Fellows. The AAO holds an annual, well-attended, national meeting which features accredited CE lectures and programs of high quality.

(b) Optometric Recognition Award Program.

This voluntary award, issued by the American Optometric Association since 1980, encourages optometrists to pursue education beyond the requirements of their state licensing board's required maintenance of license programs by completing 150 approved CE credit hours over three consecutive years. At this time about 5% of licensed optometrists are enrolled in this program.

(c) NBEO-Board Certification.

The National Board of Examiners in Optometry prepares and administers the examinations required by all state licensing boards for granting of licenses to qualified optometrists and the specialty examination Advanced Competence in Medical Optometry.

While described as "board certification", this credential is essentially additional, voluntary "maintenance of license" in general practice since it does not require postgraduate residency training in a specialty or passage of a specialty written examination such as Advanced Competence in Medical Optometry.

"NBEO-Board Certification recognizes and promotes professional lifelong learning to practicing optometrists through the joint Board Certification and Maintenance of Certification programs, thereby encouraging and supporting excellent optometric care of the general health, welfare and benefit of the public.

(d) American Board of Optometry.

Also described as "board certification", this credential is essentially additional, voluntary "maintenance of license" since it does not require postgraduate residency training in a specialty of optometry or passage of a specialty written examination.

This certification allows licensed optometrists to "Demonstrate your competence and commitment to lifelong learning through the American Board of Optometry's Board Certification and Maintenance of Certification."

B: Specialty Practice

Licensure:

Hold a current, valid, state license to practice optometry in compliance with all state-required maintenance of license programs. At state and local accredited medical facilities this license must be in the state at which the facility is located.

Specialty Credentialing:

To be credentialed as a specialist at Joint Commission accredited health care organizations the optometrist must:

(1) Successfully complete a postgraduate, specialty residency training program accredited by the Accreditation Council on Optometric Education, or equivalent, recognized by the American Board of Optometry Specialties.

(2) Successfully complete a national, written specialty examination after completing residency in that specialty administered by the National Board of Examiner in Optometry or equivalent, accepted by the American Board of Optometry Specialties.

(3) Meet all other requirements set by the ABOS recognized specialty board appropriate to the applicant's residency training and written examination.

(4) Be actively enrolled in the Maintenance of Specialty Competency program of an ABOS recognized specialty board.

Summary:

The licensing of general practice and specialist optometrists is, by law, governed by state optometry licensing boards which do not differentiate between general practitioners and specialists. As in medicine, licensing is a state function whereas certifications of specialists are done by independent specialty boards.

It is the responsibility of credentialing and privileging committees at Joint Commission accredited health care organizations to approve optometrists for appointment to their medical staff and delineate their independent clinical privileges utilizing the methods of credentialing used for physicians, dentists, podiatrists and optometrists and other Licensed Independent Practitioners.

It is recommended all applicants for staff membership be required to provide the results of their self-query from the National Practitioner Bank within 3 months immediately prior to application for privileges.

Due to variations in state optometry laws, care must be taken to ensure all independent privileges assigned optometrists are congruent with those of the state issuing their license under which they practice.

Differentiation must be made between the "board certification" of general practice optometrists, which while meritorious, are voluntary, additional maintenance of license (MOL) at the level of licensure and the board certification of optometry specialists following residency training and passage of a specialty examination.*

To be credentialed as a "specialist" an applicant optometrist must have completed a recognized residency training program in that specialty, passed a national, NBEO or equivalent, written examination in that specialty and be board certified by an American Board of Optometry Specialties member board and taking part in the Maintenance of Specialty Competence program required by that specialty board.

[* Medicine, dentistry and podiatry typically do not have "board certification" programs that do not require specialization via residency training.]