EDITORIAL

DMM Scope of Practice Data Series: Ophthalmology
A resource compendium for all optometric associations, optometric specialty societies, third party payers, insurance companies and the new US Health Care Program.
Ophthalmologist DMM April 2010.

Dominick M. Maino, OD, MEd, FAAO, FCVD-A
Editor

[ Homework: In order to more fully appreciate this editorial, I am recommending that you read the American Medical Association’s Scope of Practice Data Series for Optometrists first. This can be found at http://www.aoa.org/documents/AMAScopeOfPracticeDataSeries.pdf. This homework assignment is completely optional. You only need to read the first 10-12 pages of the AMA’s publication to fully come to appreciate the incredible satirical heights achieved within this editorial while expressing just the right amount of indignant outrage. DM ]

Disclaimer: This is intended for informational purposes only, may not be used in credentialing decisions of individual practitioners and does not constitute a limitation or expansion of the lawful scope of practice applicable to practitioners in any state. The only content that is COVD endorsed within this editorial is absolutely none. All information gathered from outside sources does not reflect the official policy of the COVD. This paper is not endorsed by any organization, institution, private practice, or otherwise sensible person either OD or OMD and should be considered a satirical farce based upon a publication of the American Medical Association which unfortunately was not a satirical farce.

Overview
The DMM Advocacy Center has created this informational module on ophthalmologists to serve as a resource for all optometric associations, optometric specialty societies, third party payers, insurance companies and the new US Health Care Program. This guide is the only module that singularly comprises the DMM Scope of Practice Series covering non-optometric health care providers. It should be noted that with the appropriate education, training and licensing these non-optometric providers may provide safe and essential health care to patients. The health, safety and visual welfare is threatened, however, when these non-optometric providers are permitted to perform services or provide comments and opinions that are not commensurate with their education or training.

Introduction
The DMM Advocacy Center is pleased to offer this informative module on ophthalmologists (OMD), with the intention of aiding optometrists in addressing the advocacy efforts of OMDs and their unfounded barrage of badly stated, misinformed commentary,

The education and training of ophthalmologists cannot duplicate either the nonsurgical skills or clinical judgment of optometrists that is honed throughout their optometric education and College of Optometrists in Vision Development (COVD) Certification Program continuum.

Correspondence regarding this editorial should be emailed to dmaino@covd.org or sent to Dominick M. Maino, OD, MEd, Illinois College of Optometry, 3241 S. Michigan Ave., Chicago, IL 60616. All statements are the author’s personal opinion and may not reflect the opinions of the College of Optometrists in Vision Development, Optometry & Vision Development or any institution or organization to which the author may be affiliated. Permission to use reprints of this article must be obtained from the editor. Copyright 2010 College of Optometrists in Vision Development. OVD is indexed in the Directory of Open Access Journals. Online access is available at http://www.covd.org.


Optometry & Vision Development
white papers, and joint statements that misrepresent optometry and optometric vision therapy.

The education and training of ophthalmologists cannot duplicate either the non-surgical skills or clinical judgment of optometrists that is honed throughout their optometric education and College of Optometrists in Vision Development (COVD) Certification Program continuum. The DMM's research into the curriculum offered in medical schools and ophthalmology residency programs reveals minimal to no instruction devoted to the non-surgical optometric vision therapy treatment of functional disorders of the visual system. Furthermore, ophthalmologists are not required to complete the COVD certification program to show competency in optometric vision therapy. Finally, the profession of ophthalmology has not established a formal mechanism for OMDs that is the equivalent of the recognition of COVD board certification. COVD board certification, of course, indicates content mastery and continued learning within a specified professional field. The COVD optometrist, on the other hand, is a physician (as recognized by Medicare) who specializes in the refractive, medical, and non-surgical care of functional vision anomalies (i.e. convergence insufficiency, amblyopia, strabismus, binocular vision problems, learning related vision problems).

Despite the minimal to no instruction in the area of functional vision problems and despite the fact that so few (OK, no) ophthalmologists seek out and complete COVD Certification, the American Association of Pediatric Ophthalmology and Strabismus continues to express unfounded, misstated, old rehashes of already badly written joint statements that tend towards the laughable. Sadly, too many patients are then denied all the benefits that optometric vision therapy has to offer not only children but adults.

**Ophthalmology as a Profession**

According to DMMipedia: The word ophthalmology comes from the Greek roots ouchthalmos meaning eye (but not vision) and logos meaning many meaningless words, unsubstantiated thought or rude discourse; ophthalmology literally means “the science of eyes” but nothing about vision function. “Ophthalmology” is a common mis-hearing or mis-remembering of the term, because the lay individual is actually talking about optometry. Even though Leonardo da Vinci in the 16th Century developed corneal neutralization as a treatment for refractive error, OMDs were using eye salves to treat refractive error and would not accept the use of spectacles for hundreds of years. Ophthalmologists do not have an optometric education, pediatrics/vision therapy residency nor are they certified in optometric vision therapy.

**Specialization**

The non-existent Ophthalmological Society of America (as noted by an extensive Google search) lists several specialties in ophthalmology including but not limited to: cornea, refractive surgery, cataract extraction, retina, and glaucoma. Nowhere does it note that they have a specialty in pediatric optometry, optometric vision therapy, the prescribing of spectacles and the non-surgical intervention of the disorders of the functional visual system. Did I mention that: Ophthalmologists do not have an optometric education, pediatric/vision therapy residency nor are they certified in optometric vision therapy?

No OMD organization currently offers optometric board certification in functional vision disorders. Without Board Certification (like COVD’s program), or other valid credentials indicating advanced training in this specialty and a formal assessment of that training via an examination or other method of testing the specialty knowledge accrued—the public may not be adequately protected from unwarranted claims, speculations, misstatements and oft spouted gibberish offered by various non-OD medical organizations.

**General duties and responsibilities**

The practice of ophthalmology traditionally involves examining the eyes for diseases and not refractive or functional disorders of the visual system. During their training, OMDs receive little to no exposure to patients with serious functional vision anomalies and learning related vision problems as compared to their optometric colleagues. Optometrists receive a comprehensive optometric education on
the human body and its physiology, disease AND functional processes that includes hundreds of direct patient encounters. This may be followed by an extensive residency in Pediatrics/Vision Therapy which is offered at all of the schools and colleges of optometry and several large private practices.

Scope of practice concerns in ophthalmology

Since OMDs are MDs, they can practice medicine in all of its forms. Amid heated controversy, every few years organized ophthalmology and their co-opted colleagues feel compelled to issue a joint statement. This “new” joint statement is typically a rehash of past statements that have been shown to be false, misleading, and wrong. Could this be because ophthalmology wants to expand its practice into the realm of functional optometry without the proper training or education? Do they want to teach their patients with intraocular lens implants to accommodate? Are they re-naming optometric vision therapy “perceptual learning” so they can perform optometric vision therapy on those with amblyopia? Talking about amblyopia, when those studies describing treatment using patching and/atropine and “near activities” is that code for optometric-like vision therapy? Do you think they want to treat the next Stereo Sue, realizing that even adults can benefit from optometric vision therapy? Did I mention that: Ophthalmologists do not have an optometric education, pediatric/vision therapy residency nor are they certified in optometric vision therapy?

Editorial non-satirical commentary

The AOA News noted: Optometrists are among the health care professionals targeted under the American Medical Association’s (AMA) growing Scope of Practice Partnership (SOPP) project... The program was developed... to curtail growth in advanced practice nursing and in new “alternative health care” disciplines... However, it also targets well-established health care disciplines with doctorate-level education programs - such as optometry, podiatry and psychology - that might compete with medical or osteopathic physicians for... patients...

The AMA’s Scope of Practice Data Series for optometrists and other non-MD professions should be a call to action for all. Join the AOA, AAO, COVD, OEP and other organizations in your state, nation and the world that confront such narrow-mindedness. This should not stand.

I recently heard that only 17% of MDs belong to the AMA. If this is true, I think I am beginning to understand why. The arrogance, conceit, egotism, and hubris of organized medicine continue to astound. The self-importance, smugness, pomposity and snobbery of organized medicine continue to dumbfound. Even though the satire above suggests what the profession of ophthalmology is not, I do not have the audacity to tell them how to practice their profession. Yet, they have the impudence to not only tell optometry how to serve our patients, but they also attempt to direct several other professions as well. There is no shame in them. Perhaps their document, the AMA Scope of Practice Data Series for optometry, should be on the Jerry Springer Show. It would certainly fit in well with his other guests.

References

Acknowledgements
Awesome Theme Issue

Optometry & Vision Development Volume 41, Number 1 was a theme issue. Not the kind of theme issue you might be accustomed to however, because it was not on a single topic but rather featured a country and a school not in the United States. The country was Israel and the school is the Hadassah Academic College Department of Optometry.

This very special issue was made possible because of the incredible dedication and hard work of COVD Fellow, Dr. Kenneth Koslowe. Ken is an optometrist in Petach Tikva, Israel and faculty member at the college. This issue discussed the evolution of optometry as an independent health care profession in Israel and featured several articles on issues related to binocular vision diagnosis and treatment. Ken (with the assistance of our Assistant Editor, Dr. Marc Taub) created a very unique view into the world of optometry in Israel. Ken’s efforts have resulted in a marvelous OVD theme issue. The next time you see, talk to, or email Dr. Koslowe tell him how much you appreciated all his efforts and the efforts of his many colleagues.