Association of Regulatory Boards of Optometry

ARBO
Association of Regulatory Boards of Optometry, Inc.

200 South College Street
Suite 2030
Charlotte, NC 28202

Tel: (704) 970-2710
Fax: (888) 703-4848
Email: arbo@arbo.org

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Kimberly Kirchmeyer, Director
California Department of Consumer Affairs
1625 N. Market Blvd
Suite S204
Sacramento, CA 95834

Re: Applications for Licensure of Optometrists & Competence Examinations

Dear Ms. Kirchmeyer:

This letter is directed to you as the Director of the Department of Consumer Affairs (Department) and copied to the California State Board of Optometry (Board). Through this letter, the Association of Regulatory Boards of Optometry (ARBO) seeks to bring important information to the attention of the Department regarding legislatively enacted licensure eligibility criteria, including both education (graduation from an accredited school of optometry) and examination (passage of the Parts I, II, III of the National Board Exams) components. ARBO understands that an April 7, 2020 letter from three Deans of Optometry schools was forwarded to you as the Director of the Department. We further reviewed the recordings from the August and September 2020 meetings of the Board where additional discussions were undertaken regarding waivers of entry-level competence examinations as a prerequisite to licensure. We understand that to date, the Department has declined to allow for examination waivers for optometry licensure applicants, as well as denying examination waivers for many other professionals in California. ARBO agrees with these determinations, however, as these issues continue to be considered in light of the COVID-19 pandemic, ARBO seeks to share important information with you regarding the important role of the licensure eligibility criteria.

ARBO is a not-for-profit association recognized as exempt from federal taxation under section 501(c)(3) of the Internal Revenue Code. The tax-exempt recognition is generally based on the mission of ARBO to lessen burdens on state government through the provision of programs and services to its membership. The ARBO membership is comprised of all optometry licensing boards in the United States, its territories, the District of Columbia, Canadian Provinces and other like government entities from Australia and New Zealand. It is with this mission and membership in mind that we write to you on this important issue. In short, ARBO supports the legislative provisions that require, among other prerequisites, both education and examination components to licensure eligibility determinations.

Specifically referenced in the April 7, 2020, letter (which we believe also forms the basis for the August and September verbal requests), the authors sought the issuance of “waivers to enable the California Board of Optometry to provide temporary licensure for the 2020 graduates of accredited California schools of optometry… .” While not specifically stated but based upon the remaining references in the April 7 letter, it appears the waivers are directed at the licensure examinations. The authors argue that “our graduates possess the knowledge and expertise to immediately contribute to the health care needs of Californians… .”

The authors further appear to be willing to be “directly responsible” for its students because they are of the “highest quality” and are ready to “enter their profession and serve the unmet visual and eye health care needs of our communities.”

Substantiating these conclusions, the authors cite “personal experience in the rigorous optometry program accreditation… .” Finally, the authors represent that the California optometry education programs “attract the best and brightest throughout the country and consistently produce the best and brightest professionals.” These statements are built upon a self-serving platform riddled with conflicts of interest and ignore the important, and separate, role of entry-level competence examinations. Specifically, it is essential to understand that the requirements for both education and examination are universal in all states and virtually all the professions, not just in optometry.

It is critical to address why there exists both education and examination components in the licensure process. It is also imperative to understand that entry-level licensure examinations are not capstones to the educational experience. Education and entry-level licensure examinations serve very different purposes.

First, applicant/student admissions to an educational programs leading to a professional degree are subjective in nature and involve an assessment of a multitude of factors which may include academic performance to date, testing scores, extra-curricular activities, etc. Based upon these subjective factors related to admissions and the time and financial commitments, academic programs rightfully provide every conceivable opportunity to successfully matriculate these students through the program. No single standard dictates matriculation or dismissal from the program.

Once applicants are admitted and become students, programs follow principles related to academic freedom coupled with the length of time physically present at the program. Educational programs use an academic approach providing students with life-long learning opportunities. Academic tests are regularly deployed to allow demonstration of mastery of the specific topic(s) covered within the course. These academic tests are not developed under validity standards, as they are not “high stakes” examinations, but are those used within an academic setting. High stakes examinations are used as a prerequisite to the issuance of a governmental credential, such as a license.

Entry-level licensure examinations, such as that required under California law for numerous professions, are intended to assess entry-level competence. They are a snap shot in time and are criterion referenced; meaning performance is based upon demonstration of competence. How far above the passing standard is irrelevant. A passing score is the sole indicator of entry-level competence.

High stakes licensure examinations are developed following industry standards. Adherence to these standards provides a legal basis for defending pass-fail determinations. High stakes licensure examinations are prevalent in legislation nationwide for most professions. Use of these examinations not only form the basis for competence, but also standardize the measurement instrument for purposes of mobility and portability of licensees. That is, the examination is validated for use across state borders. Thus, examinations used in California also test knowledge, skills, and abilities recognized in all states.

The examination is administered to the candidate in secure test centers and under identical circumstances from test center to test center to allow for a standardized testing experience. Based upon the fact that successful completion of the examination is required as a condition preceding the issuance of a government credential, namely a license, adherence to examination development, administration, scoring, and maintenance standards is essential to legal defensibility.

ARBO respectfully maintains that waiver of the examination, even for a limited period of time would be imprudent. The demonstration of competence through a validated examination should be the top priority of government in determining licensure eligibility. Waiving examination requirements with the intent to test such candidates in the future creates a myriad of issues not the least of which is what to do if the temporary licensee is unsuccessful on the exam yet has been practicing with the public in the interim. Boards must also ask if the immunity principles that otherwise protect board members will be threatened by an exam waiver.

Optometry schools depend on the success of their students graduating and obtaining licensure for the continued accreditation of their programs. The Accreditation Council on Optometric Education (ACOE) Professional Optometric Degree Standards (included with this letter) state: "Within six years of initial matriculation, at least 80% of entering students must be (1) licensed to practice optometry, or (2) pass all three parts of the NBEO or (3) pass the equivalent Canadian registration examination." If graduation from optometry school becomes what the California Board uses for initial licensure, that would be a great benefit to the California schools. However, that does not protect California patients and consumers to the degree required.

In addition, we encourage you to review the National Board of Examiners in Optometry (NBEO) passage rates for all optometry schools (link included below). As you will see, not all programs are equal and there is a chance that a licensee would be given to a student that would not pass the NBEO exams.

The intent of the statutory processes that establish licensure eligibility criteria and delegate authority to the regulatory boards is to protect the public. ARBO agrees that the balance of hardship to students against the potential for harm to patients must be considered. The schools maintain that it is unsafe for their students to travel to take the exams. However, their students travel for externships; many of which are out of state and some are located on the east coast. We are not aware that travel for externships has stopped due to safety issues related to COVID-19.

It is ARBO's understanding that there are currently no backlogs of testing reservations and that candidates are able to schedule exam administrations within a reasonable period of time. Furthermore, ARBO is not aware of any eye care shortages caused by the pandemic justifying the need to waive an essential requirement for initial licensure. As you may know, ARBO and NBEO formed a joint task force to address this specific issue. A copy of the task force findings is included with this letter. It should be noted that the task force was unanimous that the integrity of the NBEO exam could not be compromised in any way and that the fulfillment of public safety be preserved.

The independent and unbiased licensing of any healthcare profession is at the heart of regulatory mandates. All State and Provincial Boards follow the same mandates: e*nsure that all candidates for licensure have the minimum qualifications for entry-to-practice competency, and ensure that all licensed optometrists meet the minimum educational requirements for continued licensure*. Regulatory boards, in order to fulfill their responsibility to the public they serve, cannot allow themselves to be influenced by advocacy groups. In fact, the California State Board of Optometry Board Member Handbook states, "Protection of the public shall be the highest priority for the Board in exercising its licensing, regulatory and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount (Business and Professions Code (BPC) § 3010.1)."

I hope this letter assists the Department in clarifying the elements of licensure and the criticality of the examinations. I am aware that you will be discussing this further at the next meeting of the California State Board of Optometry on October 23, 2020. I'd like to request that ARBO be added to the agenda for that

meeting to discuss our concerns. ARBO commits itself to our member boards and offers information and consultation in these difficult times. Please contact me with any questions.

Best regards,

Patrick O'Neill, OD, FAAO
ARBO President

cc:
Mark Morodomi, JD, President, California State Board of Optometry
Shara Murphy, Executive Officer, California State Board of Optometry

Enclosed:

- The Accreditation Council on Optometric Education (ACOE) Professional Optometric Degree Standards
- 2020 ARBO/NBEO Task Force Report
- National Board of Examiners in Optometry (NBEO) institutional passage rates can be found on the Association of Schools and Colleges of Optometry website at: https://optometriceducation.org/national-board-of-examiners-in-optometry-yearly-performance-report/

Professional Optometric Degree Standards

Adopted by the Accreditation Council on Optometric Education (ACOE)
at the ACOE Winter Meeting, February 19-21, 2016 with revisions adopted by ACOE at its Winter Meeting, February 22-24, 2019 and at its Annual Meeting June 19-22, 2019

Use of these standards is mandatory for all programs being evaluated on or after July 1, 2017.

Standard I – Mission, Goals and Objectives

1.1 The program must have a statement of its mission, and the goals and objectives by which it intends to fulfill its mission.

Examples of Evidence

- *Program's mission, goals and objectives*

1.1.1 The program must publish its mission and goals so that the information is readily and publicly available on the program's website.

Examples of Evidence

- *Web site*

1.1.2 The goals and objectives must include teaching and learning, research or scholarly activity, patient care, and service.

Examples of Evidence

- *Program's goals and objectives*

1.2 The mission, goals, and objectives must result in a professional optometric degree program whose graduates possess the attributes, knowledge, skills, and ethical values required for independently practicing contemporary optometry.

Examples of Evidence

- *Program's statement of attributes, knowledge, skills and ethical values*

1.3 The program must identify and use outcomes measures to evaluate its effectiveness by documenting the extent to which its goals and objectives have been met~~,~~ and must use such assessment to improve its performance. Such measures must include but not be limited to graduation rates, and results from National Board of Examiners in Optometry (NBEO), Optometry Examining Board of Canada (OEBC) or equivalent testing agencies.

Examples of Evidence

- *Outcomes measures including but not limited to*
  - *Graduation rate*
  - *NBEO passage rates for all first-time takers*
  - *OEBC passage rates for all first-time takers*
  - *Licensing examination results*
  - *Career Placement, i.e. proportion of graduates employed, enrolled in a residency, or pursuing further education in optometry or a related field*
- *Analysis of outcomes measure*
- *Description of actions taken as a result of analysis*

1.3.1 Within six years of initial matriculation, at least 80% of entering students must be (1) licensed to practice optometry, or (2) pass all three parts of the NBEO or (3) pass the equivalent Canadian registration examination.

Examples of Evidence

- *Outcomes measures used including but not limited to*
  - *NBEO passage rates*
  - *NBEO ultimate pass rates for entering cohorts*
  - *OEBC passage rates*
  - *Licensing examination results*
  - *Licensure data on graduates*
  - *Career placement*
- *Analysis of outcomes measure*
  - *Description of actions taken as a result of analysis*

1.4 The program must publish on its website current and reliable information on its performance with respect to student achievement. Data must include, but need not be limited to: graduation rates; attrition rates; annual institutional pass rates for all first-time takers of NBEO parts I, II, and III and the ultimate passage rate for each cohort graduating within each of the three previous academic years, or pass rates on OEBC or equivalent examinations.

Examples of Evidence

- *Published performance measures*
  - *Graduation rate, i.e. four and five year program completion rates for each of the three most recent graduating classes*
  - *Attrition rates for each of the three most recent academic years, i.e. proportion of students leaving the program for academic or other reasons*
  - *First time pass rate for each part of the NBEO exam and ultimate pass rate for each cohort graduating within each of the three previous academic years*
  - *Career placement*

1.5 The program must engage in an ongoing, systematic process of planning and self-study and must review on a regular basis its program mission, goals, and objectives and revise them as necessary.

Examples of Evidence

- *Description of review process*
- *Evidence of involvement of stakeholders*
- *Supporting documents from review, such as meeting agenda or minutes*
- *Documents which show actions taken with regard to mission, goals and objectives*

Standard II – Curriculum

2.1 The optometric curriculum must fulfill the intent of the mission statement of the program to prepare graduates to independently practice contemporary optometry.

Examples of Evidence

- *Copy of curriculum*
- *Curricular learning objectives*

- *Clinical competencies*
- *Course learning objectives*
- *Relevant educational outcome measures*

2.2 The program must offer an optometric curriculum of at least four academic years.
Examples of Evidence
- *Copy of curriculum*

2.3 Each student's achievement of curricular outcomes must be assessed.
Examples of Evidence
- *Course examinations*
- *Laboratory practical examinations*
- *Clinical evaluations*
- *Pre- and post-clinical assessments (proficiency examinations)*
- *Course grades*

2.4 The program must employ a curriculum management plan that includes:
a. ongoing curriculum review and evaluation processes that include input from faculty, students, administration and other appropriate stakeholders; and
b. evaluation of all courses with respect to the defined objectives of the program.
Examples of Evidence
- *Minutes of meetings in which curriculum is evaluated*
- *Description of actions taken as a result of curricular evaluations*
- *Student assessment of courses and instruction*
- *Defined program competencies*
- *Course syllabi including learning objectives*

2.5 If instruction in the optometric program is shared with another program or institution, the optometric program must demonstrate primary administrative responsibility for the creation, supervision and implementation of its curriculum.
Examples of Evidence
- *Documents delineating responsibilities in shared programs*

2.6 Basic science instruction must provide a foundation of knowledge in physical, biomedical and behavioral sciences essential for clinical optometric care.

Examples of Evidence
- *Copy of curriculum*
- *Results from Part I of NBEO examinations*
- *Results from OEBC examination*
- *Outcome assessment relative to curricular objectives*

2.7 Clinical instruction and practice must consist of didactic, laboratory, and supervised clinical experience in the examination, diagnosis, treatment, and management of patients.
Examples of Evidence
- *Copy of curriculum*
- *Results from Part II and III of NBEO*
- *Results from OEBC*

- *Outcome assessment relative to curricular objectives*

2.7.1 Externship rotations must complement, but not substitute for, the foundational clinical experiences that must occur at sites described by Standard 8.1.1.
Examples of Evidence
- *Learning objectives of externship sites*
- *Learning objectives of the core clinical experience*

2.8 The quantity, quality and variety of experiences in the supervised care of patients must be sufficient to develop clinical competency to independently practice contemporary optometry.

2.8.1 The number of patients seen, as well as diagnoses for each of these patients, must be tracked and documented for each student. These data must distinguish between patient encounters experienced during vision screenings, encounters in which supervised patient care was provided by one student, encounters in which supervised patient care was shared by more than one student, and encounters in which the experience was by observation only.

Examples of Evidence
- *Description of clinical experience for each individual student*
- *Description of processes used to measure quantity, quality and variety of experiences*
- *Patient logs and an analysis of logs*
- *Student portfolio of clinical experience*

2.9 The program must establish a set of clinical competencies necessary for the contemporary practice of optometry and evaluate the student's attainment of these competencies.
Examples of Evidence
- *Description of clinical competencies*
- *Completed medical record reviews*
- *Faculty evaluation of clinical performance*
- *Referral letters and other communications*
- *Course and clinical learning objectives*

2.9.1 The graduate must be able to identify, record and analyze pertinent history and problems presented by the patient.

2.9.2 The graduate must be able to examine and evaluate the patient to arrive at an appropriate diagnosis.

2.9.3 The graduate must be able to formulate a rational treatment and management plan and understand the implications of various treatment and management options.

2.9.4 The graduate must be able to provide preventive care, patient education and counseling.

2.9.5 The graduate must be able to use the knowledge of optometry's role and the roles of other health professions to appropriately assess and address the health care needs of the patients and populations being served.

2.9.6 The graduate must be able to apply knowledge of professional, ethical, legal, and public health principles to the delivery of optometric care.

2.9.7 The graduate must be able to demonstrate understanding of research principles and conduct in order to critically assess the literature.

2.9.8 The graduate must be able to effectively communicate orally and in writing with other professionals and patients.

2.9.9 The graduate must be able to demonstrate basic life support skills for emergencies encountered in optometric practice.

2.9.10 The graduate must demonstrate an understanding of the basic principles and philosophy of optometric practice management.

2.10 There must be written and signed affiliation agreements between the program and its externship sites that define, at a minimum, the responsibilities of each party related to the educational program for optometry students.

Examples of Evidence

- *Copy of affiliation agreements*

2.10.1 The program must establish and adhere to criteria for the selection of externship sites. These criteria must address at a minimum:

- Space and equipment
- Qualifications of supervising faculty
- Clinical privileges of supervising faculty where applicable
- Clinical practice guidelines employed at the site

Examples of Evidence

- *Copy of criteria for selection*
- *Copy of site selection procedure*

2.10.2 The program must monitor externship sites to ensure they are providing clinical experiences that meet the program's mission, goals, and objectives

2.10.2.1 Each site must be visited by personnel designated by the program within one year of placement of the first extern(s) and thereafter on a periodic basis.

2.10.2.2 Program approved learning objectives must be established for all externship sites, and student performance must be evaluated using these objectives.

Examples of Evidence

- *Description of monitoring procedure*
- *Student assessments of externship sites*
- *Administrative structure to monitor sites*
- *Analysis of clinical experience provided at sites*

2.10.3 The program must provide educational direction, including orientation, training and development, to the externship sites.

Examples of Evidence

- *Externship manual*
- *Description of in-service programs, training and other educational guidance provided to externships*

Standard III - Research and Scholarly Activity

3.1 The program must support, encourage and maintain research and scholarly activity.

Examples of Evidence

- *Policies that encourage research and scholarly activity*
- *Financial support*
- *Internal grant programs*
- *Description of research facilities*
- *List of faculty publications*
- *List of current grants and contracts*
- *Program infrastructure support (e.g. grant writing, biostatistics, graphics, technology)*
- *Mentoring and training opportunities*

3.2 The program must provide opportunities for students to participate in research and other scholarly activities mentored by faculty.

Examples of Evidence

- *Relevant course syllabi*
- *Samples of research projects in which students participated*
- *Samples of other scholarly activities in which students participated*

Standard IV – Governance, Regional Accreditation, Administration, and Finances

4.1 The doctor of optometry program must be offered by an autonomous unit organized as a school or college of optometry (within a university or as an independent entity.) This includes autonomy to manage the professional program within published policies and procedures, as well as applicable state and federal regulations.

Examples of Evidence

- *Appointment letter for program's chief executive officer*
- *Board of Trustees policies*
- *Administrative policies*
- *Organizational Chart*
- *Position descriptions of key administrators*

4.1.1 The program must adhere to written policies, including, but not limited to, conflict of interest, due process, disclosure, non-discrimination, confidentiality of records and fiscal accountability.

Examples of Evidence

- *Board of Trustees Policies*
- *Administrative policies*

4.1.2 The program must be conducted and organized in such a way as to facilitate open communication among administrators, faculty, students, staff and other constituencies.

Examples of Evidence

- *Program bylaws*
- *Organizational chart*
- *Surveys of constituents*
- *Communications among constituents*
- *Meeting minutes*
- *Electronic communications*

4.1.3 The institutional structure must clearly assign authority and responsibility for the hiring, on-going evaluation, retention and discharge of the program's chief executive officer.

Examples of Evidence

- *Board of Trustees policies*
- *Appointment letter*
- *Organizational chart*
- *Governance policies*
- *Evaluation instrument or procedures*

4.2 The program must be conducted at an institution that is accredited by a regional accrediting body recognized by the U.S. Department of Education or is recognized by a provincial ministry of education in Canada.

Examples of Evidence

- *Letter of institutional accreditation*
- *Institutional accreditation report*

4.3 The program's chief executive officer or chief academic officer must have a professional optometric degree, and both must be qualified by education, training and experience to provide leadership in optometric education, scholarly activity, and patient care.

Examples of Evidence

- *Curriculum vitae*
- *Copy of transcript*
- *Copy of diploma*
- *Description of process to verify credentials*

4.4 There must be a clear definition of the chief executive officer's authority and responsibility for the program.

4.4.1 The program's chief executive officer must have the authority and responsibility for fiscal management of the program.

Examples of Evidence

- *Position description*
- *Administrative policies*

4.5 The program must utilize clearly defined reporting relationships, performance expectations, and assessment procedures for all administrators.

Examples of Evidence

- *Organizational chart*
- *Administrative policies*
- *Documentation or narrative describing performance and assessment procedures*

4.6 The program must demonstrate that it possesses the financial resources required to develop and sustain the program on a continuing basis and to accomplish its mission, goals and objectives.

Examples of Evidence

- *Applicable financial and/or budgetary documents*
- *Analysis of historical financial resources*
- *Projection of financial resources*

4.6.1 The program must utilize sound and generally accepted financial management procedures to assure effective monitoring, control and accountability of its fiscal resources.

Examples of Evidence

- *Most recent audited financial statement*
- *Administrative policies and procedures*

4.7 The program must ensure that support from outside entities does not compromise the teaching, clinical or research components of the program.

Examples of evidence:

- *Written agreements(s)*
- *Contracts between the institution/program and sponsor(s) (For example: contract(s)/agreement(s) related to facilities, funding, faculty allocations, etc.)*
- *Copies of institutional policies or procedures regarding commercial sponsorship and conflicts of interest*

4.7.1 The authority and responsibility for matters relating to curriculum, student selection, faculty selection and administration must rest within the program.

Standard V – Faculty

5.1 The number, qualifications, expertise and experience of faculty members must be sufficient to meet the stated mission and goals of the program.

Examples of Evidence

- *Description of faculty rank classifications (i.e., associate, assistant, professor, clinical associate, etc.) with description of expected workload and expected contributions.*
- *Census of the faculty by classification*

- *Description of significant changes in faculty census and student-faculty ratio over the accreditation period.*
- *Curricula vitae of faculty*
- *Workload formula and implementation grid by semester (demonstrating application of policy referenced in standard 5.5)*
- *List of faculty teaching responsibilities*

5.1.1 Faculty members must hold an earned terminal degree or first professional degree from an institution accredited by a recognized agency or its foreign equivalent or have certification or licensure related to their primary instructional assignment.

Examples of Evidence

- *List of faculty members with abbreviated biographies and teaching responsibilities*
- *Copies of faculty CVs (on-site)*
- *Description of process to verify faculty credentials*

5.2 The program must demonstrate an effective mechanism for faculty participation in decision-making related to the optometric education program.

Examples of Evidence

- *A list of faculty committees and membership*
- *Schedule of faculty meetings in past two years*
- *Minutes of faculty meetings in past two years (on-site)*
- *Faculty charter, bylaws, contract, standard operating procedure, etc.*
- *Description of faculty committee structure, membership, objectives, reporting procedures*
- *Meeting schedules and minutes*
- *Evidence of governance issues resolved or identified by the faculty process (i.e. agendas, minutes, formal letters, white papers, votes)*

5.3 The program must allocate adequate time and resources for faculty to enhance their skills and leadership abilities in education, service, research and scholarly activity, and patient care.

Examples of Evidence

- *Description of how faculty workload is determined*
- *Description of development programs*
- *Sabbatical policies*
- *Faculty technology support*
- *Description of orientation and mentoring programs*

5.4 The program must use a faculty evaluation process that establishes goals and assesses performance of each faculty member.

Examples of Evidence

- *Policy and procedure manuals*
- *Template of evaluation instruments*

5.5 The program must follow published policies and procedures for faculty recruitment and retention, promotion, tenure (where it exists), academic assignments and responsibilities, sabbaticals, reporting relationships, grievance, and benefits.

Examples of Evidence

- *Workload policy*
- *Organizational chart*
- *Procedure and policy manuals*

5.6 The program must demonstrate its efforts to recruit a diverse faculty.

Examples of Evidence

- *Announcement and publication of open positions*
- *Recruitment plans*

Standard VI – Students

6.1 The program must have a fair and impartial process that results in the admission of students who possess the intelligence, integrity, and maturity necessary for them to become competent doctors of optometry.

Examples of Evidence

- *Historical admissions statistics including*
    - *Number of applicants*
    - *Profile of entering class with details on*
        - *Gender*
        - *Academic ranking/attributes*
            - *Average OAT scores*
            - *Average GPAs*
        - *Racial/ethnic information*
- *Recruitment materials*
- *Recruitment plan*
- *Admission policy*
- *Attrition rates*
- *NBEO results*
- *OEBC results*
- *Four-year graduation rate*

6.2 The program must establish and publish the criteria considered in selecting students who have the potential for success in the program and the profession.

Examples of Evidence

- *Examples of publications*
    - *Catalog*
    - *Web site*
- *Admissions criteria*
    - *Pre-requisites*
    - *Admissions test scores*
    - *GPAs*

- *Interview*
- *Essays*
- *Letters of reference*
- *Deadlines for submission*
- *Application fees*

6.2.1 The program must adhere to fair and impartial policies and procedures during the admissions process.

Examples of Evidence

- *Admission policy, criteria and procedure*

6.2.2 The program must require that the accepted applicants have completed all prerequisites and at least an equivalent of three academic years of postsecondary education in an accredited institution prior to beginning the program.

Examples of Evidence

- *Admission policy, criteria and procedure*
- *Catalog*
- *Student records*

6.3 The program must provide information to incoming students regarding pre-matriculation health standards, access to health care, personal counseling, and standards for immunization against infectious disease.

Examples of Evidence

- *Publications that describe the above*

6.4 There must be an institutional commitment to serving students, including an organizational element devoted to student affairs.

Examples of Evidence

- *Organizational chart*
- *Description of duties of element devoted to student affairs*
- *Position descriptions of personnel in student affairs*

6.4.1 At a minimum, student services must include financial aid and debt counseling, academic counseling, learning support services, career placement assistance, and access to information technology support.

Examples of Evidence

- *Organizational chart*
- *Position description of personnel in student affairs*
- *Student handbook*
- *Web site*

6.5 The program must maintain an orderly, accurate, confidential, secure and permanent system of student records.

Examples of Evidence

- *Policies on student record access*

6.6. The program's publications, written policies, advertising, and student recruitment must present an accurate representation of the program.

Examples of Evidence

- *Publications, written policies, advertising, Web sites*

6.6.1 The program must publish and adhere to policies and procedures on academic and professional standards, grading, attendance, disciplinary ~~conduct~~ actions, retention, dismissal and reinstatement, non-discrimination policy, due process, academic calendar, tuition, fees, refund policy, honors, scholarship and awards, and other related matters.

Examples of Evidence

- *Documents that describe above*
  - *College catalog*
  - *Student handbook*
  - *Web site*
  - *Honor code*

6.6.2 The program must publish and adhere to policies and procedures regarding student grievances and must maintain records of receipt, investigation, adjudication and resolution of such complaints.

Examples of Evidence

- *Documents that describe above*
  - *College catalog*
  - *Student handbook*
  - *Web site*
- *Record of complaints (on site)*

6.7 The program must provide opportunities for students to access and communicate with faculty and administrators of the program.

Examples of evidence

- *Faculty and administration office hours*
- *Agenda, minutes, and/or reports of organized meetings between administration and students.*

6.8 The program must provide opportunities for students to participate in student governance, advocacy and other leadership development activities.

Examples of Evidence

- *Student governance documents*
- *Organizational structure of student/school interactions*
- *List of student committees*
- *Student involvement in program committees*

6.9 The program must make available to students information on postgraduate educational programs, such as residencies, graduate degrees and fellowship training opportunities.

Examples of Evidence

- *Publications that provide information on the above*

Standard VII – Facilities, Equipment and Resources

7.1 The teaching and patient care facilities and equipment must be appropriate to fulfill the mission, goals and objectives of the program.

Examples of Evidence

- *Documents or narrative description of physical plant, and its utilization*
- *Floor plan of facilities*
- *Documents or narrative description of any planned changes in facilities*
- *Documentation or current description of equipment relative to quantity, condition and currency*
- *Documentation of facility certification by external agencies*
- *Classroom technology*

7.1.1 The program must plan and provide for the repair, maintenance and replacement of physical facilities, ophthalmic instruments and other equipment, and computers and other technology infrastructure.

Examples of Evidence

- *Replacement policies and schedule*
- *Description of available financial resources for equipment repair and replacement*
- *Description of personnel and facilities for equipment and physical facility maintenance and repair*
- *Plans for renovation or acquisition of facilities*
- *Equipment acquisition plans*

7.2 The program must provide access to well-maintained library, study space and information facilities, sufficient in size, breadth of holdings, and information technology to support the program's education and other missions.

Examples of Evidence

- *List of library holdings*
- *Library floor plan*
- *Electronic information resources*
- *Description of Information Technology (IT)*
    - *IT support services*
    - *Computer and IT resources*

7.3 The library and information services staff must support the needs of the faculty, residents and students of the program.

Examples of Evidence

- *Hours of library service*
- *Organizational chart for library and information services*
- *Curriculum vitae for key information resources personnel*
- *Information resource services available*
- *Surveys of patron satisfaction and use*
- *Summary of training provided to faculty, students and staff regarding utilization of library and information services*

7.4 The program must have an emergency preparedness plan.

Examples of Evidence

- *Emergency preparedness plan.*

Standard VIII – Clinic Management and Patient Care Policies

8.1 The program must have or be assured the use of a clinical patient care program sufficient to fulfill its mission, goals and objectives.

Examples of Evidence

- *Description of institution's clinical patient care program*
- *Description of affiliated clinical patient care programs*
- *Description of patient demographics*

8.1.1 The clinical patient care program must include an integrated teaching clinic primarily staffed by faculty members who are employed by the program.

8.2 A coordinated system of clinical governance, administration, management and evaluation must be followed by all clinics managed by the program.

Examples of Evidence

- *Clinic administration organization chart*
- *Description of clinic administration*
- *Clinic management policies*
- *Procedures for evaluating clinic administrators*
- *Procedures for evaluating effectiveness of clinical operation*
- *Position description(s) for principal administrators of clinical program*

8.2.1 The program must publish and make available to staff, student clinicians, residents and faculty, a clinic manual which includes all clinic policies and procedures.

Examples of Evidence

- *Clinic manual*
- *Electronic clinic manual*

8.2.2 The program must verify credentials of faculty members who serve in the clinic.

Examples of Evidence

- *Faculty credentials*
- *Credentialing process*

8.2.3 The program must define the scope and extent of clinical privileges for each faculty member who serves in the clinic.

Examples of Evidence

- *Description of procedures to grant clinical privileges*
- *Completed privileging documents*

8.2.4 The patient record must allow for efficient review of the patient's condition and any pertinent previous care provided at the program's clinical facility.

Examples of Evidence

- *Copies of written or electronic patient records (on-site)*

8.2.5 The clinic must conduct a continuous quality assessment, improvement and compliance program that provides for remediation when deficiencies are identified.

Examples of Evidence

- *Description of quality assessment program*
- *Evaluation of clinic services by staff, patients or students*
- *Examples of remediation of deficiencies*
- *Description of faculty/staff/student in-service programs*

8.2.6 The clinic must publish or post policies and procedures on the patient's rights and responsibilities.

Examples of Evidence

- *Posted patient bill of rights*
- *Handouts which include patient bill of rights*
- *Publication which include patient bill of rights*
- *Informed consent documents*

8.2.7 The clinic must have written procedures for receiving and resolving patient complaints, grievances and appeals.

Examples of Evidence

- *Documents with relevant policies*
- *Files of complaint, grievances and appeals since the most recent site visit (on site)*
- *Clinic manual*

8.2.8 Clinic programs must utilize established procedures to address risk management such as liability, security and safety.

Examples of Evidence

- *Liability policies including professional liability*
- *Security policies*
- *Safety policies*
- *Emergency procedures*
- *Infection control policies*

8.3 The program must provide eye and vision care services, which are consistent with accepted and well-established health care standards such as clinical practice guidelines.

Examples of Evidence

- *Adopted clinical practice guidelines*
- *Description of access to clinical practice guidelines*
- *Quality assurance program*

NATIONAL BOARD OF EXAMINERS IN OPTOMETRY

Report of the Task Force to Review Alternative Testing Methodologies During COVID-19

September 14, 2020

Introduction

In March 2020, the United States began mass closures through businesses, schools, and organizations of all types in response to a global pandemic, COVID-19. NBEO candidates faced sudden closures within Pearson Professional Centers utilized for computer-based testing and a temporary suspension of testing at the National Center of Clinical Testing in Optometry (NCCTO). Candidates scheduled for the March Part I ABS and April Part II PAM/TMOD examinations were impacted by Pearson VUE's decision to close their testing centers throughout the country. The NCCTO in Charlotte, NC suspended testing from March 17 through May 17, 2020. Slightly over 250 candidates needed to be rescheduled for Part III CSE testing due to the two-month testing suspension. Upon reopening on May 18, 2020, NBEO provided over 300 potential exam appointments for Part III CSE through the end of June. This allowed all candidates from the graduating class of 2020 the opportunity to take the examination.

During the temporary testing suspension NBEO began research efforts to review various alternative testing methods while simultaneously creating alternative testing plans for the Part I ABS and Part II PAM/TMOD examinations with Pearson VUE. The NCCTO reopened mid-May with a multitude of safety measures in place for candidate testing. After listening to concerns from stakeholder groups, NBEO coordinated with the Association of Regulatory Boards in Optometry (ARBO) to convene a Task Force. The charge of this Task Force was to explore alternative testing methods for candidates seeking the NBEO exam series (Parts I, II, and III) used for licensure by jurisdictional regulatory boards.

Members of the Task Force

Bill Rafferty, OD (chair) – State Board Executive Director/ ARBO/NBEO

Larry Davis, OD – UMSL Dean/ASCO/NBEO

Donovan Crouch, OD – ARBO/NBEO

Jerry Richt, OD – NBEO Board Member/ ARBO

Patricia Bennett, MSW – ARBO Board Member/State Board Executive Director

Ron Hopping, OD, MPH –State Board Member/ARBO (NBERC)

Annabelle Storch, OD – recent AOSA President

Larissa Smith, PhD - NBOME Psychometrician

John Sicotte, MBA - NBEO Board Member

Lisa Fennell – ARBO Executive Director

Jill Bryant, OD, MPH – NBEO Executive Director

Patrick O'Neill, OD – ex-officio, ARBO President

Lewis Reich, OD, PhD – ex-officio, NBEO President/SCO President/ASCO

Advisory to Task Force

Dennis Maynes, CESP – Caveon Chief Scientist, Data forensics

Brooke Houck, PhD -- NBEO Psychometrician

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Executive Summary

After listening to concerns from stakeholder groups amidst the mass closures of business, school, and organizations due to the global pandemic that began in earnest in the United States in March 2020, NBEO coordinated with the Association of Regulatory Boards in Optometry (ARBO) to convene a Task Force. Coordination with ARBO was critical considering that their member regulatory boards are dependent upon the NBEO examinations for licensure. The Task Force purpose was to discuss potential alternative testing methods for NBEO licensure exams. The Task Force met for three sessions of approximately 2 hours each using videoconferencing.

The group reviewed issues raised by stakeholders including, but not limited to the following: regulatory boards' needs to keep exams valid and reliable for the issuance of licenses, concerns for the safety of candidates traveling to fulfill examination requirements, safety of the testing environment for candidates taking exams and NBEO staff administering exams. The task force discussed possible alternative testing methods for the computer-based examinations (Part I & Part II) given at Pearson Professional Centers throughout the United States, its territories, and Canada as well as the Part III Clinical Skills Exam provided at the National Center of Clinical Testing in Optometry (NCCTO) in Charlotte, NC.

The first meeting of the Task Force focused on the Part III Clinical Skills Exam. The second meeting focused on the computer-based exams. During the final meeting, the Task Force synthesized information presented and discussed and composed recommendations.

The Task Force ultimately recommended the following guidance to the NBEO Board of Directors:

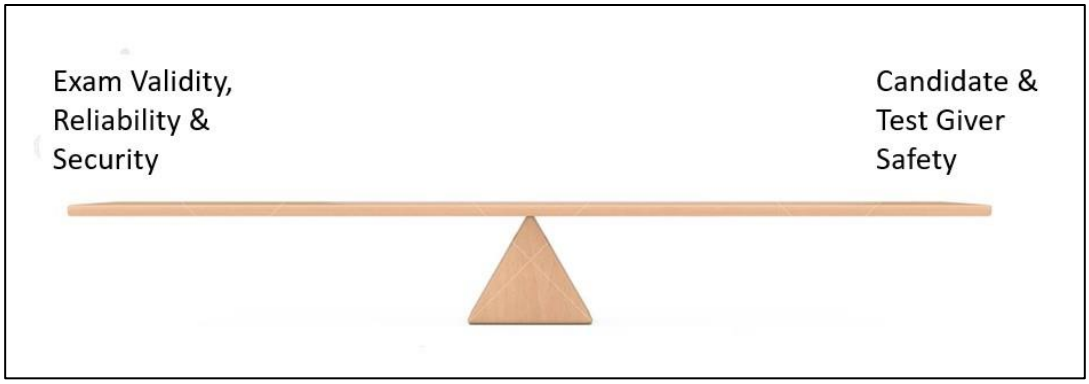
1. Examination integrity, reliability, and validity must be maintained;
2. Any changes to testing should be able to be implemented within a 3-month time frame;
3. NBEO should make accommodations in the Part III CSE testing schedule to accommodate group travel of students from schools and colleges;
4. NBEO further investigate the feasibility of a temporary testing site on the west coast
5. Consider outreach for potential advocacy efforts by other organizations; and
6. NBEO should continue to negotiate scheduling options for the computer-based examinations with Pearson VUE.

Charge of Task Force

The charge of this Task Force was to explore alternative testing methods for candidates seeking the NBEO exam series (Parts I, II, and III) used for licensure by jurisdictional regulatory boards.

Task Force Goal

The charge of the Task Force presented a substantial challenge. The goal of the group was established during the first meeting: to attempt balancing the need to preserve the integrity of the exam process and the safety and well-being of all involved (candidates and test givers). The Task Force Chair encouraged objectivity and creativity to create viable alternatives to the current testing methodologies.



Summary of Recognized Issues

The Task Force convened with several known issues established.

1. NBEO Parts I, II, and III are high stakes examinations that have been thoroughly vetted regarding standardization, validity, and defensibility.
2. These examinations are used by state and provincial boards to determine minimal competency regarding licensing optometrists.
3. Most state and provincial boards require by statute that licensee candidates pass all parts of the NBEO exam sequence.
4. Regulatory boards require that the examinations reflect current testing standards and that the examination be unbiased in its development and execution.
5. The COVID-19 (Coronavirus) pandemic has severely restricted travel around the world. Air travel has been especially hard hit due to safety concerns of spreading/contracting the virus.
6. The pandemic has raised concerns regarding the risks associated with taking NBEO examinations and the question has been raised if there is a safer, yet reliable model in which the examinations can be administered.
7. There are concerns by stakeholders regarding the safety of air travel to Charlotte, NC where the NCCTO is located.

8. NBEO has implemented many safety measures consistent with public health guidance at the NCCTO.

Task Force Process and Meetings

The Task Force held a series of three meetings to review potential alternative test delivery methods. This included review and discussion of potential alternatives for both the NBEO computer-based examinations delivered at Pearson VUE Professional Centers across the country and the performance examinations delivered at NCCTO in Charlotte, NC. Throughout each meeting the Task Force Chair encouraged creativity and active dialogue.

What follows are the agenda and topics discussed from each meeting of the Task Force.

Meeting 1

Date: July 23, 2020 7:00-9:00pm EST

- Welcome and Introductory Comments - Bill Rafferty, OD
- Discussion of Task Force Purpose and Objectives
- Parameters to Consider (Exam Validity, Reliability & Security vs Candidate/Staff Safety, Travel Considerations)
- Potential Alternative Models for Exploration
    - Part III - CSE & ISE Exams (focus for July 23 meeting)
    - Part I ABS and Part II PAM/TMOD
- Models for consideration
    - Models included in attached document
    - Open discussion for additional models
- Formulate Recommendations to NBEO Board of Directors/Generate Task Force Report once Task Force work completes

Meeting 2

Date: July 30, 2020 7:00-9:00pm EST

- Welcome – Bill Rafferty, OD
- Executive Session
- Computer-Based Exam Alternative Models for Exploration
    - Models included below
    - Open discussion for additional models
- Follow-up items from July 23 call
    - Provisional license update – Lisa Fennell
    - Charter plane/bus cost breakdown – Jill Bryant, OD

Meeting 3

Date: August 13, 2020 7:00-9:00pm EST

- Welcome – Bill Rafferty, OD
- Report on State Board Query – Lisa Fennell and/or Pat O'Neill, OD
- Update from meeting with Pearson VUE leadership – Jerry Richt, OD and Jill Bryant, OD
- Review of alternate testing in NCCTO
    - Update
- Review of alternate computer-based testing methods
- Potential Advocacy Efforts—Jerry Richt, OD
- Formulate recommendations

Summary

The table below summarizes the advantages and disadvantages of each testing methodology considered by the Task Force.

Testing Idea	Advantages	Disadvantages
	Clinical Skills Examination	
Continue National Center of Clinical Testing in Optometry (NCCTO) testing in accordance with public health and governmental safety guidelines	• Safety measures in place • Allows for the same high fidelity, standardized examination experience for all candidates • Examination protocols remain intact • Candidates self-select an examination appointment over a 1-year period	• Requires travel to Charlotte, NC – issue at concern
Suspend all NCCTO testing for 1 year	• Eliminates concerns about travel to Charlotte, NC	• Presents significant licensure issues for Class of 2021 • If state boards accept candidates for licensure without Part III CSE, candidates that do not meet the minimally competent standard will potentially gain licensure (normal Part III CSE pass rate ~85%) • Risk to NBEO in not fulfilling its mission • NBEO faces loss of revenue with staff layoffs and budget cuts
Modified version of Part III limited to essential skills only given at the schools and colleges	• Limiting to 2 stations (normally 4 in full exam) -- reduces the number of	• Cost of examination delivered remotely would be increased due to NBEO costs

of optometry while maintaining operations at NCCTO for Part III CSE	examiners and patients necessary to interact with candidates decreasing potential viral exposure • Addresses travel concerns to Charlotte for most (only unsuccessful candidates or those seeking licensure in a state that requires NCCTO exam would travel to Charlotte) • Provides more choice to candidates	(standard setting, IT resources/requirements for scoring, examiner and patient expenses, administrative costs, school capitation fees) • Decreases exam validity, reliability, and security • Uncertainty if licensing boards will accept • Uncertainty regarding governmental restrictions in each geographic location of the schools/colleges—could make planning initiatives challenging
NBEO upfits RV/buses/vans with standardized examination lanes, standardized patients, NBEO trained examiners to travel to each School and College of Optometry	• Eliminates concerns about travel to Charlotte, NC	• Cost prohibitive • Timeline not sufficient for need • Likely to increase risk of virus spread as a result of small, closed spaces
Computer-Based Examinations		
Paper and Pencil Testing	• Possible decreased travel for candidates • Rescheduling less dependent on Pearson VUE	• Time prohibitive • Cost prohibitive • Complex logistics if governmental closures have shut down Pearson VUE centers; likely testing locations also shut down • Uncertainty around variables of breaking contract with Pearson VUE
Remote Proctoring	• Eliminates candidate travel	• Decreases exam validity, reliability, and security • Uncertainty if licensing boards will accept • Time prohibitive • Cost prohibitive • Fairness issue (not all candidates have same level of internet access and technology)
Utilize computer labs at schools for exam administration	• Diminishes travel for candidates (potentially, but based on location of externship)	• Decreases exam validity, reliability, and security • Time prohibitive (exam files not easily transferrable from Pearson VUE format to other software format) • Uncertainty around variables of breaking contract with Pearson VUE • Uncertainty regarding governmental restrictions in each geographic location of

		the schools/colleges—challenge to planning
NBEO purchase laptops and administer exam at venue near schools	• Diminishes travel for candidates	• Three weekends required to deliver exams (1/3 of schools each weekend, purchase of 750 laptops) • Increasing beyond 1/3 of schools at time—cost prohibitive • Complex logistics if governmental closures have shut down Pearson VUE centers; likely testing locations also shut down • Uncertainty around variables of breaking contract with Pearson VUE • Decreases exam validity, reliability, and security
Pearson VUE Professional Centers (PPCs)	• Highest level of exam standardization and security • Options to increase seat availability to candidates • Temporary centers functioning as Pearson Professional Centers • Increase exam windows • Short-term strategy to increase examination windows • Long-term strategy to increase examination windows • Alternative exam administrations	• Pearson VUE could be impacted by governmental closures again • Difficulty finding seats in desired locations for candidates due to backlog at Pearson VUE and PPCs operating at 50% capacity

Recommendations

The variables considered in considering a different methodology involved four essential factors: cost, risk, time, and exam validity. In all methods, each factor was considered. Major changes in testing methods would more than double examination costs with a minimum of 3-4 months of development time, and cause a significant decrease in examination validity while only moderately altering the safety risk profile. After much discussion throughout the three meetings of the Task Force and considering the mission of the NBEO, the following recommendations are hereby given to the Board of Directors of the National Board of Examiners in Optometry:

1. Any alternative testing methodologies used should not compromise examination integrity, reliability, or validity.

2. Any alternative testing methodologies used must be able to be implemented within a 3-month period due to the uncertainty around the future regarding COVID-19 status.
3. The NBEO should make scheduling adjustments for schools and colleges of optometry who wish to send candidates traveling together as a group for testing.
4. The Task force recommends that NBEO further explore the development of a rapid response alternate site to administer the CSE examinations. A location in one of the western states would offer the additional benefit of more equitable travel requirements, for all candidates, during a crisis.
5. Consider outreach for potential advocacy efforts by other organizations.
6. The NBEO should continue to negotiate scheduling options with Pearson VUE for the Part I and Part II examinations.
    a. The Task Force recognizes that NBEO created an increased window for examinations during COVID-19 increasing Part I ABS window from 4 days to 3 weeks administered during July-August 2020 and 3 weeks in November.
    b. The Task Force recommends that NBEO continue current efforts to develop short-term plans to increase examination windows beyond 3 weeks if necessary.
    c. The Task Force recommends that NBEO continue current efforts to develop long-term contingency plans that would allow more flexibility in scheduling.
    d. Task Force recognizes NBEO work to create "essential services" classification within Pearson VUE providing increased protection to NBEO candidates in scheduling.

Concluding Remarks

The Task Force would like to thank all members for their service, their candor, and their efforts. We would also like to thank and recognize external partners who served on the Task Force to provide additional expertise in the testing field: Dennis Maynes from Caveon Test Security and Dr. Larissa Smith from National Board of Osteopathic Medicine Examiners. We would also like to thank Dr. Jill Bryant, Executive Director of NBEO for her diligent efforts to forge a path for NBEO candidates and stakeholders through this unprecedented challenge. Lastly, we thank the staff of NBEO for their thorough research into feasibility and costs of the various ideas discussed by the Task Force.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

Executive Office
1625 North Market Blvd., Suite S-308, Sacramento, CA 95834
P (916) 574-8200 F (916) 574-8613 | www.dca.ca.gov

October 19, 2020

Patrick O'Neill, OD, FAAO
President
Association of Regulatory Boards of Optometry
LFennell@arbo.org

Dear Dr. O'Neill:

Thank you for your letter and the information you provided regarding applications for licensure for optometrists and the required competency examinations. You are correct that the California State Board of Optometry (Optometry Board) will be meeting on October 23, 2020. In order to be added to the agenda, you will need to make that request to the Optometry Board. Their Executive Officer is Shara Murphy and she is cc'd on this letter.

It is important to note that, to date, the Department of Consumer Affairs (Department) has denied all waiver requests to waive competency-based examinations. However, it is difficult for an examination to only be offered in one state on the East Coast. As such, the Department has received inquiries regarding the limited availability of this examination from the Legislature and potential applicants, especially in light of the COVID-19 pandemic. The Optometry Board is looking at this issue and any potential options available for California optometry applicants in the future.

If you have any questions or need further information, please contact me, or my Deputy Director of Legislative Affairs, Jennifer Simoes, at jennifer.simoes@dca.ca.gov.

Sincerely,

Kimberly Kirchmeyer

Kimberly Kirchmeyer
Director

cc: Shara Murphy, Executive Officer, California State Board of Optometry