



ISSUE MEMORANDUM

DATE	August 27, 2021
TO	Members, California State Board of Optometry (CSBO)
FROM	Shara Murphy, Executive Officer
SUBJECT	Agenda Item #5 – Association of Regulatory Boards of Optometry (ARBO) 2021 Meeting Report

Lisa Fennell, Executive Director of Association of Regulatory Boards of Optometry (ARBO), will update the Board on ARBO's 2021 Annual Meeting, held on June 19-20.



Association of Regulatory Boards of Optometry
2021 Virtual Annual Meeting
June 19-20, 2021

"ARBO 2021: New Horizons in Regulation"

MEETING AGENDA

Saturday, June 19, 2021

11:00 am ET **Call to Order**, Patrick O'Neill, OD, President

- **Statement of Quorum**, Jeffery Yunker, OD, Secretary-Treasurer
- **Adoption of Agenda**, Patrick O'Neill, OD, President
- **President's Report**, Patrick O'Neill, OD, President
- **Executive Director's Report**, Lisa Fennell, Executive Director
- **Secretary-Treasurer's Report**, Jeffery Yunker, OD, Secretary-Treasurer
- **Approval of 2020 Annual Meeting Minutes**, Patrick O'Neill, OD, President
- **Finance/Budget Committee Report**, Coby Ramsey, OD, Vice President
- **Judicial Council/Resolutions Committee Report**, Kenneth Lawenda, OD, Chair

12:00 pm **Board Member Training**, Dale Atkinson, Esq.

12:30 pm **COVID/Post-COVID Best Practices:**

- **Telemedicine:** Eric Bailey, OD, Minnesota Board of Optometry
- **Licensure Exams:** Patrick O'Neill, OD; Bill Rafferty, OD; Jill Bryant, OD
- **Board Operations:** Patricia Bennett, MSW, ARBO Director and Executive Director, Maryland Board of Optometry; Emily Cronbaugh, Executive Director, Wyoming Board of Optometry; Margaret Whelan, Executive Director, Arizona Board of Optometry
- **Provisional Licensure:** William Rafferty, OD, Executive Director, North Carolina Board of Optometry; Fred Wallace, OD, Executive Director, Alabama Board of Optometry
- **Safe Infectious Disease Practices for Optometrists:** Gregory Moore, OD and Fadi Al Akhrass MD, International Academy of Safe Practice Standards

- 1:30 pm **OE TRACKER Committee Report**, Larry Brown, OD, Chair; Patricia Bennett, MSW, Board Liaison
- 1:45 pm **COPE Committee Report**, Susy Yu, OD, MBA, Chair; James Campbell, OD and Jeffery Yunker OD, Board Liaisons
- 2:15 pm 15-minute break
- 2:30 pm **NBEO Report**, Jill Bryant, OD, NBEO Executive Director; Brooke Houck, PhD, Director of Psychometrics and Research; Mandy Sallach, OD, Director of Clinical Testing
- 3:30 pm **National Board Examination Review Committee (NBERC) Report**, Patrick O'Neill, President/Committee Chair
- 4:00 pm **Nominating Committee Report**, Fred Goldberg, OD, Chair
- Call for Nominations from the Floor/Candidate Remarks**, Moderated by Patrick O'Neill, OD, President
- 5:00 pm **Recess**

Sunday, June 20, 2021

- 10:30 am ET **Call to Order**, Patrick O'Neill, OD, President
- **Statement of Quorum**, Jeffery Yunker, OD, Secretary-Treasurer
 - **Resolutions Committee Report**, Kenneth Lawenda, OD, Chair
- 11:00 am **Election**, Facilitated by Patrick O'Neill, President
- **Board of Directors Election**
 - **Nominees for Accreditation Council on Optometric Education (ACOE)**
- 11:30 am **Regulatory Legal Update**, Dale Atkinson, Esq.
- 12:00 pm **A Conversation with the National Optometric Association about Diversity/Equity/Inclusion in Optometry**, Sherrol Reynolds, OD, NOA President; Larry Jones, OD, NOA President-Elect
- 12:30 pm 15-minute break
- 12:45 pm **New Regulations for Scope of Practice Expansion**, Coby Ramsey, OD, President, Wyoming Board of Optometry; Steve Edwards, OD, President, Mississippi Board of Optometry
- 1:15 pm **Member Reports and Discussion of Contemporary Issues**, Moderated by Patrick O'Neill, President

2:15 pm **Executive Session** (members only), Patrick O'Neill, President

Closing Remarks, Patrick O'Neill, President

Adjourn

Join Us For:

2022 ARBO Annual Meeting – June 12-14, 2022 in Chicago, Illinois

2023 ARBO Annual Meeting – June 18-20, 2023 in Washington, DC

COPE Category Revisions (June 2021)

Category	Current Definition	New Definition as of 1/1/2022 (changes shown in red text)
Contact Lenses (CL)	All aspects of contact lens applications.	No changes.
Functional Vision/Pediatrics (FV)	Those portions of optometric practice that deal with visual processing and neuro-optometric rehabilitation, including sports vision, binocular vision, and visual training or vision development courses.	Those portions of optometric practice that deal with visual processing and neuro-optometric rehabilitation (acquired brain injury), including sports vision, binocular vision (strabismus/amblyopia), visual processing and vision therapy or vision development.
General Optometry (GO)	Any study in the area of the eye and vision care, which constitutes eye and vision research, or examination, diagnosis and treatment of anomalies of the human eye and visual system. For the purposes of these categories "General Optometry" excludes any other category enumerated here.	No changes.
Low Vision/Vision Impairment & Rehabilitation (LV)	All aspects of low vision devices, care and therapy.	All aspects of low vision devices, care and therapy; including models of care based on a team approach and case management.
Public Health (PB)	<p>Those portions of optometry focused on disease prevention and health promotion at a population level and considering evidence from the fields of biostatistics, environmental health, health policy and management of social and behavioral sciences.</p> <p>Examples: Disease surveillance, vision screening, health disparities, determinants of health, health literacy, health education, environmental optometry, infection control, health services research, health law, health economics, evidence-based practice, behavior change communication, cultural competency, etc.</p>	<p>Those portions of optometry focused on disease prevention, epidemiology, diversity, equity and inclusion, and health promotion at a population level and considering evidence from the fields of biostatistics, environmental health, infectious disease, epidemiology, social epidemiology, health policy and management of social and behavioral sciences.</p> <p>Examples: Disease surveillance; vision screening; health disparities; determinants of health; health literacy; health education; environmental optometry; infection control; health services research; health law; health economics; evidence-based practice; behavior change communication; cultural and linguistic competency; social determinants of health, diversity, equity, inclusion and belonging training; unconscious bias, etc.</p>

Glaucoma (GL)	<p>The study of the etiology, clinical pathophysiology, diagnosis, treatment, management, and the outcomes of therapeutic regimens.</p> <p>Examples: Any course with major emphasis on diagnosis, treatment, and/or surgical and medical management of glaucoma (i.e., trabeculectomy, laser surgery for glaucoma).</p>	No changes.
Injection Skills (IS)	<p>Instruction and clinical training in subcutaneous, intra-muscular, and intravenous injection for the purpose of therapeutic diagnosis and treatment of disease or anaphylaxis.</p>	<p>Instruction and clinical training in ocular injection for the purpose of therapeutic diagnosis and treatment of disease or anaphylaxis.</p>
Laser Procedures (LP)	<p>The study and clinical training in the performance of any ophthalmic laser procedure of the anterior segment and adnexa.</p> <p>Examples: SLT, ALT, LPI. YAG, Punctoplasty, etc.</p>	<p>The study and clinical training in the performance of any ophthalmic laser procedure of the anterior segment and adnexa.</p> <p>Examples: SLT, ALT, LPI, Gonioplasty, YAG PC, Iridoplasty, Punctoplasty etc.</p>
Peri-Operative Management of Ophthalmic Surgery (PO)	<p>The study of all aspects of pre– and post-operative management of invasive ophthalmic surgery procedures (excludes Refractive Surgery).</p> <p>Examples: Cataract surgery, blepharoplasty, strabismus surgery, keratoplasty, etc.</p>	<p>This category will be combined with Refractive Surgery Management (RS)</p> <p><u>New PO Category Definition–</u> The study of all aspects of pre- and post-operative management of invasive ophthalmic surgery procedures including Refractive Surgery.</p> <p>Examples: Cataract Surgery, blepharoplasty, strabismus surgery, keratoplasty, and courses related specifically to management of PRK, RK and LASIK patients, corneal refractive surgery, etc.</p>

Refractive Surgery Management (RS)	<p>Instruction and/or clinical training in refractive or photorefractive technologies, which may include Perioperative Patient Management: Counseling and evaluation for indications or contraindications in patient selection, including recognition of associated complications and course of action in analysis and treatment.</p> <p>Examples: Courses related specifically to management of PRK, RK and LASIK patients; corneal refractive surgery, etc.</p>	<p>This category will be combined with Peri-Operative Management of Ophthalmic Surgery (PO) into one category. See new definition above.</p>
Surgery Procedures (Optometric) (SP)	<p>Instruction and/or clinical training in the performance of ocular surgery procedures.</p> <p>Examples: I&D of lesions, surgical lid lesion excision, suturing techniques, stromal micropuncture, chalazion curettage, etc.</p>	<p>No changes.</p>
Treatment & Management of Ocular Disease: Anterior Segment (AS)	<p>The study of the etiology, clinical pathophysiology, diagnosis, treatment, management, and outcomes of therapeutic regimens for anomalies of the anterior segment of the human eye.</p> <p>Examples: Keratitis, anterior uveitis, conjunctivitis, blepharitis, lid anomalies, foreign body removal, etc.</p>	<p>This category will be combined with Treatment & Management of Ocular Disease: Posterior Segment (PS) into one category called Treatment & Management of Ocular Disease.</p> <p><u>New Treatment & Management of Ocular Disease (OD) Definition:</u> The study of the etiology, clinical pathophysiology, diagnosis, treatment, management, and outcomes of therapeutic regimens for anomalies of the human eye.</p>
Treatment & Management of Ocular Disease: Posterior Segment (PS)	<p>The study of the etiology, clinical pathophysiology, diagnosis, treatment, management, and outcomes of therapeutic regimens for anomalies of the posterior segment of the human eye.</p> <p>Examples: Degenerative, infective, and vascular diseases of the retina/choroid/sclera and optic nerve, inclusive of all aspects of surgical care involving the posterior segment of the eye, i.e., retinopathies, neuropathies, retinal laser surgery, retinal detachment surgery, etc.</p>	<p>This category will be combined with Treatment & Management of Ocular Disease: Anterior Segment (AS) into one category called Treatment & Management of Ocular Disease.</p> <p>See new definition above.</p>

Neuro-Optometry (NO)	<p>The study of the etiology, clinical evaluation, diagnosis, treatment and management of disease and disorders of the nervous system, both systemically and as it relates directly to the eye and visual system.</p> <p>Examples: Includes all aspects of nervous system conditions involving the brain, cranial nerves, spinal cord, peripheral nerves, and corresponding muscles, i.e., multiple sclerosis, pituitary tumor, brain trauma, Myasthenia Gravis, papilledema, Horner's Syndrome, etc.</p>	<p>The study of the etiology, clinical evaluation, diagnosis, treatment and management of disease and disorders of the nervous system, both systemically and as it relates directly to the eye and visual system.</p> <p>Examples: Includes all aspects of nervous system conditions involving the brain, cranial nerves, spinal cord, peripheral nerves, and corresponding muscles, i.e., multiple sclerosis, pituitary tumor, traumatic brain injury (TBI), Myasthenia Gravis, papilledema, Horner's Syndrome, etc.</p>
Oral Pharmaceuticals (OP)	<p>The study of the etiology, clinical evaluation, diagnosis and treatment of ocular disease using the appropriate indications, prescription utilization, and follow-up assessment of the oral medications used for ocular therapy.</p>	<p>This category will be combined with Pharmacology (PH). New definition below.</p>
Pharmacology (PH)	<p>The study of the interaction of chemical agents with biological systems.</p> <p>Examples: Toxicology; adverse effects of systemic drugs; adverse effects of ocular drugs; control of ocular pain. Any courses related to medications and how they affect the various tissues or their mechanism of actions.</p>	<p>This category will be combined with Oral Pharmaceutical (OP). New definition is below.</p> <p><u>New Pharmacology (PH) Definition:</u> The study of the actions, interactions and proper uses of medications in human biological systems. This includes the study of the etiology, clinical evaluation, diagnosis and treatment of ocular disease using the appropriate medications, topical, oral, or other routes of administration, for diagnosis and ocular therapy.</p> <p>Examples: Toxicology; adverse effects of drugs; control of ocular pain; indications for treatment; prescription utilization; follow-up assessment; pharmacodynamics; pharmacokinetics.</p>
Principles of Diagnosis (PD)	<p>The study of the art and science of the process of determining the nature and circumstances of a diseased condition with emphasis on the biological and clinical procedures utilized in medical examination and disease differentiation, and underlying clinical pathophysiology, e.g., corneal topography, visual fields</p>	<p>This category will be eliminated. Future courses will be categorized into their specific disease-related category.</p>

	(unless specific to glaucoma); laboratory testing and imaging; fluorescein angiography; gonioscopy.	
Systemic/Ocular Disease (SD)	<p>The study of the relationship of any anomaly of normal function of the human body and the possible manifestation of such as signs and/or symptoms in the eye or visual system.</p> <p>Examples: General study of diabetes, HIV/AIDS, thyroid disease, etc., along with their ocular manifestations. Vascular diseases both systemic and ocular.</p>	<p>The title of this category will be changed to Systemic Disease –</p> <p><u>Systemic Disease (SD):</u> The study of the relationship of any anomaly of normal function of the human body and the possible manifestation of such as signs and/or symptoms in the eye or visual system.</p> <p>Examples: General study of diabetes, HIV/AIDS, thyroid disease, etc., along with their ocular manifestations. Vascular diseases both systemic and ocular, autoimmune disease and non-ocular cancers.</p>
Ethics/Jurisprudence (EJ)	<p>The study of the body of law in the practice of optometry and its relationship to the Medicolegal system.</p> <p>Examples: Any courses related to the rules and practice acts for optometry, or addressing medicolegal issues related to patient treatment, and liability concerns and issues.</p>	<p>The study of the body of law in the practice of optometry and its relationship to the Medicolegal system.</p> <p>Examples: Any courses related to the rules and practice acts for optometry, or addressing medicolegal issues related to patient treatment, liability concerns and issues, compliance, and adoption of emerging technologies.</p>
Practice Management (PM)	<p>The study of management of the business affairs of optometric practice. This includes the concepts of managed care and operations management, courses designed to help market practices, to educate office staff, to improve billing efficiency and coding skills, to improve clinical recordkeeping and to enhance fiscal efficiency. EHR and ICD-10 courses are included in this category. This does not include courses that are intended for personal enhancement or investment prowess.</p>	<p>The study of management of the business affairs of optometric practice. This includes the concepts of managed care and operations management, leadership, marketing, social media, patient communication, as well as courses designed to help market practices, to educate office staff, to improve billing efficiency and coding skills, to improve clinical recordkeeping and to enhance fiscal efficiency. EHR and ICD-10 courses are included in this category. This does not include courses that are intended for personal enhancement or investment prowess.</p>



2020 National Board Exam Review Committee (NBERC) Report

Introduction

The National Board Examination Review Committee (NBERC) visited and discussed with the National Board of Examiners in Optometry (NBEO) Board and staff the National Board Examinations (the “Regulatory Exams”) and issues of interest to ARBO’s member regulatory boards. Through the committee’s discussions with the NBEO administration, board, committee and council members, the NBERC report explains relevant processes and procedures related to the development, maintenance and administration of the NBEO’s regulatory exams. As with previous reports, NBEO leadership and psychometricians were consulted on the content of this report to verify accuracy before publication. The NBERC also reviewed and attempted to determine if the system of test production is valid and that the test cannot be compromised by conflicts of interest. Due to the COVID-19 pandemic and NBEO’s concerns of safety for all, meetings with the NBEO Committees, Councils, administration and staff as well as all meetings with NBERC, were held virtually.

NBERC is a committee of the Association of Regulatory Boards of Optometry (ARBO) and is mandated by the ARBO Board of Directors to:

- Evaluate the content of the NBEO’s Parts I, II, III regulatory examinations.
- Review changes in policies and procedures that impact the validity and reliability of the Exam.
- Ensure that the National Board Examination Guide and content outlines properly present the examinations to potential licensees, both candidates and practitioners.
- Generate specific recommendations for continued quality improvement in the Exams.

In addition, this year’s report will focus on these areas of interest:

1. Update on the NBEO Part III restructuring
2. Issues related to the COVID 19 pandemic
3. Continuing to report and review conflict of interest (COI) regarding procedures, policies, content and administration of the Exam and ensuring the integrity, validity and reliability of the exams remains intact.
4. Review of the NBEO Board’s ‘Confidentiality and Conflict of Interest’ policy.

The 2020 NBERC includes the following members who assisted in preparing this report. (See also Exhibit B):

- | | |
|-----------------------------|-------------------------------|
| • Brad Cross, OD (AK) | • Lisa Wallace-Davis, OD (VA) |
| • Terri Haley, OD (ID) | • Lillian Wang, OD (CA) |
| • Ron Hopping, OD, MPH (TX) | • Ron Cassel – ARBO staff |
| • Marcus Kelley, OD (MT) | • Patrick O’Neill, OD (MN) |
| • Steve Odekirk, OD (WV) | |

Background

ARBO's member regulatory boards are responsible for licensing optometrists in the public interest by ensuring that those who enter practice are competent to independently provide safe, effective and ethical optometric services. ARBO's member boards rely on the NBEO, through a contractual partnership with ARBO to administer regulatory *entry-to-practice examinations*. The regulatory exams must be valid, defensible and relevant. To this end, NBEO is responsible for establishing and maintaining the examination, as well as policies and procedures that ensure validity, defensibility and relevance.

Duties and Findings of NBERC

Evaluate the content of the Parts I – ABS (Applied Basic Science), II – PAM (Patient Assessment and Management) and III – CSE (Clinical Skills Exam) as they relate to scope of practice and compare the content of the outlines to each of the actual examinations.

• *NBERC review found all parts of the exam content to be consistent with the scope-of-practice of the member boards once again noting that the Laser and Surgical Procedures Examination and Injection Skills Examination are stand-alone elective examinations.*

1. Review changes in policies and procedures that impact the validity and reliability of the examination.
 - Update from the 2019 NBERC Report:
 - In August 2019, NBEO limited the number of times that a candidate may sit for NBEO exams to six. This is psychometrically defensible, is aligned with policy for other health professions entry to practice exams and will protect the integrity and security of the exam. For those who fail an exam 6 times, there is an appeal process that allows a candidate to petition either a State Board or an accredited academic program to be a sponsor. Sponsorship may provide a pathway for the candidate to re-take the Exam.
 - The NBERC agreed with the decision to limit the number of failures, but the committee felt that the policy of allowing a state or provincial board to sponsor a candidate who has failed the exam, puts the board in an unmanageable conflict of interest. In order to fulfill their responsibility of public protection, regulatory boards must remain neutral with regard to whether a candidate passes or fails. Allowing a board or board member to sponsor a candidate introduces bias and compromises the integrity of the board. The committee felt that a candidate would be better served by seeking sponsorship from an accredited academic program.
 - The NBERC recommended revision of the policy to not include state or provincial boards or their members as a candidate sponsor. The NBERC introduced this recommendation and called for a conformational vote of the membership during the 2020 Annual Meeting.

- **UPDATE:** At the 2020 ARBO Annual Meeting, the question of whether a member board or its members should sponsor a six-time failed candidate was brought before the House of Delegates for a vote. The members were asked if they agreed with NBERC's recommendation and whether they would like ARBO to ask NBEO to revise the policy to not include state or provincial boards as candidate sponsors. The results of the vote were 93% in favor of asking NBEO to revise the appeal policy and 7% against. Dr. O'Neill sent a letter to NBEO asking them to revise the appeal policy. NBEO has since asked ARBO to engage in further dialogue related to this policy.
2. Ensure that the NBEO Guide and content outlines properly present the examinations to candidates.
- After review, NBERC found the NBEO Guide and content outlines to properly present the examinations to candidates.

Specific Committee Observations

Part I – Applied Basic Science (ABS)

Drs. Haley, Odekirk and Wang

Some comments from NBERC about the Part I Applied Basic Science Council Meeting:

- The council thoroughly reviewed all current and new test items. All items were extensively analyzed for clarity, relevance, and psychometric integrity when considering a minimally qualified candidate. The council was composed of a cross section of content experts with experience from academia, the VA system, and private practice with a higher emphasis on individuals from academic institutions. The committee felt that any conflict of interest was mitigated by this cross section and the fact that the academicians were all from different institutions.
- The committees did an amazing job reviewing all of the test questions. Also the manner that the questions are reviewed and dissected definitely minimizes the amount of influence any one particular person could have on a question thus minimizing/diluting the conflict of interest.”

The meeting was led by Rick Present from the NBEO staff.

Part II – Patient Assessment and Management (PAM) Dr. Cross and Wallace-Davis

Some comments from NBERC about the Part II Patient Assessment and Management Council Meeting:

- NBERC was very impressed with the way the council honed the questions. They were extremely detail oriented. They exhibited the same high level of proficiency and commitment observed at the committee meeting in September”.

The meeting was led by Nicole Jerge OD from the NBEO staff.

Part III – Clinical Skills Exam (CSE)

Drs. Hopping and Kelley

The testing facility has updated protocols due to COVID-19, which include social distancing, thorough cleaning, temperature checks and health screening for candidates. Explanations were given concerning flow of the examination process under the new protocols. Multiple high definition cameras and microphones continue to be used in all testing rooms to record patient encounters.

The clinical skills council reviewed all the acceptable instructions, questions, actions and documentation that the trained examiners look for when observing the candidates to assess for minimum competency. They also reviewed each element of the clinical testing for appropriateness, defensibility and relative scoring weight. The council is made up of a diverse group of optometrists from different modes of optometric practice.

Immediately following their testing, all candidates are required to file an incident report even if no incidents occur. This requirement of all candidates filling out a report is an attempt to give every candidate an opportunity to flag an issue in real time and for that issue to be addressed in real time. If an incident is reported, the NBEO staff immediately evaluates the issue and appropriate measures are taken to remedy the situation, which may include immediate retesting of the candidate on that part of the examination if necessary. This safeguarding measure appeared to be unbiased and fair.

The injection testing continues to be an optional test, separate from the Part 3 Clinical Skills Exam. There are 4 additional rooms specifically for the injections skills testing.

The meeting was lead by Mandy Sallach, OD from the NBEO staff.

Part III Restructure (PEPS) Update

Drs. Hopping and Kelley

We are pleased to report that after several years of research, review and discussion with ARBO, including feedback from all state Boards of Optometry, ARBO's National Board Examination Review Committee (NBERC), and the Association of Schools and Colleges of Optometry (ASCO), the National Board of Examiners in Optometry has made significant progress in developing the revised Part III Clinical Skills Examination (CSE). The new exam will be called the Patient Encounters and Performance Skills (PEPS) exam.

The restructure will fundamentally change Part 3 from a procedure skills test, to a test that focuses much more on clinical analysis and decision-making. The new PEPS exam will continue to test clinical skills but will also introduce more cognitive skill evaluations and will be an improved evaluation of the examinee's practice abilities. The new PEPS exam will include clinical skills integrated with clinical data analysis, history taking, case assessment, development of management plans and patient education. The new exam will have 10 scenario stations and 2 skills stations with more cognitive, authentic patient interactions.

Extensive research was performed to determine minimal practical and skills testing requirements for licensure. The PEPS exam will include those skills in order to ensure the new exam can be utilized by, and will be applicable for, all states and provinces.

NBEO is actively moving forward on bringing forth the new PEPS exam and is currently in the pilot testing phase to ensure the final exam will provide a high-quality exam which accurately assesses the candidates' clinical and cognitive skills while creating a fair, and psychometrically defensible exam. It is unknown how many pilot tests will be needed; however, NBEO is optimistic that the new part 3 exam could be rolled out as soon as August 2022.

Website Review

Dr. O'Neill

NBEO website: www.optometry.org. The Committee found the newly revised site to be both comprehensive and informative regarding policies and procedures of the NBEO. We again felt the section on ethics (<https://www.optometry.org/policies/ethics>) was particularly informative and would encourage all member boards to review and consider similar policies if you haven't already done so. NBERC also recommends that member boards pro-actively discuss how their decision to grant a license could be impacted if a candidate has been found cheating or in any way or illegally manipulating the results of the Regulatory Exam(s) to their personal advantage. The content matrix and content outline for all examinations are also available on the NBEO website (optometry.org). The website is comprehensive and informative.

COVID 19 Issues

NBEO received letters from optometric programs with 2 primary concerns:

1. Due to the COVID shutdowns of Pierson-VUE Exam Centers early in the pandemic, a student's ability to access Parts I and II of the regulatory exams was severely restricted.
2. Due to the COVID shutdowns of the National Center for Clinical Testing in Optometry (NCCTO) early in the pandemic, a student's ability to access Part III of the regulatory exams was severely restricted. Additionally, the need to fly to Charlotte, North Carolina was seen as a significant health risk for students needing to take the regulatory exam.

Testing at the NCCTO was temporarily suspended from mid-March to mid-May. Upon reopening May 18, 2020, NBEO had already put COVID precautions in place at the NCCTO to ensure that the testing facility and process was as safe as possible using CDC as well as State and Federal Department of Health guidelines. Additionally, as a direct result of the concerns expressed by several optometric programs, NBEO and ARBO quickly assembled a task force to address alternatives to the current regulatory testing process¹.

Recommendations of the Task Force

"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

¹ See Exhibit D in the Appendix for the full Task Force Report

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.
 - 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.
 - The Task Force recommends that NBEO continue current efforts to develop short-term plans to increase examination windows beyond 3 weeks if necessary.
 - The Task Force recommends that NBEO continue current efforts to develop long-term contingency plans that would allow more flexibility in scheduling.
 - Task Force recognizes NBEO work to create “essential services” classification within Pearson VUE providing increased protection to NBEO candidates in scheduling.”

NBERC was able to see the report and was satisfied that the integrity of the regulatory test(s) would not be compromised based on the Task Force recommendations.

Further discussion of COVID issues will be included in the next section on Conflicts of Interest (COI) Identification and Management

Conflicts of Interest (COI) Identification and Management

As we’ve reported in previous years, conflicts of interest (COI) can manifest with people or groups who could be in a position to unduly influence the process of test development or test outcomes. This report again covers COI as it relates overall to the test production. Exhibit A is a flow diagram that follows the genesis of the Examination with notation of who is involved along the way with reference to any COIs. NBERC reviewed the COI flow sheet and determined that any COI with regard to exam development were identified and managed properly. NBERC will continue to use this as a working template for review and confirmation that NBEO COI policies with regard to exam production are continually robust, valid and enforced. The NBERC also

reviewed the Confidentiality/COI document² for NBEO's Board of Directors. The NBERC felt that the document was thorough and robust in defining COI.

Conclusions

This report is a continuing attempt to update member boards on changes in the Exam, and to address any comments from member boards. We hope this report will provide clarity to some of these issues. NBERC looks forward to ongoing discussion with the NBEO Board and administration so that we can give ARBO's member boards clear, accurate and up-to-date information.

Acknowledgements

NBERC would also like to thank the administration and staff of the NBEO for their insight, input and clarification of all issues presented here. Special thanks to Dr. Jill Bryant, Executive Director, NBEO; Lewis Reich, OD, PhD., President NBEO; Michael Ohlson, OD NBEO Director; Susy Yu, OD, NBEO Director; Elizabeth Hoppe, OD, NBEO Director; Brooke Houck, Ph.D., In-house psychometrician; Brianne Hobbs, OD, FAAO, NBEO Associate Director of Examination Innovation. Their time, expertise and thoughtful discussion were very helpful and greatly appreciated. Special thanks to Andrea Moss for guiding our committee through the various meeting links that would have been impossible without her.

Respectfully submitted,

Patrick O'Neill, OD, FAAO
National Board Examination Review Committee Chair

² The NBERC thanks Dr. Bryant and NBEO legal counsel for allowing access to this document.

Appendix

Exhibit A – Flowsheet of NBEO examination process. This diagram is intended to show where in the exam process, there may be conflicts of interest and be a guide for the NBERC to review annually. For a detailed review of the Exam genesis, refer to the 3-part blog in the ARBO News Releases Section of the website.

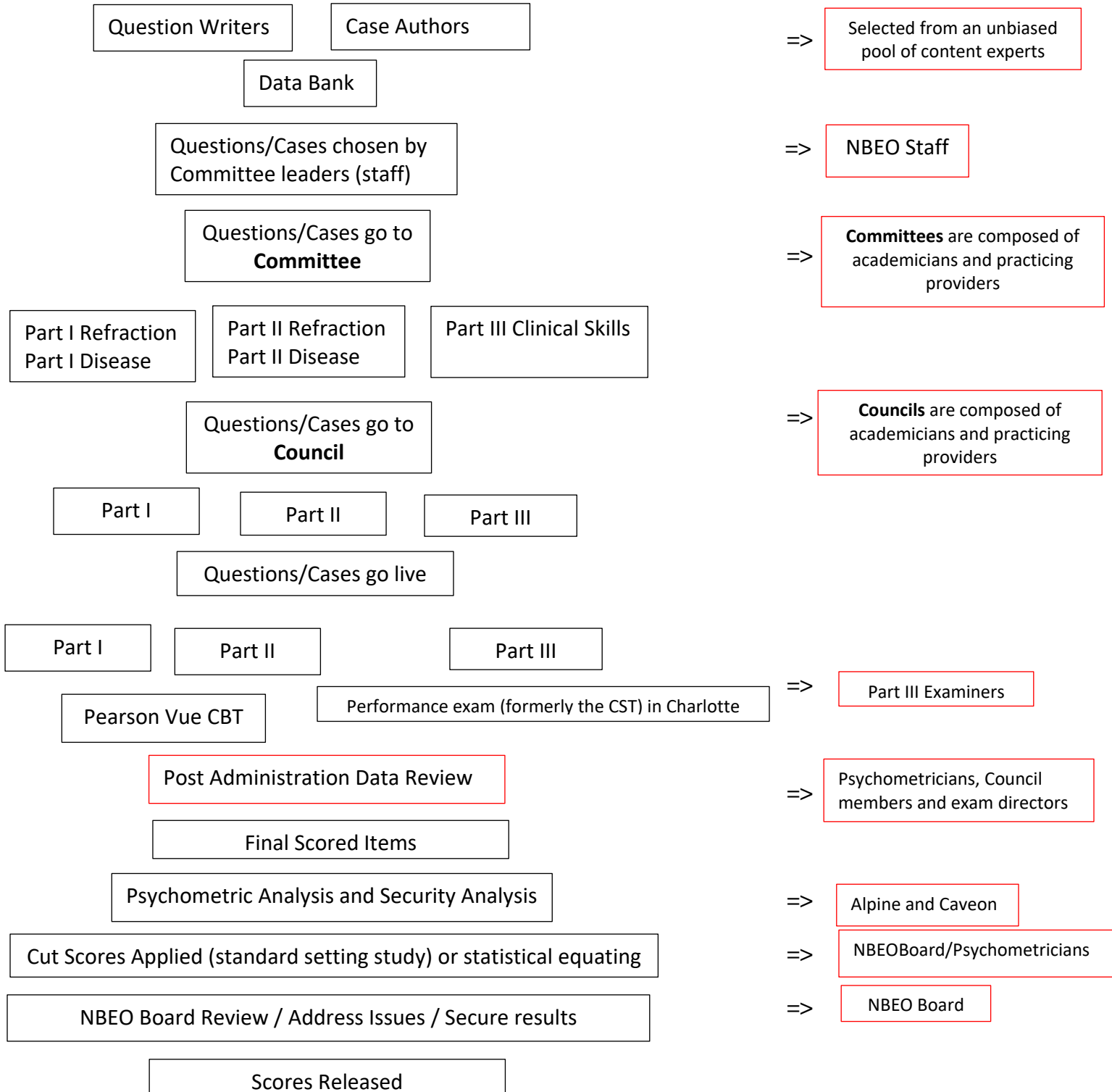


Exhibit A (cont.)

- **Post administration data review**
 - All item statistics are reviewed by psychometricians and statisticians. Candidate critiques are reviewed by pertinent NBEO staff members. Any problem issues are reviewed with the Examination Council members.
 - As a result of this review, some questions may be eliminated from scoring.
- **Content experts**
 - Includes faculty from the various schools and colleges of optometry as well as practitioners from private, corporate and VA settings
- **NBEO staff**
 - NBEO staff are full-time and are screened for bias.
- **Committees**
 - Includes professors, teachers and instructors from the various schools and colleges of optometry as well as practitioners from private, corporate and VA settings
- **Councils**
 - Includes professors, teachers and instructors from the various schools and colleges of optometry as well as practitioners from private, corporate and VA settings
- **Psychometricians**
 - Includes both in-house and outside psychometric experts
- **Pearson Vue**
 - A nationally recognized computer-based testing organization
- **Caveon**
 - A nationally recognized company specializing in test security and fraud
- **Part III Examiners**
 - In-House examiners – Chosen by proximity to the Charlotte area (usually +/- 2-3 hours' time). They include optometrists in private practice, VA systems and adjunct faculty who host externs. There are no academicians (No schools in the 2 to 3-hour area.)
 - Remote Examiners – Can be chosen from a much larger pool:
 - Selection can be based on subject matter expertise
 - Observers cannot score any candidate that they know and they are required to disclose.
 - Candidate's names and school affiliation are blocked out on their clinic jackets.
 - Stations 1,2,3 and 4 are segregated, i.e., observers are assigned a station and do not cross over to other stations.
 - NOTE: Station 2 has both In-House Examiners onsite for every examination (due to potential patient safety intervention) and Remote Examiners.
 - There is a quality control process in choosing observers.
 - Off-site examiners are chosen by recommendation and open call for resumes.
 - The demographic is a mix of individuals from all practice modalities.
 - There are approximately 90 off-site examiners.

- **NBEO Board**

- The NBEO Board is currently composed of Deans and Presidents of Schools and Colleges of Optometry (Nominees from ASCO), Board members of ARBO and non-Board members of ARBO (Nominees from ARBO), and one public member chosen by the existing NBEO Board.

Exhibit B – 2020 National Board Examination Review Committee (NBERC)

- Brad Cross, OD (Alaska)
- Terri Haley, OD (Idaho)
- Ron Hopping, OD, MPH (Texas)
- Marcus Kelley, OD (Montana)
- Steve Odekirk, OD (West Virginia)
- Lisa Wallace-Davis, OD (Virginia)
- Lillian Wang, OD (California)
- Ron Cassel – ARBO staff
- Patrick O’Neill, OD (Minnesota)*

*Committee Chair

Exhibit C – 2019 NBEO Administration, Council Leaders and Psychometricians

Lewis Reich, OD, PhD. – 2020 NBEO President

Jill Bryant, OD, MPH, FAAO, FSLs - NBEO Executive Director

Part I – Applied Basic Science (ABS) Council

Staff: Rick Present

Part II – Patient Assessment and Management (PAM) Council

Staff: Nicole Jerge, OD

Part III – Clinical Skills Council

Staff: Mandy Sallach, OD

NBEO Associate Director of Psychometrics and Research

Brooke Houck, PhD

NBEO Associate Director of Examination Innovation

Brianne Hobbs, OD, FAAO

Exhibit D

Report on the findings of the NBEO task Force addressing school concerns regarding COVID and student safety.



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:

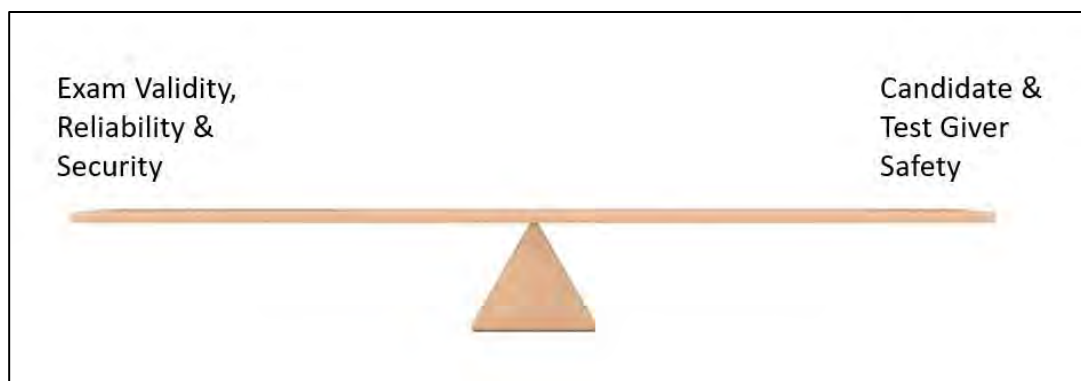
1. Examination integrity, reliability, and validity must be maintained;
2. Any changes to testing should be able to be implemented within a 3-month time frame;
3. NBEO should make accommodations in the Part III CSE testing schedule to accommodate group travel of students from schools and colleges;
4. 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
<u>Clinical Skills Examination</u>		
Continue National Center of Clinical Testing in Optometry (NCCTO) testing in accordance with public health and governmental safety guidelines	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Requires travel to Charlotte, NC – issue at concern
Suspend all NCCTO testing for 1 year	<ul style="list-style-type: none">• Eliminates concerns about travel to Charlotte, NC	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Limiting to 2 stations (normally 4 in full exam) -- reduces the number of	<ul style="list-style-type: none">• Cost of examination delivered remotely would be increased due to NBEO costs

of optometry while maintaining operations at NCCTO for Part III CSE	<p>examiners and patients necessary to interact with candidates decreasing potential viral exposure</p> <ul style="list-style-type: none"> • 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 	<p>(standard setting, IT resources/requirements for scoring, examiner and patient expenses, administrative costs, school capitation fees)</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Eliminates concerns about travel to Charlotte, NC 	<ul style="list-style-type: none"> • Cost prohibitive • Timeline not sufficient for need • Likely to increase risk of virus spread as a result of small, closed spaces
<u>Computer-Based Examinations</u>		
Paper and Pencil Testing	<ul style="list-style-type: none"> • Possible decreased travel for candidates • Rescheduling less dependent on Pearson VUE 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Eliminates candidate travel 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Diminishes travel for candidates (potentially, but based on location of externship) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Diminishes travel for candidates 	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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.



2021 Resolution #1

COPE Accreditation Ensures CE Quality

Submitted by: COPE Governing Committee

Whereas, the ARBO Council on Optometric Practitioner Education (COPE) that accredits optometric continuing education providers, programs and activities for the benefit of ARBO's member licensing boards; and

Whereas, the COPE accreditation program is utilized by ARBO member licensing boards as one criterion in determining licensure renewal eligibility; and

Whereas, ARBO member licensing boards desire the highest quality of continuing education (CE) to ensure the protection of public welfare; and

Whereas, COPE accredited continuing education is a quality assurance process designed to improve knowledge, performance and patient outcomes for the public welfare; and

Whereas, COPE provides ARBO member licensing boards a valuable system of standardized, defensible continuing education accreditation to ensure that CE is designed to be relevant, effective, evidence-based and free from commercial influence; and

Whereas, the COPE accreditation program has achieved the designation of "Substantial Equivalency" to the Accreditation Council for Continuing Medical Education (ACCME) accreditation system; and

Whereas, the COPE accreditation program utilizes the Accreditation Council for Continuing Medical Education (ACCME) Standards for Integrity and Independence in Accredited Continuing Education to ensure the quality of COPE accredited continuing education (CE) serves the needs of patients and the public, is based on evidence-based medicine, and is free from commercial influence; and

Whereas, the COPE accreditation program is designed around learners' educational needs, professional practice gaps, outcome measures, and ensures quality education with appropriate format; and

Whereas, CE delivery has advanced significantly over time due to improved technology, innovative educational tools, and online interactive methodologies employed during the COVID-19 pandemic; and

Whereas, the COPE Accreditation system ensures quality education regardless of format or method of delivery; now therefore be it

Resolved, that the House of Delegates of the Association of Regulatory Boards of Optometry (ARBO), at the 102nd annual meeting, affirm our commitment to the utilization of the Council on Optometric Practitioner Education (COPE) Accreditation program to ensure the quality of optometric continuing education for continued competence and maintenance of licensure; and be it further

Resolved, that the House of Delegates of the Association of Regulatory Boards of Optometry (ARBO), at the 102nd annual meeting, requests the COPE Governing Committee to continue researching the impact of delivery methods and formats on CE quality, and will report back at the next meeting.

Approved by the ARBO House of Delegates, June 20, 2021



2021 Resolution #2

Importance of Clinical Skills Testing in Optometry Resolution

Submitted by the ARBO Board of Directors

WHEREAS, the Association of Regulatory Boards of Optometry's (ARBO's) Member Boards utilize the National Board of Examiners in Optometry (NBEO) Exams to make licensure decisions; and

WHEREAS, the NBEO Exams measure entry level competency in optometry; and

WHEREAS, the NBEO is diligent in maintaining the integrity, reliability, and validity of their exams; and

WHEREAS, most optometrists enter into practice immediately upon receiving a license; and

WHEREAS, the NBEO Part III Clinical Skills Exam is designed to gauge the competency of clinical skills necessary for the practice of optometry; and

WHEREAS, optometry's scope of practice has evolved in many states; and

WHEREAS, the NBEO is restructuring the Part III Clinical Skills Exam to address evolving scope of practice and to incorporate important clinical thinking and decision-making into the new Patient Encounters and Performance Skills (PEPS) Exam; and

WHEREAS, ARBO's Member Boards must fulfill their statutory obligations to assess performance skills to ensure public protection; now therefore be it

RESOLVED, that the House of Delegates of the Association of Regulatory Boards of Optometry (ARBO) at the 102nd Annual Meeting, acknowledges the importance of performance skills testing in optometry for public protection; and be it further

RESOLVED, that the Association of Regulatory Boards of Optometry (ARBO) House of Delegates recognizes the efforts of, and encourages, the NBEO to continue to evolve the regulatory exams and to explore and implement innovative ways to assess optometric knowledge and skills necessary for the practice of optometry.

Approved by the ARBO House of Delegates, June 20, 2021



ARBO 2021 Resolution #3

Resolution Honoring Dr. James Campbell

Submitted by: ARBO Board of Directors

WHEREAS, Dr. James Campbell has performed an outstanding service for the Association of Regulatory Boards of Optometry during his service on the Board of Directors of ARBO since being elected in 2015. Dr. Campbell served one term as President 2019-2020, two as Vice President 2017-2019, and one as Secretary-Treasurer 2016-2017; and

WHEREAS, his service has been exemplified by sterling qualities of leadership which underlie his personal successes and those of the Association of Regulatory Boards of Optometry; and

WHEREAS, Dr. James Campbell has given outstanding service through his volunteer leadership roles on the West Virginia Board of Optometry, and in various other capacities; and

WHEREAS, the member boards of this Association wish formally to acknowledge Dr. James Campbell's distinguished contributions to the Association; now, therefore be it

RESOLVED, that the Association of Regulatory Boards of Optometry, at this 102nd Annual Meeting, express its sincere appreciation to Dr. James Campbell for his many years of distinguished service and outstanding contributions and bestow upon him the status of **Life Member** in this Association.

Approved by the ARBO House of Delegates, June 20, 2021



2021 Resolution #4

Resolution Honoring Dr. Patrick O'Neill

Submitted by: ARBO Board of Directors

WHEREAS, Dr. Patrick O'Neill has performed an outstanding service for the Association of Regulatory Boards of Optometry during his service on the Board of Directors of ARBO since being elected in 2016. Dr. O'Neill served one term as President 2020-2021, one as Vice President 2019-2020, and two as Secretary-Treasurer 2017-2019; and

WHEREAS, his service has been exemplified by sterling qualities of leadership which underlie his personal successes and those of the Association of Regulatory Boards of Optometry; and

WHEREAS, Dr. Patrick O'Neill has given outstanding service through his volunteer leadership roles on the Minnesota Board of Optometry, and in various other capacities; and

WHEREAS, the member boards of this Association wish formally to acknowledge Dr. Patrick O'Neill's distinguished contributions to the Association; now, therefore be it

RESOLVED, that the Association of Regulatory Boards of Optometry, at this 102nd Annual Meeting, express its sincere appreciation to Dr. Patrick O'Neill for his many years of distinguished service and outstanding contributions and bestow upon him the status of **Life Member** in this Association.

Approved by the ARBO House of Delegates, June 20, 2021

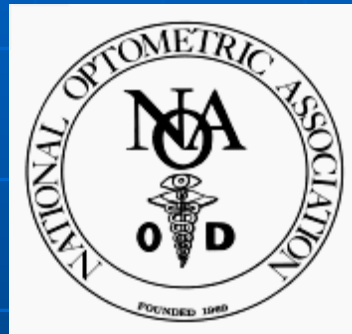
National Optometric Association Presentation to Association of Regulatory Boards of Optometry

Sherrol Reynolds OD,FAAO
NOA President

Edward "Larry" Jones OD, HIS
NOA President-Elect

- Approximately 70% Black families are fatherless. Obama said in a 2008 speech on Fathers Day. Fatherless Black households are 5x more likely to live in poverty and commit crime 9x more likely to drop out of school, and 20x more likely to end up in prison.
- The conversation about race can be divisive, polarizing, and painful but this is to give facts and experiences so you can relate with me and understand this stuff is still happening. People say BIPOC have the same chances to succeed but the facts are we sometimes get knocked down many more times. And a lot of us don't get back up.
- Prejudice and hate are not innate. They are learned behaviors — and they can be unlearned. Racism is a socially transmitted disease whose lifelong negative effects on the health and development of children and adolescents have been documented by the American Academy of Pediatrics. 1. Sarah Ferguson June 2, 2020 UNICEF USA

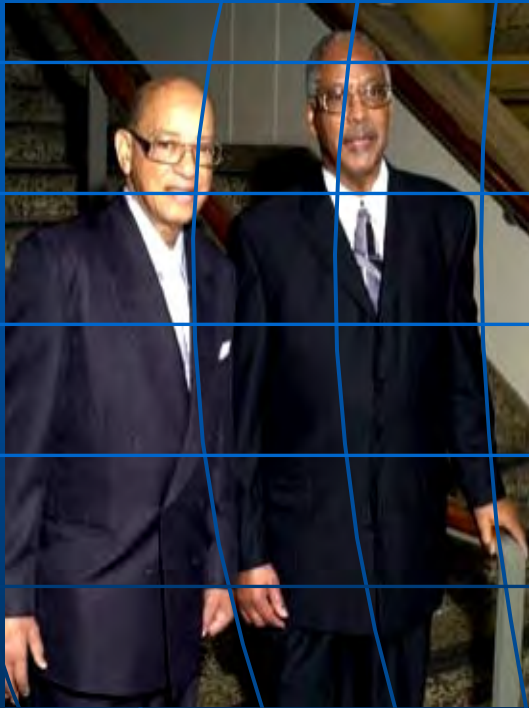
NATIONAL OPTOMETRIC ASSOCIATION



Founded 1969

Co-Founders, Dr. John
Howlette and Dr. C. Clayton
Powell

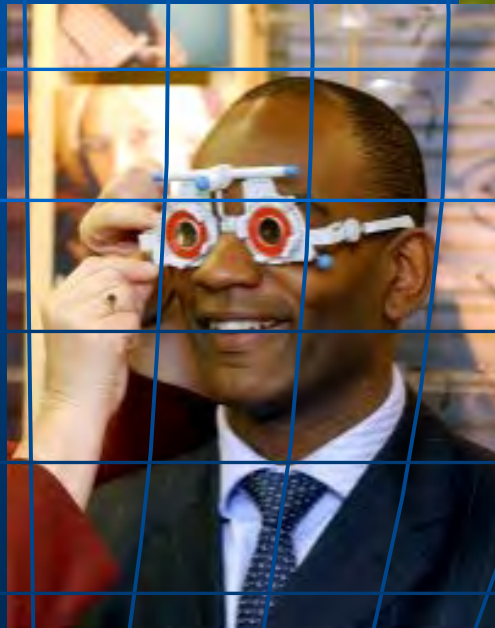
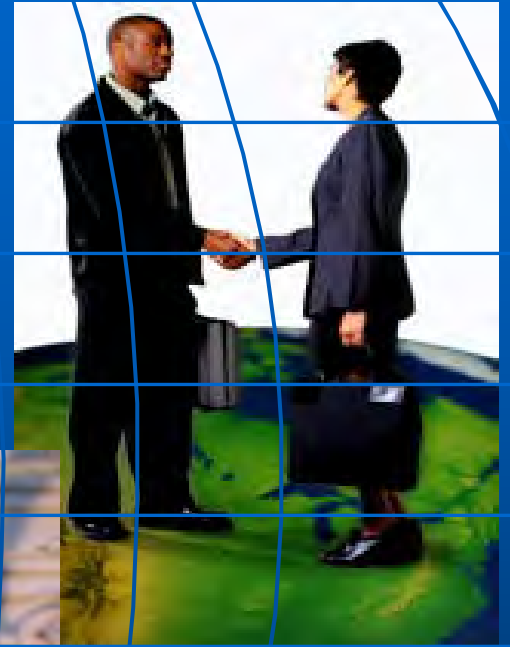
NOA Founders



Drs. Powell and Howlette, (both deceased) were catalytic to the formation of the National Optometric Association in 1969. They realized early on profession could never attain its full potential until it became inclusive of all optometrists, regardless of their ethnicity, race, or gender. In founding the NOA, Drs. Powell and Howlette have not only made it possible for more students and practitioners of color to become successful, but they have also enhanced the image of optometry across the board.

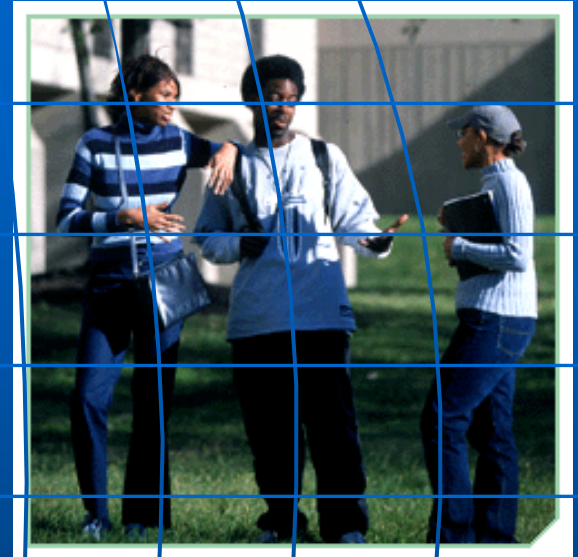
Purpose of NOA

- To educate underrepresented people of color communities
- To recruit and assist underrepresented people of color optometric students
- To provide eye care to underrepresented people of color communities



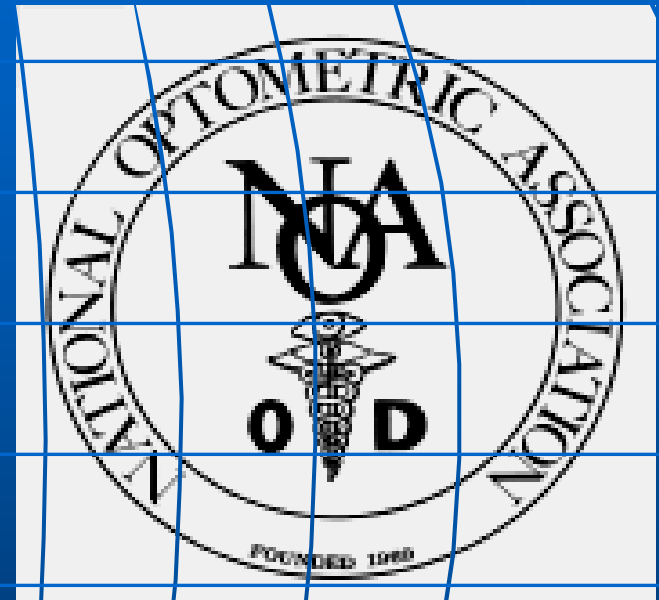
NOA Objectives

- Recruiting people of color for optometry
- Assistance to graduates and practitioners
- Assistance to optometric organizations
- Delivery of excellent care



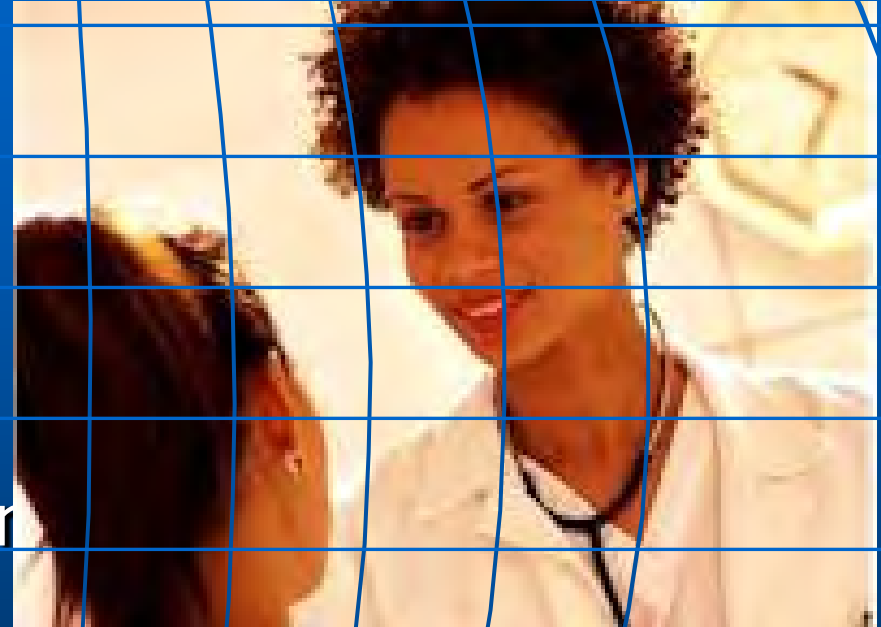
NOA Organizational Summary

- Has existed since 1969
- Has had 27 Past Presidents
- Comprised mainly of African American and Latino optometrists throughout US
- Represents 300+ doctors
- Has a Board of Directors, Executive Director, to develop and implement programs



NOA Concerns

- Promote greater cultural diversity in schools and colleges of optometry
- Education of populations at highly risk for eye disease or blindness
- Health care policy development



NOA Program (Past)

- "Minority" Recruitment Grant (1971-79)
 - Increased enrollment for students of color from 13 to 132
 - NOA Regions created from development and administration of grant
 - Region Trustees
 - Recruit members in region
 - Interact with schools and colleges in region

NOA Regions

■ Region I

- Northeastern US (MA, ME, VT, CT, NY, NJ, NH, PA, Washington, DC)
- NEWENCO, PCO, SUNY

■ Region II

- Midwestern/Central US (OH, MI, MO, IL, IN, KY, MN, IA, WI)
- ICO, IUSO, MCO, TOSUCO, UMSLCO

■ Region III

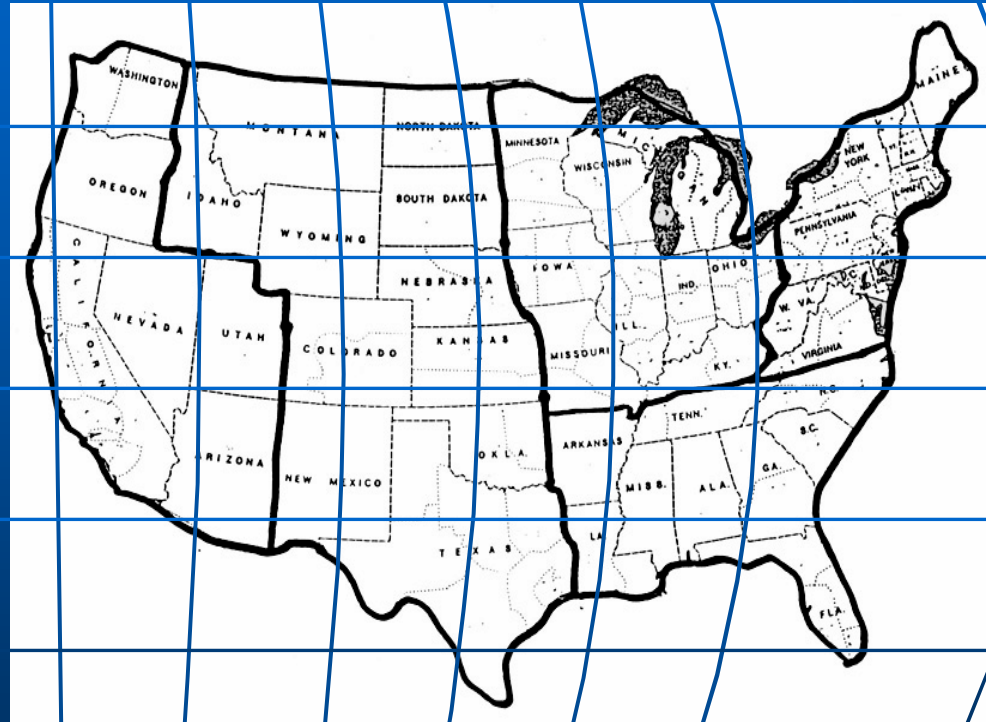
- Southeastern US (AR, AL, FL, GA, LA, MS, NC, SC, TN, PR)
- IAUTR, NOVA SU, SCO, UABSO

■ Region IV

- Central US (OK, TX, KS, CO, NE, ID)
- NSUCO, UHCO, UIWRSO

■ Region V

- Western US (WA, OR, CA, NV, AZ, UT, HI, AL)
- PUCO, UCBSO, MBKUCO, WUHSCO, AZCOPT



NOA Affiliations

■ Health Care Professional

- American Optometric (& Student) Association, Council on Vision Development, National Optometric Student Association, Volunteer Optometric Services for Humanity, American Public Health Association

■ Association for People of Color Collaborations

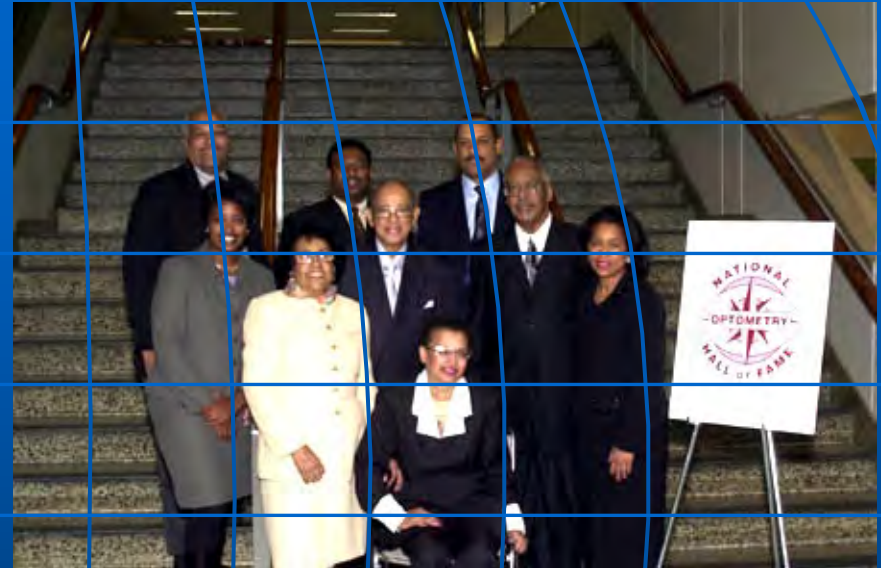
- Black Caucus of Health, Law, & Education (Black Health Summit), National Dental Assoc., National Coalition of Black Meeting Planners

■ Educational

- National Eye Health Education Program, National Diabetes Education Program, National HBP Education Program, National Diabetes Month and Glaucoma Awareness Month Initiatives

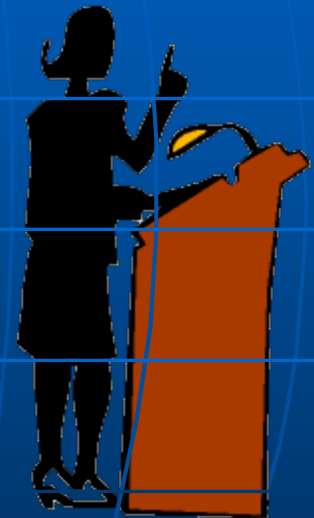
NOA Member Benefits

- NOA *"Sightline"* Monthly
- People of color representation within the optometric profession on multiple levels—health care policy development, industry, etc.
- Opportunities to support people of color students in Schools and Colleges of Optometry in US and Puerto Rico through scholarships, awards, and mentoring
- Unmistakable family atmosphere that rejuvenates the soul



NOSA Member Benefits

- Leadership opportunities
- Membership opportunity to be a part of an organization that emphasizes serving and educating underserved populations
- First class Continuing Professional Education
- Annual conventions—some in exotic locations to incorporate your family vacation
- Discounted convention registration for NOSA members only
- Student travel grants to annual conventions



NOSA Member Benefits

- Networking with doctors in practice types or locations of interest to you,
- New DOP providing a national database of ODs to offer shadowing opportunities for NOSA/AOSA
- Networking with peers at 21 other institutions
- Over 1 million Dollars in support through grants, awards, and mentoring





**Dr. C. Clayton Powell '01, Dr. John Howlette '01,
Dr. Mel Shipp '02, Dr. Ed Marshall '09,
Dr. Marvin Poston '21**

The National Optometric Association has been “Advancing the Visual Health of Minority Populations” for over fifty years.

In 2020, at the height of the global pandemic and quarantine, the National Optometric NBEO Tutoring Committee developed an (impromptu) program, consisting of approach centered, holistic exercises for NOSA students, who were preparing for their exams. This group was specifically created for those students who had previously failed Parts 1 or 2 of their boards exams. To date, we’ve had a 71% pass rate for participants! This is an incredible achievement and we’re so grateful to the doctors and counselors who volunteered their time in this effort.

We have had some challenges, continuing the program, post quarantine. Many of our volunteers are managing their own businesses in an ongoing pandemic. The time and resources are limited, in being able to provide the same quality of support to students.

Vontelle Eyewear is a black owned business, founded by best friends, Tracy Green and Nancey Harris. They launched their Afrocentric inspired, designer eyewear line in the Fall of 2020, and are already making great strides in the profession. Currently the NOA is partnered with them to provide free eye exams to the Women In Need shelters, in New York City. This partnership is further expanding, as Vontelle has pledged to donate 5% of all NOA sales, to the NOA NBEO Tutoring Program. This means that for every NOA doctor, who purchases Vontelle frames for their practice, 5% of that purchase will go back to the NOA, to ensure that more NOSA students pass their board exams and become licensed optometrists!

Together, as a community, we can continue the legacy of the mission of the NOA! To all business owners, please consider adding this quality, independently owned eyewear line, to your practice

- **TITLE:** The National Optometric Association's Tutoring Committee: Mental Health Management for NBEO Test Preparation
- Camille F. Cohen, OD; Janette D. Pepper, OD, FCOVD, FAAO
- **PURPOSE:** To determine the stressors affecting optometry students who failed NBEO, Parts 1, 2, or 3 more than once, and alleviate these stressors by creating approach centered tutoring, as well as mindfulness exercises, addressing the mental health components of test taking. The goal of this tutoring group was to create a sense of community amongst predominantly minority students, from different schools and colleges of optometry. By creating a community network, students were able to navigate the shame associated with failure and collectively approach studying through new learning and relaxation techniques.
- **METHODS:** Students were given a survey to assess weakest subjects, tested in NBEO Parts 1 and 2. Based on the survey, several review techniques were employed, such as explaining open ended cases. During the COVID 19 quarantine, a core group of nineteen student doctors participated in 6-10 weeks of virtual reviews with Doctors of Optometry and Psychology. Additionally, students participated in several stress management lectures and exercises. The traumatic impact of the pandemic, social justice protests, and past test failures was addressed collectively, and sometimes individually. Students were exposed to therapeutic treatments, such as deep breathing, aromatherapy, and visualization.
- **RESULTS:** Out of the nineteen student doctors, who participated in the full review, fourteen have confirmed taking their boards exam(s). Ten out of the fourteen confirmed test takers passed their boards exam(s), resulting in a 71% pass rate for the core group of tutored students. Some of these student doctors previously failed the exam up to six times. The emphasis on mental health practices appeared to be most advantageous for those who failed multiple times, as 85% of those who passed previously failed at least twice.

NOA Future

- Recruitment BIPOC students to optometry (African Americans, Native Americans and Latinos)
 - Only account for 2-3% of optometrists in US
 - Retention and mentoring efforts are vitally important to students
- Coalition building with other optometric groups of color
- Continued education and care of underserved populations
 - Build allyship with other optometric groups

Allyship

- Take on the struggle as your own.
- Understand that your education is up to **you** and no one else, (Privilege, Bias, Antiracism)
- Transfer the benefits of your privilege to those who lack it.
- Amplify voices of the oppressed before your own.
- Acknowledge that even though you feel pain, the conversation is not about you.
- Stand up, (change policies) even when you feel scared.
- Own your mistakes and de-center yourself.



- Check out our web site:
- www.NationalOptometricAssociation.com