The mission of the California State Board of Optometry is to protect the health and safety of California consumers through licensing, registration, education, and regulation of the practice of Optometry and Opticianry.

California State Board of Optometry

QUARTERLY BOARD MEETING AGENDA

Friday, August 27, 2021
10:00 am until the close of business
Public Petition Hearings: Time Certain Start of 2:00 pm

This public meeting will be held online via WebEx Events. To participate online, please log on to the website the day of the meeting using the links below:

https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mf55068dcfc9fcecd382b11f8ebe275fe

Event number: 146 908 0085
Event password: Optometry8272021

To participate in the meeting by telephone:

Call 1-415-655-0001
Enter Event number: 146 908 0085
Enter Pass Code: 67866387

NOTICE: Pursuant to Governor Gavin Newsom's Executive Order N-08-21, in response to the COVID-19 pandemic, the meeting is being held entirely electronically. No physical public location is being made available for public participation. Members of the public may observe or participate using the link above. Due to potential technical difficulties, please consider submitting written comments via email to optometry@dca.ca.gov no later than seven days prior to the meeting for consideration.

Action may be taken on any item on the agenda.

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1. Call to Order / Roll Call and Establishment of a Quorum

2. Public Comment for Items Not on the Agenda
Note: The Board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting [Government Code Sections 11125, 11125.7(a)].

3. Board President's Report - Formation of and Appointment to Committees

4. Discussion and Possible Approval of July 9, 2021 Board Meeting Minutes

5. Association of Regulatory Boards of Optometry (ARBO) Annual Meeting Report from Lisa Fennell with Comments from Madame President and Board Member Kawaguchi

6. Department of Consumer Affairs Update

A. Executive Office – Carrie Holmes, Deputy Director of Board and Bureau Relations
B. Budget Office

7. Executive Officer's Report

A. Enforcement Program
   i. Quarterly Statistics
   ii. Presentation on Enforcement Process
B. Examination and Licensing Programs
   i. Quarterly Statistics
   ii. Presentation on Optometry Initial Licensing Process
C. Legislative and Regulatory Update
   i. Assembly Bill 407 (Salas and Low) Optometry: scope of practice
   ii. Assembly Bill 691 (Chau) Optometry: SARS-CoV-2 vaccinations: SARS-CoV-2 clinical laboratory tests or examinations
   iii. Assembly Bill 1534 (Committee on Business and Professions) Optometry: mobile optometric clinics: regulations.
   iv. Senate Bill 509 (Wilk) Optometry: COVID-19 pandemic: temporary licenses
   v. Optician Program Omnibus Regulatory Changes (Amend Title 16, §§ 1399.200 – 1399.285)
   vi. Dispensing Optician Disciplinary Guidelines (Amend Title 16, § 1399.273)
   vii. Implementation of AB 458 (Adopt Title 16, §1507.5; Amend Title 16, § 1524)
   viii. Implementation of AB 443 (Amend Title 16, § 1524; Adopt Title 16, § 1527)
   ix. Optometry Continuing Education Regulations (Amend Title 16, § 1536)
   x. Requirements for Glaucoma Certification (Amend Title 16, § 1571)
   xi. Optometry Disciplinary Guidelines (Amend Title 16, §1575)
   xii. Implementation of AB 896 (Adopt Title 16, §§1583 – 1586)

D. Outreach and Communications Update

8. Update, Discussion and Possible Action on Changes to Title 16, California Code of Regulations Section 1536 (Continuing Education Regulations)

9. Future Agenda Items

<u>Public Petition Hearing – Time Certain Start of 2:00 pm</u>

10. Petitions for Early Termination of Probation

Wayne Hoeft (OPT #4256)
Martin Dawson (SLD #42036, CLD #8596)

11. CLOSED SESSION

A. The Board Will Meet in Closed Session for Discussion and Deliberation on Disciplinary Matters, Pursuant to Government Code Section 11126(c)(3)
B. The Board Will Adjourn the Meeting

The mission of the California State Board of Optometry is to protect the health and safety of California consumers through licensing, registration, education, and regulation of the practice of Optometry and Opticianry.

Meetings of the California State Board of Optometry and its committees are open to the public except when specifically noticed otherwise in accordance with the Bagley-Keene Open Meeting Act. Public comments will generally be taken on agenda items at the time the specific item is raised. Please respect time limits, which the Chairperson may request on an as-needed basis to accommodate all interested speakers and the full agenda. The Board or its committees may take action on any item listed on the agenda. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification to participate in the meeting may make a request by contacting the Board at 916-575-7170, email: optometry@dca.ca.gov, or mailing a written request to Kristina Eklund at the California State Board of Optometry, 2450 Del Paso Road, Suite 105, Sacramento, CA 95834. Providing your request at least five (5) business days before the meeting will help ensure the availability of the requested accommodation.

ISSUE MEMORANDUM

DATE	August 27, 2021
TO	Members, California State Board of Optometry (CSBO)
FROM	Lillan Wang, President
SUBJECT	Agenda Item #1 – Call to Order, Roll Call, and Establishment of a Quorum

Board President Lillian Wang will call the meeting to order. Please note the date and time for the record. Also, please note the meeting being held is via teleconference pursuant to the Governor's Executive Order N-08-2.

Board Secretary Eunie Linden will call roll to establish a quorum of the Board.

1. Lillian Wang, O.D., President
2. Mark Morodomi, Vice-President
3. Cyd Brandvein
4. Jeffrey Garcia, O.D.
5. Glenn Kawaguchi, O.D.
6. Eunie Linden
7. Joseph Pruitt, O.D.
8. Sandra D. Sims
9. David Turetsky O.D.

ISSUE MEMORANDUM

DATE	August 27, 2021
TO	Members, California State Board of Optometry (CSBO)
FROM	Lillan Wang, President
SUBJECT	Agenda Item #2 – Public Comment For Items Not on the Agenda

The Board welcomes public comment for items not on the agenda.

Association of Regulatory Boards of Optometry

ARBO
Association of Regulatory Boards of Optometry, Inc.

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Suite 2030
Charlotte, NC 28202

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

August 9, 2021

ARBO Member Boards:

Throughout the pandemic, ARBO and NBEO have been actively discussing the licensing exams and their delivery. As a result of those discussions and in response to the questions that ARBO has raised, NBEO has provided the attached white paper. The paper contains information that we felt was important for you to have. Any changes made to the examinations are carefully vetted to keep them valid and defensible. ARBO depends on that careful analysis so that you can have every confidence in the exam results.

The white paper discusses:

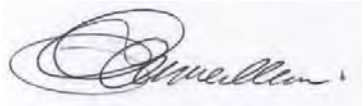
- The actions taken by the NBEO/NCCTO throughout the pandemic.
- The findings of the ARBO/NBEO task force established to look at alterative testing methodologies.
- Why clinical skills testing is essential.
- How clinical competency is measured/tested, the downstream results and why it is so important.
- The decisions/actions that other healthcare entities have made.
- The evolution of Part III from clinical skills to clinical/cognitive skills.

Feel free to contact us with any questions.

Coby Ramsey, OD

President, ARBO

Patrick O'Neill, OD



Chair, National Board Exam Review Committee

The Role of Standardized, Performance-based Examinations for Licensure: A Pandemic View from Optometry

Brooke Houck, Ph.D.
National Board of Examiners in Optometry
June 14, 2021

During 2020, the United States experienced a pandemic unlike any other in modern history, comparable only to the Spanish influenza outbreak of 1918-1920. During COVID-19 pandemic, governmental orders were issued at the federal, state, and local level to help protect public health. As these orders and directives rolled out, the National Board of Examiners in Optometry (NBEO) made the difficult decision to temporarily suspend testing at the National Center for Clinical Testing in Optometry (NCCTO), beginning on March 17, 2020.

Of the three-part series of licensure examinations that NBEO administers, the NCCTO in Charlotte, NC is the only testing location over which the organization can make decisions about opening or closing based on public health. Part III Clinical Skills Testing is administered at the NCCTO; however, Part I Applied Basic Science (ABS) and Part II Patient Assessment and Management (PAM), inclusive of the Treatment and Management of Ocular Disease (TMOD) exam are administered at Pearson VUE Professional centers across North America. Both Part I ABS and Part II PAM are typically scheduled for administration during March and April every spring. During the onset of the pandemic in the U.S., and without prior warning to NBEO, Pearson VUE also made the decision to close testing centers. Like most businesses in the nation, closures were abrupt and disruptive, yet necessary to ensure the safety of public health and to comply with governmental regulations. In short, the temporary suspension of testing at the NCCTO as well as the cancellation of exams at Pearson VUE Professional centers disrupted the testing schedule for many optometry candidates.

This paper explores the implications of the decisions made due to the pandemic. The experiences of the pandemic have opened a window for reflection on the role of clinical skills testing in licensure examinations.

Different Decisions for Different Organizations

Pearson VUE centers began reopening at partial capacity as regulations about social distancing shifted across the states. NBEO was able to reschedule candidates whose test were canceled by Pearson VUE for Part I ABS and Part II PAM over the course of the summer and fall of 2020. The NCCTO reopened on May 18, 2020, and all candidates in the class of 2020 had the opportunity to complete the Part III CSE by the end of June 2020.

However, other medical licensing entities made different choices in response to the pandemic. The American Board of Surgery (ABS) elected to offer their General Surgery Qualifying Exam, a 300 question, multiple choice exam that takes approximately 8 hours, through a remote proctored administration (*ABS Update Regarding the July 16-17 General Surgery Qualifying Exam*, 2021). The United States

Medical Licensing Examination® (USMLE®) closed administration of their Step 2 Clinical Skills examination in May 2020 (*United States Medical Licensing Examination | Announcements*, 2021). Similarly, the National Board of Osteopathic Medical Examiners (NBOME) also suspended the administration of the Comprehensive Osteopathic Medical Licensing Examination of the United States® (COMLEX-USA®) Level 2 Performance Evaluation (PE) in March 2020 (*Timeline — NBOME*, 2021).

Figure 1. Balancing Alternative Test Delivery Methods

As early as April 2020, NBEO began looking at alternative test delivery options. In August of 2020, Association of Regulatory Boards of Optometry (ARBO), in conjunction with NBEO, commissioned a task force to examine possible alternatives to NBEO's historical testing modalities (at Pearson Professional Centers and at the NCCTO). Figure 1, taken from the work of the task force, illustrates the challenge at hand – balancing exam validity, reliability, & security with the safety of candidates and testing staff. 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 for students from the schools and colleges of optometry,
4. NBEO should further investigate the feasibility of a temporary testing site on the west coast,
5. Consider outreach for potential advocacy efforts by other organizations,
6. NBEO should continue to negotiate scheduling options for the computer-based examinations with Pearson VUE.

Different Outcomes for Different Decisions

The NCCTO was closed temporarily for cleaning and the implementation of safety protocols with regards to the pandemic. After reopening, optometry candidates in the class of 2020 had an opportunity to complete the Part III CSE by June 25, 2020. The NCCTO remained open and resumed the regular testing schedule for the 2020-2021 academic year, without interruption. The decisions of the NBEO during the pandemic led to a scenario where no optometry candidate was blocked from seeking licensure because of the inability to test due to testing center closure.

In contrast, the American Board of Surgery experienced tremendous setbacks and technical problems in the implementation of the remote proctored administration of the General Surgery Qualifying Exam. The issues were severe enough that testing was stopped mid-administration, with the ABS issuing the following statement,

> "The attempted administration of the virtual 2020 American Board of Surgery General Surgery Qualifying Exam was a failure. There is no way to sugarcoat it, and there is nothing that we, as an organization, can say right now to make those who were affected feel any better… While we cannot give you back the time that you spent studying, away from your family, in the midst of the worst public health crisis that we have seen in a century, we can and will refund exam fees

> starting immediately" (*ABS Issuing Refunds, Launching Security Investigation for Virtual 2020 General Surgery QE*, 2021).

Similarly, it was announced on May 15, 2020 that the NBME was conducting research to explore the use of remote proctoring for the USMLE® Step 2 Clinical Skills examination, and that the exam should be ready in 3-6 months. Eleven days later, it was announced that the USMLE® Step 2 Clinical Skills was being suspended for 12-18 months due to the complexity of transitioning from an in-person OSCE to an online format. By the end of January 2021, USMLE® announced that the work to relaunch the Step 2 Clinical Skills was being discontinued, and that there were "no plans to bring back Step 2 CS" (*United States Medical Licensing Examination | Announcements*, 2021).

Lastly, NBOME formed the Special Commission on Osteopathic Medical Licensure Assessment, whose first goal was the review and endorsement of temporary pathways for the Class of 2021 and 2020 to be eligible for the COMLEX-USA Level 3, given that the COMLEX-USA® Level 2 Performance Evaluation (PE) was suspended (*Pathway for Classes 2020 and 2021 — NBOME*, 2021). The final report of the Commission is expected to be released in July 2022 (*Timeline — NBOME*, 2021). Until then, the national testing centers that administered the COMLEX-USA® Level 2 Performance Evaluation (PE) remain closed, and the staffing positions necessary to support them have been eliminated.

Context

In the wake of the decisions by NBME and NBOME, national, standardized OSCEs and other performance-based exams have come under scrutiny. This report highlights the importance of clinical skills testing, particularly in the field of optometry, and more generally for public protection against medical incompetence and / or malpractice.

Competency

Traditionally, clinical competency assessment was "based on a general impression derived from repeated student-teacher interactions" (Rossel & Kakta, 1990, p. 17). This general definition covers all medical professions; the notion of clinical competency – that some physicians seem to be more competent than others, naturally led to the need to assess clinical competency. The first widely-used, broadly accepted method for assessing clinical competency was the bedside clinical examination, which was considered a milestone in healthcare education (Harden et al., 2015). Historically, a candidate would spend roughly an hour with a single "long" case, after which they would meet with examiners to discuss the case, telling the examiners the details of the patient's history, symptoms and physical signs, possible diagnoses, and a plan for management of the problem (Harden et al., 2015). This kind of assessment of clinical skills was considered the most important assessment for determining a student's competence to begin to practice independently or under supervised practice (Stokes, 1974).

However, the bedside examination approach received criticism for its low reliability and limited validity (Harden et al., 2015; Krichbaum et al., 1994; Rossel & Kakta, 1990; Sloan, Donnelly, Drake, et al., 1995). Assessments were often idiosyncratic to institutions, and even varied among clinical instructors within institutions. For example, Krichbaum, Rowan, et al. (1994) discuss the bedside examination in the field of nursing:

> "Faculty have not agreed on expectations for performance. Rather, depending on tacit values of individual teachers or of the school of nursing, faculty have employed a variety of evaluation

> strategies to determine the quality of students' clinical performance…Personal traits were measured subjectively by the instructor, who decided which students met the expectations and which did not. This approach to the process of evaluating clinical performance… is highly subject to bias" (1994, pp. 395–396).

Specifically, overall exam reliability -- the ability of an exam to repeatedly yield similar results for similarly competent examinees -- for these kinds of assessments was highly problematic due to their varied structure and content (Ballister, 2018; Burke, 2020; Harden et al., 2015). It became clear that in order to uniformly measure clinical competency, it was necessary to adhere to a uniform understanding of the components of clinical competency.

Defining Clinical Competency

In optometry in the United States, there is currently a minimal requirement of clinical competency in order to be granted a license to practice. Licenses are granted by State Boards of Optometry, who rely on one unified, national exam series that indicates candidate competency. State boards of optometry typically require candidates to (1) have graduated from an Accreditation Council on Optometric Education (ACOE) accredited optometry degree program and (2) pass the NBEO "entry-level licensure exam administered by the [NBEO]" (*ARBO FAQ*, 2021).

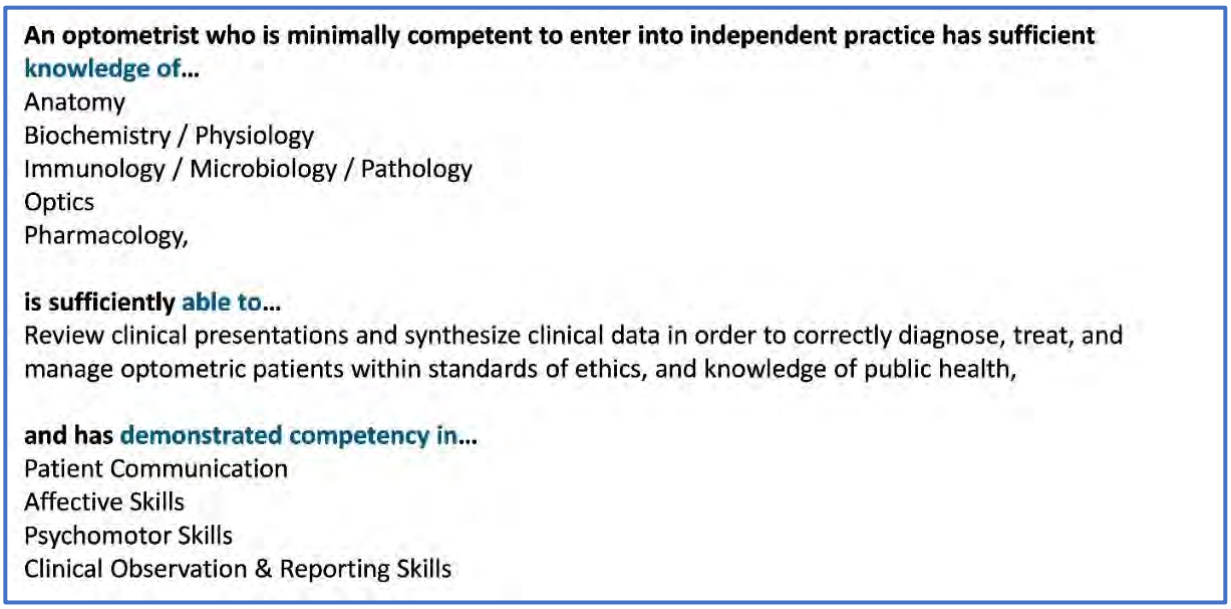


Figure 2. Competency in the practice of optometry.

The rationale for optometric licensing processes given by ARBO is as follows,

> "Assembling a quality optometrist population to meet the needs of the public begins with licensure…the state ensures all practicing optometrists have appropriate education and training, and they abide by *recognized standards* (emphasis added) of professional conduct while serving their patients….Candidates for licensure must also complete a rigorous examination, designed to assess an optometrist's ability to apply knowledge, concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care" (*ARBO FAQ*, 2021).

That is, the process of obtaining a license to practice optometry rests upon determining if a candidate is minimally competent to enter into independent practice, based upon a codified understanding of competency.

Measuring Competency

Given the psychometric challenges of the bedside clinical examination, a new process for measuring clinical competency was needed. The advent of the *Objective Structured Clinical Examination* (OSCE) presented an innovative approach in gauging clinical competency (Harden et al., 1975; Harden & Gleeson, 1979). The OSCE evolved out of the need to control for biases that are inherent in other modes of assessment for clinical skills (Benett, 1993). In performance-based assessment, there are 3 primary variables that must be accounted for, shown in Figure 3, reproduced from (Harden et al., 2015, p. 4) – the student, the patient / standardized patient, and the examiner.

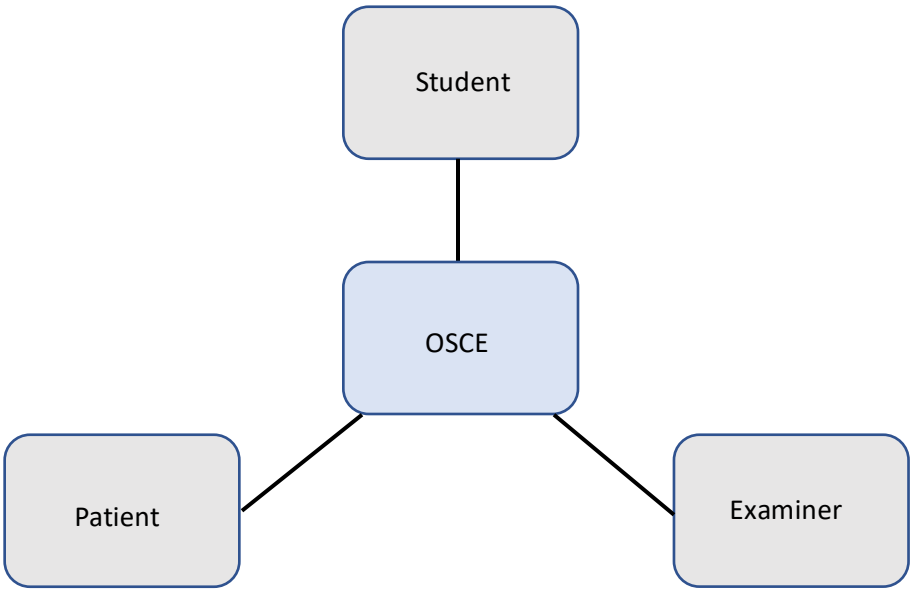


Figure 3. Three variables present in a performance-based exam. Reproduced from (Harden et al., 2015, p. 4).

Whereas previous methods of clinical skills assessment did not adequately control for differences among patients and examiners, the OSCE format reduces measurement error by providing, to the greatest extent possible, standardized, homogenous patients and examiners. By standardizing those two variables, the extent to which scores on the exam vary among students can be attributed to differences in student performance or ability, rather than to random differences between patients and examiners.

Additionally, the OSCE format is an improvement upon other performance-based assessment structures because it increases exam reliability by providing multiple opportunities for students to demonstrate mastery, the OSCE format yields higher reliability than previous forms of skills assessment; the number of stations in an OSCE is positively related to exam reliability (Joorabchi, 1991), often statistically

represented by Cronbach's alpha (Cronbach, 1951). Studies of validity and reliability of OSCE exams demonstrate the psychometric advantages of using this method of assessment, essentially making it the "gold standard" for a standardized assessment of clinical skills (Benett, 1993; Fink et al., 2021; Schuwirth & Van der Vleuten, 2003; Schwartzman et al., 2021; Sloan, Donnelly, Schwartz, et al., 1995; Sloan et al., 1993; Wallace et al., 2002).

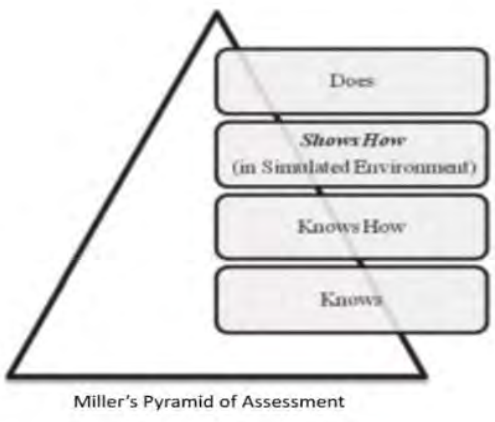


Figure 4. Miller's pyramid adapted from Khan et. al., 2013.

In their review of performance-based assesments, Swanson, Norman, & Linn (1995) provided a broad overview of the strengths and challenges of the four primary approaches to performance-based assessment in the health professions – *Patient Management Problems* (PMPs), *Computer-Based Clinical Simulations, Oral Examinations, and Standardized Patients* (SPs). The Standardized Patient aproach to which the authors refer is the OSCE format (1995, p. 6). They conclude that, "Neither traditional testing nor performance-based assesments are a panacea….Performance-based test, used well, can clearly assess skills that cannot be measured with traditional written tests" (1995, p. 11). In fact, the authors conclude that the use of a group of testing methods (i.e. clinically oriented multiple choice tests and performance-based assessment of clinical skills) will provide a better, more comprehensive, measurement of an examinee's competency than using one single method (Swanson et al., 1995). This conclusion supports the most common conceptual framework for assessing clinical competency. Miller (1990) suggested a framework for assessment of clinical competency, which became known as Miller's pyramid. At the bottom, he placed *know/knowledge*, "required in order to carry out professional functions effectively." He also said that many believe that this knowledge is all that needs to be tested to establish competency. In the next level on the pyramid, he placed *knows how/competence*, "know how to use the knowledge [students] accumulated. The top two levels are probing shows how/performance and does/action aspects of the evaluation" (Miller, 1990, p. S63).

Measuring Competency in Optometry

Considering the parameters of competency shown in Figure 2, the NBEO series of licensure exams consists of three separate parts. Part I ABS is a multiple-choice, computer-based exam that assesses candidates' mastery of the underlying basic science concepts necessary for entry into optometric practice. The exam consists of 370 questions, 20 of which are unscored, pre-test items, and is administered in two sessions of 4 hours each. Part II PAM examination assesses clinical thinking and decision-making, along with knowledge of diagnosis and treatment. The Part II PAM exam is also a computer-based, multiple-choice exam. It contains 350 items and is administered over two sessions of 3.5 hours each. Part II PAM questions frequently are shown as part of an overall case wherein candidates are given clinical information, sometimes including diagnostic images. The questions for the case follow a sequence that mimics clinical thinking and decision-making; however, examinees are able to select from a list of possible answers while thinking through the case and appropriate treatment steps. Lastly, Part III CSE is a performance-based exam wherein examinees are required to perform optometric clinical skills that reflect practice. These skills are performed at 4 different stations; all stations rely on standardized patients on whom the examinee performs the skills for each station. Candidates stay at each station for 30 minutes, making the total testing time 2 hours not including time for check-in, orientation, and checkout. Each station is located in an examination room that is designed to simulate real-life optometric exam rooms. The equipment, placement of materials, and room dimensions are standardized, and the NBEO follows a multilayered protocol for quality assurance throughout the examination process.

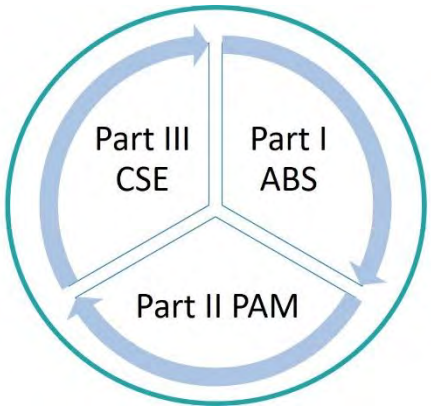


Figure 5. Three-part series of optometric licensure exams, when combined, measure overall optometric competency.

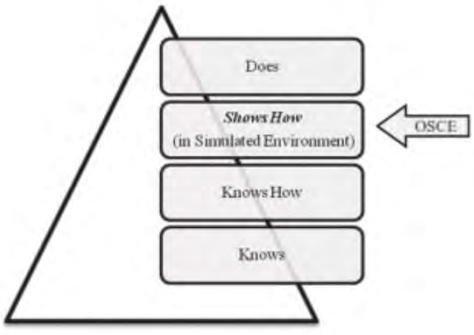


Figure 6. OSCE relative to Miler's Pyramid.

Given that every knowledge, skill, and ability necessary for entry into the independent practice of optometry cannot be tested in the same format, the examination series provides a scaffolded path for the assessment of overall competency. Figure 5 provides a graphical representation of this holistic assessment. Each exam within the series covers an aspect of optometric competency, but it is the combination of the series of exams that represents overall competency.

Within the context of health professions licensure exams, a performance-based exam or an OSCE can be mapped onto Miller's pyramid as shown in Figure 6 (Khan et al., 2013). An OSCE inherently requires the examinee to show an examiner that she or he has mastered specific clinical skills. Whereas previously the examinee needed only to have applicable knowledge (Part I ABS) and how to theoretically apply that knowledge

(Part II PAM) (see Figure 7), the performance-based exam extends mastery to include physical performance.

When considering the content of the exams in light of each's role in the holistic assessment of competency in optometry, the top of the pyramid, "Does," is truncated. The final assessment of competency is at the "Shows How" level because examinees are able to, after completing this level of assessment, apply for and receive a license to practice independently. In some other healthcare professions, examinees similarly progress through a series of licensure examinations to determine competency, but then must also undergo a period of supervised practice. The period of supervised practice, or, residency, falls within the category "Does" on the pyramid. Supervised practice operates as an additional layer to the overall assessment of clinical competency.

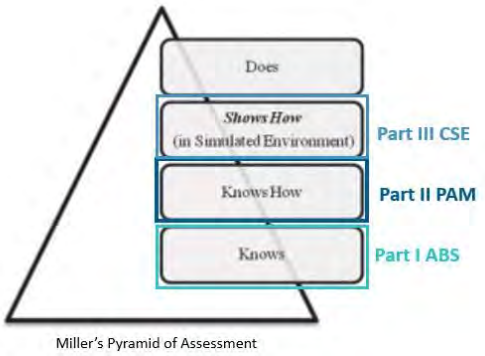


Figure 7. NBEO exam series as mapped onto Miller's pyramid.

Of note, NBEO is currently undergoing a major restructure of the Part III CSE and released both a blueprint and model for the restructured Part III exam, which, when implemented, will become the NBEO Part III Patient Encounters and Performance Skills (PEPS) exam. The starting date of the Part III PEPS is as yet undetermined (*Part III PEPS Restructure Blueprint & Model*, 2020, p. 4). Restructuring the Part III examination will change the nature of the exam from one in which the focus is on the performance of specific, optometric clinical skills to an exam that focuses on broader clinical skills, including standard features of OSCE examinations such as taking a case history, determining a treatment plan, and composing a SOAP note[1].

Evolution of Regulatory Testing in Optometry

Historically, optometry has been a strongly regulated profession. Before the separation of optometry from medical practice, there existed only "eye physicians" – medical doctors who focused on the eye -- ophthalmologists. As the need for clear vision became increasingly known, the need for optometrists took hold. Ophthalmologists recognized the public need for optometry in 1929 in an article from *The Commonwealth of Optometrist*, stating, "…the number of competent eye physicians is of course totally and hopelessly insufficient" (Lancaster, 1928, p. 3). However, though conceding the need for optometrists to serve the public, sentiment among "eye physicians" remained that optometrists were not sufficiently trained. In the same article referenced above, the author goes on to state, "It is out of the question to eliminate the optometrist….To give the optometrist a training that would make him competent would be to eliminate the optometrist by making him an eye physician" (Lancaster, 1928, p. 3). The author ends with a call for optometrists to organize a group of members to set and maintain

[1] SOAP is an acronym for subjective, objective, assessment, and plan. The SOAP note is a common method of documentation for writing notes in patients' medical charts.

professional standards for optometrists to pave the way for collaboration between optometrists and ophthalmologists (p. 4). Essentially, the medical community felt that optometry was not regulated enough to ensure full, essential training and high standards of care.

The first state law to recognize and regulate the practice of optometry occurred in 1901 in Minnesota; by 1921 all states had adopted laws governing the practice of optometry (*Fall 2019 Greensheet*, 2019). The early part of the 20th century was marked by the increasing organization, regulation, and raising of standards within optometry. By 1915, with the ruling of the Pennsylvania Supreme Court in Martin V. Baldi that optometry "is a separate profession from medicine and cannot be properly regulated by the state board of medicine as a branch of that profession" (*Fall 2019 Greensheet*, 2019, p. 8), optometry became more unified and standardized. This is evidenced by a resolution in 1931 by the Examination Committee of the International Board of [Optometry] Boards (IBB)[2], known now as the Association of Regulatory Boards of Optometry (ARBO), defining the minimum standard eye examination.

Standardized, Performance-Based Exams and the Public

The chief role of governmental, regulatory policies regarding the profession of optometry is to uphold standards of care intended to protect the public from any harm that may come from being treated by a practitioner who is not at least "minimally competent" to practice independently. As discussed previously, the mode through which optometric candidates demonstrate competence to state regulatory boards as part of an application for licensure to practice is the NBEO three-part exam series.

Public Protection

Licensing boards within health professions are tasked with determining if a candidate is minimally competent, and therefore which candidates qualify for a license to practice. This role of the licensing board is but one of several that position licensing boards as the guardians of public protection within the health profession in which they serve. For example, licensing boards also investigate complaints about physicians, and have the authority to impose a variety of disciplinary actions such as: requiring continuing education training, imposing fines, imposing restrictions on practice, and revoking licenses to practice.

Within the field of optometry, regulatory boards have similar obligations. The Association of Regulatory Boards of Optometry states,

> "The duty of the board goes beyond the licensing and re-registration of optometrists. The board is charged with the responsibility of evaluating when an optometrist's professional conduct or ability to practice optometry warrants modification, suspension or revocation of the license to practice optometry. Board members devote a great deal of time and attention to overseeing the practice of optometrists by reviewing complaints from consumers, malpractice data, information from hospitals and other health care institutions, and reports from government agencies…When a board receives a complaint about an optometrist, and there is reason to

[2] The Association of Regulatory Boards of Optometry (ARBO) was founded in 1919 under the organizational name of IBB. The organization's name changed to the International Association of Boards of Examiners in Optometry (IAB) in 1954. The acronym ARBO began to be used in 1999 when the group's name changed to The Association of Regulatory Boards of Optometry (*ARBO History*, 2021).

> believe the optometrist has violated the law, the board has the power to investigate, hold hearings, and if necessary, imposes some form of discipline" (ARBO FAQ, 2021).

In their first task of determining whether or not to issue a license to practice, regulatory boards rely on licensure exams to provide information on candidates' knowledge, skills, and abilities within the field. It is then logical to question whether or not licensure exams, which are used to determine minimal competency, have a relationship with state boards' other primary task of investigating complaints and issuing disciplinary actions.

Review of the Research

Research has been conducted to investigate the role of licensure exams in the context of public protection. For example, Tamblyn et al. investigated whether or not licensing exam scores predict performance in practice in medicine, specifically in primary care (2002). Researchers used linked databases of physicians' performance within Québec, Canada over the course of 4-7 years, along with physicians' scores on the Québec family medicine certification exam (QLEX). Using this longitudinal data, Tamblyn et al. examined physicians along 5 annual measures of performance already established within the national health system of Québec. Analysis of the data was conducted using multiple linear regression for repeated measures with generalized estimating equations showed statistically significant relationships between exam scores and positive performance measures. The authors also investigated the extent to which the associations found decreased over time by testing interactions between exam scores and years of experience in practice. An autoregressive first-order correlation structure for residuals was used to account for the interdependence of performance measures for physicians over time (i.e., a performance outcome for year 2 is interdependent on the same performance outcome for year 1). Findings showed that exam scores taken during the final year of medical school were statistically significant predictors of future performance in practice. Additionally, and perhaps most significantly, the authors demonstrated that the relationship between licensure exam scores and performance was sustained throughout the first 4-7 years of independent practice. That is to say, Tamblyn et al. found that licensure examination scores not only were accurate predictors of how well a physician would perform in independent practice, but also that this prediction was accurate for a significant period of time – between 4 and 7 years after entering practice. While the generalizability of these findings to the practice of optometry in the United States is as yet undetermined, the research strongly suggests that licensing examinations likely work as intended – candidates with higher scores tend to exhibit better performance in practice than candidates who score lower (i.e., closer to the cut score for minimal competency).

Research within the context of the United States shows similar findings about the relationship of licensure exams with performance in practice. The Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) is a 3-level examination series that all state licensing boards within the U.S. utilize for licensure decisions for osteopathic physicians. The Level 2 exam has, heretofore, consisted of two parts – the Level 2 Cognitive Exam (CE) and the Level 2 Performance Exam (PE). The Level 2 PE is further categorized into the following two domains: Biomedical/Biomechanical Domain (BD) and the Humanistic Domain (HD). Using retrospective data for physicians who completed osteopathic medical college between 2004 and 2013, Roberts et al. (2020) analyzed the relationship between scores on various parts of the COMLEX-USA and disciplinary actions against osteopathic physicians. Their analysis compared physicians who received licensing board actions against them to those who did not. Using a retrospective cohort approach, researchers used multinomial logistic

regression (MLR) where the outcome categories were (1) license revocation, (2) imposed limitations to practice, and (3) other board action as compared to the outcome of no board action received. Their findings showed a statistically significant relationship with physician scores on the Level 2-PE exam in the biomedical/biomechanical domain with the odds of receiving an adverse licensure board action in 2 outcome categories. The analysis showed, "…higher COMLEX-USA Level 2-PE BD scores showed significantly lower odds in receiving a board action revoking a physician's license and imposing limitations to practice, controlling for scores at other levels [COMLEX-USA exam levels 1, 2-CE, and 3], years in practice, and gender" (Roberts et al., 2020, p. 928).

Additionally, Cuddy et al. (2017) investigated the relationship of scores on the United States Medical Licensing Examination (USMLE) with physician practice after receiving a medical license. The authors utilized a non-nested multi-level logistic regression model to uncover the relationship between exam scores and receiving an adverse board action across time. Similar to the COMLEX-USA, the USMLE consists of several parts: Step 1, Step 2 Clinical Knowledge (CK), Step 2 Clinical Skills (CS, recently discontinued), and Step 3. Cuddy et al. (2017) examined scores from the USMLE Step 1 and Step 2 Clinical Knowledge exams. Findings showed a statistically significant relationship between Step 2-CK scores and board disciplinary action. An increase of 1 standard deviation in Step 2-CK exam scores was associated with an approximately 25% decrease in the odds of a physician receiving disciplinary action (odds ratio = 0.75, $p<0.05$, CI given in paper).

This study did not analyze scores on a performance-based exam (the now discontinued Step 2-CS). The authors cite Tamblyn et al.'s (2002) finding that scores on communication and clinical decision-making showed a negative association with patient complaints. Both the heavy emphasis of the USMLE Step 2-CS exam on communication, alongside this citational context and the failure of Cuddy et al. to mention the Step 2-CS exam at all, suggests that the performance-based exam did not adequately cover those aspects of practice that are most strongly associated with the odds of receiving or not receiving disciplinary action. To date, no research is publicly available on the relationship of the performance-based portion of the USMLE with physician performance.

Despite not addressing the connection between exam scores on a performance-based exam, Cuddy et al.'s (2017) findings are in line with the overall findings of Tamblyn et al. (2002) and Roberts et al. (2020). All three studies find empirical, statistically significant relationships between licensure exams and physician performance in practice. These findings lend further support to the concept of the licensure examination *as* a public protection measure; licensure exams operate like a barricade, holding back aspiring physicians who have not yet demonstrated competency from interacting with, and possibly harming, patients.

The "Last Gatekeeper" Before Licensure

Optometry differs from other health professions in a critical aspect -- state boards of optometry generally do not require that candidates for licensure undergo a period of supervised practice. That is, candidates who complete optometry school and pass NBEO examinations, can immediately apply for a license from most states. State boards of optometry issue licenses to practice independently, based chiefly on an applicant's completion of optometry school and passage of the NBEO licensure series[3]. This is a strong difference from other medical professions wherein candidates are required to complete a period of supervised practice / residency.

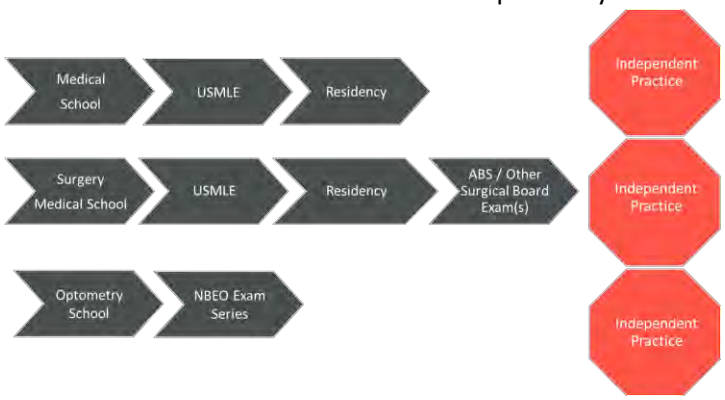


Figure 8. Pathways to independent practice in various health professions.

During residency, students have hands-on practice under supervision; they are not solely responsible for patient care and safety. Residency presents another window of opportunity for the assessment of clinical competency, as denoted previously (see discussion of Figure 7). This suggests that the assessment of clinical competency in optometry ends earlier than in other health professions, highlighting the ongoing need for a standardized examination of clinical competency. A standardized examination of clinical competency provides state licensing boards with critical information about potential licensee competency that would otherwise be unavailable.

Future Directions: Part III PEPS

Beyond Psychomotor Skills

Adequate medical care necessitates physicians have all of the requisite knowledge, skills, and abilities to care for patients. One critical area of knowledge necessary for adequate patient care is the ability to correctly diagnose and treat patients, which requires skills and abilities in patient communication, documentation, and other diagnostic activities. The ability to apply professional knowledge in a problem-solving framework is crucial for developing and demonstrating diagnostic competencies (Heitzmann et al., 2019).

As previously stated, the NBEO is currently restructuring the Part III, performance-based examination. Part III PEPS will focus on broader clinical skills, such as taking a case history, determining a treatment plan, and composing a SOAP note, in addition to assessing candidates' performance of specific, optometric skills, sometimes referred to as psychomotor skills. Examples of psychomotor skills include: (1) holding a gonio lens up to the eye, positioning it properly in order to view the angle, (2) using a tonometer probe correctly to measure corneal mires, or (3) using a biomicroscope to evaluate ocular

[3] Some states require an examination administered by the state board of optometry in addition to the NBEO licensure exams.

structures by maneuvering the instrument to properly obtain views of various anatomical structures to inspect for abnormalities. Each of these involves technical optometric knowledge along with the ability to *physically* perform the procedure correctly. Grounded in both research and practice analyses, Part III PEPS is being developed to measure candidates' holistic ability to practice optometry. This includes both psychomotor skills (see examples given previously), communication and documentation skills, and diagnostic competency.

Diagnostic Competency

Research in medical education suggests that "the qualitative entanglement of biomedical and clinical knowledge" are critical for the development of diagnostic expertise (Heitzmann et al., 2019, p. 6). That is, the knowledge base of the profession undergoes changes through the development of diagnostic expertise. Whereas an early optometry student learns the biomedical knowledge necessary and later on learns the clinical knowledge necessary, her or his diagnostic expertise begins to expand at the crux of applying the knowledge in such a way that the biomedical knowledge become enmeshed with the clinical knowledge (Boshuizen & Schmidt, 1992).

Mamede et al. (2012) states, "Through repeated confrontation with clinical cases, biomedical knowledge gets 'encapsulated.' That these two types of knowledge are encapsulated means that biomedical knowledge gets interconnected and integrated with clinical features" (p. 6). Through this encapsulation process, students make connections between the biomedical mechanisms and the symptoms of a disease, along with frequent patient characteristics and usual circumstances in which certain diseases emerge. The connections students make, or the synthesis of biomedical, clinical, and contextual knowledge, generates "illness scripts" (Charlin et al., 2007; Schmidt & Rikers, 2007). Specifically, an illness script is defined as containing, "knowledge of the relations between different diseases as well as of cases of a disease the physician has previously encountered" (Heitzmann et al., 2019, p. 6). Illness scripts accelerate progress towards diagnostic competency as they function as shorthand, cognitive markers that a physician can use to access their knowledge in the pursuit of a correct diagnosis and an adequate treatment plan.

Clinical Authenticity

It is clear that applying both content and clinical knowledge in an encounter with a patient is complex. It is much easier to assess clinical knowledge with case scenarios with tidy questions and provided answer choices from which candidates may choose, just as it is easier to assess content knowledge with well-crafted multiple-choice questions as compared to assessing overall diagnostic competency or the components therein. However, the lived experience of optometrists in practice is not tidy, with clear answer choices provided to them. In fact, practitioners can expect to encounter a variety of complex conditions and patients and must draw on their diagnostic expertise in addition to their ability to complete specific optometric tasks. Thus, it is logical that the assessment of holistic diagnostic expertise is warranted to determine if an optometric candidate has met the threshold for minimum competency to enter into independent practice. Assessing this requires candidates to demonstrate their diagnostic expertise for review. But how can we assess this in a fair and standardized manner?

Research indicates that the clinical authenticity of an exam that is intended to measure clinical competency is important; Chernikova et al. (2020) found that simulations with higher clinical authenticity are associated with increased positive learning outcomes. Research knowledge of the role of authenticity in clinical assessment has informed the action of the NBEO in restructuring the Part III

exam. The restructure will result in a performance-based exam with greater clinical authenticity than the current exam. Whereas Part III CSE requires candidates to demonstrate proficiency in some optometric skills, it does not require proficiency in diagnostic expertise and the components therein. The restructured exam, Part III PEPS, however, requires candidates to demonstrate their knowledge, skills, and abilities in both the performance of optometric, psychomotor skills, but also in their overall clinical and diagnostic competency. Throughout the "Patient Encounters" portion of the Part III PEPS examination, candidates rotate through rooms, as if in clinic, encountering different patients with different diagnoses. Candidates must engage in history-taking, order further tests, interpreting findings, diagnosing the patient, documenting the encounter via a SOAP note, and communicating the diagnosis and treatment plan to the patient. This closer adherence to clinical authenticity allows exam scores to provide a more complete depiction of a candidates' ability to enter into independent practice.

Conclusion

In summary, NBEO Parts I, II, and III licensure examination series constitute a comprehensive assessment of competency in optometry. A standardized measurement of minimal competency is warranted to ensure public safety, and research has demonstrated the significant relationship licensure exams have with future physician performance.

In the context of the pandemic that began in earnest in the United States in early 2020, the NBEO weighed various options for fulfilling their obligation to provide access to the pathway for licensure while simultaneously maintaining exam integrity in conjunction with the need to attend to the safety of candidates and staff during a pandemic. Other medical professions moved in a different direction, by either delaying or canceling performance-exams altogether. However, the stakes are high for optometry when it comes to making sudden changes to the licensure testing protocol because optometry candidates move directly to independent practice after completing NBEO exams.

Prior to the onset of the pandemic, the NBEO had already begun working on a major restructuring of the Part III performance-based examination. The restructured exam, Part III PEPS, is being developed in such a way as to elevate the examination and what it assesses in terms of optometric competency.

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ISSUE MEMORANDUM

DATE	August 27, 2021
TO	Members, California State Board of Optometry (CSBO)
FROM	Lillian Wang, O.D., President
SUBJECT	Agenda Item #3 – President's Report

Board President Liliian Wang will offer the President's Report.

ISSUE MEMORANDUM

DATE	August 27, 2021
TO	Members, California State Board of Optometry (CSBO)
FROM	Eunie Linden, Board Secretary
SUBJECT	Agenda Item #4 – Aprroval of July 9, 2021 Board Meeting Minutes

The draft meeting minutes for July 9, 2021 are presented for review and possible approval.

The mission of the California State Board of Optometry is to protect the health and safety of California consumers through licensing, registration, education, and regulation of the practice of Optometry and Opticianry.

QUARTERLY BOARD MEETING
BOARD MEETING MINUTES

Friday, July 9, 2021

This public meeting was held via WebEx Events.

Members Present		Staff Present
Mark Morodomi, President		Shara Murphy, Executive Officer
Glenn Kawaguchi, Vice President		Cheree Kimball, Assistant Executive Officer
Cyd Brandvein		Marc Johnson, Policy Analyst
Jeffrey Garcia, OD		Terri Villareal, Enforcement Lead
Eunie Linden		Natalia Leeper, Licensing Coordinator
Joseph Pruitt, OD		Rebecca Bon, Legal Counsel
Sandra D. Sims		
David Turetsky, OD		
Lillian Wang, OD		

Link for webcast: https://youtu.be/8CwAzzvr1Lo

OPEN SESSION

1. Call to Order / Roll Call and Establishment of a Quorum
Audio of Discussion: 03:52 / 35:24

The meeting was called to order at 9:41 a.m. In absence of a Board Secretary, President Mark Morodomi called roll. All Members were present, and a 9-0 quorum was established.

2. Public Comment for Items Not on the Agenda
Audio of Discussion: 07:28 / 35:24

There were no requests for public comment.

3. Discussion and Possible Approval of Board Meeting Minutes for May 21, 2021
Audio of Discussion: 08:59 / 35:24

Board members had no changes. There were no requests for public comment.

Jeffrey Garcia moved to accept the May 21, 2021 minutes as drafted. Lillian Wang seconded. The Board voted (8-Aye; 0-No; 1-Abstention) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Mr. Morodomi	X				
Dr. Kawaguchi	X				
Ms. Brandvein	X				
Dr. Garcia	X				
Ms. Linden	X				
Dr. Pruitt			X		
Ms. Sims	X				
Dr. Turetsky	X				
Dr. Wang	X				

4. Election of Board Officers
Audio of Discussion: 11:43 / 35:24

Lillian Wang, O.D. was nominated as President, Mark Morodomi was nominated as Vice-President, and Eunie Linden was nominated as Secretary for 2021-22.

There were no requests for public comment.

Jeffrey Garcia moved to accept the election of Board officers as presented. Cyd Brandvein seconded. The Board voted unanimously (9-0) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Mr. Morodomi	X				
Dr. Kawaguchi	X				
Ms. Brandvein	X				
Dr. Garcia	X				
Ms. Linden	X				
Dr. Pruitt	X				
Ms. Sims	X				
Dr. Turetsky	X				
Dr. Wang	X				

5. Recognition of Service of Dr. Debra McIntyre, O.D.
Audio of Discussion: 17:24 / 35:24

Ms. Murphy shared that the Board will not have the privilege of having continued service by Dr.

Debra McIntyre, O.D. This agenda item was made available for Dr. McIntyre to make comments and for members and staff to express gratitude for the volunteer service Member McIntyre has provided.

Ms. Murphy reported that Dr. McIntyre's schedule, throughout her service, has been an extremely full one; she has not had a vacation since 2016 as each year she has used all her personal vacation to participate in this Board.

Members Turetsky, Garcia, Wang, Sims, Kawaguchi, Brandvein, and Morodomi spoke messages of praise, gratitude, and farewell to/about Dr. McIntyre.

There were no requests for public comment.

Lillian Wang moved to approve the certificate "Resolution of Service of Dr. Debra McIntyre, O.D." Cyd Brandvein seconded. The Board voted unanimously (9-0) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Mr. Morodomi	X				
Dr. Kawaguchi	X				
Ms. Brandvein	X				
Dr. Garcia	X				
Ms. Linden	X				
Dr. Pruitt	X				
Ms. Sims	X				
Dr. Turetsky	X				
Dr. Wang	X				

6. Future Agenda Items
Audio of Discussion: 30:44 / 35:24

Dr. Kawaguchi announced he and Dr. Wang were able to attend the *Association of Regulatory Boards of Optometry* (ARBO) meeting. He suggested that a report from the ARBO meeting be brought back as an agenda item. He explained that in line with the strategic plan that the Board has developed for California he suggested inviting ARBO to a future Board meeting to provide the Board with a presentation.

7. Adjournment

Meeting adjourned at 10:16 am.

ISSUE MEMORANDUM

DATE	August 27, 2021
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FROM	Eunie Linden, Board Secretary
SUBJECT	Agenda Item #4 – Aprroval of July 9, 2021 Board Meeting Minutes

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Member	Aye	No	Abstain	Absent	Recusal
Mr. Morodomi	X				
Dr. Kawaguchi	X				
Ms. Brandvein	X				
Dr. Garcia	X				
Ms. Linden	X				
Dr. Pruitt			X		
Ms. Sims	X				
Dr. Turetsky	X				
Dr. Wang	X				

4. Election of Board Officers
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Dr. Pruitt	X				
Ms. Sims	X				
Dr. Turetsky	X				
Dr. Wang	X				

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Debra McIntyre, O.D. This agenda item was made available for Dr. McIntyre to make comments and for members and staff to express gratitude for the volunteer service Member McIntyre has provided.

Ms. Murphy reported that Dr. McIntyre's schedule, throughout her service, has been an extremely full one; she has not had a vacation since 2016 as each year she has used all her personal vacation to participate in this Board.

Members Turetsky, Garcia, Wang, Sims, Kawaguchi, Brandvein, and Morodomi spoke messages of praise, gratitude, and farewell to/about Dr. McIntyre.

There were no requests for public comment.

Lillian Wang moved to approve the certificate "Resolution of Service of Dr. Debra McIntyre, O.D." Cyd Brandvein seconded. The Board voted unanimously (9-0) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Mr. Morodomi	X				
Dr. Kawaguchi	X				
Ms. Brandvein	X				
Dr. Garcia	X				
Ms. Linden	X				
Dr. Pruitt	X				
Ms. Sims	X				
Dr. Turetsky	X				
Dr. Wang	X				

6. Future Agenda Items
Audio of Discussion: 30:44 / 35:24

Dr. Kawaguchi announced he and Dr. Wang were able to attend the *Association of Regulatory Boards of Optometry* (ARBO) meeting. He suggested that a report from the ARBO meeting be brought back as an agenda item. He explained that in line with the strategic plan that the Board has developed for California he suggested inviting ARBO to a future Board meeting to provide the Board with a presentation.

7. Adjournment

Meeting adjourned at 10:16 am.

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)	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. ***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.	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. ***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.

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

Refractive Surgery Management (RS)	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. ***Examples:*** Courses related specifically to management of PRK, RK and LASIK patients; corneal refractive surgery, etc.	This category will be combined with Peri-Operative Management of Ophthalmic Surgery (PO) into one category. See new definition above.
Surgery Procedures (Optometric) (SP)	Instruction and/or clinical training in the performance of ocular surgery procedures. ***Examples:*** I&D of lesions, surgical lid lesion excision, suturing techniques, stromal micropuncture, chalazion curettage, etc.	No changes.
Treatment & Management of Ocular Disease: Anterior Segment (AS)	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. ***Examples:*** Keratitis, anterior uveitis, conjunctivitis, blepharitis, lid anomalies, foreign body removal, etc.	This category will be combined with Treatment & Management of Ocular Disease: Posterior Segment (PS) into one category called Treatment & Management of Ocular Disease. <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.
Treatment & Management of Ocular Disease: Posterior Segment (PS)	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. ***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.	This category will be combined with Treatment & Management of Ocular Disease: Anterior Segment (AS) into one category called Treatment & Management of Ocular Disease. See new definition above.

Neuro-Optometry (NO)	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. ***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.	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. ***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.
Oral Pharmaceuticals (OP)	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.	This category will be combined with Pharmacology (PH). New definition below.
Pharmacology (PH)	The study of the interaction of chemical agents with biological systems. ***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.	This category will be combined with Oral Pharmaceutical (OP). New definition is below. New Pharmacology (PH) Definition: 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. ***Examples:*** Toxicology; adverse effects of drugs; control of ocular pain; indications for treatment; prescription utilization; follow-up assessment; pharmacodynamics; pharmacokinetics.
Principles of Diagnosis (PD)	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	This category will be eliminated. Future courses will be categorized into their specific disease-related category.

	(unless specific to glaucoma); laboratory testing and imaging; fluorescein angiography; gonioscopy.	
Systemic/Ocular Disease (SD)	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. ***Examples:*** General study of diabetes, HIV/AIDS, thyroid disease, etc., along with their ocular manifestations. Vascular diseases both systemic and ocular.	The title of this category will be changed to Systemic Disease – <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. ***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.
Ethics/Jurisprudence (EJ)	The study of the body of law in the practice of optometry and its relationship to the Medicolegal system. ***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.	The study of the body of law in the practice of optometry and its relationship to the Medicolegal system. ***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.
Practice Management (PM)	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.	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.

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

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 <u>not</u> 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-Mary 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 process[1].

<u>Recommendations of the Task Force</u>

"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 document[2] 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.

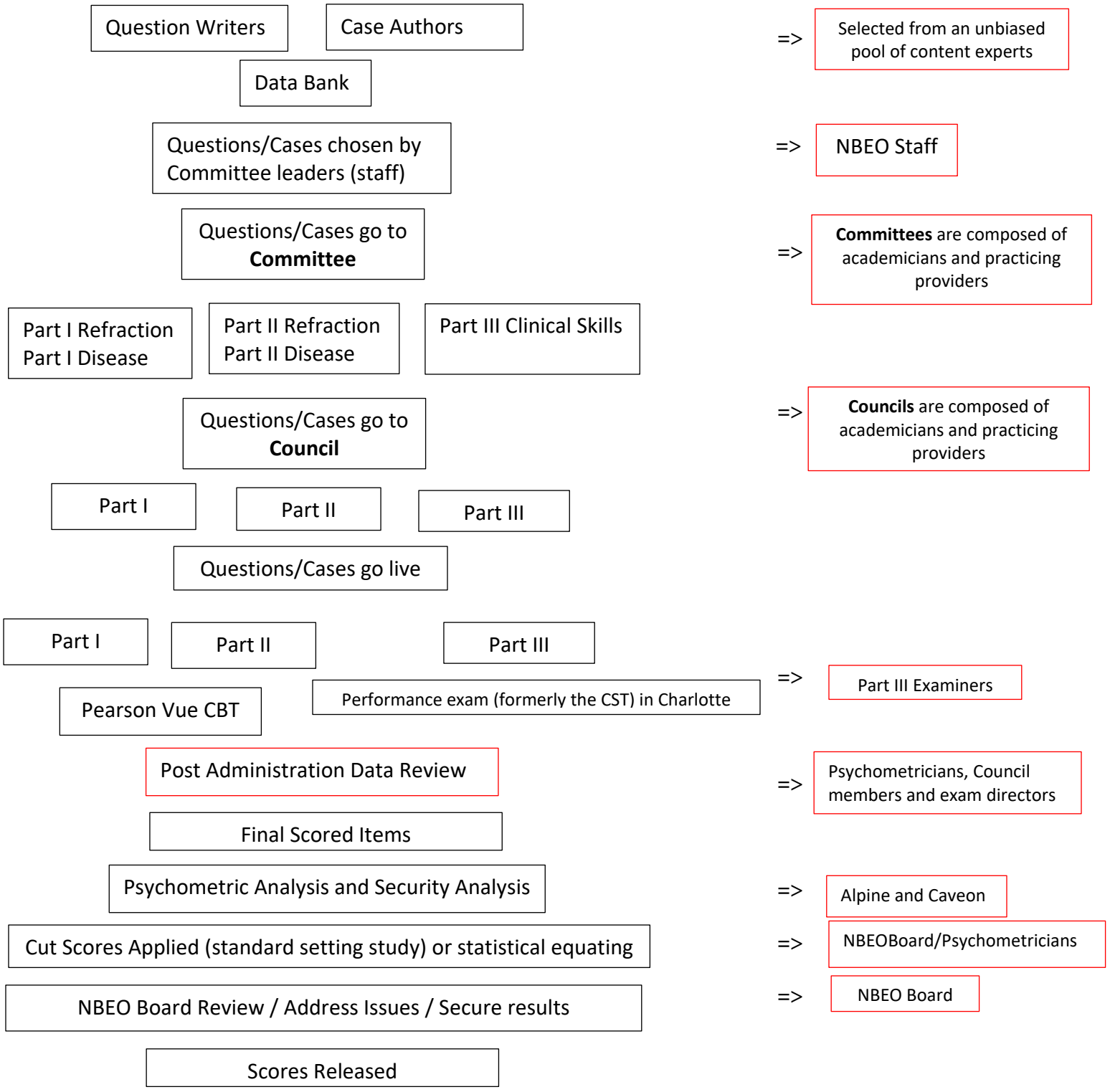


Exhibit A (cont.)

- **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**
  - <u>In-House examiners</u> – 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 academians (No schools in the 2 to 3-hour area.)
  - <u>Remote Examiners</u> – 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.

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

Table of Contents

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:

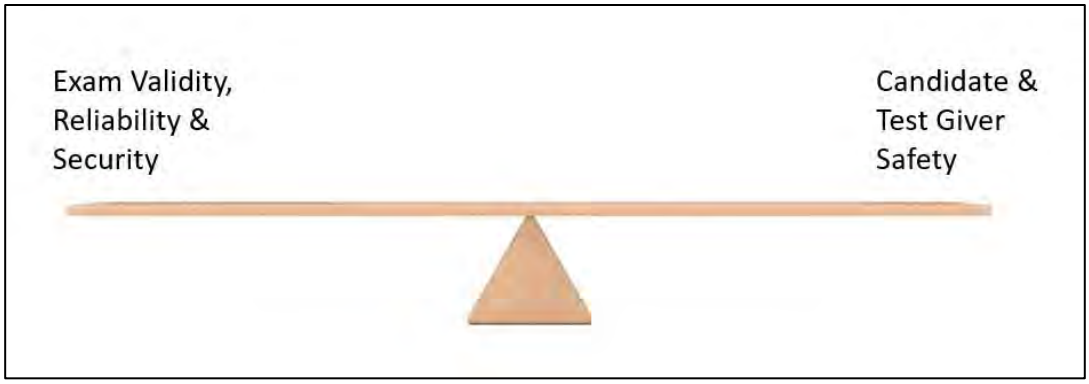
1. Examination integrity, reliability, and validity must be maintained;
2. Any changes to testing should be able to be implemented within a 3-month time frame;
3. NBEO should make accommodations in the Part III CSE testing schedule to accommodate group travel of students from schools and colleges;
4. 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.

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

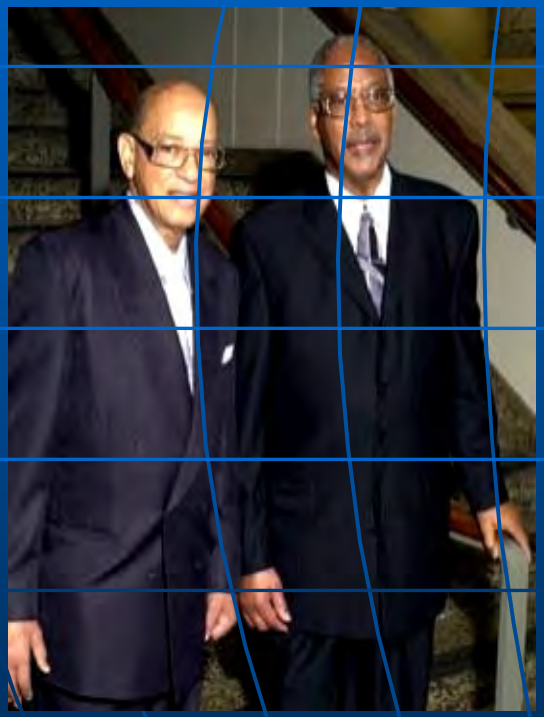
- Approximately 70% Black families are fatherless. Obama said in a 2008 speech on Fathers Day. Fatherless Black households are 5x more likely to live in poverty and commit crime 9x more likely to drop out of school, and 20x more likely to end up in prison.
- The conversation about race can be divisive, 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

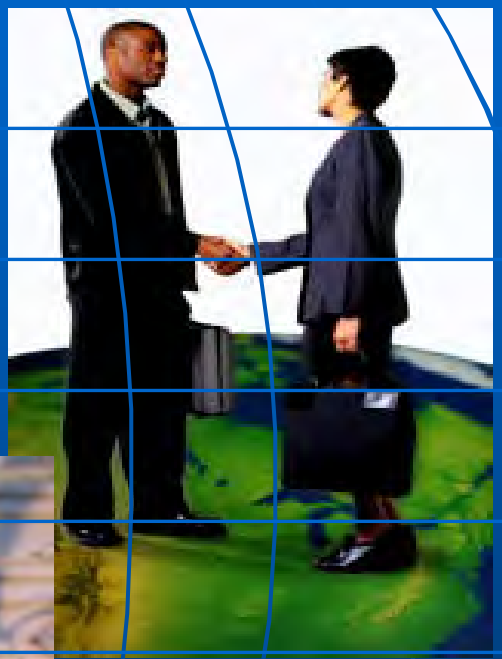
NOA Founders

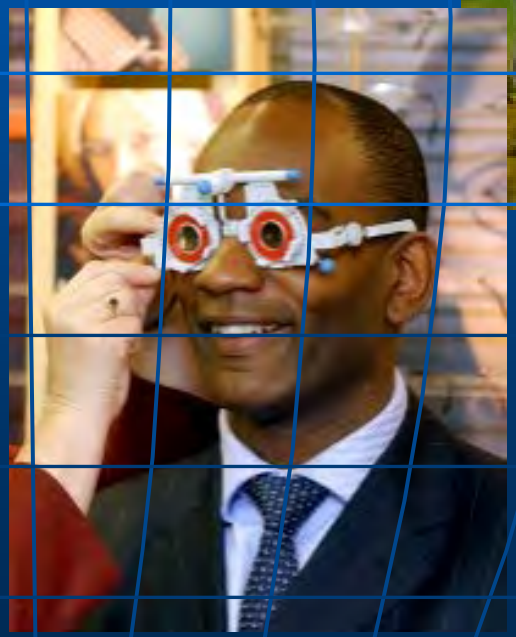


Drs. Powell and Howlette, (both deceased) were catalytic to the formation of the National Optometric Association in 1969.They realized early on profession could never attain its full potential until it became inclusive of all optometrists, regardless of their ethnicity, race, or gender. In founding the 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

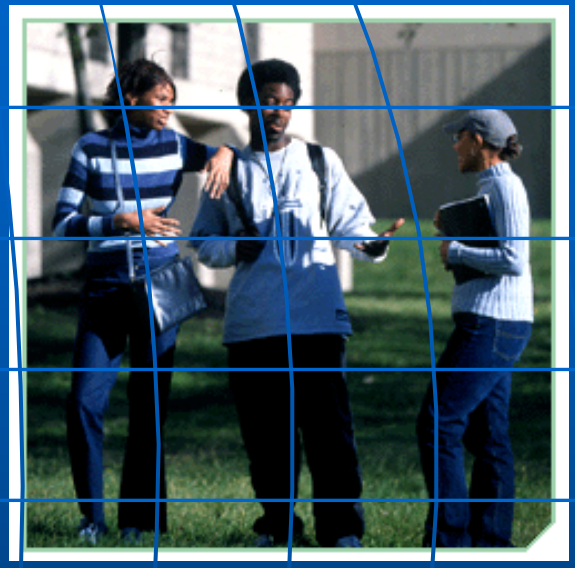
- To educate underrepresented people of color communities
- To recruit and assist underrepresented people of color optometric students
- To provide eye care to underrepresented people of color communities





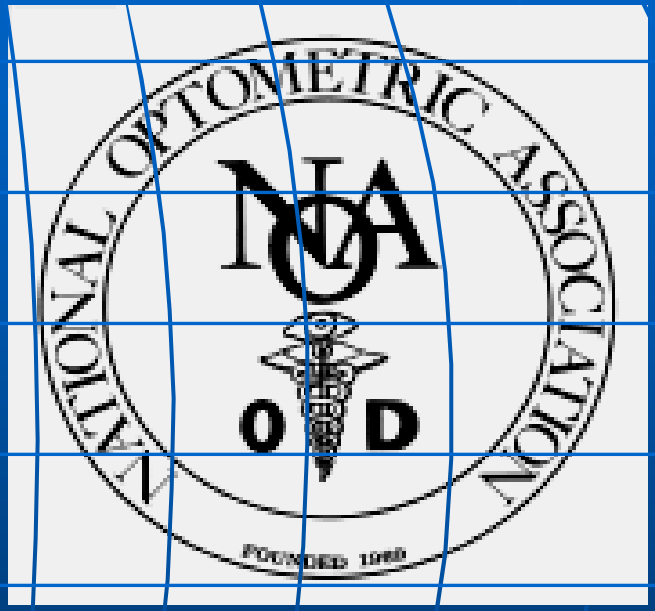
NOA Objectives

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



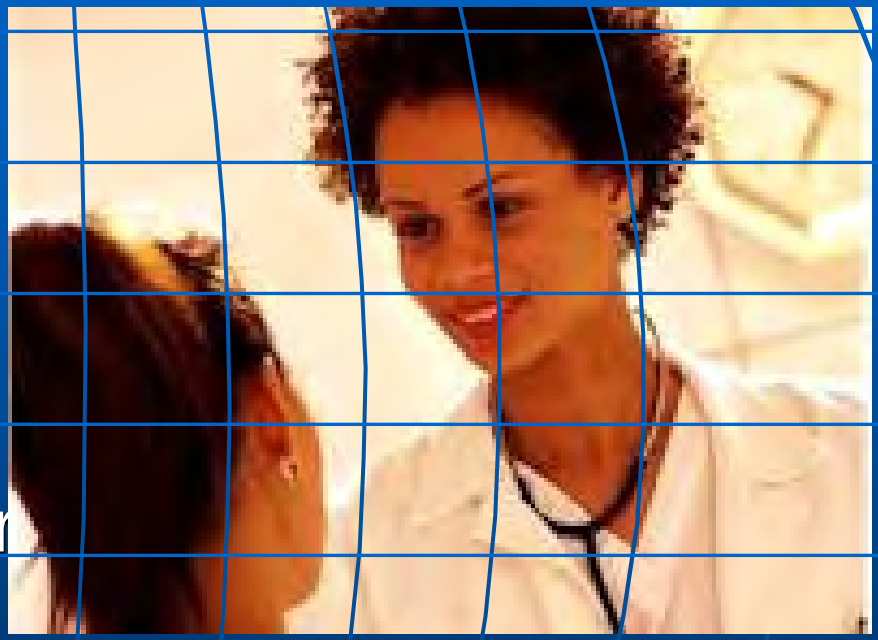
NOA Organizational Summary

- 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

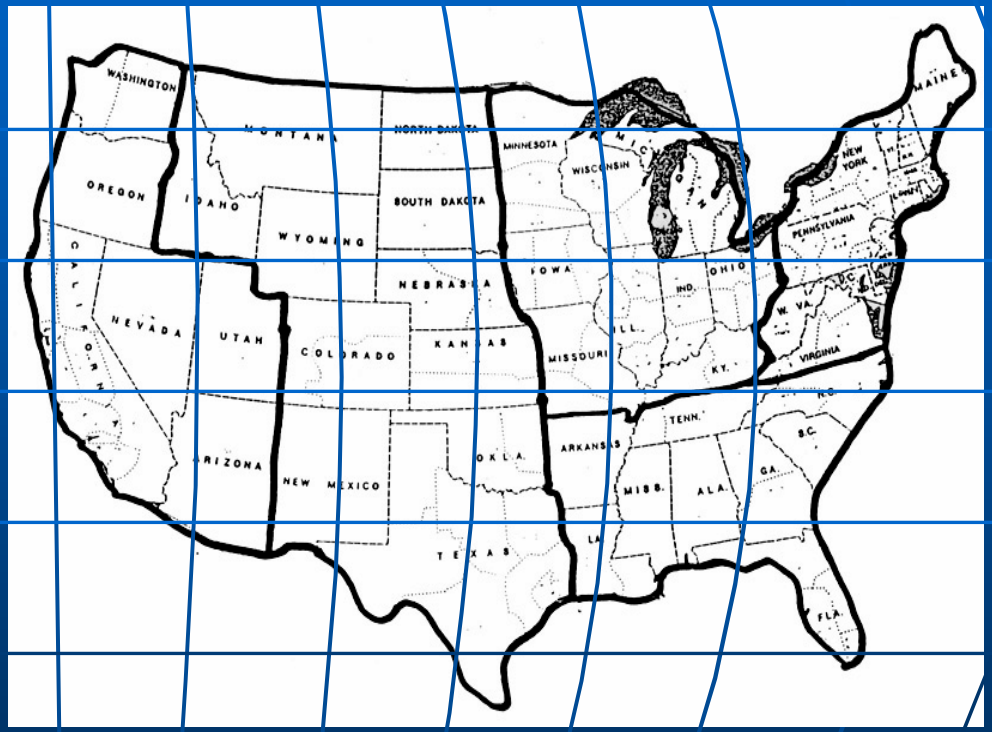


NOA Program (Past)

- "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

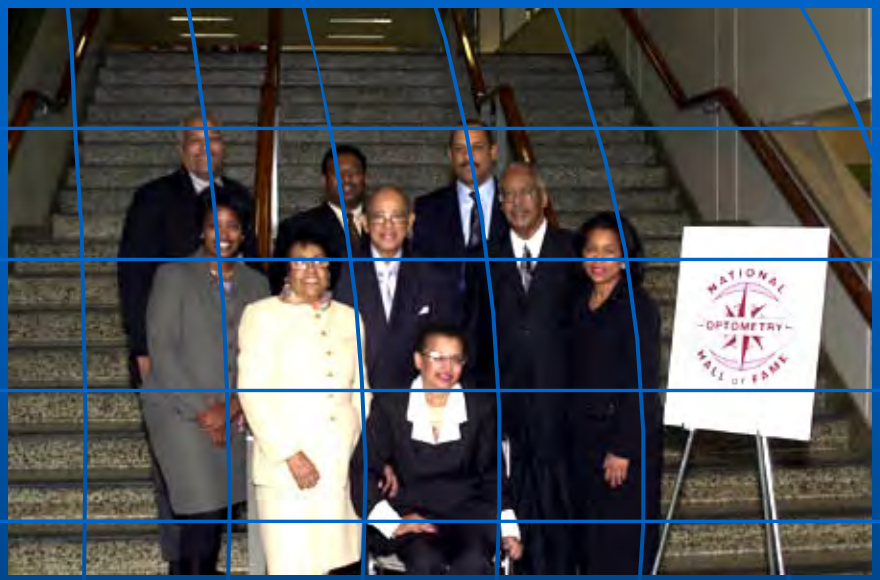


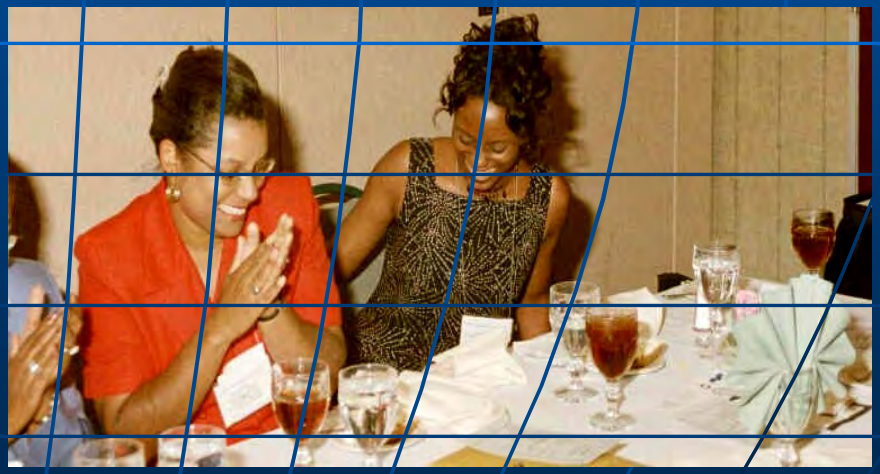
NOA Affiliations

- 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

ISSUE MEMORANDUM

DATE	August 27, 2021
TO	Members, California State Board of Optometry (CSBO)
FROM	Shara Murphy, Executive Officer
SUBJECT	Agenda Item #6 – Department of Consumer Affairs Update

Representatives from the California Department of Consumer Affairs will offer updates in the following areas:

A. Executive Office – Carrie Holmes, Deputy Director of Board & Bureau Relations
B. Budget Office

ISSUE MEMORANDUM

DATE	August 27, 2021
TO	Members, California State Board of Optometry (CSBO)
FROM	Marc Johnson, Policy Analyst
SUBJECT	Agenda Item #7e – Outreach and Communications Update

The Board's 2021-2025 Strategic Plan Goal Five (Outreach) sets out that the Board proactively educates, informs, and engages consumers, licensees, students, and other stakeholders about the practices of optometry and opticianry and the laws and regulations which govern them. More specifically, Goal 5.2 states:

"Improve the utilization and measurement of social media and the Board website to communicate to consumers, licensees, and registrants; provide accurate information on key initiatives (e.g., children's vision, supervision authority, options for delivery of care, and delegation of duties)."

At the behest of the Executive Officer, staff began tracking social media activity in June 2021 and now offers this update on the Board's outreach conducted via social media and LISTSERV email lists as a starting point. Staff appreciates any Board comment or revisions to this update for future meetings, including potential content for future posts.

For more specific platform data, please see the attachment.

Social Media:
Currently, the Board maintains and updates three social media accounts – Facebook, Twitter, and Instagram. Posts are made every 2-3 days on a variety of topics.

Facebook: https://www.facebook.com/CAOptometry - 425 followers and 364 page likes

Instagram: https://www.instagram.com/castateboardofoptometry/ - 129 followers

Twitter: https://twitter.com/CAOptometry - 857 followers

Other social media accounts, such as YouTube videos (mostly of Board meetings) are hosted on DCA's YouTube channel. Although the Board maintains a LinkedIn account, it is not regularly updated. Very few DCA Boards or governmental agencies use LinkedIn as it is not considered as effective as Twitter or Facebook due to its emphasis on business networking and is not as "social" as other platforms.

Considering the Board's smaller (for DCA) licensee population, the social media reach is quite effective and growing slowly (three to five users per month). Many DCA Boards do not maintain social media or have very basic and infrequent updates. For example,

the Board of Barbering and Cosmetology – which has over 560,000 licensed individuals – has only 779 followers on Twitter. The Physical Therapy Board – similar in size and scope to the Optometry Board – has 733 followers. In total, the Board has reached 2,291 individual users on all platforms since June 1, 2021.

Some basic initial conclusions from the data can be drawn. Posts which serve as a "call to action" for recruiting SMEs or COVID information seem to increase views. Notices of future meetings are consistently popular. Posts which contain extra content, such as pictures or infographics, do not seem to increase views. Instagram followers are low but it is primarily an image or video based social media platform, and the Board's updates usually are more text based in nature.

LISTSERV Email List:
At the most basic, LISTSERV is a one-way email distribution list from the Board to any individual who signed up to receive emails. Approximately 3-5 new email addresses are added a month. Anyone can sign up for the list via an icon prominently displayed at the bottom of the Board's homepage:

At present, LISTSERV is used for items which require wider exposure such as fraud alerts, subject matter expert recruiting, notice of regulatory changes, public meetings and announcements from DCA or the Governor. Due to limitations of the LISTSERV system, only simple HTML formatting can be used with messages and no attachments or videos can be sent.

Currently, the Board maintains three email distribution lists:

1. General – targeted towards consumers and licensees – 5,324 subscribers

2. Optometrist – targets Optometry licensees – 7,607 subscribers

3. Optician – targets Optician registrants – 878 subscribers

Grand total of 13,809 subscribers.

CSBO Social Media Tracking

Updated: **8/18/2021**

Facebook	**https://www.facebook.com/CAOptometry**	
	425	Total number of people who regularly follow on Facebook
	364	Total number of page likes
	32	Total number of posts made since April 1, 2021
Instagram	**https://www.instagram.com/castateboardofoptometry/**	
	129	Total number of followers on Instagram
	106	Total number of posts made (all time)
Twitter	**https://twitter.com/CAOptometry**	
	857	Total number of followers on Twitter
	27	Total number of posts made since May 13, 2021

Date Posted	Topic / Subject	Platforms	Total Views (Twitter, FB, IG) Reached	Twitter Views	Twitter Engagements (post reshared or retweeted)	Facebook Views	Facebook Engagements (post reshared)	Instagram Views
6/9/2021	Tips for new grads on CLRE	All	394	297	4	97	1	0
6/14/2021	Tips for new grads	All	358	241	0	92	1	25
6/17/2021	Tips for new grads	All	365	243	6	96	1	26
6/22/2021	Upcoming PEC meetings	All	291	181	3	88	1	22
6/28/2021	Upcoming Public Meetings	All	259	160	2	66	0	33
6/30/2021	Recruiting SMEs for Occupational Analysis	All	443	302	6	112	0	29
7/8/2021	Fraud alert	FB, IG	79			42	0	37
7/9/2021	Recruiting SMEs for Occupational Analysis	FB	78			78	1	
7/13/2021	COVID 19 rent relief program (DCA)	FB, Twitter	349	147	1	202	0	
7/28/2021	Recruiting SMEs for Occupational Analysis	FB, Twitter	199	119	3	80	0	

8/3/2021	BreEZe tips	All	199	85	0	77	0	37
8/6/2021	Fraud alert	All	183	75	2	73	1	35
8/10/2021	Join the board's email list	All	171	73	2	77	0	21
8/16/2021	Recruiting SMEs for Occupational Analysis	All	230	145	2	56	4	29
	Total Number Reached as of 8/18/21:		3598	2068		1236		294

CSBO LISTSERV tracking

Updated: **8/18/2021**

Available Distribution Lists		Number of subscribers
General	Targets consumers and licensees	5324
Licensees	Targets optometric licensees	7607
Opticians	Targets optician registrants	878
	Grand total of subscribers:	13809

Date Sent	Topic / Subject	List
3/1/2021	Notice of Proposed Rulemaking	All
3/16/2021	Vaccinator webinar (DCA)	All
3/30/2021	COVID-19 vaccine eligiblity (DCA)	All
4/8/2021	CSBO News - Sunset review, webinars	All
4/13/2021	Passing score workshop	Optometry, General
5/13/2021	Upcoming meetings	All
6/24/2021	Upcoming meetings	All
6/25/2021	Cancelled PEC meeting	All
7/7/2021	CSBO News - OA interviews, public meetings	All
7/28/2021	Optometric Assistant Interviews	Optometry, General
8/5/2021	CDPH Webinar followup (DCA)	All
8/5/2021	CDPH Webinar (DCA)	All
8/11/2021	Fraud Scam Alert	All

ISSUE MEMORANDUM

DATE	August 27, 2021
TO	Members, California State Board of Optometry
FROM	Shara Murphy, Executive Officer Prepared by Natalia Leeper, Licensing Analyst
SUBJECT	Agenda Item #8 - Update, Discussion and Possible Action on Changes to Title 16, California Code of Regulations Section 1536 (Continuing Education Regulations)

Summary/History:
In 2019, the Board approved a series of changes to CCR Section 1536 ("Continuing Optometric Education; Purpose and Requirements"). In response to the COVID-19 coronavirus epidemic, staff proposed further changes including the reinstatement of online courses as live instruction, an increase in self-study hours to 25, and additional requirements for CE providers. At the May 15, 2020 Board meeting, the Board approved these changes and made others, but sent the regulation to the Practice and Education Committee for further discussion. The Practice and Education Committee then recommended a series of changes that were subsequently approved at the August 21, 2020 Board meeting.

The regulatory rulemaking package to implement these changes is complete and is pending review by Legal Counsel before a public comment period, however, the Practice and Education committee is recommending additional changes, detailed below.

Action Requested:
Approve text of Title 16, California Code of Regulations Section 1536, and Form CE-01 incorporated by reference into the regulation. If approved, staff will continue the regulatory rulemaking process to put into law, which will take 12-14 months to complete.

Suggested motion:

> *"I move to approve proposed changes to Title 16, Section 1536 and the Form CE-01 incorporated by reference into the section as presented and discussed here today; and delegate authority to the Executive Officer to alter and modify the text and Form CE-01 as needed upon recommendation by Legal Counsel prior to submission to the Director of the Department of Consumer Affairs and the Business, Consumer Services and Housing Agency for review; and if no adverse comments are received authorize the Executive Officer to set the matter for hearing."*

Proposed Changes to Section 1536 (Attachment A)

The PEC made the following changes to the text, which are underlined for new text and ~~strikethrough~~ for deleted text and highlighted in yellow.

Subsection (f)(3): Staff added additional categories for continuing education courses. Dr. Wang and Dr. Chawla of the Practice and Education Committee expressed an interest to have additional specific categories for the course approvals. Staff requests additional discussion on these categories if needed.

Proposed Changes to Form CE-01, Rev. 8/17 (Attachment B):
This form is incorporated by reference into Section 1536. New text is underlined and changes made by staff are highlighted in yellow.

- Added a section that listed the course categories accepted by the Board in a checklist format.
- Added a section that listed the live course options for ensuring participant interaction.
- Removed the question listed on the second page that requested the applicant list the category they were applying for.
- Changed the language of the Course Instructor Information to attachments instead of a sheet of paper for additional instructors.

California State Board of Optometry

Amend Section 1536 of Article 6.5 of Division 15 of Title 16 of the California Code of Regulations as follows:

New text is underlined, existing text which is removed is ~~strikethrough.~~

§1536. Continuing Optometric Education; Purpose and Requirements.
(a) Except as otherwise provided in Section 1536(b), each licensee shall complete 40 hours of formal continuing optometric education course work within the two years immediately preceding the license expiration date. Such course work shall be subject to Board approval. Up to eight hours of course work may be in the area of patient care management or ethics in the practice of optometry. Business management courses are not accepted by the Board.

(b) An optometrist certified to use therapeutic pharmaceutical agents pursuant to Business and Professions Code Section 3041.3 shall complete a total of 50 hours of continuing optometric education every two years in order to renew his or her license. Thirty-five of the required 50 hours of continuing optometric education shall be on the diagnosis, treatment and management of ocular disease and consistent with Business and Professions Code section 3059, subdivision (e).

(c) Up to ~~20~~ 25 hours of required biennial course work may be accomplished by using any or all of the following alternative methods:
(1) Documented and accredited self-study through correspondence or an electronic medium. Any course which is offered pursuant to this section must include a test component to determine the licensee's understanding and knowledge of the course. For the purposes of this section, "self-study" means a form of learning that does not offer participatory interaction between the licensee and the instructor during the instructional period. This may be accomplished via the following methods:

(A) Audio or video pre-recorded teleconferences, webinars, seminars, podcasts, broadcasts or lectures via the internet.
(B) CD-ROMs played on a computer.
(C) Digital video discs.
(D) Books or materials as part of an independent or home study program.
(E) Programs or applications on a data-enabled device, such as a computer, tablet, or cellular phone specifically designed for this purpose.

(2) Teaching of continuing optometric education courses if attendance at such course would also qualify for such credit, providing none are duplicate courses within the two-year period.
(3) Writing articles that have been published in optometric journals, magazines or newspapers, pertaining to the practice of optometry (or in other scientific, learned, refereed journals on topics pertinent to optometry), providing no articles are duplicates. One hour of credit will be granted for each full page of printing or the equivalent thereof.

(4) A full day's ~~in person~~ substantiated attendance at a California State Board of Optometry Board meeting as verified by the Board. Every two hours of open session equates to one hour of credit, up to a maximum of four credit hours.
(5) Completion of a course to receive certification in cardiopulmonary resuscitation (CPR) from the American Red Cross, the American Heart Association, or other association approved by the Board. Up to four credit hours shall be granted for this course.
(6) Any continuing education course approved for category 1 of the American Medical Association or category 1A of the American Osteopathic Association Continued Medical Education credits that contributes to the advancement of professional skill and knowledge in the practice of optometry.
(7) Participation as a subject matter expert in the creation of the Board's California Laws and Regulation Examination. Subject matter experts will receive one hour of continuing education credit for each hour attending a Board sponsored workshop, not to exceed ~~eight~~ twelve credits per renewal cycle.

(d)(1) A credit hour is defined as one classroom hour, usually a 50-minute period, but no less than that.
(2) All remaining hours shall be obtained through live and interactive course study. For purposes of this section, live and interactive course study is defined as:
(A) In-person lectures, in-person workshops, in-person demonstrations, or in-person classroom studies which allow participatory interaction between the licensee and the instructor during the instructional period; or
(B) Lectures, webinars, workshops or audio or video conferences delivered via the internet or computer networks which allow participatory interaction between the licensee and the instructor presenting the content during the instructional period. Any course which is offered pursuant to section (d)(2)(B) which is not live shall not qualify under this section.

(e) Continuing optometric education programs which are approved as meeting the required standards of the Board include the following:
(1) Continuing optometric education courses officially sponsored or recognized by any Western Association of Schools and Colleges accredited school or college of optometry.
(2) Continuing optometric education courses provided by any national or state affiliate of the American Optometric Association, the American Academy of Optometry, or the Optometric Extension Program.
(3) Continuing optometric education ~~courses~~ activities approved by the Association of Regulatory Boards of Optometry committee known as COPE (Council on Optometric Practitioner Education).

(f) Other continuing optometric education courses approved by the Board as meeting the criteria set forth in paragraph (g) below, after submission of the Continuing Education Course Approval Application (Form CE-01, Rev. ~~5/16~~ 5/20), hereby incorporated by reference) course schedule, topical outline of subject matter, credit hours desired for approval, educational category, learning objectives, and curriculum vitae of all instructors or lecturers involved, to the Board not less than 45 days prior to

the date of the program. The Board may, upon application of any licensee and for good cause shown, waive the requirement for submission of advance information and request for prior approval. Nothing herein shall permit the Board to approve a continuing optometric education course which has not complied with the criteria set forth in paragraph (g) below.
(1) Course approvals shall be valid for two years from the date as approved by the Board. Each individual course shall be assigned a course approval number by the Board. This approval number is required to be listed on the completion certificate.
(2) The approved provider shall not use the Board's letterhead, seal, or logo on any course certificates, advertising, or solicitation.
(3) Continuing education courses under the following categories may be accepted as a continue education course to be approved by the Board.

(A) Patient Care Management
(B) Systemic Related Disease
(C) Any categories as required by Section 3059(e) of the Business and Professions Code.

(g) The criteria for judging and approving continuing education courses by the Board for continuing optometric education credit will be determined on the following basis:
(1) Whether the program is likely to contribute to the advancement of professional skills and knowledge in the practice of optometry.
(2) Whether the instructors, lecturers, and others participating in the presentation are recognized by the Board as being qualified in their field.
(3) Whether the proposed course is open to all optometrists licensed in this State.
(4) Whether the provider of any mandatory continuing optometric education course agrees to maintain and furnish to the Board and/or attending licensee such records of course content, dates and places of the course, course completion certificates, and attendance as the Board requires, for a period of at least ~~three~~ four years from the date of course presentation.

(h) Proof of continuing optometric education course attendance shall be provided in a form and manner specified in writing by the Board and distributed to all licensed optometrists in this State. Certification of continuing optometric education course attendance shall be submitted by the licensee to the Board upon request, and shall contain the following minimal information:
(1) Name of the sponsoring organization.
(2) Name, signature, practice address, and license number of the attending licensee.
(3) Subject or title of the course.
(4) Number of continuing optometric education hours provided for attending the course.
(5) Date the course was provided.
(6) Location where the course was provided.
(7) Name(s) and signature(s) of the course instructor(s).
(8) Such other evidence of course content or attendance as the Board may deem necessary.
(9) Course approval number as assigned by the Board, if applicable.
(10) Whether the course was pre-recorded or live.

~~Use of a~~ A certificate of course completion ~~provided by the Board~~ is ~~recommended~~ required for any continuing optometric education course approved by the Board pursuant to the above. ~~Such forms will be furnished by the Board upon request.~~ The Board will also recognize and utilize the Association of Regulatory Boards in Optometry's online Optometric Education (OE) Tracker system as proof of continuing education course attendance.

(i) The following licensees shall be exempt from the requirements of this section:
(1) Any licensee serving in the regular armed forces of the United States during any part of the two years immediately preceding the license expiration date.
(2) Any licensee who is renewing an active license for the first time, if he or she graduated from an accredited school or college of optometry less than one year from the date of initial licensure.
(3) Those licensees as the Board, in its discretion, determines were unable to complete sufficient hours of continuing optometric education courses due to illness, incapacity, or other unavoidable circumstances. An extension may be granted if the Board, in its discretion, determines that good cause exists for the licensee's failure to complete the requisite hours of continuing optometric education.

(j) The Board, in its discretion, may exempt from the continuing optometric education requirements of this section licensees who for health reasons or other good cause cannot meet these requirements. Licensees requesting an exemption shall complete a Continuing Education Exemption Request (Form CE-E, Rev 2/2016) and submit it, along with all required supporting information, to the Board for its consideration at least thirty (30) days prior to the expiration of the license.
(1) The Board may deny a request for exemption but at its discretion may grant the licensee an extension of up to one year to obtain the necessary continuing optometric education.
(2) A licensee whose requests for an exemption is denied and an extension is not granted shall otherwise comply with the provision of this section.

(k) The Board may conduct an audit of any licensee's attendance of a continuing optometric education course as a means of verifying compliance with this section. A licensee shall maintain all course completion certificates or applicable records on file which are used for renewal purposes for a period of four (4) years from the license renewal date and shall provide these records to the Board upon request or in the event of an audit.

(l) Licensees that are glaucoma certified pursuant to BPC section 1571 shall be required to complete 10 hours of glaucoma specific optometric continuing education every license renewal period. These 10 hours shall be part of the required 35 hours on the diagnosis, treatment and management of ocular disease.

(m) A licensee may not repeat for credit the same course more than once within the two-year renewal timeframe.

Authority cited: Section 3059, Business and Professions Code. Reference: Section 3059, Business and Professions Code.

CONTINUING EDUCATION COURSE APPROVAL APPLICATION

$50 Mandatory Fee

Pursuant to California Code of Regulations (CCR) §1536, the Board will approve continuing education (CE) courses after receiving the applicable fee, the requested information below and it has been determined that the course meets criteria specified in CCR §1536(g). Course approvals shall be valid for two years from the date approved by the Board.

In addition to the information requested below, please attach a copy of the course schedule, a detailed course outline or presentation materials (e.g., PowerPoint presentation), and course learning objectives. Applications must be submitted 45 days before the course presentation date. **Please type or print clearly**.

Course Title	Course Date	Course Hours
_____	_____	_____

Course Category (Select One)	☐ **Treatment and Management of Ocular Disease** ☐ **Glaucoma** ☐ **Child abuse Detection** ☐ **Patient Care Management**	☐ **Clinical Optometry** ☐ **Systemic Related Disease** ☐ **Ethics in the Practice of Optometry** ☐ **Elder Abuse Detection**

Course Provider Contact Information

Provider Name _____ **First**	_____ **Last**	_____ **Middle**
Provider Mailing Address **Street**_____ **City**_____ **State**___**Zip** _____ **Phone** _____		
Provider Email Address_____		

Will the proposed course be open to all California licensed optometrists?	☐**YES** ☐**NO**
Do you agree to maintain and furnish to the Board and/or attending licensee such records of course content, dates and places of the course, course completion certificates and attendance as the Board requires, for a period of at least ~~three~~ four years from the date of course presentation?	☐**YES** ☐**NO**
Pursuant to CCR §1536 (c)(1), will the course be self-study?	☐**YES** ☐**NO**
If self-study, will a test component be required to determine the licensee's understanding and knowledge of the course?	☐**YES** ☐**NO**

Is this a live course? ~~If a live course, how will the Provider track individual attendance and participation? Pursuant to 16 CCR §1536(d)(2) these courses must allow for participatory interaction between the licensees and the instructor.~~		☐YES ☐NO
If live please check which of these apply to your course.	☐Participation Auditing ☐In-Content Quizzes ☐Polls	☐Video on Required ☐Time Logs ☐Post Course Test
How many credit hours are desired for approval? Pursuant to CCR §1536(d), a credit hour is defined as one classroom hour, not less than 50 minutes.		____ hours
~~List educational category recommended for course. Pursuant to CCR §1536(X subsection), each course must fit into a category prescribed by the Board.~~		_____

Course Instructor Information

Please provide the information below and attach the curriculum vitae for each instructor or lecturer involved in the course. If there are more instructors in the course, please provide the requested information on a separate attachment ~~sheet of paper~~.

Instructor Name _____ _____ _____ **First** **Last** **Middle**	
License Number _____	**License Type** _____
Phone Number ( ) _____	**Email Address** _____

I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and any accompanying attachments submitted is true and correct.

_____ _____

Signature of Course Provider ***Date***

ISSUE MEMORANDUM

DATE	August 27, 2021
TO	Members, California State Board of Optometry (CSBO)
FROM	Lillian Wang, O.D., President
SUBJECT	Agenda Item #9 – Future Agenda Items

The Board may wish to discuss items to be placed on a future agenda. As the board has already received comments regarding items not on the agenda, Agenda Item #9 does not require public comment.

ISSUE MEMORANDUM

DATE	August 27, 2021
TO	Members, California State Board of Optometry (CSBO)
FROM	Terri Villareal, Lead Enforcement Analyst
SUBJECT	Agenda Item #10 – Petitions for Early Termination of Probation

Time certain start of 2:00 pm.

The Board will hear two petitions for early termination of probation.

- Wayne Hoeft (OPT #4256)
- Martin Dawson (SLD #42036, CLD #8596)

ISSUE MEMORANDUM

DATE	August 27, 2021
TO	Members, California State Board of Optometry (CSBO)
FROM	Terri Villareal, Lead Enforcement Analyst
SUBJECT	Agenda Item #11 – Closed Session

A. The Board Will Meet in Closed Session for Discussion and Deliberation on Disciplinary Matters, Pursuant to Government Code Section 11126(c)(3)

B. Upon Conclusion of Closed Session, the Board Will Adjourn the Meeting