



NORTHEASTERN
STATE UNIVERSITY

Oregon House Committee on Healthcare
900 Court Street NE
Salem, OR 97301

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To the Honorable Members of the Oregon House Committee on Healthcare,

Members of the Oregon Optometric Physicians Association have asked me to share my career experience and perspective as the only resident ophthalmologist/optometric physician in a three-county area in eastern Oklahoma. For several decades, I have worked directly with thousands of optometry students, residents, and optometric physicians from urban, suburban, and rural America. Unlike most of my ophthalmology counterparts, I have the personal experience of having graduated from both optometry school (NSU-Oklahoma) and medical school (OSUHSC-Oklahoma). I have also completed a PGY-1 internship followed by an accredited residency in medical & surgical ophthalmology (Oklahoma State University), where I served as chief resident. Therefore, I can legitimately speak to the similarities and differences in both training programs and lend perspective to the real-world issues that one encounters as an eyecare professional with decades of experience in rural America. Unlike some of my colleagues in medicine who have no direct experiential knowledge of what modern optometric education and clinical training involve, it is the totality of my career to date and daily interaction with optometric physicians from across the nation that informs my opinions and perspectives.

Optometry is a learned profession with over 150 years of humanitarian service to the American public. Optometry is an independent health care profession that has grown out of and evolved alongside other healthcare professions, nurtured and empowered by the same great American drive and experience that has propelled all of our collective industry, primarily, the desire to be of service to one's community, and to leave a positive mark on society. Today, optometry has emerged as "the" primary" provider of eye care in the nation. No other profession, including ophthalmology, treats as many patients daily in the primary eye care setting. Despite this, political ophthalmology has been relentless in its efforts to obstruct and deny the optometric profession's legitimate growth and advancement. Where would the medical profession and consequently healthcare in this nation be today if competing professions had been permitted to interfere with the evolution of medicine in the same way that we now see ophthalmology actively seeking to derail the independent growth and advancement of optometric practice by placing political restrictions on education, clinical training, and professional advancement? Political ophthalmology would have you believe that optometric training and education stalled in the mid-twentieth century. Nothing could be further from the truth. **The fact is that in the year 2021, optometric physicians excel at primary eye care and are uniquely qualified to provide the services they do.**

Following undergraduate studies, which are virtually identical to those completed by medical students, ALL optometric physicians complete a comprehensive and robust 4-year professional program which, like medical school, includes instruction in the basic and clinical sciences pertinent to their field of expertise. Similar to a 3-year ophthalmology residency, the professional 4-year optometry program includes years of supervised clinical practice, which in the modern era typically begins in the second professional year. Many optometric physicians complete an additional 1 or 2 years of post-graduate residency. My program, Northeastern State University (Oklahoma), has offered both one and 2-year post-graduate optometric residencies for over two decades now. Many optometric physicians go on to complete additional specialized fellowships.

As a senior faculty member (22+ years), I can certify to you that all surgical procedures that Oregon optometrists are seeking to provide are taught in the classroom, integrated into the basic and clinical science courses, developed in labs and workshops, observed and performed under the supervision of qualified faculty and clinicians. This has been the case throughout my entire 22-year tenure as an NSU professor, and in fact, can be traced back to the early 1990s. My interaction over the years with the excellent faculty at Pacific University's College of Optometry allows me to fully endorse this training program's high caliber with regards to the services and procedures detailed in Oregon HB 254.

Today's Doctor of Optometry (OD) acquires more formal transcript-accredited, graduate-level didactic and clinical coursework over 4-years dealing specifically with the eye, anomalies of vision, and disorders of the eye and eyelids than their ophthalmology-resident counterparts do in their entire medical school + ophthalmology residency careers. It is misleading and unsubstantiated to assert that optometric physicians' training in the year 2021 is somehow lacking because they did not attend a "medical" school before completing their professional degrees. This is similar to arguing that dentists and podiatrists should attend medical school instead of their respective programs. Being that Optometry and these other professions are subject to the same independent and objective governmental and intra-professional regulatory oversight that medicine is, this *apriori*-statement that optometrists are somehow unqualified without medical school is a self-serving argument meant to steer public opinion in support of a political agenda with veiled economic overtones, and nothing more.

Ostensibly, the opposition states that you can only learn "surgery" through their programs and that there is no other way to learn elements of the craft. The term "surgery" is always used in a very ambiguous if not ill-defined manner. PARTICULARLY important to note is that the types of procedures optometrists perform are not the types of major surgical procedures performed by ophthalmologists in hospital operating rooms. They are primary care, office-based procedures. Many are the same procedures one might expect a family practitioner to perform in their office rather than refer to a surgeon. Family practitioners can legally perform every single procedure that ophthalmology is attempting to deny optometry. I refer you to Pfenninger & Fowlers, "Procedures for Primary Care," 3rd ed., a textbook which has been referred to as the "Bible" of Family Medicine. There you will find numerous chapters covering many of the same types of eye procedures that ophthalmology seeks to deny Oregon optometrists. Yet, anyone with a medical license and absolutely no specific background in ophthalmology is free to attempt these procedures. In the year 2021, Optometric physicians are imminently more experienced and qualified to provide these services for their patients.

The modern optometric curriculum is rigorous and comprehensive. Like every other OD-program across the nation, the students at Pacific University's College of Optometry must complete over 170 "Graduate-level University credit hours" over four years. This translates to hundreds of formal classroom hours followed by thousands of clinic and direct patient care experiences. These formal courses are approved by the college, the university, its regional and national accrediting bodies, and the American Council on Optometric Education (ACOE). In addition to this, candidates for state licensure must pass a comprehensive series of both national and state written and practical examinations (ref: National Board of Optometric Examiners Parts I, II, III, and the NBEO's Laser and Surgical Procedures Examination) at the direction of state licensing boards before being granted the privilege of a license to practice.

By comparison, many ophthalmologists (including myself) earned no equivalent formal or accredited graduate-level credits during our residency training, focusing most of the 3-year residency developing skills for complex ophthalmic surgery (like cataract surgery), NOT the types of office-based primary care procedures optometrists perform. Ophthalmologists train primarily in complex hospital-based surgical procedures. We do not (as ophthalmologists) spend the bulk of our residency training focusing on the types of office-based "low complexity" surgical procedures that optometrists perform in the year 2021.

As far as the medical school experience goes, one does NOT learn to be an eye doctor in medical school, where instruction in eye care is scarce to non-existent. Medical school does not produce students with entry-level competency at anything. It brings the student up to speed in the biomedical sciences and teaches general physical examination and diagnosis skills. Ultimately, in the last two years, it is a month-by-month survey of the traditional medical specialties to provide the medical student with a basis to make a career choice regarding what medical specialty he or she will ultimately select. Ophthalmology is rarely one of these rotations. Medical students don't make that career choice until the end of medical school. Optometry (similar to dental or podiatry) students have already made that choice as of day one in optometry school, so their training programs are specifically and most efficiently designed from the start to graduate eye doctors.

There is no comparison between the lack of eye care specialization in medical school and the experience and depth of training acquired in the first few years of optometry school. Again, I speak from direct experience, having graduated from both programs. The fact is that there is little to no instruction in clinical ophthalmology, specifically surgical ophthalmology, or even general eye care in medical school. I refer you to an excerpt from a published article written by Peter J. McDonnell, MD, ophthalmologist, the highly regarded director of the Wilmer Eye Institute of Johns Hopkins University, perhaps the premier Ophthalmology program in the world. Published in Ophthalmology Times, March 15, 2005, it is freely available for all to see (provided the contents as of this date have not been intentionally taken down by ophthalmology because of its self-contradictory nature).

The author highlights the fact that the vast majority of medical schools in this country do not even require an eye care rotation:

"Let me explain. Each year, the Association of University Professors of Ophthalmology (<http://www.aupo.org/>) convenes in some lovely setting. The attendees are largely department chairpersons and residency program directors from about 125 departments across the United States.

The idea is to have a forum where academic leaders can learn from each other about how best to teach their residents and fellows, survive the changes in the healthcare system, strengthen their research programs, etc. For a new chairperson, it represents an opportunity to seek out advice from the most successful chairpersons and to learn some of the things about the position that were taught in medical school.

At this most recent meeting, I learned there is something else they don't teach you in medical school, and it's called ophthalmology. A speaker at the podium asked for a show of hands of those departments where the medical curriculum had a required rotation in ophthalmology. About one-fifth of the hands went up, including my own. No required rotation in ophthalmology and about 80% went up.

So as to not think that this is taken out of context, please reference the complete Ophthalmology Times, March 15, 2005 article at:

<http://ophthalmologytimes.modernmedicine.com/ophthalmologytimes/content/ophthalmology-who-needs-learn>

With regards to the argument that optometrists do not go to medical school and somehow that makes their training inferior, I again refer you to another published article by Dr. McDonnell, and Ophthalmology Times, this time two years later, January 15, 2007:

*"They say that we are better educated than our parents' generation. What they mean is that we go to school longer. They are not the same thing."
—Douglas Yates*

*The president of my university, William Brody, MD, PhD, says we take too long to train the current generation of physicians and biomedical scientists. I agree. Some will perceive this view as anti-intellectual, but I think we spend years of student-physicians' lives teaching them things they don't need to know and making them do things that will not be germane to their future careers.
Some examples:*

A couple of decades ago, the American Board of Ophthalmology mandated a clinical internship for those, like me, seeking to become board-eligible in ophthalmology. This ruling immediately added a year's time to that needed to become an ophthalmologist in the United States.

No evidence exists that this additional requirement elevated the quality of ophthalmologists practicing in the United States compared with those who came before us. Rather, we learned to use drugs with names primarily of historic interest today to treat diseases we no longer managed once our internships were completed.

Despite completing the requirements for majors in both biochemistry and chemistry in college, I spent much of the first 2 years of medical school taking additional courses in these subjects. Memorizing the small bones of the hand was a challenge, and I can recall that the trapezium is the small bone supporting the thumb.

Trust me when I tell you that most of what I was taught and required to memorize in medical school has been long forgotten and never used in the practice of my profession."

Please take a moment to reflect on this last sentence! Again, this is the director of one of, if not the most prestigious ophthalmology program in the world, stating this in print for all his colleagues to read. Again, I invite you to go right to the published source:

<http://ophthalmologytimes.modernmedicine.com/ophthalmologytimes/news/clinical/ophthalmology/shortened-training-would-offer-advantages>

Compared to years of formally accredited graduate-level coursework required for a doctorate in optometry, the didactic curriculum in many ophthalmology residencies revolves around a six or 7-week course offered yearly at a few sites across the nation called the Basic and Clinical Science Course (ref: The Lancaster Course in Ophthalmology or similar). That and a set of home-study books (also referred to as the Basic and Clinical Science Course) constitute the didactic program's bulk in many smaller ophthalmology residency programs. I am in no way implying there is anything wrong with an ophthalmologist's education and training. It accomplishes the intended purpose. Though structured more conventionally from the framework of university-based education instead of the medical-residency approach, modern optometric educational paradigms are equally efficient and achieve the prescribed goal and objective of providing qualified eye doctors for our communities.

In summary, I re-affirm, speaking from my direct knowledge and 22+ years of experience with the professional program at NSU's Oklahoma College of Optometry, that the program does include optometric surgical and laser training integrated into the professional 4-year curriculum on numerous levels. On the didactic and laboratory levels in years 1 and 2, and at the supervised clinical level in years 3 and 4. The modern optometric curriculum includes innumerable examinations, clinical proficiencies, supervised clinical experiences, and state and national credentialing examinations (ref: National Board of Examiners in Optometry Laser & Surgical Procedures Examination, www.optometry.org). Examinations must all be satisfactorily completed per individual state licensing board credentialing requirements before the clinician is deemed proficient and ready for entry-level practice.

In the year 2021, our nation's Optometric Physicians are clinicians, educators, and accomplished researchers. They are our caring neighbors, friends, family, and prominent members of what constitute our society's fabric. They are mature, knowledgeable, and skilled professionals who approach their purpose with all the sincerity, devotion, and compassion of any other health care provider who has received and accepted this life's calling.

Respectfully,



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<https://www.optometry.org/exams/lspe>

References:

McDonnell, PJ. Ophthalmology?!-Who needs to learn that? Medical schools need to emphasize ophthalmology in their curricula. Ophthalmology Times, March 15, 2005.

McDonnell, PJ. Shortened training would offer advantages. Ophthalmology Times, January 15, 2007.