

EDITORIAL

THE SUMMIT ON OPTOMETRIC EDUCATION

I was privileged to be a participant in the recent three-day Summit on Optometric Education held at Georgetown University in Washington, D.C. The meeting was cosponsored by the American Optometric Association (AOA) and the Association of the Schools and Colleges of Optometry (ASCO) and was supported by Vistakon and Alcon Laboratories. The stated purposes of the meeting were to provide a forum for the critical assessment of priorities and practices in optometric education, and to define the educational expectations and outcomes that characterize entry level into the profession. Attendance was limited to a total of some 85 representatives of AOA, ASCO and allied organizations.

Each attendee was required to prepare a paper on an assigned topic in his or her area of interest or expertise several months prior to the meeting. These papers were organized into general topic areas by the AOA and then sent in loose-leaf form to each participant several weeks before the meeting.

The overall format each morning and afternoon was to have a speaker or speakers on one of the general topic areas, followed by preassigned break out sessions of 11 or 12 people. These groups were composed of different individuals each session and all attendees were involved. Each group had two facilitators and a recorder, used the papers of the particular topic area as a basis for discussion, and developed specific recommendations. These were sent to designated people who then summarized each topic area on the last day at a group luncheon. The major-domo of the meeting was Dr. Richard Hopping. This was particularly appropriate because he has served as the head of each of the two sponsoring organizations. The

three days carried his distinctive signature: planning, organization, dedication and a tangible outcome.

It would be presumptuous of me to attempt to summarize the meeting. So much was discussed and recommended by the speakers and in the interactions of the five break out sessions to which I was assigned; I'll need time to digest those ideas, reread some of the papers and wait for further information that will be coming from AOA and ASCO. However, there are several concepts that were proposed and endorsed from the podium and in the break out sessions, which I believe will constitute a strong and rational basis for the planning of the future of the profession and its educational arm, and which will be of interest to readers of this *Journal*.

The thrust of the profession during this decade will be to firmly establish itself as *the* primary health care provider for the eye and vision. It is apparent that there is a strong movement to clearly define primary care optometry so that all aspects of our scope of practice--both the new and the old--are included. It is as if the pendulum has at last reached the limit on its swing toward the necessary emphasis on the detection and treatment of ocular disease, and that there will now be a reemphasis on those areas of practice that are our roots. Inherent is the belief that our immediate political and educational goal is to establish the privilege for optometrists in all of the 50 states to use therapeutic pharmaceutical agents, but not at the cost of sacrificing the other areas. One of the speakers, Dr. Lesley Walls, expressed this succinctly. He stated that we should not move our base of practice from one place to another, but rather, expand it. Vision therapy and behavioral optometry were prominently cited in this regard in the

papers and then during the meeting from the lecture platform and in the break out sessions. It was notable that behavioral optometry was championed by leaders of the political and academic communities who have not traditionally been considered strong advocates. I feel confident that this constitutes a firm commitment for continued and increased support for vision therapy, politically by the AOA, and in terms of didactic and clinical curricula by ASCO.

I left the meeting with the belief that this was the first step of a process to ensure a strong and socially valuable role for optometry in the next century. The previous dichotomies between the "townies" and the "gownies," the behavioralists and those who seek to include eye care practices that were until relatively recently the exclusive domain of medicine, need to be put aside. The essence of this Summit Meeting was that optometry has matured to the point where we can now appreciate these aspects not as divisions, but rather as the necessary parts that make us the exciting and unique health care profession we've become and will continue to be.



Irwin B. Suchoff, O.D.