

Guest Editorial ▶ 10 Key Steps to Starting a Vision Therapy Residency in Your Private Practice

Derek Tong, OD, Fullerton, California

WC Maples, OD, MS, Professor Emeritus

Northeastern State University, Oklahoma College of Optometry, Talequah, Oklahoma

Judy Tong, OD, Southern California College of Optometry at

Marshall B. Ketchum University, Fullerton, California

Background

The concept of private practice vision therapy residency was proposed to the developmental and behavioral optometric community in an editorial by Maples in 2007.¹ Unique opportunities are associated with the private practice vision therapy residency when compared to the institutional vision therapy residency. While the environment at the institution will offer clinical experiences, research opportunities, and a better understanding of the administrative aspects of optometric education, the private practice residency will also expose the resident to the “real life” practice of vision therapy, including aspects of the economics of private practice, community outreach, and marketing, as well as close interaction with optometric vision therapists.

The first private practice vision therapy residency was established at Applebaum Eye Care Associates in Maryland in July 2008² and was affiliated with the Southern College of Optometry (SCO) under the guidance of Bart Campbell, OD, the SCO Director of Residencies at that time. Ervin, Tannen, and Press brought additional awareness in an article about the benefits of private practice vision therapy residencies to optometric educators.³ Since then, additional programs affiliated with SCO have been established, with a total of 9 such programs located in the East Coast and Mid-West as of the time of this article.⁴

In 2012, two new private practice programs were established on the West Coast and

involved two more schools of optometry: Pacific University College of Optometry (PUCO) and Southern California College of Optometry (SCCO) at Marshall B. Ketchum University (MBKU). In 2015, two more colleges will be starting programs at private offices: the University of the Incarnate Word Rosenberg School of Optometry and the University of Waterloo School of Optometry.⁴ At the time this article is being written, there are 14 such programs in the U.S. listed on the Optometry Residency Match (ORMatch) website⁵ for the 2015/2016 residency cycle. Please visit the ORMatch and Accreditation Council of Optometric Education (ACOE) websites⁶ for further information about the currently available residency programs.

The 10 Key Steps

1. Goals & Intention

The first step is for the chief of clinical care of the practice to discern whether establishing a private practice residency in vision therapy is part of their professional goal. Major considerations include willingness to educate the resident and a commitment to providing life-long mentorship for the resident.

2. Feasibility Analysis

The next step is to determine the feasibility of creating a residency position. This involves having a sufficient patient load and a variety of complex and unique patient cases, physical space within the office for the resident to perform examinations and/or vision therapy, availability of the practice owner for administration and to

supervise the resident, and the financial impact of having a resident.

Most residency programs are about 52 to 54 weeks in length. The budget will include an annual salary, known as a residency stipend, which is not contingent on productivity. While this is not a set amount, keep in mind that the resident is a practicing optometrist, and they need to eat and pay rent just like you do! Additional costs typically include professional liability insurance, workers' compensation insurance, travel allowance, health insurance, and professional and personal time off. There is also an initial accreditation fee, the initial site-visit expense, and an annual accreditation fee (Table 1).

Table 1: Sample Residency Annual Budget

Item	Estimated Amount
Residency Stipend	\$32,000-42,000
Payroll Tax	\$2,700
Continuing Education Allowance	\$3,000
Health Insurance Reimbursement	\$1,000
Malpractice Insurance	\$600
Worker Compensation Insurance	\$450
Annual ACOE Accreditation Fee	\$1,100
Total	\$40,850-50,850

It is highly recommended that the practice owner approach one of the current private practice residency coordinators and/or the Director of Residency at the affiliated educational institution for potential collaboration and guidance at this stage.

3. Initial Proposal

The next step involves preparing an initial proposal. This will contain the proposed mission statement, program goals, learning objectives, workload, scheduling, didactic activities, scholarly activities, compensation and benefits, application process, selection procedure, and completion requirement. The initial proposal will later be expanded into the self-study that is required for accreditation. A sample of this information can be found at the

residency program websites such as the one for the Center for Vision Development Optometry.⁶



Residents at COVID '12 Residency Table

4. Optometry School Affiliation and Adjunct Faculty Appointment

ACOE requires each residency program to be affiliated with an ACOE-accredited school of optometry. The main role of the school of optometry, especially the Director of Residency at the school, is to provide educational support, administrative guidance, and facilitation of the accreditation process. The nearest ACOE accredited school/college should be given the first right of refusal. A formal written affiliation agreement, often known as a Memorandum of Understanding, is needed to be signed by both the the chief of clinical care of the practice (sponsor) and the school of optometry (affiliate).

The program coordinator, usually the practice owner, and other faculty(s) must also receive an adjunct faculty appointment from the school prior to the start of the new residency program. Current ACOE standards require that the program coordinator must have a minimum clinical experience of five years or have completed a residency plus one year of clinical experience.⁷

5. Self Study Preparation

A self study consisting of six standards will be prepared by the program coordinator under the guidance of the Director of Residency at the affiliate school. Details of the self-study can be

found in the ACOE Residency Manual⁸ and ACOE Residency Standards document⁹ (Table 2). The use of the ACOE residency self-study template¹⁰ is now mandatory for all residency programs. A letter of application for accreditation is needed to be submitted to ACOE by the chief executive officer (i.e. President or Dean) of the affiliate school of optometry.



Jessica Fang receiving FAAO in AAO '13 Seattle

6. Recruitment of Initial Resident

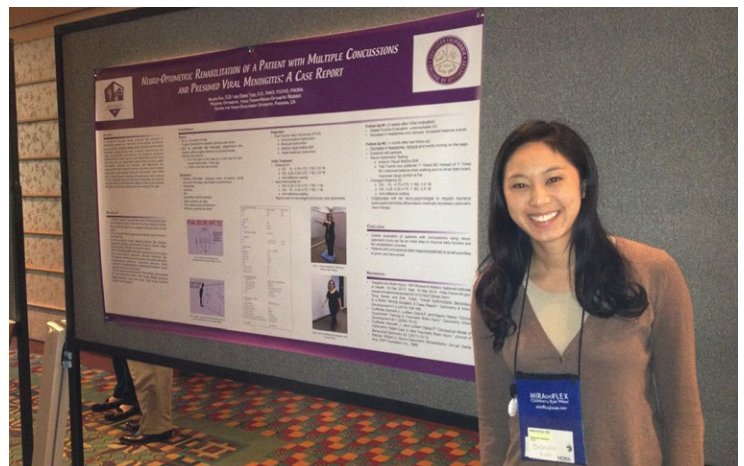
The Optometry Residency Match (ORMatch) has been providing the application and matching service that places applicants into optometric residency positions since 2013.5 The algorithm of ORMatch was based on an economics model that was awarded the 2012 Nobel Prize in Economic Sciences.¹¹ Through ORMatch, each applicant can submit a single on-line application for a fee of about \$175 for up to 10 residency programs. The applicant will then submit additional supporting application material such as a Curriculum Vitae, a letter of intent, transcripts, National Board Examinations scores, and letters of recommendation directly to each of the residency programs for which he/she has applied. Many programs also require a supplemental application. After reviewing the applications, the program invites selected applicants to receive residency interviews. After the interview, each program coordinator will rank the applicants in order of preference, and each applicant will rank the programs in order of preference. The ranking is done independently by each party and should follow the strict protocol published on the ORMatch

website. There are many ways in which the program ranks their applicants; this is left up to each program's supervisor.

On the match day around March each year, ORMatch will send the individual matching results to each program and applicant. In the event that a program is unmatched, the program coordinator will have access to a list of unmatched applicants to fill the position, and the unmatched applicants will also have access to a list of unmatched program positions to which they could apply.

7. ACOE Site Visit

ACOE will then appoint an accreditation site-visit team, typically consisting of one team leader and one team member, to conduct an on-site visit to evaluate the program's compliance with the ACOE standards. The team will interview the resident, the residency coordinator, the residency director of the affiliate school, and other relevant personnel. In addition, the team confirms the information provided on the self-study by reviewing some of the patient records and examining the facility. The site visit takes one day, and the travel cost of the team will be billed to the residency program site.



Belinda Chang presenting poster at NORA '14

8. Accreditation Report

A report of the findings of the site-visit team will be compiled and sent to the residency program coordinator to review for factual accuracy. Afterwards, it will be presented for

review at the next scheduled ACOE meeting. The report will include any commendations, recommendations, or areas of concern.

9. Accreditation Approval

If all the accreditation standards are met, accreditation will be granted and stated on an official letter. Accreditation is considered to be effective dating back to the day of the site visit. It is highly recommended that the residency program coordinator becomes an advocate in this type of residency and begin mentoring other private practitioners to start a vision therapy residency.

10. Annual Review & Next Accreditation Visit in 8 years

Once fully accredited, the next accreditation site visit will be scheduled in 8 years. Prior to that, an annual residency review¹² and payment of the annual accreditation fee is required. The residency program is also required to inform ACOE of any substantial change to the residency program such as the addition of new residency positions, a change of residency coordinator, etc.

Future Directions

It is the wish of the authors to see many more private practice vision therapy residency positions and more schools of optometry becoming an affiliate school for a private practice residency. Due to the strong interest in vision therapy among optometry students but the limited number of vision therapy residency positions available, a large number of candidates will not be matched with a position. Due to such demand, it will be necessary for some practices to expand to have more than one residency position. It is the long-term vision of the authors that private practice vision therapy residency positions will be available in all 50 states. Consideration should also be given to starting private practice vision therapy residency programs in other countries.

References

1. Maples WC. The accessibility of behavioral optometry. *J Behav Optom* 2007;18:30,54. <http://goo.gl/2pmw7A>
2. Min C, Applebaum S, Freeman H. The First Optometric Vision Therapy & Vision Rehabilitation Residency in a Private Practice Setting. Paper presented at the 2009 Kraskin Invitational Skeffington Symposium on Vision. <http://bit.ly/1BPZBBI>. Last accessed October 30, 2014.
3. Ervin CE, Tannen BM, Press LJ. Private practice residency in vision therapy & rehabilitation. *Optom Educ* 2011 Winter/Spring;36(2):87-91. <http://goo.gl/EPfYyP>
4. The Optometry Residency Match (ORMatch). <http://bit.ly/1DtU4om>. Last accessed October 30, 2014.
5. Optometric Residency Program Resources. <http://goo.gl/QpJ9E8>. Last accessed December 19, 2014.
6. Residency in Pediatric Optometry and Vision Therapy/Neuro-Optometry. Center for Vision Development Optometry. <http://bit.ly/1wDGEhT>. Last accessed October 30, 2014.
7. Accreditation Manual: Optometric Residency Programs. Accreditation Council on Optometric Education. April 2012. <http://bit.ly/1xZgZpU>. Last accessed October 30, 2014.
8. Optometric Residency Definition and Standards Effective July 1, 2009. Revised February 2012. <http://goo.gl/56L9Y8>. Last accessed October 30, 2014.
9. ACOE Residency Self-Study Template Oct 9, 2013. <http://goo.gl/TVCd2o>. Last accessed October 30, 2014.
10. Economic Sciences Prize Committee of the Royal Academy of Sciences. Scientific Background on the Sveriges Riksbank Prize in Economic Sciences in Memory of Alfred Nobel 2012: Stable allocations and the practice of market design. Sweden: The Royal Academy of Sciences, 2012. <http://bit.ly/1A118SI>. Last accessed October 30, 2014.
11. Guidelines for Conducting a Residency Annual Review. ACOE Residency Committee. February 2004. Updated 2009. <http://bit.ly/1FAZcZR>. Last accessed October 30, 2014.

Correspondence regarding this article should be emailed to Derek Tong, OD, at odtong@yahoo.com. All statements are the authors' personal opinions and may not reflect the opinions of the representative organizations, ACBO or OEPF, Optometry & Visual Performance, or any institution or organization with which the author may be affiliated. Permission to use reprints of this article must be obtained from the editor. Copyright 2015 Optometric Extension Program Foundation. Online access is available at www.acbo.org.au, www.oepf.org, and www.ovpjournal.org.

Tong D, Maples WC, Tong J. 10 key steps to starting a vision therapy residency in your private practice. *Optom Vis Perf* 2015;3(1):10-3.
