

Commission on Paraoptometric Certification

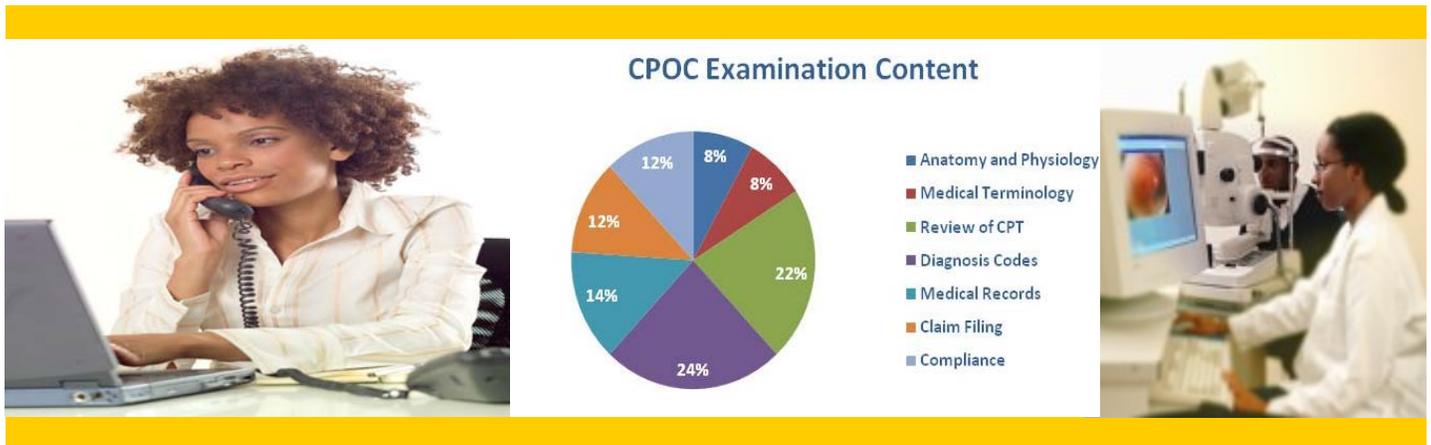


CPO Examination Content

A composite graphic for CPO Examination Content. On the left, there are images of a vision chart, a pair of glasses, and a 'NEAR VISION CARD' with text like 'DT 4', 'LES 3', 'RF 8RN', and 'POS 7A'. In the center is a smiling woman with her arms crossed. On the right is a pie chart showing the distribution of exam topics.

Category	Percentage
Basic Science	29%
Clinical Principles and Procedures	37%
Ophthalmic Optics and Dispensing	22%
Professional Issues	12%

2012 Role Delineation Study



CPOC Examination Content

A composite graphic for CPOC Examination Content. On the left, a woman is talking on a phone while working at a laptop. In the center is a pie chart showing the distribution of exam topics. On the right, a woman in a lab coat is using a microscope.

Category	Percentage
Anatomy and Physiology	8%
Medical Terminology	8%
Review of CPT	22%
Diagnosis Codes	24%
Medical Records	14%
Claim Filing	12%
Compliance	12%



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The CPC certification program aims to establish that individuals have the knowledge and skills necessary to perform tasks critical for the safe and competent practice as an Optometric Assistant. The CPC Role Delineation Study identifies essential knowledge and skills for the optometric assisting profession and serves as a blueprint for exam development. The Role Delineation Study validates importance, criticality and relevance to practice for both broad content areas and tasks. The Role Delineation Study is significant for content validity because it ensures that the domains optometric assisting covered on the CPC exams reflect the range of practice settings throughout the US.

In general, a Role Delineation Study, also referred to as a Job Task Analysis, is one of the methods used to identify and prioritize the critical tasks of a job or profession and the essential competencies an individual should possess to perform the required functions satisfactorily. For certification purposes, a Role Delineation Study is used to establish a defined set of domains, tasks and associated knowledge and/or skills necessary to carry out the responsibilities of the job to the standards required for certification.

According to CPC Policy, the Commission on Paraoptometric Certification will conduct and publish a role delineation study every three years to make certain that the examinations are current, that the examinations represent the vast majority of certified personnel tasks, and that the level of candidate performance is valid pertaining to the appropriate examination.

EXECUTIVE SUMMARY

This report summarizes the results of a role delineation study conducted by the Commission on Paraoptometric Certification (CPC) with the assistance of the Professional Testing Corporation (PTC). The purpose of the study was to obtain information on the professional activities and knowledge areas of those who work as paraoptometric. The results will be used to update the test specifications for the four credentials offered by the CPC: Certified Paraoptometric (CPO), Certified Paraoptometric Assistant (CPOA), Certified Paraoptometric Technician (CPOT) both written and practical, and Certified Paraoptometric Coder (CPOC). This is the first time the CPOC has been included in a role delineation survey because it is a new examination.

The first step in the study was the development of the survey instrument. The survey form contained 133 task statements, 24 knowledge areas, and 28 demographic questions. The survey respondents were asked to rate the task statements both for how frequently they perform the task and how important each task is for competent practice in the profession. The knowledge areas were rated for importance to competent performance.

The survey was developed in a paper and pencil format and was mailed to 5,968 people in the profession, including those certified by the CPC as well as those not certified.

A total of 1,273 (21.3%) completed the survey. This was much improved from the online electronic survey conducted in 2009 which yielded only 97 completed surveys. This year's survey data are deemed to be highly representative of the profession due to the large number of respondents.

The task statements and knowledge area responses were tabulated, and cross tabulations were made using the four credentials. The data results were compared to the 2009 role delineation survey results and current test content specifications. Recommended changes are presented in this report.

SURVEY BACKGROUND, PURPOSE, AND METHODOLOGY

The role delineation study was undertaken by the Commission on Paraoptometric Certification (CPC) with the assistance of the Professional Testing Corporation (PTC).

The study was conducted by developing a survey instrument delineating the tasks and knowledge areas involved in the paraoptometric profession. The survey was prepared in a paper and pencil version and sent to 5,968 paraoptometrics.

Respondents were asked to evaluate the frequency and importance of task statements and the importance of knowledge areas.

The results will be used in the evaluation and possible revision of the content specifications for the Certified Paraoptometric (CPO), Certified Paraoptometric Assistant (CPOA), Certified Paraoptometric Technician (CPOT), and Certified Paraoptometric Coder (CPOC) examinations. This process enhances the validity of the examinations and the quality of the examination program for the CPO, CPOA, CPOT, and CPOC credentials.

ROLE DELINEATION STUDY

In September 2011 a Job Analysis Panel was appointed for the development and testing of the survey instrument. Members of the panel were: Cheryl Bruce, CPOT (Alpharetta, GA), Casey Eversole, CPO (Max Meadows, VA); Sally Greeley, CPOT (Pittsfield, ME); Rebecca Janot, CPO (Sulphur, LA); Nancy Jeppesen, CPO (Medford, WI); Rebecca Johnson, CPOT (Fletcher, NC); Mandy Miller, CPOA (Lima, OH); Carol Schartner, CPOA (Bridgeville, PA); and Nicole Wiseman, CPO (Warsaw, IN). Darlene Leuschke, CPC Administrator/Registrar, represented the CPC.

On September 1, 2011, a majority of the panel convened a conference call to start the survey development. The panel began by reviewing the tasks which had been included in the previous survey conducted in 2009, and grouped, edited, and added to the tasks to bring them in accordance with current practice in the profession.

Additionally, the panel reviewed the knowledge areas which are pertinent to the profession and the demographic information they wanted to collect.

Shortly after the conference call the members of the panel were e-mailed an updated version of the survey and knowledge areas, giving the panel an additional opportunity to edit or add tasks or knowledge areas. At that point the panel agreed upon the 133 task statements, 24 knowledge areas, and 28 demographic variables.

The frequency scale was set at Regularly, Frequently, Occasionally, and Never. The importance scale was set at Extremely Important, Moderately Important, Slightly Important, and Not Important. A copy of the survey instrument is included in Appendix A of the full report.

The survey was developed in a paper and pencil version because the previous online electronic version received few responses and it was felt that a paper and pencil survey would yield better results. That assumption turned out to be correct.

At the end of January 2012, the survey was sent to 5,968 paraoptometric with a cover memo explaining its importance to the credentialing process. Included in the distribution were paraoptometric who were both certified and not certified by the CPC/AOA. The deadline for completion was March 16, 2012. On that date, 1,273 surveys had been completed and returned.

Because that represented 21.3% of the mailed surveys, the number was felt to be sufficiently representative and the survey was closed.

The results of the participants who completed the survey were tabulated and a cross tabulation of the data according to the four credentials was run. The results of an analysis of that data are included in this report, as well as recommendations for modifications for the test content specifications.

DEMOGRAPHIC SUMMARY

Survey Respondents

The number of surveys that were returned totaled 1,273. The responses appear to be representative with regard to age, type of practice, years of experience, and educational background.

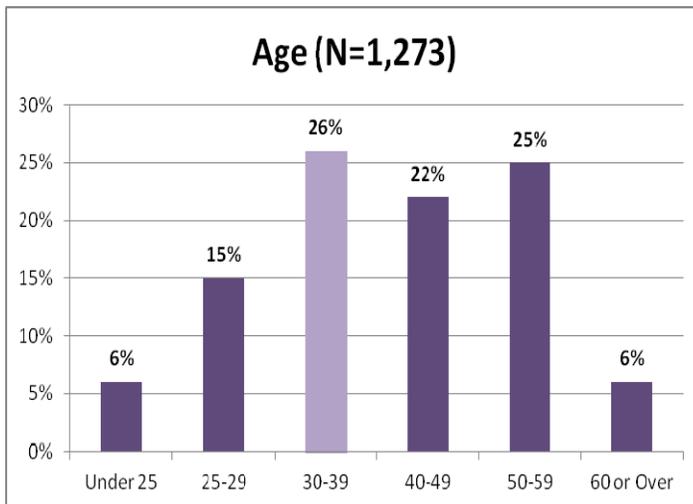
This section of the report contains a description of the survey results based on the 28 demographic questions that were asked. A complete record of the responses to all the questions is in Appendix B of the full report.

Distribution by Age

Figure 1 shows the distribution of the respondents by age. Almost half of the respondents fell in the 30-49 age range. In the 2009 survey 59% of those who responded fell in the same age bracket.



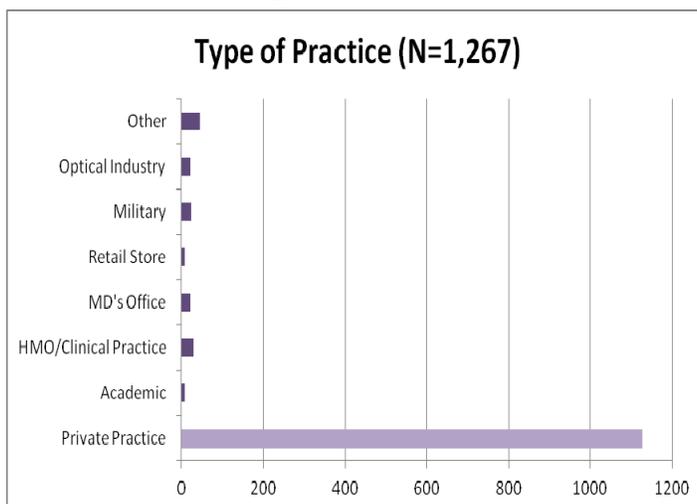
Figure 1



Distribution by Type of Practice

Figure 2 depicts the practice settings in which the respondents work. The vast majority are in a private practice setting. This is the same result as in the 2009 survey.

Figure 2



Distribution by Years of Experience

The survey asked the number of years of experience the participants had as a paraoptometric. Figure 3 shows that the respondents were fairly evenly spread in their years of experience. In 2009 the survey only asked if they had more than 3 years of experience, which the majority did, so it is not possible to accurately compare the 2012 data to the 2009 data.



Figure 3

Distribution by Educational Background

Figure 4 shows the distribution by educational background. The majority hold a high school diploma or equivalent as their highest education level. These data are similar to that in the 2009 survey.

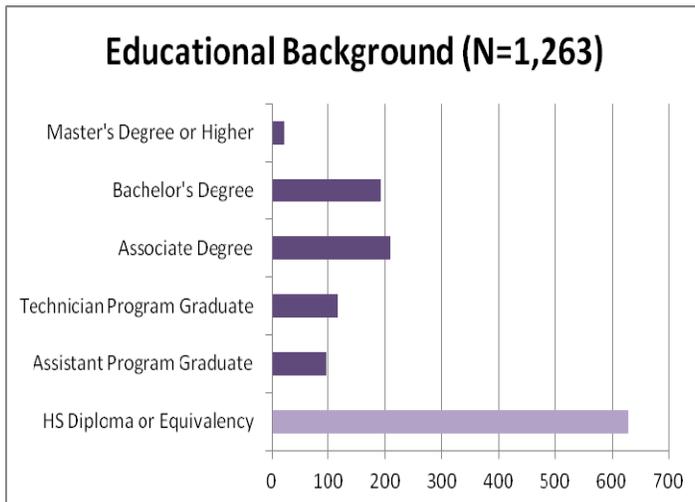


Figure 4

Distribution by Certification

Figure 5 depicts the number of respondents who are certified by the CPC. The overwhelming majority hold a CPC credential. It would be expected that those who have earned a credential from the CPC would have more of an affinity to the organization and be more likely to respond to a survey. In the 2009 survey, 85% held a credential by the CPC.

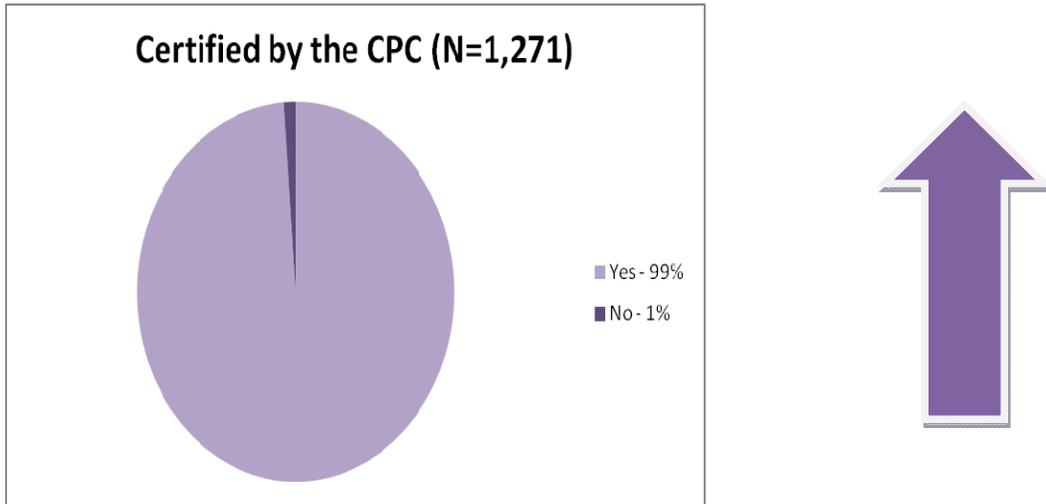


Figure 5

Distribution by Type of Credential

Of those who are certified by the CPC, Figure 6 shows the percentage of respondents who hold each credential. The highest percentages of responders are CPOs, which was similar to the 2009 findings. The CPOC is a new credential, which is reflected by the lower numbers.

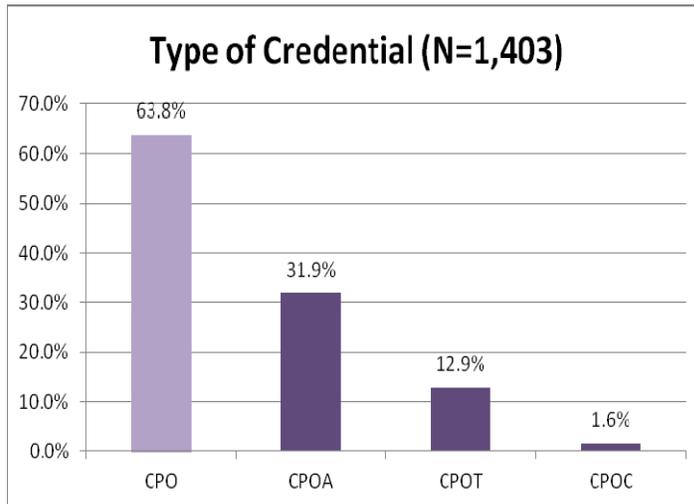


Figure 6

Distribution by Who Pays Recertification Fee

Figure 7 indicates that the recertification fee for almost three-quarters of the certificants is paid by their employers. This is similar to the 2009 survey when 73% indicated the employer pays the fee.

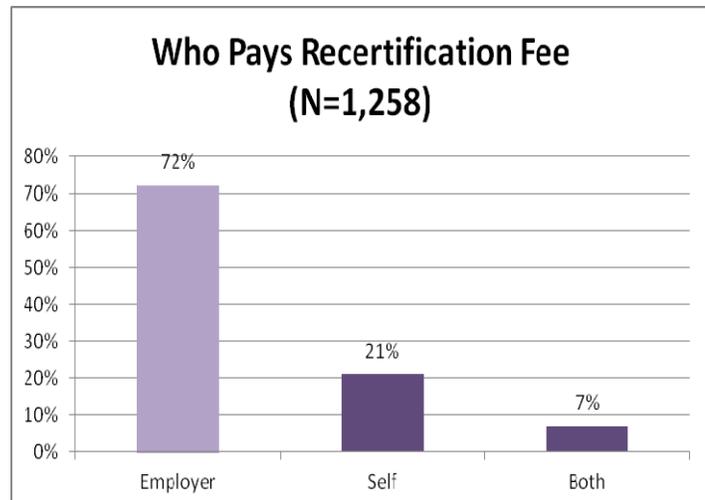


Figure 7

Distribution by Who Paid Certification Examination Fee

Figure 8 shows that 82% of employers paid the fee for the initial examination, which is higher than the 72% who pay the fee for recertification. This is slightly higher than the 2009 survey which found that 80% of employers paid the initial examination fee.

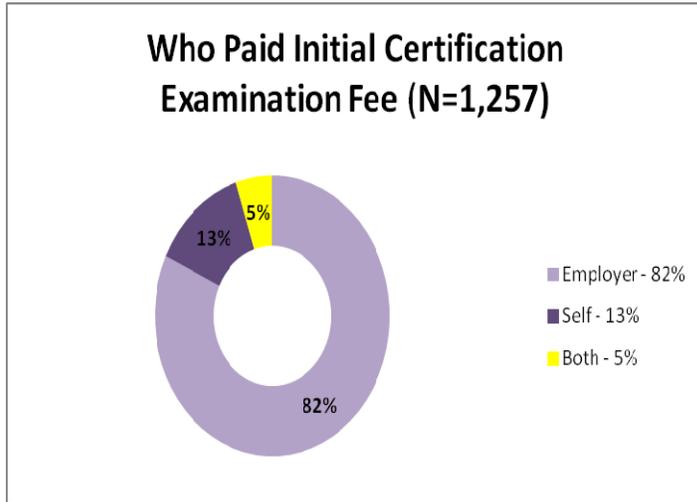


Figure 8

Distribution by Who Pays for Continuing Education

Figure 9 shows that, while employers pay for most of the continuing education received by paraoptometric, 29% of the respondents pay for either part or all of their continuing education. In 2009, 80% of the continuing education was paid for by the employer so the certificants seem to be contributing more to their continuing education in 2012 than they did in 2009.

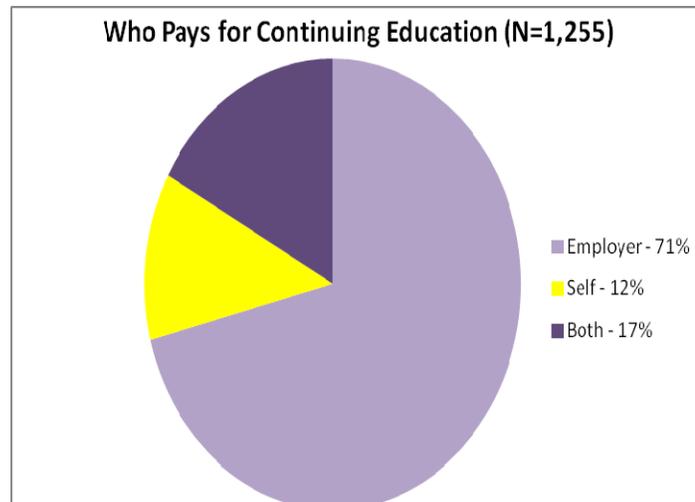


Figure 9

Distribution by Whether Pay Increase or Bonus was Received

Figure 10 indicates that the credentials have value because just over half of the certificants stated they received either a pay increase or bonus after they passed the examination. This is similar to the results of the 2009 survey when 58% responded Yes.

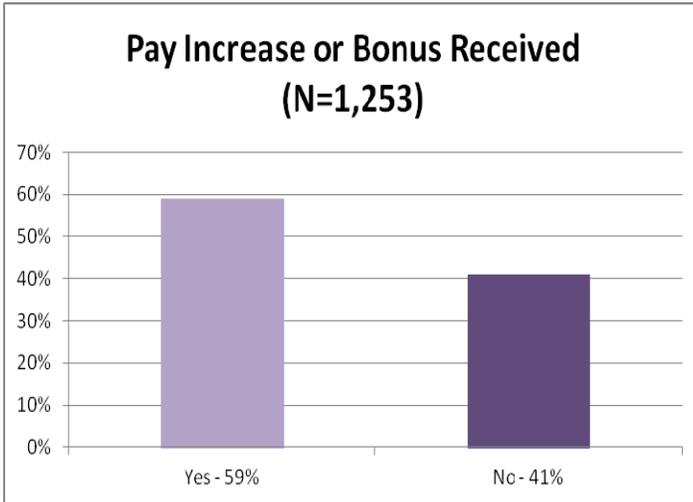


Figure 10

Distribution by Experiencing More Job Fulfillment

The respondents were next asked if they experience more job fulfillment as a result of being certified. It is gratifying to see that three-quarters of the respondents said they experience more job fulfillment as a result of being certified. In 2009, 79% responded Yes, so this is only a slight decrease in percentage.

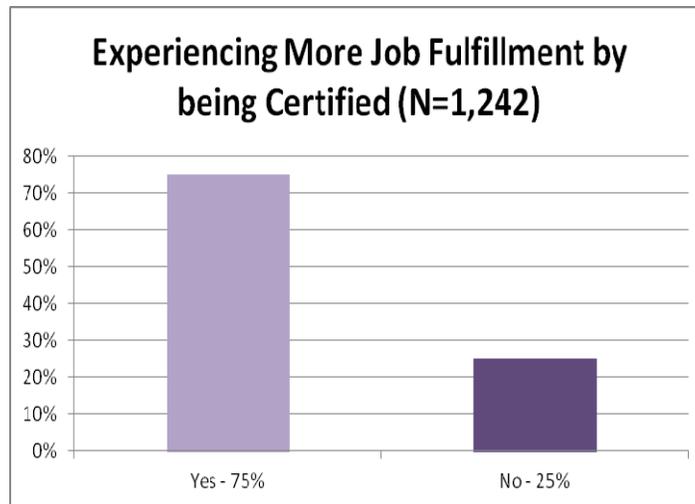


Figure 11

Distribution by How Continuing Education is Earned

Figure 12 indicates that online courses are the most frequent way in which continuing education is earned. The high number of responses was due to the fact that the respondents could check all that apply. This question was not asked in 2009.

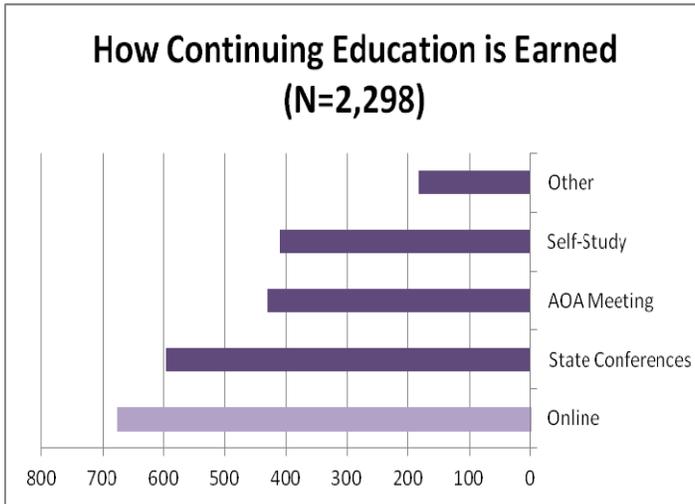


Figure 12

Distribution by Other Ophthalmic Certifications Held

The vast majority of the respondents do not hold another ophthalmic credential. In the 2009 survey 55% of the respondents said they did not hold another credential. However, in the 2009 survey there was also a higher percentage of respondents who did not hold a credential by the CPC either, which could explain this variation.

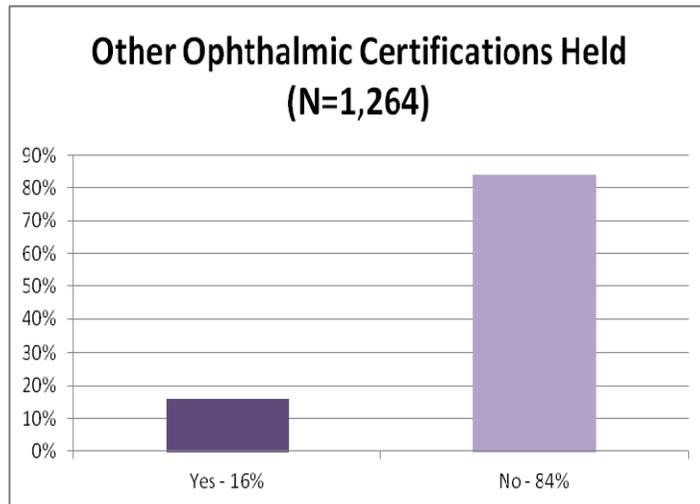


Figure 13

Distribution by Membership in the AOA Paraoptometric Section

Figure 14 indicates that 68% of the respondents to the survey are a member of the AOA Paraoptometric Section. In 2009, 80% of them were members of the section so there has been a significant decrease, part of which could be explained by the smaller number of responses in 2009.

AOA Paraoptometric Section Membership (N=1,234)	
Yes	68%
No	32%

Figure 14

Distribution by Reason for Not Belonging to AOA Paraoptometric Section

When those who are not a member of the AOA Paraoptometric Section were asked why, the most frequent response was that they either didn't know about it or didn't see the value in belonging. This question was not asked in 2009.

Why Not a Member of AOA Paraoptometric Section (N=439)	
Do not know about it	9.70%
Do not see the value of paying membership dues	9.70%
My employer does not support me in being a member	6.10%
Other	8.90%

Figure 15

Distribution by Membership in State Paraoptometric Section

Figure 16 shows that less than half of the respondents are members of their respective state Paraoptometric Section. In the 2009 survey these numbers were reversed and 55% of the respondents stated they were members of their state section.

State Paraoptometric Section Membership (N=1,205)	
Yes -	42.3%
No -	52.4%

Figure 16

Distribution by Membership in Other Optometric Related Organization

Less than 10% of the respondents belong to another optometric related organization, as shown in Figure 17. This is slightly less than the 12% who replied in 2009 that they belonged to another organization.

Other Optometric Organization Membership (N=1,188)	
Yes -	9%
No -	91%

Figure 17

Distribution by Materials Used to Prepare for the Examination and Staff Training

The next two demographic questions asked about preparation for the CPC examinations and staff training offered by the respondents' offices. Respondents were invited to check all that applied. The first question was "Which materials did you use to prepare for a CPC Examination?" The responses were similar to those in 2009 with the materials used most frequently to study for the examination being the *Self Study Course for Paraoptometric Assistants and Technicians* (58.4%), and the *CPO Study Guide for the Certified Paraoptometric* (70.2%). The next most frequently used study material was the *AOA CPO Paraoptometric Flashcards* (14.8%). All the other listed materials were used by less than 10% of the respondents. For a complete list of the preparation materials used, see Appendix B in the full report.

In the area of staff training, the question was "Does your office offer in-house training in the following areas?" Again, respondents were invited to check all that applied. "Office policies and procedures" and "Basic procedures" were rated the highest at 62.9% and 60.1%, respectively. "General practice management" is offered in the offices of 50.1% of the respondents and "Ophthalmic dispensing" in 48.7%. The remaining training categories were all offered in about one-third of the respondents' offices.

Distribution by Whether Office Encourages Professional Development

The vast majority (90%) of the respondents' offices encourages professional development. Figure 18 shows the responses to this demographic variable. The results were the same in the 2009 survey.

Office Encourages Professional Development (N=1,226)
Yes - 90%
No - 10%

Figure 18

Distribution by Multidisciplinary Practice

The survey next asked if the respondents work in a multidisciplinary practice. Figure 19 shows that only 32% do. This is almost identical to the results of the 2009 survey.

Work in a Multidisciplinary Practice (N=1,222)
Yes - 32%
No - 68%

Figure 19

Distribution by Contact Lens Specialty Practice

About two-thirds of the respondents work in a contact lens specialty practice. This is different from the survey results in 2009 when only 48% said they did.

Work in a Contact Lens Specialty Practice (N=1,188)
Yes - 64%
No - 36%

Figure 20

Distribution by Rotation to Different Specialty Areas

The next question on the survey asked if the respondents rotated to different specialty areas. About half of the respondents said they do, as shown in Figure 21. This was similar to the response in the 2009 survey.

Rotate to Different Specialty Areas (N=1,222)
Yes - 54%
No - 46%

Figure 21

Distribution by Meeting with Sales Representatives

Respondents were asked whether or not they meet with sales representatives. Figure 22 shows that almost two-thirds of those who took the survey meet with sales representatives. This question was not asked on the 2009 survey.

Distribution by Meeting with Sales Representatives to Order Frames

Those who meet with sales representatives were next asked a series of questions pertaining to what they order. Less than half of those who meet with sales representatives' order frames. This statistic is similar to that on the 2009 survey.

Distribution by Meeting with Sales Representatives to Order Ophthalmic Solutions

More of the respondents order ophthalmic solutions than order frames. Figure 22 shows that slightly more than half order ophthalmic solutions. This is down somewhat from the 2009 survey when 58% responded that they order ophthalmic solutions.

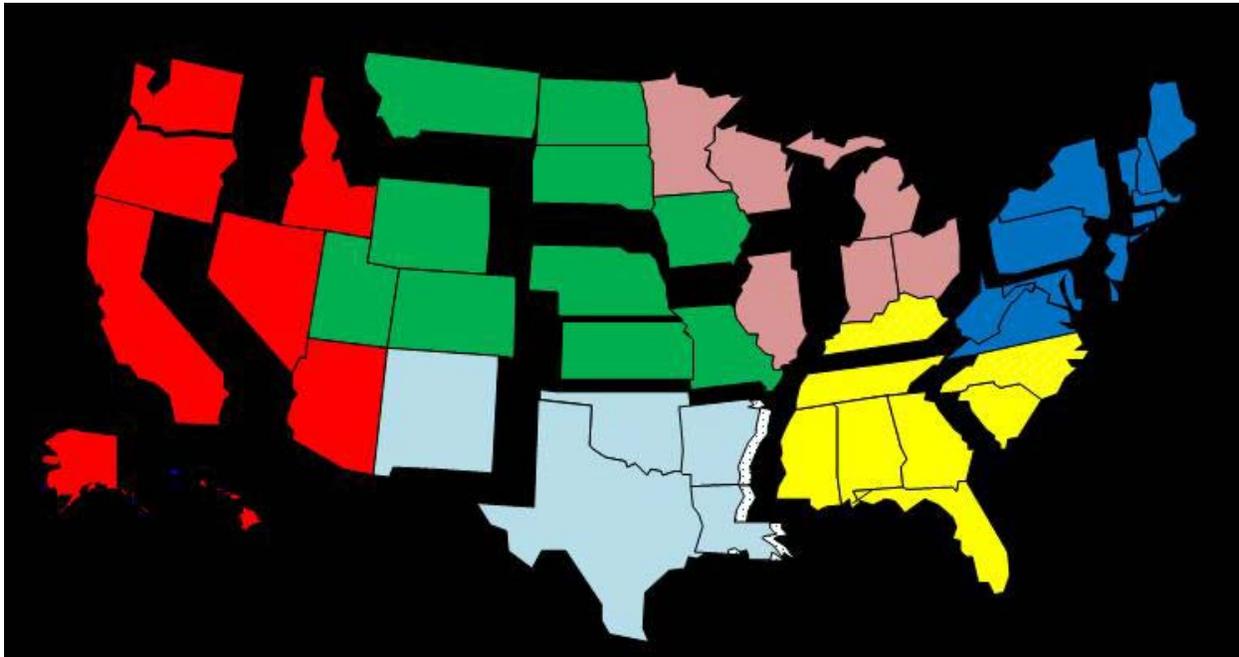
Distribution by Meeting with Sales Representatives to Order Contact Lenses

More of the respondents order contact lenses than either frames or ophthalmic solutions. Figure 22 shows the percentages.

Figure 22

Sales Representatives Meeting and Ordering	Yes	No
Meet with Sales Representatives (N=1,223)	62%	38%
Meet with Sales Representatives to Order Ophthalmic Solutions (N=843) (N=1,223)	51%	49%
Meet with Sales Representatives to Order Frames (N=846)	44%	56%
Meet with Sales Representatives to Order Contact Lenses (N=850)	61%	39%

Distribution by Region



All of the 50 states were represented in the survey responses except Vermont. There were two respondents from the District of Columbia, 11 from Canada, and one from South Korea. This was a much better distribution of respondents than on the 2009 survey.

Distribution by Region of the United States	
Region	Number
Northeast - ME, NH, MA, RI, CT, NJ, NY, PA, DE, WV, MD, VA, DC	193
Southeast - NC, SC, FL, GA, AL, MS, TN, KY	210
Midwest - OH, MI, IN, IL, WI, MN	212
Southwest - AR, LA, OK, TX, NM	128
Central - ND, SD, IA, MO, NE, KS, CO, UT, WY, MT	253
Western - AZ, CA, NV, ID, OR, WA, AK, HI	121
Canada - BC, MB, NB, ON, SK	11
South Korea	1

TASK STATEMENT RATINGS

The survey included 133 tasks divided into six major sections:

- I. Practice Management
- II. Managerial Practice Management
- III. Basic Procedures
- IV. Special Procedures
- V. Ophthalmic Optics and Dispensing
- VI. Contact Lenses

All statements were rated both as to frequency of performance of the task and importance of the task for competent performance. The rating scales were as follows:

Frequency Ratings	Importance Ratings
How often is the task performed as part of the job?	How important is the task for competent performance?
4 = Regularly	4 = Extremely
3 = Frequently	3 = Moderately
2 = Occasionally	2 = Slightly
1 = Never	1 = Not

Average Ratings

The means of the responses to each of the six sections are summarized below. Note that in all cases, no matter how frequently the tasks are performed, they were all considered higher in importance for competent performance, which means that even with a slightly less frequently performed task, knowing how to perform the task is still important to competent practice. The tasks in Practice Management were rated highest in frequency of performance and importance; while those in Managerial Practice Management and Special Procedures were rated lowest in both categories. All of the ratings were within 0.2 of the ratings in the 2009 survey, with the exception of Managerial Practice Management, which dropped from 2.3 to 1.9 for Average Frequency, and Contact Lenses, which dropped from 2.6 to 2.3 for Average Frequency.

Task Statement Ratings by Section		
Average Rating for Task Sections		
Task Section	Average Frequency	Average Importance
Practice Management	3.0	3.6
Managerial Practice Management	1.9	2.9
Basic Procedures	2.6	3.3
Special Procedures	2.0	3.0
Ophthalmic Optics and Dispensing	2.3	3.1
Contact Lenses	2.3	3.2

Most Frequently Performed Tasks – All Respondents

Only five of the 133 task statements rated high as to frequency of performance, which is defined as a rating of 3.5 or higher. All of them were in the Practice Management Section. In 2009 there were six tasks which rated that high and they were also all in Practice Management.

Most Frequently Performed Tasks (≥3.5), in Descending Order – All Respondents

- Use computers (4.0)
- Maintain a neat, orderly, and up to date office (3.8)
- Welcome/greet arriving patients (3.6)
- Review patient records for presence of required information (3.6)
- Direct patient flow (3.5)

Least Frequently Performed Tasks – All Respondents

There were 21 tasks which were rated as being performed infrequently, which is defined as a rating of 1.5 or less. One was in Practice Management, four in Managerial Practice Management, one in Basic Procedures, 12 in Special Procedures, and three in Ophthalmic Optics and Dispensing. This was considerably higher than the 2009 survey when only seven tasks were rated this low. In all cases the Importance rating of the task was higher than the Frequency rating, so the respondents believe it's important to know how to perform these tasks, although they may not personally perform them very frequently.

Least Frequently Performed Tasks (≤ 1.5), in Ascending Order – All Respondents

- Perform aberometry (1.2)
- Perform sports vision testing (1.2)
- Assist in the publication of an office newsletter (1.3)
- Hire/terminate employees (1.3)
- Perform vision therapy testing (1.3)
- Tint lenses (1.3)
- Handle employee payroll (1.4)
- Coordinate external advertising (1.4)
- Perform HRT (1.4)
- Perform contrast sensitivity tests (1.4)
- Perform low vision testing (1.4)
- Assist with performing surgical tasks (1.4)
- Edge lenses (1.4)
- Organize in-house educational offerings (1.5)
- Perform manual keratometry (1.5)
- Perform Goldmann tonometry (1.5)
- Perform GDx (1.5)
- Perform Icare (1.5)
- Perform frequency doubling (1.5)
- Perform manual refractometry (1.5)
- Fabricate eyewear (1.5)

Most Important Tasks for Competent Performance – All Respondents

A larger number of tasks (34, or 22.6%) were rated as important for competent performance, even if they weren't performed with high frequency. Most of the tasks which rated highest for competent performance were in Practice Management and Basic Procedures. This is similar to the results of the 2009 survey with the exception that fewer tasks in Ophthalmic Optics and Dispensing rated high in Importance.

Most Important Tasks for Competent Performance (≥ 3.5), in Descending Order – All Respondents

- Welcome/greet arriving patients (3.9)
- Use computers (3.9)
- Manage a neat, orderly, and up-to-date office (3.8)
- Direct patient flow (3.8)
- Review patient records for presence of required information (3.8)
- Perform telephone triage (3.8)
- Resolve patient complaints and concerns (3.8)
- Take case history/triage (3.8)
- Prepare patient charts (3.7)
- Document patient telephone calls (3.7)
- Schedule appointments (3.7)
- Use computer for patient registration (3.7)
- Use computer for billing/accounting (3.7)
- Perform equipment sanitization (3.7)
- Record medications (3.7)
- Record eye drops (3.7)
- Take telephone messages (3.6)
- Use computer for EHR (Electronic Health Record) (3.6)
- Ensure accurate procedure and diagnosis coding (3.6)
- Maintain examination rooms (3.6)

- Provide proper instructions for prescribed medications and compliance (3.6)
- Perform Visual Acuity testing (3.6)
- Educate patients on contact lens care and handling (3.6)
- Maintain recall systems (3.5)
- Perform medical coding (3.5)
- Present fee and payment policies (3.5)
- Enforce HIPAA regulations (3.5)
- Maintain ophthalmic equipment (3.5)
- Perform other visual field testing (3.5)
- Perform automated vision field (3.5)
- Perform fundus photography (3.5)
- Write/copy an Rx (3.5)
- Insert/remove soft contact lenses (3.5)
- Educate patients concerning contact lens options and fees (3.5)

Least Important Tasks for Competent Performance – All Respondents

There were no tasks which were rated 1.5 or less in value for importance to competent performance of the profession. The lowest rated task for competent performance was “Assist in the publication of an office newsletter” with a rating of 2.1. This same task was the lowest rated on the 2009 survey also. This means that the respondents felt that all the tasks were relatively important for competent performance in the field, even if almost 23% of them are not performed frequently.

KNOWLEDGE AREA RATINGS

Survey respondents were also asked to rate the 24 knowledge areas according to how important they are for competent performance. The rating scale was: Extremely Important, Moderately Important, Slightly Important, or Not Important. The scale was from 4.0 as the highest to 1.0 as the lowest score. The table below shows the knowledge areas by rating in descending order.

Knowledge Area Importance	
Average Rating for Knowledge Areas	
Knowledge Area	Average Importance
Communication Skills	3.9
Professionalism	3.9
Interpersonal Skills	3.8
Computer Skills	3.8
Time Management Skills	3.8
Medical Terminology	3.8
Anatomy	3.7
Conflict Resolution Skills	3.6
Leadership Skills	3.5
Stress Management	3.5
Optics	3.5
Management Skills	3.4
Writing Skills	3.3
Biology	3.1
CPO	3.0
Diversity Management	3.0
Human Resource Management	2.8
Accounting	2.8
Social Media	2.7
Marketing	2.6
Algebra	2.6
Labor Relations and Law	2.5
Multi-lingual Skills	2.3
Website Development Skills	2.3

The importance of a knowledge area does not necessarily parallel how frequently the knowledge is needed to perform the tasks in the survey. For example, Multi-lingual Skills was needed to perform 59 of the 133 tasks, and yet the importance of having that skill ranked low on the list. But Communication Skills, Professionalism, and Interpersonal Skills were not only ranked high in importance, but were necessary to perform a majority of the tasks. Computer Skills also ranked high in importance, and was also rated very high for frequency of performance. Marketing, Labor Relations and Law, and Website Development Skills were ranked as less important, and this was borne out by the infrequency with which they were needed to perform the tasks. CPR ranked 3.0 in importance as a knowledge area, but was not needed for any of the tasks, primarily because it is a skill needed in an emergency, not as a normal part of the daily tasks.

In the 2009 survey Interpersonal Skills, Communication Skills, Time Management Skills, and Professional Appearance Skills were the top rated knowledge areas. In this survey, Computer Skills has moved higher up on the list.

CONCLUSION

CPO Examination

The current weightings for the test content specifications for the Certified Paraoptometric Examination are:

I. Basic Sciences (29%)

- A. Anatomy
- B. Common Eye Disorders
- C. Terminology
- D. Surgery
- E. Basic Pharmacology

II. Clinical Principles and Procedures (37%)

- A. Eye Examination
- B. Refractive Status
- C. Contact Lenses

III. Ophthalmic Optics and Dispensing (22%)

- A. Ophthalmic Prescription
- B. Ophthalmic Lenses
- C. Ophthalmic Dispensing

IV. Professional Issues (12%)

- A. Eyecare Specialists and Ancillary Personnel
- B. Practice Management

The highest rated tasks and knowledge areas for frequency of performance and importance to competent performance was in the practice management area. According to the survey, most CPOs are engaged with practice management in their practice. The CPC will be incorporating additional items in the terminology domain. Not necessarily medical terms, but items more business practice and Health Information Technology (HIT) related such as Electronic Health Record (EHR), team building skills, computer skills, quality assurance, e-commerce, business plan, and ROI, etc. Additionally, there will be more items that include ethics. These new items will be added to the Professional Issues portion of the outline.

The survey also demonstrated that tasks in the area of ophthalmic optics and dispensing were not performed as frequently and were not rated highly for competent performance as a CPO.

Thus, the outline domains will change as will the weightings for the 2013 examination administration.

CPOA Examination

The current weightings for the test content specifications for the Certified Paraoptometric Assistant Examination are:

I. Office Operations (13%)

- A. Practice Management
- B. Records Management
- C. Telephone Techniques
- D. Recall
- E. Office Finances
- F. Professionalism Issues

II. Ophthalmic Optics and Dispensing (20%)

- A. Prescriptions
- B. Lenses
- C. Frame Selection
- D. Adjustment and Dispensing

III. Testing and Procedures (20%)

- A. Purpose and Preliminary Testing
- B. Pupillary Responses
- C. Case History
- D. Visual Acuity
- E. Color Vision
- F. Stereo Acuity
- G. Examination Instrumentation

IV. Special Procedures (17%)

- A. Contact Lenses
- B. Tonometry
- C. Visual Fields
- D. Sphygmomanometry
- E. First Aid/CPR/Emergencies
- F. Vision Rehabilitation
- G. Surgery

V. Refractive Status of the Eye & Binocularity (13%)

- A. Refractive Errors
- B. Refractive Conditions
- C. Eye Movements

VI. Basic Ocular Anatomy and Physiology (17%)

- A. General Anatomy and Physiology
- B. Basic Functions of Anatomical Structures
- C. Common Pathological and Functional Disorders
- D. Basic Ocular Pharmacology

The highest rated tasks and knowledge areas for frequency of performance and importance to competent performance were mainly in the basic procedures area (testing and procedures) and practice management areas. Interpersonal Skills, Communication Skills, Professionalism, and Computer Skills were highly rated for knowledge and importance for competent performance. The CPC will be adding additional items concerning patient education and basic HIT terms.

For 2013 examinations, the outline will have additions but the weightings will remain the same.

CPOT Examination

The current weightings for the test content specifications for the Certified Paraoptometric Technician Examination are:

I. Pre-Testing Procedures (20%)

- A. Case History
- B. Visual Acuity
- C. Vision Screening and Preliminary Testing Techniques
- D. Color Vision
- E. Stereo Acuity

II. Clinical Procedures (28%)

- A. Keratometry
- B. Tonometry
- C. Visual Fields
- D. Sphygmomanometry
- E. Contact Lenses
- F. Vision Therapy
- G. Triage/First Aid
- H. Vision Rehabilitation

I. Special Ocular Procedures

III. Ophthalmic Optics and Dispensing (20%)

- A. Optical Principles of Light
- B. Prescriptions
- C. Lenses
- D. Frame Selection
- E. Adjustment

IV. Refractive Status of the Eye and Binocularity (12%)

- A. Refractive Errors
- B. Refractive Conditions
- C. Eye Movements
- D. Binocular Vision

V. Anatomy and Physiology (15%)

- A. General Anatomy and Physiology
- B. Eye

VI. Practice Management (5%)

- A. Office Management
- B. Professional Issues
- C. Government Rules and Regulations

Like the CPOA, the highest rated tasks and knowledge areas for frequency of performance and importance to competent performance were mainly in the basic procedures area (clinical procedures) and practice management areas. Additionally, Computer Skills, Medical Terminology, Interpersonal Skills, and Professionalism ranked high.

The survey showed that tasks in the area of ophthalmic optics and dispensing were not performed as frequently and were not rated highly for competent performance as a CPOT. With this being said, the CPC will reduce the number of items in this area and will increase practice management slightly to add HIT type items.

Both the outline and weightings will be modified for the 2013 examinations

CPOC Examination

The current weightings for the test content specifications for the Certified Paraoptometric Coder Examination are:

I. Anatomy and Physiology (8%)

- A. Eye Anatomy
- B. Pathology and Pharmacology

II. Medical Terminology (8%)

- A. Prefix
- B. Suffice
- C. Root Words
- D. Abbreviations

III. Review of Current Procedural Terminology (AMA) (22%)

- A. Development of Procedure Codes
- B. Evaluation and Management (E/M) Services Guidelines
- C. Evaluation and Management Categories
- D. Surgery Guidelines
- E. Ocular System Surgeries
- F. Diagnostic Procedures
- G. Ophthalmic Guidelines
- H. General Ophthalmic Definitions

- I. Special Ophthalmic Services Definitions
- J. Ophthalmoscopy Definitions
- K. Other Specialized Service Definitions
- L. Contact Lens Services
- M. Spectacle Services
- N. Category II Codes
- O. Category II Modifiers

IV. Diagnosis Codes (24%)

- A. Development of Diagnostic Codes
- B. International Classification of Diseases-Ninth Edition (ICD-0)
- C. Health Care Procedures Classification System (HCPCS)
- D. Medicare Correct Coding Initiative (CCI)
- E. Overview of ICD-10

V. Medical Records (paper/electronic) (14%)

- A. Documentation Guidelines for the Evaluation and Management Services (1994 and 1997 edition)
- B. Retaining and purging
- C. Health Information Privacy and Accessibility Act
- D. Medical Records Reviews and Audits
- E. Reasonable and Necessary (formerly “Medical Necessity”).

VI. Claim Filing (12%)

- A. CMS Form (formerly HCFA)
- B. Timely Filing
- C. Redetermination/Appeals

VII. Compliance (12%)

- A. Compliance Program
- B. Contracts and Agreements

Although there were only 21 CPOCs who completed the survey, the data show that tasks in Practice Management were rated the highest for frequency of performance. The use of computers and performing medical coding, not surprisingly, rated very high, but so did “Maintain a neat, orderly, and up-to-date office.” Although the tasks in Managerial Practice Management didn’t rate very high in frequency, the CPOCs felt that many of them were important for competent performance.

Although the job of a CPOC is specialized and would automatically include the knowledge areas of Computer Skills and Medical Terminology, there were not any significant findings and the examination appears to be on target in domains and weightings.