

Eye on Education: What was the purpose of the [National Eye Care Workforce Study](#)? What were you hoping to find? Why now?



Dr. Phillips: The desire for accurate data that would help the profession understand more about the supply and demand for eye care is not new. There have been studies on optometric providers and ophthalmology as well, but not a study that truly looked at the “big picture.” With the Affordable Care Act, with increased scope of practice opportunities for optometry, and with an expanding work force, it was important to have a tool to not only assess where the needs are now, but to be able to continually monitor the changing need in the future.

EonE: What do the findings say about the future of academic optometry? For future Doctor of Optometry students?

Dr. Phillips: It is probably not appropriate to make a snap judgment based on the one snapshot of data that we have now. However, it seems clear that we do not have a tremendous need to expand the workforce hastily. For future optometric physicians, it seems clear that for the profession to grow, it will be necessary for future students to graduate with a comprehensive background that will allow them to practice full scope optometry. Ophthalmology is not expanding to keep up with the demand, so there will be additional need for optometrists to be even more involved in the medical eye care.

EonE: What is your overall sense of the study? How it was conducted? The questions asked? The results?

Dr. Phillips: It would seem that almost any study becomes more known for what it doesn’t tell us than what it does tell us. What seems clear is that some Department of Labor numbers predicting the need for 25-35% expansion, depending on the report, are exaggerated. This study was certainly more comprehensive in many ways, as it considered the time spent and number of patients seen for both

optometrists and ophthalmologists. There has been conjecture that with the increasing number of female practitioners, the number of hours worked on a weekly basis would be drastically reduced, and this does not actually seem to be the case. And no matter how comprehensive a study is, it is always easy to point out data that *should* have been analyzed. For example, it would have been very meaningful, in my opinion, to evaluate the workforce by regions and by demographics of practice. Data made available by state boards would certainly seem to indicate that there are some states that have oversupply, while some other states have critical needs. We also have indications that there is a significantly higher need for new optometrists in rural settings than in urban ones, but the study did not address that issue.

EonE: Let's discuss the survey result that most are talking about: Respondents say they could see an average of 19.8 additional patients per week without adding hours to their practice schedule. What is your response to that? How will academic optometrists/faculty in optometry schools address this issue with their students, and will curricula change or adapt because of this?

Dr. Phillips: To me, this is the most troublesome data in terms of the ability to analyze its usefulness. We obtained objective information on the number of patients seen, hours worked, plans to retire, and used this to help establish the data patterns. But then we asked a question that essentially asks an opinion on how many more patients respondents believe they could add if they could somehow wave a magic wand and make it happen, like turning on a tap. And from that, we reduce what looked to be a shortage to an assessment that we have enough supply to meet the demand, meaning that if we have additional schools or if the Affordable Care Act assumptions are less than estimated, we should actually have an oversupply. Many participants in the study were in the first 2-3 years of practice, when one is almost never as busy as when one reaches the "peak years" of practice. Candidly, it also ignores practice management considerations. A practitioner's personality may be such that he or she will never be much busier than he or she is because of poor practice management habits. Considering the wide variation in how practitioners delegate responsibility during an evaluation, should we also ask how many more patients practicing doctors could see if they delegated more and became much more efficient?

EonE: In light of the entire survey, what would you say to a potential optometry student? Parents? Current student? Recent graduate?

Dr. Phillips: We already know that the most successful practices are those that find a good blend between medical eye care and the provision of vision care aids. And we see that this is a balance most easily met in more rural settings. I think that the most important decision a graduating student will make is where they are going to practice, and what mode of practice will that be? I counsel first-year students at our institution, and try to motivate them to start networking, start thinking early in their academic careers about where and how they will practice. Whether they join an existing practice

or open a new one, where the practice is to be located and the demographics surrounding the area will become even more critical as the supply of eye care practitioners expands. As competition increases, practice management skills will become even more crucial for one to enjoy a high level of success.

EonE: Will another study be conducted in the future?

Dr. Phillips: There will certainly be additional studies in the future. One of the best aspects of this particular study is that we can add data routinely to refine the conclusions and test the assumptions made. I hope that future studies do allow consideration for regional differences and population density considerations; with the additional data, we should be able to identify trends.