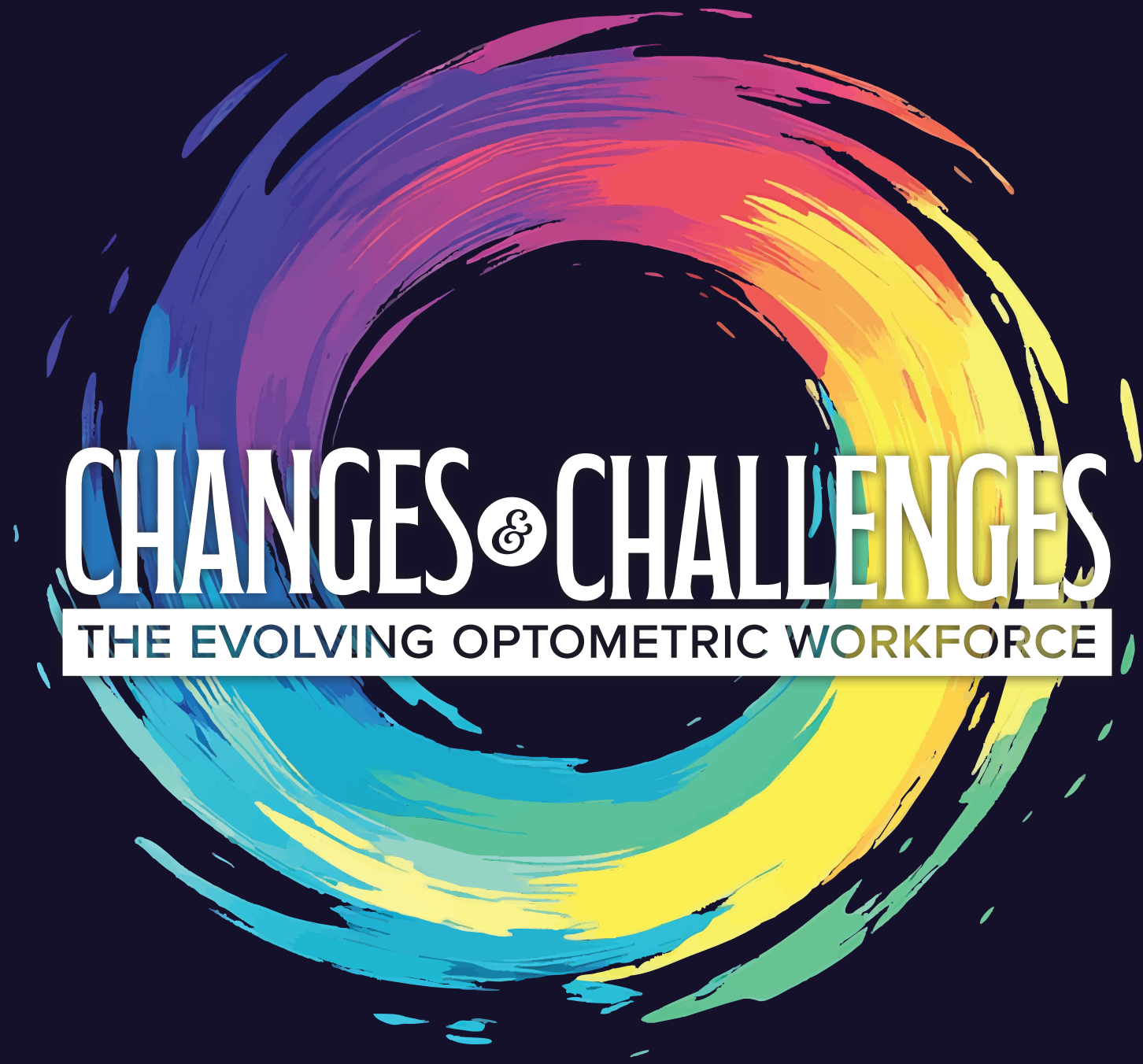

CHANGES & CHALLENGES

THE EVOLVING OPTOMETRIC WORKFORCE

WOMEN IN OPTOMETRY®

Alcon

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INTRODUCTION

THE ESSENTIAL ROLE OF OPTOMETRISTS TODAY AND INTO THE FUTURE

Optometry is constantly evolving, driven by advancements in technology and an expanding scope of practice. What once required referral to ophthalmologists is now increasingly within the scope of optometric training. Optometrists are providing primary care, specialty care and co-management services within their communities.

Technology continues to reshape how we deliver care, enhancing both clinical precision and the patient experience. Emerging tools, treatments and services are not just changing the way we practice today—they are defining the future of optometry, empowering optometrists to deliver eye care that prioritizes each patient's needs.

The workforce itself is also evolving. Women continue to make up the majority of students entering optometry programs, yet minority representation within the profession remains disproportionately low. Creating a workforce that truly reflects the diverse communities we serve is an ongoing effort, with many organizations and practices actively working toward greater inclusivity. Strengthening diversity within optometry is not just about representation—it's about ensuring that all patients receive care that understands and meets their unique needs. This evolution isn't just shaping who enters the field—it's also expanding the ways optometrists can make an impact.

Throughout my career, I've had the privilege of practicing optometry in diverse settings—private practice, hospital environments and even serving the unique needs of military personnel in the U.S. Air Force. My time in optometric education gave me the chance to shape the future of the profession, and now at Alcon, I contribute to innovations that will help define the next era of eye care. These experiences highlight the adaptability of optometry and the many paths within the field, each offering opportunities to make a meaningful difference.

This is an exciting time for the profession. As the U.S. population ages, the need for optometric care will grow. This creates a unique opportunity—and responsibility—for optometrists to step in and address this demand. With our training and expertise, optometrists are well-equipped to impact vision and ocular health across the country positively.

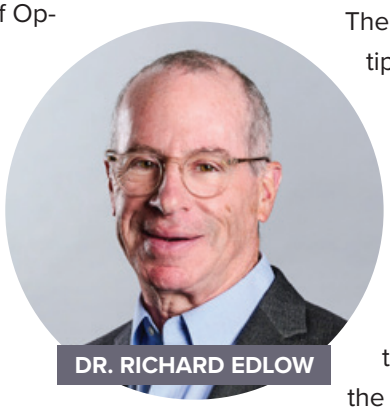
Optometrists and other eye care professionals are essential to a well-functioning health care system, playing a key role in helping people see brilliantly. I invite you to explore this report to learn more about the evolving optometric workforce, filled with data insights, personal experiences and perspectives shaping optometry's future.

Kristin K. Anderson, OD, FNAP, FAAO
Director, Professional Education and Development
U.S. Vision Care

THE TIPPING POINT

GRADUAL THEN SUDDEN CHANGES IN STORE

In his book *The Sun Also Rises*, Ernest Hemingway wrote that a change happened "gradually then suddenly." Looking at the optometric profession, a gradual-then-sudden change might be seen as well. The shift was certainly gradual for decades after Gertrude Stanton became the first woman to receive a license to practice optometry around 1900. In 1912, William Lawson became the first Black optometrist in North America, earning his degree from the Toronto School of Optometry in Canada. In 1931, Jennie Chai Louie Mew became the first woman, first Asian and youngest graduate to earn a degree from Berkeley Optometry. In 1939, Julieta Arias [Burda] became the first Hispanic graduate, graduating from the Berkeley program. Hundreds of "firsts" have followed.



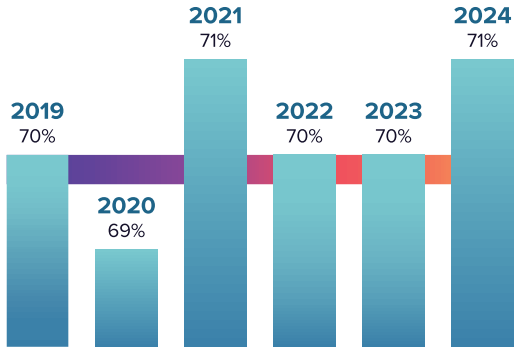
DR. RICHARD EDLOW

By the mid-1960s and 1970s, about 10% of the optometry school admissions were female students. By the late 1990s, the number of female students entering optometry schools was about equal to the number of men. Since 2009, it hasn't dropped below 60% female for incoming first-year students.

RELATIVELY SLOW GROWTH

With about 1,700 students graduating each year and about 1,200 ODs retiring, the shifts in the workforce remain fairly gradual. At the end of 2024, there were an estimated 49,345 ODs in the U.S., according to data tracked by **Richard Edlow, OD**, the Eyeconomist. Dr. Edlow works with American Optometric Association data and applies formulas for male and female ODs coming into the profession and those leaving. The number of new entrants can be gleaned from graduation documentation from the schools and colleges of optometry, but estimating the retirements can be a little trickier.

PERCENTAGE OF FEMALES IN FIRST-YEAR OPTOMETRY SCHOOL ENROLLMENTS



Source: Women In Optometry data and North American Schools and Colleges of Optometry

The optometric workforce is now 50.2% female, a tipping point that has been years in the making. Female graduates have outnumbered male graduates in optometry schools for much of the past two decades. Yet the transition to a majority-female profession has been much slower.

Among ODs 61 and older, the vast majority are men. In the 51- to 60-year-old cohort, the numbers become more equal, and among ODs under 50, women comprise the majority.

However, a traditional retirement age doesn't necessarily apply to optometry. Optometrists can maintain their licenses and practice full or part time in clinical, academic or consulting positions for years beyond age 65.

IS THERE A PLATEAU?

In other professions where the workforce undergoes a gender shift, it seems that the numbers of women plateau before the ratio reaches graduation rates. Dr. Edlow's estimations, extrapolated to 2035, show a female workforce of less than 57%, for example.

Societal and cultural factors can play a role. First, women generally take more time off to have and raise children. That can mean more stepping on and off the

career pathway. These interruptions to work can also have financial implications for women's earning potential, as do all multiple factors that could hinder parity: the glass ceiling, sticky floor or broken rung.

Although work-life balance is also a goal for many men, the social stigma of taking time off or being seen as less committed to work may hit women harder. Some women need to delay alternatives, such as working at a different practice, opening a practice or working in a nonclinical setting. In a 2022 AOA report, 58% of practice owners were male and 55% of the employed ODs were female.

In addition, as technology and other evolutions support and foster changes in the profession, those too could impact where and how optometrists choose to work. Gen Zers, now the dominant generation in the U.S. workforce, are known for their focus on work-life balance, flexibility, technology and corporate ethics. As optometrists and employees settling into the workforce, their influence remains to be seen.

ORGANIZATIONS PROMOTING DIVERSITY

Asian American Optometric Society
aaosociety.org

Black Eyecare Perspective
blackeyecareperspective.com

Latinos En Optometry
latinosenoptometry.org

National Optometric Association
nationaloptometricassociation.com

DIVERSITY RISING

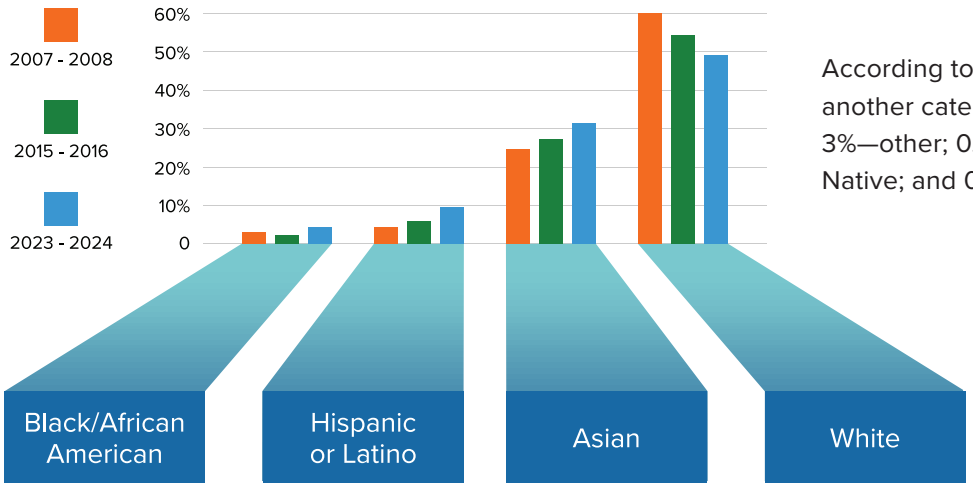
The composition of today's optometry schools indicates where the workforce demographics are gradually headed.

In its annual student data reports, the Association of Schools and Colleges of Optometry details enrollment figures by race and ethnicity.

Total enrollment in optometry schools has grown from 5,556 in the 2007-2008 academic year to 7,220 in the 2023-2024 year. While there were more white students in optometry school in 2023 than in 2007 (3,499 compared to 3,349), the percentage has dropped from 60.3% to 48.5% in that time. Most minority groups saw enrollment increase, with Asian students accounting for 1,380 students in 2007-2008 and 2,260 in 2023-2024. Hispanic enrollment has increased from 255 students in 2007-2008 to 636 in 2023-2024, and Black students accounted for 172 enrollees 2007-2008 and 312 in 2023-2024.

Even so, many racial or ethnic groups are under-represented in optometry schools as students or professors and in the workforce. For example, people of Hispanic ethnicity comprise 19.5% of the U.S. population according to the U.S. Census Bureau but are less than nine percent of optometry school students. Black students accounted for 4.3% of optometry school enrollees in 2023-2024, while Census Bureau data shows Black Americans comprise 13.7% of the U.S. population. Many organizations and schools are working to increase diversity and representation in the workforce.

RACE/ETHNICITY OF FULL-TIME OD STUDENTS



According to ASCO data, 6.5% reported another category: 3.4%—two or more races; 3%—other; 0.6% American Indian or Alaska Native; and 0.1% Native Hawaiian or AAPI.

Source: ASCO Annual Student Data Report, May 2024

FUTURE-READY?

ARE THERE ENOUGH OPTOMETRISTS TO MEET PATIENT DEMAND?

The narrative that optometry is an oversaturated profession is a persistent one. Many optometrists voice concerns that the workforce has become overcrowded, and the conversation intensifies every time that a plan for a new optometry school is announced. However, a starkly different story emerges when industry data expert **Richard Edlow, OD**, widely known as the Eyeconomist, takes a closer look at the data. "Far from being overpopulated, optometry faces a looming shortage—a challenge that could evolve into a full-blown public health crisis, particularly in rural areas and in meeting the needs of an aging population," he says.

AGING POPULATION AND A GROWING DEMAND

The aging of America is no longer a future prediction but a statistical reality. Baby boomers, now all at least in their 60s, comprise 21% of the U.S. population. As a result, the demand for age-related eye care is increasing rapidly, with a tenfold growth in demand outpacing the supply of ophthalmologists and optometrists. Compounding this issue, the ophthalmologist workforce is largely static, says Dr. Edlow. He finds an annual net growth of only 0.4% due to minimal additions from residency programs and steady retirement rates. In 2024, for instance, 498 new ophthalmologists entered the workforce. With retirements, there was an estimated net increase of just 67 ophthalmologists nationwide, he says.

> **Far from being overpopulated, optometry faces a looming shortage—a challenge that could evolve into a full-blown public health crisis, particularly in rural areas and in meeting the needs of an aging population.**
>
> *— Dr. Richard Edlow*

Meanwhile, the current optometric workforce is just under 49,000 ODs, according to Dr. Edlow. He updates his numbers annually based on graduations and anticipated retirements. For example, optometry adds about 1,770 new graduates annually. After accounting for attrition, the profession sees a net gain of approximately 552 practitioners each year, growing the workforce by 1.3% annually in terms of headcount and 1% in full-time equivalent (FTE) positions. These gains are barely enough to keep pace with rising demand, he says.

Additionally, optometric schools face a 10% attrition rate, which he calls a “dilemma for optometry schools.” Roughly 1,906 students enter each year and about 1,702 graduate. This attrition represents a significant loss of potential workforce and underscores the importance of supporting students through to graduation.

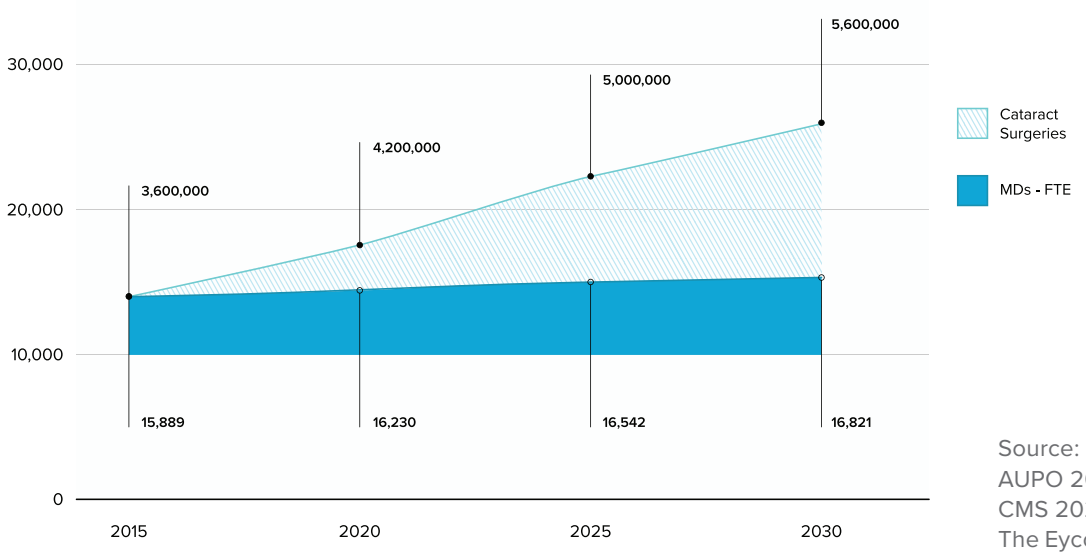
PUBLIC HEALTH CRISIS LOOMING?

The bottleneck created by the flat growth in ophthalmology and limited optometric workforce expansion is already evident. For nonsurgical care, patients often face waits of three to four months. This delay is especially critical as age-related eye conditions like cataracts, macular degeneration and glaucoma rise in prevalence. While cataract surgeries—an ophthalmologic priority—are generally scheduled promptly, other essential eye care services face significant backlogs.

“We are already in the midst of a supply crisis,” Dr. Edlow says. “The demand for age-related eye care that’s not being met presents an opportunity for state legislators and the health care system to mitigate a growing public health challenge. Optometry is uniquely positioned to fill this gap with its ability to provide nonsurgical eye care and free up ophthalmologists for surgical procedures.”

Optometrists are increasingly recognized as the key to addressing these challenges. By taking on noninvasive and routine eye care, optometrists can alleviate the burden on ophthalmologists. This shift is vital as the increasing demand for cataract surgery alone will require

CATARACT SURGERY VOLUME (2015 — 2030)



Source: AUPO 2024, CMS 2022, The Eyconomist

The anticipated increase in cataract surgery volume, especially positioned against projected flat growth of ophthalmologists, shows the need for optometry to fill in gaps in eye care.

an additional 3,500 surgeons from 2020 to 2030, says Dr. Edlow. However, a net of fewer than 600 will enter the workforce. "Cataract surgeons will need to spend more time in surgery and significantly less time providing office-based care. Developments in robotics and artificial intelligence may help mitigate some of the shortfall, but one would assume help is years away."

The data also shows room for optometry to expand its Medicare billing footprint. Currently, only 66% of optometrists bill Medicare, Dr. Edlow's analysis finds. This leaves a significant percentage of the profession underutilized in the Medicare system, which could help address unmet needs in elderly care.

LOOKING AHEAD

Projections for the optometric workforce in 2027 estimate 50,345 practitioners at the beginning of the year, increasing to 51,055 by year's end after accounting for attrition and new graduates. However, the average retirement age for optometrists and ophthalmologists remains around 66 to 67, signaling ongoing workforce attrition that will need to be offset by new entrants.

Whether ODs are retiring at this rate is not entirely clear. Since optometry is a flexible profession, some ODs are continuing to work in some capacity well beyond age 67. A Women In Optometry (WO) analysis of HealthGrades data gathered in October 2024 indicates an upcoming wave of retirements, which will shift the gender balance in the profession considerably. Among ODs age 60 and younger, 11,929 were female and 9,598 were male. However, for ODs 61 and older, 3,283 were female and 14,364 were male. Not all ODs reported an age.

Dr. Edlow's research underscores the stability of optometry's growth but highlights the profession's role as a critical player in addressing a health care crisis. As demand continues to grow exponentially, optometry must step up to fill the void left by an overstretched and static ophthalmology workforce.

In the end, the narrative of oversaturation gives way to a reality of opportunity: a profession poised to lead the way in meeting America's burgeoning eye care needs.

AN AGING AMERICA

In 2022, 31.9 million women and 25.9 million men were 65+

*This represented 17.3% of the U.S. population. This age group is expected to grow to **22% of the population by 2040**.*

Source: U.S. Department of Health and Human Service

EXPANDING ACCESS, REDEFINING CAREERS

TELEOPTOMETRY'S IMPACT ON OPTOMETRISTS

Teleoptometry is redefining how optometrists practice, creating new career pathways and extending access to care. **Alex D. Louw**, chief operating officer of DigitalOptometrics, describes it as a "force multiplier," enabling optometrists to connect with patients nationwide, around the clock. "We're expanding access to care," Louw says. "The old notion of one doctor in a practice seeing only people who walk through their door is not sufficient to meet the needs of communities."


ALEX D. LOUW

The teleoptometry model leverages remote technicians and advanced technology to deliver efficient comprehensive patient care. In the DigitalOptometrics model, local technicians run the tests in the office and then remote technicians perform a preliminary subjective refraction. Doctors join synchronously to review results with the patient and complete their exam, with the local technician on hand if a test needs to be repeated or the doctor wants a particular view. The optometrist can remotely control the phoropter to refine the initial subjective refraction and issue a final prescription. "Doctors can see patients all day long without being tied to one physical location," Louw explains, emphasizing the model's flexibility.

Mike Rothschild, OD, piloted a teleoptometry-only practice with 2020NOW in rural Georgia just before the start of the COVID-19 pandemic. He notes how the pandemic boosted acceptance of remote care. "Prepandemic, teleoptometry was controversial," Dr. Rothschild says. "But during the pandemic, acceptance rates went up, and there's now a higher level of comfort with it." The remote practice he started shifted back to a more traditional model in 2021. Even so, he says that the interest in telemedicine, which surged during the pandemic, is likely to continue a gradual and steady climb.

WORKFORCE IMPACT

While there are logistical and economic issues, teleoptometry is on track to change the way some patients access care and some doctors provide it. "There are job openings for approximately 6,000 optometrists today in the U.S.," says Louw, "and it's estimated to increase to 8,000 by 2030. Filling these positions conventionally seems challenging with about 1,700 graduates a year coming into the workforce."

That's where the concept of the "force multiplier" comes into play. Louw says that optometrists who work for DigitalOptometrics can select the hours that suit them. "We have full-time employed ODs for whom this is their primary work and hybrid, hourly ODs who supplement their in-office hours with a few days a week or certain hours of the day." Doctors can also work with the company's technology to care for just their own patients in their own practice for extra hours or while they're away.

DigitalOptometrics encourages ODs who want to work remotely full time to carry at least five state licenses. That provides them with a deep enough pool of potential patients to keep them moving from one patient to the next smoothly.


DR. MIKE ROTHSCHILD

For these doctors, it's an efficient system. "The no-show rate in our industry is a horrible number," he says. "There are practices that get to 50% no-shows, and it's not uncommon for a location to run 30% to 35% no-shows." With this model, it is unlikely that doctors need to wait long to see their next patient. When they complete their exam, they hand the patients back to the local technician. If the patients need to be

seen in person, they can either be referred to the list of specialists and emergency providers that the contracting practice has preloaded into the system. Or if it's not urgent and there's a doctor in the location, the patient can come back in for another appointment. The doctor providing the remote care then turns back to their computer and selects the next patient in the queue.

DigitalOptometrics recently passed the benchmark of 2.5 million patient exams completed since its launch in 2018. Louw expects that number to increase to 3.5 million in the course of 2025.

MOST EXAMS ARE STILL IN PERSON WITH DOCTOR

In 2024, DigitalOptometrics passed the milestone of 2.5 million teleoptometry exams completed.

In 2Q 2024 alone, The Vision Council reported that 31.5 million patients received a comprehensive eye exam.

LICENSING LOGISTICS

Companies building the teleoptometry network have built an infrastructure to help doctors apply for and maintain multiple licensures. While there are optometrists who hold licenses in multiple states, most do not hold more than one or two current state licenses, says Dr. Rothschild. He highlights the potential of interstate compacts, such as the Interstate Medical Licensure Compact used in medicine, that could streamline the process. "Optometry hasn't adopted interstate compacts yet, but it's an interesting idea that could benefit military families and expand opportunities for remote care," he says.

For optometrists willing to embrace teleoptometry, the model offers flexibility and career growth. "We've had doctors move their families to Spain or work remotely from a vacation spot, " Louw shares. "With multiple state licenses, optometrists can serve patients nationwide, offering unparalleled freedom and job security."

But that's true only if the patients are there. Dr. Rothschild found when he was piloting his teleoptometry-only practice that in rural Georgia, the patient volume just wasn't high enough to make remote care feasible for his one location. "For urban centers with high patient volume, remote care may be feasible," he explains.

And it can help fill critical gaps, especially in underserved and rural areas or for practices where the owner has been unable to hire another OD. Offices can remain operational during a doctor's absence, whether due to illness, parental leave or other reasons. "This model ensures patients always have access to care, even when a doctor can't be physically present," Louw says.

The American Optometric Association (AOA) approved a position statement on telemedicine in optometry in 2022. An updated policy is expected in the summer of 2025. The AOA says, "We are constantly evaluating new products entering the market, especially those seeking to use AI for patient care. AOA's Quality Improvement and Data committee engages with new market entrants relying on AI, and we are currently evaluating and updating our Telemedicine in Optometry statement in response to our open comment period on the statement that closed in November 2024."

AOA'S TELEOPTOMETRY STATEMENT

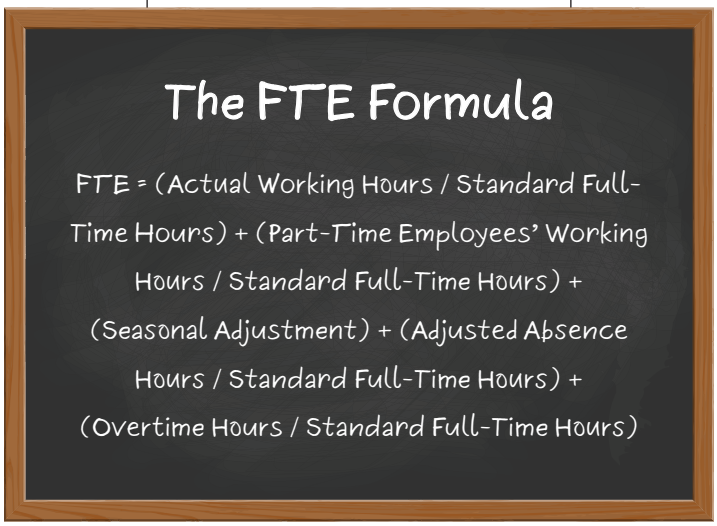
The 2022 policy says: The AOA supports the appropriate use of telemedicine in optometry to access high-value, high-quality eye, health and vision care. Telemedicine in optometry can serve to expand patient access to care, improve coordination of care, and enhance communication among all health care practitioners involved in the care of a patient. The AOA supports coverage of and fair and equitable reimbursement for telemedicine in optometry. The AOA also affirms that efforts are needed to ensure health equity in telehealth. All individuals should have the opportunity to receive the standard of eye health and vision care regardless of location, socio-economic status, or any other Social Determinants of Health.

The report further details some of the criteria that would help define high quality in telemedicine in optometry, including training and protocols, the use of direct-to-patient technology and protecting the doctor/patient relationship. The report also addresses administrative and legal considerations.

aoa.org/AOA/Documents/Advocacy/position%20statements/AOA_Policy_Telehealth.pdf

THE FULL-TIME EQUIVALENT

SHIFTING WORKFORCE DYNAMICS



Source: Time Analytics Software

"While past generations of optometrists and ophthalmologists routinely worked 60 to 70 hours per week, today's doctors are prioritizing work-life balance, typically logging 36 to 40 hours weekly," says **Richard Edlow, OD.** There's no judgment in that statement; it's a reflection that the shift in hours significantly impacts the labor supply.

This shift furthermore complicates the calculations of full-time equivalent or FTE optometrists and workforce capacity. FTE is a standardized measurement to quantify workforce capacity by combining part-time and full-time into a uniform metric. This measurement creates benchmarks for productivity and capacity. Internally, this metric can be used to ensure proportional workforce costs and estimate future workforce needs.

For example, a practice owner who wants two employees on site from 10 a.m. to 6 p.m. five days a week, plus three hours on Saturdays has the need to cover 86 hours plus three. The most simple formula would be that the doctor needs 2.15 FTEs. Yet FTE calculations can oversimplify the equation, ignoring qualitative factors like experience, specialty areas and complexity of patient care.

DEFINITIONS

A full-time equivalent or FTE is valued at 2,080 hours a year (8 hours a day x 5 days a week x 52 weeks). Others may calculate it differently. For example, if a company's full-time employees work 40 hours or 37.5 hours or 35 hours a week, then that number is the measure of the FTE. In the 40 hour per week scenario, if one full-time person works 40 hours and two part-time employees work 20 hours each, that's generally seen as two FTEs.

To complicate the matter just a bit more, the Affordable Care Act defines 30 hours a week or 130 hours a month as an FTE. In health care, FTEs are often calculated by the number of hours that person is providing direct clinical care. Nonclinical contributions are excluded. So the OD who works three days in the practice and two days on the practice would be considered as a 0.6 FTE.

Finally, FTE calculations may become a less relevant measure of operational capacity as artificial intelligence and other technologies that support automation, efficiency or remote optometry grow in acceptance.

CHALLENGE: *COUNTING REMOTE DOCTORS*

How will telemedicine impact how optometrists are counted in the future? For example, a doctor living in one state and licensed there as well as in four other states is, of course, still only one doctor, but he or she is caring for patients hundreds or even thousands of miles away.

Is there a system refined enough to be able to calculate that the doctor is 0.4 FTE in one state, 0.2 FTE in two other states and 0.1 FTE in two additional states? Or would that person, holding five active licenses, be counted as a current provider in five states?

NAVIGATING YOUR IDENTITY

CAREER CHOICES AND OPTIONS

SEEING THE PREVIOUSLY UNSEEN

DR. NOELLE TCHANG

Noelle Tchang, OD, walks over to her standing desk in her home office, which is thoughtfully arranged to ensure patient privacy, faces the windows looking out at the Arizona landscape and logs onto her computer to join her first video conference call of the day.

Dr. Tchang, a graduate from Southern College of Optometry with a background in public health says, “During the pandemic, we were exposed to telehealth, and I realized what an excellent modality of care it is to help more patients and expand access.” In 2021, Dr. Tchang joined 20/20NOW Eye Exams, PC, a teleoptometry and technology company. Bilingual in Spanish and English, Dr. Tchang started with the company by providing direct patient care to patients across the country. She says she kept volunteering as new opportunities arose, and today, Dr. Tchang is the company's senior director of professional services.

MISCONCEPTIONS

She explains that telehealth in optometry often faces misconceptions. “Some people think it’s just a patient on the phone at home,” she says. “But that’s not our model. We perform comprehensive vision evaluations with a remote doctor.” Patients visit a physical location where they undergo standard pretests and imaging. Depending on state regulations, a certified technician may gather preliminary refractive data for the doctor. From there, the patient’s synchronous two-way audio and video telehealth consult with the doctor begins.

Dr. Tchang outlines the importance of staying patient-focused in this modality. “There are tele-eligibility gates,” she says. “The first gate is during intake, ensuring patients meet telehealth requirements, such as no new onset of double vision or recent eye injury, for example. Secondly, if we cannot obtain the necessary images or tests to properly evaluate the patient’s ocular health, then they’re not a good candidate for telehealth. The final gate is the doctor; their clinical judgment and expertise must always be respected and honored. Sometimes, patients disclose something during the exam with the doctor that requires further care. We’ll refer them to an in-person provider if needed or provide some bridge service."

Dr. Tchang’s home office is designed for efficiency, equipped with a laptop, two additional monitors and proprietary software that cues up patient charts. An AI-driven algorithm assigns patients based on factors like licensure, wait times and vision insurance. “It’s all about keeping the process smooth and efficient,” she says. “The goal is to free up doctors’ time so they can focus on providing quality eye care services.”

INCREASING ACCESS

As a public health advocate, Dr. Tchang says that this is where teleoptometry’s promise shines. “The number of eye care professionals is not keeping up with patient needs. Many patients haven’t had access to a provider in years, and telehealth often identifies issues that require referral to local providers.”

She highlights telehealth’s ability to fill gaps in care, especially in underserved or slower locations where staffing can be a challenge. Hybrid opportunities are also emerging, allowing doctors to split their time between telehealth and in-person care.

“Telehealth isn’t replacing in-person care,” she says. “It’s creating opportunities to reach patients who might otherwise go unseen.”

DR. KAREN SLATE

OD DISCOVERS THE RICHNESS OF A CAREER IN NONPROFIT SECTOR

Karen Slate, OD, found her calling in the nonprofit world, a path she hadn't considered in her early career. For 12 years, she thrived in a medically oriented private practice. But the pandemic prompted a re-evaluation of her goals. "I loved my work, but my mission was to help the most people," she says. "I felt like I was missing that."

Leaving her practice was agonizing, but Dr. Slate knew she needed to dive fully into her mission. Her first step was senior care. She now spends three days a week at a Delaware nonprofit offering vision, dental and hearing services to low-income seniors. "I immediately fell in love with the nonprofit model," she says.

She also joined Vision to Learn, traveling to schools across Delaware in a van outfitted for exams. "We see kids from K-12 and provide glasses or referrals," she says.

Additionally, she conducts disability exams for veterans. "These patients are medically complex. I spend more time with them, and I feel like I'm truly making a difference." Dr. Slate says this work has transformed her. "I didn't know this kind of career existed, but I'm so grateful I found it."

DR. JANELLE DAVISON

A "REGULAR" PRACTICE AND A "SPECIALTY" PRACTICE

Janelle Davison, OD, faced a challenge. At Brilliant Eyes Vision Center in Smyrna, Georgia, her growing dry eye services were complicating workflows and creating confusion for patients and staff. "Patients coming for refractive care didn't understand why they were seeing me for medical services, and referrals blurred lines with my primary care practice," she explains.

To simplify operations and protect relationships with referring ODs, Dr. Davison made a bold move. In 2024, she opened the Visionary Dry Eye Institute of Georgia, a standalone center in Marietta, exclusively dedicated to dry eye treatment.

Located in a medical complex, the institute underscores its role as a specialty care provider. Patients are referred through a formal process, even those from Brilliant Eyes. "We use a referral pad and fax every referral, ensuring clarity for patients and consistency for staff," she says.

The center offers advanced treatments like intense pulsed light, radio frequency and punctal plugs in a spa-like environment featuring dark

gray walls, mustard-yellow accents and vibrant artwork. Patients appreciate the calming atmosphere and amenities like a hydration station.

With no eyeglasses on display, the institute reinforces its sole focus: managing dry eye disease. Meanwhile, Brilliant Eyes continues thriving with an associate OD, dedicated to refractive and routine care. “It’s a move that has streamlined care for patients and strengthened my referral network,” Dr. Davison says.

SAYING YES OPENS DOORS

When **Jessilin Quint, OD, MS, MBA, FAAO**, was completing her residency in ocular disease and primary care, a mentor gave her a simple piece of advice: Be open to new opportunities. For nearly 10 years, she’s followed that advice. “I just keep raising my hand and saying yes,” she says. That mindset has helped her cultivate a collaborative "say yes" environment at Smart Eye Care that has led the team to open new locations and add new team members in this rural Maine practice.

Even before she went to optometry school at Indiana University, she had earned her MS and MBA in health care management. But she hasn’t stopped learning. She’s received her Fellowship and Clinical Investigator Certification through the American Academy of Optometry, and she’s a Diplomate with the American Board of Optometry. She’s currently president of the Maine Optometric Association and a member of the Intrepid Eye Society.

Her willingness to at least be open to “yes” extends to her embrace of technology as well. “Technology is an incredible differentiator,” Dr. Quint says. “Our responsibility as providers is to stay open to these advances and integrate them thoughtfully into our practices. Patients deserve the best care, and technology helps us deliver that.”

She adds that patients are open to technological advances. “Think of a smartphone. The technology there makes our lives easier in ways that we had not even imagined. Tech advances in eye care can do the same for doctors and patients,” she says. “As a doctor, I feel it is my responsibility to be open to these advances. I am not going to adopt every technology advancement, but I will talk with representatives and colleagues and read journal articles to see if it’s a good fit.”

DR. JESSILIN QUINT

THE RESIDENCY CALCULATION

OPTIONS AND EXPERIENCE

DR. LARISSA KRENK

Many students face a difficult decision during their final year of optometry school. Do they jump straight into the job market, or do they forgo higher earnings for one year to parlay that into potential higher earnings and greater experience through a residency?

OPENING DOORS

Mary Marte, OD, FAAO, who completed an ocular disease residency at the Indiana University School of Optometry, says her residency prepared her for her role as a staff optometrist in the VA system, where she also precepts students and residents.

"Having residency experience allowed me to have an additional year of training, treating difficult conditions with the safety net and help of experienced experts," she explains. Dr. Marte also values the mentorship she gained during residency, noting that her preceptors continue to provide guidance in her career. "I still reach out to them with questions when needed."

DR. MARY MARTE

Residency opened additional opportunities for Dr. Marte, including research that led to publications and presentations. "I am so glad I chose to do a residency and will always be grateful for the confidence, knowledge, experience and opportunities residency training has given me—not to mention the lifelong friendships I made along the way."

> **I will always be grateful for the confidence, knowledge, experience and opportunities residency training has given me.**
>
> *— Dr. Mary Marte*

EXPERIENCE > TIME AND MONEY

Larissa Krenk, OD, FAAO, completed a residency in primary care at Indianapolis Eye Care Center at Indiana School of Optometry despite initial doubts. "My biggest concerns were ones that I think most students face: time and money," she says. "After being in school for four years, did I really want to do another year when I was already in debt?"

The long-term upside swayed her. "I'm so glad I decided to do a residency," she says. "Because of residency, I am able to follow more patient cases confidently instead of having to refer out. So don't worry about the time or the money—a year flies by and you're left with valuable knowledge and experience."

It also helped her network her honed skills to her new area optometrists. "I was new to the city. Thanks to my residency, I was able to meet other ODs, which helped with referrals and job opportunities. I was actually offered a job where I completed my residency." Dr. Krenk now works as a clinical assistant professor at Indiana University School of Optometry and an ocular disease residency supervisor at Indianapolis Eye Care Center.


DR. SHAILY SHETH

Dr. Krenk credits her residency supervisors for helping her learn the nuances of treatment and management. "I learned things that I don't feel I would have otherwise," she says. "There is a huge difference between textbook cases and real life. Sometimes, managing these cases is more of an art than a science. I highly recommend completing a residency, especially for those that wish to practice optometry at a high level."

WEIGHING THE FACTORS

Andreas Zacharopoulos, OD, FAAO, says that the biggest benefit to completing his residency in ocular disease at the Orlando VA Medical Center was a boost in confidence in managing complicated disease cases. The 2019 Nova Southeastern University graduate joined a private practice after graduation, but three years later, he moved to an OD/MD practice, where he has been putting his residency training to good use.

It may not be the option for all students, however. "If I was able to find a job at an OD/MD practice—where I knew I would be managing a lot of disease—straight out of optometry school, I might skip residency," he explains. "It would take a bit longer to increase my confidence and clinical knowledge, but I would get there."


DR. ANDREAS ZACHAROPOULOS

He adds that the decision often depends on personal circumstances. For example, someone with debt and a family may want to start earning a larger salary immediately. "It might make more sense in this scenario to jump in and learn as you go," Dr. Zacharopoulos says. "But if you're a young graduate with no children and maybe less debt, then a residency is more affordable and is an investment into your professional career."

Other opportunities on the horizon, such as a job offer or finding a practice to buy, might sway a student to the workforce, while the desire for a deeper dive into some aspect of practice or study could be a push for the residency.

That's what **Shaily Sheth, OD**, found. The 2023 graduate of New England College of Optometry says her residency in ocular disease at the W.G. (Bill) Hefner Salisbury VA provided essential experience with challenging pathology and patient cases that were only briefly covered in optometry school. "Residencies allow exploration in specialty or niche fields such as low vision and vision therapy," she adds.

Dr. Sheth emphasizes the importance of evaluating career goals when considering residency, especially for those interested in hospital-based or OD/MD practices. "These are cases where a residency could help a new grad optometrist feel more comfortable in treatment and management."

In 2023-24, there were 518 residency positions with stipends, with a median stipend of $45,000.

Source: Association of Schools and Colleges of Optometry

OPTOMETRY'S MONEY MATTERS

DEBT AND INCOME EQUATIONS

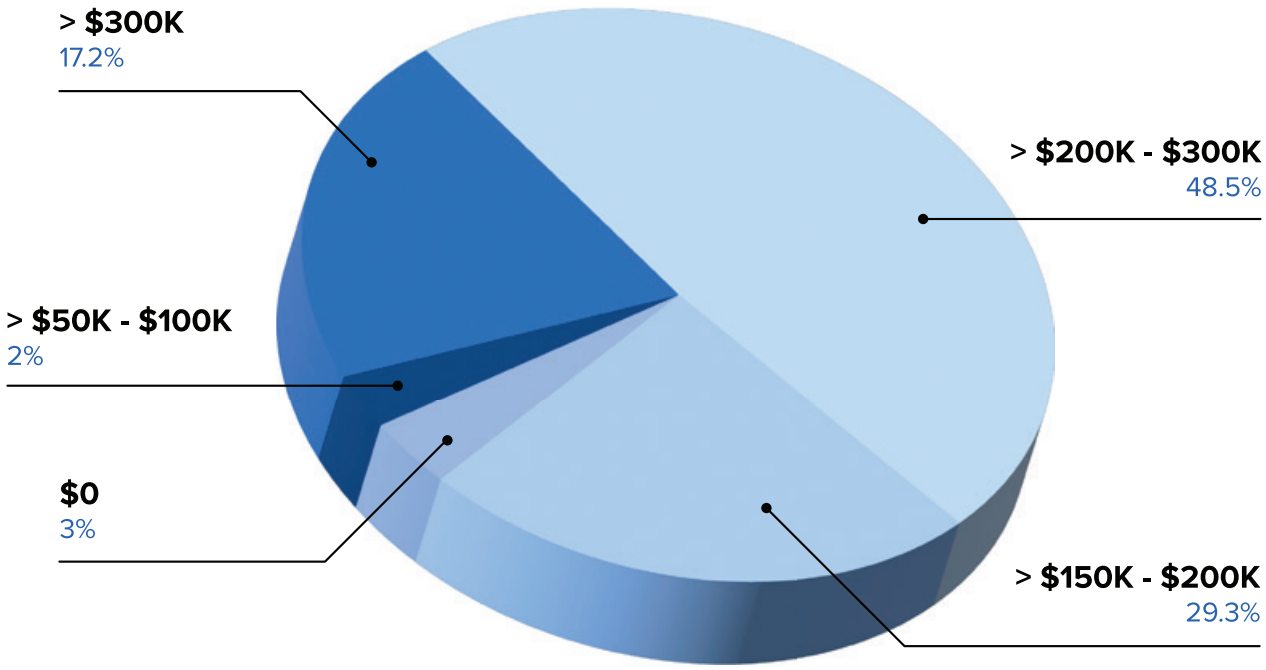
About one-in-three respondents to a 2024 Women In Optometry Pop-up Poll said that they were carrying at least $200,000 in student loan debt. Fourteen percent said their debt load topped $300,000. Most had a plan for tackling that debt, but nearly one-in-four said that even meeting the monthly payments was stressful to them. Nearly 30% said that minimum monthly payments were all they could afford, and the length of time that they expected to carry debt felt overwhelming to some. One young OD wrote, "I shall die before the last payment."

These numbers align with other polls and surveys. An ODs on Finance 2023 Optometry Income Report of around 2,000 doctors showed an average student loan debt of around $230,000, with about eight percent of doctors having a debt burden exceeding $300,000. The American Schools and Colleges of Optometry notes that the average graduate school debt alone was $191,794 in 2023. That's nearly double the average $100,000 graduate school debt reported among 2002 graduates.

A WO poll from 2023 showed that among younger grads, the debt load was even larger. In fact, up to six years later, more than half were still carrying loan balances of more than $200,000. While student loan repayments and interest were paused during the COVID-19 pandemic, about 42% of respondents said that they used that time to pay down their student loan balances. However, 27% said they used that time to pay down other debts, and 15% said they applied an "out of sight, out of mind" mindset to debt repayment.

The cost of an optometric education has also seen about a 50% increase over the past 17 years, according to ASCO data. In the 2007-2008 academic year, the average expense for tuition, fees, books and instruments was $21,168 for in-state residents at public schools. The nonresident rate was $34,935 annually.

2017 AND LATER OD SCHOOL GRADS: DEBT AT GRADUATION



Source: WO and ROB Pop-up Poll, Summer 2023

2023 AVERAGE INCOME

	ALL	MALE	FEMALE
AVERAGE INCOME	**$169,687**	**$189,291**	**$153,233**

Source: Jobson Optical Research, 2024

By 2023-2024, the average annual in-state expenses were $36,381 for residents and $51,956 for out-of-state residents. At private schools, average annual expenses rose from about $27,343 in 2007-2008 to $47,717 in 2023-2024.

WAGE GROWTH

At the same time that the cost of optometry school is rising, along with inflationary pressures and small increases in many reimbursements for covered services, some optometrists say the economic opportunities are more limited.

Comparing salaries–as ODs can be owners or partners, employees, leaseholders or independent contractors–can be a little tricky. The most recent Bureau of Labor Statistics reports the average optometrist salary is $131,860. And an Eyes on Eyecare mean salary calculation for ODs in 2024 was $140,500. In 2000, the average salary was $86,875.

Despite a 60+% increase, other costs have risen more quickly. Consider that the median home price was $136,000 in 2000, and by 2022, it was $370,600, according to Consumer Affairs. That's a 2.7 times increase. Rents, too, more than tripled, with the median rent then being $600, and now it's $2,000.

For some ODs, that means a second job. In a 2024 Income Study conducted by Jobson Optical Research, more than twice as many male ODs (36%) than female ODs (16%) reported earning income from a second job. Among the male respondents, half said they earned additional income in optometry-related work and half said that their secondary income was through unrelated work.

INCOME PARITY

Despite gains in leadership and representation, study after study shows women ODs–and female physicians–earning less than their male counterpart. According to the 2024 Jobson Optical Research survey, female ODs reported their income on average as more than $30,000 lower than the male OD average.

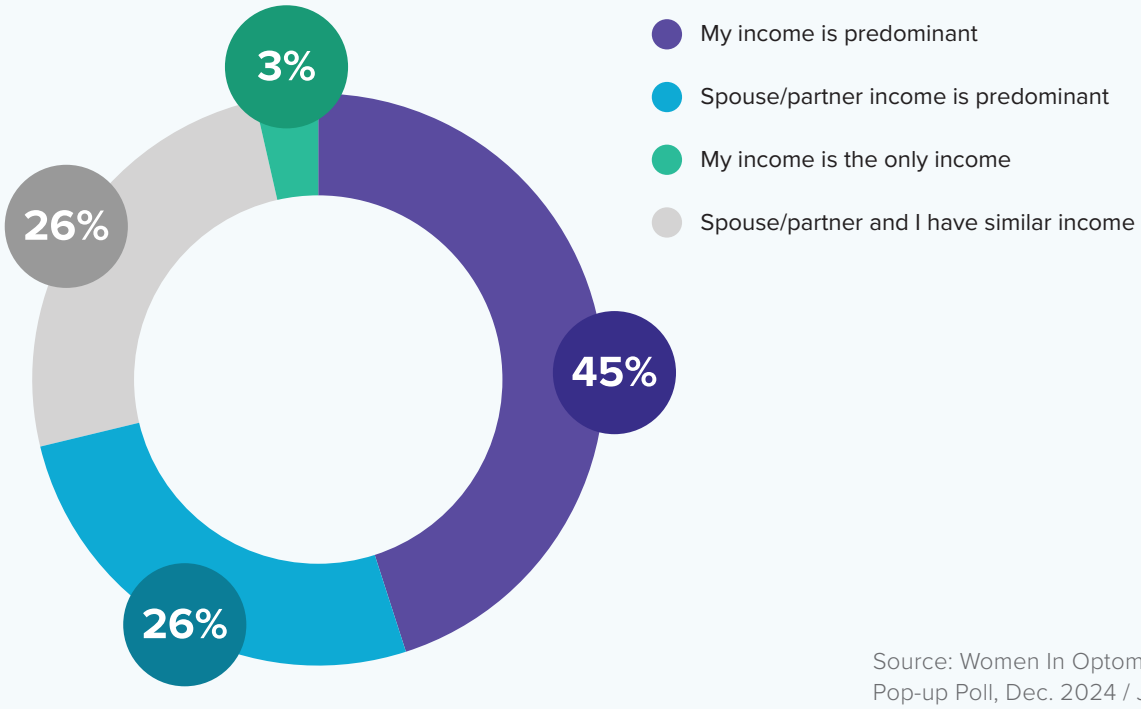
While women ODs on the whole tend to be younger than male ODs, even when looking at incomes by years of experience, women underperformed men financially in every five- and 10-year category of experience.

Overall, women reported that they worked 38.5 hours on average per week, while men reported working 41.7 hours on average per week.

Women traditionally take more time off than men for raising children, and some say they fight the stigma that they are somehow less serious or committed to their work as a result. However, a December 2024 WO Pop-up Poll found that 48% of the women ODs who answered questions about household earnings say that they are the predominant or only source of household income. All of the male ODs who responded said that they were the primary breadwinner in their households.

Who is the Primary Breadwinner?

Female OD Responses



Source: Women In Optometry
Pop-up Poll, Dec. 2024 / Jan. 2025

According to a new report, *Career Considerations for Optometry*, conducted in 2024 by Jobson Research in conjunction with Latinos en Optometry and Transitions Optical Limited, most ODs feel financial security in their role. Slightly more men, 72%, agree with this statement than women, 68%.

And while overall, 43% of ODs said that they are highly satisfied with their earnings, the gender differences are startling. While 53% of men reported being highly satisfied with their compensation, only 35% of women said they were highly satisfied.

For some, the weight of their financial obligations has led to delayed life milestones, such as purchasing homes or starting families, further amplifying the stress. Wage growth, though steady, has not kept pace with inflation or the rising costs of living, including housing and childcare. The disparity in earnings between male and female ODs adds another layer of complexity and could erode some women's satisfaction with career paths.

Despite these challenges, there are large pockets of optimism. The future of optometry will depend on its ability to attract and retain a diverse group of talented individuals. Achieving this will require a concerted effort to reduce barriers to entry, support early-career ODs with financial guidance and ensure equitable opportunities for growth and advancement. As the field continues to evolve, tackling these financial dilemmas head-on will be critical to sustaining the profession's vitality and ensuring its practitioners can thrive both personally and professionally.

CHANGE: EMPLOYMENT V. OWNERSHIP

Currently, male optometrists account for 58% of owners of optometric practices, while women account for 42%, according to the American Optometric Association. Women also make up about 47% of new practice owners, so those numbers will continue to shift.

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