



July 13, 2018
Board Room 3
9:00 a.m.

Call to Order – Steven A. Linas, O.D., Board President

- Welcome
- Emergency Egress Procedures

Ordering of Agenda – Dr. Linas

Introductions

Public Comment – Dr. Linas

The Board will receive all public comment related to agenda items at this time. The Board will not receive comment on any regulatory process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Approval of Minutes – Dr. Linas

Pages 3-9

- March 2, 2018, Full Board Meeting
- April 3, 2018, Telephone Conference Call

Director’s Report – Dr. Brown

Legislative/Regulatory Update – Elaine Yeatts

Pages 10-18

- Update on regulatory actions
 - Inactive licenses
 - Periodic review
 - Prescribing of opioids
- Discussion on acceptable written evidence referenced in 2018 Legislation (SB511)
 - Policy Decision
 - Consideration of regulatory action
- Board review of continuing education providers

Discussion Items

Pages 19-57

- Healthcare Workforce Data Survey – **Elizabeth Carter**
- Update on continuing education audit – **Leslie Knachel**
- Guidance document review – **Leslie Knachel**
 - 105-10 End of a contact lens fitting
 - 105-11 Disposition of cases involving practicing with an expired license
 - 105-13 Guidance on performing free eye screenings
 - 105-17 Guidelines on use of O.D. or Optometrist in advertising
 - 105-26 Board motion on delegation of informal fact-finding to an agency subordinate
 - 105-28 Instruction manual on use of sanction reference points

Report 2018 Association of Regulatory Boards of Optometry Annual Meeting – Dr. Clayton-Jeter

Board Counsel Report – Charis Mitchell

President’s Report – Dr. Linas

Board of Health Professions Report – Dr. Clayton-Jeter

Staff Reports – Leslie Knachel

Page 58-59

- Executive Director’s Report
- Discipline Report

New Business – Dr. Linas

Next Meeting – November 2, 2018

Meeting Adjournment – Dr. Linas

This information is in **DRAFT** form and is subject to change.

**BOARD OF OPTOMETRY
FULL BOARD MEETING
MARCH 2, 2018**

TIME AND PLACE: The Board of Optometry (Board) meeting was called to order at 9:00 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 3, Henrico, Virginia 23233.

PRESIDING OFFICER: Steven A. Linas, O.D., Chair

MEMBERS PRESENT: Devon Cabot, Citizen Member
Helene Clayton-Jeter, O.D.
Fred E. Goldberg, O.D.
Clifford A. Roffis, O.D.
Lisa Wallace-Davis, O.D.

MEMBERS NOT PRESENT: All members were present.

STAFF PRESENT: David E. Brown, D.C., Director
Barbara Allison-Bryan, M.D., Chief Deputy Director
Lisa R. Hahn, MPA, Chief Operating Officer
Leslie L. Knachel, Executive Director
Charis Mitchell, Assistant Attorney General, Board Counsel
Amanda E. M. Blount, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst
Carol Stamey, Operations Manager
Diane Powers, Director of Communications

OTHERS PRESENT: Bruce Keeney, Virginia Optometric Association
Mark Hickman, Commonwealth Strategy Group/VA Society of Eye Physicians and Surgeons

QUORUM: With six members of the Board present, a quorum was established.

ORDERING OF AGENDA No changes or additions were made to the agenda.

PUBLIC COMMENT: No public comment was presented.

APPROVAL OF MINUTES: Dr. Goldberg moved to approve the meeting minutes for the following meetings as presented:

DIRECTOR'S REPORT:

- August 15, 2017, Full Board Meeting;
- August 15, 2017, Formal Hearing;
- October 19, 2017, Formal Hearing;
- October 19, 2017; Special Session – Telephone Conference Call; and
- November 3, 2017, Board Meeting – Consideration of a Consent Order.

The motion was seconded and carried.

DIRECTOR'S REPORT: Dr. Brown reported on the following items:

- Recent gubernatorial appointments;
- Introduction of Dr. Allison-Bryan, Chief Deputy Director; and

- Announcement of Lisa Hahn as the new agency Chief Operating Officer.

Ms. Hahn reported on the agency's upcoming relocation of its business operations and customer service to the first floor of the building.

**LEGISLATIVE/REGULATORY
UPDATE:**

2018 Legislative Update

Ms. Yeatts presented an overview of the 2018 legislative session. Additionally, she presented a handout of SB 511, Optometry Scope of Practice, (§54.1-3221 and §54.1-3222 of the *Code of Virginia*) reflecting revised language. Ms. Yeatts further reported that the board would need to develop a certification form that provides written evidence of completion of a didactic and clinical training course in therapeutic pharmaceutical agents by injection for the treatment of chalazia.

2019 Legislative Proposals (review 2018 proposal)

Ms. Yeatts requested that the board consider resubmission of its 2018 legislative request to amend §54.1-3200 et seq. of the *Code of Virginia* during the 2019 legislative session.

Dr. Clayton-Jeter moved to resubmit the 2018 legislative request for amendment of §54.1-3200 et seq. to the 2019 legislative session.

The motion was seconded and carried.

Update on Proposed Regulations

Ms. Yeatts reported that the proposed regulations for periodic review were at the Secretary's Office for review.

Prescribing Opioids – Adopt proposed regulations (action item)

Ms. Yeatts reported that there were no public comments on the Notice of Intended Regulatory Action (NOIRA) related to replacement of the emergency regulations for prescribing opioids. She indicated that unless the Board had any recommended changes, the emergency regulations could be adopted as the proposed regulations.

Dr. Goldberg moved to adopt the emergency regulations on prescribing opioids as the proposed regulations.

The motion was seconded and carried.

Petitions for Rulemaking

- **Request for Inactive License (action item)**

Ms. Yeatts explained that the Petition for Rulemaking contained two requests: 1) add inactive licensure status and 2) activation of an inactive license at no cost for military personnel or a spouse of military personnel. She reported that the inactive renewal fees for the other boards are usually half the price of the active renewal fees. To reactive a license, the license would be required to pay the difference between the active and inactive fee and submission of continued competency.

Dr. Clayton-Jeter moved to amend the regulations to include an inactive licensure status and to deny the request for a no cost

reactivation fee for military personnel and spouses, as that is not the policy for any other board.

The motion was seconded and carried.

Ms. Yeatts noted the process for amending the regulations would begin with a NOIRA.

- **Request to Approve National Glaucoma Society as CE Provider (action item)**

Ms. Yeatts indicated that the petitioner was requesting that the National Glaucoma Society be added to the regulations as an approved sponsor of CE programs.

Dr. Goldberg moved to amend the regulations by fast track to include the provider as an approved CE sponsor. The motion was seconded.

The Board began discussion of the issued and went into closed session to consult and seek legal advice from board counsel.

CLOSED SESSION:

Ms. Cabot moved that the Board recess Open Session and convene in Closed Session pursuant to §2.2-3711(A)(8) of the Code of Virginia (Code) for consultation with and the provision of legal advice by the Assistant Attorney General in the matter of a Petition for Rulemaking. Additionally, it was moved that Ms. Knachel, Ms. Mitchell and Ms. Stamey attend the closed session because their presence in the closed meeting was deemed necessary and would aid the full board in its deliberations.

The motion was seconded and carried.

OPEN SESSION:

Ms. Cabot moved to certify that the Board heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.

The motion was seconded and carried.

Board actions:

A motion was on the floor to amend the regulations by fast track to add the sponsor as a CE provider to the list of approved CE sponsors.

The Board voted and the motion failed due to no yay votes.

Ms. Cabot moved to take no action on the petition at this time and a review the regulations related to the listed of approved CE

providers was warranted before any additions or subtractions are made to the list.

The motion was seconded and carried.

Revenue, Expenditures and Case Balance Analysis – Consideration of change of renewal date and/or renewal fee decrease (action item)
Ms. Yeatts reported to the Board that a biennial analysis of the Board's revenues and expenditures revealed the need for a fee reduction. She stated that the Board required a 50% fee reduction for 2018 and additionally that staff was simultaneously requesting a change to the renewal month.

Ms. Knachel explained that the current expiration date of December 31 is difficult because of state holiday schedules, mailing issues due to holiday mail, and staff resource issues.

The Board discussed the expiration date of March 31 for all future expiration dates.

Dr. Clayton-Jeter moved to approve a one-time fee reduction for the 2018 renewal expiration date and change the renewal date to March 31st beginning in 2020.

The motion was seconded and carried.

DISCUSSION ITEMS:

Update on continuing education audit

Ms. Knachel informed the Board that the CE audit letters would be going out shortly.

Presentation on New DHP Logo

Ms. Powers reported that a team made up of DHP employees, VCU design team and board members had been tasked with designing a new agency logo to increase and strengthen visibility. Ms. Powers presented the new agency logo for the Board's review and comment.

ARBO 2018 Annual Meeting – Denver, CO

Ms. Knachel reported that the ARBO annual meeting was scheduled for June 17-19, 2018, in Colorado and that four board members had requested to attend. Ms. Knachel also informed the Board that Natalie Unmussig would be handling all logistics for travel.

Ms. Knachel reported that ARBO had established a Founder's Scholarship in honor of John D. Robinson, O.D. of North Carolina. She requested board member nominations by March 9, 2018.

BOARD COUNSEL REPORT:

Ms. Mitchell noted that there was no report to present.

PRESIDENT'S REPORT:

Dr. Linas thanked the board members for their participation in board activities.

Dr. Linas reported on the activities of the OE Tracker meeting held January 2018, in Charlotte. Additionally, he requested that the topic of "OE Tracker" be added to the Board's next agenda.

**BOARD OF HEALTH
PROFESSION'S REPORT:**

Dr. Clayton-Jeter reported on the Board of Health Professions activities and board member appointments.

STAFF REPORTS:

Executive Director's Report – Ms. Knachel

Ms. Knachel referred the Board to the licensure statistics.

Discipline Report and Training – Ms. Blount

Ms. Blount provided an overview of the caseload statistics. Additionally, Ms. Blount informed the board that a training session on "Probable Cause" review and the disciplinary process would be conducted at the next board meeting.

NEW BUSINESS:

No new business was presented.

NEW MEETING:

The next scheduled full board meeting is July 13, 2018.

ADJOURNMENT:

The meeting adjourned at 11:50 a.m.

Steven A. Linas, O.D.
Chair

Leslie L. Knachel, M.P.H.
Executive Director

UNAPPROVED DRAFT
VIRGINIA BOARD OF OPTOMETRY
SPECIAL SESSION – TELEPHONE CONFERENCE CALL
MINUTES
APRIL 3, 2018

CALL TO ORDER: Pursuant to Virginia Code § 54.1-2408.1(A), a telephone conference call of the Virginia Board of Optometry was held on April 3, 2018, at 8:35 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 300, Henrico, VA 23233, to consider a possible summary suspension.

PRESIDING: Steven A. Linas, O.D., Chair

MEMBERS PRESENT: Helene Clayton-Jeter, O.D.
Clifford A. Roffis, O.D.
Lisa G. Wallace-Davis, O.D.

MEMBERS ABSENT: Devon B. Cabot
Fred E. Goldberg, O.D.

QUORUM: With four members present, a quorum was established.

STAFF PRESENT: Leslie L. Knachel, Executive Director
Amanda E. M. Blount, Deputy Executive Director
Terri H. Behr, Discipline/Compliance Specialist

OTHERS PRESENT: Cynthia E. Gaines, Adjudication Specialist, Administrative Proceedings Division
Charis A. Mitchell, Assistant Attorney General, Board Counsel
Wayne T. Halbleib, Senior Assistant Attorney General

POLL OF MEMBERS: The Board members were polled as to whether they were able to attend a regular meeting at the offices of the Board in a timely manner for the purpose of hearing evidence for a possible summary suspension. The majority of Board members stated that they would not have been able to attend.

Ace Foster Armani I, O.D.
License No.: 0618-001615
Case Nos. 183551 & 185376: Mr. Halbleib presented a summary of the evidence in these cases and responded to questions.

CLOSED SESSION:

Upon a properly seconded motion by Dr. Clayton-Jeter, the Board voted unanimously to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter regarding Case Nos. 183551 & 185376. Additionally, she moved that Ms. Mitchell, Ms. Knachel, and Ms. Blount attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Dr. Clayton-Jeter moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and unanimously passed.

DECISION:

Dr. Wallace-Davis moved that the Board summarily suspend Dr. Armani's license to practice optometry in the Commonwealth of Virginia and schedule him for a formal hearing. Following a second for the motion, a roll call vote was taken. The motion passed unanimously.

ADJOURNMENT:

With all business concluded, the Board adjourned at 9:05 a.m.

Steven A. Linas, O.D., Chair

Leslie L. Knachel, M.P.H.
Executive Director

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
(As of June 15, 2018)**

Board	Board of Optometry	
Chapter	Action / Stage Information	
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	<u>Inactive licenses</u> [Action 5006] NOIRA - At Governor's Office for 87 days
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	<u>Periodic review</u> [Action 4780] Proposed - At Governor's Office for 33 days
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	<u>Prescribing of opioids</u> [Action 4892] Proposed - At Secretary's Office for 45 days

2018 SESSION

CHAPTER 280

An Act to amend and reenact §§ 54.1-3200 and 54.1-3222 of the Code of Virginia, relating to optometry; scope of practice.

[S 511]

Approved March 9, 2018

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3200 and 54.1-3222 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-3200. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Board" means the Board of Optometry.

"Optometrist" means any person practicing the profession of optometry as defined in this chapter and the regulations of the Board.

"Practice of optometry" means the examination of the human eye to ascertain the presence of defects or abnormal conditions which may be corrected or relieved by the use of lenses, prisms or ocular exercises, visual training or orthoptics; the employment of any subjective or objective mechanism to determine the accommodative or refractive states of the human eye or range or power of vision of the human eye; the use of testing appliances for the purpose of the measurement of the powers of vision; the examination, diagnosis, and optometric treatment in accordance with this chapter, of conditions and visual or muscular anomalies of the human eye; the use of diagnostic pharmaceutical agents set forth in § 54.1-3221; and the prescribing or adapting of lenses, prisms or ocular exercises, visual training or orthoptics for the correction, relief, remediation or prevention of such conditions. An optometrist may treat certain diseases or abnormal conditions of the human eye and its adnexa with certain therapeutic pharmaceutical agents only as permitted under this chapter. *The practice of optometry also includes the evaluation, examination, diagnosis, and treatment of abnormal or diseased conditions of the human eye and its adnexa by the use of medically recognized and appropriate devices, procedures, or technologies. However, the practice of optometry does not include treatment through surgery, including laser surgery, other invasive modalities, or the use of injections, including venipuncture and intravenous injections, except as provided in § 54.1-3222 or for the treatment of emergency cases of anaphylactic shock with intramuscular epinephrine.*

"TPA-certified optometrist" means an optometrist who is licensed under this chapter and who has successfully completed the requirements for TPA certification established by the Board pursuant to Article 5 (§ 54.1-3222 et seq.). Such certification shall enable an optometrist to prescribe and administer Schedule II controlled substances consisting of hydrocodone in combination with acetaminophen and Schedules III through VI controlled substances and devices as set forth in the Drug Control Act (§ 54.1-3400 et seq.) to treat diseases, including abnormal conditions, of the human eye and its adnexa, as determined by the Board. Such certification shall not, however, permit treatment through surgery, including, but not limited to, laser surgery, other invasive modalities, or the use of injections, including venipuncture and intravenous injections, except as provided in § 54.1-3222 or for treatment of emergency cases of anaphylactic shock with intramuscular epinephrine.

The foregoing shall not restrict the authority of any optometrist licensed or certified under this chapter for the removal of superficial foreign bodies from the human eye and its adnexa or from delegating to personnel in his personal employ and supervised by him, such activities or functions as are nondiscretionary and do not require the exercise of professional judgment for their performance and which are usually or customarily delegated to such persons by optometrists, if such activities or functions are authorized by and performed for such optometrists and responsibility for such activities or functions is assumed by such optometrists.

§ 54.1-3222. TPA certification; certification for treatment of diseases or abnormal conditions with therapeutic pharmaceutical agents (TPAs).

A. The Board shall certify an optometrist to prescribe for and treat diseases or abnormal conditions of the human eye and its adnexa with therapeutic pharmaceutical agents (TPAs), if the optometrist files a written application, accompanied by the fee required by the Board and satisfactory proof that the applicant:

1. Is licensed by the Board as an optometrist and certified to administer diagnostic pharmaceutical agents pursuant to Article 4 (§ 54.1-3220 et seq.);
2. Has satisfactorily completed such didactic and clinical training programs for the treatment of diseases and abnormal conditions of the eye and its adnexa as are determined, after consultation with a school or college of optometry and a school of medicine, to be reasonable and necessary by the Board to ensure an appropriate standard of medical care for patients; and
3. Passes such examinations as are determined to be reasonable and necessary by the Board to ensure an appropriate standard of medical care for patients.

B. TPA certification shall enable an optometrist to prescribe and administer, within his scope of practice, Schedule II controlled substances consisting of hydrocodone in combination with acetaminophen and Schedules III through VI controlled substances and devices as set forth in the Drug Control Act (§ 54.1-3400 et seq.) to treat diseases and abnormal conditions of the human eye and its adnexa as determined by the Board, within the following conditions:

1. Treatment with oral therapeutic pharmaceutical agents shall be limited to (i) analgesics included on Schedule II controlled substances as defined in § 54.1-3448 of the Drug Control Act (§ 54.1-3400 et seq.) consisting of hydrocodone in combination with acetaminophen, and analgesics included on Schedules III through VI, as defined in §§ 54.1-3450 and 54.1-3455 of the Drug Control Act, which are appropriate to alleviate ocular pain and (ii) other Schedule VI controlled substances as defined in § 54.1-3455 of the Drug Control Act appropriate to treat diseases and abnormal conditions of the human eye and its adnexa.

2. Therapeutic pharmaceutical agents shall include topically applied Schedule VI drugs as defined in § 54.1-3455 of the Drug Control Act (§ 54.1-3400 et seq.).

3. *Administration of therapeutic pharmaceutical agents by injection shall be limited to the treatment of chalazia by means of injection of a steroid included in Schedule VI controlled substances as set forth in § 54.1-3455 of the Drug Control Act (§ 54.1-3400 et seq.). A TPA-certified optometrist shall provide written evidence to the Board that he has completed a didactic and clinical training course provided by an accredited school or college of optometry that includes training in administration of TPAs by injection prior to administering TPAs by injection pursuant to this subdivision.*

4. Treatment of angle closure glaucoma shall be limited to initiation of immediate emergency care.

4-5. Treatment of infantile or congenital glaucoma shall be prohibited.

5-6. Treatment through surgery or other invasive modalities shall not be permitted, except as provided in subdivision 3 or for treatment of emergency cases of anaphylactic shock with intramuscular epinephrine.

6-7. Entities permitted or licensed by the Board of Pharmacy to distribute or dispense drugs, including, but not limited to, wholesale distributors and pharmacists, shall be authorized to supply TPA-certified optometrists with those therapeutic pharmaceutical agents specified by the Board on the TPA-Formulary.

BOARD OF OPTOMETRY

INSTRUCTIONS

WRITTEN EVIDENCE FROM COLLEGE OR SCHOOL OF OPTOMETRY FOR ADMINISTRATION OF THERAPEUTIC PHARMACEUTICAL AGENTS BY INJECTION

BEFORE YOU PROCEED, READ THE FOLLOWING INFORMATION CAREFULLY:

- **Laws and Regulations:** The Virginia laws and regulations pertaining to the practice of optometry may be viewed at www.dhp.virginia.gov/Optometry/.
- **Law related to written evidence requirement:** The Code of Virginia is amended effective July 1, 2018, to require written evidence of a didactic and clinical training course that includes training in administration of TPAs by injection prior to administering TPAs by injection. The legislation may be reviewed at <https://lis.virginia.gov/cgi-bin/legp604.exe?181+ful+CHAP0280>.
- **Written evidence submission:** Written evidence may be submitted to the Board via mail, email or fax directly from the source. Written evidence must be adequate for the Board to determine that the TPA-certified optometrist has completed a didactic and clinical training course provided by an accredited school or college of optometry that includes training in administration of TPAs by injection. A sample attestation form is provided below that may be used, but is not required.
- **Fee:** There are no fees associated with submission of the required written evidence.
- **Board Communication:** The Board will notify the licensee via email when the written evidence has been received.

Board of Optometry Contact Information

Address: 9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Webpage: <http://www.dhp.virginia.gov/Optometry/>

Email: optbd@dhp.virginia.gov

Phone: (804) 367-4508

Fax: (804) 527-4471



9960 Mayland Drive, Suite 300
Henrico, Virginia 23233

Phone - (804) 367-4508
Fax - (804) 527-4491

www.dhp.virginia.gov/optometry/
Email - optbd@dhp.virginia.gov

**ATTESTATION FROM COLLEGE OR SCHOOL OF OPTOMETRY FOR
ADMINISTRATION OF THERAPEUTIC PHARMACEUTICAL AGENTS BY INJECTION**

Full Name (Please Print or Type)

Last	First	Middle Initial
Virginia License Number:		

WRITTEN EVIDENCE FROM COLLEGE OR SCHOOL OF OPTOMETRY

Pursuant to § 54.1-3222(B)(3) of the Code of Virginia, which states the following:

§ 54.1-3222. TPA certification; certification for treatment of diseases or abnormal conditions with therapeutic pharmaceutical agents (TPAs).

B. TPA certification shall enable an optometrist to prescribe and administer, within his scope of practice, Schedule II controlled substances consisting of hydrocodone in combination with acetaminophen and Schedules III through VI controlled substances and devices as set forth in the Drug Control Act (§ 54.1-3400 et seq.) to treat diseases and abnormal conditions of the human eye and its adnexa as determined by the Board, within the following conditions:

3. Administration of therapeutic pharmaceutical agents by injection shall be limited to the treatment of chalazia by means of injection of a steroid included in Schedule VI controlled substances as set forth in § 54.1-3455 of the Drug Control Act (§ 54.1-3400 et seq.). A TPA-certified optometrist shall provide written evidence to the Board that he has completed a didactic and clinical training course provided by an accredited school or college of optometry that includes training in administration of TPAs by injection prior to administering TPAs by injection pursuant to this subdivision.

I attest that _____, TPA-certified Optometrist, has completed a didactic and clinical training course provided by an accredited school or college of optometry that includes training in administration of therapeutic pharmaceutical agents by injection in order to qualify him/her pursuant to § 54.1-3222(B)(3) to treat chalazia by means of injection of a steroid.

Signature of Dean or Program Director or Faculty Member

Print Name

Agenda Item: Board review of continuing education providers

Included in your agenda package are:

A copy of Section 70. Requirements for Continuing Education

Staff notes:

At its March meeting, the Board considered a petition for rulemaking with a request that the National Glaucoma Society be added to the regulations as an approved sponsor of CE programs.

After discussion, the Board voted to take no action on the petition at that time but to review the regulations related to the listed of approved CE providers before any additions or subtractions are made to the list.

Board action:

Action is required if the Board determines that Section 70 should be amended.

18VAC105-20-70. Requirements for Continuing Education.

A. Each license renewal shall be conditioned upon submission of evidence to the board of 20 hours of continuing education taken by the applicant during the previous license period. A licensee who completes more than 20 hours of continuing education in a year shall be allowed to carry forward up to 10 hours of continuing education for the next annual renewal cycle.

1. The 20 hours may include up to two hours of recordkeeping for patient care, including coding for diagnostic and treatment devices and procedures or the management of an optometry practice, provided that such courses are not primarily for the purpose of augmenting the licensee's income or promoting the sale of specific instruments or products.

2. For optometrists who are certified in the use of therapeutic pharmaceutical agents, at least 10 of the required continuing education hours shall be in the areas of ocular and general pharmacology, diagnosis and treatment of the human eye and its adnexa, including treatment with new pharmaceutical agents, or new or advanced clinical devices, techniques, modalities, or procedures.

3. At least 10 hours shall be obtained through real-time, interactive activities, including in-person or electronic presentations, provided that during the course of the presentation, the licensee and the lecturer may communicate with one another.

4. A licensee may also include up to two hours of training in cardiopulmonary resuscitation (CPR).

5. Two hours of the 20 hours required for annual renewal may be satisfied through delivery of professional services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

B. Each licensee shall attest to fulfillment of continuing education hours on the required annual renewal form. All continuing education shall be completed prior to the renewal deadline unless an extension or waiver has been granted by the Continuing Education Committee. A request for an extension or waiver shall be received prior to the renewal deadline each year.

C. All continuing education courses shall be offered by an approved sponsor or accrediting body listed in subsection G of this section. Courses that are not approved by a board-recognized sponsor in advance shall not be accepted for continuing education credit. For those courses that

have a post-test requirement, credit will only be given if the optometrist receives a passing grade as indicated on the certificate.

D. Licensees shall maintain continuing education documentation for a period of not less than three years. A random audit of licensees may be conducted by the board, which will require that the licensee provide evidence substantiating participation in required continuing education courses within 14 days of the renewal date.

E. Documentation of hours shall clearly indicate the name of the continuing education provider and its affiliation with an approved sponsor or accrediting body as listed in subsection G of this section. Documents that do not have the required information shall not be accepted by the board for determining compliance. Correspondence courses shall be credited according to the date on which the post-test was graded as indicated on the continuing education certificate.

F. A licensee shall be exempt from the continuing competency requirements for the first renewal following the date of initial licensure by examination in Virginia.

G. An approved continuing education course or program, whether offered by correspondence, electronically or in person, shall be sponsored, accredited, or approved by one of the following:

1. The American Optometric Association and its constituent organizations.
2. Regional optometric organizations.
3. State optometric associations and their affiliate local societies.
4. Accredited colleges and universities providing optometric or medical courses.
5. The American Academy of Optometry and its affiliate organizations.
6. The American Academy of Ophthalmology and its affiliate organizations.
7. The Virginia Academy of Optometry.
8. Council on Optometric Practitioner Education (COPE).
9. State or federal governmental agencies.
10. College of Optometrists in Vision Development.
11. The Accreditation Council for Continuing Medical Education of the American Medical Association for Category 1 credit.
12. Providers of training in cardiopulmonary resuscitation (CPR).

13. Optometric Extension Program.

H. In order to maintain approval for continuing education courses, providers or sponsors shall:

1. Provide a certificate of attendance that shows the date, location, presenter or lecturer, content hours of the course and contact information of the provider or sponsor for verification. The certificate of attendance shall be based on verification by the sponsor of the attendee's presence throughout the course, either provided by a post-test or by a designated monitor.

2. Maintain documentation about the course and attendance for at least three years following its completion.

I. Falsifying the attestation of compliance with continuing education on a renewal form or failure to comply with continuing education requirements may subject a licensee to disciplinary action by the board, consistent with § 54.1-3215 of the Code of Virginia.

Virginia's Optometrist Workforce: 2017

Healthcare Workforce Data Center

March 2018

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233
804-367-2115, 804-527-4466(fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

1,335 Optometrists voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Optometry express our sincerest appreciation for your ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Dr. Elizabeth Carter, PhD
Executive Director

Yetty Shobo, PhD
Research Analyst

Laura Jackson, BSHSA
Operations Manager

Christopher Coyle
Research Assistant

Virginia Board of Optometry

President

Steven A. Linas, OD
Chester

Vice President

Helene Clayton-Jeter, OD
Great Falls

Members

Devon Cabot
Woodbridge

Fred E. Goldberg, OD
McLean

Clifford A. Roffis, OD
Richmond

Lisa Wallace-Davis, OD
Hampton

Executive Director

Leslie L. Knachel

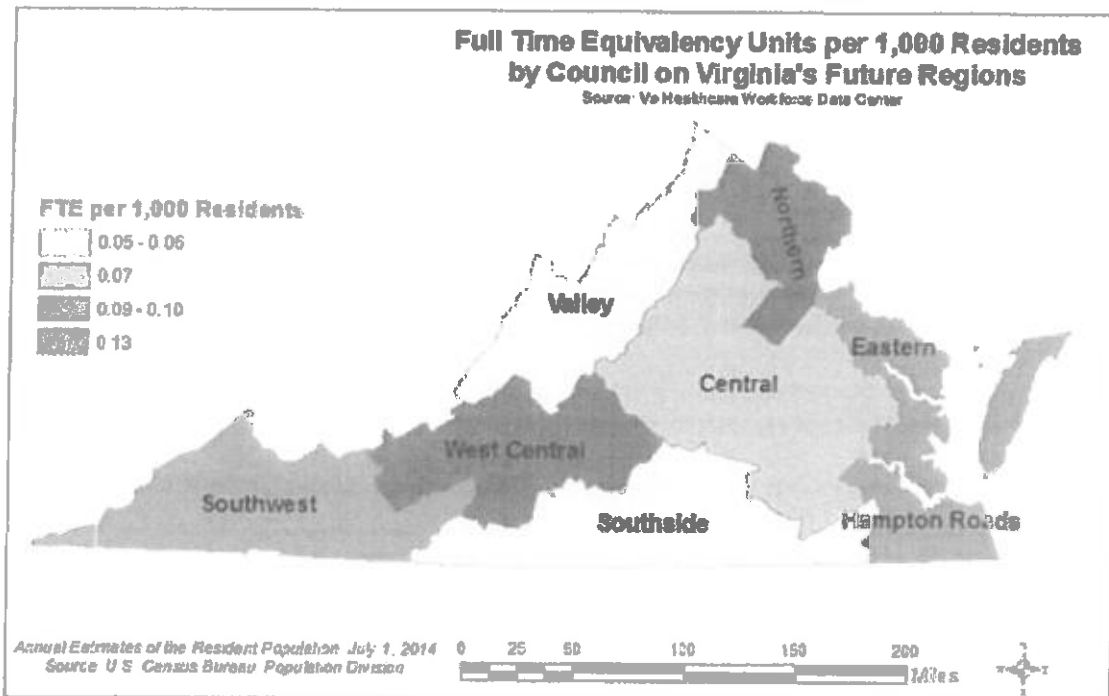
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The Optometrist Workforce: At a Glance:

<u>The Workforce</u>		<u>Background</u>		<u>Current Employment</u>	
Licensees:	1,575	Rural Childhood:	24%	Employed in Prof.:	98%
Virginia's Workforce:	1,178	HS Degree in VA:	31%	Hold 1 Full-time Job:	68%
FTEs:	966	UG Degree in VA:	28%	Satisfied?:	96%
<u>Survey Response Rate</u>		<u>Residency Program</u>		<u>Job Turnover</u>	
All Licensees:	85%	Ocular Disease:	6%	Switched Jobs in 2017:	5%
Renewing Practitioners:	91%	Primary Eye Care:	5%	Employed over 2 yrs:	

Source: Va. Healthcare Workforce Data Center



1,335 optometrists voluntarily took part in the 2017 Optometrist Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every December. These survey respondents represent 85% of the 1,575 optometrists who are licensed in the state and 91% of renewing practitioners.

The HWDC estimates that 1,178 optometrists participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's optometrist workforce provided 966 "full-time equivalency units" during the survey time period, which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

50% of all optometrists are female, including nearly three-quarters of those optometrists who are under the age of 40. Overall, the median age of Virginia's optometrists is 47. In a random encounter between two optometrists, there is a 47% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, this same probability is 56%. Hence, the optometrist population is less diverse than the state.

24% of Virginia's optometrist workforce grew up in a rural area, and 20% of these professionals currently work in non-Metro areas of the state. Overall, just 8% of Virginia's optometrists currently work in non-Metro areas of the state. Meanwhile, 31% of all optometrists went to high school in Virginia.

13% of Virginia's optometrists have completed a residency program. Ocular Diseases, Primary Eye Care, and Low Vision Rehabilitation were the most commonly completed residency programs. 44% of Virginia's optometrist workforce has educational debt, including 84% of those professionals who are under the age of 40. For those optometrists with education debt, the median debt load is between \$100,000 and \$110,000.

98% of all optometrists are currently employed in the profession. 68% of these professionals hold one full-time position, while 14% currently have multiple positions. During the past year, less than 1% of Virginia's optometrists have been involuntarily unemployed, while 3% of all optometrists have considered themselves underemployed. 19% of Virginia's optometrists began work at a new location at some point in the past year, while 71% have been at their primary work location for at least two years.

The median annual income for Virginia's optometrist workforce is between \$110,000 and \$120,000. Among those optometrists who receive either a salary or an hourly wage, 72% receive at least one employer-sponsored benefit, including 52% who receive health insurance. 96% of optometrists indicate they are satisfied with their current employment situation, including 68% who indicate they are "very satisfied".

92% of all optometrists work at a for-profit establishment, while 4% work for the federal government. Private group practices employ 43% of Virginia's optometrist workforce, the most of any establishment type in the state. Private solo practices and independent practices adjacent to optical stores are also common types.

A typical optometrist spends nearly all of her time treating patients. In fact, 91% of optometrists serve a patient care role, meaning that at least 60% of their time is spent in that activity. In addition, the typical optometrist also spent a small amount of his time engaged in administrative activities.

39% of all optometrists expect to retire by the age of 65. Within the next ten years, 25% of the current workforce expect to retire, while half of the current workforce plan on retiring by 2042. During the next two years, 1% of Virginia's optometrists plan on leaving the profession, while 2% of all optometrists expect to leave the state in order to practice optometry elsewhere. At the same time, 10% of optometrists hope to increase their patient care hours, while 5% plan to pursue additional educational opportunities.

Few changes have occurred in the optometrist workforce since last surveyed in 2016. Most notable there has been a slight increase in the number of licensed optometrists in the state and in the state workforce, but a decline in the number of full time equivalency (FTE) units provided. The number of licensed optometrist increased from 1,548 in 2016 to 1,575 in 2017, overcoming last year's decline from 1,571 in 2015. The number in the state's workforce also made up for last year's decline from 1,165 in 2015 to 1,151 in 2016; there were 1,178 optometrists in the state's workforce in 2017. This number is, however, still lower than 1,179 optometrists in the state's workforce in 2014. Further, fewer full time equivalency (FTE) units were provided, continuing the decline from last year. In 2017, 966 FTEs were provided compared to 977 FTE in 2016. In fact, the FTEs provided in 2017 is a 4-year low as 1,003 and 1,019 FTEs were provided in 2015 and 2014, respectively. However, survey response rates increased among both renewing and the overall optometrist population as more respondents completed the survey in 2017 than ever before.

The results from the 2017 survey paint an unclear financial picture of the state's optometrist population. The percent of optometrist with education debt continued to decline for those under age 40 and for the overall population of optometrists. In 2014, 89% of optometrists below age 40 reported having education debt compared to 84% in 2017; overall 45% reported carrying education debt in 2014 compared to 44% in 2017. The median educational debt, however, stayed the same at \$100,000-\$110,000. Median income, however, declined from \$110,000-\$120,000 in 2016 to \$100,000-\$110,000 in 2017. The percent of optometrist with employer-sponsored benefits also declined from 75% in 2016 to 72% in 2017. However, the percent of optometrists employed in the profession increased from 97% in 2016 to 98% in 2017; those underemployed, who had declined from 3% in 2015 to 2% in 2016, increased back to 3% in 2017.

The optometrist workforce is becoming more racially diverse. The diversity index increased from 42% in 2014 to 47% in 2017; the diversity index for those under age 40 also increased to 59% in 2017 from 58% in 2014. Gender diversity also improved with exactly half of optometrists being female. The profession is aging slightly as median age stayed at 47 years old in 2017, although this is an increase from the 45 year median of 2014. The profession is also less geographically dispersed although 8% now work in non-metro areas of the state compared to 7% in 2016; those working in non-metro areas still remain below the 9% of optometrists who worked in non-metro areas of the state in 2014.

The optometrist workforce reported fewer work hours in 2017 compared to 2015. In 2015, 46% of optometrist worked between 40 and 49 hours. In the current report, only 43% did. Additionally, a lower proportion of optometrists are completing residency. In 2014, 18% reported at least one residency whereas only 13% did in 2017. Ocular disease residency was the most reported in both years. In 2014, 8% reported the residency whereas 6% did in 2017.

Retirement intentions did not change significantly among optometrists but some trends are noteworthy. The percent intending to retire within two years of the survey increased from 5% to 6% in the past year. A quarter also plan to retire in the next decade whereas only 21% planned to do so in the 2014 survey. The percent planning to retire by age 65 also increased from 37% in 2014 to 39% in 2017. Further, although 1% of optometrist planned to return to the Virginia workforce within 2 years of the 2015 survey, 0% did in the 2017 survey. The percent planning to increase patient care also declined from 13% in 2015 to 10% in 2017.

Survey Response Rates

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	1,397	89%
New Licensees	86	5%
Non-Renewals	92	6%
All Licensees	1,575	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 91% of renewing optometrists submitted a survey. These represent 85% of optometrists who held a license at some point in 2017.

At a Glance:

Licensed Optometrists

Number:

1,575

New:

5%

Not Renewed:

6%

Response Rates

All Licensees:

Source: Va. Healthcare Workforce Data Center

Response Rates

Completed Surveys	1,335
Response Rate, All Licensees	85%
Response Rate, Renewals	91%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted in December 2017.
- 2. Target Population:** All optometrists who held a Virginia license at some point in 2017.
- 3. Survey Population:** The survey was available to optometrists who renewed their licenses online. It was not available to those who did not renew, including some optometrists newly licensed in 2017.

Statistic	Response Rates		Response Rate
	Non Respondents	Respondents	
By Age			
Under 30	21	49	70%
30 to 34	30	167	85%
35 to 39	40	178	82%
40 to 44	33	165	83%
45 to 49	25	194	89%
50 to 54	24	149	86%
55 to 59	15	137	90%
60 and Over	52	296	85%
Total	240	1,335	85%
New Licensees			
Issued in 2017	26	60	70%
Metro Status			
Non-Metro	15	82	85%
Metro	168	932	85%
Not in Virginia	57	321	85%

Source: Va. Healthcare Workforce Data Center

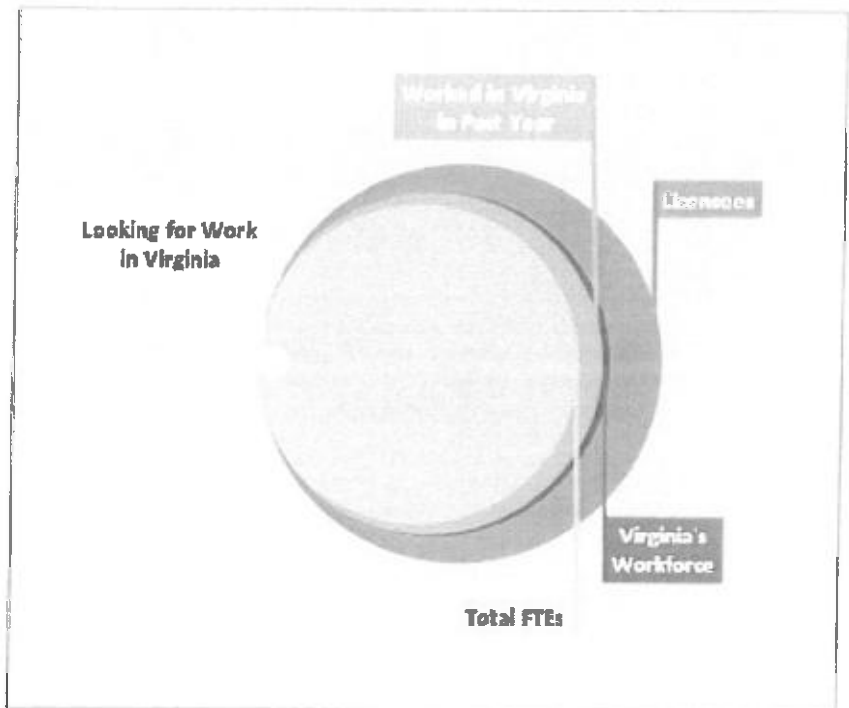
Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Looking for Work in Virginia	10	1%
Virginia's Workforce	1,178	100%
Total FTEs	966	
Licensees	1,575	

Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc



Demographics

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	13	27%	36	73%	49	5%
30 to 34	35	30%	81	70%	116	12%
35 to 39	35	29%	88	71%	124	13%
40 to 44	48	38%	77	62%	125	13%
45 to 49	52	40%	76	60%	128	14%
50 to 54	43	44%	54	56%	97	10%
55 to 59	61	70%	27	30%	87	9%
60 +	182	84%	34	16%	216	23%
Total	469	50%	474	50%	943	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	Optometrists		Optometrists Under 40	
	%	#	%	#	%
White	63%	660	70%	162	57%
Black	19%	46	5%	16	6%
Asian	6%	169	18%	82	29%
Other Race	0%	39	4%	17	6%
Two or more races	3%	11	1%	4	1%
Hispanic	9%	14	2%	5	2%
Total	100%	940	100%	286	100%

* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2015.

Source: Va. Healthcare Workforce Data Center

31% of all optometrists are under the age of 40, and 71% of these professionals are female. In addition, there is a 59% chance that two randomly chosen optometrists from this age group would be of a different race or ethnicity.

At a Glance:

Gender

% Female: 50%
% Under 40 Female: 71%

Age

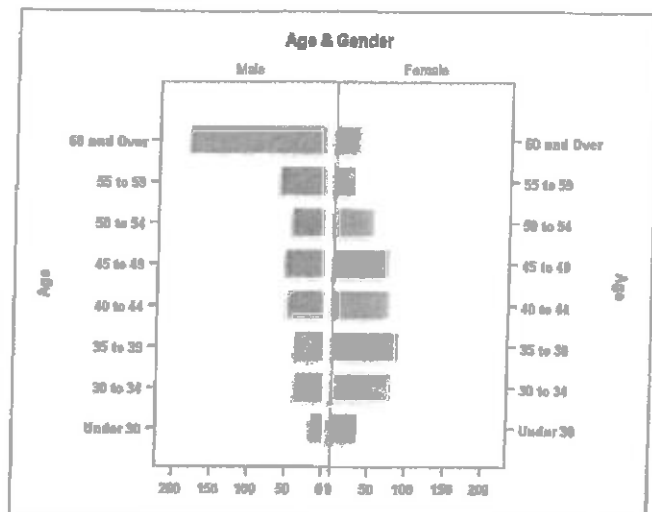
Median Age: 47
% Under 40: 31%
% 55+: 32%

Diversity

Diversity Index: 47%
Under 40 Diversity Index: 40%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two optometrists, there is a 47% chance that they would be of a different race/ethnicity (a measure known as the diversity index).



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 12%
 Rural Childhood: 24%

Virginia Background

HS in Virginia: 31%
 UG Education in VA: 28%
 HS/UG Edu. in VA: 35%

Location Choice

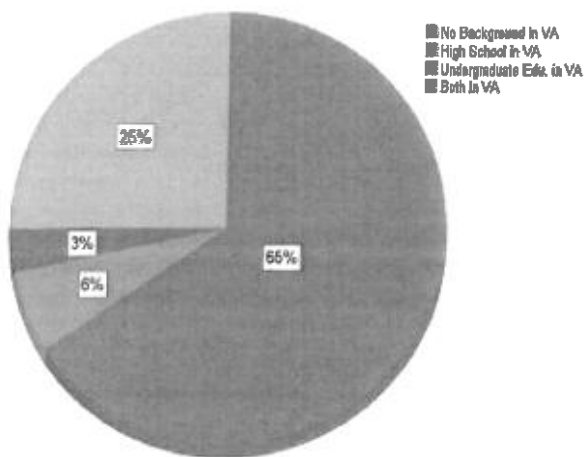
% Rural to Non-Metro: 20%
 % Urban/Suburban to Non-Metro: 5%

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 million+	18%	69%	13%
2	Metro, 250,000 to 1 million	37%	56%	7%
3	Metro, 250,000 or less	32%	55%	13%
Non-Metro Counties				
4	Urban pop 20,000+, Metro adj	23%	62%	15%
6	Urban pop, 2,500-19,999, Metro adj	60%	35%	5%
7	Urban pop, 2,500-19,999, nonadj	71%	11%	18%
8	Rural, Metro adj	67%	17%	17%
9	Rural, nonadj	0%		100%
Overall		24%	64%	12%

Source: Va. Healthcare Workforce Data Center

Educational Background in VA



24% of all optometrists grew up in self-described rural areas, and 20% of these professionals currently work in Non-Metro counties. Overall, just 8% of Virginia's optometrist workforce work in non-Metro counties of the state.

Top Ten States for Optometrist Recruitment

Rank	All Optometrists			
	High School	#	Professional School	#
1	Virginia	289	Pennsylvania	300
2	Pennsylvania	88	Tennessee	132
3	New York	84	Massachusetts	83
4	Maryland	56	Illinois	59
5	North Carolina	44	Florida	55
6	Florida	31	Indiana	48
7	Ohio	30	Ohio	46
8	Outside U.S	29	New York	44
9	New Jersey	28	Alabama	37
10	Indiana	23	Puerto Rico	29

Source: Va. Healthcare Workforce Data Center

31% of optometrists received their high school degree in Virginia, while 33% received their Doctorate of Optometry in Pennsylvania. Virginia does not currently have a professional school for optometrists.

Among optometrists who have been licensed in the past five years, 32% received their high school degree in Virginia, while 18% received their Doctorate of Optometry in Pennsylvania.

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	78	Pennsylvania	45
2	Pennsylvania	17	Florida	31
3	New York	13	Massachusetts	30
4	California	13	Tennessee	29
5	Florida	11	Puerto Rico	23
6	North Carolina	11	New York	14
7	Outside U.S	11	Ohio	13
8	Illinois	7	Indiana	13
9	New Jersey	6	Illinois	12
10	Canada	6	Texas	11

Source: Va. Healthcare Workforce Data Center

25% of licensed optometrists did not participate in Virginia's workforce in the past year. 95% of these optometrists worked at some point in the past year, including 90% who currently work as optometrists.

At a Glance:

Not in VA Workforce

Total: 309

7
% of Licensees:

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Residency Programs		
Area	#	% of Workforce
Ocular Disease	68	6%
Primary Eye Care	63	5%
Low Vision Rehabilitation	22	2%
Cornea and Contact Lenses	17	1%
Pediatric Optometry	14	1%
Family Practice Optometry	14	1%
Vision Therapy and Rehabilitation	12	1%
Geriatric Optometry	5	0%
Refractive and Ocular Surgery	5	0%
Brain Injury Vision Rehabilitation	2	0%
Community Health Optometry	0	6%
Other	8	1%
At Least One Res. Program	149	13%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Residency Programs

Ocular Disease: 6%
 Primary Eye Care: 5%
 Low Vision Rehab.: 2%

Educational Debt

With debt: 44%
 Under age 40 with debt: 84%
 Median debt: \$100k-\$110k

13% of Virginia's optometrist workforce has completed at least one residency program.

44% of optometrists currently have educational debt, including 84% of those under the age of 40. For those optometrists with educational debt, the median debt burden is between \$100,000 and \$110,000.

Amount Carried	Educational Debt			
	All Optometrists		Optometrists under 40	
	#	%	#	%
None	446	56%	40	16%
Less than \$20,000	28	4%	9	4%
\$20,000-\$39,999	22	3%	10	4%
\$40,000-\$59,999	33	4%	9	4%
\$60,000-\$79,999	34	4%	15	6%
\$80,000-\$99,999	35	4%	16	7%
\$100,000-\$119,999	37	5%	19	8%
\$120,000 or More	155	20%	127	52%
Total	790	100%	245	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession:
98%
Involuntarily Unemployed:
0%

Positions Held

1 Full-Time:
68%
2 or more Positions:
14%

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	0	0%
Employed in an optometry-related capacity	897	98%
Employed, NOT in an optometry-related capacity	4	0%
Not working, reason unknown	0	0%
Involuntarily unemployed	0	0%
Voluntarily unemployed	8	1%
Retired	12	1%
Total	920	100%

Source: Va. Healthcare Workforce Data Center

Current Positions

Positions	#	%
No Positions	20	2%
One Part-Time Position	136	16%
Two Part-Time Positions	42	5%
One Full-Time Position	593	68%
One Full-Time Position & One Part-Time Position	72	8%
Two Full-Time Positions	3	0%
More than Two Positions	8	1%
Total	874	100%

Current Weekly Hours

Hours	#	%
0 hours	20	2%

1 to 9 hours	21	2%
10 to 19 hours	42	5%
20 to 29 hours	72	8%
30 to 39 hours	247	28%
40 to 49 hours	375	43%
50 to 59 hours	68	8%
60 to 69 hours	26	3%
70 to 79 hours	3	0%
80 or more hours	6	1%
Total	880	100%

Source: Via, Healthcare Workforce Data Center

98% of licensed optometrists are currently employed in the profession. 68% of all optometrists currently hold one full-time job, while 14% have multiple positions. Meanwhile, 43% of all optometrists work between 40 and 49 hours per week.

Employment Quality

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	2	0%
Less than \$40,000	52	7%
\$40,000-\$59,999	48	7%
\$60,000-\$79,999	65	9%
\$80,000-\$99,999	95	14%
\$100,000-\$119,999	165	24%
\$120,000-\$139,999	101	15%
\$140,000-\$159,999	57	8%
\$160,000-\$179,999	22	3%
\$180,000-\$199,999	32	5%
\$200,000 or More	57	8%
Total	697	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: \$100k-\$110k

Benefits

Employer Health Ins.: 52%

Employer Retirement: 51%

Satisfaction

Satisfied: 96%

Very Satisfied: 68%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction

Level	#	%
Very Satisfied	595	68%
Somewhat Satisfied	250	28%
Somewhat Dissatisfied	33	4%
Very Dissatisfied	4	0%
Total	882	100%

Source: Va. Healthcare Workforce Data Center

The typical optometrist earned between \$100,000 and \$110,000 during the past year. In addition, 72% of wage or salaried optometrists received at least one employer-sponsored benefit at their primary work location.

Employer-Sponsored Benefits

Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	423	47%	62%
Retirement	355	40%	51%
Health Insurance	355	40%	52%
Paid Sick Leave	272	30%	39%
Dental Insurance	212	24%	33%
Group Life Insurance	159	18%	25%
Signing/Retention Bonus	57	6%	9%
*At Least One Benefit	512	57%	72%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In the past year did you . . . ?	#	%
Experience involuntary unemployment?	3	<1%
Experience voluntary unemployment?	43	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	31	3%
Work two or more positions at the same time?	154	13%
Switch employers or practices?	58	5%
Experienced at least 1	233	20%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Unemployment Experience 2017

Involuntarily Unemployed: <1%
Underemployed: 3%

Turnover & Tenure

Switched Jobs: 5%
New Location: 19%
Over 2 years: 71%
Over 2 yrs, 2nd location: 54%

Employment Type

Less than 1% of Virginia's optometrists experienced involuntary unemployment at some point in 2017. By comparison, Virginia's average monthly unemployment rate was 3.8%.¹

Location Tenure

Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	17	2%	21	8%
Less than 6 Months	62	7%	34	14%
6 Months to 1 Year	51	6%	22	9%
1 to 2 Years	128	15%	39	16%
3 to 5 Years	138	16%	53	21%
6 to 10 Years	122	14%	25	10%
More than 10 Years	360	41%	57	23%
Subtotal	876	100%	250	100%
Did not have location	12		920	
Item Missing	289		7	
Total	1,178		1,178	

Source: Va. Healthcare Workforce Data Center

55% of Virginia's optometrist workforce received either a salary or a commission at their primary work location, while 29% earned income from a business or practice.

71% of optometrists have worked at their primary location for more than two years—the job tenure normally required to get a conventional mortgage loan.

Employment Type

Primary Work Site	#	%
Salary/Commission	383	55%
Business/Practice Income	198	29%
Hourly Wage	73	11%
By Contract	37	5%
Unpaid	2	0%
Subtotal	693	100%

Source: Va. Healthcare Workforce Data Center

¹ As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 3.4% in December to 4.2% in January 2017. At the time of this publication, results from December were preliminary.

At a Glance:

Concentration

Top Region:	39%
Top 3 Regions:	78%
Lowest Region:	1%

Locations

2 or more (2017):	29%
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A Closer Look:

Regional Distribution of Work Locations				
COVF Region ²	Primary Location		Secondary Location	
	#	%	#	%
Central	160	18%	41	16%
Eastern	6	1%	2	1%
Hampton Roads	179	20%	41	16%
Northern	341	39%	89	35%
Southside	29	3%	5	2%
Southwest	42	5%	17	7%
Valley	24	3%	11	4%
West Central	77	9%	22	9%
Virginia Border State/DC	12	1%	14	5%
Other US State	6	1%	14	5%
Outside of the US	0	0%	0	0%
Total	876	100%	256	100%
Item Missing	290		1	

Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in 2017		Work Locations Now*	
	#	%	#	%
0	9	1%	20	2%
1	621	70%	641	72%
2	165	19%	141	16%
3	57	6%	64	7%
4	16	2%	10	1%
5	8	1%	7	1%
6 or More	9	1%	4	0%
Total	886	100%	886	100%

² These are now referred to as VA Perform's regions: <http://vaperforms.virginia.gov/Regions/regionalScorecards.php>

*At the time of survey completion: December 2017. Source: Va. Healthcare Workforce Data Center

39% of optometrists work in Northern Virginia, the most of any region in the state. Hampton Roads and Central Virginia are also common employment locations for Virginia's optometrist workforce.



25% of all optometrists currently have multiple work locations, while 29% of optometrists had at least two work locations in 2017.

Establishment Type

A Closer Look:

Sector	Location-Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	752	92%	214	92%
Non-Profit	24	3%	5	2%
State/Local Government	6	1%	6	3%
Veterans Administration	15	2%	2	1%
U.S. Military	20	2%	2	1%
Other Federal Government	1	0%	2	1%
Total	817	100%	231	100%
Did not have location	12		920	
Item Missing	349		26	

At a Glance:
(Primary Locations)

Sector

For Profit: 92%

Federal: 4%

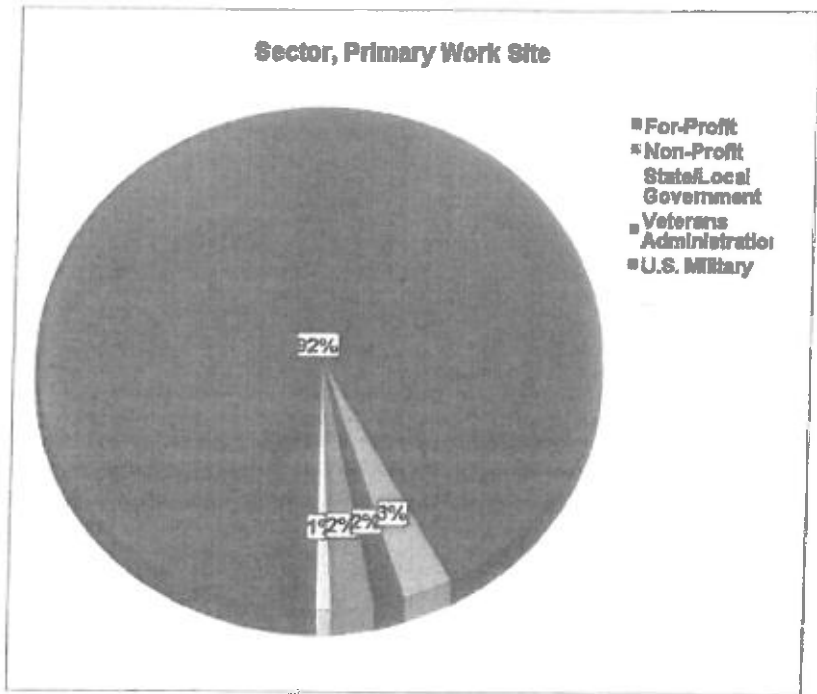
Top Establishments

Private Practice, Group: 43%

Private Practice, Solo: 23%

Optical Goods Store: 17%

92% of all optometrists work in the private sector, while 4% work for the federal government in the military and veterans' administration.



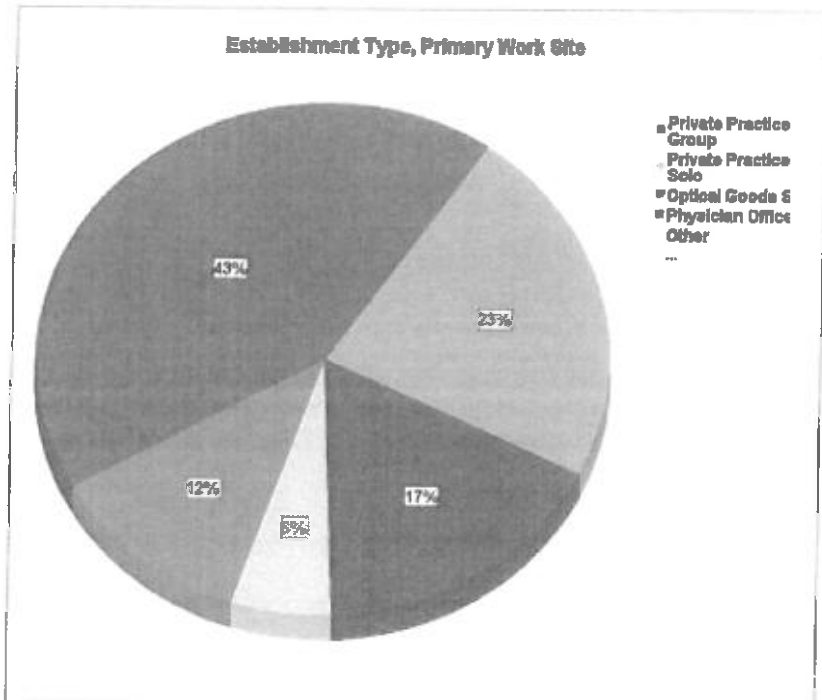
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Group	340	43%	112	52%
Private Practice, Solo	183	23%	23	11%
Optical Goods Store	136	17%	45	21%
Physician Office	35	4%	7	3%
General Hospital, Outpatient Department	33	4%	7	3%
Outpatient/Community clinic	21	3%	4	2%
Academic Institution	2	0%	0	0%
Home Health Care	1	0%	3	1%
General Hospital, Inpatient Department	0	0%	1	0%
Other	45	6%	15	7%
Total	796	100%	217	100%
Did Not Have a Location	12		920	

Source: Va. Healthcare Workforce Data Center

Private group practices are the most common establishment type in Virginia, employing 43% of all optometrists.

52% of Virginia's optometrists who have a secondary work location are also employed by a private group practice.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Source: Via Healthcare Workforce Data Center

Typical Time Allocation

Patient Care: 90%-99%
Administration: 1%-9%

Roles

Patient Care: 91%
Administrative: 2%

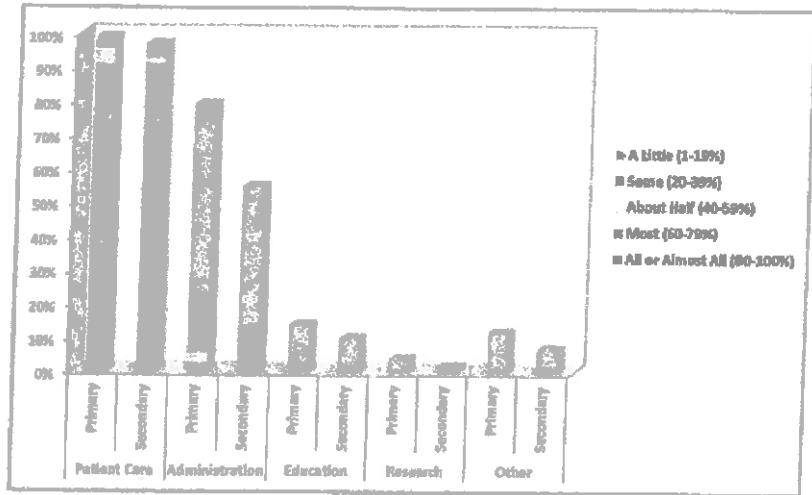
Source: Via Healthcare Workforce Data Center

Patient Care

Optometrists

Median Admin Time: 1%-9%

A Closer Look:



The typical optometrist spends most of her time caring for patients. In fact, 91% of all optometrists fill a patient care role, defined as spending at least 60% of her time in that activity.

Time Allocation										
Time Spent	Patient Care		Admin.		Education		Research		Other	
	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site
All or Almost All (80-100%)	74%	83%	2%	2%	0%	1%	0%	0%	0%	0%
Most (60-79%)	16%	8%	1%	2%	0%	1%	0%	0%	0%	0%
About Half (40-59%)	5%	2%	4%	0%	0%	0%	0%	0%	0%	0%
Some (20-39%)	2%	3%	17%	8%	1%	0%	0%	0%	1%	1%
A Little (1-20%)	1%	1%	56%	42%	12%	8%	3%	1%	11%	5%
None (0%)	1%	3%	21%	45%	86%	90%	96%	99%	88%	93%

Source: Via Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All Optometrists		Optometrists over 50	
	#	%	#	%
Under age 50	14	2%	-	-
50 to 54	24	3%	1	0%
55 to 59	63	8%	13	4%
60 to 64	169	23%	51	15%
65 to 69	227	30%	105	32%
70 to 74	125	17%	82	25%
75 to 79	48	6%	34	10%
80 or over	23	3%	19	6%
I do not intend to retire	58	8%	29	9%
Total	750	100%	333	100%

At a Glance:

Retirement Expectations

All Optometrists

Under 65: 36%
Under 60: 13%

Optometrists 50 and over

Under 65: 19%
Under 60: 4%

Time until Retirement

Within 2 years: 6%
Within 10 years: 25%

36% of optometrists expect to retire before the age of 65. Among optometrists who are age 50 and over, 19% still plan on retiring by age 65.

Within the next two years, 10% of Virginia's optometrist workforce plan on increasing their patient care hours, while 5% expect to pursue additional educational opportunities.

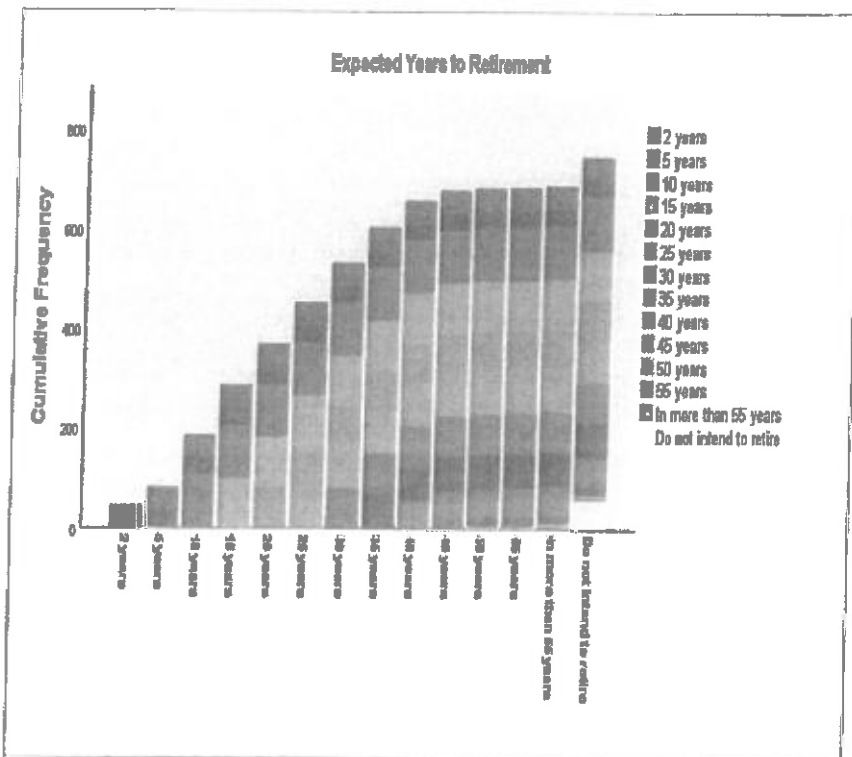
Future Plans		
Two Year Plans:	#	%
Decrease Participation		
Leave Profession	11	1%
Leave Virginia	27	2%
Decrease Patient Care Hours	107	9%
Decrease Teaching Hours	1	0%
Increase Participation		
Increase Patient Care Hours	113	10%
Increase Teaching Hours	32	3%
Pursue Additional Education	53	5%
Return to Virginia's Workforce	4	0%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for optometrists. Only 6% of optometrists expect to retire within the next two years, while 25% plan on retiring within the next ten years. Half of the current optometrist workforce expect to be retired by 2042.

Time to Retirement			
Expect to retire within . . .	#	%	Cumulative %
2 years	46	6%	6%
5 years	36	5%	11%
10 years	106	14%	25%
15 years	100	13%	38%
20 years	83	11%	49%
25 years	83	11%	61%
30 years	81	11%	71%
35 years	70	9%	56%
40 years	55	7%	88%
45 years	20	3%	91%
50 years	5	1%	91%
55 years	1	0%	91%
In more than 55 years	4	1%	92%
Do not intend to retire	58	8%	100%
Total	750	100%	

Source: Vo, Healthcare Workforce Data Center



Source: Vo, Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2027. Retirements will peak at 14% of the current workforce around the same time before declining to under 10% of the current workforce again around 2052.

At a Glance:

FTEs

Total: 966

FTEs/1,000 Residents:
0.115

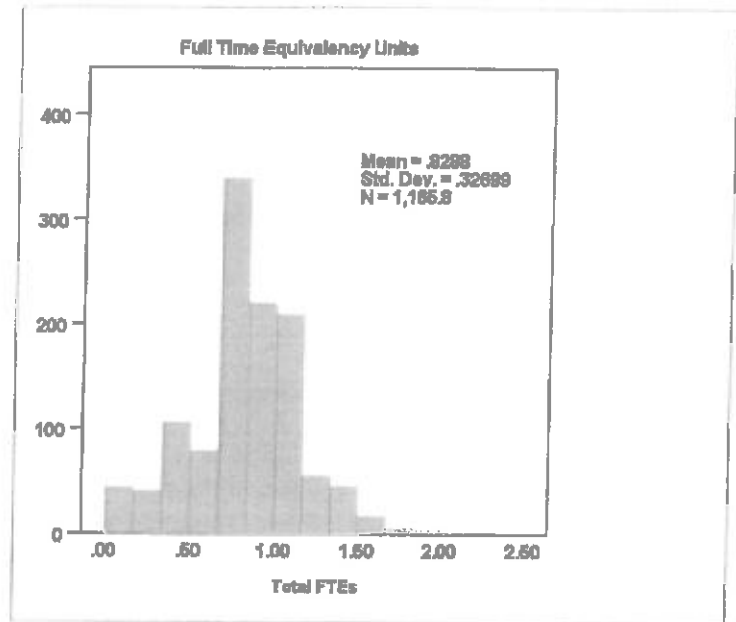
Average:
0.83

Age & Gender Effect

Age, Partial η^2 :
Medium

Gender, Partial η^2 :
Medium

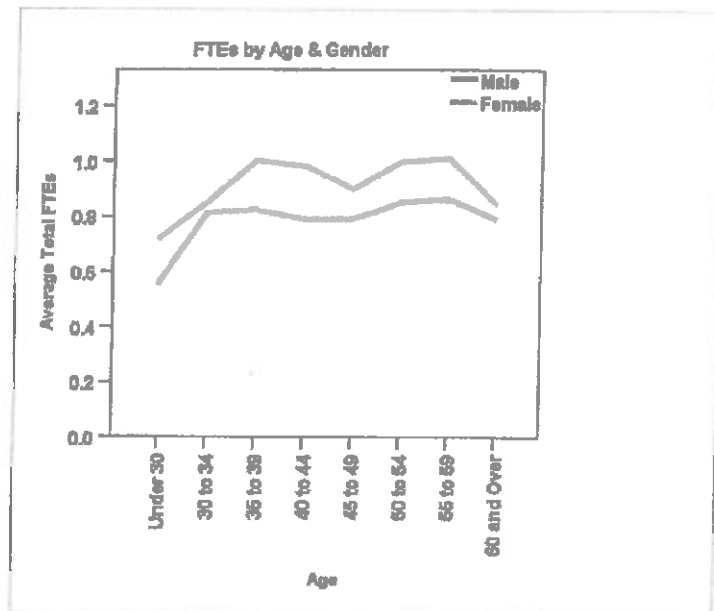
A Closer Look:



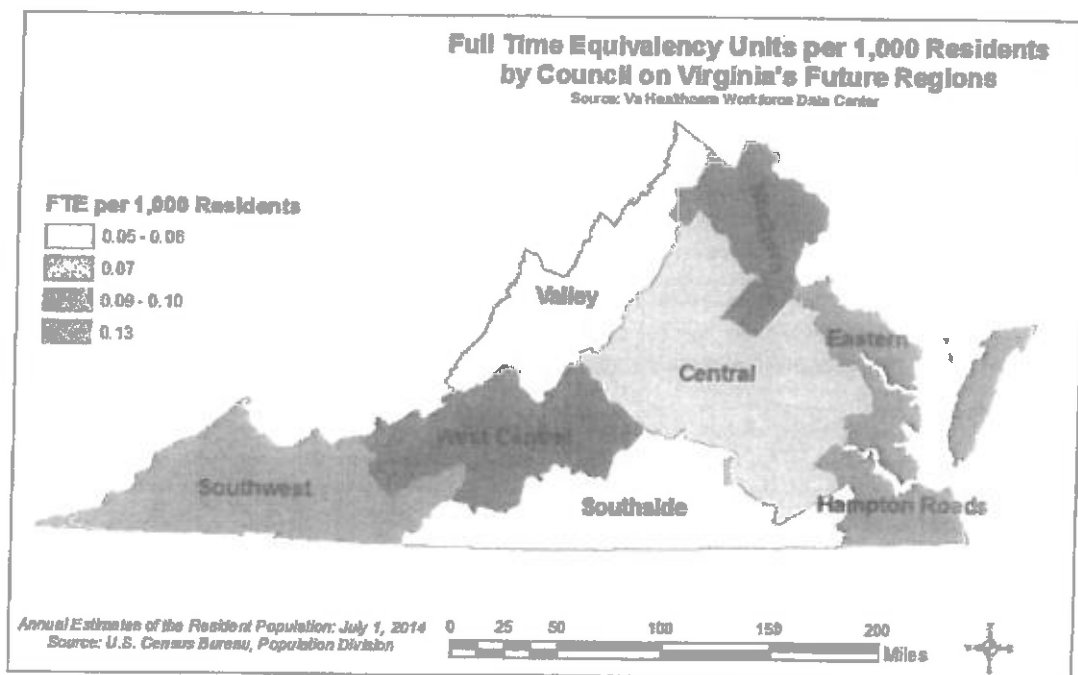
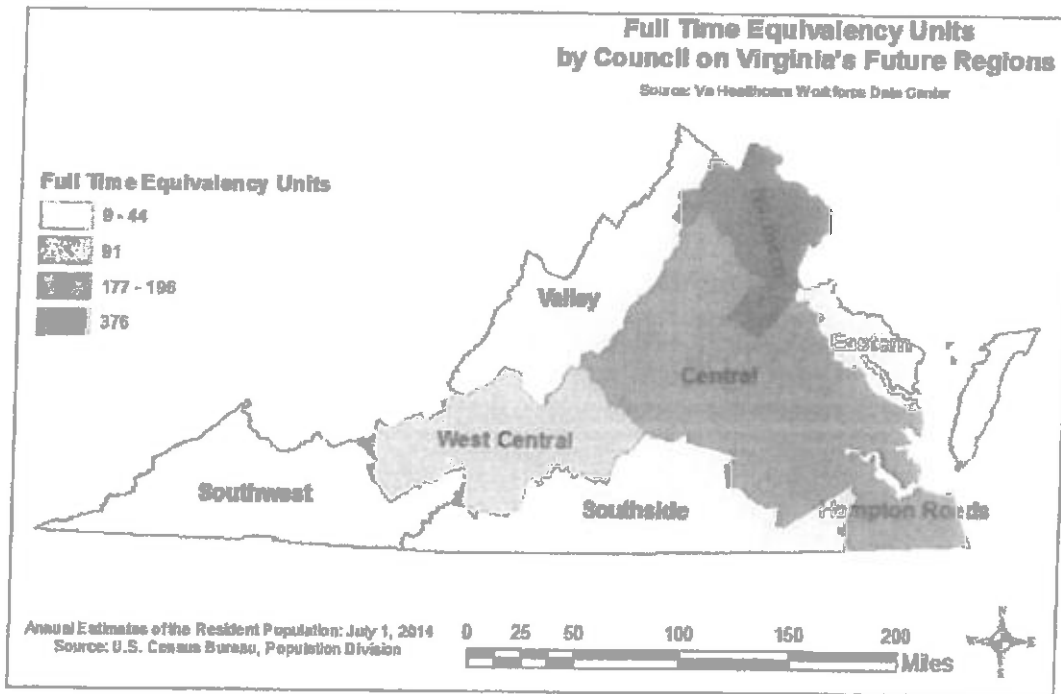
The typical (median) optometrist provided 0.83 FTEs in 2017, or approximately 33 hours per week for 50 weeks. Although FTEs appear to vary by both age and gender, statistical tests did not verify that a difference exists.²

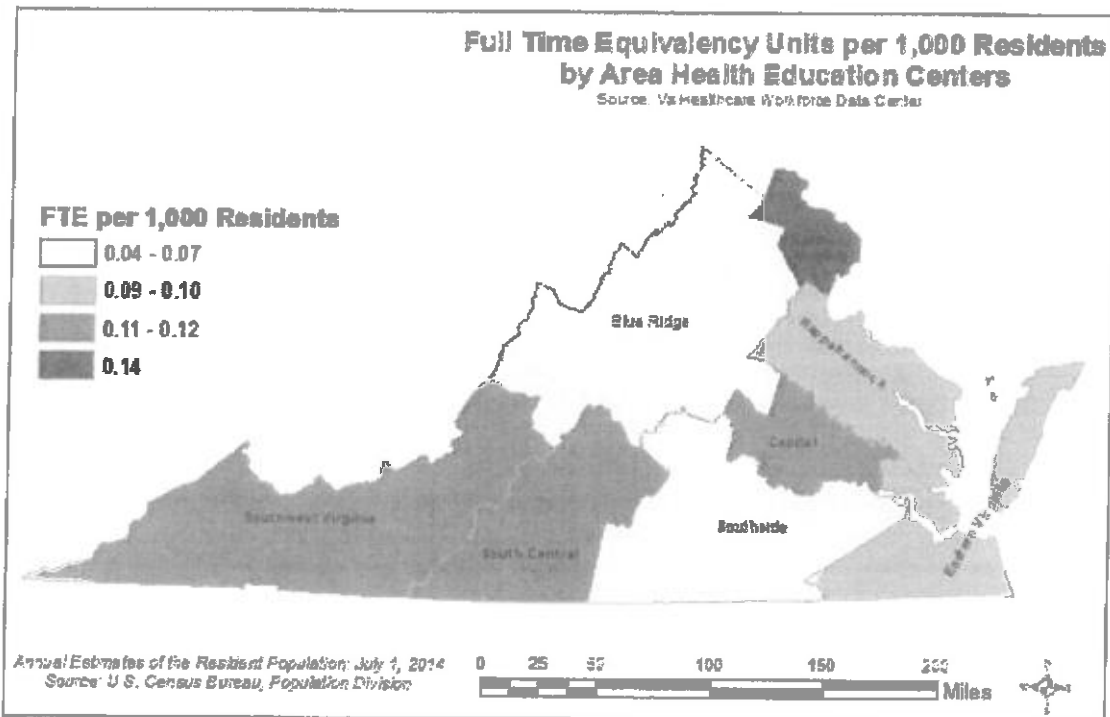
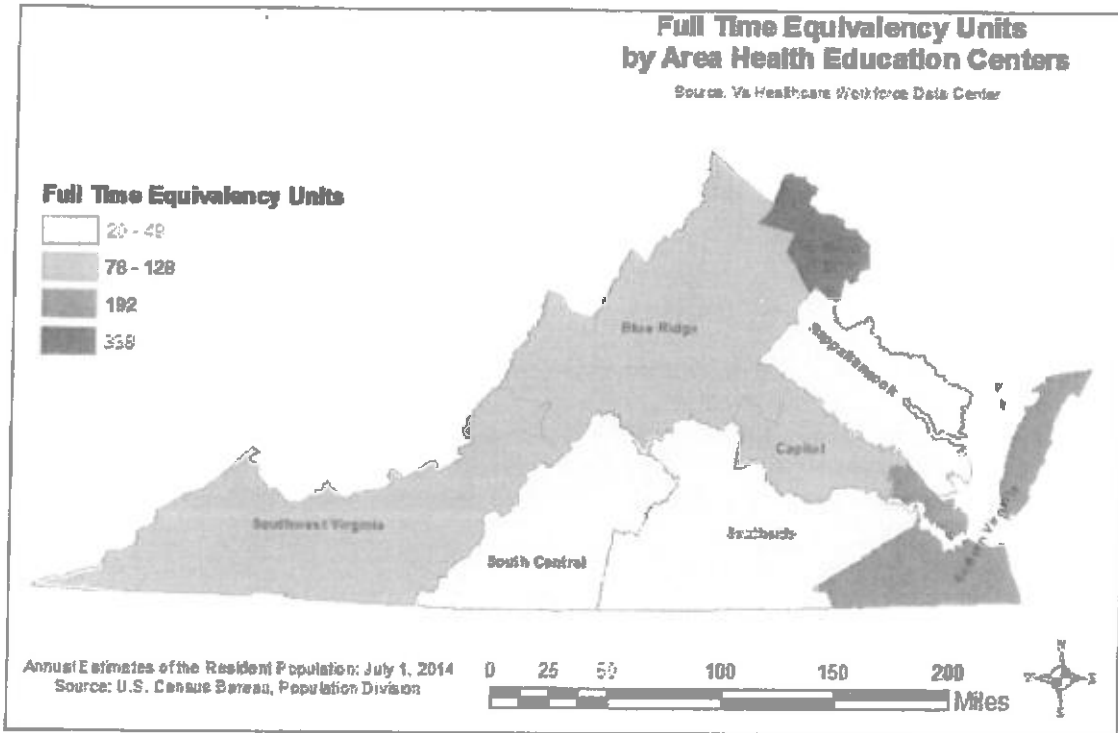
Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.61	0.57
30 to 34	0.82	0.81
35 to 39	0.87	0.81
40 to 44	0.85	0.83
45 to 49	0.80	0.71
50 to 54	0.92	0.93
55 to 59	0.93	0.89
60 and Over	0.77	0.80
Gender		
Male	0.91	0.94
Female	0.79	0.83

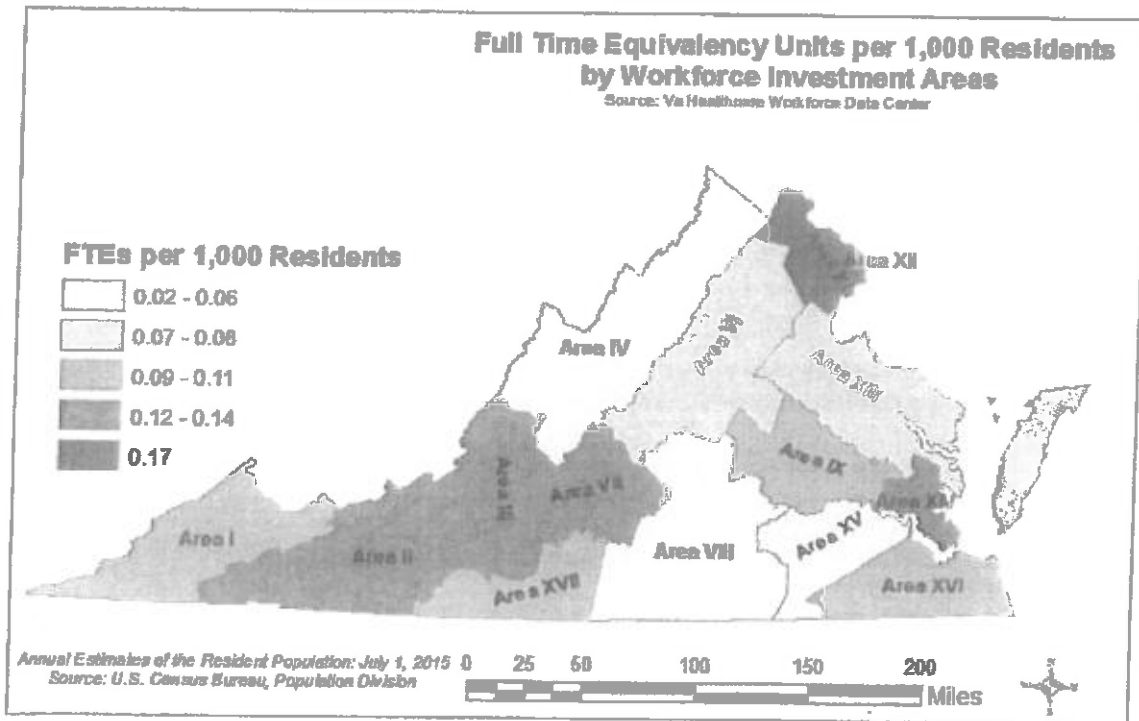
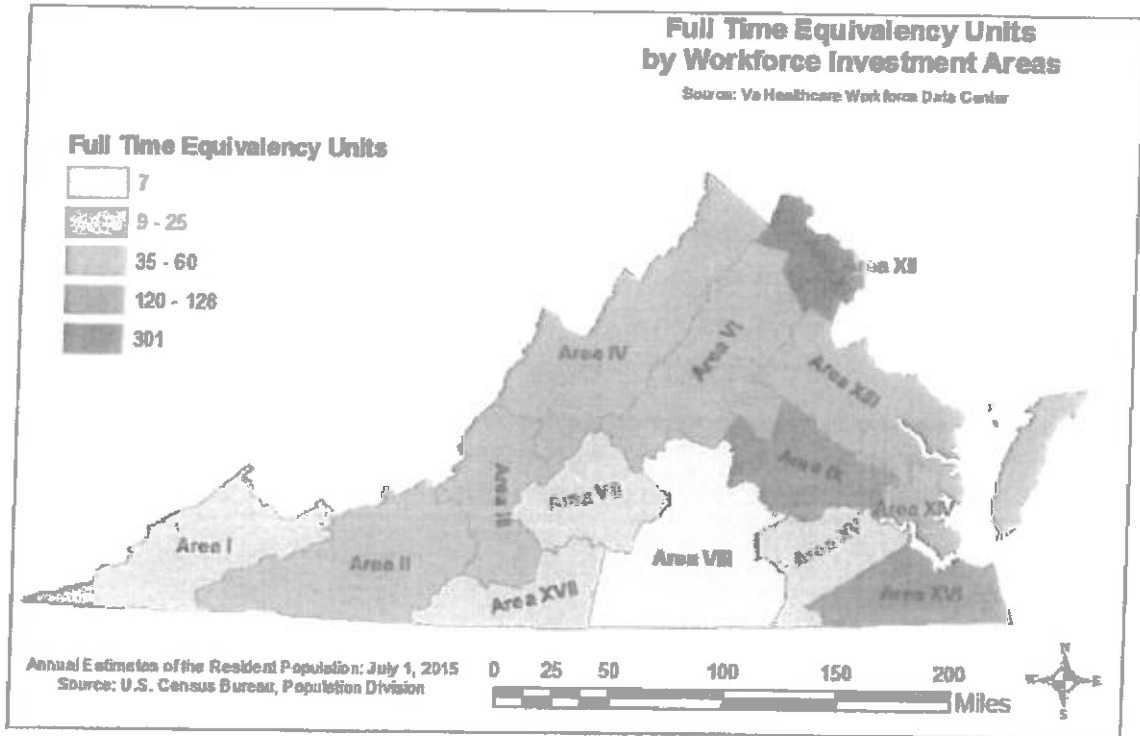
Source: Va. Healthcare Workforce Data Center
Source: Va. Healthcare Workforce Data Center

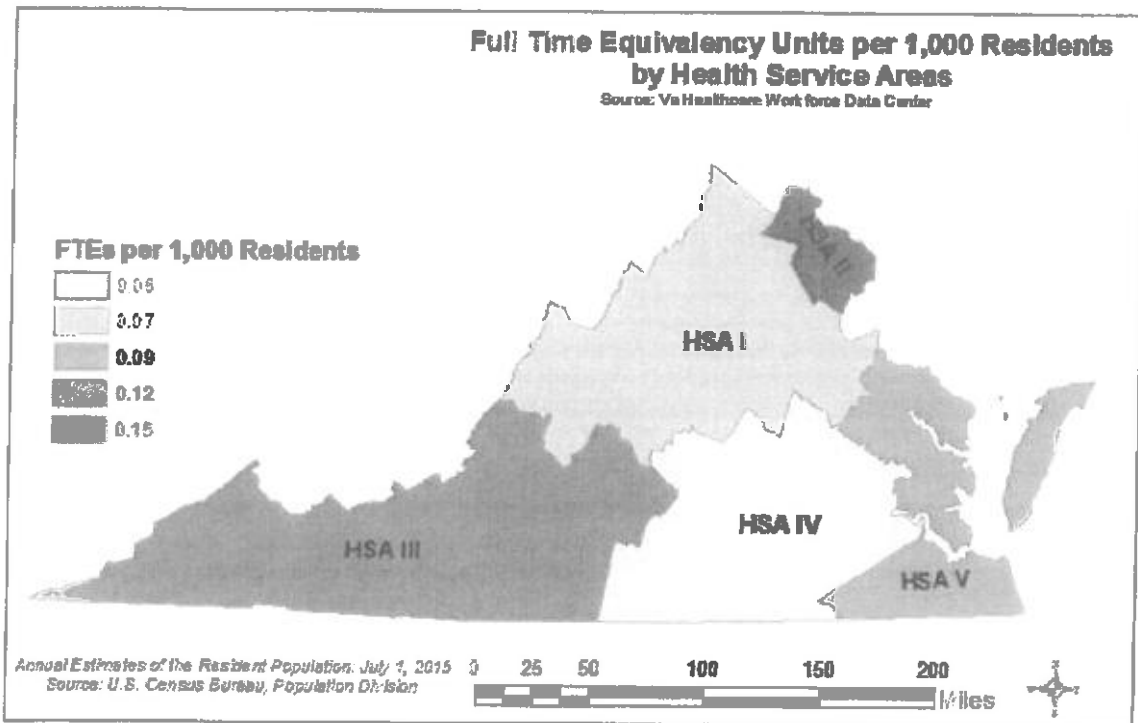
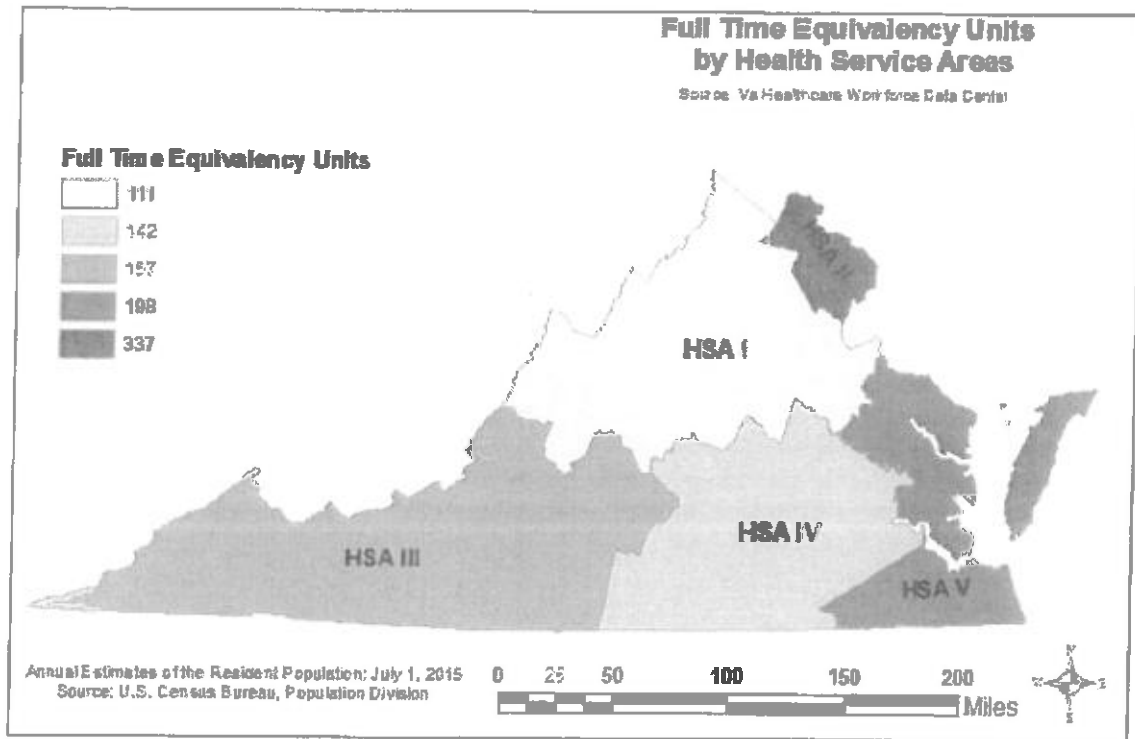


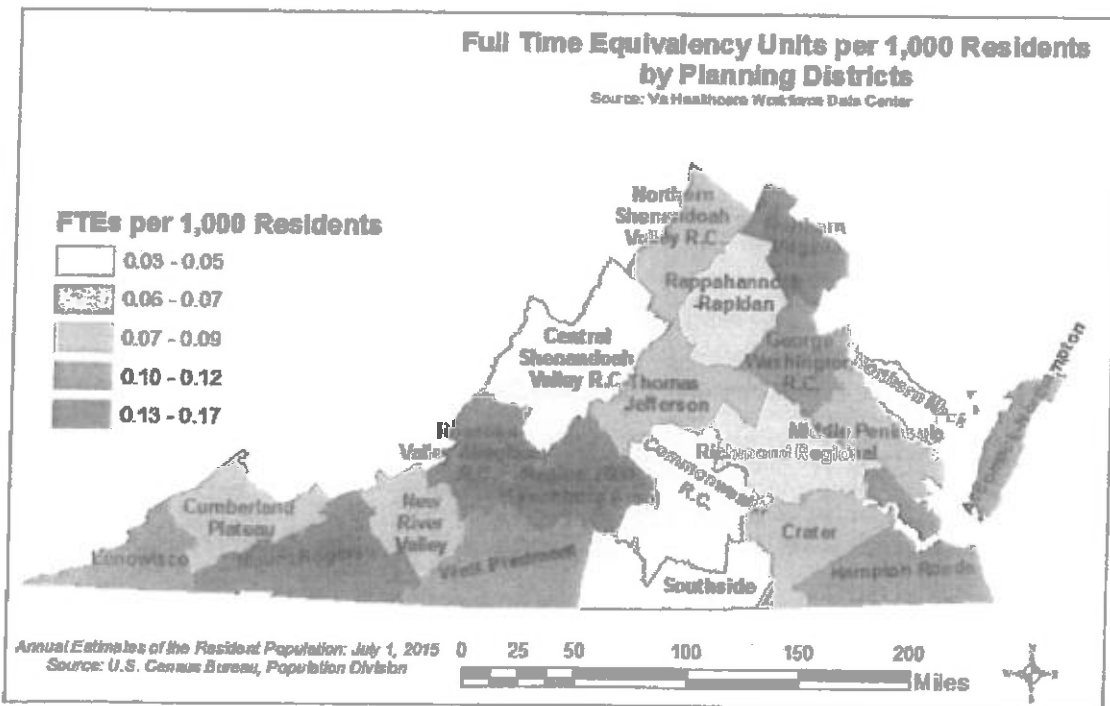
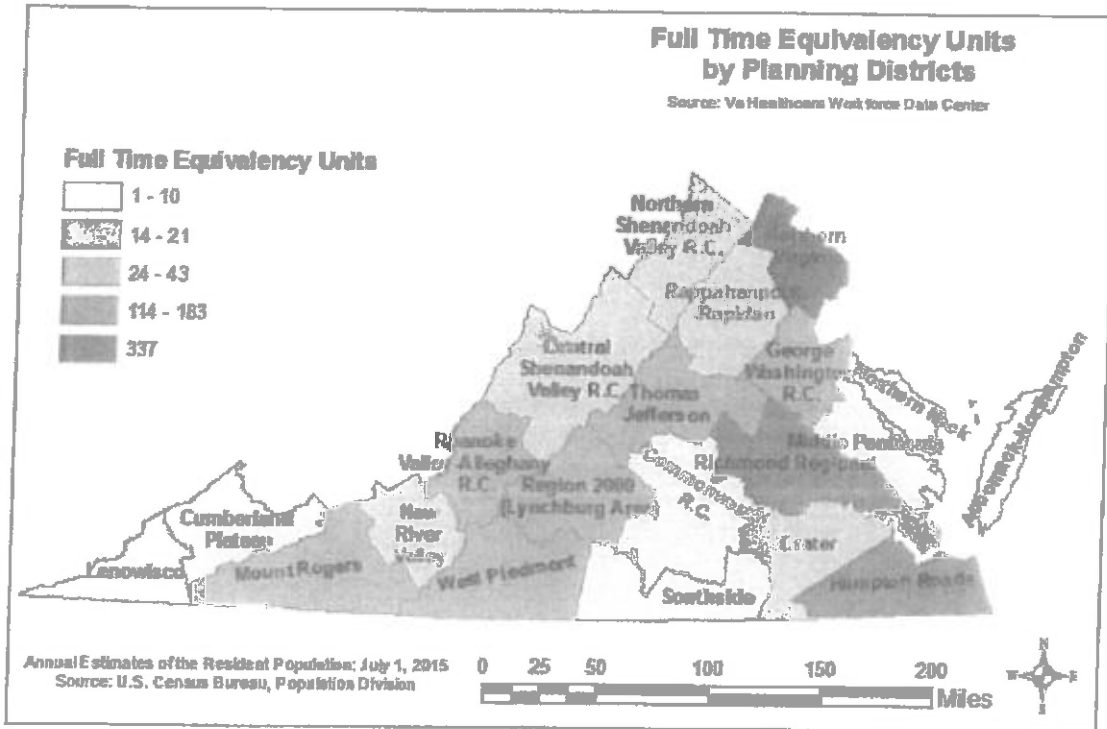
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).











Appendices

Weights

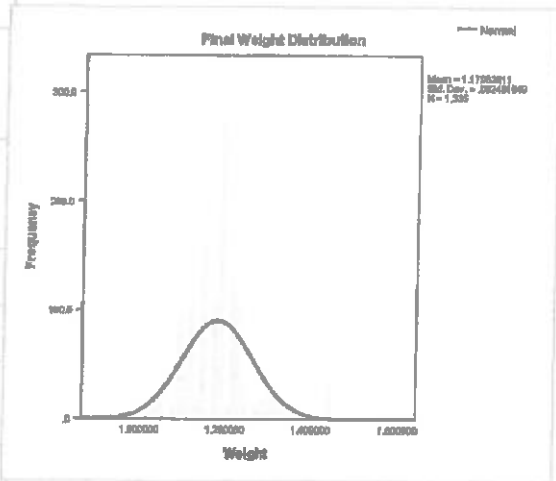
Rural	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	904	84.07%	1.189473684	1.11861	1.440315
Metro, 250,000 to 1 million	97	83.51%	1.197530864	1.126187	1.450071
Metro, 250,000 or less	99	91.92%	1.087912088	1.023099	1.317336
Urban pop 20,000+, Metro adj	19	89.47%	1.117647059	1.051062	1.160224
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	34	85.29%	1.172413793	1.102566	1.419658
Urban pop, 2,500-19,999, nonadj	25	84.00%	1.19047619	1.139105	1.441529
Rural, Metro adj	16	75.00%	1.333333333	1.253899	1.384127
Rural, nonadj	3	100.00%	1	0.940424	1.038095
Virginia border state/DC	210	90.95%	1.09947644	1.033974	1.331339
Other US State	168	77.38%	1.292307692	1.215317	1.564835

See the Methods section on the HWDC website for details on HWDC Methods:
www.dhs.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight}$$

Overall Response Rate: 0.84762



Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	70	70.00%	1.428571429	1.317336	1.564835
30 to 34	197	84.77%	1.179640719	1.087788	1.29216
35 to 39	218	81.65%	1.224719101	1.038095	1.384127
40 to 44	198	83.33%	1.2	1.106562	1.314462
45 to 49	219	88.58%	1.128865979	0.956848	1.275798
50 to 54	173	86.13%	1.161073826	1.070667	1.312198
55 to 59	152	90.13%	1.109489051	0.940424	1.253899
60 and Over	348	85.06%	1.175675676	1.084132	1.3287

Agenda Item: Review of Guidance Documents

Included in your agenda package:

Current guidance documents for the Board that have not been reviewed, revised or readopted in the past four years:

Board action: Revise, repeal or re-adopt guidance documents

105-10, End of a contact lens fitting, adopted May 12, 2012

105-11, Disposition of cases involving practicing with an expired license, adopted February 8, 2012

105-13, Guidance on Performing Free Eye Screenings, adopted May 11, 2011

105-17, Guidelines on use of O.D. or Optometrist in advertising, adopted February 1997, reaffirmed July 15, 2010

105-26, Board motion on delegation of informal fact-finding to an agency subordinate, revised September 2010

105-28, Instruction manual on use of sanction reference points, revised July 2011

Virginia Board of Optometry Guidance on End of a Contact Lens Fitting

Applicable Regulation

Regulations of the Virginia Board of Optometry

18VAC105-20-45. Standards of practice.

C. Contact lens.

2. An optometrist shall provide a patient with a copy of the patient's contact lens prescription at the end of the contact lens fitting, even if the patient doesn't ask for it. An optometrist may first require all fees to be paid, but only if he requires immediate payment from patients whose eye examinations reveal no need for corrective eye products.

Guidance

The Board of Optometry voted that the "end" of a contact lens fitting is determined by the following three criteria as taken from The Contact Lens Rule of the Federal Trade Commission (16 C.F.R. §§ 315.1-315.11):

1. When the lens fitting is complete;
2. If follow-up examinations are needed to complete the lens fitting, all follow-up exams must be medically necessary; and
3. If the prescriber is prepared to sell the patient contact lenses then the fitting is complete.

Proof of valid insurance coverage counts as payment.

For further information regarding the Contact Lens Rule of the Federal Trade Commission go to <http://business.ftc.gov/documents/bus63-complying-contact-lens-rule> or <http://www.ftc.gov/os/2004/06/040629contactlensrulefrn.pdf>

VIRGINIA BOARD OF OPTOMETRY

DISPOSITION OF DISCIPLINARY CASES FOR OPTOMETRISTS INVOLVING PRACTICING WITH AN EXPIRED LICENSE

The Board of Optometry (Board) delegates to the Executive Director for the Board the authority to offer a prehearing consent order to resolve disciplinary cases in which an Optometrist has been found to be practicing with an expired license.

Disciplinary Action for Practicing with an Expired License

The Board adopted the following guidelines for resolution of cases of practicing with an expired license:

Cause	Possible Action
First offense; 90 days or less	Confidential Consent Agreement
First offense; 91 days to one year	Consent Order; Monetary Penalty of \$1000
First offense; more than one year	Consent Order; Monetary Penalty of \$1500
Second offense	Consent Order; Monetary Penalty of \$2000

**Virginia Board of Optometry
Guidance on Performing Free Eye Screenings**

The Board voted unanimously that an optometrist who performs a free eye screening does not constitute a violation of statutes or regulations if the following conditions are met:

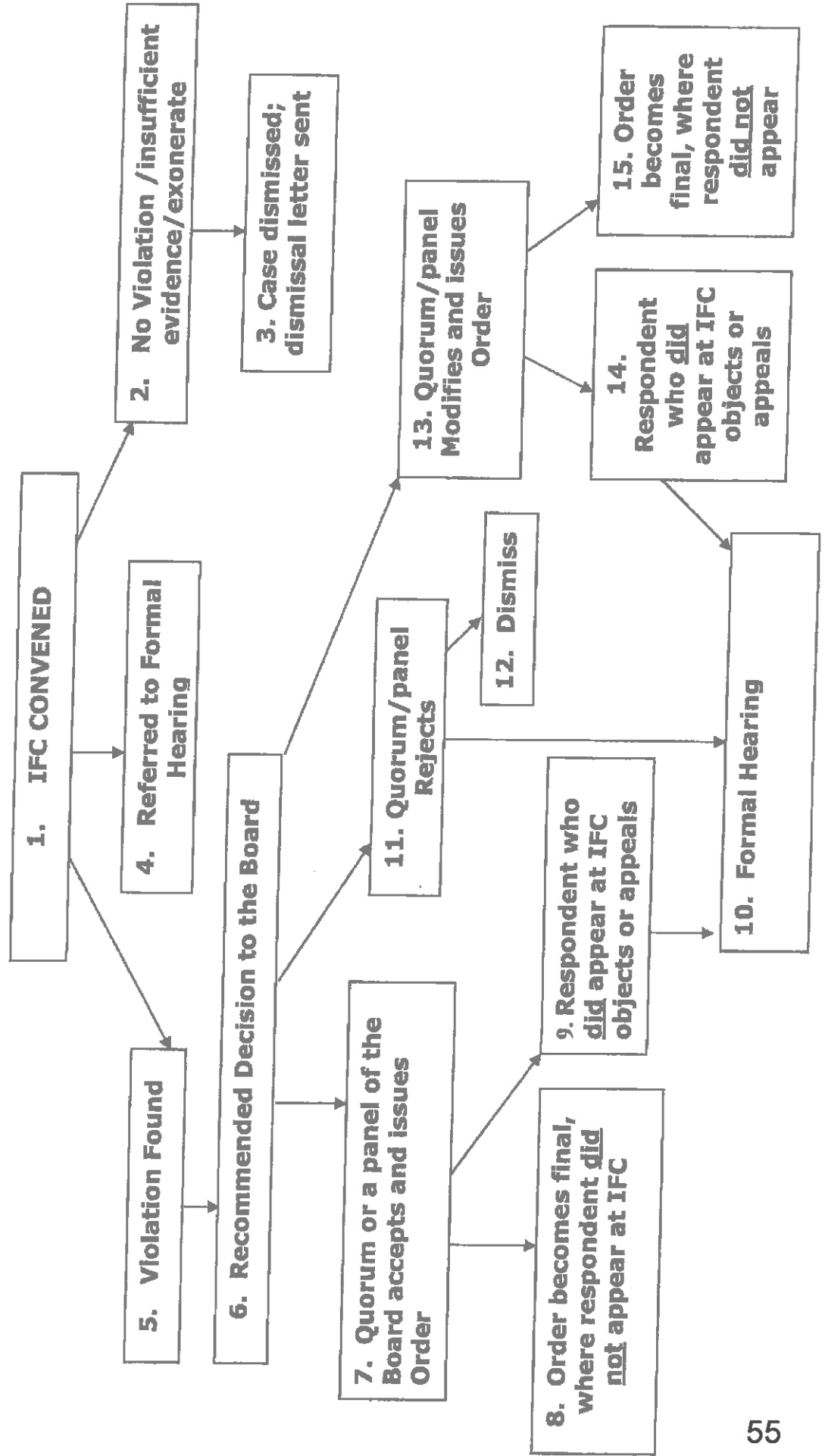
1. The optometrist makes it clear to the public or individual person that he is performing a screening to identify possible visual or ocular conditions or disorders and not a comprehensive examination for the purpose of diagnosis or treatment.
2. A referral recommendation is to the eye doctor of the individual's or parent of a minor's choice.

**Guidance on Board Response to Violations
of Use of O.D. and Optometrist in Advertising**

**Excerpts from Minutes of Board meeting of February 7, 1997
Reaffirmed July 15, 2010**

The Board voted unanimously that advertisement placed in the **Optometry** section of the yellow pages do not require an O.D. or Optometrist designation unless advertising under a professional designation.

Guidance for Conduct of an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the Department of Health Professions



Narrative explanation of Flow Chart on Delegation to an Agency Subordinate

This describes the process in which a subordinate hears a case at an informal conference up to a case that may be referred to a formal hearing.

1. Pursuant to a notice, the designated agency subordinate (“subordinate”) will convene the informal conference (“IFC”). An IFC before a subordinate is conducted in the same manner as an IFC before a committee of the board. Following the presentation of information by the parties, the subordinate will consider the evidence presented and render a recommended decision regarding the findings of fact, conclusions of law, and if appropriate, the sanction to be imposed.
2. The subordinate may recommend that the respondent be exonerated, that there be a finding of no violation, or that insufficient evidence exists to determine that a statutory and/or regulatory violation has occurred.
3. If the subordinate makes such a finding, the case is dismissed and a dismissal letter is issued to the respondent notifying him of the determination.
4. The subordinate may decide that the case should be referred to a formal hearing. A hearing before the board would then be scheduled and notice sent to the respondent.
5. The subordinate may determine that a violation has occurred and recommend the findings of fact and conclusions of law along with an appropriate sanction.
6. With the assistance of APD, the subordinate drafts a recommended decision, which includes the findings of fact, conclusions of law and sanction. The recommendation is provided to the respondent and to the board and must be ratified by a quorum of the board or a panel consisting of at least five members of the board.
7. If the quorum or panel of the board accepts the recommended decision and:
 8. If the respondent did not appear at the IFC, the board’s decision becomes a final order that can only be appealed to a circuit court; or
 - 9-10. If the respondent did appear at the IFC and objects to and appeals the order, he may request a

formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

11. A quorum or panel of the board may reject the recommended decision of the subordinate, in which case:

The quorum/panel may decide to refer the case for a formal hearing (10); or the quorum/panel may decide to dismiss the case and a dismissal letter is issued to the respondent notifying him of the decision of the board (12).

13. A quorum or panel of the board may modify the subordinate's recommended decision and issue an order reflecting the modified decision to the respondent.

15. If the respondent did not appear at the informal conference, then the board's decision becomes a final order that can only be appealed to a circuit court.

14-10. If the respondent did appear at the informal conference and objects to and appeals the order, he may request a formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

Criteria for this report:

License Status = Current Active, Current Inactive, Probation - Current Active, Adverse Findings - Current Active, Current Active-RN Privilege and Expiration Date >= Today or is null.

License Count Report for Optometry

Board	Occupation	State	License Status	License Count
Optometry				
	Optometrist			
	Optometrist	Virginia	Current Active	20
	Optometrist	Out of state	Current Active	84
	Total for Optometrist			104
Professional Designation				
	Professional Designation	Virginia	Current Active	256
	Professional Designation	Out of state	Current Active	1
	Total for Professional Designation			257
TPA Certified Optometrist				
	TPA Certified Optometrist	Virginia	Current Active	1,155
	TPA Certified Optometrist	Virginia	Probation - Current Active	3
	TPA Certified Optometrist	Out of state	Current Active	394
	Total for TPA Certified Optometrist			1,552
Total for Optometry				1,913

License Type	FY2012	FY2013	FY2014	FY2015	2016	FY2017	2018
Optometrist	163	150	143	131	124	117	104
Optometrist - Volunteer	0	0	0	0	0	0	0
Profession Designation	230	245	251	250	247	266	257
TPA Certified Optometrist	1434	1480	1512	1527	1486	1538	1552
Total	1827	1875	1906	1908	1857	1921	1913

Virginia Department of Health Professions
Cash Balance
As of May 31, 2018

	105- Optometry
Board Cash Balance as June 30, 2017	532,903
YTD FY18 Revenue	346,460
Less: YTD FY18 Direct and Allocated Expenditures	364,260
Board Cash Balance as May 31, 2018	515,103

Virginia Department of Health Professions
Cash Balance
As of June 30, 2017

	105- Optometry
Board Cash Balance as of June 30, 2016	\$ 529,791
YTD FY17 Revenue	353,390
Less: YTD FY17 Direct and In-Direct Expenditures	350,278
Board Cash Balance as June 30, 2017	532,903