

**August 28, 2024**  
**Board Room 3**  
**9:00 a.m.**

**Agenda**  
**Virginia Board of Optometry**  
**Full Board Meeting**

**Call to Order – Gerald R. Neidigh, Jr., O.D., Board President**

**Page**

- Welcome
- Emergency Egress Procedures
- Introductions
- Mission Statement

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**Ordering of Agenda – Dr. Neidigh**

**9:05 a.m. Public Hearing – Dr. Neidigh**

To receive public comments on the proposed Regulations of the Virginia Board of Optometry to add Regulations of the Virginia Board of Optometry to add laser surgery certification.

**Public Hearing Adjournment – Dr. Neidigh**

**Approval of Minutes – Dr. Neidigh**

**Pages**

- July 14, 2023 – Full Board Meeting (pages 2-6)
- November 3, 2023 – Formal Hearing (pages 7-8)

**2-8**

**Director’s Report – Arne Owens, Director**

**Regulatory Report – Erin Barrett**

**Pages**

- Regulatory Update
  - Current Regulatory Actions (page 9)
- Adoption of exempt regulatory action pursuant to HB699 (pages 10-12)
- Addition of NPDB report to licensure by endorsement process (pages 13-15)

**9-15**

**Discussion – Dr. Neidigh/Kelli Moss**

**Pages**

- 2024 Optometry Healthcare Workforce Data Center Report – Drs. Yetty Shobo and Barbara Hodgdon (pages 16-44)
- Revisions to SRP Worksheet and Instructions – Kim Small (pages 45-47)

**16-47**

**Board Counsel’s Report – Laura Booberg**

**President’s Report – Dr. Neidigh**

**Report on Association of Regulatory Boards of Optometry (ARBO) Annual Meeting – Dr. Neidigh**

**Board of Health Professions’ Report – Dr. Neidigh/Ms. Moss**

**Staff Reports – Dr. Neidigh**

**Pages**

- Executive Director – Ms. Moss
  - Statistics (page 48)
  - Budget (page 49)

**48-50**

- 
- Staff updates
  - Draft 2025 Meeting Calendar (page 50)
  - **Discipline – Heather Pote**
- 

**New Business – Dr. Neidigh**  
Officer Elections

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**Next Meeting – Dr. Neidigh/Ms. Moss**  
November 8, 2024

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**Meeting Adjournment – Dr. Neidigh**

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

# MISSION STATEMENT

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Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

### **Call to Order**

The July 14, 2023, Virginia Board of Optometry meeting was called to order at 9:02 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 2, Henrico, Virginia 23233.

### **Presiding Officer**

Lisa G. Wallace-Davis, O.D., President

### **Members Present**

Devon B. Cabot, Citizen Member, Vice-President

Gerald R. Neidigh, Jr., O.D.

Fred E. Goldberg, O.D.

Clifford A. Roffis, O.D.

Evan J. Kaufman, O.D.

### **Staff Present**

Arne W. Owens, Agency Director

Leslie L. Knachel, Executive Director

Kelli Moss, Deputy Executive Director

Erin Barrett, Director of Legislative & Regulatory Affairs

Yetty Shobo, Director of Healthcare Workforce Data Center & Data Analytics Division (HWDC)

Barbara Hodgdon, Deputy Director of HWDC

Laura A. Booberg, Assistant Attorney General, Board Counsel

Laura Jackson, Board Administrator

Laura Paasch, Senior Licensing Specialist

### **Public Present**

Bo Keeney, Virginia Optometric Association

Maddy Busse

Ella Hayes, DHP Intern

### **Establishment of Quorum**

With six board members present, a quorum was established.

### **Introductions**

Dr. Wallace-Davis welcomed Arne Owens, the new DHP Director, who began his appointment on November 1, 2022.

She announced that the agency has a new Chief Deputy Director, James Jenkins, who began his appointment on November 30, 2022.

Laura Booberg was introduced as the new Assistant Attorney General assigned to the Board of Optometry.

### **Ordering of Agenda**

Dr. Wallace-Davis opened the floor to any changes to the agenda. Hearing no changes, the agenda was accepted as presented.

### **Public Comment**

There were no requests to provide public comment.

### **Approval of Minutes**

Dr. Wallace-Davis stated that the minutes from the August 5, 2022, Regulatory Advisory Panel were previously approved and are removed from this voting block. She opened the floor to any additions or corrections regarding the draft minutes from the following meetings:

- August 26, 2022, Full Board Meeting
- January 20, 2023, Regulatory Committee Meeting

Hearing no additions or corrections, the minutes were approved as presented.

### **Agency Director's Report**

Mr. Owens provided an update on the agency's activities.

### **Legislative/Regulatory Report**

Ms. Barrett provided information on the following:

- 2023 legislative update
- Regulatory update
  - Current Regulatory Actions
  - Report on optometrists performing laser surgery
  - Proposed regulations for optometrist annual reporting

Dr. Neidigh made a motion to adopt the proposed regulations for optometrists annual reporting. The motion was seconded by Ms. Cabot. The motion carried unanimously.

- Proposed regulations for laser surgery certification

The Board discussed the date when all applicants shall meet the requirements for laser surgery. The Board requested a date of January 1, 2033.

Ms. Cabot made a motion to require at least two proctored sessions for each of the three laser surgery procedures to obtain certification. The motion was seconded by Dr. Goldberg. The motion carried unanimously.

Dr. Goldberg made a motion to adopt the proposed regulations with the proctored session amendment. The motion was seconded by Ms. Cabot. The motion carried unanimously.

- Issuance of periodic review

Dr. Roffis made a motion to being the regulatory process for the periodic review of Chapter 20. The motion was seconded by Dr. Neidigh. The motion carried unanimously.

- Fast-track regulatory action to allow agency subordinates to hear credentials cases

Dr. Goldberg made a motion to adopt the fast-track action to allow agency subordinates to hear credential cases. The motion was seconded by Dr. Kaufman. The motion carried unanimously.

- Guidance Document 105-26 Guidance on process of delegating informal fact-finding to an agency subordinate

Dr. Neidigh made a motion to adopted Guidance Document 105-26 Guidance on the process of delegating informal fact-finding to an agency subordinate as presented. The motion was seconded by Dr. Roffis. The motion carried unanimously.

- Guidance Document 105-2 Guidance on Light Adjustable Lens

Ms. Cabot made a motion to adopt Guidance Document 105-2, Guidance on Light Adjustable Lens as presented. The motion was seconded by Dr. Neidigh. The motion carried unanimously.

- Policy review for electronic participation policy amendment

Dr. Kaufman made a motion to adopt the revised the electronic participation policy as presented. The motion was seconded by Dr. Goldberg. The motion carried unanimously.

## **Discussion Items**

### 2023 Optometry Healthcare Workforce Data Center Report

Dr. Yetty Shobo and Dr. Barbara Hodgdon reported on the 2023 Optometry Healthcare Workforce Data Center report.

### National examination information

Ms. Knachel provided information on the national examination.

## **Board Counsel Report**

Ms. Booberg had no information to report to the Board.

## **President's Report**

Dr. Wallace-Davis did not have anything to report.

## **ARBO Report**

Dr. Wallace-Davis reported that Dr. Kaufman, Dr. Goldberg, and Ms. Knachel attended the 2023 ARBO Annual Meeting held June 18-20 in Alexandria, VA. She provided a recap of the information discussed the meeting.

## **Board of Health Professions' Report**

Ms. Knachel stated that due to lack of quorum there have been no meetings of the Board of Health Professions thus far in 2023. The Board of Optometry did not have a representative at this time.

## **Staff Reports**

Ms. Knachel recognized Dr. Wallace-Davis and Ms. Devon Cabot with a plaque. Both board members provided eight years of service to the Board and the Commonwealth.

Ms. Knachel provided information on board statistics, outreach efforts and the 2024 Board calendar. The 2024 ARBO Annual Meeting will be held in Nashville, TN.

Ms. Moss provided an update on open and closed discipline cases.

## **New Business**

### Elections

Dr. Kaufman made a motion to nominate Dr. Neidigh to serve as the Board's President. The motion was seconded by Dr. Roffis. No other nominations were received. Voting by roll-call ballot was unanimous and the motion carried for Dr. Neidigh to serve a one-year term as President immediately upon appointment of the current President's successor. Dr. Neidigh will serve until December 31, 2024.

Dr. Roffis made a motion to nominate Dr. Kaufman to serve as the Board's Vice-President. The motion was seconded by Dr. Neidigh. No other nominations were received. Voting by roll-call

ballot was unanimous and the motion carried for Dr. Kaufman to serve a one-year term as Vice-President immediately upon appointment of the current Vice-President's successor. Dr. Kaufman will serve until December 31, 2024.

**Next Meeting**

The next full board meeting is scheduled for November 3, 2023.

**Adjournment**

Hearing no objections, Dr. Wallace-Davis adjourned the meeting at 12:15 p.m.

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Kelli G. Moss  
Executive Director



**VIRGINIA BOARD OF OPTOMETRY  
FORMAL HEARING MINUTES  
DEPARTMENT OF HEALTH PROFESSIONS  
NOVEMBER 3, 2023**

**CALL TO ORDER:** The meeting of the Virginia Board of Optometry (Board) was called to order at 12:00 p.m., on November 3, 2023, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 2, Henrico, Virginia.

**PRESIDING OFFICER:** Gerald Neidigh, OD, President-elect

**MEMBERS PRESENT:** Corliss Booker, Ph.D., APRN, FNP-BC, Citizen Member  
Fred E. Goldberg, OD  
Evan Kaufman, OD

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

**STAFF PRESENT:** Leslie L. Knachel, M.P.H., Executive Director  
Heather Pote, Sr. Discipline Case Specialist

**BOARD COUNSEL:** Laura Booberg, Esq., Assistant Attorney General

**COURT REPORTER:** Andrea Pegram, Court Reporting Services, LLC

**PARTIES ON BEHALF OF THE COMMONWEALTH:** Christine Corey, Esq., Adjudication Specialist, Administrative Proceedings Division

**COMMONWEALTH WITNESSES:** Sarah Rogers, Regional Manager, Enforcement Division  
Rebecca Britt, Health Practitioners Monitoring Program

**APPLICANT WITNESSES:** Ace Armani, I, TPA-Certified Optometrist Reinstatement Applicant

**OTHERS PRESENT:** Kelli Moss, Deputy Executive Director, Board of Optometry  
Avi Efreom, Administrative Proceedings Division  
Saideh Mahdavi

**MATTER SCHEDULED:**           **Ace Armani, I, OD**  
**TPA-Certified Optometrist Reinstatement Applicant**  
**License No.: 0618-001615**  
**Case No.: 203725**

Dr. Armani appeared before the Board in accordance with a Notice of Formal Hearing dated June 14, 2023, and was not represented by counsel. The Board received evidence from Dr. Armani and the Commonwealth regarding the TPA-Certified Reinstatement Application of Dr. Armani.

**CLOSED SESSION:**           Dr. Goldberg moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia (“Code”) for the purpose of deliberation to reach a decision in the matter of Ace Armani, TPA-Certified Optometrist Reinstatement Applicant. Additionally, he moved that Ms. Booberg and Ms. Knachel attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded by Dr. Kaufman and carried unanimously.

**RECONVENE:**                 Dr. Kaufman 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 by Dr. Goldberg and carried unanimously.

The Board reconvened in open session pursuant to § 2.2-3712(D) of the Code.

**DECISION:**                 Dr. Kaufman moved that the Board deny Ace Armani, I, OD’s reinstatement application for licensure as a TPA-Certified Optometrist, and that the basis for this decision will be set forth in a final Board Order sent to Dr. Armani at his address of record. The motion was seconded by Dr. Goldberg and carried unanimously.

**ADJOURNMENT:**           The Formal Hearing adjourned at 2:23 p.m.

**Board of Optometry**  
**Current Regulatory Actions**  
**As of August 15, 2024**

**In the Governor’s office**

None.

**In the Secretary’s office**

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC105-20	Proposed	Regulations for optometrist profiles and reporting	8/1/2023	177 days	Implements requirements from the 2022 Session.

**At the Department of Planning and Budget**

None.

**At the Office of the Attorney General**

None.

**Recently effective or awaiting publication**

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC105-20	Proposed	Regulations for laser surgery certifications	8/26/2024	Final action will be before the next Board meeting after the close of the 60 day comment period.
18VAC105-20	Fast-track	Agency subordinates to hear credentials cases	8/26/2024	Will be come effective October 10 after the close of the public comment period.

**Agenda Item: Adoption of exempt regulatory action pursuant to HB699**

**Included in your agenda package:**

- Draft changes to Chapter 20 to add new regulation 18VAC105-20-51 setting forth certain patient counseling and recordkeeping requirements related to opioid prescriptions, consistent with changes in the 2024 GA; and
- HB699, which requires these changes.

**Action needed:**

- Adoption of exempt regulatory change to amend Chapter 20 to add 18VAC105-20-51 as presented.

**Project 7887 - Exempt Final**

**Board of Optometry**

**Changes to patient counseling regarding opioid prescriptions pursuant to HB699**

**18VAC105-20-51. Patient counseling for opioids.**

A. Prior to issuing a prescription for an opioid to treat acute or chronic pain, practitioners must provide patient counseling on the following:

1. the risks of addiction and overdose associated with opioid drugs and the dangers of taking opioid drugs with alcohol, benzodiazepines, and other central nervous system depressants;
2. the reasons why the prescription is necessary;
3. alternative treatments that may be available; and
4. risks associated with the use of the drugs being prescribed, specifically that opioids are highly addictive, even when taken as prescribed, that there is a risk of developing a physical or psychological dependence on the controlled dangerous substance, and that the risks of taking more opioids than prescribed, or mixing sedatives, benzodiazepines, or alcohol with opioids can result in fatal respiratory depression.

Such patient counseling shall be documented in the patient's medical record.

B. Patient counseling shall not be a requirement for patients who are (i) in active treatment for cancer, (ii) receiving hospice care from a licensed hospice or palliative care, (iii) residents of a long-term care facility, (iv) being prescribed an opioid in the course of treatment for substance abuse or opioid dependence, or (v) receiving treatment for sickle cell disease.

CHAPTER 448

*An Act to direct the Board of Medicine, the Board of Dentistry, the Board of Optometry, and the Boards of Medicine and Nursing to amend their regulations related to patient counseling for the prescription of opioids to treat acute or chronic pain.*

[H 699]

Approved April 4, 2024

**Be it enacted by the General Assembly of Virginia:**

**1.** *§ 1. That the Board of Medicine, the Board of Dentistry, the Board of Optometry, and the Boards of Medicine and Nursing shall amend their regulations to require that, prior to issuing a prescription for any opioid to treat acute or chronic pain, practitioners provide patient counseling. Such patient counseling shall include providing the patient with information regarding (i) the risks of addiction and overdose associated with opioid drugs and the dangers of taking opioid drugs with alcohol, benzodiazepines, and other central nervous system depressants; (ii) the reasons why the prescription is necessary; (iii) alternative treatments that may be available; and (iv) risks associated with the use of the drugs being prescribed, specifically that opioids are highly addictive, even when taken as prescribed, that there is a risk of developing a physical or psychological dependence on the controlled dangerous substance, and that the risks of taking more opioids than prescribed, or mixing sedatives, benzodiazepines, or alcohol with opioids, can result in fatal respiratory depression. The regulations shall require that the practitioner document in the patient's medical record that the patient has discussed with the practitioner the risks of developing a physical or psychological dependence on the controlled dangerous substance and alternative treatments that may be available. The regulations shall include an exception to the patient counseling requirement for patients who are (a) in active treatment for cancer, (b) receiving hospice care from a licensed hospice or palliative care, (c) residents of a long-term care facility, (d) being prescribed an opioid in the course of treatment for substance abuse or opioid dependence, or (e) receiving treatment for sickle cell disease.*

**2.** *That the Board of Medicine, the Board of Dentistry, the Board of Optometry, and the Boards of Medicine and Nursing shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment.*

**Agenda Item: Addition of NPDB report to licensure by endorsement process**

**Included in your agenda package:**

- 18VAC105-20-10.

**Action needed:**

- Motion to adopt notice of intended regulatory action (NOIRA) to add National Practitioner Data Bank report to requirements for licensure by endorsement.

Virginia Administrative Code  
Title 18. Professional And Occupational Licensing  
Agency 105. Board of Optometry  
Chapter 20. Regulations Governing the Practice of Optometry

18VAC105-20-10. Requirements for licensure.

A. The applicant, in order to be eligible for licensure to practice optometry in the Commonwealth, shall meet the requirements for TPA certification in 18VAC105-20-16 and shall:

1. Be a graduate of a school of optometry accredited by the Accreditation Council on Optometric Education or other accrediting body deemed by the board to be substantially equivalent; have an official transcript verifying graduation sent to the board;
2. Request submission of an official report from the NBEO of a score received on each required part of the NBEO examination or other board-approved examination;
3. Submit a completed application and the prescribed fee; and
4. Sign a statement attesting that the applicant has read, understands, and will comply with the statutes and regulations governing the practice of optometry in Virginia.

B. The board may waive the requirement of graduation from an accredited school of optometry for an applicant who holds a current, unrestricted license in another United States jurisdiction and has been engaged in active clinical practice for 36 out of the 60 months immediately preceding application for licensure in Virginia.

C. Required examinations. For the purpose of § 54.1-3211 of the Code of Virginia, the board adopts all parts of the NBEO examination as its written examination for licensure. After July 1, 1997, the board shall require passage as determined by the board of Parts I, II, and III of the NBEO examination, including passage of TMOD.

D. If an applicant has been licensed in another jurisdiction, the following requirements shall also apply:

1. The applicant shall attest that the applicant is not a respondent in a pending or unresolved malpractice claim.
2. Each jurisdiction in which the applicant is or has been licensed shall verify that:
  - a. The license is current and unrestricted, or if the license has lapsed, it is eligible for reinstatement;
  - b. All continuing education requirements have been completed, if applicable;
  - c. The applicant is not a respondent in any pending or unresolved board action; and
  - d. The applicant has not committed any act that would constitute a violation of § 54.1-3204 or 54.1-3215 of the Code of Virginia.



3. An applicant licensed in another jurisdiction who has not been engaged in active practice within the 12 months immediately preceding application for licensure in Virginia shall be required to complete 20 hours of continuing education as specified in 18VAC105-20-70.
4. In the case of a federal service optometrist, the commanding officer shall also verify that the applicant is in good standing.

**Statutory Authority**

§§ 54.1-2400 and 54.1-3223 of the Code of Virginia.

**Historical Notes**

Derived from VR510-01-1 § 1, eff. October 30, 1985; amended, Virginia Register Volume 4, Issue 3, eff. December 9, 1987; Volume 4, Issue 19, eff. July 20, 1988; Volume 5, Issue 10, eff. March 13, 1989; Volume 8, Issue 4, eff. January 1, 1992; Errata, 8:9 VA.R. 1467 January 27, 1992; amended, Virginia Register Volume 11, Issue 20, eff. July 26, 1995; Volume 15, Issue 6, eff. January 6, 1999; Volume 19, Issue 7, eff. January 15, 2003; Volume 22, Issue 4, eff. November 30, 2005; Volume 22, Issue 20, eff. July 12, 2006; Volume 23, Issue 22, eff. September 24, 2007; Volume 31, Issue 7, eff. January 15, 2015; Volume 36, Issue 6, eff. December 11, 2019.

**DRAFT**

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# *Virginia's Optometrist Workforce: 2024*

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Healthcare Workforce Data Center

April 2024

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-597-4213, 804-527-4434 (fax)  
E-mail: [HWDC@dhp.virginia.gov](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*More than 1,500 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 their ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**Arne W. Owens, MS**  
*Director*

**James L. Jenkins, Jr., RN**  
*Chief Deputy Director*

*Healthcare Workforce Data Center Staff:*

**Yetty Shobo, PhD**  
*Director*

**Barbara Hodgdon, PhD**  
*Deputy Director*

**Rajana Siva, MBA**  
*Data Analyst*

**Christopher Coyle, BA**  
*Research Assistant*

# **Virginia Board of Optometry**

## ***President***

Gerald R. Neidigh, Jr., OD  
*Powhatan*

## ***Vice President***

Evan J. Kaufman, OD  
*Charlottesville*

## ***Members***

Corliss V. Booker, PhD, APRN, FNP-BC  
*Chester*

Fred E. Goldberg, OD  
*McLean*

Shawn H. Hobbs, OD  
*Richmond*

Clifford A. Roffis, OD  
*Richmond*

## ***Executive Director***

Leslie L. Knachel

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# The Optometrist Workforce At a Glance:

## The Workforce

Licensees:	1,879
Virginia's Workforce:	1,297
FTEs:	1,139

## Background

Rural Childhood:	24%
HS Degree in VA:	35%
UG Degree in VA:	33%

## Current Employment

Employed in Prof.:	97%
Hold 1 Full-Time Job:	71%
Satisfied?:	96%

## Survey Response Rate

All Licensees:	84%
Renewing Practitioners:	94%

## Residency Program

Ocular Disease:	10%
Primary Eye Care:	7%

## Job Turnover

Switched Jobs:	5%
Employed Over 2 Yrs.:	67%

## Demographics

% Female:	59%
Diversity Index:	51%
Median Age:	47

## Finances

Median Inc.:	\$130k-\$140k
Health Benefits:	60%
Under 40 w/ Ed. Debt:	80%

## Time Allocation

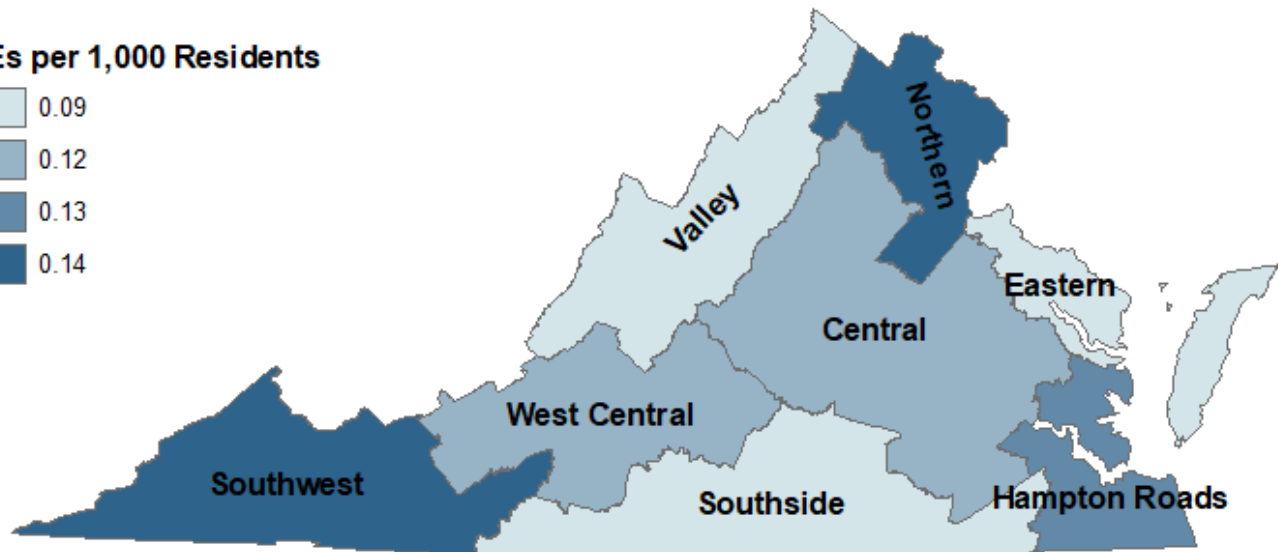
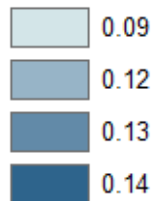
Patient Care:	90%-99%
Administration:	1%-9%
Patient Care Role:	94%

Source: Va. Healthcare Workforce Data Center

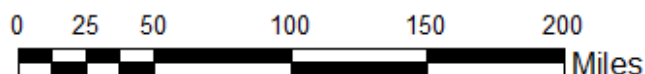
## Full-Time Equivalency Units Provided by Optometrists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Work force Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2022  
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2024 Optometrist Workforce survey. Among all optometrists, 1,585 voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers this survey during the license renewal process, which takes place every March for optometrists. These respondents represent 84% of the 1,879 optometrists licensed in the state and 94% of renewing practitioners.

The HWDC estimates that 1,297 optometrists participated in Virginia's workforce during the survey time 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 1,139 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly three out of every five optometrists are female, including 73% of those optometrists who are under the age of 40. In a random encounter between two optometrists, there is a 51% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 56% for those optometrists who are under the age of 40. The comparable diversity index for Virginia's overall population is 60%. Nearly one out of every four optometrists grew up in a rural area, and 21% of optometrists who grew up in a rural area currently work in a non-metro area of the state. In total, 9% of all optometrists work in a non-metro area of Virginia.

Among all optometrists, 97% are currently employed in the profession, 71% hold one full-time job, and 43% work between 40 and 49 hours per week. Two-thirds of optometrists work in a private practice, including 45% who work in a group private practice. The typical optometrist earns between \$130,000 and \$140,000 per year, and 61% of optometrists earn this income in the form of a salary or commission. In addition, 78% of wage or salaried optometrists receive at least one employer-sponsored benefit, including 60% with access to health insurance. Among all optometrists, 96% are satisfied with their current work situation, including 60% who indicated that they are "very satisfied."

## Summary of Trends

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In this section, all statistics for this year are compared to the 2014 optometrist workforce. The number of licensed optometrists has increased by 22% (1,879 vs. 1,542). In addition, the size of the optometrist workforce has increased by 10% (1,297 vs. 1,179), and the number of FTEs provided by this workforce has increased by 12% (1,139 vs. 1,019). Virginia's renewing optometrists are more likely to respond to this survey (94% vs. 76%).

The percentage of Virginia's optometrists who are female has increased (59% vs. 49%), a trend that has also occurred among optometrists who are under the age of 40 (73% vs. 70%). At the same time, the diversity index of this workforce has increased as well (51% vs. 42%). However, the diversity index among those optometrists who are under the age of 40 has fallen (56% vs. 58%). Optometrists are less likely to have grown up in a rural area (24% vs. 26%), but optometrists who grew up in a rural area are more likely to work in a non-metro area of Virginia (21% vs. 19%). The percentage of all optometrists who work in a non-metro area of the state has not changed (9%).

The percentage of all optometrists who carry education debt has increased slightly (46% vs. 45%), although the opposite is true among those optometrists who are under the age of 40 (80% vs. 89%). Among all optometrists with education debt, the median outstanding balance has increased (\$120k-\$140k vs. \$100k-\$110k). Optometrists are more likely to work in group private practices (45% vs. 42%) than in solo private practices (21% vs. 24%). At the same time, optometrists are less likely to have worked at their primary work location for more than two years (67% vs. 70%).

The median annual income of Virginia's optometrists has increased (\$130k-\$140k vs. \$100k-\$110k), and more optometrists receive this income in the form of a salary (61% vs. 50%) than as income from a business or practice (23% vs. 32%). In addition, wage and salaried optometrists are more likely to receive at least one employer-sponsored benefit (78% vs. 70%), including access to health insurance (60% vs. 48%). Although there was no change in the percentage of optometrists who indicated that they are satisfied with their current work situation (96%), the percentage who indicated that they are "very satisfied" has fallen (60% vs. 63%).

A Closer Look:

Licensees		
License Status	#	%
<b>Renewing Practitioners</b>	1,587	84%
<b>New Licensees</b>	159	8%
<b>Non-Renewals</b>	133	7%
<b>All Licensees</b>	<b>1,879</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Among all renewing optometrists, 94% submitted a survey. These represent 84% of the 1,879 optometrists who held a license at some point in the past year.*

At a Glance:

**Licensed Optometrists**

Number: 1,879  
 New: 8%  
 Not Renewed: 7%

**Response Rates**

All Licensees: 84%  
 Renewing Practitioners: 94%

Source: Va. Healthcare Workforce Data Center

**Response Rates**

<b>Completed Surveys</b>	<b>1,585</b>
<b>Response Rate, All Licensees</b>	<b>84%</b>
<b>Response Rate, Renewals</b>	<b>94%</b>

Source: Va. Healthcare Workforce Data Center

**Response Rates**

Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
<b>Under 30</b>	32	56	64%
<b>30 to 34</b>	70	213	75%
<b>35 to 39</b>	31	208	87%
<b>40 to 44</b>	25	206	89%
<b>45 to 49</b>	30	185	86%
<b>50 to 54</b>	26	204	89%
<b>55 to 59</b>	19	159	89%
<b>60 and Over</b>	61	354	85%
<b>Total</b>	<b>294</b>	<b>1,585</b>	<b>84%</b>
<b>New Licenses</b>			
<b>Issued in Past Year</b>	84	75	47%
<b>Metro Status</b>			
<b>Non-Metro</b>	25	105	81%
<b>Metro</b>	131	964	88%
<b>Not in Virginia</b>	138	516	79%

Source: Va. Healthcare Workforce Data Center

**Definitions**

- 1. The Survey Period:** The survey was conducted in March 2024.
- 2. Target Population:** All optometrists who held a Virginia license at some point between April 2023 and March 2024.
- 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 the past year.



## At a Glance:

### Workforce

Optometrist Workforce: 1,297  
 FTEs: 1,139

### Utilization Ratios

Licensees in VA Workforce: 69%  
 Licensees per FTE: 1.65  
 Workers per FTE: 1.14

Source: Va. Healthcare Workforce Data Center

## Definitions

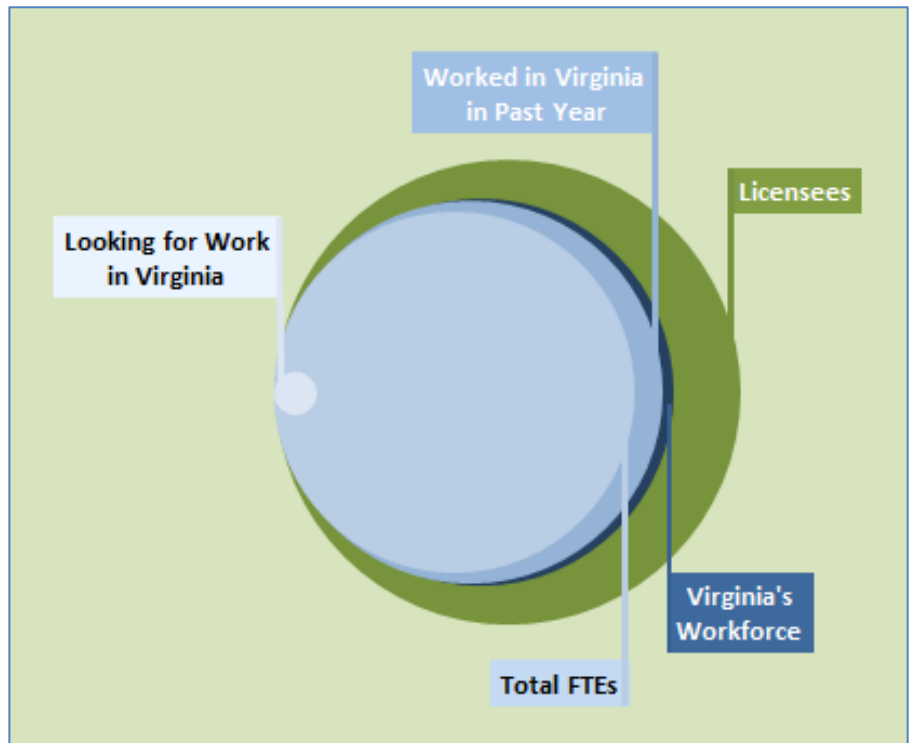
- 1. Virginia’s Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia’s workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks with 2 weeks off) 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.

### Optometrist Workforce

Status	#	%
<b>Worked in Virginia in Past Year</b>	1,281	99%
<b>Looking for Work in Virginia</b>	16	1%
<b>Virginia's Workforce</b>	<b>1,297</b>	<b>100%</b>
<b>Total FTEs</b>	<b>1,139</b>	
<b>Licensees</b>	<b>1,879</b>	

Source: Va. Healthcare Workforce Data Center

*Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC’s methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>*



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	14	22%	50	78%	64	7%
30 to 34	45	29%	111	71%	156	17%
35 to 39	28	29%	71	71%	99	11%
40 to 44	40	33%	79	67%	119	13%
45 to 49	30	33%	61	67%	91	10%
50 to 54	40	39%	61	61%	101	11%
55 to 59	33	39%	51	61%	83	9%
60 and Over	141	75%	47	25%	188	21%
<b>Total</b>	<b>370</b>	<b>41%</b>	<b>532</b>	<b>59%</b>	<b>902</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Optometrists		Optometrists Under 40	
	%	#	%	#	%
White	59%	598	66%	192	61%
Black	18%	42	5%	13	4%
Asian	7%	197	22%	83	26%
Other Race	1%	23	3%	4	1%
Two or More Races	5%	22	2%	12	4%
Hispanic	10%	21	2%	13	4%
<b>Total</b>	<b>100%</b>	<b>903</b>	<b>100%</b>	<b>317</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2022.

Source: Va. Healthcare Workforce Data Center

More than one-third of all optometrists are under the age of 40, and 73% of this group of professionals are female. In addition, there is a 56% chance that two randomly chosen optometrists from this age group would be of different races or ethnicities.

At a Glance:

Gender

% Female: 59%  
% Under 40 Female: 73%

Age

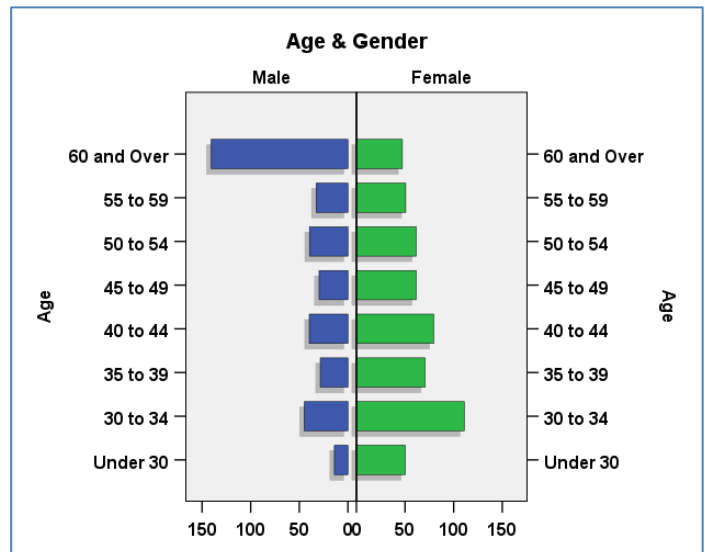
Median Age: 47  
% Under 40: 35%  
% 55 and Over: 30%

Diversity

Diversity Index: 51%  
Under 40 Div. Index: 56%

Source: Va. Healthcare Workforce Data Center

In a random encounter between two optometrists, there is a 51% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 60%.



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 12%  
 Rural Childhood: 24%

### Virginia Background

HS in Virginia: 35%  
 UG Education in VA: 33%  
 HS/UG Edu. in VA: 38%

### Location Choice

% Rural to Non-Metro: 21%  
 % Urban/Suburban to Non-Metro: 6%

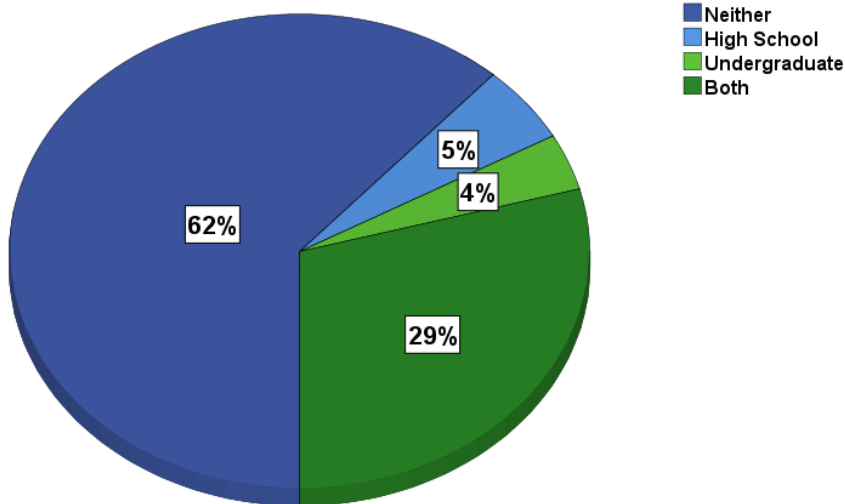
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	18%	69%	13%
2	Metro, 250,000 to 1 Million	38%	50%	12%
3	Metro, 250,000 or Less	33%	59%	8%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	29%	35%	35%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	35%	59%	6%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	89%	11%	0%
8	Rural, Metro Adjacent	50%	33%	17%
9	Rural, Non-Adjacent	25%	75%	0%
<b>Overall</b>		<b>24%</b>	<b>63%</b>	<b>12%</b>

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly one out of every four optometrists grew up in a self-described rural area, and 21% of optometrists who grew up in a rural area currently work in a non-metro county. In total, 9% of all optometrists work in a non-metro county of Virginia.

## Top Ten States for Optometrist Recruitment

Rank	All Optometrists			
	High School	#	Professional School	#
1	Virginia	307	Pennsylvania	288
2	Pennsylvania	82	Tennessee	136
3	New York	65	Massachusetts	73
4	Maryland	60	Illinois	50
5	North Carolina	38	Ohio	47
6	Ohio	32	Florida	46
7	California	30	Indiana	39
8	Florida	27	Alabama	39
9	New Jersey	24	New York	38
10	Outside U.S./Canada	23	Puerto Rico	30

Source: Va. Healthcare Workforce Data Center

Among all optometrists, 35% received their high school degree in Virginia, while 32% 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, 38% received their high school degree in Virginia, while 26% received their Doctorate of Optometry in Pennsylvania.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	95	Pennsylvania	66
2	Maryland	18	Tennessee	34
3	Pennsylvania	14	Massachusetts	18
4	North Carolina	12	Puerto Rico	15
5	California	10	California	15
6	Florida	10	Florida	15
7	Ohio	8	Indiana	14
8	Outside U.S./Canada	7	Texas	12
9	Illinois	6	Illinois	12
10	Michigan	6	Kentucky	11

Source: Va. Healthcare Workforce Data Center

Among all licensed optometrists, 31% did not participate in Virginia's workforce in the past year. Among these optometrists, 96% worked at some point in the past year, including 92% who currently work as optometrists.

### At a Glance:

#### Not in VA Workforce

Total:	582
% of Licensees:	31%
Federal/Military:	16%
VA Border State/DC:	23%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Residency Programs		
Area	#	% of Workforce
Ocular Disease	135	10%
Primary Eye Care	90	7%
Cornea and Contact Lenses	29	2%
Family Practice Optometry	26	2%
Low Vision Rehabilitation	22	2%
Vision Therapy and Rehabilitation	19	1%
Pediatric Optometry	16	1%
Refractive and Ocular Surgery	13	1%
Geriatric Optometry	7	1%
Brain Injury Vision Rehabilitation	6	0%
Community Health Optometry	2	0%
Other	6	0%
<b>At Least One Program</b>	<b>229</b>	<b>18%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Residency Programs**

Ocular Disease: 10%  
 Primary Eye Care: 7%  
 Cornea/Contact Lens: 2%

**Education Debt**

Carry Debt: 46%  
 Under Age 40 w/ Debt: 80%  
 Median Debt: \$120k-\$140k

Source: Va. Healthcare Workforce Data Center

*Among all optometrists, 18% have completed at least one residency program, including 10% who have completed a residency program in ocular diseases.*

*Close to half of all optometrists currently have education debt, including 80% of those who are under the age of 40. For those optometrists with education debt, the median outstanding balance is between \$120,000 and \$140,000.*

Education Debt				
Amount Carried	All Optometrists		Optometrists Under 40	
	#	%	#	%
None	402	54%	53	20%
Less than \$40,000	45	6%	20	8%
\$40,000-\$59,999	38	5%	13	5%
\$60,000-\$79,999	26	3%	6	2%
\$80,000-\$99,999	17	2%	5	2%
\$100,000-\$119,999	25	3%	14	5%
\$120,000-\$139,999	21	3%	17	6%
\$140,000-\$159,999	11	1%	9	3%
\$160,000 or More	158	21%	127	48%
<b>Total</b>	<b>743</b>	<b>100%</b>	<b>264</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employment

Employed in Profession: 97%  
 Involuntarily Unemployed: < 1%

### Positions Held

1 Full-Time: 71%  
 2 or More Positions: 12%

### Weekly Hours:

40 to 49: 43%  
 60 or More: 3%  
 Less than 30: 16%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	0	0%
Employed in an Optometry-Related Capacity	862	97%
Employed, NOT in an Optometry-Related Capacity	5	1%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	2	< 1%
Voluntarily Unemployed	12	1%
Retired	11	1%
<b>Total</b>	<b>893</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Among all licensed optometrists, 97% are currently employed in the profession, 71% hold one full-time job, and 43% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	25	3%
One Part-Time Position	125	15%
Two Part-Time Positions	45	5%
One Full-Time Position	603	71%
One Full-Time Position & One Part-Time Position	44	5%
Two Full-Time Positions	1	0%
More than Two Positions	10	1%
<b>Total</b>	<b>853</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	25	3%
1 to 9 Hours	17	2%
10 to 19 Hours	55	6%
20 to 29 Hours	61	7%
30 to 39 Hours	241	28%
40 to 49 Hours	364	43%
50 to 59 Hours	60	7%
60 to 69 Hours	18	2%
70 to 79 Hours	2	0%
80 or More Hours	4	0%
<b>Total</b>	<b>847</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Annual Income		
Income Level	#	%
Volunteer Work Only	4	1%
Less than \$40,000	32	5%
\$40,000-\$59,999	28	4%
\$60,000-\$79,999	36	5%
\$80,000-\$99,999	46	7%
\$100,000-\$119,999	86	13%
\$120,000-\$139,999	127	19%
\$140,000-\$159,999	100	15%
\$160,000-\$179,999	77	12%
\$180,000-\$199,999	31	5%
\$200,000 or More	89	14%
<b>Total</b>	<b>656</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Earnings**

Median Income: \$130k-\$140k

**Benefits**

**(Salary/Wage Employees Only)**

Health Insurance: 60%

Retirement: 63%

**Satisfaction**

Satisfied: 96%

Very Satisfied: 60%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	516	60%
Somewhat Satisfied	307	36%
Somewhat Dissatisfied	29	3%
Very Dissatisfied	4	0%
<b>Total</b>	<b>855</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The typical optometrist earns between \$130,000 and \$140,000 per year. In addition, 78% of all wage or salaried optometrists receive at least one employer-sponsored benefit at their primary work location.*

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	459	53%	70%
Retirement	428	50%	63%
Health Insurance	403	47%	60%
Dental Insurance	298	35%	46%
Paid Sick Leave	276	32%	42%
Group Life Insurance	208	24%	35%
Signing/Retention Bonus	111	13%	19%
<b>At Least One Benefit</b>	<b>557</b>	<b>65%</b>	<b>78%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	6	< 1%
Experience Voluntary Unemployment?	42	3%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	22	2%
Work Two or More Positions at the Same Time?	117	9%
Switch Employers or Practices?	64	5%
Experience at Least One?	<b>210</b>	<b>16%</b>

Source: Va. Healthcare Workforce Data Center

Over the past year, less than 1% of optometrists have experienced involuntary unemployment. By comparison, Virginia's average monthly unemployment rate was 2.9%.<sup>1</sup>

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	13	2%	13	6%
Less than 6 Months	46	5%	19	9%
6 Months to 1 Year	90	11%	22	11%
1 to 2 Years	132	16%	33	16%
3 to 5 Years	141	17%	43	21%
6 to 10 Years	120	14%	25	12%
More than 10 Years	304	36%	49	24%
Subtotal	<b>846</b>	<b>100%</b>	<b>205</b>	<b>100%</b>
Did Not Have Location	16		1,083	
Item Missing	435		9	
Total	<b>1,297</b>		<b>1,297</b>	

Source: Va. Healthcare Workforce Data Center

More than three out of every five optometrists receive a salary or work on commission at their primary work location. Another 23% receive income from a business or practice.

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: < 1%  
Underemployed: 2%

**Turnover & Tenure**

Switched Jobs: 5%  
New Location: 21%  
Over 2 Years: 67%  
Over 2 Yrs., 2<sup>nd</sup> Location: 57%

**Employment Type**

Salary/Commission: 61%  
Business/Practice Inc.: 23%

Source: Va. Healthcare Workforce Data Center

Two out of every three optometrists have been employed at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	361	61%
Hourly Wage	70	12%
By Contract	27	5%
Business/Practice Income	134	23%
Unpaid	2	0%
Subtotal	<b>595</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.4% and a high of 3.2%. At the time of publication, the unemployment rate from February 2024 was still preliminary, and the unemployment rate from March 2024 had not yet been released.



## At a Glance:

### Concentration

Top Region:	38%
Top 3 Regions:	76%
Lowest Region:	1%

### Locations

2 or More (Past Year):	24%
2 or More (Now*):	22%

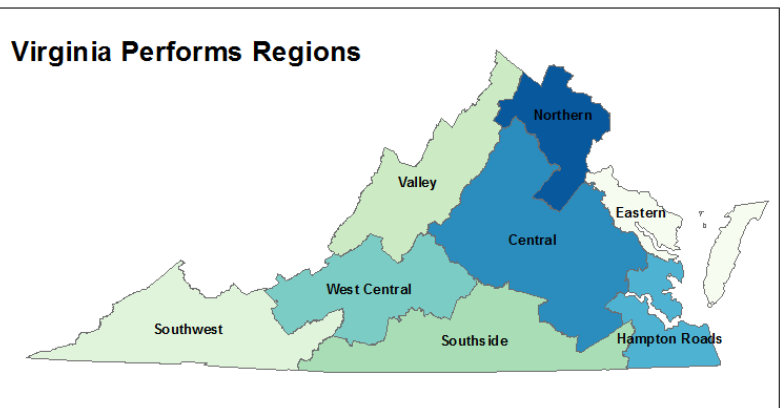
Source: Va. Healthcare Workforce Data Center

More than three out of every four optometrists work in Northern Virginia, Hampton Roads, or Central Virginia.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	156	18%	32	15%
Eastern	9	1%	4	2%
Hampton Roads	164	19%	42	20%
Northern	325	38%	70	33%
Southside	25	3%	11	5%
Southwest	40	5%	15	7%
Valley	35	4%	6	3%
West Central	71	8%	20	9%
Virginia Border State/D.C.	9	1%	10	5%
Other U.S. State	11	1%	4	2%
Outside of the U.S.	0	0%	0	0%
<b>Total</b>	<b>845</b>	<b>100%</b>	<b>214</b>	<b>100%</b>
Item Missing	435		1	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Among all optometrists, 22% currently have multiple work locations, while 24% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	16	2%	24	3%
1	631	74%	644	75%
2	155	18%	140	16%
3	39	5%	39	5%
4	7	1%	4	0%
5	2	0%	1	0%
6 or More	7	1%	6	1%
<b>Total</b>	<b>858</b>	<b>100%</b>	<b>858</b>	<b>100%</b>

\*At the time of survey completion: March 2024.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	719	92%	171	90%
<b>Non-Profit</b>	31	4%	8	4%
<b>State/Local Government</b>	5	1%	6	3%
<b>Veterans Administration</b>	13	2%	2	1%
<b>U.S. Military</b>	15	2%	1	1%
<b>Other Federal Government</b>	1	0%	3	2%
<b>Total</b>	<b>784</b>	<b>100%</b>	<b>191</b>	<b>100%</b>
<b>Did Not Have Location</b>	16		1,083	
<b>Item Missing</b>	497		22	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

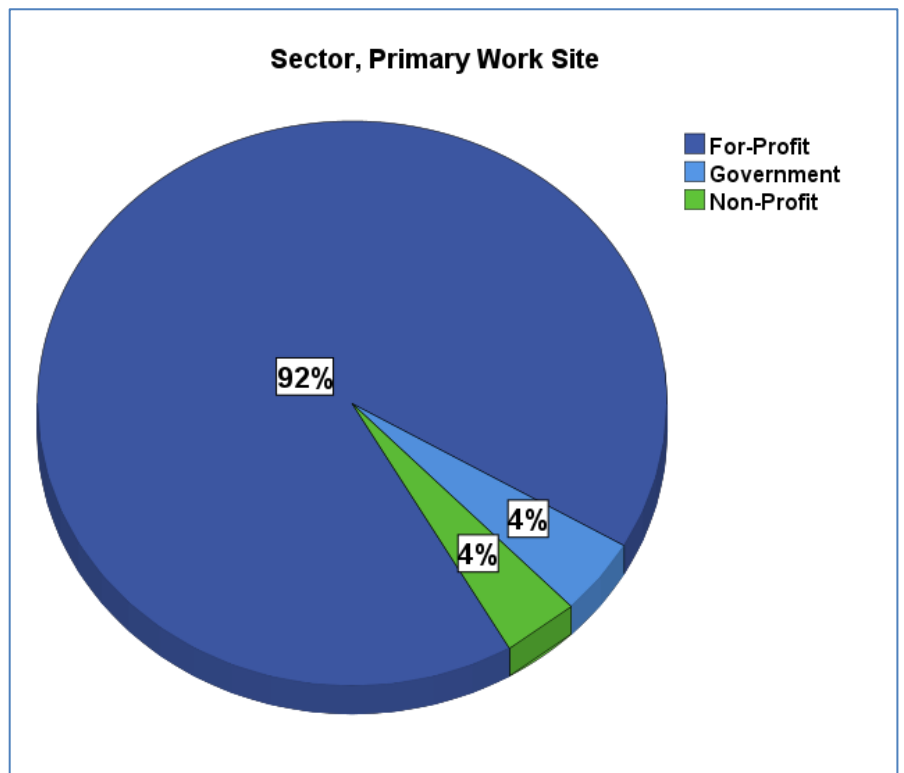
For-Profit:	92%
Federal:	4%

**Top Establishments**

Private Practice, Group:	45%
Private Practice, Solo:	21%
Optical Goods Store:	15%

Source: Va. Healthcare Workforce Data Center

Most optometrists work in the private sector, including 92% who work in the for-profit sector.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Group	350	45%	78	44%
Private Practice, Solo	165	21%	30	17%
Optical Goods Store	114	15%	33	18%
Outpatient/Community Clinic	31	4%	4	2%
Physician Office	30	4%	1	1%
General Hospital, Outpatient Department	29	4%	3	2%
Academic Institution	3	0%	0	0%
General Hospital, Inpatient Department	2	0%	1	1%
Home Health Care	0	0%	1	1%
Other	49	6%	28	16%
<b>Total</b>	<b>773</b>	<b>100%</b>	<b>179</b>	<b>100%</b>
Did Not Have a Location	16		1,083	

Source: Va. Healthcare Workforce Data Center

*Close to half of all optometrists work in a group private practice, while another 21% work in a solo private practice.*

*Three out of every five optometrists work at an establishment that accepts cash/self-pay as a form of payment for services rendered. This makes cash/self-pay the most commonly accepted form of payment among Virginia's optometry workforce.*

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	781	60%
Private Insurance	745	57%
Medicare	666	51%
Medicaid	438	34%

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Languages Offered

Spanish:	27%
Vietnamese:	6%
Hindi:	5%

### Means of Communication

Other Staff Member:	61%
Respondent:	45%
Virtual Translation:	20%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	345	27%
Vietnamese	79	6%
Hindi	70	5%
Persian	69	5%
Chinese	60	5%
Korean	57	4%
Arabic	52	4%
French	52	4%
Urdu	52	4%
Tagalog/Filipino	49	4%
Pashto	30	2%
Amharic, Somali, or Other Afro-Asiatic Languages	27	2%
Others	55	4%
<b>At Least One Language</b>	<b>436</b>	<b>34%</b>

Source: Va. Healthcare Workforce Data Center

*Among all optometrists, 27% are employed at a primary work location that offers Spanish language services for patients.*

## Means of Language Communication

Provision	#	% of Workforce with Language Services
<b>Other Staff Member is Proficient</b>	268	61%
<b>Respondent is Proficient</b>	198	45%
<b>Virtual Translation Service</b>	88	20%
<b>Onsite Translation Service</b>	29	7%
<b>Other</b>	3	1%

Source: Va. Healthcare Workforce Data Center

*More than three out of every five optometrists who are employed at a primary work location that offers language services for patients provide it by means of a staff member who is proficient.*

## At a Glance: (Primary Locations)

### Typical Time Allocation

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

### Roles

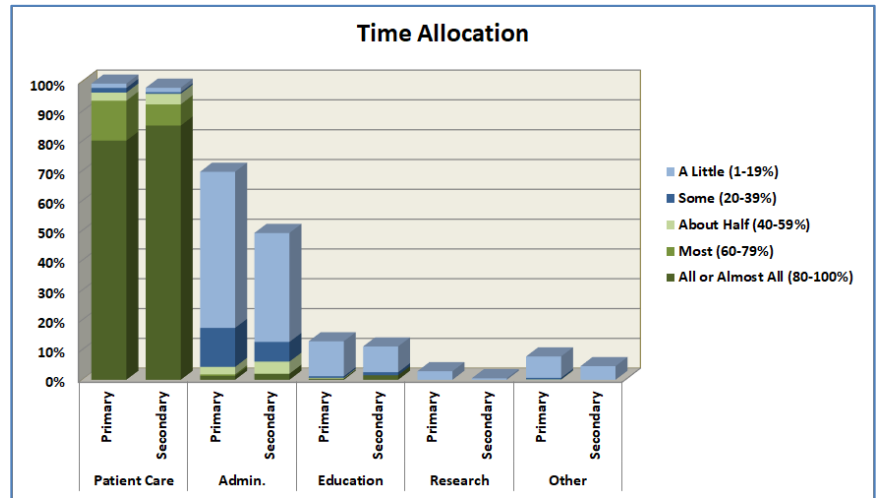
Patient Care: 94%  
Administration: 2%

### Patient Care Optometrists

Median Admin. Time: 1%-9%  
Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*Optometrists typically spend most of their time treating patients. In fact, 94% of all optometrists fill a patient care role, defined as spending at least 60% of their time in that activity.*

Time Allocation										
Time Spent	Patient Care		Admin.		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	80%	85%	1%	2%	0%	2%	0%	0%	0%	0%
<b>Most (60-79%)</b>	13%	7%	1%	0%	0%	0%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	3%	4%	2%	4%	0%	0%	0%	0%	0%	0%
<b>Some (20-39%)</b>	2%	1%	13%	7%	1%	1%	0%	0%	1%	0%
<b>A Little (1-19%)</b>	1%	2%	52%	37%	12%	9%	3%	1%	7%	5%
<b>None (0%)</b>	1%	2%	30%	51%	87%	89%	97%	99%	92%	95%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All Optometrists		Optometrists 50 and Over	
	#	%	#	%
<b>Under Age 50</b>	18	2%	-	-
<b>50 to 54</b>	37	5%	3	1%
<b>55 to 59</b>	92	13%	19	6%
<b>60 to 64</b>	176	24%	57	19%
<b>65 to 69</b>	215	29%	89	29%
<b>70 to 74</b>	99	14%	67	22%
<b>75 to 79</b>	37	5%	30	10%
<b>80 or Over</b>	13	2%	11	4%
<b>I Do Not Intend to Retire</b>	45	6%	32	10%
<b>Total</b>	<b>731</b>	<b>100%</b>	<b>308</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

Retirement Expectations

**All Optometrists**

Under 65: 44%  
Under 60: 20%

**Optometrists 50 and Over**

Under 65: 26%  
Under 60: 7%

Time Until Retirement

Within 2 Years: 7%  
Within 10 Years: 25%  
Half the Workforce: By 2049

Source: Va. Healthcare Workforce Data Center

*More than two out of every five optometrists expect to retire before the age of 65. Among optometrists who are age 50 and over, 26% expect to retire by the age of 65.*

*Within the next two years, 6% of Virginia's optometrists expect to increase their patient care hours, and 3% expect to pursue additional educational opportunities.*

**Future Plans**

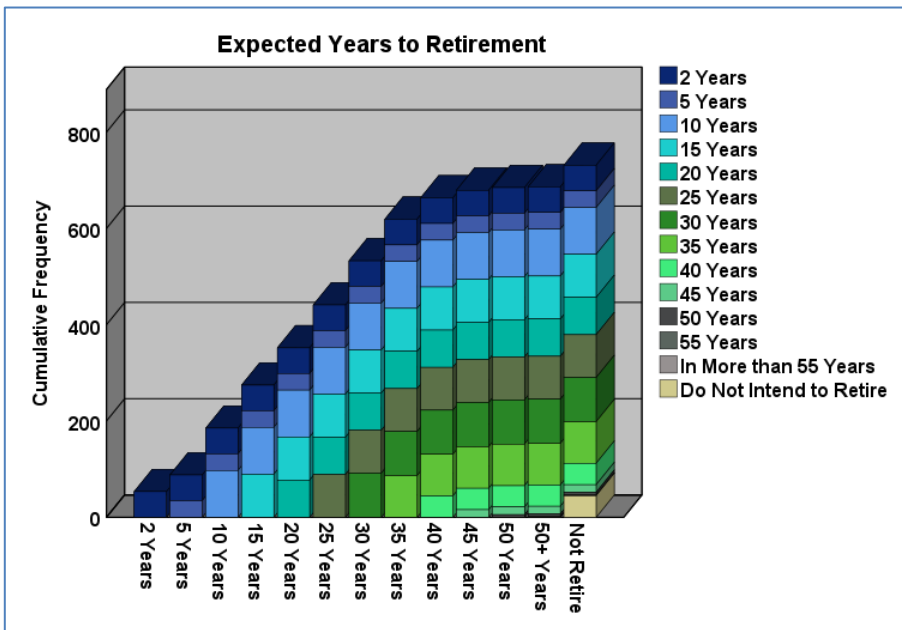
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	10	1%
<b>Leave Virginia</b>	19	1%
<b>Decrease Patient Care Hours</b>	128	10%
<b>Decrease Teaching Hours</b>	0	0%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	75	6%
<b>Increase Teaching Hours</b>	30	2%
<b>Pursue Additional Education</b>	44	3%
<b>Return to the Workforce</b>	5	0%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectations to age, we can estimate the maximum years to retirement for optometrists. While only 7% of optometrists expect to retire in the next two years, 25% expect to retire within the next decade. More than half of the current workforce expect to retire by 2049.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	53	7%	7%
5 Years	35	5%	12%
10 Years	97	13%	25%
15 Years	89	12%	37%
20 Years	77	11%	48%
25 Years	89	12%	60%
30 Years	92	13%	73%
35 Years	86	12%	85%
40 Years	44	6%	91%
45 Years	16	2%	93%
50 Years	6	1%	94%
55 Years	2	0%	94%
In More than 55 Years	0	0%	94%
Do Not Intend to Retire	45	6%	100%
<b>Total</b>	<b>731</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2034. Retirement will peak at 13% of the current workforce around the same time before declining to under 10% again around 2064.

## At a Glance:

### FTEs

Total: 1,139  
 FTEs/1,000 Residents<sup>2</sup>: 0.131  
 Average: 0.89

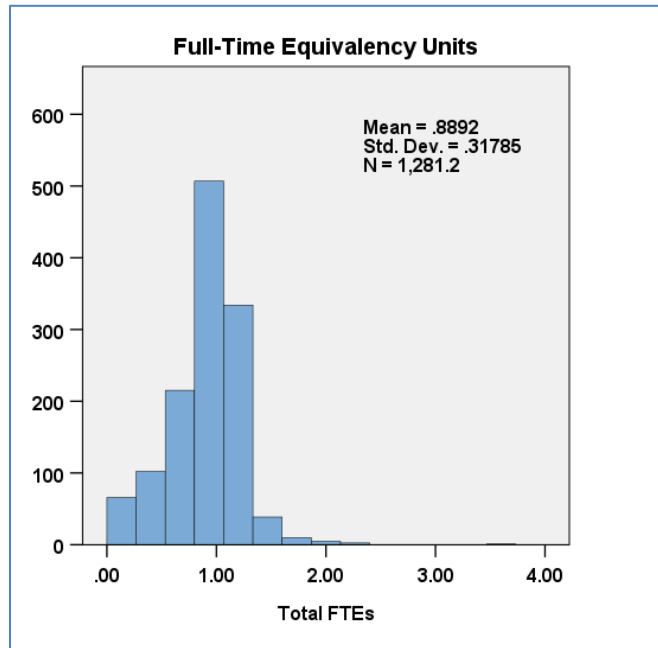
### Age & Gender Effect

Age, *Partial Eta*<sup>2</sup>: Small  
 Gender, *Partial Eta*<sup>2</sup>: Small

*Partial Eta*<sup>2</sup> Explained:  
*Partial Eta*<sup>2</sup> is a statistical  
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

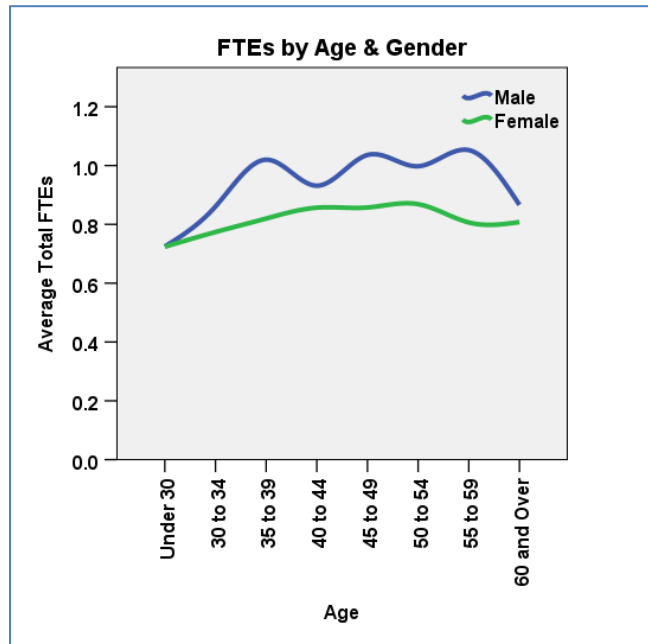


Source: Va. Healthcare Workforce Data Center

*The typical (median) optometrist provided 0.96 FTEs in the past year, or approximately 38 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.<sup>3</sup>*

Full-Time Equivalency Units		
Age	Average	Median
<b>Age</b>		
Under 30	0.73	0.67
30 to 34	0.84	0.97
35 to 39	0.87	0.83
40 to 44	0.91	1.03
45 to 49	0.89	0.83
50 to 54	0.98	1.09
55 to 59	0.87	0.80
60 and Over	0.92	1.07
<b>Gender</b>		
Male	0.92	0.96
Female	0.81	0.87

Source: Va. Healthcare Workforce Data Center

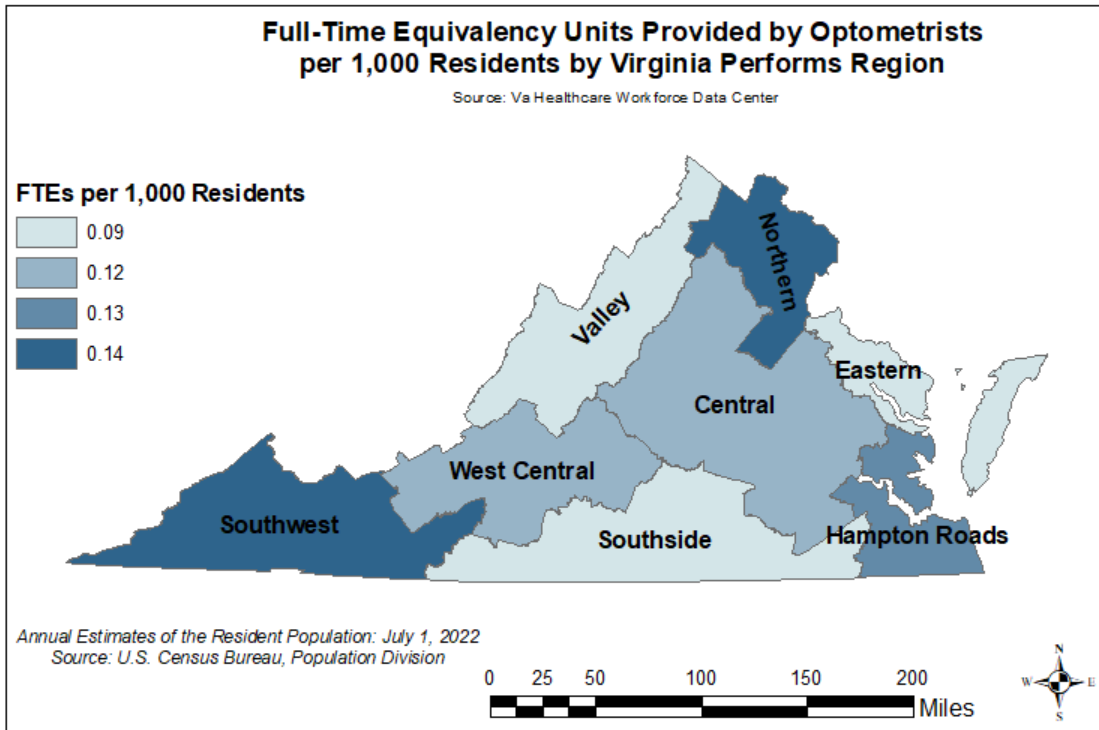
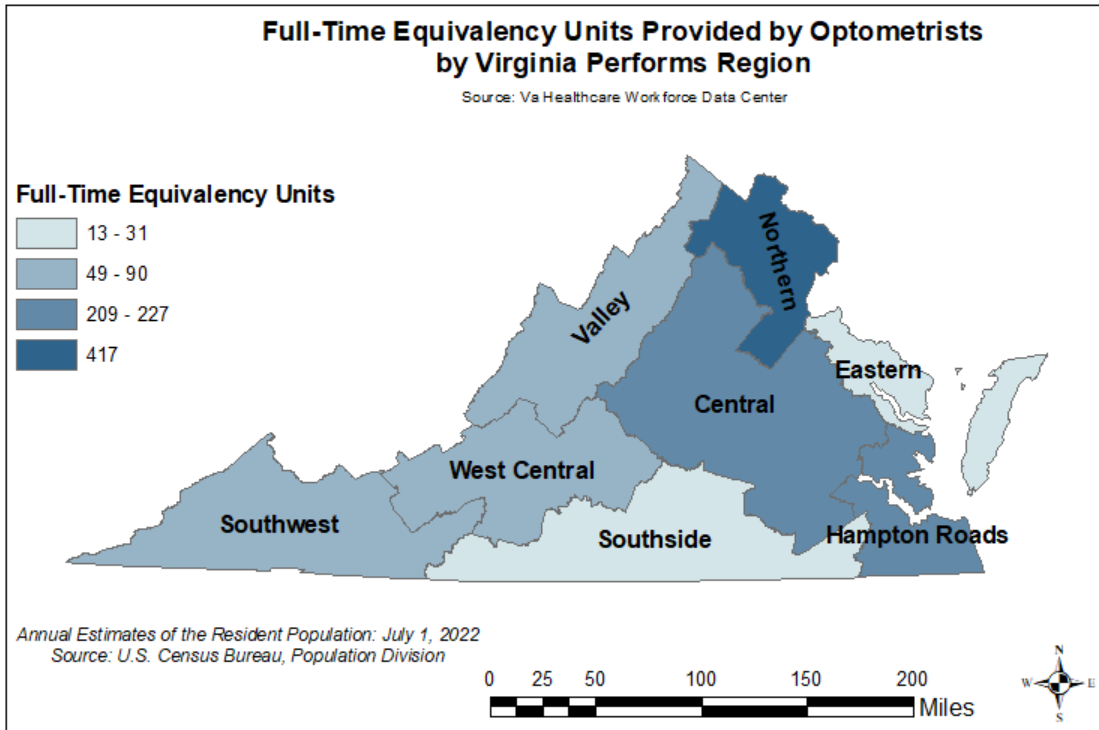


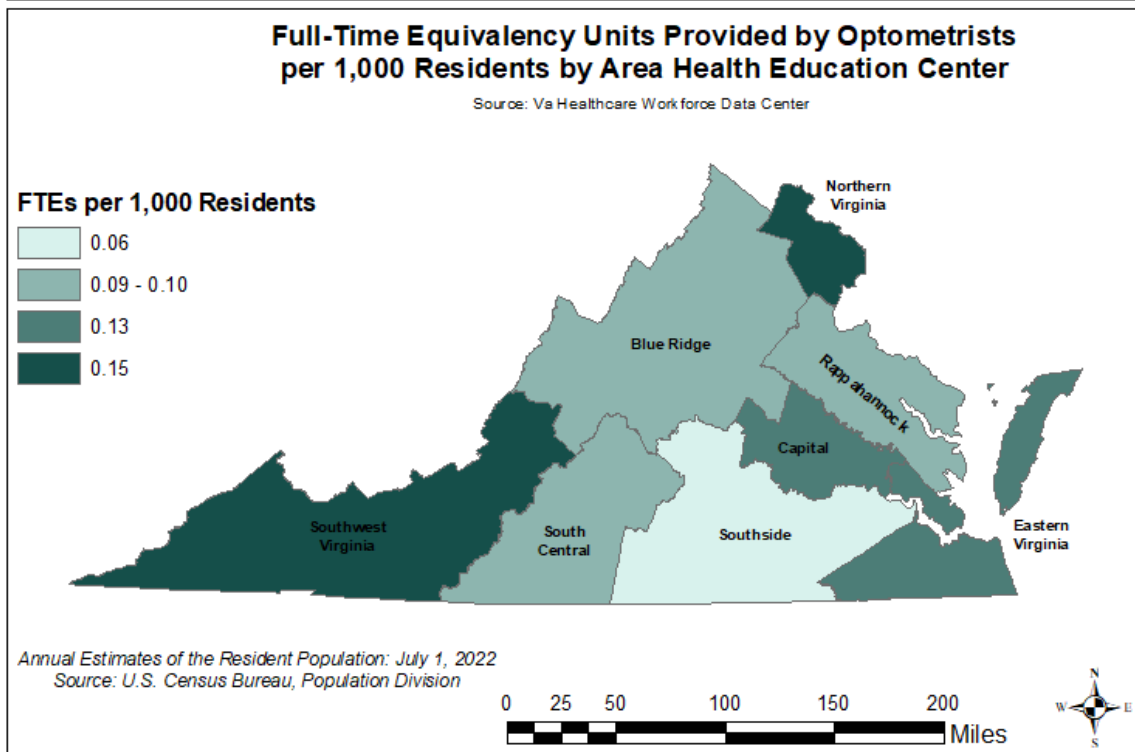
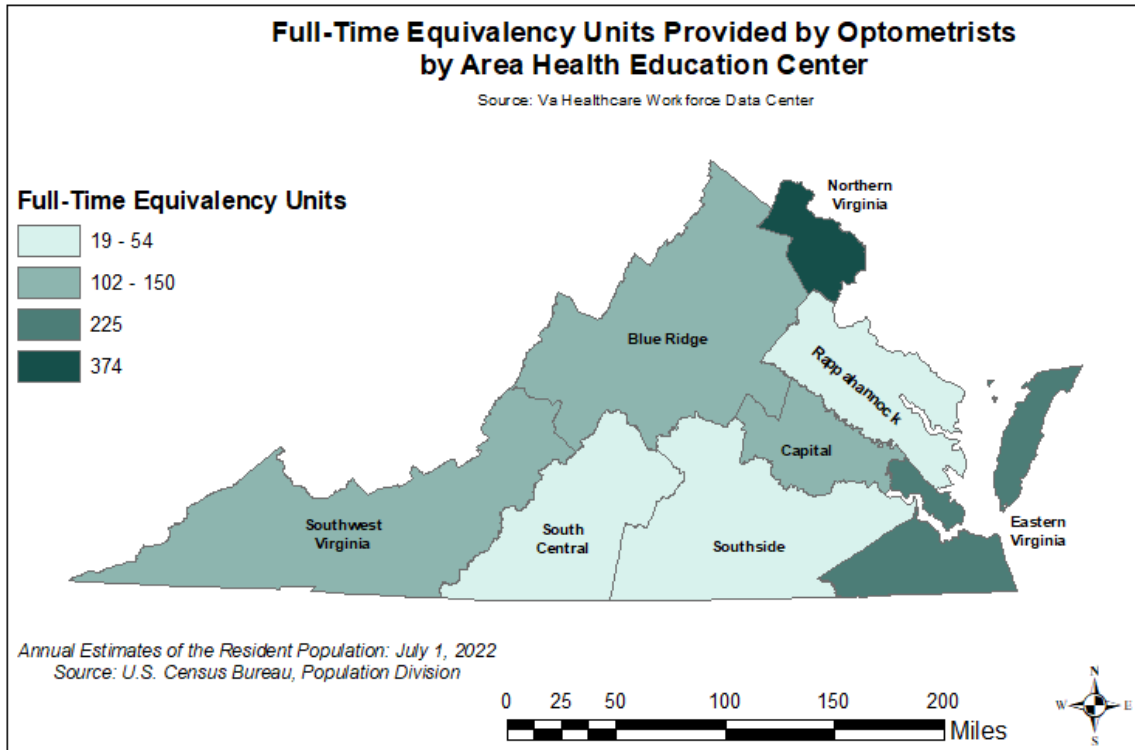
Source: Va. Healthcare Workforce Data Center

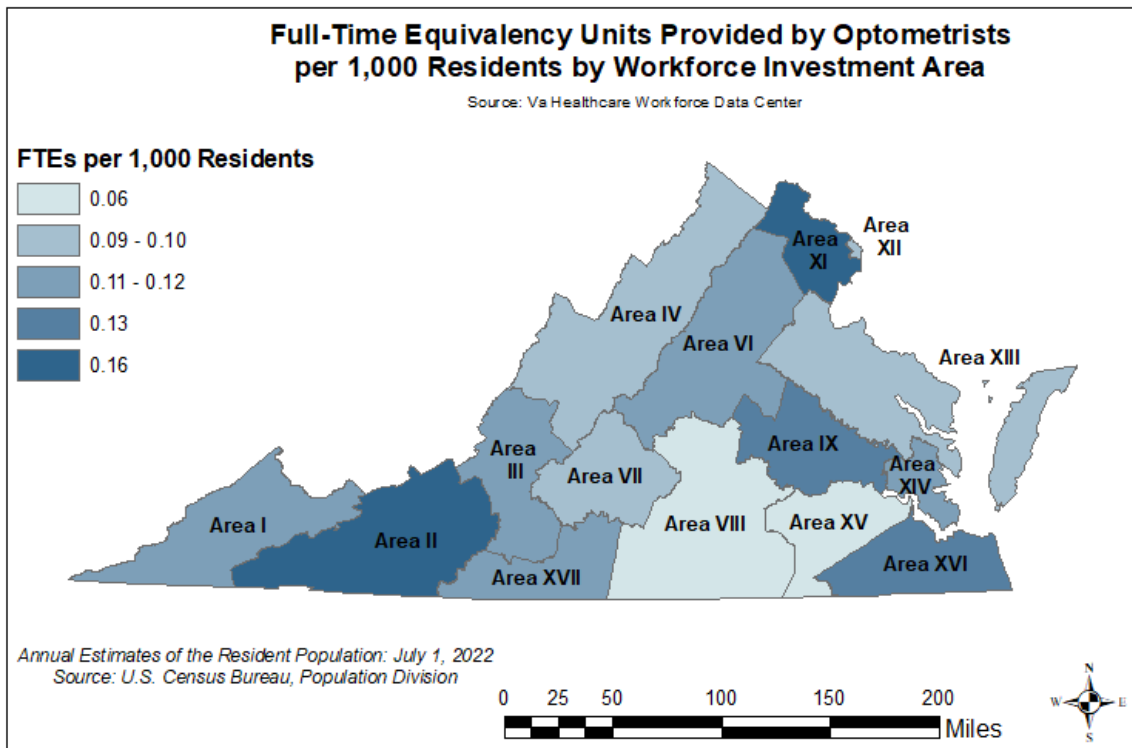
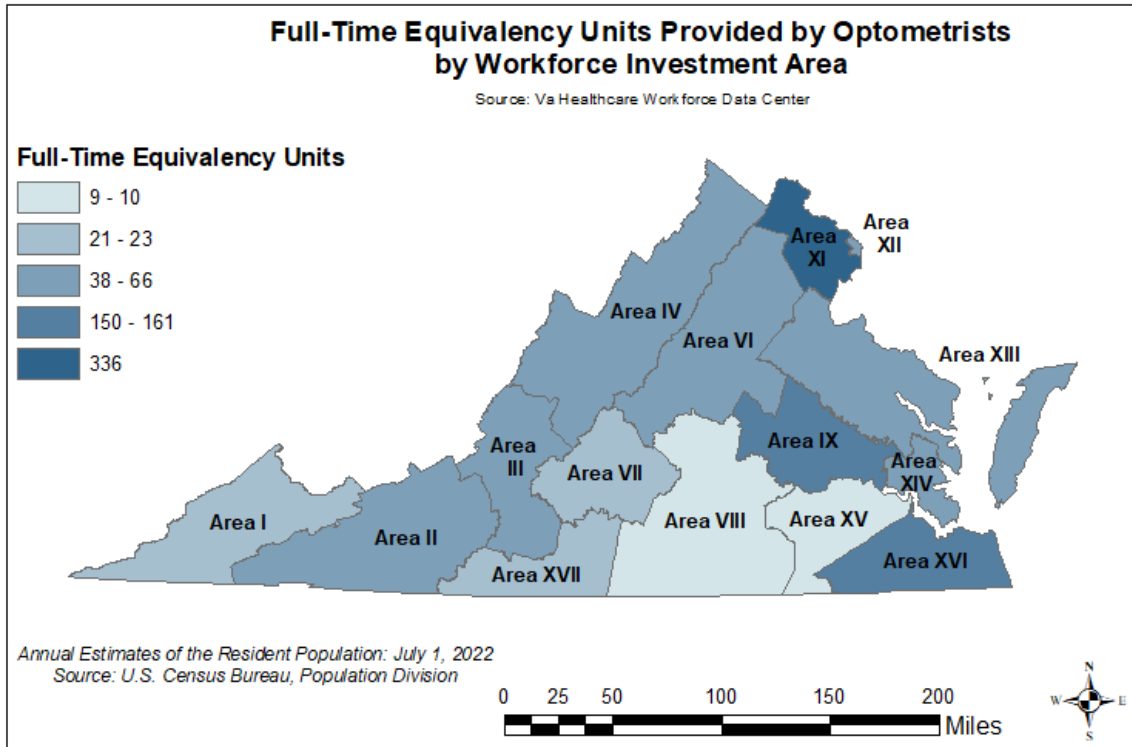
<sup>2</sup> Number of residents in 2022 was used as the denominator.

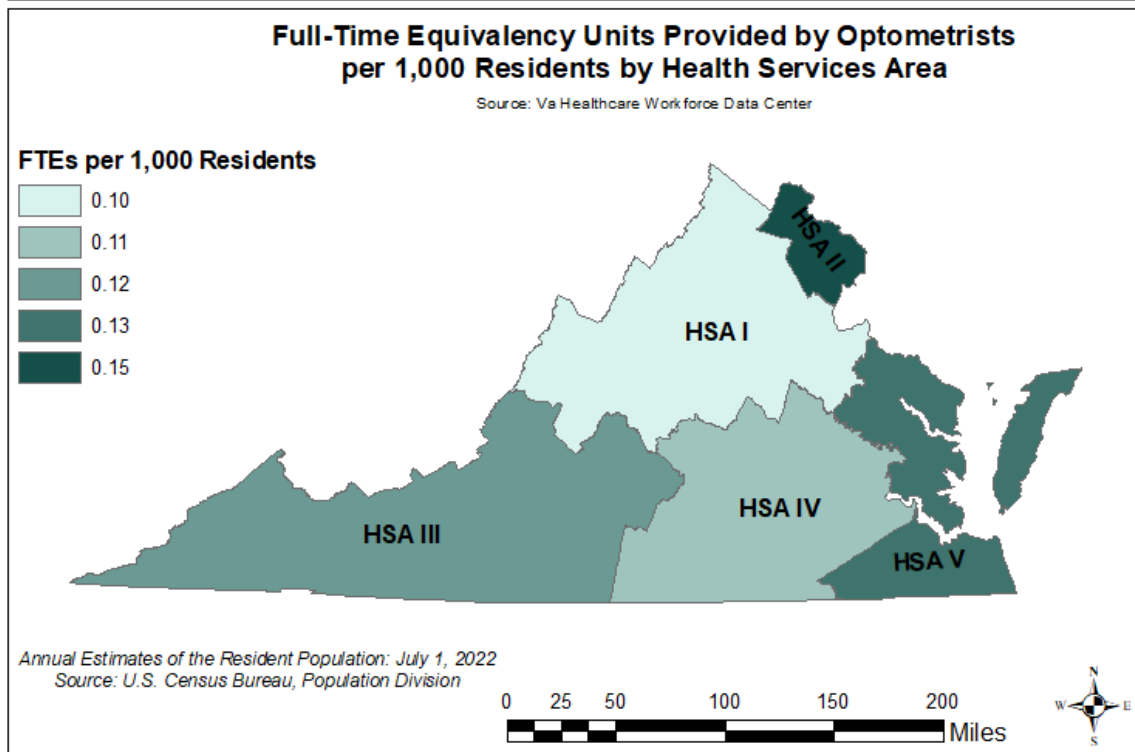
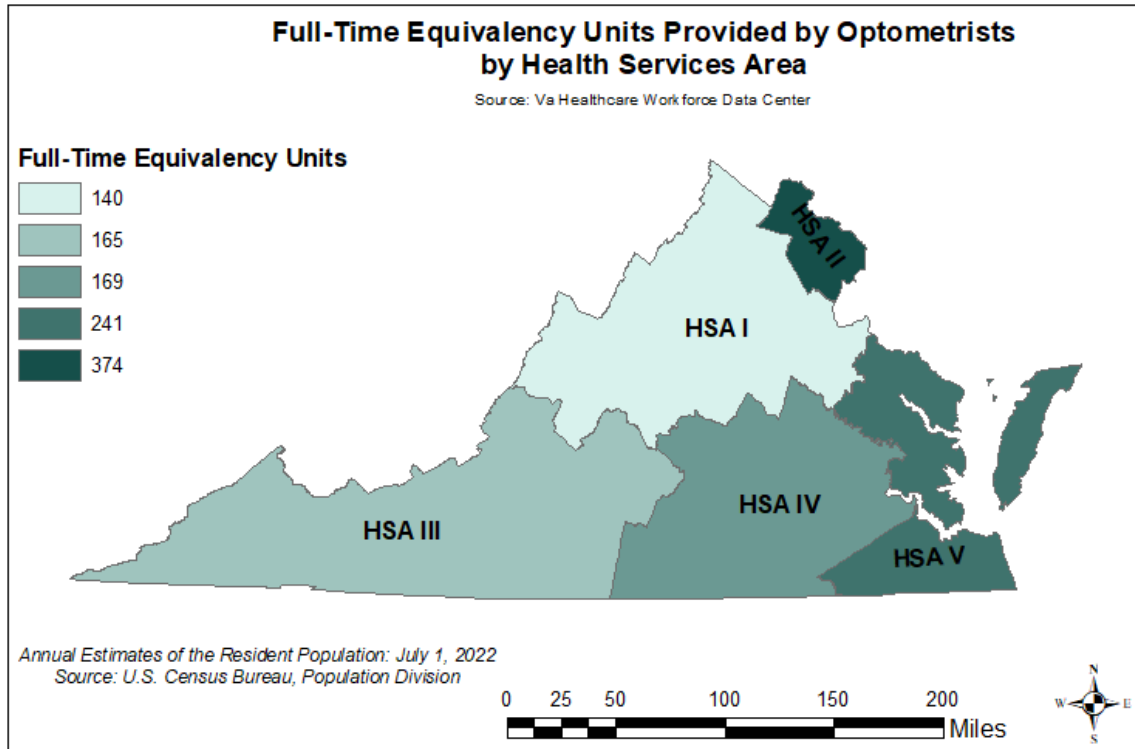
<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

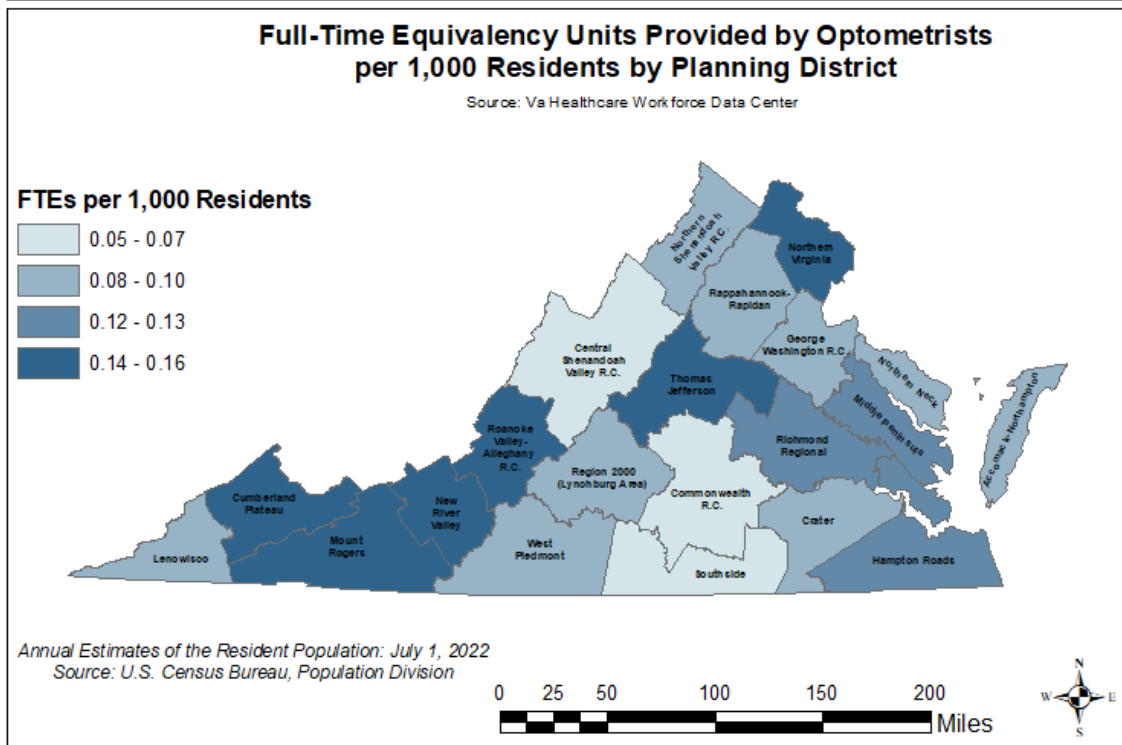
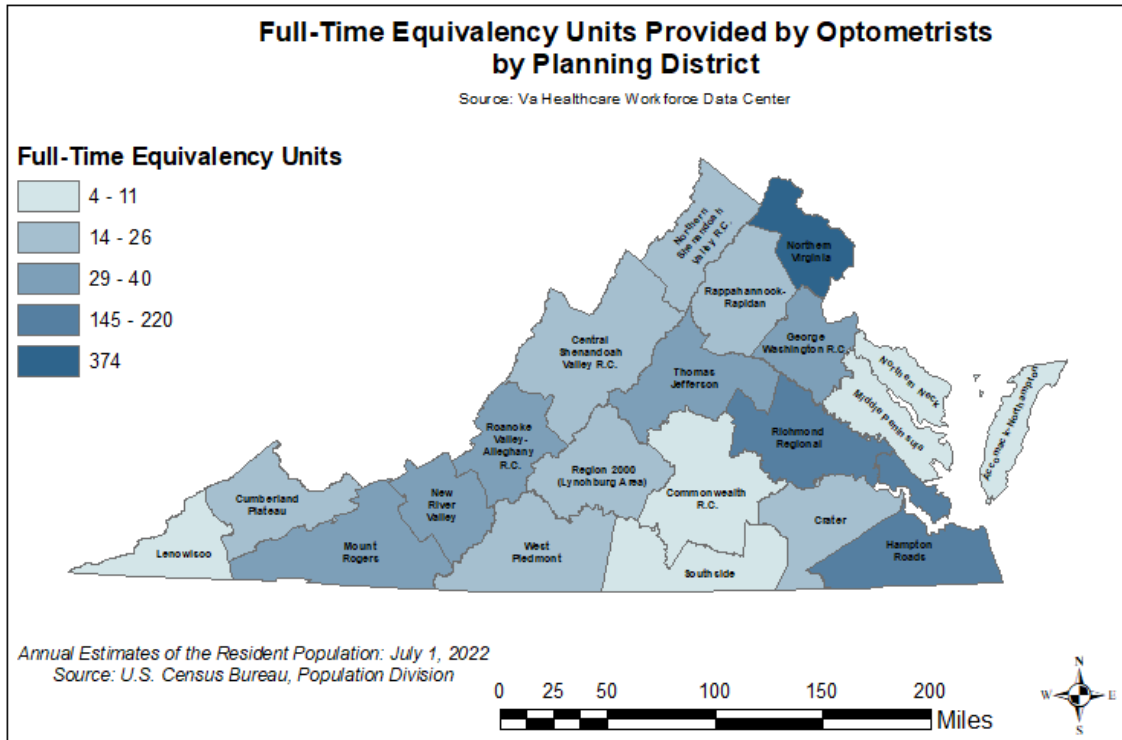












## Appendices

### Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	896	88.06%	1.136	1.072	1.505
<b>Metro, 250,000 to 1 Million</b>	91	86.81%	1.152	1.088	1.527
<b>Metro, 250,000 or Less</b>	108	88.89%	1.125	1.062	1.491
<b>Urban, Pop. 20,000+, Metro Adj.</b>	13	76.92%	1.300	1.228	1.723
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	45	75.56%	1.324	1.250	1.754
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	35	85.71%	1.167	1.104	1.546
<b>Rural, Metro Adj.</b>	30	86.67%	1.154	1.090	1.529
<b>Rural, Non-Adj.</b>	7	71.43%	1.400	1.324	1.372
<b>Virginia Border State/D.C.</b>	249	81.93%	1.221	1.153	1.618
<b>Other U.S. State</b>	405	77.04%	1.298	1.226	1.721

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	88	63.64%	1.571	1.491	1.754
<b>30 to 34</b>	283	75.27%	1.329	1.261	1.483
<b>35 to 39</b>	239	87.03%	1.149	1.090	1.283
<b>40 to 44</b>	231	89.18%	1.121	1.064	1.324
<b>45 to 49</b>	215	86.05%	1.162	1.103	1.372
<b>50 to 54</b>	230	88.70%	1.127	1.070	1.331
<b>55 to 59</b>	178	89.33%	1.119	1.062	1.250
<b>60 and Over</b>	415	85.30%	1.172	1.113	1.309

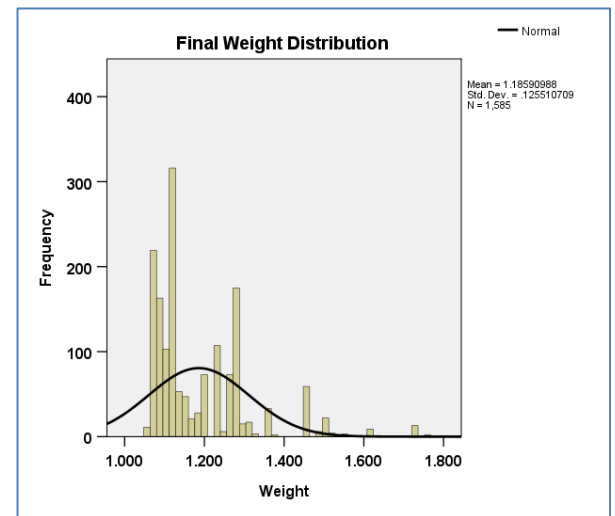
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

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: 0.843534**



Source: Va. Healthcare Workforce Data Center

# Sanctioning Reference Points Worksheet

Virginia Board of  
Optometry

<b>Case Type Score</b> (score only one)	Points	Score
a. Impairment	15	_____
b. Standard of Care	10	_____
c. Business Issues	5	_____
	Case Type Score	<input style="width: 50px; height: 20px;" type="text"/>

<b>Patient Injury</b> (score only one, if applicable)		
a. Permanent vision loss resulting from the respondent's conduct	10	_____
b. Any other injury or potential for vision loss	5	_____
	Patient Injury Score	<input style="width: 50px; height: 20px;" type="text"/>

<b>Offense Score</b> (score all that apply)		
a. Act of commission	30	_____
b. License ever taken away	20	_____
c. Financial or material motivation	15	_____
d. Pattern of Impairment	15	_____
e. Respondent failed to release patient records	10	_____
f. Concurrent action against respondent	10	_____
g. Impaired while practicing	5	_____
h. Prescribing without a bonafide relationship	5	_____
i. Patient especially vulnerable	5	_____
j. Errors and omissions issues involved	5	_____
k. Any prior Virginia Board violation	5	_____
l. Prior similar Virginia Board violation	5	_____
	Offense Score	<input style="width: 50px; height: 20px;" type="text"/>

**Total Worksheet Score**  
(Case Type + Patient Injury + Offense)

Score	Sanctioning Recommendations	Monetary Penalty
0-40	No Sanction Reprimand Terms - Continuing Education	N/A
41-60	Monetary Penalty	\$500 to \$3,000
61-80	Probation Stayed Suspension Terms	\$2,000 to \$3,500
81 and up	Refer to Formal Hearing Revocation Suspension Surrender	\$3,000 and up

**Board of Optometry  
Sanctioning Reference Points Worksheet Instructions  
DRAFT - Working Papers**

**Case Type Score**

**Step 1:** (score only one)

Enter the point value that corresponds to the case type. If a case has multiple aspects, enter the point value for the one most serious case type that is highest on the list. (See page 7 for an expanded list)

- a. Impairment 15
- b. Standard of Care 10
- c. Business Issues 5

**Step 2:** Enter Case Type Score

**Patient Injury Score**

**Step 3:** (score only one, if applicable)

- a. Enter "10" if the patient suffered permanent vision loss because of the respondent's conduct.
- b. Enter "5" if the patient required secondary treatment, was left with uncorrected visual problems which reasonably could have been corrected by the optometrist or through referral, or there was increased potential for vision loss (if left undetected) due to the respondent's conduct.

**Step 4:** Enter Patient Injury Score

**Offense Score**

**Step 5:** (score all that apply)

- a. Enter "30" if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.
- b. Enter "20" if the respondent's license was previously revoked, suspended, summarily suspended, or surrendered in lieu of disciplinary action in any state.
- c. Enter "15" if there was financial or other material motivation for the offense.
- d. Enter "15" if there were any patterns of impairment. Impairment is defined by §54.1-3215, use of alcohol or drugs to the extent such use renders him unsafe to practice optometry or mental or physical illness rendering him unsafe to practice optometry.
- e. Enter "10" if the respondent failed to release patient records in accordance with Title 18 VAC 105-20-40(8) as well as §32.1-127.1:03.
- f. Enter "10" if there was a concurrent civil or criminal action, malpractice case, or if the employer took any punitive action related to this case.



- g. a. Enter "5" if the respondent was impaired while performing the duties of a Department of Health Professions Licensee. This is not limited to the Commonwealth of Virginia or the Board of Optometry. Impairment is defined by §54.1-3215, use of alcohol or drugs to the extent such use renders him unsafe to practice optometry or mental or physical illness rendering him unsafe to practice optometry.
- h. Enter "5" if the respondent was prescribing without a bona fide relationship.
- i. Enter "5" if the patient is especially vulnerable. Patients in this category must be at least one of the following: under age 18, over age 65, or mentally/physically handicapped.
- j. Enter "5" if the case involved errors and omissions in record keeping on the part of the respondent.
- k. Enter "5" if the respondent has any prior Virginia Board violations.
- l. Enter "5" if the respondent has any prior similar Virginia Board violations.

**Step 6:** Combine for Total Offense Score

**Step 7:** Total Worksheet Score

Combine the Case Type, Patient Injury and Offense Scores for a Total Worksheet Score which will be used to locate the correct Sanctioning Threshold on the sanctioning recommendation grid.

**Step 8:** Identify SRP Recommendation on the Sanctioning Table

The Total Worksheet Score corresponds to the sanctioning recommendation(s) located at the bottom of the worksheet. To determine the appropriate recommended sanction, find the range on the left that contains the Total Worksheet Score. These points correspond to the recommended sanction in the right column. For instance, a Total Worksheet Score of 70 is recommended for "Probation/Stayed Suspension/Terms."

**Step 9:** Coversheet

Complete the coversheet, including the recommended sanction, imposed sanction, and reason for departure if applicable.

### Optometry Monthly Snapshot for June 2024

Optometry received more cases in June than closed. Optometry closed 0 patient care cases and 1 non-patient care case for a total of 1 case.

Cases Closed	
Patient Care	0
Non-Patient Care	1
<b>Total</b>	<b>1</b>

Optometry received 1 patient care case and 1 non-patient care cases for a total of 2 cases.

Cases Received	
Patient Care	1
Non-Patient Care	1
<b>Total</b>	<b>2</b>

As of June 30, 2024, there were 17 patient care cases open and 2 non-patient care cases open for a total of 19 cases.

Cases Open	
Patient Care	17
Non-Patient Care	2
<b>Total</b>	<b>19</b>

There are 1,865 Optometry licensees as of June 30, 2024. The number of current licenses is broken down by profession in the following chart.

Current Licenses	
Optometrist	46
TPA Certified Optometrist	1,819
<b>Total for Optometry</b>	<b>1,865</b>

There were 26 licenses issued for Optometry for the month of June. The number of licenses issued is broken down by profession in the following chart.

Licenses Issued	
TPA Certified Optometrist	26
<b>Total for Optometry</b>	<b>26</b>

### Optometry Satisfaction Results for Quarter 4 2024

BOARD	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	CURRENT
Optometry	N/A	100.0%	N/A	N/A	100.0%	94.1%	100.0%	N/A	N/A	100.0%	100.0%	N/A	100.0%

**Comments for Overall Experience:**

No Comments

**What could we do to improve our service to you?**

Nothing. It was extremely prompt.

**DHP**  
**Board Cash Balance Report**

**10500 - Board of  
Optometry**

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<b>Cash Balance as of June 30, 2023</b>	\$316,176
<b>YTD FY 2024 Revenue</b>	387,775
<b>Less: YTD FY 2024 Direct and Allocated Expenditures</b>	409,897
<b>Cash Balance as of May 31, 2024</b>	<u>\$294,054</u>

# **BOARD OF OPTOMETRY**

## **2025 CALENDAR**

<b>FEBRUARY 6, 2025 (Thursday)</b>	<b>BR 3 9:00 a.m.</b>	<b>BOARD MEETING FORMAL HEARING IF NEEDED</b>
May 15, 2025 (Thursday)	TR 1 HR 2 & 4 9:00 AM	INFORMAL CONFERENCE(S)
<b>JULY 17, 2025 (Thursday)</b>	<b>BR 3 9:00 a.m.</b>	<b>BOARD MEETING FORMAL HEARING IF NEEDED</b>
<b>November 12, 2025 (Wednesday)</b>	<b>BR 4 9:00 a.m.</b>	<b>BOARD MEETING FORMAL HEARING IF NEEDED</b>
December 4, 2025 (Thursday)	TR 2 HR 2 & 4 9:00 AM	INFORMAL CONFERENCE(S)

CALENDAR\_OPT\_2024

**VIRGINIA BOARD OF OPTOMETRY  
BY-LAWS**

**Article I. Officers of the Board**

A. Election of officers.

1. The officers of the Board of Optometry (Board) shall be a President and a Vice-President.
2. At the first meeting of the organizational year, the Board shall elect its officers. Nominations for office shall be selected by open ballot. Voting will be by roll-call ballot and require a majority.
3. The organizational year for the Board shall be from July 1<sup>st</sup> through June 30<sup>th</sup>. At the first regularly scheduled meeting of the organizational year, the Board shall elect its officers with an effective date of January 1st. The term of office shall be one year.
4. A vacancy occurring in any office shall be filled during the next meeting of the Board.

B. Duties of the Officers

1. President.

The President shall preside at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the Board members. The President shall appoint all committees unless otherwise ordered by the Board.

2. Vice-President.

The Vice-President shall, in the absence or incapacity of the President, perform pro tempore all of the duties of the President.

3. In the absence of the President and Vice-President, the President shall appoint another board member to preside at the meeting and/or formal administrative hearing.

4. The Executive Director shall be the custodian of all Board records and all papers of value. She/He shall preserve a correct list of all applicants and licensees. She/He shall manage the correspondence of the Board and shall perform all such other duties as naturally pertain to this position.