Letters to the **Editor**

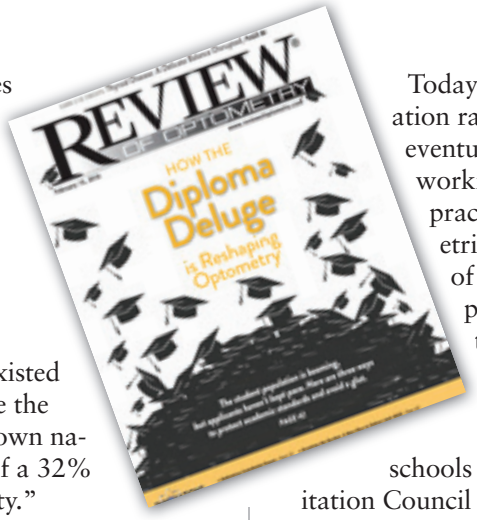
The February 2018 cover story, "How the Diploma Deluge is Reshaping Optometry," presented comments from educators and data from the Association of Schools and Colleges in Optometry (ASCO) to look at the impact of optometry's expanded educational footprint. The feature generated criticism, praise and suggestions, some of which is addressed in the following letters and our reply.

Behind the Drive

Kudos for your well researched and appreciated article. I believe one cannot have a "deluge" of graduates without producing a surplus of optometrists, and that this surplus was self-induced and is counterproductive to patient care. This surplus was first predicted in a 1995 Rand study and again by an Abt. Associates study in 2000.[1,2] But both underestimated future surpluses because graduates have since increased about 40%.

In 2011, the Lewin Group—with AOA-appointed advisors—was commissioned to survey how optometrists practiced and to estimate the future supply of, and demand for, eye care. Its 2012 survey found a 32% optometry surplus and its supply/demand model in 2014 predicted greater future optometry surpluses but increasing ophthalmology shortages.[3] However, Lewin's findings stated, "There would be an adequate supply of eye care providers in the future," which was egregiously misleading. Lewin buried the optometry surplus within the surplus of "eye care providers" and characterized it as "an adequate supply of eye care providers."

In 2014, Lewin next developed optometry and ophthalmology supply/demand projections and found future surpluses of optometrists and shortages of ophthalmologists. These initial projections assumed no surplus of optometrists existed in 2012 despite the findings of its own national survey of a 32% "excess capacity."



The group then constructed a complex model that did include the 2012 optometry "excess capacity," but increased future eye care demands due to the Affordable Care Act, the growing diabetes rate and child health insurance plans. In this "unified eye care market," optometrists and ophthalmologists were assumed interchangeable. The final model's assumptions claimed:

1. No increase in future ophthalmologists or their productivity.
2. Optometry "excess capacities" will "fill" shortages of ophthalmologists.
3. Optometrists and ophthalmologists have identical scopes of care and considered interchangeable generic "eye care providers."
4. A rate of 1.36 optometrists provide the care equivalent of one ophthalmologist.

These were, of course, implausible assumptions.

The chief impetus for the "diploma deluge" were Bureau of Labor Statistics reports claiming high demand for optometrists that led the media to report optometry was "hot." But the primary source for those forecasts were rosy projections supplied by the AOA leadership and bitterly resisted, over the years, by some staff officers.

Today's annual graduation rate of 1,900 will eventually produce a workforce of 76,000 practicing optometrists, a density of optometrists per 1,000 nearly twice today's.

It has been too easy, for too long, for schools to meet Accreditation Council on Optometric Education (ACOE) accreditation standards, which are far less robust than medical and dental schools due to a lack of quantitative standards for required student contacts by types/numbers during training.

—Kenneth J. Myers, PhD, OD
President, American Board of Certification in Medical Optometry

1. Lee P, Jackson C, Rolles D. RAND, Estimating eye care provider supply and workforce requirements. www.rand.org/pubs/monograph_reports/MR516.html. 1995.
2. White A, White C, Doksum T. Workforce study of optometrists. St. Louis, MO: Abt Associates Inc. American Optometric Association. 2000.
3. American Optometric Association/Lewin Group. Eye Care Workforce Study: Supply and Demand Projections. Executive Summary. April 25, 2014.