Employment of Paraoptometrics

2010 Census of Optometric Practice

The 2010 Census of Optometric Practice was conducted by the American Optometric Association (AOA) Research and Information Center in the fourth quarter of 2010 to gather key information about the practice of optometry. The Census collected information about private and corporate practice, and other employment situations in which optometrists practiced in 2009. Respondents answered questions using information from the previous year of operation, not 2010. The 2010 Census of Optometric Practice was sent to all professionally active AOA member optometrists who had a valid address on file with the AOA.

The 2010 Census of Optometric Practice focused on practice characteristics such as patient visits, hours worked by optometrists and paraoptometrics, and economic information. Results from the Census will be released in three reports: 1) Income from Optometry; 2) Employment of Paraoptometrics; and 3) Practicing Optometrists and their Patients. The 2010 Census of Optometric Practice is the first step in obtaining current practice and economic information on an annual basis for optometry in the United States. The 2011 Survey of Optometric Practice is currently underway and information obtained will be used in conjunction with the census data to report trends within the profession beginning in late 2011.

This report focuses on the employment of paraoptometric personnel in optometry practices during 2009. Paraoptometrics include all non-optometrist staff employed in the optometric practice. Information presented describe the percentages of optometrists reporting full-time and part-time staff and the average number of staff per optometrist.

Employment of Paraoptometrics

Nearly all optometry practices (97%) employed paraoptometrics in 2009 either on a full-time or part-time basis. Fulltime paraoptometric positions were reported in 91% of practices and part-time positions were reported for 59% of practices. 73% of practices reported paraoptometrics employed in an optical dispensing position (see Figure 1); making it the most commonly employed paraoptometric position in 2009. Clinical paraoptometric positions were reported by 71% and secretary/reception positions were reported by 70% of optometry practices.

With such a large percentage of practices employing paraoptometrics, it is not surprising that the number of paraoptometrics per optometrist is similar for all practices (3.8 per optometrist) compared to 3.9 paraoptometrics per optometrist in practices that employ paraoptometrics.
Clinical paraoptometric positions were reported in 71% of optometry practices in 2009 and are typically employed on a full-time basis as opposed to part-time employment. The average practice reported 1.6 clinical paraoptometric positions per optometrist, each working an average of 49 weeks per year and spending 36 hours a week in the practice.

Responding optometrists reported the average hourly salary for clinical paraoptometrics (both full and part-time) was $15.15 in 2009. Reported salary for part-time positions was higher with an average hourly salary of $16.52 nationwide. As seen in Figure 2, clinical paraoptometrics in the South Region of the U.S. earned the lowest report salary at $14.19 per hour. 12% of optometrists indicated that they require clinical paraoptometrics in their office to participate in the Commission on Paraoptometric Certification (CPC) to be eligible for advancement within the office.

Among all reported clinical paraoptometric positions reported on the 2010 Census, only 13% were current AOA Paraoptometric Section members and 83% of these members had been certified by the CPC. Of all clinical paraoptometrics employed in optometry practices, 11% were certified by the CPC.

Optical dispensing positions were the most commonly employed paraoptometric positions in optometry practices in 2009 with 73% of practices reporting. As with clinical paraoptometrics, optical dispensing paraoptometrics are more commonly employed on a full-time basis. Practices employing optical dispensing paraoptometrics reported an average of 1.2 positions per optometrist. Optical dispensing paraoptometrics worked an average of 49 weeks in 2009 and spent 36 hours each week in the practice.

Paraoptometrics in optical dispensing positions earned a higher hourly salary than those in clinical positions with a average hourly rate of $16.49. Salary was lowest for optical dispensing positions in the Midwest Region of the U.S. (see Figure 3) earning an average of $14.88 per hour and highest in the Northeast where average hourly salary was reported at $20.30.

Among all reported optical dispensing paraoptometrics in 2009, 12% were members of the AOA Paraoptometric Section and 76% of these members were certified by the CPC. Of the total optical dispensing paraoptometrics reported in the U.S., only 9% were certified by the CPC in 2009. The low number of certified optical dispensing paraoptometrics isn’t surprising as only 8% of responding optometrists indicated that they require participation in CPC certification for optical dispensing staff to be eligible for advancement within the practice.
Optical Laboratory Paraoptometrics in Optometry Practices

Optical laboratory paraoptometric positions were the second least employed position in optometry practices in 2009. Nearly 73% of practices reported that they do not employ any optical laboratory personnel. Practices that do employ paraoptometrics in the optical laboratory typically hire on a full-time basis and reported an average of 0.7 paraoptometrics per optometrist. Optical laboratory paraoptometrics worked an average of 49 weeks in 2009 and spent 35 hours in the practice each week. As seen in Figure 4, optical laboratory paraoptometrics earned the highest hourly salary, $18.61, in the Midwest Region of the U.S. and the lowest salary was reported in the South at $14.26 per hour.

Among all reported optical laboratory paraoptometrics in 2009, 9% were members of the AOA Paraoptometric Section and all of these were certified by the CPC. CPC certification among all optical laboratory positions was 9%. Participation in CPC certification was required by 8% of responding optometrists for the paraoptometric to be eligible for advancement within the practice.
Employment of Paraoptometrics

General Office Paraoptometric Positions in Optometry Practices

Coding and billing paraoptometric positions were reported by 59% of optometry practices and were more typically full-time positions in 2009. Offices that reported coding and billing positions had an average of 0.8 paraoptometrics per optometrist. More than two-thirds (70%) of practices employ paraoptometrics in secretary/reception positions on a full-time basis. Practices with secretary/receptionists employed an average of 1.1 paraoptometrics per optometrist. Office manager paraoptometric positions were reported by 46% of practices and these practices employed 0.6 office managers per optometrist. Employment of paraoptometrics as financial coordinators was reported in only 20% of practices.

The East South Central Division of the U.S. reported the most paraoptometric positions per optometrist (5.5) and the New England Division reported the least positions with 3.1 paraoptometrics per optometrist. Among all reported general office paraoptometrics in 2009, only 5% were members of the AOA Paraoptometric Section and 54% of these were certified by the CPC. Section membership was highest in the West North Central Division where 12% of reported paraoptometrics were AOA members. The West North Central Division also reported the highest percent of CPC certified paraoptometrics, also at 12%.

Optometrists’ Perceptions

28% of optometrists’ responding to the 2010 Census believe that paraoptometric certification by CPC improves patient care in their office. 27% of respondents believe that certified paraoptomists improve patient care and that they pay certified paraoptomists a higher salary. 24% of respondents indicated that patient satisfaction increases with certified paraoptomists and only 20% believe that certification can reduce staff turnover.

Respondent Demographics

Nearly eight in 10 (77%) respondents were practicing in major metropolitan areas, 14% were practicing in micropolitan areas (population more than 10,000 but less than 50,000) and 9% were practicing in rural areas. About two-thirds (70%) of respondents were male and 30% were female. Geographically – 30% of respondents were located in the Midwest, 15% in the Northeast, 29% in the South and 26% in the West. Three-fourths of their primary practice type was private practice, 8.6% were in corporate practices and 16.4% were in other practice types such as employed by ophthalmologists, hospitals or educational institutions. The majority of optometrists in private practice (84%) were owner optometrists and non-owner optometrists comprised the majority (51%) of responding corporate practice optometrists.

About the Census

The full report, Employment of Paraoptometrics, 2009 focuses on the percentage of optometry practices employing paraoptometrists. Average income and hours worked are reported for clinical, optical dispensing, and optical laboratory paraoptometric positions where the number of responses was large enough to allow for reliable statistical analysis. Data are presented in detail by practice type, solo optometry practices and non-solo optometry practices. Detailed analysis on the employment of paraoptometrists may be obtained by contacting the AOA Order Department or by visiting the web site at: www.aoa.org/store.

Several limitations of this study should be noted: (1) AOA member optometrists were invited to complete the paper survey which was distributed by the U.S. Postal Service. Incorrect addresses or delays in delivering the survey instrument may have excluded doctors from participating in, or receiving, the survey. (2) Member optometrists who chose to participate in this survey were self-selected, which may mean that the survey attracted responses from optometrists whose practices are doing exceptionally well. (3) Only AOA members were invited to participate in this survey and therefore results of this study may not be generalizable to the entire profession of optometry.

For questions about this survey, or other surveys conducted by the AOA, please contact the Research & Information Center at RIC@aoa.org.