

## REPORT OF THE TASK FORCE ON OPTOMETRIC EDUCATION\*

by  
Joe B. Davenport

The Commission on Higher Education asked for this report and we did as requested, to the best of our ability, with the available time and finances (of which there were none).

We could have called in consultant teams at great expense to the state to do this needs study -- you may still choose to do this yourselves.

I earnestly believe that South Carolina has dedicated, knowledgeable people, with a common desire to provide the best possible education for upgrading a profession such as optometry, whether it be in the field of health care, industry, or professionals at any level.

No report is perfect -- we do not claim this one to be so. However, we have had the most dedicated persons from South Carolina and I wish at this time to recognize them for the record as participants on the various task forces and committees established to study the project on optometric education:

Dr. Robert P. Bland	Mr. Robert F. Floyd
Mrs. Emily Collum	Mr. Clair Huntington
Dr. Alexander G. Donald	Ms. Jann A. Pittillo
The Honorable S. Norwood Gasque	Mr. John E. Wise
Dr. Edward G. Haskell, Jr.	Dr. W. Curtis Worthington, Jr.
Mr. Lachlan L. Hyatt	Dr. Paul D. Burrell
Dr. Clarence L. McEachern	The Honorable Patrick B. Harris
Dr. William W. Vallotton	Dr. Charles Peebles
Dr. Robert F. Williams	Dr. S. Thomas Scarborough
Dr. George P. Fulton	Dr. E. Darrell Jervey
Mrs. Clara W. Evans	Dr. Hunter Stokes
Mr. Walter P. Bailey	Dr. Charles Bobo
Mr. Lynn W. Beasley	Mr. James F. Keasler
Mr. C. W. Bowman	Mr. William T. McKettrick
Mr. Dennis Caldwell	Mr. William L. Moore, Jr.
Dr. Marianna W. Davis	Mr. J. Clyde Shirley
Mrs. Wanda L. Forbes	Dr. Robert H. Taylor

As Chairman I have tried to present this report as fairly and accurately as possible. There have been emotions and disagreements, but I will defend this committee to the fullest. During the preparation of this study I chose not to

\*Presentation by Mr. Joe B. Davenport, Chairman of the Task Force on Optometric Education of the Health Education Authority, at the meeting of the Commission on Higher Education, April 7, 1977, Columbia, South Carolina.

attend the needs committee meetings so that I could acquire a clearer understanding of the report.

We tried to have the report presented to the Health Education Authority prior to this Commission meeting. However, we did not have a quorum present at the HEA meeting in Anderson. Therefore, we elected to ballot by mail. As Chairman, I agreed in Anderson to accept a minority report submitted in writing. The staff did a remarkable job in taking Dr. Bobo's report from tapes. Dr. Bobo was not pleased and efforts were made to persuade HEA members to delay their vote or to vote negatively. I have not nor would I try to influence any group in this way. I have not been provided the written minority report that has since been mailed out by Dr. Bobo. As promised, his written report is accepted on behalf of Dr. Bland, a member of the Task Force and Needs Committee, as part of the report of the Task Force for your study.

In addition to the Assessment of Need, you will read the written reports of two outstanding people from the medical profession -- Dr. John W. Irwin of Boston, Massachusetts, Director of the Microcirculatory Laboratory, Massachusetts Eye and Ear Infirmary, and Dr. Robert D. Reinecke of Albany, New York, Professor and Chairman, Department of Ophthalmology, The Albany Medical College, Union University. There are points of disagreement in these reports, however, I believe them to be fair and to represent the true opinions of these experts.

The University of Alabama has been unduly singled out for criticism, and has not been given an opportunity to present fairly its side of the story. Dr. Henry B. Peters, Dean of the School of Optometry, at the Medical Center in Alabama, visited South Carolina and submitted his report at an early stage in the study. He went on the line to all the people and fielded all answered questions asked of him.

Since then, some have pointed out that Alabama is our model, and they have "accused" Alabama, if that be the correct word, of having a total all out war in their Medical Center. We have used Alabama, Southern College, and other schools of optometry for their good points and hope to benefit from their mistakes.

You have the SREB Report, Reports of the Consultants, the Assessment of Need, a report from the CHE staff and an Economic Impact Study for your consideration.

Some of what I say will be repeated as I continue, but I have had to listen to repetition from others and ask that you bear with me.

I know of nothing else this Task Force could present that would assist you, on CHE and at the Medical University of South Carolina, to make up your mind about the need. This Task Force has neither the authority nor desire to instruct you to follow through if you truly are not convinced that South Carolina is ideal for a Tri-State School of Optometry. The Task Force has not recommended that a new school be established. The Task Force is a fact-finding body and its work is not yet complete.

The Assessment of Need may be considered complete -- it responds to the request from CHE. The material in the report is considered sufficient for CHE to seek a detailed financial plan and grant application from MUSC.

Additional material has been received: Report of the Highway Department on results of eye examinations as part of the licensure process, Report from the U. S. Army on the status of optometry and the need for optometrists, and more information on vision technologists. Information requested some time ago from the American Association of Ophthalmology has not been received.

Other components have been consummated and are included in this report:

- (a) Report of consulting ophthalmologist
- (b) Report of consulting general medical educator

- (c) Report of consulting optometrist
- (d) Economic Impact Study
- (e) Presentations of the Health Affairs staff

There is still some uncompleted work:

- (a) Evaluation of MUSC financial plan and grant application -- if they decide to proceed
- (b) Consideration of the response of SREB, Georgia and North Carolina to MUSC financial plan
- (c) Consideration of prospects for federal funding
- (d) Recommendations concerning the proposal to establish a regional school if MUSC completes the proposal

Substance of the Assessment of Need

At this point, I draw your attention to page 6 of the Assessment of Need and would like to review the conclusions. The Committee on Need for Optometric Education has identified the following important categories:

1. Substantial need for improved accessibility and for optometric manpower in order to provide quality vision care to the underserved and unserved citizens of the State, including specifically:
  - (a) school and preschool children
  - (b) citizens in rural areas .
  - (c) citizens confined to public institutions.

Need for continuing opportunities for students in South Carolina to study the profession of optometry in the face of diminishing opportunities.

Need for improved opportunities for practicing optometrists to participate in quality programs in continuing education.

Need for enhancement of quality primary vision care at cost effective levels by the training of optometrists at lower cost, both in terms of time and money.

2. The Committee has identified a number of significant advantages that would accrue if South Carolina were to establish a regional school of optometry within this State:
  - (a) enhancement of the image and reputation of the Medical University of South Carolina in vision care, thus complementing the new Storm Eye Institute.
  - (b) assumption of national leadership in the development of the first breakthrough in regional interstate sharing of capital and operating costs in health education.
  - (c) favorable economic impact comparable to that of the development of a new non-polluting small industry.
3. The Committee considered numerous factors relevant to the needs assessment and their impact such as:
  - (a) interrelationships between optometry and ophthalmology,
  - (b) perceptions and preferences of consumers in their choice of vision care professionals,
  - (c) alternative methods for expansion of optometric education,
  - (d) demand for optometrists, in contrast with need,
  - (e) manpower needs of other Southern states, and need for clinical sites in locations remote from Charleston.

4. A regional school would not be designed to flood the area with a large increment of additional graduates. Instead, a regional school could assure the continuity of the training of essentially the same number of students now dispersed in a number of schools.
5. The Committee foresees the feasibility and desirability of periodic monitoring of the supply and demand for vision manpower in South Carolina, with attention given to minority participation in the profession of optometry, including women and individuals from underserved areas.
6. The Committee on Need recommends that South Carolina, North Carolina, and Georgia initiate a proposed Joint Practice Commission for Vision Care in order to develop the best possible relationships among ophthalmologists, optometrists and others involved with eye care.
7. The Committee perceives an opportunity for improvement in inter-professional relationships through the representation of ophthalmology on the various boards, councils, and committees that will be formed eventually to assist in the governance of the proposed tri-state regional school of optometry.

This Committee believes that the following are the primary considerations in an assessment of the need for a new regional tri-state school of optometry:

- (a) role of the school in the improvement of the quality of the education of future optometrists
- (b) role of the school in continuing education for the upgrading of education of existing practicing optometrists
- (c) coordination of the relationship of all parts of the vision care spectrum, and enhancement of referral patterns

(d) assurance of educational opportunities and access to optometric education

(e) opportunity to adjust the supply to the need and demand in South Carolina and in all states by careful monitoring.

Matters relating to cost and income can only be evaluated after MUSC has presented detailed financial estimates and a proposal. Numbers of students to be admitted also would be a matter for MUSC to investigate.

This report does not restrict the term "need" to numbers of practicing optometrists per population base or other statistical approaches to manpower. Human concern and professional judgement carry as much weight as pure statistical numbers.

#### Comment on the Economic Impact Study

We received this study from the State Development Board. It has been forwarded to you and reveals the economic impact in the Charleston area should a school of optometry be built.

#### Comment on Reports of the Consultants

The consultants received the needs assessment and their statements provide some measure of credibility to the assessment and its interpretation.

#### Suggestions of the Health Affairs Staff

The suggestions of the Health Affairs staff address the issues presented by the consultants, as well as some of the objections raised by Dr. Bobo.

#### Minority Report

I would like to speak to the arguments that this minority report raises.

It is unfortunate that one health profession is opposing the efforts of another related health profession for self-improvement. It seems apparent that the real concern between ophthalmology and optometry is economic. Because of

the overlap in services offered, the two professions are competing for the same dollar from the same patient.

I ask that you do not confuse the "eye drops" bill with the need for optometric education. Please keep this professional problem outside the province of need. Whether optometrists should or should not be allowed to put drops in the eye is being considered by the legislature and will not affect the statewide need for primary eye care.

The conclusions that optometrists are underworked cannot be drawn from either Mr. Aron's nor from Dr. Bobo's telephone survey. The validity of the methodology of each is questionable.

It is obvious to anyone who studies the two professions that their patterns of practice are entirely different. This is supported by experience, by surveys, and by the admissions of gentlemen in both professions. It seems that ophthalmologists delegate responsibility for a great deal of examination procedures whereas, the optometrists prefer to personally spend more time with each patient. I would like to comment that prolonged patient contact with doctors and ease in speedily arranging an appointment are not common characteristics in modern health care delivery, and I am not convinced that our best interest lies in trying to eliminate these conditions when they do exist.

At a meeting of the Appalachian Health Council this past Monday, I voted for \$250,000 to be applied to Greenville General Hospital Intern Medical Education. Dr. Ramage, who I know that all of you have high regard for, stated that 20 internists were needed now for that area. I take Dr. Ramage's word for this. Dr. Ramage stated that he learned from his conversation with Dr. Marcus Newberry of MUSC, that Family Practice is the best thing that has happened in South Carolina,

and that MUSC would continue to decentralize and education without walls will continue. This might be kept in mind with reference to the optometry project. I put a direct question to Dr. Ramage, as to whether doctors were moving into South Carolina rapidly due to weather, growth and other factors. He said his experience was that attrition and influx generally cancelled each other out.

Summary

This needs assessment has:

- (1) pointed to unserved need in rural areas where ophthalmologists will not practice and where assistants are of no use without optometrists.
- (2) discovered that 56% of our (S. C.) school + preschool children receive no vision screening, meaning that somewhere in the neighborhood of 150,000 children do not receive primary eye care.
- (3) shown that opportunities for studying optometry are decreasing in the Southern region, while all of the States know they need additional spaces.
- (4) identified the need for continuing education in optometry for those already in practice and awareness of the fact that this cannot be guaranteed without a school.
- (5) acknowledged that a school is the natural environment for research and that research is the primary avenue to improvement in vision care.

The conclusions presented in the Minority Report regarding underutilization of optometrists are simply illogical. The claim has been made that because they do not use as many assistants as ophthalmologists, and because they can easily

schedule new patients in a short period of time, that optometrists must not be performing at the top of their capacity. However, belief in the desirability of delegating tasks is not shared equally in both professions. Nor has any correlation been shown between the length of time it takes to schedule an appointment and how effectively professionals practice!

It seems apparent that if optometrists were in fact "not busy" then optometrists themselves would fear a school. If the optometrists now in practice could not find enough patients to keep busy, they certainly would not feel the need to educate more optometrists.

It is most unfortunate that professional differences have been thrust into the picture, for while they are very real and harmful, all they do is throw dust in the air and do not refute the needs.

The ideal would be a school where all vision professions interact in harmony, but lack of harmony does not eliminate the need for professionals.