

# **Canadian Optometry Graduate Workforce Report 2019**

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## WORKFORCE SURVEY HIGHLIGHTS

- 215 new Canadian graduates between class of 2013 to 2017 participated in this survey
- The gender ratio of the graduate workforce is 64% female: 35% male.
- 66% of graduates work in TWO or more practice locations
- 77% of graduates work Saturdays, 72% work weeknights and 15% work on Sundays
- Family, Income Potential and Significant Others were the top three influences to location
- The mean Waterloo student debt incurred was \$84 580 CAD, and \$182 730 CAD for US-trained graduates
- The national average gross income per month is \$10 800; and \$9920 for a first-year graduate, compared to \$12 180 for a graduate 5 years out of school.
- In Ontario and Alberta, rural areas made the highest income, followed by medium/large cities; metropolitan area made the lowest comparatively
- The lowest average income is \$7000/month, found in the Greater Toronto Area.
- The highest average income is \$20,000+/month in Alberta.
- The top areas of special interest to be implemented in next 5 years are Dry Eye, Cornea & Contact Lenses and Vision Therapy

## 2.0 PURPOSE

This survey was conducted to gather data on the Canadian optometric workforce amongst recent graduates from Canada and US. This is a large-scale follow-up survey to a similar informal survey conducted by the Canadian Association of Optometry Students (CAOS) at the beginning of January 2018 that polled the class of 2017 about work situations, financial burden and optometric interests. However, the sample size was deemed too small to draw significant conclusions.

The results of this workforce survey will provide information about the state of optometry practice in Canada amongst recent grads from coast to coast. It will help provincial associations and regulators to best serve graduates, and help students decide their future practice endeavours and aspirations.

## METHODS

A survey of questions hosted via SurveyMonkey was sent to the graduates across the country via CAO Contact and provincial association email newsletters. In addition, the survey was shared via CAOS social media and class discussion groups. The survey was open for data collection for a month from November 24 to December 26, 2018. Recent graduates from an ACOE-accredited optometry school who originated in Canada AND graduated in the class of 2013-2017 inclusive was invited to participate in the survey. Participants may have answered from a minimum of 27 questions to a maximum of 42 questions depending on their answers via page logic. **A total of two hundred fifteen (n=215) respondents participated in the survey.**

## 3.0 DEMOGRAPHICS

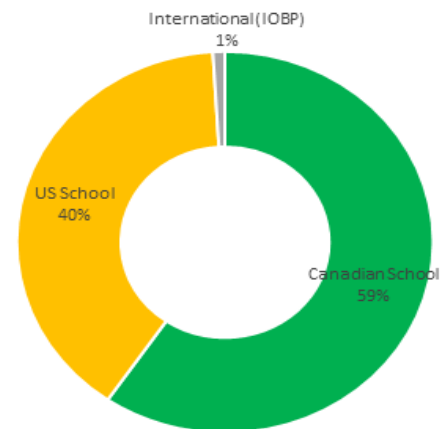
### ALMA MATER

In **Question 1** (right), respondents were asked to identify the ACOE school they had graduated from. A **majority (59%)** of respondents graduated from a **Canadian school**, with n=115 from the University of Waterloo Doctor of Optometry program and n=12 from Université de Montréal. Two respondents graduated from the University of Waterloo International Optometric Bridging Program (IOBP).

**Forty percent (n=86)** of respondents graduated from a **USA school**.

#### The top 5 represented US schools are:

1. Illinois School of Optometry, ICO (n=15)
2. Pacific University, PUCO (n=14)
3. SALUS- Pennsylvania College of Optometry, PCO (n=12)
4. New England College of Optometry, NECO (n=11)
5. Interamerican University of Puerto Rico, IAUPR (n=7)

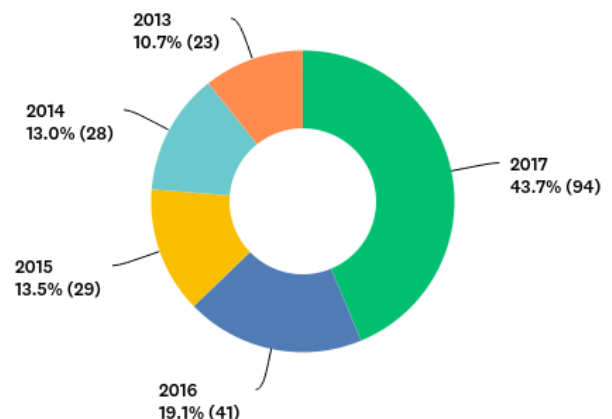


**Figure 1:** Percentage of Respondents from US vs Canadian Schools

Number of Respondents By School in Canada and USA			
School	# Respondents	School	# Respondents
WATERLOO	115	UHCO	4
ICO	15	UIWRSO	3
PACIFIC- PUCO	14	UW- IOBP	2
MONTREAL	12	MCPHS	2
SALUS- PCO	12	UC BERKELEY	1
NECO	11	SCCO	1
IAU PUERTO RICO	7	IUCO - INDIANA	1
AZCOPT	4	MCO - MICHIGAN	1
WUCO	4	UMSL	1
NOVA	4	SUNY	1

### YEAR OF GRADUATION

In **Question 2** (right), respondents were asked the year they graduated from optometry school. The largest response was from the **class of 2017 (43.7%)** followed by the class of 2016 (19.1%), decreasing in participation with greater time lapse. The class of 2018 was excluded from the survey as they had only recently graduated and would not provide reliable data for the purpose of the survey.



**Figure 2:** Percentage of Respondents by Year of Graduation

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## GENDER

In Question 3, participants were asked to indicate their gender. **Majority of participants identified as female (64%)<sup>1</sup>** and 35% male. This finding is in agreement with the US data trend published by the Association of Schools and Colleges of Optometry, “Proportion of Female Full-Time Doctor of Optometry Students, 2008-2018”,<sup>1</sup> which showed that female students made up approximately 63-68% of the US student population over last decade.

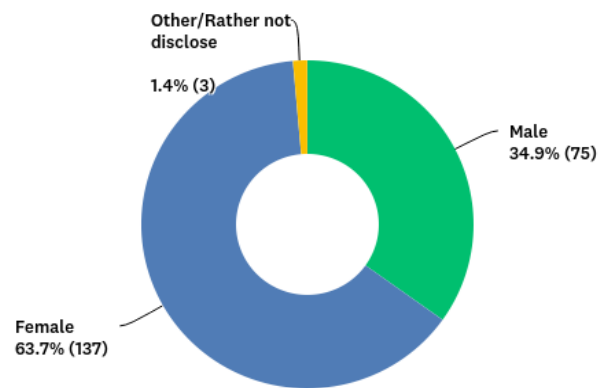


Figure 3: Respondents by Gender

## PROVINCE

In Question 4, respondents were asked to identify the province they currently work in. The top responses were from **Alberta** (n=79, 36.7%), followed by **Ontario** (n=64, 29.8%) and **British Columbia** (n=16, 7.4%). Atlantic Canada (PEI, NS, NB) collectively had n=19. Newfoundland & Labrador, Yukon, Northwest Territories and Nunavut had no participants in this survey. Six Canadian respondents identified as currently working in the United States.



TABLE: Respondents By Province

AB	ON	BC	SK	NS	QC	MB	NB	USA	PE	NF
79	64	16	15	11	9	7	6	6	2	0
36.7%	29.8%	7.4%	7.0%	5.1%	4.2%	3.2%	2.8%	2.8%	0.9%	0%

## WORK SITUATION: TYPICAL WORK WEEK

In Question 5 (right), graduates were asked how many days a week they are scheduled on average to see patients in clinic. **Fifty-six percent (n=121, 56%) work 5 days a week**, while 1 in 5 worked 6 days a week (n=45, 21%) and 4 days per week (n=38, 18%). Of the graduates working 6 days, 42% identified as US graduates, while only 18% of those working 4 days a week identified as US graduates. A rising number of graduates are working more days to fulfil their schedule.

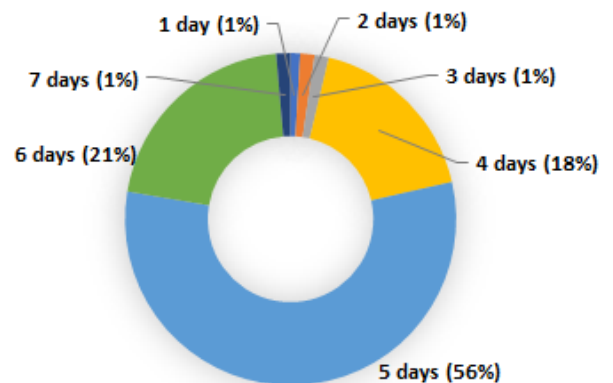


Figure 4: Number of Days of Work Per Week

<sup>1</sup> <https://optometriceducation.org/wp-content/uploads/2018/05/Enrollment-Female.pdf>

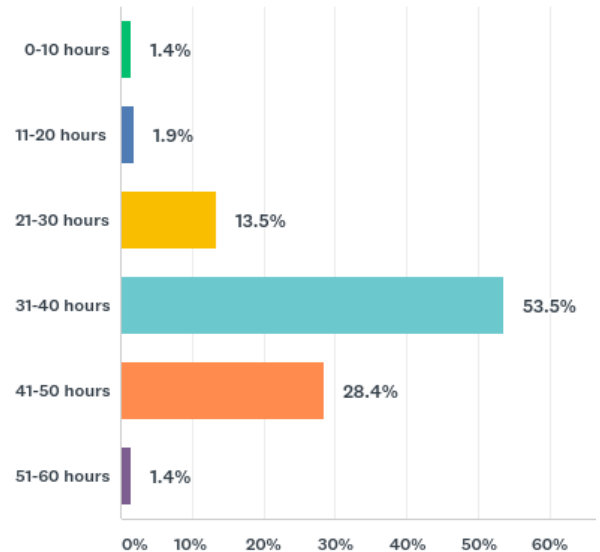
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## HOURS OF WORK

In **Question 6 (right)**, respondents selected the average number of hours they work seeing patients in a typical week. **On average, graduates worked between 31-40 hours per week (n=116, 53.5%)**, with 28.4% working 41-50 hours per week (n=61). Only 3 participants worked over 50 hours per week.

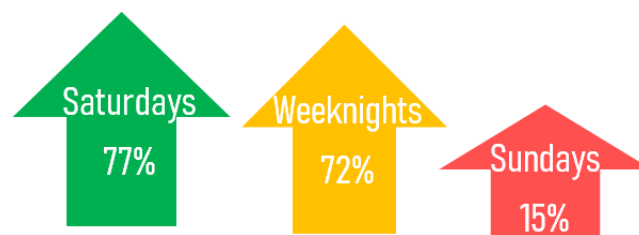
According to Statistics Canada, the average Canadian worked 39.7 hours per week in full-time employment in 2017 <sup>2</sup>. Approximately 29.8% (n=64) of graduates worked over 40 hours per week. However, of those working less than 31 hours per week, only 9% of total male respondents selected this category, compared with 21% of total female respondents. This may have implications in the workforce that females are more likely than males to work less hours in clinic.

Figure 5: Number of Hours of Work Per Week



## EXTENDED HOURS AND WEEKENDS

In **Question 7**, graduates were asked a series of questions describing their work schedule that required a yes/no answer. **Seventy-seven percent (n=165, 76.7%) of graduates worked Saturdays, and seventy-two percent (n=150, 72.4%) worked at least one weeknight**, indicating the popularity of extended clinic hours outside the traditional 9-5. Furthermore, about **1 in 7 graduates (14.9%) worked on Sundays**, which was uncommon in years past. While this may indicate a shift in demand from patients requesting appointments outside of their work hours and weekends, it may also indicate that graduates need to work more non-traditional hours to develop their patient load and make a living. In addition, working in retail side-by-sides and shopping mall locations often require the operation of clinics during evenings and weekends (including Sundays).

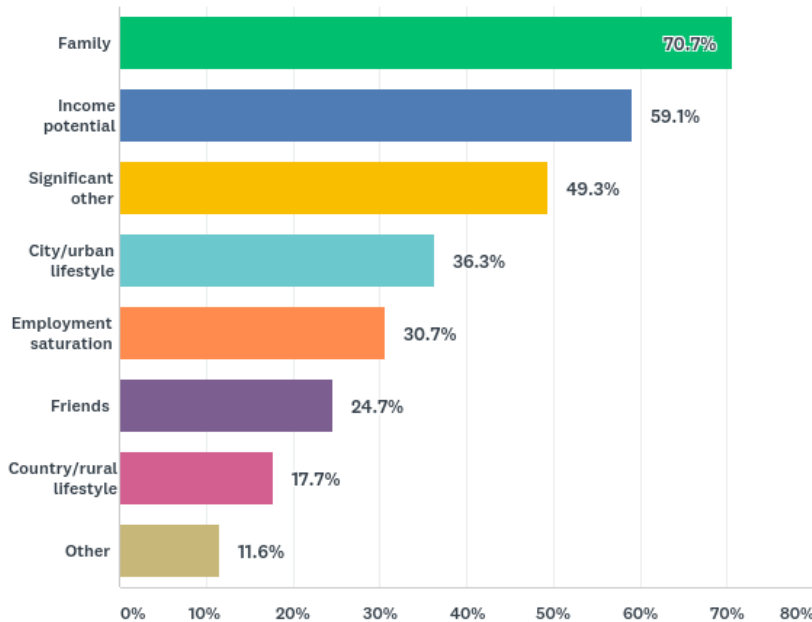


## WORK LOCATION

**Fifty seven percent 57% (n=119) of graduates responded that they work at least 25 km away one-way from their clinic(s).** Statistics Canada reported in 2016 that “workers commuted a median distance of 7.7 km one-way to go from home to their usual place of work.” In comparison to the average Canadian, recent optometry grads are travelling longer distance away from home to find desirable employment.

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**Figure 6: Top Influential Factors in Work Location**



## INFLUENTIAL FACTORS

In **Question 8 (left)**, respondents were asked to select their top 3 reasons that most influenced their location of practice of optometry. The top influencers amongst graduates were

1. **Family at 70.7%**
2. **Income Potential 59.1%**
3. **Significant Other 49.3%**

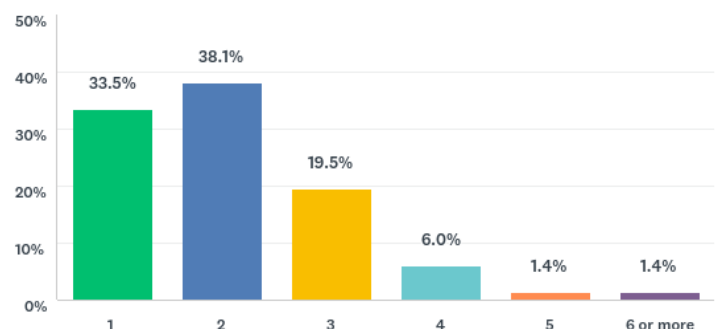
This closely mirrors the influencers affecting students, in which Family (70%), Income Potential (51%) and Significant Other (42%) were also selected as their top three factors in choosing a practice location, as polled in the CAOS Student Survey 2018.

While Income Potential appears important, Family still comes first and may be a dealbreaker in the job search if it means being away from people they care about the most. Significant Other may not play as big a role, as many graduates may not yet be married and the future may still change ahead for them. In terms of lifestyle, 36.3% of graduates indicated that the city/urban lifestyle is highly desirable and influences them on their practice location, but does not seem to be as important a factor as income potential. This result suggests that being able to earn a higher income may be more attractive should opportunities arise outside of city or urban areas.

## GRADS WORK MORE LOCATIONS

In **Question 9**, young optometrists were asked how many clinics they were currently working at. Most respondents answered working at **TWO** clinic locations (38.1%), followed by a **SINGLE** clinic (33.5%). Meanwhile, one in five graduates (19.5%) responded that they worked at **THREE clinic locations**, while approximately 9% worked at 4-6 clinics. In fact, graduates no longer solely work at one clinic. Two-thirds are working in multiple locations to make up their work schedule. While this may be related to job saturation in metropolitan areas and more part-time openings available, there may be other factors influencing this beyond the scope of this survey.

**Figure 7: Number of Clinic Locations of Graduates**



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## FINANCIAL INCOME

In this section, respondents were asked about their satisfaction with their current income earning. The average rating was 4.0/5.0 stars; 36% indicated they were very satisfied, and 41% said they were somewhat satisfied. 9% of respondents were somewhat dissatisfied, while 1% was not at all satisfied. 13% held a neutral opinion on their income earning.

Respondents also indicated their average monthly and 12-month period gross income from optometry services & related products. **The aggregate NATIONAL average gross income per month over all 5 years is \$10 800**, with a median figure of \$10 000, **while the average gross income per annum is \$119 350**, with a median income of \$110 000. When broken down by gender, male optometrists make slightly higher on average, with a monthly gross income of \$11 547 compared to female optometrists' \$10 364 average figure. While this may suggest gender disparity at first glance, more female optometrists work less hours and days compared to male (Question 6), which may result in a lower average income. This figure is also before expenses.

When the data is divided by graduation year, the **class of 2017**, being only one year out from school, **makes average gross income of \$9920 per month nationally**, less than the 5-year average. This is compared to the class of 2013, where the average is at \$12 180 nationally. Over a span of five years, the average income amongst recent graduates generally inches upward incrementally as they develop their patient base. There is a wide distribution of reported gross monthly income, ranging from \$2000 to over \$20 000, as seen in the figure below.

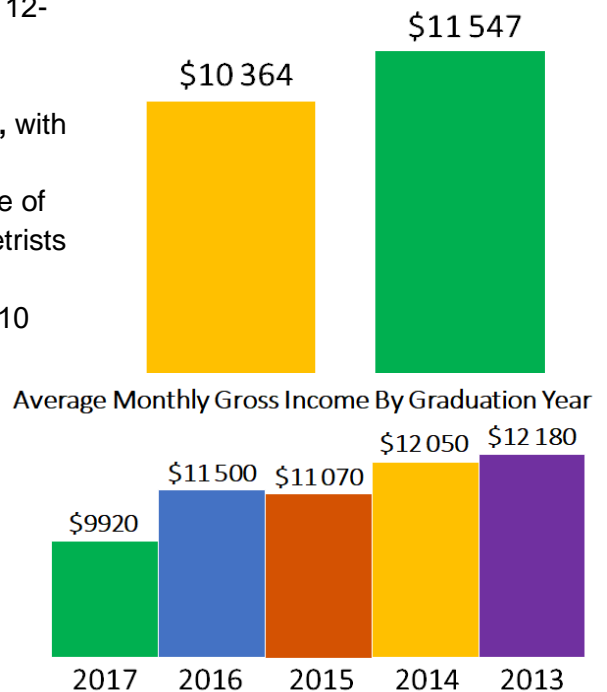
### Average Monthly Gross Income Over 5 Years

**\$10 800**

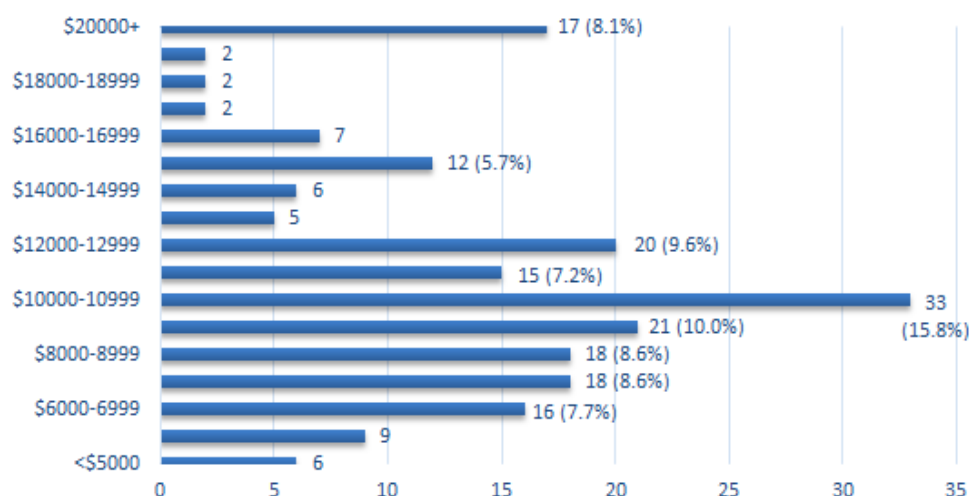
### Average Yearly Gross Income Over 5 Years

**\$119 350**

### Average Monthly Gross Income By Gender



### Average Gross Monthly Income Distribution






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## INCOME BY REGION

As income potential may vary due to differences in provincial coverage and local legislative differences (ie. balance billing in BC), saturation, population demographics and by location, the data was further subdivided by region.

The highest gross monthly income belonged to **Quebec, with \$13 830**

per month from a sample size of 9. In second place, **Atlantic Canada** (including New Brunswick, Nova Scotia and PEI) graduates **averaged \$12 650** monthly (n=19), well above the national average figure. Following closely behind is Alberta, with an average gross monthly income of \$12 090 (n=73) with a distribution range of \$5000 to \$20 000. Saskatchewan averages \$11 500, still above the national average. Three provinces fall below average, with Manitoba, British Columbia and Ontario rounding out the bottom. British Columbia averaged \$9190 per month with a range of \$5000 to \$15 000. Ontario, in particular ranks the lowest with \$8550 average per month, with the widest distribution of \$2000 to \$16 000.

Table : Average Monthly Gross Income By Province Amongst Graduates 2013-2017 (CAD \$)			
			
Province (#)	Month (\$)	Province (#)	Month (\$)
British Columbia (16)	9190	Quebec (9)	13 830
Alberta (73)	12 090	New Brunswick (6)	13 080
Saskatchewan (11)	11 500	Nova Scotia (11)	11 860
Manitoba (6)	9500	Prince Edward Island (2)	15 000
Ontario (62)	8550	USA (6)	12 300

## ONTARIO

In Ontario, the regional discrepancy in gross income earnings is high. Amongst respondents that identified as working in a Metropolitan area (Greater Toronto Area) as their primary clinic (n=22), the average gross income reported was \$7000/month, the lowest amongst

the three groupings. In comparison, graduates that worked in a mid or large sized city with a population of greater than 50,000 to under 1 million (ie. Hamilton, London) earned more at \$8725/month (n=29). The most lucrative in Ontario were those working in a rural town or area (ie. Timmins, or population less than 50,000), with an average of \$11700/month (n=10). When broken down by year of graduation, there is a discrepancy between first year out compared to five-years post-grad in a gradual upward trend that increases over a 5-year period.



Metropolitan (GTA)  
\$7000 (n=22)

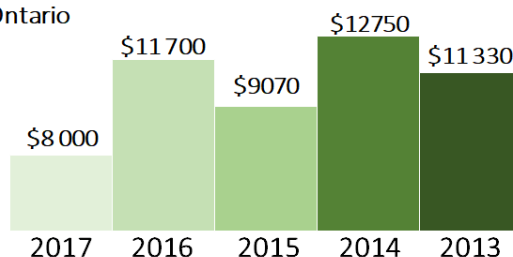


Mid/Large Cities (Ontario)  
\$8725 (n=29)



Rural (Ontario)  
\$11700 (n=10)

Average Monthly Gross Income By Graduation Year, Ontario



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## ALBERTA

The data for Alberta was also sub-divided since the province had the largest number of respondents. In a large metropolitan area (ie Calgary), the average gross income was \$11100/month, which is above the national average. For those working in a mid to large-sized city (ie. Red Deer, Edmonton) as their primary clinic, the average was higher at \$12305/month. As with Ontario, the highest average income was reported by graduates working in a rural/town setting (population <50,000), as the figure was \$13 610/month. When broken down by year of graduation, there is a discrepancy between first year out compared to five-years post-grad in a gradual upward trend that increases to \$14515 over a 5-year period.



Metropolitan (Calgary)  
\$11100 (n=30)

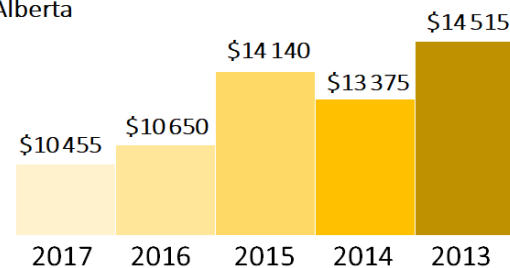


Mid/Large Cities (Alberta)  
\$12305 (n=23)



Rural (Alberta)  
\$13610 (n=23)

Average Monthly Gross Income By Graduation Year, Alberta



## BRITISH COLUMBIA



Metropolitan (Vancouver)  
\$9390 (n=9)



Elsewhere (BC)  
\$8930 (n=7)

While British Columbia had the third largest response, the sample size was comparative small to Ontario or Alberta, which may not be as reliable. As a result, the data was only divided amongst Metropolitan (ie, Vancouver) vs Elsewhere in BC. Of those that identified working in Vancouver, the average monthly gross income was \$9390,

while outside of Vancouver reported \$8930. The reliability of the data is questionable given the sample size.

## FINANCIAL BURDEN

In the next section, respondents were asked if they had graduated with any student debt at the time of graduation. **Eighty-four (84%) percent** of graduates responded that they graduated with some amount of student debt, while sixteen percent (16%) were debt-free upon graduation.

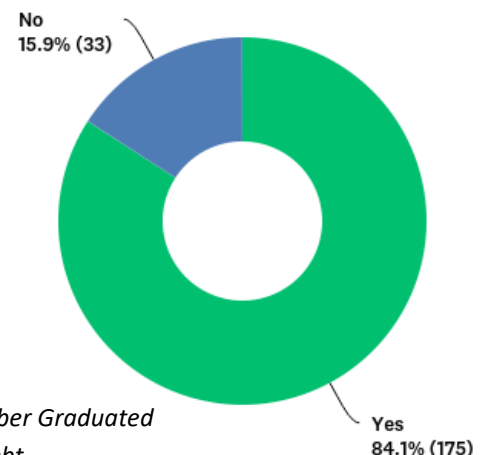
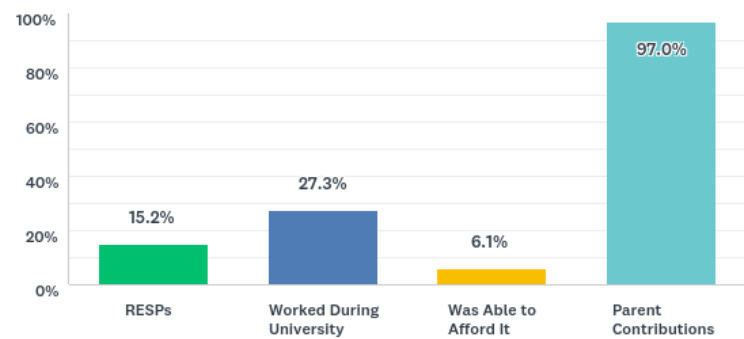


Figure 15: Number Graduated with Student Debt

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Of those that were debt-free (n=33), respondents were asked to select from a list of options that best described their financial situation. Ninety-seven (97%) percent identified “Parental Contributions” as a factor to being debt-free, while twenty-seven (27%) percent worked a job during school to help pay off school. A further fifteen (15%) percent indicated using RESPs to be debt-free by graduation.

**Figure 16: Graduate Situation Pertaining to Debt-Free Status**



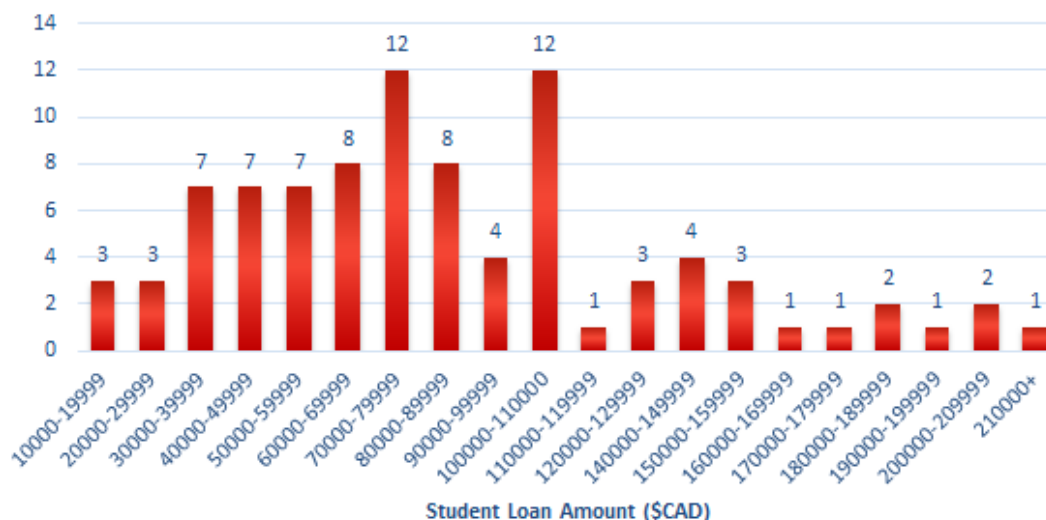
## FINANCIAL LOANS

Respondents with student debt were given a chance to reveal how much they owed after graduation in Canadian Dollars. They were given a sliding scale to indicate the amount. The dollar values were then subsequently grouped into categories of \$10,000 increments. The distribution of total student debt ranged from \$15,000 to over \$300,000 CAD. Data from Montreal graduates was excluded from the Canadian graduate debt total due to factors involving small sample size as well as a different tuition system compared to Waterloo.

## WATERLOO GRAD

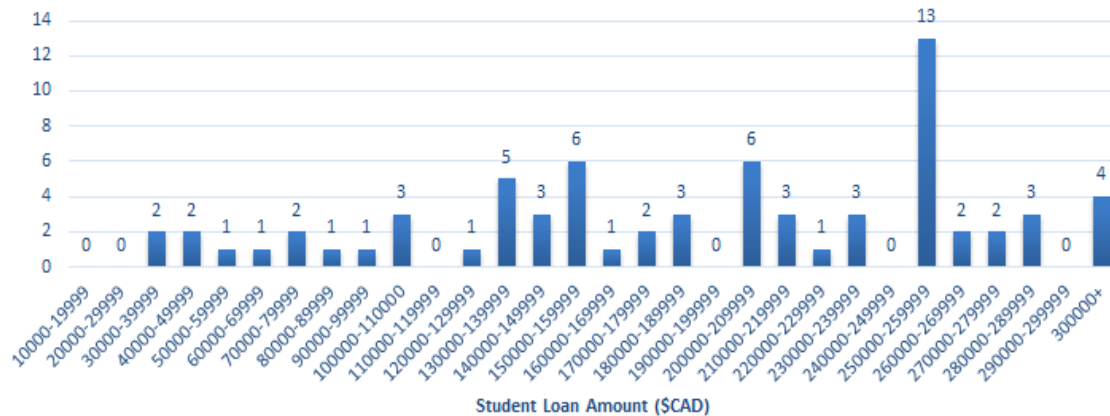
Amongst graduates from **Waterloo (n=90)**, the **average graduate debt was \$84 580 CAD**, which is in agreement with the estimate given by students in the CAOS 2018 Student Survey, where the average debt upon graduation was estimated to be \$82 670 CAD. In addition, the median debt was \$75 000 and the distribution ranged from \$15 000 to \$220 000. As student debt often involves individual factors, personal wealth and financial need, it may differ individual-to-individual and vary considerably. When asked how many years they project to be debt-free, the average answer **was 5 years**. This finding may be useful for prospective students to plan ahead and have an expectation of the debt burden upon graduation from the University of Waterloo.

### Student Loan Distribution Amongst UW Graduates

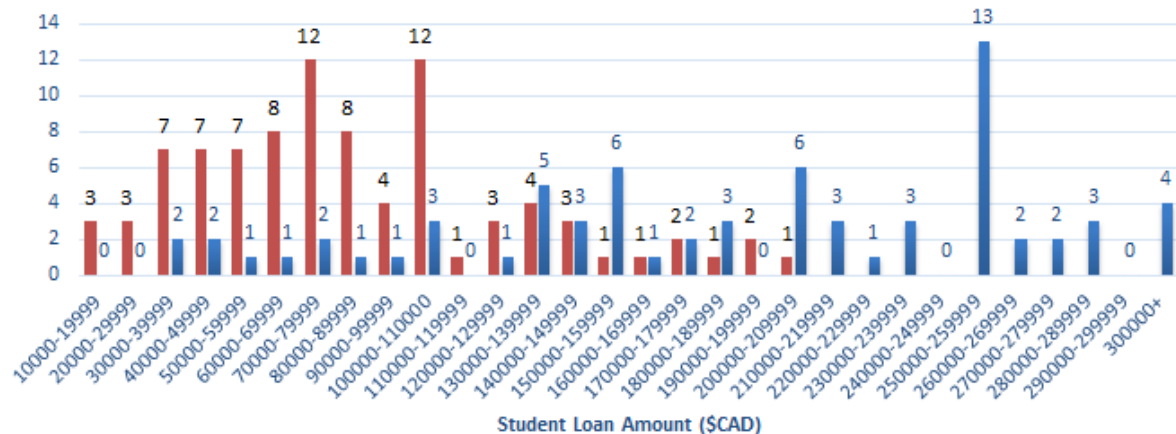


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## Student Loan Distribution Amongst US School Graduates



## Student Loan Distribution Amongst All Graduates



## US-TRAINED GRAD

Amongst graduates from a **US optometry school (n=75)**, the average graduate debt was **\$182 730 CAD**, which is less than the estimate given in the CAOS 2018 Student Survey, where the average debt upon graduation was estimated to be \$242 000 CAD. However, the authors of the CAOS student survey acknowledged that the sample size was smaller (n=42) and was an estimate before graduation. As seen in the table below, the median debt was \$200 000 and the distribution ranged from \$30 000 to \$300 000+. The highest frequency increment was the debt range of \$250 000 - 259 999, with 13 students reporting in this top category.

When asked how many years they project to be debt-free, the average answer **was 8 years**, ranging from 1 to 16 years. This information may be useful for prospective students to plan ahead and have an expectation of the debt burden upon graduation from a US school, where tuition is higher for international students, poor CAD-USD conversion rates, and incurring higher living expenses.

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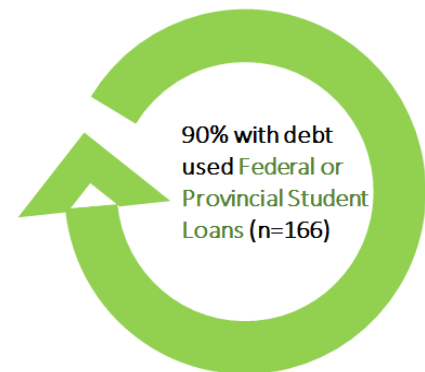
**Table: Debt Burden Amongst Canadian and US School Graduates 2013-2017 (CAD \$)**



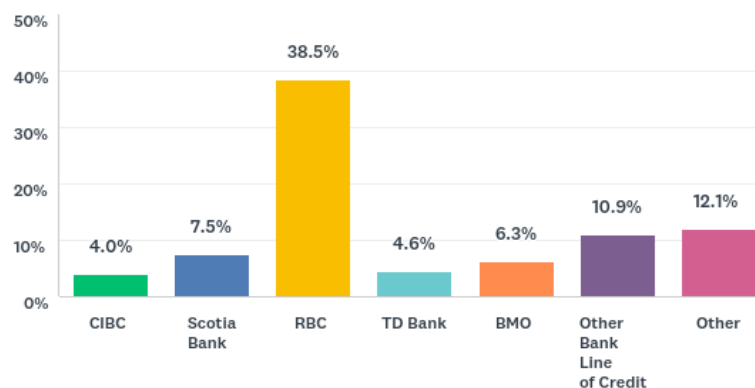
Province (#)	Average Debt (\$)	Median Debt (\$)	Avg Year Projected to Student Debt-Free
Waterloo Graduate (n=90)	84 580	75 000	5 years
US Graduate (n=75)	182 730	200 000	8 years

## FINANCIAL AID

Of the 84% of graduates that indicated graduating with student debt, they were asked to indicate their source(s) of financial assistance. Approximately nine in ten graduates (90%, n=166) indicated that they utilized some amount of federal (Canada Student Loans) or provincial student loan program such as OSAP or StudentAid. Graduates also used professional line of credits to fund their education, with 38.5% having used RBC as their provider (n=67). This is followed by Scotiabank at a distant second amongst survey takers at 7.5% (n=13) and BMO rounding out the top three at 6.3% (n=11). Of the 12% that indicated “Others”, most common answers include parental/family contribution or loans and home equity line of credits as sources of financial contribution.

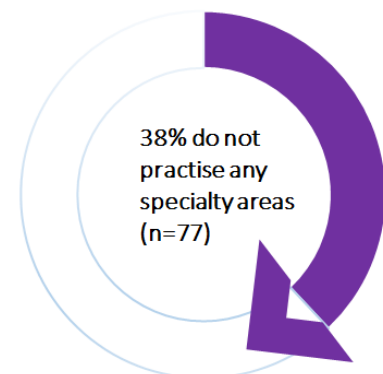


**Figure 20: Sources of Financial Aid (Excluding Government Loans)**



## SPECIAL INTEREST

In the next section, all respondents rejoined a common survey path and were asked if they were currently incorporating any special areas of interest in their clinic(s). Thirty-eight percent (38%) indicated they do not practise any special areas of interest at this time.

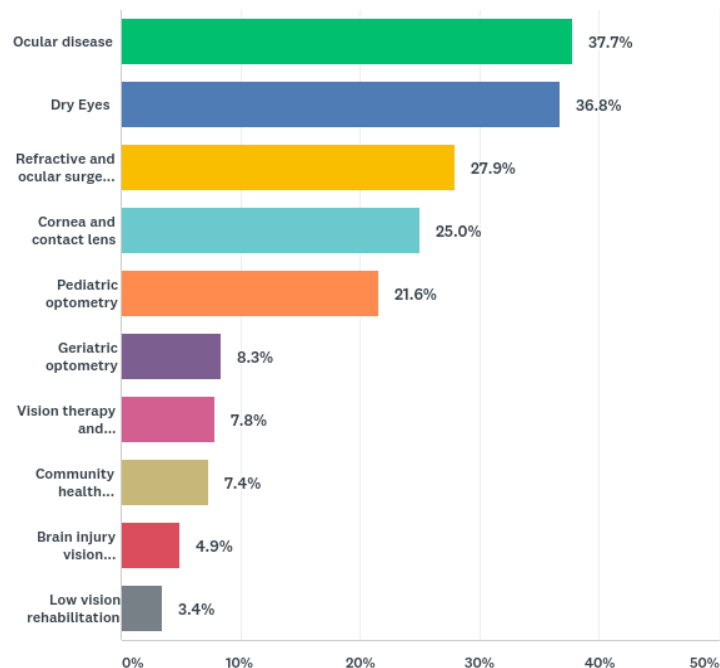


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As modern-day optometry is seldom just primary care practice alone, graduates were asked which area of special interest they are currently practicing. A list of 9 residency areas of interest were taken from OR Match, with the addition of dry eyes included in the survey.

Of those currently incorporating an area of interest (n=127), the top responses were Ocular Disease (37.7%), followed by Dry Eyes (36.8%) and Refractive Surgery (27.9%) rounding the top 3. This was followed closely by Cornea and Contact Lens at 25.0% and Pediatric Optometry at 21.6%.

Which area of special interest are you currently practising in clinic?



While using a list of residency areas from OR Match standardizes the categories, many of these areas may be ill-defined to the survey taker as there were not any description for each category. In addition. Furthermore, the question did not distinguish at what level the respondent must practise in a particular “specialty area” in order to select the option. Many of the top categories are areas that might be seen as routinely incorporated into daily practice, such as managing “ocular diseases”, “dry eyes” and laser co-management or “cornea and contact lens”.

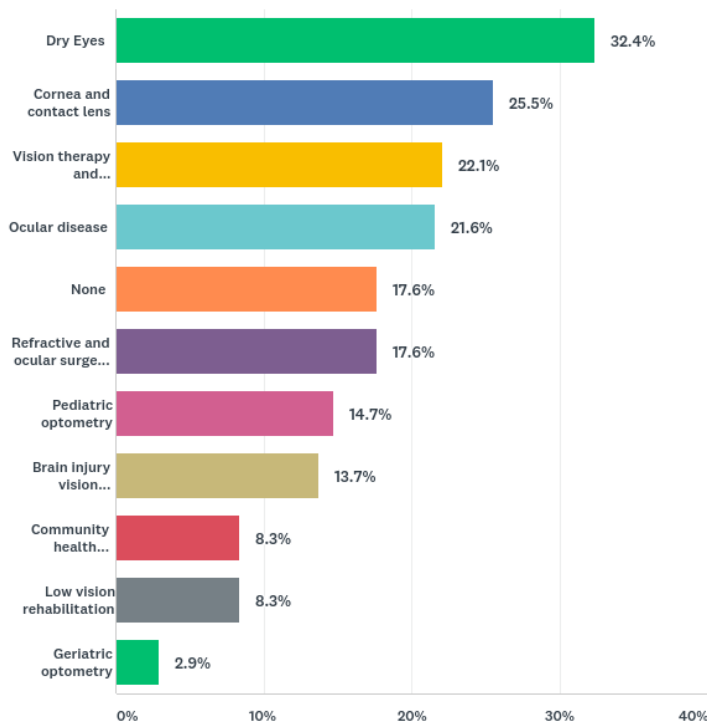
Of the categories that are “highly specialized”, only a small fraction are currently incorporating in their clinics. Of note, 7.8% (n=16) indicated they do Vision Therapy, 4.9% (n=10) in Brain Injury Vision Rehabilitation and 3.4% (n=7) in Low Vision Rehabilitation.

In contrast, students surveyed in the CAOS Student Survey 2018 indicated Ocular Disease as their top choice, followed by Cornea and Contact Lenses, then Vision Therapy.

Amongst graduates that intend to incorporate a special area in their practice within the next 5 years, 32% indicated “Dry Eyes” (n=66), while 26% would consider “Cornea and Contact Lens” (n=52). Third place belongs to “Vision Therapy” (22%, n=46) and “Brain Injury Rehabilitation” at 14% (n=28). Of the major areas of interest, “Low Vision Rehabilitation” is near the bottom at 8% (n=17).

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Which area of special interest would you like to incorporate in next 5 years?



## WORK SATISFACTION

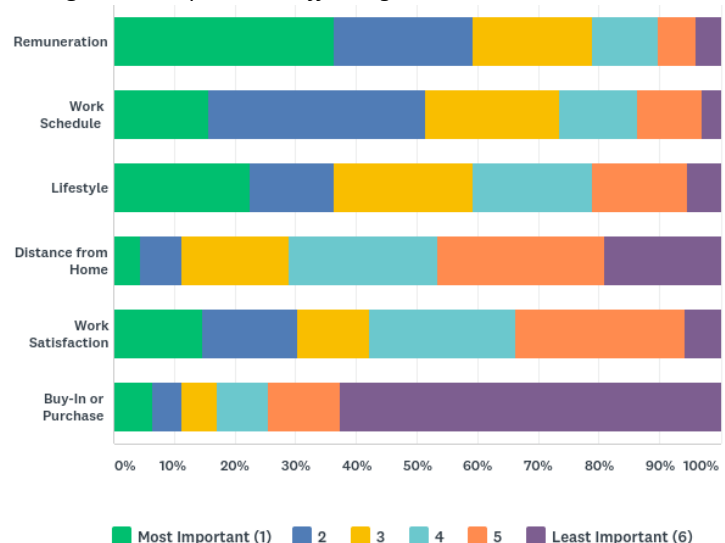
Graduates were asked about their current satisfaction level with their career, given a scale of 1 to 5 with 1 being “not at all satisfied”, and 5 being “very satisfied”. The average answer was **4.3 of 5.0** from 203 respondents, which is a relatively high level of satisfaction amongst graduate optometrists. Only 3% (n=6) indicated “not at all satisfied” or “somewhat dissatisfied” with their career.



## RETENTION

Graduates were subsequently asked to rank 6 factors as the most important to least important when it comes to retention at a clinic (**right**). About 36% of respondents ranked **remuneration** as the most important factor, followed by **lifestyle** at 23%, and **work schedule** at 16%. Not as important are factors such as “distance from home”, “work satisfaction” and being able to “buy in or purchase existing practice”. This may be an important conversation to have when hiring a

**Figure 23: Top Factors Affecting Retention at a Practice**





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new associate as pay is critical in retention. This may be an important discussion, especially as there is a shift to gross revenue pay, which may not be attractive if the volume of dispensing is not high.

In the last group of questions, respondents were asked how likely a list of four scenarios would be in their work situation in the next five years. About half of the graduates (24% indicated “very likely” in becoming practice owner, while 25% indicated “somewhat likely”) show some interest in becoming a practice owner within the next 5 years. Some graduates are also interested in opportunities to buy-in, with 19% indicated “very likely” i while 25% indicated “somewhat likely”. About 16% indicated “very likely” in becoming practice owner, while 26% indicated “somewhat likely” that they would remain an associate optometrist in the next 5 years. In regards to pursuing a residency or fellowship, 60% indicated they are “very unlikely” to do so, while only 3% are “very likely or 7% “somewhat likely” to consider it.

Given this information, it may be prudent for the practice owner to discuss with their associates long-term plan and their role in the practice. About half of the associate optometrists indicate their desire for career advancements such as becoming an owner or buying in as a partner to their current practice.

## ASSOCIATION MEMBERSHIP

Lastly, respondents were asked if they were members of their provincial/national optometric associations (ie. BCDO/CAO). Of all respondents not 7% were not members. The majority (76%) indicated that they “choose to be a member”. About 13% indicated that their licensing requires them to be members, which may be the case if their provincial body serves as both the regulatory college and association (ie. Saskatchewan).

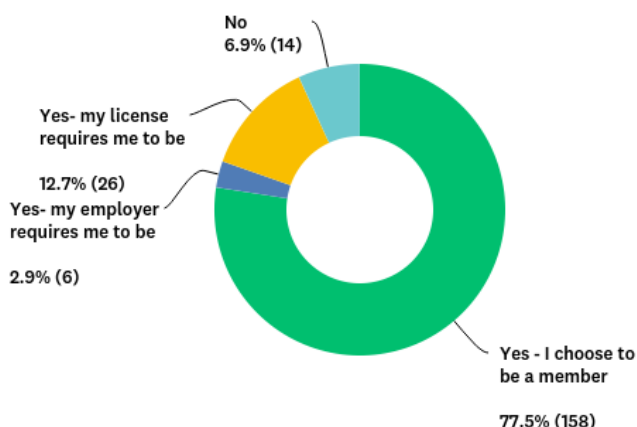
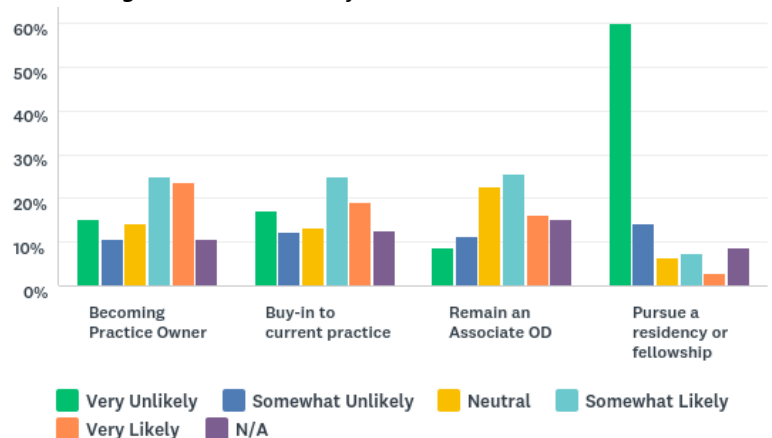


Figure 24: Likelihood of Scenarios in the Next 5 Years



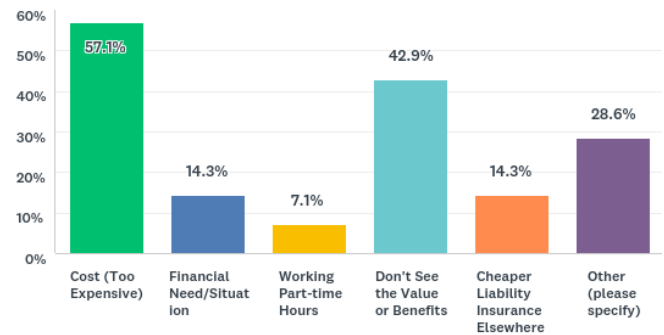
Finally, 3% responded that their primary reason to be member is that their “employer requires them to”. While this is encouraging that graduates appear to be well-connected to the associations, it may be pointed out that the survey was primarily advertised through the CAO and provincial associations, in addition to social media. Optometrists not part of their



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associations may not have been sufficiently reached in the invitation to complete this survey.

Amongst the 14 that identified as not being members, they were invited to identify reason(s) why. Approximately 57% cited cost as the primary factor of not being members, while another 43% indicated they do not see the value. Of the 29% (n=4) that answered “other”, all of them identified as currently practising in the USA.



## CONCLUSION/NEXT STEPS

This survey presented some interesting data about our graduates relating to practice modalities, work life, financial burden and special interest areas that has never been explored. While the sample size is significant (n=215) on a national scale, the sample size is under-represented in some provinces relative to population size (ie. British Columbia) and not at all in some smaller provinces (ie. Newfoundland & Labrador). The method of distributing the survey can be improved as it was largely advertised by voluntary distribution through the CAO and provincial associations. Therefore, the capture rate of graduates not part of an association may not be as high and unlikely to represent the trend for all graduates. A French version of the survey may help to boost the number of responses from Quebec. While the survey is neither meant to be comprehensive or scientific in nature, the integrity and accuracy of the data was strived to be maintained as best as possible.

Of note, the survey identified that US-trained graduates are more highly in debt compared to their Canadian-trained colleagues. Meanwhile, a big disconnect was noted between income potential amongst provinces and also metropolitan and rural practices. As there is a discrepancy in the market supply of optometrists in rural areas versus the saturation in metropolitan areas, this survey also highlights opportunities for practices to better attract new graduates by understanding their lifestyle, income potential, debt burden and preferences.

This survey should be repeated in the future to monitor for any trends in the workforce so that our profession can best prepare our workforce and marketplace for the future employment trends and help bridge the gap between graduates and employers. Additional resources can be implemented to help strengthen the relations between associations, colleges and graduates as a better understanding of their work preferences and trends are identified in the survey.

## APPENDIX

### i) RESOURCE SUGGESTIONS BY NEW GRADS

103 responded to this optional question. The top 3 key phrases/ideas generated are:

1. Billing Help (22%)
2. Contract/Negotiations (11%)
3. Practice Management (11%)

#### Billing

- Crash course in provincial billing (MSI, OHIP)
- Physical Booklet on Federal and Provincial Health plans
- Billing Seminar “Think Tank”
- Billing Case Studies
- How to Bill Workers Comp (ie. WSIB)

#### Contracts

- Sample contracts
- Contract negotiation help
- Expected earnings/remuneration
- How to negotiate better pay
- Better understanding/guide to different fee or remuneration structures

#### Practice Management

- Optometric business planning courses
  - Accounting
  - Tax
  - Incorporation
- How to Start a Small Business/Buy-in to Practice
- How to Pay off Debt
- How to Save for Retirement
- Where to buy drops and supplies
- Scope of practice reference guide (dos and donts, what drugs etc)
- Ophthalmology referral database by area
- Mentorship Program, Buddy System to start
- More Networking Opportunities to Established Docs
- Better Standard of Practice Guidelines
- New Grad Mixers, connect with other grads and older ODs
- Better Job Listings
- Contact lens guide

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## Other Comments:

- Alberta does a great job welcoming new grads!
- Discount Health Insurance, cheaper plans
- New grad orientation by Alberta is great
- Lower fees for grads
- Decrease the amount of grads produced each year!
- Our association already does a great job (Alberta)
- A welcome package that makes scope of practice (and what meds we can prescribe) clear + contact info for local reps and OMDs. A meeting with a local OD to help with these things + a mentorship program from an OD in another area (not a competitor) but similar practice environment/modality would be nice!
- Site that lists all resources: list of all the places you can obtain CE credits eg. conferences, webinars, case study sites, sponsored events, etc.