

02. National Pediatric Ophthalmology Survey: Workforce Shortages, Telemedicine, and Advocacy Priorities

Julia Moore*¹ Ryan Shean*² Zaid Ali³ Amna Ali⁴ Munib Far⁵ Jacob Larsen⁶ Emily McCourt⁷

¹ BA, Edward Via College of Osteopathic Medicine, Alexandria, LA, USA ² BA, Keck School of Medicine, University of Southern California, CA, USA ³ BA, Baylor University Medical Center, TX, USA ⁴ BA, McGovern Medical School at the University of Texas Health Science Center at Houston, TX, USA. ⁵ BS, University of Colorado School of Medicine, CO, USA ⁶ BS, University of Colorado School of Medicine, CO, USA ⁷ MD, Sue Anschutz-Rodgers Eye Center, Department of Ophthalmology, University of Colorado School of Medicine, CO, USA

BACKGROUND: Pediatric ophthalmology faces ongoing workforce shortages, reimbursement concerns, geographic disparities in care access, and increasing advocacy demands.^{1,2} This study aimed to assess pediatric ophthalmologists' perspectives regarding workforce challenges, telemedicine utilization, advocacy priorities, financial concerns, and social determinants of health impacting pediatric eye care delivery. **METHODS:** An anonymous Likert-scale-based survey was distributed through the American Association for Pediatric Ophthalmology and Strabismus (AAPOS) online member discussion board using a REDCap survey link. Eligible participants included practicing pediatric ophthalmologists, pediatric ophthalmology fellows, and physicians retired within the past 10 years. Descriptive statistics and comparative analyses were performed in R statistical software. Responses were stratified by years since completion of pediatric ophthalmology fellowship training (fellow, <5 years, 6–10 years, 11–15 years, and > 15 years). Fisher's exact tests were used for categorical comparisons, and statistical significance was defined as $p < 0.05$. **RESULTS:** A total of 67 respondents completed the survey; 64% identified as female, 34% as male, and 2% preferred not to disclose. Most participants ($n=47$, 71%) agreed that telemedicine improves access to pediatric ophthalmology care amid ongoing workforce shortages, including 52 respondents (76%) who agreed that retinopathy of prematurity can be adequately screened using telemedicine-based approaches. Nearly all respondents ($n=63$, 94%) reported that compensation concerns influence residents' decisions not to pursue pediatric ophthalmology, and 66 respondents (98%) agreed that current reimbursement structures inadequately reflect the workload associated with the subspecialty. Lack of time was the most identified barrier to advocacy involvement. Frequently selected advocacy priorities included expanding insurance coverage and increasing public awareness of childhood eye disease. 60 (90%) agreed that social determinants of health significantly impact pediatric ophthalmic outcomes. Comparative analyses stratified by years since fellowship training demonstrated a significant difference in concern regarding reductions in pediatric ophthalmology research funding opportunities ($p = 0.028$). Among the 60 respondents who agreed this was a concern, 46 (77%) had completed formal fellowship training more than 10 years prior.

CONCLUSION: Respondents broadly supported telemedicine as a strategy to improve access to pediatric ophthalmology care amid ongoing workforce shortages, including for retinopathy of prematurity screening. Financial considerations emerged as a major perceived barrier to recruitment into pediatric ophthalmology, with nearly all participants reporting that current reimbursement structures inadequately reflect the specialty's workload and demands. More senior pediatric ophthalmologists expressed significantly greater concern regarding declining research funding opportunities, potentially reflecting generational differences in

perspectives on the long-term implications of sustained research support within the field.

Key Words: pediatric, telemedicine, health workforce, health surveys, ophthalmology education.

References:

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