



OPTOMETRISTS
ASSOCIATION AUSTRALIA

Optometrists Association Australia

Submission to the Senate Community Affairs References Committee

The factors affecting the supply of health services and medical professionals in rural areas.

ABOUT OPTOMETRISTS ASSOCIATION AUSTRALIA

Optometrists Association Australia is a non-profit organisation registered under the Victorian Companies Act. It is a federation of the six state optometric associations and has been in existence since 1904.

Around 93 per cent of optometrists registered with the Optometry Board of Australia are members of Optometrists Association Australia.

Contact details for the National and State Division Offices are at www.optometrists.asn.au.

1. Introduction

Optometrists Association Australia (“the Association”) welcomes the opportunity to provide a submission to the Senate Community Affairs References Committee inquiry into “The factors affecting the supply of health services and medical professionals in rural areas.”

The Association encourages close examination of the issues impacting the provision of health services in rural areas to help build a sustainable rural and regional health workforce including optometry, ensuring that the end goal for all jurisdictions is a sufficient, well-trained, well-supported multi-disciplinary health workforce, optimally distributed throughout Australia. The Association would like to highlight the specific needs of optometry in rural and remote communities.

This submission articulates the Association’s positions in relation to terms of reference established by the Committee. These positions have been formulated through the Association’s work on issues regarding the optometry workforce and close consultation with the Association’s Rural Optometry Group (ROG).¹.

The Association has for some time been actively engaged in looking at the issues in regards to the optometry workforce, with a substantial focus on the rural workforce. Like other health professions, the distribution of optometrists in rural and regional areas could be improved. A Position Statement on rural optometry, which was adopted in July 2010, sets out the position of the Association on rural optometry workforce issues and the advocacy platform of the Association.² This has been drafted with the advice of the Association’s Rural Optometry Group (ROG).

The Association is also a strong supporter of the Federal Government’s Visiting Optometrists Scheme (VOS), which provides assistance to optometrists in Australia to deliver outreach optometry services to rural and remote locations where it is not possible to locate a full time optometry practice.

Response to the Terms of Reference:

a) Factors limiting the supply of health services and medical, nursing and allied health professionals to rural areas

Typically in a country town the optometrist is the only specialised eye health provider and works closely alongside the resident GP and visiting ophthalmologist. As such rural optometrists provide an advanced level of primary eye care ranging from detection and management of acute and chronic disease affecting the eyes and vision (diabetic eye, disease, glaucoma, macular degeneration, cataract), to management of ocular emergencies (chemical burns, retinal detachment, intraocular foreign bodies) and the detection of refractive error.

Optometrists in rural areas face similar problems in managing their practices and providing on-going service to the public as city practitioners but the magnitude of their problems is larger. Again, their problems are much the same as faced by other rural health professionals. Some of these include:

- Finding practice support or locums to allow for holidays, sick leave and attendance at continuing professional development. Although there is now a new allied health locum program that is providing some assistance (NARLS).
- Professional isolation and problems finding local specialists to whom patients may be referred.

¹ The ROG provides a forum for from each state and territory to have their views heard by the Association and actively participate in the formation of policy on key issues facing rural optometrists More information about the Rural Optometry Group can be found here: <http://www.optometrists.asn.au/ForOptometrists/RuralOptometry/tabid/124/language/en-AU/Default.aspx>

² OAA Position Statement on rural optometry, May 2010.

- Difficulty in attracting employee optometrists or a partner optometrist when the practice grows.
- Replacing practitioners who leave or retire poses substantial problems as it difficult to attract city-based practitioners into rural and remote areas. Consequently there are difficulties in succession planning.
- Access to continuing professional development although with web based technology this is becoming easier.
- Rural practitioners frequently leave for the city because of family pressures, schooling of children and feelings of professional isolation and other life-style issues.

These barriers to rural practice have led to a relative shortfall in the number of optometrists working in rural areas and have compounded the difficulty that rural Australia have in accessing eye care. Government programs exist to assist other health professions deal with the problems specific to rural practice but there are no optometry specific programs that work to guarantee the ongoing availability of optometric care in rural areas other than the VOS.

The Association shares the priority of the National Rural Health Alliance, which the Rural Optometry Group is a member, regarding rural placements of health professionals. The NHRA priority states, “Government should establish a collaborative rural placement scheme for health undergrads, providing greater equivalence of support for all professional groups.”³

(b) The effect of Medicare Locals on the provision of medical services in rural areas;

The Association supports the aim of the Australian Government to create a better health care system for all Australians. We agree the development of a primary health care sector strategy is a key means to achieve this aim together with the establishment of Medicare Locals.

The Association position statement on primary health care and optometry states, “The Association supports the formation of Medicare Locals and their intended role to provide more integrated and accessible primary health care and improve the links between the primary health care and hospital systems. The Association supports broad membership of Medicare Local boards, including membership by optometrists to ensure that cooperation between a range of primary health care providers is promoted and that better primary health care services are available to local communities.”⁴

It is still too early to know the effect of Medicare Locals on the provision of (medical) services in rural areas, however the Association looks forward to working with each Medicare Local to improve access to eye care services in the areas they serve, where necessary, including for remote Aboriginal communities.

(c) Current Incentive programs for recruitment and retention of doctors and dentists

The Association believes that similarly to doctors and dentists, incentive programs for recruitment and retention of other health professionals needs to be looked at and developed to overcome the issues previously mentioned.

Currently Flinders University’s faculty of Optometry and Vision Science reserves half of its school leaver places in its Optometry program for applicants from rural and remote areas of Australia. Deakin University will complete in late 2012 its new Regional Community Health Hub (REACH). REACH will target the socio-economic and geographical challenges to recruit, train and retain health professionals in

³ NHRA “Specific priority actions for rural and remote health”
http://nrha.ruralhealth.org.au/cms/uploads/publications/specific_priority_actions_for_rural_and_remote_health.pdf

⁴ OAA Position Statement on Primary Health Care and Optometry, November 2010.

country areas by emphasising remote teaching via innovative e-health learning and tele-teaching facilities.

The ROG would like to see all the optometry schools select a percentage of students each year from rural locations and recognise that their ATAR score is impacted by some educational disadvantageous from studying in rural and regional Australia.

The Association supports further optometry specific rural and remote workforce programs in the following areas:

- Funds for locum relief support to enable optometrists to schedule time off work and attend continuing professional development programs but still provide the local community with eye care. A new government program to provide support to allied health including optometrists in this area is commended;
- support for the existing rural and regional optometry workforce such as;
 - a rural retention program similar to the one for rural GPs which financially rewards healthcare professionals depending on how long they have worked in a rural and regional area;
 - additional Medicare item numbers such as the removal of foreign bodies to fairly remunerate all optometrists including rural and regional optometrists;
 - an Optometric Primary Eye care Network (OPEN) for rural and regional based optometrists to provide peer support and networking opportunities. OPEN would be a small secretariat of one to two people to support and represent the rural optometric workforce and administer specific grant programs such as the locum service and scholarships and clinical placements. OPEN would encourage outreach programs and networking with GPs and other rural health professionals; and
 - continued support from all levels of government to sustainably fund the delivery of very remote optometry, particularly to Aboriginal and Torres Strait Islander communities given the gap between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander eye health through the Visiting Optometrists Scheme.
- The training of future optometrists wishing to practise in rural and remote locations needs to be a priority, as it should in other disciplines. The Association sees the need for additional funding for optometry students at universities to undertake rural clinical training. This is also a priority for the National Rural Health Alliance, which the Association's ROG is a member.⁵ Additional funding for extra programs to support rural clinical placements would be welcomed as well as complementary funding for students to undertake rural clinical training (to offset fixed rental costs which would still need to be borne by students studying in city based Optometry Schools.
- support for the rural optometrist's time in providing a clinical placement

Other suggested programs of support to optimise the distribution of the optometry workforce include:

- scholarships for rural and non-rural students to study optometry, tied to working a pre-determined number of years in rural and regional Australia;
- a HECS reimbursement scheme for students who choose to work in rural and regional Australia following graduation;
- universities without rural departments, linking with rural medical schools who have infrastructure for accommodation, support services and pastoral care for optometry students undertaking rural clinical placements; and
- buddy or mentoring systems which links students with practising rural optometrists.

⁵ NRHA Specific priority actions for rural and remote health,
http://nrha.ruralhealth.org.au/cms/uploads/publications/specific_priority_actions_for_rural_and_remote_health.pdf