Section three: The delivery of eye health programs and services

This section briefly outlines the roles of the various professional groups engaged in the delivery of eye health care in Australia and their areas of responsibility and training requirements. Also provided is information about a range of current and recent eye health care programs. The intention is to provide contextual information that aids understanding of the challenges outlined in the ‘National Eye Health Framework’ rather than to provide a comprehensive guide to eye health care services.

Provision of eye health care in Australia

By international comparison Australia has excellent eye health services, with highly qualified eye care specialists providing the full range of interventions. Responsibility for eye health programs and services in Australia is currently spread across governments, the private sector, health care professions and non-government organisations.

Private health insurance is an important component in the funding of eye health care in Australia. Costs incurred by patients receiving private doctors’ services and some optometrical services, whether in or out of hospital, are generally reimbursed either fully or in part by means of Medicare benefits. Private insurance may also assist with meeting the costs of private sector services such as corrective eyewear.

All states and territories have subsidised spectacle schemes for people who meet eligibility requirements. These schemes vary across the states and territories.

Where eye disease cannot be prevented or treated, the quality of life for people with low vision can be greatly improved with appropriate rehabilitation and support. In Australia, many services and devices are available to help people maintain their independence. The types of supports provided by low vision services include adaptive technology, assistance with employment, in-home support, guide dogs, mobility training and alternative print and library services.

Numerous non-government organisations, often staffed by dedicated volunteers, provide community based services to promote eye health, provide information about specific eye conditions and available treatments, fund research activities and support people with low vision.
Section three: The delivery of eye health programs and services

**Medicare Benefits Schedule**

The Australian Government expends approximately $410 million per year for the full range of ophthalmology consultation, diagnostic and procedural items through the Medicare Benefits Schedule (MBS), as well as a range of items performed by participating optometrists under the Optometry Schedule of the MBS.

The Medicare Benefits Schedule lists a wide range of consultations, procedures and tests, and the Schedule fee applicable for each of these items. Proposed listings of new medical procedures and new technologies on the Schedule are assessed by the Medical Services Advisory Committee on the basis of evidence of safety, effectiveness and cost-effectiveness.

Optometry was the first profession other than medicine to have its consultative services covered by Medicare benefits, and remains the only non-medical profession to have unrestricted access to Medicare benefits payable for their professional services.

Nearly all Australian optometrists have agreed to participate as providers of optometric care under Medicare. Participation in this scheme also requires adherence to standards of practice and limitations on consultation fees that may be charged. Medicare pays benefits to patients for examinations given by optometrists. This does not include fees for spectacles or contact lenses.

The MBS currently provides for a comprehensive optometric consultation every two years for patients generally, and consultations as clinically required for people with significant changes in vision, new signs and symptoms or progressive disorders. This interval between examinations is consistent with national and international good practice. There are no restrictions on consultations with general practitioners or specialist ophthalmologists. These are available under Medicare as clinically required.

**Pharmaceutical Benefits Scheme**

The Australian Government subsidises a very wide range of necessary prescription medicines for the Australian community through the Pharmaceutical Benefits Scheme (PBS). A range of ophthalmological drugs are subsidised under the PBS for the treatment of many eye conditions. New medicines are being added to the PBS all the time.

All patients are required to pay a co-payment towards the cost of a PBS prescription. In 2005, the co-payment is $28.60 for general patients and $4.60 for concession card holders.
holders. The Government subsidises the difference between the cost of a PBS listed medicine and the patient’s co-payment.

In 2003-04 the Government cost of ophthalmological drugs listed on the PBS was $89.3 million. There were over 6.2 million prescriptions for these drugs.

The eye health workforce

Issues relating to the Eye Health Care Workforce need to be considered in the context of national health workforce initiatives currently in progress to improve and streamline health care delivery. Health workforce is a high priority for Australian Health Ministers and in recent years there has been an ongoing investment in the coordination of national health workforce action.

The National Health Workforce Strategic Framework is designed to guide national health workforce policy and planning and Australia’s investment in its health workforce through the decade. The framework recognises that a collaborative, multidisciplinary approach is needed to effectively tackle health workforce issues.

Guiding principles are critical to the success of the framework. The principles are the core of the framework and provide a simple set of rules, guidelines and aims which allow all stakeholders to apply them to their own circumstances with a minimum of prescription.

1. Australia should focus on achieving, at a minimum, national self sufficiency in health workforce supply, whilst acknowledging it is part of a global market.

2. Distribution of the health workforce should optimise equitable access to health care for all Australians, and recognise the specific requirements of people and communities with greatest need.

3. All health care environments regardless of role, function, size or location should be places in which people want to work and develop; where the workforce is valued and supported and operates in an environment of mutual collaboration.

4. Cohesive action is required among the health, education, vocational training and regulatory sectors to promote an Australian health workforce that is knowledgeable, skilled, competent, engaged in life long learning and distributed to optimise equitable health outcomes.
5. To make optimal use of workforce skills and ensure best health outcomes, it is recognised that a complementary realignment of existing workforce roles or the creation of new roles may be necessary. Any workplace redesign will address health needs, the provision of sustainable quality care and the required competencies to meet service needs.

6. Health workforce policy and planning should be population and consumer focused, linked to broader health care and health systems planning and informed by the best available evidence.

7. Australian health workforce policy development and planning will be most effective when undertaken collaboratively involving all stakeholders. It is recognised that this will require:
   • cohesion among stakeholders including governments, consumers, carers, public and private service providers, professional organisations, and the education, training, regulatory, industrial and research sectors;
   • stakeholders’ commitment to the vision, principles and strategies outlined in this framework;
   • a nationally consistent approach;
   • best use of resources to respond to the strategies proposed in this framework; and
   • a monitoring, evaluation and reporting process.

In order to ensure the best eye health outcomes, to improve and streamline health care delivery and optimal use of the health workforce, there needs to be a focus on preventive eye health care which involves cooperative effort between those in the specialist eye health care workforce and the generalist health workforce.

The specialist eye health care workforce

Specialist professions engaged in the delivery of eye care include ophthalmologists, optometrists, orthoptists, ophthalmic nurses and optical dispensers. The services they provide include prevention, education, research, treatment, rehabilitation and palliation. There is some overlap across the roles of the various eye health care practitioners.

Traditionally there has been a close working relationship between ophthalmologists, orthoptists and ophthalmic nurses in the public and private sectors, but optometrists have tended to work independently in primary care with less direct interaction with
other eye care professions. Ophthalmologists often employ orthoptists and ophthalmic nurses in their private practices and day surgeries. Ophthalmologists, optometrists and orthoptists can all prescribe glasses and a range of nonsurgical forms of eye care, while ophthalmologists, general practitioners and suitably qualified optometrists can prescribe medications.

**Ophthalmologists**

Ophthalmologists are medical practitioners who have undertaken postgraduate medical training to specialise in eye health and vision. The ‘ABS Australian Standard Classification of Occupations’ (ASCO) 2nd edition describes the work of ophthalmologists as 'to provide diagnostic, treatment and preventative medical services related to diseases, injuries and deficiencies of the human eye and associated structures'. They are trained and registered to provide total care of the eyes, from performing comprehensive eye examinations to prescribing corrective lenses, diagnosing diseases and disorders of the eye, and carrying out the medical and surgical procedures necessary for their treatment. Their work includes prevention of blindness, promotion of eye health, and the rehabilitation of people with visual disability. Almost all ophthalmologists are in the private sector, either as a self-employed small business or within larger practices or health care companies.

Ophthalmologists practice both medicine and surgery. They provide primary care as well as highly specialised treatment. Ophthalmologists are the only providers of surgical correction of eye disease, and for most ophthalmologists, cataract removal is the most commonly performed surgical procedure.

Scientific and technological advances have opened a wide range of clinical and research opportunities in a number of ophthalmology sub-specialties. These include cornea and external disease, glaucoma, neuro-ophthalmology, ophthalmic pathology, ocular inflammation, oculo-plastics, orbital surgery, refractive surgery, paediatric ophthalmology, vitreoretinal disease, ocular oncology and developing world ophthalmology.

**Training**

Medical practitioners seeking to gain the specialist qualification to practise as ophthalmologists complete the postgraduate vocational training program offered by
the Royal Australian and New Zealand College of Ophthalmologists (RANZCO). The College introduced new eligibility and training requirements for ophthalmologists during 2000-04. Under the new arrangements, doctors wishing to apply for an accredited ophthalmology training post need to possess medical qualifications registrable in Australia or New Zealand, and have completed at least two years of postgraduate pre-vocational medical and surgical training (including the intern year) in hospitals approved by the College.

Once accepted, ophthalmology trainees undertake five years of training. (Prior to 2004 the training took place over four years). The training program is conducted across Australia and New Zealand, with the cooperation of selected hospitals, universities and Fellows of the College. The clinical elements of the College program are conducted in selected hospitals and university ophthalmology departments accredited by the College as specialist ophthalmology training posts.

Continuing Professional Development (CPD) Framework

The Department of Health and Ageing is currently piloting a Continuing Professional Development (CPD) Framework in specialist medical colleges. The aim is for specialist medical colleges and Fellows to use a CPD Framework to improve the range and availability of CPD activities, and to move the narrow focus of continuing education toward a concept of ‘medical professionalism’. The Framework also has the potential to improve the standard and consistency of CPD activities within and across the medical colleges. The development and the application of the CPD Framework contributes to the maintenance of a suitably trained, skilled and equipped workforce to meet the demands required in the management of eye health.

Ophthalmic nurses

Ophthalmic nurses care for patients with disorders and diseases relating to the eye. They test vision and perform other eye tests under medical direction. Ophthalmic nurses work in specialist eye hospitals, day surgery centres, general hospitals where beds are allocated to ophthalmic patients, and medical practices. Ophthalmic nurses play a key role in the delivery of ophthalmic surgical services in public and private facilities.

Ophthalmic nurses complete general nurse training then additional training to specialise in the nursing care of patients who have eye problems, whether they are in hospital, clinics or the community. Postgraduate ophthalmic nursing courses are available
through The College of Nursing (incorporating the NSW College of Nursing), Sydney Hospital and some universities.

**Optometrists**

Optometrists assess the eye and the visual system, sensory and ocular motor disorders and dysfunctions of the eye and the visual system; diagnose refractive disorders; and prescribe and dispense corrective and preventative devices. The ‘ABS Australian Standard Classification of Occupations’ (ASCO) 2nd edition describes the work of optometrists as ‘to perform eye examination and vision tests to determine the presence of visual, ocular and other abnormalities, and to prescribe lenses, other optical aids or therapy’.

In Australia optometrists are educated to degree level at one of the three institutes conducting optometric courses: the University of Melbourne (five years), the University of New South Wales and the Queensland University of Technology (four years each). Optometrists may proceed to higher degrees (MSc, Moptom, PhD) at each of the schools of optometry.

The states and territories are responsible for control of optometric practice and registrations. Each State of Australia has an Optometrists’ Registration Act that controls the practice of optometry and is administered by a Registration Board. Currently the registration authorities in all states and territories accept graduates of Australian optometry courses and the University of Auckland for registration. All other optometrists are required to pass an examination before being registered.

When an optometrist finds a visual complaint that requires medical or surgical treatment the patient is referred to a general practitioner or an ophthalmologist. Whilst optometrists in Australia may use ophthalmic drugs to facilitate diagnostic procedures, in most states they are not permitted to use other drugs. In recent years, though, the legislation controlling optometry in some states has been changed to allow optometrists to prescribe a limited range of eye medications for uncomplicated eye conditions. Optometrists practising in these states undergo further training to allow them to extend their scope of practice in this way.

Australian optometrists may specialise in providing care to particular groups of patients such as children or people with low vision; research; assessment and care of patients with perceptual problems; counselling on subjects such as occupational vision; educational problems that are visually related; or consulting in industry.
Over time Australian optometrists have come to see their major role of being that of a primary health care provider. This contrasts with earlier times when they promoted themselves primarily as sellers and suppliers of spectacles, although most optometrists still supply the patient with the items which are prescribed to assist vision (most commonly spectacles and contact lenses).

Most Australian optometrists are self-employed or partners in private practice, although most new graduates work initially as employees of optometrists in private practice, with large optical chains, in public clinics and occasionally with ophthalmologists. Unlike some other countries, optometrists in Australia do not commonly work in hospitals and similar institutions. Most Australian optometrists make occasional domiciliary visits for bedridden patients.

The Australian Government recognised the profession’s health care role in 1975 by including optometry in the Medicare program. In 1996-97 Australian optometrists provided nearly 3.2 million initial consultations, which meant that approximately 16 per cent of the Australian population utilised optometric services. It is estimated that optometrists provide over 75 per cent of all vision care services in Australia.

**Orthoptists**

Orthoptics is an allied health profession that specialises in the diagnosis and management of disorders of eye movements and associated vision problems; performance of investigative procedures appropriate to disorders of the eye and visual system; and rehabilitation of patients with vision loss. The ABS Australian Standard Classification of Occupations (ASCO) 2nd edition describes the work of orthoptists as ‘to diagnose and manage eye movement disorders and associated sensory deficiencies’. Orthoptic treatment of certain conditions can relieve visual symptoms and enhance visual performance.

In performing these functions orthoptists are an integral part of the eye health team providing investigative testing of diseases such as glaucoma, assessment and management of eye movement disorders (for example, following a head injury) and rehabilitation of persons with sight loss due to eye diseases such as age-related macular degeneration.

Initial orthoptic education in Australia is currently through a Bachelor degree course undertaken at the University of Sydney (4 years) or at the La Trobe University in
Section three: The delivery of eye health programs and services

Melbourne (3.5 years). Graduates are eligible for registration as orthoptists and membership of the orthoptic professional body, the Orthoptic Association of Australia Inc. This membership carries with it automatic recognition by private health funds throughout Australia. The Australian Orthoptic Board provides a register of accredited professional continuing education activities for orthoptists.

Under state/territory legislation orthoptists are not able to refract and prescribe spectacles and visual aids in every Australian state. Following changes to Victorian legislation in 1996, orthoptists in Victoria are now allowed to prescribe glasses at the request or referral from an ophthalmologist or optometrist (where the request or referral has been made within six months before that measurement or prescription).

Orthoptists work in many areas including neonatal care, paediatrics, rehabilitation, geriatrics, neurological impairment, community services and ophthalmic technology. They are mainly employed by ophthalmologists, low vision clinics or public health services such as public hospitals or community health services. A small proportion of orthoptists are in private practice.

**Optical dispensers**

Optical dispensers (also called opticians or spectacle makers) make spectacles as prescribed by optometrists or ophthalmologists. Optical dispensers complete a technical course which enables them to make up spectacles to an optometrist’s or ophthalmologist’s prescription. They are not permitted to examine eyes or to write the prescriptions.

**The generalist workforce**

Anyone in the generalist health care workforce may be called upon to provide eye health care or to refer patients for eye examination. Generalist health professionals such as general practitioners, nurses, ambulance workers, pharmacists, Aboriginal and Torres Strait Islander health workers and the Royal Flying Doctor Service often provide basic services and advice relating to eye health. Others such as occupational therapists and physiotherapists may detect problems that could be vision-related, and recommend eye checks.

Nurses in many different settings may be called upon to provide eye care. These include occupational health nurses, community nurses and hospital nurses who work in emergency departments. Nurses who provide care to unconscious patients have a particular responsibility to ensure that appropriate eye care is routinely undertaken to prevent corneal scarring and other vision problems.
Pharmacists are involved in eye care through their role dispensing prescription and over-the-counter therapeutic goods and as primary care providers.

It is estimated that 1.8% of reasons for visits to GPs relate specifically to eye conditions, with removal of foreign bodies in the eye one of the most common services provided by GPs.

GPs also play an important role in indirect eye care, through their care of patients whose conditions or medication can affect eye health, such as diabetes.

**Referral pathways**

No referral is needed for consultations with GPs, optometrists or ophthalmologists. However, Medicare benefits are only payable for an initial consultation with an ophthalmologist if there is a referral from a GP, optometrist or current specialist. In general, referrals from GPs and optometrists are valid for 6-12 months, and for 3 months from other specialists.

Optometrists can formally refer patients to ophthalmologists or other optometrists, with people needing surgery or treatment of eye disease being referred to ophthalmologists. General practitioners and other specialists can make referrals to ophthalmologists and optometrists: 7.3% of referrals from general practitioners are to ophthalmologists and 0.9% are to optometrists. Eye health professionals may also refer people to non-government support groups.

**Workforce supply**

Membership records supplied by the Royal Australian and New Zealand College of Ophthalmologists indicate that as of 30 June 2005 there were 710 ophthalmologists in Australia, as follows:

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Based on 2001 census data, the Australian Institute of Health and Welfare (AIHW 2003) estimated the numbers of eye health professionals, their age and their distribution around Australian states and territories in 2001 as follows:
Section three: The delivery of eye health programs and services

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<th>NSW</th>
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Note: Does not include those whose age or sex was not stated.
Source: ABS, Census of Population and Housing, 2001

The age distribution of these professions was as follows:

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Note: Does not include those whose age or sex was not stated.
Source: ABS, Census of Population and Housing, 2001
The hours that they work are as follows:

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<td>81</td>
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<td>382</td>
<td>166</td>
<td>83</td>
<td>49</td>
<td>1,106</td>
</tr>
<tr>
<td>Total</td>
<td>197</td>
<td>165</td>
<td>275</td>
<td>850</td>
<td>614</td>
<td>494</td>
<td>100</td>
<td>2,695</td>
</tr>
<tr>
<td><strong>Orthoptists</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>21</td>
<td>7</td>
<td>13</td>
<td>4</td>
<td>58</td>
</tr>
<tr>
<td>Females</td>
<td>50</td>
<td>70</td>
<td>71</td>
<td>115</td>
<td>41</td>
<td>11</td>
<td>25</td>
<td>383</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
<td>73</td>
<td>77</td>
<td>136</td>
<td>48</td>
<td>24</td>
<td>29</td>
<td>441</td>
</tr>
</tbody>
</table>

(a) Includes those who were on leave and worked zero hours.  
Source: ABS, Census of Population and Housing, 2001

The change in numbers of these professionals between 1996 and 2001 was as follows:

<table>
<thead>
<tr>
<th></th>
<th>1996</th>
<th>2001</th>
<th>Difference</th>
<th>Per cent difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ophthalmologists</td>
<td>440</td>
<td>436</td>
<td>-4</td>
<td>-0.9</td>
</tr>
<tr>
<td>Optometrists</td>
<td>2,253</td>
<td>2,694</td>
<td>441</td>
<td>19.6</td>
</tr>
<tr>
<td>Orthoptists</td>
<td>348</td>
<td>434</td>
<td>86</td>
<td>24.7</td>
</tr>
</tbody>
</table>

Source: ABS, Census of Population and Housing, 2001

In 1996, the Australian Medical Workforce Advisory Committee (AMWAC) released a report entitled ‘The Ophthalmology Workforce in Australia: Supply, Requirements and Projections’, whereby the need for training positions in ophthalmology in Australia was measured against the increasing population. The projected need for 2006 was stated as 91 positions (p54). In 2003, AMWAC’s Annual Report reported 102 ophthalmologist trainees in training positions throughout Australia (p77). Based upon this information, the number of ophthalmologist training positions appears to have matched the ‘expected future growth in activity due to population growth and population ageing’.

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Section three: The delivery of eye health programs and services

Specialist Re-Entry Program (SREP)
Medical specialists who have left the medical workforce and are interested in resuming clinical practice may be eligible for the Specialist Re-Entry Program (SREP). The Specialist Re-Entry Program is an initiative which aims to increase the specialist workforce by supporting specialists who want to resume clinical practice after having taken a break. The program can assist in providing eligible specialists with a clinical placement as part of an individually tailored refresher program, and in providing financial support to specialist practices that host a participant in the program. Negotiations are underway with the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) to ensure that the refresher needs of eligible specialists can be met under SREP.

Workforce distribution
One of the major obstacles to maximising the eye health of rural and remote communities is the difficulty experienced in attracting and retaining a competent and highly skilled workforce in these areas. There are a number of Australian Government funded programs of relevance to eye health care delivery that aim to streamline the distribution of the medical workforce in Australia and address workforce shortages in rural and remote areas. These include:

Medical Specialist Outreach Assistance Program (MSOAP)
The MSOAP was introduced in the 2000-01 Federal Budget as part of a package of measures under the ‘Regional Health Strategy: More Doctors Better Services’ initiative. The MSOAP aims to improve the access of rural and remote communities to medical specialist services through:

- increasing visiting specialist services in areas of identified need;
- supporting medical specialists to provide outreach medical services in rural areas;
- facilitating visiting specialist and local health professional relationships and communication about ongoing patient care; and
- increasing and maintaining the skills of regional, rural and remote health professionals in accordance with local need.
Visiting Optometrists Scheme (VOS)

The VOS enables participating optometrists to be reimbursed for travel and accommodation expenses incurred when providing professional optometry services at locations that are remote from the optometrist’s base practice. The Scheme is administered by the Australian Government Department of Health and Ageing and is currently under review.

Nationally Consistent Approach to Medical Registration (NCAMR)

In 2004 Health Ministers agreed to a model for a Nationally Consistent Approach to Medical Registration. The model will introduce multi-jurisdictional/national registration making it easier for doctors to work across state boundaries and allow public access to medical registration information. The NCAMR will assist in addressing distribution and quality issues of the medical workforce.

Rural and Remote Health Professionals Scholarship Scheme

The Australian Government Rural and Remote Health Professionals Scholarship Scheme offers scholarship assistance to rural and remote health professionals (non-doctor, non-nurse) to undertake continuing professional development opportunities, such as postgraduate study, short courses, clinical placements and conference attendance. These scholarships can be used to encourage health professionals such as optometrists, to enter and remain in the rural workforce.

Advanced Specialist Training Posts in Rural Areas (ASTPRA)

The ASTPRA Program provides funding to states and territories for specialist training posts in rural and regional areas. States and the Northern Territory Government propose posts for funding based on state workforce planning priorities and the training targets recommended by the Australian Medical Workforce Advisory Committee. As a result the program aims to support recruitment and retention of rural medical specialists. There is currently one ophthalmologist funded under this program, and there are proposals for involvement to continue in 2005.

Support Scheme for Rural Specialists (SSRS)

The scheme provides funding for Continuing Professional Development (CPD) of specialists, including ophthalmologists, practising in rural areas. Extensive use is being
made of modern technology to reach the participating specialists, including the Internet, PC based learning packages, video conferencing and teleconferencing to overcome the obstacles in rural practice. It is anticipated that involvement in the SSRS will increase with the emphasis on future CPD projects being generic in nature, and therefore applicable to multiple speciality groups, and that the Scheme will encourage retention of rural specialists.

**Eye health programs and initiatives**

**The National Aboriginal and Torres Strait Islander Eye Health Program**

The recently-reviewed National Aboriginal and Torres Strait Islander Eye Health Program began in 1998 and aims to address the range of eye health conditions experienced by Aboriginal and Torres Strait Islander peoples, such as cataract, diabetic retinopathy, refractive error and region-specific trachoma.

The Program is funded by the Australian Government to provide a regional model of eye health service delivery involving Regional Eye Health Coordinator positions. The model focuses on increasing eye health services within the context of comprehensive primary health care, by providing the necessary infrastructure and resources such as ophthalmic and optometric equipment in identified Aboriginal Community Controlled Health Services. The Program facilitates specialist access primarily but not exclusively to rural and remote areas.

The Review of the program was conducted for the Office of Aboriginal and Torres Strait Islander Health between September 2002 and July 2003 by a team of Indigenous and non-Indigenous reviewers assembled by the Centre for Remote Health, Alice Springs.

The Review highlighted the need to further imbed the Program into primary health care services, with a future emphasis on integration with services required to manage chronic disease and particularly the early detection and prevention of diabetes and its complications.

**The Vision Impairment Prevention Program (VIPP)**

In May 1999 the National Diabetes Strategy provided a total of $1.8 million one-off grants to state and territory governments for the Vision Impairment Prevention Program (VIPP). The objective of the VIPP was to reduce the incidence of, and provide better
management for, diabetic retinopathy by improving access to eye checks, education and appropriate referral and treatment programs.

The funding model provided states and territories a degree of autonomy in implementing and evaluating VIPP projects, some of which have become sustainable without the need for continuing Australian Government funding. A national review of the program indicated that in some states stronger relationships between GPs and optometrists developed as a result of the VIPP.

**Victoria**

**Vision Initiative**

In 2002 Victoria introduced a Vision Initiative in partnership with Vision 2020 Australia as a three year pilot program for 2002–05 with the aim of preventing avoidable blindness and reducing the impact of severe vision loss for all Victorians. Additional one year funding has been further provided for the 2005/06 financial year to continue the work of the Vision Initiative and to provide a comprehensive evaluation of campaign interventions.

Victoria’s Vision Initiative is a coordinated, multi-disciplinary effort involving approximately 13 partner agencies delivering eye care services, eye research and education services. These include the Victorian Health Promotion Foundation, ophthalmologists, general practitioners, optometrists, and the Centre for Eye Research Australia.

Vision 2020 Australia’s Victorian Vision Initiative focuses on five conditions that are responsible for 80% of the burden of eye disease in Victoria:

- Age-related macular degeneration
- Cataract
- Diabetic eye disease
- Glaucoma
- Under- and un-corrected refractive error

The main message for both the public and for eye health professionals is for regular eye examinations to detect and provide early treatment for these conditions. The key message is encapsulated as a part of a communications campaign with the slogan ‘Save
Section three: The delivery of eye health programs and services

Your Sight’. Under the Victorian Initiative, examinations are recommended every five years for those aged 50 years and over, or more frequently for those in high risk groups (e.g. people with diabetes).

**Victorian Eyecare Service (VES)**

The Victorian Eyecare Service (VES) provides eye tests and glasses at a nominal cost for Victorians who hold a pensioner concession card or have a health care card for at least six months and their dependants under the age of 18 years. The VES is funded through the Department of Human Services and is run by the Victorian College of Optometry.

Rural patients can have their eyes tested and glasses prescribed through a network of optometrists and ophthalmologists participating in the service.

In 2002-03 VES provided 67,000 people with subsidised glasses at a cost of $3.4 million. An estimated budget of $3.5 million was allocated for 2003-04. Subsidised glasses are also available from some Victorian public hospitals. The RVEEH provides subsidised glasses to eligible patients through a contracted service provider, currently the Victorian Eye Care Network. The Royal Children’s Hospital provides vouchers for discount glasses.

**South Australia**

In general in South Australia, eye health is incorporated within an integrated health screening approach. Networks operate in a number of settings in metropolitan and rural areas. Within the chronic disease management setting, retinopathy is recognised as a significant co-morbidity and the Department of Health is working with general practitioners to raise awareness about this issue. Local diabetes networks include components of vision impairment prevention and promotion of eye health. For example the Peelies Bus (Peelies is the Aboriginal word for ‘eyes’) in the Riverland area of SA travels throughout the region testing for diabetes in the Aboriginal community. Part of the testing regime involves checking for glaucoma and cataracts, as well as diabetic retinopathy. This was originally an eye health service funded through the Vision Impairment Prevention Program, but was expanded at the request of the Aboriginal community and is funded by the state as well as through other Australian Government programs.
South Australia Spectacle Scheme (SASS)

The aim of the SASS is to assist eligible cardholders to obtain basic spectacles or, with some prescribed eye conditions, contact lenses, at reduced personal cost. To be eligible the client must be a resident of SA and hold a Pensioner Concession Card or have held a Health Care Card continuously for at least 12 months.

Eligible clients are entitled to a pair of reading glasses and a pair of distance glasses or a pair of bifocals every two years. If the client’s vision has altered considerably within that timeframe the two year limitation is not evoked. The range of optical appliances is restricted to basic items and the high end of the market, such as graduated lenses or photosensitive lenses, are not included on the schedule of items to be dispensed under the scheme at reduced cost.

The scheme invites optometrists to participate and sign a Deed of Agreement to dispense the scheduled items at an agreed reduced price. The client receives a 25% rebate of this reduced price at point of sale and the optometrist is able to claim that portion back from the Department of Health by submitting a claim. A client can obtain a pair of bifocals at a personal cost of $65.85 and a pair of single vision glasses at $41.10. If the client chooses unlisted items they must pay the normal retail price, less the SASS contribution on scheduled prices.

In the 2003/04 financial year SASS assisted 59,743 clients with reduced cost spectacles and 400 clients received contact lenses with a $20 co-payment through SASS. The budget for SASS is $1.2 million annually.

Trachoma control

In the out-of-Council areas of SA the various indigenous health services are aware of the issue of trachoma, monitor the situation and implement programs as the need arises. For example, the Nganampa Health Council, with funding from the Christian Blind Mission International have undertaken building mounds and revegetation programs in some centres in the Anangu Pitjantjatjara Lands to reduce the risk from environmental agents, particularly dust. This project was initiated and oversighted by the Centre for Eye Research Australia.

The SA Department of Health Environmental Health Service (Regional Services) is involved as part of the general role in other activities aimed at reducing the risk of trachoma from environmental agents in these areas.
The SA Department of Health is funding four indigenous environmental health workers (IEHWs) in these areas, whose role will include prevention of diseases such as trachoma through the control of environmental agents and improving community and personal hygiene as required.

**Environmental health**

The SA Department of Health Environmental Health Service has requested that the Metropolitan (land use) Planning Strategy include the need for sun protection outdoors in public and private institutions and areas where the public are likely to congregate, such as shopping centres.

Similarly, it is considered that the Department’s input into urban and regional (or land use) planning could include other measures for eye health, including adapting the built environment to the needs of visually impaired people, particularly given the increased incidence of visual impairment with an ageing population.

**Tasmania**

**Visual Impairment Prevention Program**

The improved health service relationship between General Practitioners, Optometrists and Ophthalmologists, which was fostered by the Tasmanian section of the Visual Impairment Prevention Program, is continuing following the program implementation in 2000.

The Visual Impairment Prevention Program increased the awareness of Low Vision Clinics (LVC) of which there are four in Tasmania – three are under the auspices of the Guide Dog Association of Tasmania in Hobart, Launceston and Ulverstone and the fourth LVC is conducted by optometrists at the Royal Hobart Hospital.

**Type 2 Diabetes Referral Guide and Personal Diabetes Record**

The Tasmanian Divisions of General Practice (TDGP), in collaboration with the Tasmanian Department of Health & Human Services (DHHS) and funded by the National Health Development fund, produced the ‘Type 2 Diabetes Referral Guide’ to facilitate improvement in appropriate utilisation and coordination of services across the multidisciplinary health team for people with Type 2 diabetes. The ‘Guide’ includes recommendations on timely referral to eye health practitioners for the prevention and management of eye diseases associated with diabetes.
The TDGP and DHHS produced ‘A Personal Diabetes Record’ to help people with diabetes keep track of important information about diabetes management and assist them in communicating with their GP and other health professionals. This ‘Record’ is designed to be used as a reminder for regular and screening appointments in addition to information and is hoped to facilitate collaborative and effective diabetes self management, including that for eye health care.

**Tasmanian Spectacles Assistance Scheme (SAS)**

The Spectacles and Intraocular Assistance Scheme conducted by the Department of Health & Human Services is well utilised by eligible people in Tasmania. This scheme is advertised to the community through Service Tasmania, the DHHS intranet and all optometrists.

The state departments of Education, and Health and Human Services (DHSS), jointly fund the SAS. Tasmanians who receive a Commonwealth pension or benefit (excluding DVA gold card holders and people with private health insurance) or low income earners who can demonstrate genuine financial hardship may receive a financial subsidy under SAS supplied through a state-wide network of participating optometrists and ophthalmologists towards the cost of: spectacle lenses and negotiated low cost frames; non cosmetic contact lenses; low vision aids; and intra-ocular implants and optical prostheses.

DHHS approved applicants (pre-school and post year 12 clients) receive a 75% subsidy for lenses and low cost frames. Education approved clients (school aged attending colleges or schools or those receiving home education with a registered home educator) receive 100% subsidy for lenses and low cost frames. All applicants are subject to defined eligibility criteria.

**Western Australia**

**General eye health services**

The WA Government funds regular visits to all areas of WA with a single ophthalmologist and optometrist responsible for each separate area on a long term basis.

**Public cataract program**

WA has negotiated an agreement with a large number of private ophthalmologists to perform cataract surgery on a contract basis in non-teaching public hospitals throughout the rural areas and in all metropolitan public non-teaching hospitals.
Section three: The delivery of eye health programs and services

Cataract waitlist reduction program
WA has a joint initiative with the Federal Government to each partially fund cataract surgery where the waiting list is more than six months for those on the public centralised waiting list.

Diabetic retinopathy
State based rural programs seek to screen all diabetics at risk throughout the state. Non-mydriatic cameras are widely distributed and operated by Aboriginal health workers under a joint program with the Lions Eye Institute. Specific training and quality control programs run by the Lions Eye Institute (LEI) are in place in the Kimberley. A collaborative venture between the LEI and BHP Billiton is under way in the Pilbara under a specific project grant from BHP.

Telemedicine
The advent of telemedicine has revitalised Lions Glaucoma Screening programs throughout Western Australia on a free, voluntary basis. These programs are targeted at communities at risk, excluding younger people or Aboriginal and Torres Strait Islander people.

Telemedicine has also enhanced the communication between regional health workers and especially optometrists with ophthalmologists. Pilot programs in the North West have clearly demonstrated economic benefits from the use of telemedicine in providing ophthalmic surveillance in these areas particularly for the prevention of blindness from diabetic retinopathy and glaucoma.

Patient Assisted Travel Scheme (PATS)
The PATS scheme in WA has run for decades and provides virtually unrestricted free travel and accommodation for patients, and their relatives if necessary, attending hospitals or private specialists in Perth.

New South Wales

NSW Spectacles Program
The NSW Spectacles Program provides spectacles and vision aids free of charge to low income and other disadvantaged people in NSW. Since 1992 the Program has been
managed by the NSW Department of Community Services (DoCS) and administered by VisionCare NSW, a non-profit organisation.

The Program has an annual budget of $3.97 million and approves over 80,000 applications each year. Applicants are entitled to one pair of spectacles every two years. The Program has an eligibility criteria and means test. To be eligible for the Program applicants must meet an income and assets test.

The Program also has a hardship provision with the majority of people receiving spectacles under this provision being of Aboriginal or Torres Strait Islander background.

VisionCare works in partnership with the International Centre for Eye Care Education at the University of NSW to increase access to the Program by Aboriginal communities. Incentives also exist to increase the involvement of rural optometrists in the program.

**NSW Diabetes Prevention Program**

NSW Health is in the process of developing a NSW Diabetes Prevention Program and a scoping project resulting in a report and recommendations to the Department has been completed. NSW Health is also working in partnership with the IHR to establish up to three seeding grants in the areas of Prevention in Primary Care, Prevention in Indigenous Communities, and Prevention/Management of Gestational Diabetes.

NSW has also chaired the National Public Health Partnership Diabetes Prevention Working Group, which secured Partnership agreement that an economic modeling project on Prevention of Type 2 Diabetes will be undertaken.

**Queensland**

**Spectacle Supply Scheme (SSS)**

The SSS assists eligible Queensland residents by providing a comprehensive range of free basic prescription spectacles. Queensland Health administers the scheme through public hospitals and community health services. Eligibility is determined by permanent residency and possession of current pension, healthcare, low income health care or Queensland Seniors Cards. The holder must have held the card for 6 months.