This Guide provides advice to optometrists considering doing work in the Australian hospital sector. As with all Guides, this document provides general advice only and Optometrists Association Australia recommends that you seek professional advice when there is doubt in relation to any employment related issues.
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Introduction

This Members’ Guide provides advice to members considering undertaking some form of work in the public hospital system in Australia. There is increasing focus reforms to the health system in Australia, including the hospital system, as announced by the Council of Australian Governments in April 2010.¹

The handful of Australian optometrists who work in private or public hospitals have shown great initiative by demonstrating to the hospital administration or heads of staff their potential value in a hospital setting. By fostering productive relationships between ophthalmologists and orthoptists and exposing what optometry has to offer, successful working models have been created.

Eye and Hospitals

It is useful to look at just what types of eye related care takes place in Australian hospitals. Eye problems account for around 1 in 30 hospitalisations in Australia.² 70% of eye hospitals related to lens surgery with 60% of this as a result of cataracts as shown in Table 1.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Number</th>
<th>Per cent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lens procedures, same day</td>
<td>161,497</td>
<td>65.1</td>
</tr>
<tr>
<td>Eye lid procedures</td>
<td>15,125</td>
<td>6.1</td>
</tr>
<tr>
<td>Retinal procedures</td>
<td>12,562</td>
<td>5.1</td>
</tr>
<tr>
<td>Lens procedures, not same day</td>
<td>10,727</td>
<td>4.3</td>
</tr>
<tr>
<td>Other eye procedures</td>
<td>9,517</td>
<td>3.8</td>
</tr>
<tr>
<td>Other corneal, sclera and conjunctival procedures</td>
<td>8,244</td>
<td>3.3</td>
</tr>
<tr>
<td>Other disorders of the eye, without complications</td>
<td>4,719</td>
<td>1.9</td>
</tr>
<tr>
<td>Hyphema and medically managed trauma to the eye</td>
<td>4,282</td>
<td>1.7</td>
</tr>
<tr>
<td>Glaucoma and complex cataract procedures, same day</td>
<td>3,09</td>
<td>1.5</td>
</tr>
<tr>
<td>Major corneal, sclera and conjunctival procedures</td>
<td>3,475</td>
<td>1.4</td>
</tr>
</tbody>
</table>

The costs associated with these hospitalisations were around $233 million in 2005-06. In addition to this hospital activity, eye care delivered in Australian hospitals also includes clinics related to the manage glaucoma and cataracts; and eye related medical emergencies, as presented at hospital emergencies departments. Typically, these eye related services have been delivered by ophthalmology managed and

¹ COAG reforms can be found at www.coag.gov.au
staffed eye departments and/or clinics. Some eye departments or clinics employ orthoptists to provide any additional services.  

Benefits of optometrists in hospital settings

With the advent of reforms to both the hospital system and the expansion of optometry’s scope of practice, there are potential benefits to greater involvement of optometry in the public hospital system – to the benefit of patients, the Australian health care system and gaining different professional development opportunities for optometrists.

Benefits to the community

The community gains by more streamlined care through eye clinics linked to hospitals, where there is access to supplementary diagnostic tests where necessary and potentially shorter waiting lists for cataract surgery where optometrists who provide pre and post operative care may free up the time of the ophthalmologist for more urgent surgical-related work. (There are of course a number of factors that contribute to the number of eye related surgeries performed, such as the availability of operating theatres, ophthalmic nurses and funding).

Benefits to the hospital

The hospital gains by the provision of enhanced eye care for its patients in situ and the ability to use ophthalmologists in a more streamlined way to potentially reduce patient waiting lists. The use of optometrists in a hospital setting has the likelihood of increasing the number of patients for the hospital in the future as the patient becomes familiar with the hospital setting when attending an eye clinic. The typical optometric practice has thousands of patients who are age 55 and older, the same age group that are more likely to require cataract surgery services, but also accounts for most inpatient hospital bed use. This is an asset that hospitals recognise.

Optometrists can also provide a teaching role to other staff of the hospital, improving the skill base of all hospital staff involved with eye care.

Benefits to the patient

The following examples of likely benefits that patients would experience in hospital eye clinics that incorporate optometry may be used in negotiations with prospective hospitals looking at enhancing their eye related services:

- Possible reduced waiting times for patients, as optometrists will be able to manage less urgent cases and prioritise the order of patients seen by the ophthalmologists. (Access to operating theatres and theatre staff and funding would not be affected by the use of optometrists however)
- In hospitals eye clinics that incorporate optometry services, treatment will be streamlined and there would be improved access to supplementary diagnostic tests where relevant so that the ophthalmologists will have more time to attend to services. This will also result in a greater turnover of patients, and hence, more funds for the hospital. The optometrist may recommend diagnostic testing of a patient prior to ophthalmological testing so that the ophthalmologist may have as much information as possible when they see the patient.

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4 For example, the Royal Victorian Eye and Ear Hospital states: Orthoptic Department The orthoptic department provides eye testing services to Hospital patients from a variety of outpatient clinics. The service provides clinical assessment before patients are seen by the specialist, which helps clinicians make decisions on treatment and monitor the progress of individual cases. The department is the largest provider of orthoptic clinical education in the state, and also provides training for ophthalmic registrars. The department assisted in the redesign of referral forms to Vision Australia, who assess patients affected by vision impairment for assistance with their daily activities [http://www.eyeandear.org.au/services/services.asp](http://www.eyeandear.org.au/services/services.asp)
Ophthalmologists at the hospital gain by having a highly trained available workforce to work alongside at the hospital assisting them with specialised patient care, freeing them to attend to additional surgical caseloads. There is also the potential for both professions to collaborate on improved models of patient care and conduct eye care research to the benefit of patients and improve hospital care.

Benefits to the optometrist

Optometrists gain by having a professional link with a hospital which may generate opportunities for professional development and greater diversity in the professional services that an optometrist provides in a private practice. Other positive elements include:

- Networking with primary care and specialist physicians and others within the acute care system.
- Continuing education and library resources.
- Participation in inter-professional research studies.
- Participation in community educational programs and health care screenings.
- Access to a wider variety of patients and potentially increase professional fulfilment.
- Access to more specialised equipment and testing.

The patients of optometrists also benefit. Optometrists are able to provide their established patients who may suffer eye-related symptoms or complications requiring hospitalisation with a more in depth knowledge of what could be expected if they have experience of working in eye related care in a hospital setting. Some optometrists may even have access to established patients in a hospital setting in consultation with the existing eye care staff. This may include providing glaucoma medication, or monitoring and evaluating sudden onset of ocular pain, as well as flashes or floaters in the eye, depending on the employment relationship and job specification agreed with the optometrist.

A brief word on remuneration

Remuneration for hospital work is typically not high. The exact level of remuneration will differ depending on the employment relationship the optometrist has with the hospital, with remuneration likely to be higher under Visiting Medical Officer type employment arrangements or under licensing agreements. The professional opportunities can be valuable to an optometrist in relation to inter-professional relationships, access to specialised testing facilities and access to specialist equipment and the opportunity to take part in research.

Whilst some states mandate the rate of pay, this may not automatically mean that any hospital would be willing to pay that rate. The majority of existing optometry employment in hospitals in Australia is by way of part time or sessional employment and later in this document, optometrists are encouraged to consider how part time hospital work can be managed around pre existing employment arrangements.

What is happening already?

Australia

Currently there are only a few examples of long term, permanent employment arrangements between optometrists and public hospitals in Australia. In two states, Western Australia and Tasmania, there have been optometrists working in hospitals for many years. There have been visiting optometry services in many regional hospitals in Queensland and South Australia.

In Northern Territory, there has been an optometrist on staff at the eye clinic at the Royal Darwin Hospital in the past however this position has now been filled by an orthoptist.

In Victoria optometrists work in some of the major metropolitan hospitals such as the Victorian Eye and Ear Hospital and in a number of rural and regional hospitals
In New South Wales there have been few examples of optometrists employed or working in hospitals however there are emerging examples in some small rural hospitals.

Overseas

USA:

American optometrists have a long history of involvement in hospitals including Veterans hospitals, Indian Health Services and hospital affiliated with the military. There are optometrists in all 50 states who have hospital privileges, the majority of which are in community hospitals. An increasing number of practicing optometrists have clinical privileges which allow them to perform eye care services in a hospital. The specific role of American optometrists varies, depending on:

- State statutory definition of optometry
- Education, training and clinical competence of the individual optometrist
- Credentialing procedures of the hospitals
- Special needs of the hospital

Some examples of optometrists’ role of working in hospitals include evaluations of inpatients, assisting the emergency room staff, provision of pre and postoperative care of ocular surgery cases, and low vision rehabilitative care among many others.

United Kingdom

British optometrists also have a long history of being involved in the hospitals system. The UK’s Association of Optometrists’ has a Hospital Optometrist Committee with several regional sub-committees. A career in hospital optometry can often arise from a pre-registration post completed in the Hospital Eye Service (HES). Other routes to entering the HES as an optometrist are through gaining further experience in specialist areas of optometry or through further study and experience.

One long time example of optometrists working in the hospital system in the UK is the Moorfields Eye Hospital.

Moorfields employs optometrists in a number roles involving refraction, low vision, contact lenses and clinical trials. Extended roles include cataract, external diseases, glaucoma, medical retina including diabetic screening and management, and paediatric.

A study at the Moorfield Eye Hospital of four resident optometrists and three medical clinicians showed that of the 50 patients examined, agreement between optometrists and consultants in glaucoma clinical decision making was at least as good as that between medical clinicians and consultants. The study opined that within an appropriate environment, optometrists can work safely as part of hospital glaucoma team in outpatient clinics.

Other models of care – optometrists’ co-management outside the hospital setting

Whilst this Guide is focussing optometry working in hospital settings, there are a growing number of examples of the co-management of patients once they are discharged from hospital by community optometry

Given cataract surgery is the third most prevalent hospital procedure in Australia and accounts for 60% of all eye related procedures as noted above, one hospital in Victoria, the Royal Alfred Hospital in

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6 Moorfields Eye Hospital, [http://www.moorfields.nhs.uk/Workforus/Trainingandcareeroportunities/Optometry](http://www.moorfields.nhs.uk/Workforus/Trainingandcareeroportunities/Optometry)
Melbourne has developed a cataract co-management protocol which utilises the services of community optometrists for aftercare of glaucoma patients. The service is coordinated by optometrist Ralph Green and encourages local optometrists to register to participate in the co-management of cataract patients following their surgery in a community optometry setting. Post-cataract patients are referred back to the originating optometrist who is required to undertake certain after-care assessments and inform the Alfred of the outcome. The Alfred suggests that the benefits of this shared care arrangement include improved access for cataract surgery and keeping waiting lists / times short.

This model of co-management of eye related diseases is supported by studies which compare the management of patients by optometrists and by ophthalmologists.

In the Battelle study of cataract surgery patients in the United States of America, 74 percent of the postoperative care for cataract surgery was delivered by optometrists. Of those optometrist managed patients, 92% had successful vision outcomes while 77-90% with conditions had successful outcomes. 93% of co-managed cases had no post-operative complications with the rate of specific types of complications ranging from between 0.04 to 2.0%. Optometrists located in separate offices demonstrated 95.8% accuracy in assessing patients for post operative complications.

Another study looked at the shared care of glaucoma patients. At the Eye Department, Peterborough and Stamford NHS Foundation Trust, specialist optometrists are employed and participate in shared care of glaucoma patients. From February 2005 to March 2007, 68% of patients with glaucoma were referred to specialist optometrists in glaucoma (SOGs) in their own community practices. The completed clinical finding details of the SOGs, including fundus photographs and Humphrey visual field tests, were scrutinised by the project lead, an ophthalmologist. The following levels of disagreement were observed between SOGs and the project lead: on cup:disc ratio (11%), visual field interpretation (7%), diagnosis (12%), treatment plan (10%), and outcome (follow-up interval and location) (17%). The study opined that as a result, there was a potential for a significant increase in the role of primary care optometry in glaucoma management.

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9 http://www.baysidehealth.org.au/ophthalmology/
Models of hospital practice: The legal formalities and employment contracts

There are currently three main models utilised by hospitals in relation to the employment of optometrists and other health care professionals:

1. Direct Employment through the relevant Industrial Agreement or Enterprise Agreement on a sessional basis
2. Visiting Medical Officer (VMO) type agreements and
3. Licence Agreement to rent space from the hospital to facilitate eye care services such as eye care clinics.

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Direct Employment through the relevant Industrial Agreement or Enterprise Agreement on a sessional basis

In the majority of states and territories, there is a relevant industrial award or enterprise agreement (Agreement) which governs the employment of a variety of health professionals employed directly by the hospital. Sometimes these awards also apply to optometrists working in the hospitals.

These Agreements are based on an annual or hourly salary in exchange for services provided by the health professional as defined under the Agreement. As there is no nationally agreed career structure for optometrists working in hospitals in Australia, the pay rates under several states are based on 'hospital scientists' agreements as a starting point for salary negotiations.

A summary of the likely pay levels and relevant Agreements is outlined in Table 1. These employment Agreements are useful as a guide to optometrists of likely salary and work conditions. The pay scale normally relates to the level of education of the health professional and the work experience since graduation.

Anecdotally, some optometrists have found pay scales can be flexibly applied, depending on the experience of the optometrist. As noted elsewhere, the remuneration levels are relatively modest and the benefits to patients and the optometrist personally in terms of the inter-professional development may provide added benefits over and above the likely salary.

In some cases, awards may allow salary sacrificing which has the potential to increase the value of remuneration to some optometrists.

These Agreements expire periodically however even though the Agreement may state a particular expiry date it may still be applicable until it has been reviewed and replaced.
<table>
<thead>
<tr>
<th>State</th>
<th>Enterprise Agreement or equivalent</th>
<th>Typical salary range *</th>
</tr>
</thead>
</table>
| NT | No set award for optometrists or allied health. 

There is a general award for people working in the NT public service, the Northern Territory Public Sector 2008-2010 Union Collective Agreement. This award makes reference to a professional stream which in the past has included optometrists employed at the Royal Darwin Hospital, [http://www.workplaceagreements.nt.gov.au/ntps_general_agreement/docs/NTPS_2008-2010_Union_Collective_Agreement_Final.pdf](http://www.workplaceagreements.nt.gov.au/ntps_general_agreement/docs/NTPS_2008-2010_Union_Collective_Agreement_Final.pdf) 


| Part A of Schedule 11 sets out the pay levels. Schedule 4 of the Agreement provides information about increments for health workers in the Professional Stream 1 to 4. Salaries start at are between $44,156 for the Professional Stream pay scale. |

Medical Officers: A ‘Hospital Medical Officer’ with 4 years post graduate clinical experience salary starts at $82,280 per annum from 1 July 2009 with provision to earn additional
<table>
<thead>
<tr>
<th>State</th>
<th>Agreement Details</th>
</tr>
</thead>
</table>

Pay levels are listed Schedule 7 of the Agreement. Optometrists commence at level HP3.1 (based on 4 years of study) on a salary starting at $57,136 per annum typically optometrists are employed at the HP3-4 level.

Schedule 3 sets out the salary levels for optometrists under the Professional Services stream (identified earlier in Schedule 2). Starting salaries are PSO 1 $40,017. Classifications levels increase to PSO 5, where people are classified as having a high level of experience and expertise and are recognised as leaders in the profession for a salary of $67,997.
TAS  Tasmanian Public Sector Allied Health Professionals Industrial Agreement 2005.


Further information about working in TAS hospitals can be found on the Tas Department of Health and Human Services website, under ‘Your career’ http://www.dhhs.tas.gov.au/careers

Pay levels are list in Schedule 2A. Salaries commence at around $38,985 for someone requiring supervision.

Optometrists currently working at the Royal Hobart Hospital are also able to see private patients. Patients can be referred privately and Medicare billed. The hospital is responsible for all the billing and administration. Two fees are deducted from the Medicare payments. A facility fee (goes to the hospital general revenue fund) and a unit fee (stays in the accounts controlled by the eye clinic and is used for conference expenses or to top up equipment purchases etc).

VIC  There is no specific award for optometry. The Health Professional Services - Public Sector - Victoria Award 2003 is the most useful guide for optometrists to refer to when negotiating with a Victorian hospital. This agreement covers a variety of ‘allied health’ professions such as orthoptists, speech pathologists and podiatrists.

As there is not an award for optometrists, the
Another relevant agreement is the research scientists’ agreement, the Medical Scientists (South Australian Public Sector) Award. Section 19 of the Health Professional Services agreement which applies to health professions such as orthoptists, speech pathologists; podiatrists has starting salary levels of $34,380 per year first year qualified, through to someone with six year’s experience after qualification of $43,500. Additional loadings are possible with relevant postgraduate training.

Further information about working in Victorian hospitals can be located on the Victorian Department of Health website under ‘careers’.

WA Health - HSU Award 2006 covers all salaried employees engaged in professional, administrative, clerical, technical, and supervisory capacities employed in the industry and/or industries of any public hospital and/or health service operated by the boards of any public hospital and or health
service constituted under the Hospital and Health Services Act 1927.


Hospital Salaried Officers (Private Hospitals) Award, 1980 is relevant to optometrist seeking work in private hospitals in WA. The Agreement covers: “Employees who are employed in the calling of Medical Scientist, Scientific Officer, Dietician, Occupational Therapist, Physiotherapist, Social Worker, Speech Pathologist, or any other professional calling as agreed between the Union and employer.


Further information about working in WA hospitals can be located on the WA Department of Health website under 'search for a job'
between the Union and employers. Schedule A to the Agreement sets out salaries for health professionals. Salaries are listed as starting at $41,874 per annum.

Schedule B of the Hospital Salaried Officers (Private Hospitals) Award, 1980 sets out the salary levels for health professionals in private hospitals in WA as being starting at $39,278 per annum.

* please check the specific Agreement for exact details.
Visiting Medical Officer (VMO) type agreements

VMO type agreements are individual agreements between a visiting health professional and the hospital either on a fee for service or sessional (hourly or per service) basis.

A fee for service agreement is a service contract under which an optometrist (or the optometrists’ practice company) is remunerated for the health services performed by the practitioner by reference to a scale of fees for different kinds of health services that is contained in, or specified or otherwise identified by, the contract.

A sessional contract is a service contract under which an optometrist (or optometrists’ practice company) is remunerated by reference to any hourly rate or rates for services provided, but not on a fee-for-service basis.

Common elements in a VMO type agreement:
- pay rates and work conditions
- the ability for the optometrist to charge Medicare for private patients referred to them by the hospital
- on call and call back obligations, including any relevant allowances.
- what involvement if any the VMO has in relation to teaching duties
- expectations in relation to participation in hospital administration type meetings.
- leave arrangements, including for professional development
- grievance procedures

Medical VMO agreements have normally been negotiated with the assistance of the relevant state Australian Medical Association (AMA). An example of a VMO agreement from the ACT is found at www.health.act.gov.au/c/health?a=sp&pid=1067475274. Further agreements can be found at various state and territory health department websites such as NSW: http://www.health.nsw.gov.au/jobs/conditions/classifications/visitingmedicalofficer.asp and in QLD: http://www.health.qld.gov.au/vmo/

Licence Agreements

Another example of employment of optometrists is a Licence Agreement. Typically a licence agreement will define the services an optometrist will provide at the local hospital and what price the optometrist will pay the hospital for providing the rooms (rent) and the administration (the taking of appointments). These agreements may not be very long, compared to VMO type agreements and employment under a state based award.

For most licence agreements, agreement is struck between the optometrist and hospital for the provision of optometry services (billed to the patient under Medicare or privately) in exchange for use of the hospital premises, equipment (in some cases) and a sum of money for the provision of reception services for appointment purposes. (Note: depending on the nature of the agreement it may be necessary for the optometrist to obtain an additional provider number for Medicare)

The fee from the optometrist to the hospital normally is either a set figure, regardless of patient numbers and the fee to the hospital services may be related to the number of patients seen or a proportion of the Medicare fees an optometrist bills. Attachment D contains a licence agreement checklist which provides an outline of issues for optometrists to include in an agreement as well as issues to consider such as the supply of equipment, patient load, and work on public holidays.

This Attachment also draws attention to the fact that optometrists considering this employment arrangement will normally be involved in an ‘independent contractor’ relationship with the hospital, rather than an employee. As a result, this employment relationship will not involve the hospital dealing with taxation issues, providing superannuation guarantee payments or the provision of sick leave.
There is no precedent for a hospital to take into consideration the *additional* costs borne by an optometrist when negotiating an employment agreement. Such costs include keeping their existing practice running whilst they work on the hospital. Having said that, an optometrist needs to take into account the likely expenses they will incur in providing these services when negotiating the contract to ensure they cover both existing and likely new costs and risks:

- equipment is generally provided by the optometrist and can be expensive to purchase, maintain and replace;
- taxation and superannuation are the responsibility of the optometrist;
- there is no sick leave entitlement, so optometrists undertaking these sorts of roles in any significant way may need to consider investing in income protection insurance; and
- unless the licence fee is based on patient throughput, the optometrist shoulders the risk of low patient numbers but is still required to pay the facility fees.

**What would be fair and reasonable remuneration?**

An issue which will need to be discussed in early negotiations is remuneration, depending on how an optometrist is to be employed. Salary levels are generally quite conservative in Australian hospitals so careful consideration of fixed costs at an optometrists’ usual place of employment must be considered as well as the costs associated with working in hospitals (particularly equipment costs).

As noted above, if employment is by way of an employee-employer relationship, the majority of the states and territories have awards to cover optometrists or similar health professions which set remuneration levels according to tertiary education levels, work experience and job specifications may be a useful starting point for negotiating salary levels.

VMO type agreement remuneration is likely to be lower than for visiting *medical* officers however, it is useful to research the likely pay levels for VMOs in each state and territory by accessing the relevant websites for each state and territory health department or the relevant hospital website.

If an optometrist is negotiating a licence agreement, one would expect remuneration to be higher than the other two types of employment arrangements as there are a number of issues not covered in the licence agreement which the optometrists is responsible for:

- No holiday pay, sick leave or family leave.
- Need for income protection insurance.
- Lack of employer superannuation contributions.
- Need for professional indemnity insurance (OAA membership provides $10 million cover).
- Need for public liability insurance.
- Business infrastructure and equipment costs if not provided by the hospital.
- Marketing costs if private patients are permitted to be seen at the hospital.
- Additional costs to the optometrist in employing a locum optometrist to cover the practice whilst working in the hospital. On average in late 2009 the typical locum rate is around 1.5 times a 10900 fee per hour plus some costs associated with travel or accommodation.

Optometrists however need to keep in mind that these additional costs they incur as an optometrist with a private practice are not likely to be of interest to the hospital when negotiating a new role and there would be no monetary advantage to the hospital in employing an optometrist under a licence agreement as opposed to an employee under the relevant state Agreement.

**Preparing for a hospital based optometry role**

*Attachment A* to this Members’ Guide provides a handy checklist for optometrists to use when assessing and preparing for a new role in the hospital system. The following text provides the details to the accompanying checklist.
Explore potential opportunities with the existing hospital eye care workforce, where relevant

Most hospital working relationships involving optometrists have come about through arrangements between optometrists and the relevant hospital’s ophthalmologists. Consider informally talking with local ophthalmologists to seek their views and support before approaching the hospital administration with the proposed role. In most cases, it will be advantageous for the Ophthalmology department to approach the hospital administration first before an optometrist’s more formal approach. Typically an optometrist could expect that the Ophthalmology department will be closely involved in their employment, including reporting arrangements.

If an optometrist is establishing an eye clinic, or entering into a licence agreement to rent space in a hospital to provide optometry services, consultation with the existing Ophthalmology department or eye care workforce is recommended. Once services are up and running, simple actions like copying evaluations and test results to the relevant ophthalmologist go a long way in developing close interprofessional relationships.

Locating existing job opportunities

Given that there is not a long history of optometrists being employed in the Australian hospital system, there are unlikely to be very many, if any formal employment opportunities advertised for hospital based optometry work. However, it is still advisable to do some research into the relevant hospital and/or state or territory health department.

Most major Australian hospitals have on their websites sections for job opportunities. These websites often provide an indication of the typical work conditions attached to the relevant public hospital for people as employees. There may also be typical examples of Visiting Medical Officer type contracts. For the optometry profession, it is unlikely that many hospitals would have specific job vacancies for optometry roles. There may be however some positions for ‘allied health’ which may provide some indication of likely pay and conditions.

Relevant job opportunities for each state and territory can be located at the following web addresses:


Defining the role of an optometrist in the hospital system where there are no formal employment opportunities advertised

There are many roles that an optometrist could fill in a busy hospital, from working in a permanent eye care clinic, to providing assistance to the existing eye care staff at the hospital
Hospitals have the potential to have a great deal of latitude in the types of services that they may allow health professionals, including optometrists, to perform. Having the ability to prescribe S4 medication enhances this role further.

At the moment, most optometrists are less intensely involved in the hospital setting and are called, on an as needed basis, to provide a variety of services alongside the permanent eye care staff at hospitals. These services might include coverage of the emergency room for eye care, dilated eye examinations of patients with diabetes, preoperative and postoperative evaluation of cataract or refractive surgery patients, and routine eye care to those who are bed bound. Where there is an existing ophthalmology department, optometrists will find that this department will be involved in negotiating job specifications. This emphasises the importance of discussing a potential role with the existing eye care workforce before formally approaching hospital administrators.

Optometrists might find that in small regional hospitals, optometry services have not been offered previously and there may be more scope for a larger scope of optometry services to be provided, such as establishing a weekly eye clinic. In these cases, it will be even more important to have an understanding of how optometry services are beneficial to patients and the hospital, as described in the introduction to this Guide.

Hospital administrators may also be interested in some key examples of successful models of optometry in hospitals:

- For around 5 years, Tasmania’s Royal Hobart Hospital has had six optometrists working part time and paid on a sessional basis providing eye care through a clinic attached to the hospital.
- At the Sir Charles Gairdner Hospital in Western Australia optometrists have worked for 15 years as part of a team of optometrists providing 20 hours of eye care per week.

Current services that optometrists might provide in hospitals include:

Conducting eye clinics that involve:

- refraction
- contact lenses
- Low vision management
- Visual field analysis
- Topography/ pachymetry
- Tomography
- Ocular photography
- Spectacle dispensing
- Colour vision assessment

Extended roles include:

- Cataract management (pre and post operative)
- Glaucoma management
- Teaching
- Diabetes management
- Retina/macula clinics
- Research

**Attachment B** provides a potential position description for optometrists to use when negotiating with the hospital and includes an example from the Royal Hobart Hospital. In negotiating a role, optometrists need to consider their clinical independence as part of the specification of the role, including to whom they would need to report. If there is an existing Ophthalmology department, an optometrist should expect to report to the head of that department.

In some settings optometrists are permitted to request additional diagnostic testing for their patients. In discussions with the hospital, it will be important to determine whether test ordering is permitted and under what conditions.
**Additional Issues to consider when negotiating a role in the hospital system**

As well as defining a professional role in the hospital system, there are many other issues for optometrists to consider:

**Time Management:**

- If the role with the hospital is not full time, an optometrist needs to determine the time they will need to allocate from the practice or their usual full time role – how many days per week over what period of time?
- How the hospital role will fit with any outreach work currently undertaken?
- How long will it take to travel to and from the hospital?

**Fixed, ongoing costs**

- If a practice is owned, how will the practice operate whilst the optometrist is working at the hospital? Fixed costs in a practice continue, regardless of whether the optometrist is there. These fixed costs include rent, salaries; and equipment leases.

  Is a locum required? Typical costs to employ a locum are found at Attachment D. In some regional areas, it is quite difficult to source locums.

- Will there be additional equipment costs in the new hospital role? (see further below)

**Patient Management**

- How will the current patient base feel about this new role? Most will see it as a bonus, given the experience gained by working in a hospital. Some may not if it is difficult to get into see you. Efficient management of the appointments book is recommended to ensure long term patients are well treated in your absence.
- Can existing practice staff contact you about current patients during the time you are at the hospital?
- What are the channels of communication between the optometrist and the ophthalmologist particularly when the optometrist is involved in pre and post surgical care?
- Who will assume responsibility for the management of the patient records? This will differ depending on the nature of the agreement. In some arrangements the optometrist will take possession of patient records, in other arrangements, the records will be the property of the hospital and the optometrist will need to arrange how they may access these records.
- Who will manage any of your hospital patients requiring attention on days that you are not in attendance at the hospital?
- How will you manage dispensing of spectacles?

**Formally approaching the hospital**

Following all the preparatory work, a formal approach to the hospital administration will be required. Attachment E contains a pro forma letter which may be useful in formally approaching the hospital administration. This pro forma recommends copying the letter to the Ophthalmology department so they are formally aware of an optometrists’ offer to the hospital.
What do you need to prepare for a new role in a hospital setting?

Once a formal role has been agreed between an optometrist and a hospital, it is important to have the correct equipment to provide the agreed optometry services.

The type of equipment needed will vary depending on what services are to be provided and what, if any, equipment the hospital is willing to supply. Under some circumstances the hospital may be willing to set up a complete consultation room directly within the hospital.

As with any other business venture, the hospital will be looking at a return for their investment. It would be difficult to justify setting up an office if the optometrist is only going to provide care within the hospital one half day per month. If the optometrist is providing preoperative and postoperative care for cataract or refractive surgery patients, a strong argument could be made that the hospital should provide a slit lamp in a permanent setting. The more integrated the optometrist’s practice is in the hospital, the greater the expectation that the hospital will provide some, if not all, of the equipment and support staff needed. This point needs to be addressed in the early stages of negotiations with the hospital administrator.

More often than not, the optometrist will be called on to do evaluations as needed. This usually means bringing portable equipment from the optometrist’s office to the hospital. The equipment needed is essentially the same as required for providing nursing home or other out-of-office services. A variety of hand-held equipment is now available including lensometers, tonometers, slit lamps, auto-refractors, and binocular indirect ophthalmoscopes. Following is a list of suggested equipment needed for out-of-office examinations. The exact equipment needs will depend on the role the optometrist has with the hospital and any existing equipment the hospital already has for use:

- Direct ophthalmoscope
- Indirect ophthalmoscope
- Condensing lenses
- Hand-held tonometer
- Hand-held auto-refractor
- Colour vision test/s – Ishihara at least
- Trial frames and trial lenses
- Retinoscope
- Phoria card
- Hand held/portable slit lamp
- Stereoscopic Tests
- Small surgical kit (cilia forceps, lid speculum, etc.)
- Distance and near acuity charts
- Refracting supplies
- Magnifiers
- Contrast sensitivity tests
- Foreign body removal kit
- Amsler grid
- Other supplies as needed, such as contact lens solutions, cases, CL trial sets Pentorch, Alcohol swabs, Fluorescein strips
- Pharmaceutical agents

If you are providing eye care where you have an idea of the patient list, try to determine the nature of the evaluation required prior to leaving your office for the hospital. If you are being called to remove a superficial foreign body, there may be no need to bring equipment other than a foreign body removal kit. By the same token, it can be extremely frustrating to get to the hospital to learn that the patient needs a comprehensive eye examination and not have the appropriate equipment. The simple step of speaking to someone about the nature of the service required can avoid frustration and loss of valuable time. If you think you might need it, bring it with you.
Conclusion

As the health care needs of society change, all practitioners must adapt and evolve to meet those needs, particularly within the public hospital system in Australia. It is worthwhile to stretch the political and professional boundaries between the eye care professions to improve access of care to eye care services for the good of patient care and reduce waiting lists in hospitals. And in doing so, new challenges for optometrists are established.

The Australian Government is focussing on ways to reform the current health system. Encouraging the greater use of optometrists in the public hospital system will assist in meeting future eye care needs and contribute to the development of new and innovative ways of delivering quality eye care in public hospital settings.

This Member’s Guide sets out to provide optometrists with a Guide to accessing the hospital system. As with all guides, optometrists should seek professional legal and accounting advice when necessary to account for issues specific to them.

If you have further enquiries about optometry in hospital settings, please contact the Optometrists Association Australia on 03 9668 8500 or your relevant State Division.
**Attachment A : Check list**

**Before Approaching a hospital**

Explore potential opportunities with the existing hospital eye care workforce, where relevant

Research potential modes of employment (direct employment / VMO type agreement / licence agreement)

Have an understanding of what you consider appropriate remuneration, taking into account fixed costs at your usual place of work
and whether you need a locum whilst at the hospital

Check for existing job opportunities on the relevant hospital website

Define the role you want to undertake

Consider the professional costs involved in working away from your private practice including funding fixed costs like rent and staff costs,
including locum availability and cost and how you will manage existing private practice patients

Determine likely equipment needs and any additional investment you need to make in new equipment to work in a hospital

**Approaching a hospital**

Informally contact the hospital administration to let them know you will be sending them a letter about providing optometry services at the hospital

Prepare a formal letter of approach, based on the Pro Forma at Attachment H

Negotiate an employment contract. Where you have concerns, seek professional advice before signing the contract

**Working at the hospital**

Work at fostering continuing relations with existing eye care professionals and other relevant health workforce to consolidate and expand your role,
where appropriate.
Attachment B: Position Description

When negotiating a job title and position description, it is important to be precise and to ensure that there is agreement on how both can be modified and by whom.

The type of position that you negotiate will vary however the following may be a useful guide:

**Outpatient clinic**
- Assessment before specialist sees patient
- Vision, ocular motility, visual fields, colour vision, intraocular pressures, slit lamp assessment – anterior and posterior eye, history taking
- Screening for laser treatment
- Diabetic eye disease
- Low vision
- Paediatrics
- Amblyopia and strabismus
- Pre-cataract assessment, A-scans, all the way to surgery preparation?

**Emergency department**
- triage
- treatment of foreign bodies injuries
- assessment and management of orbital trauma, retinal detachment, injury, burns
- prescribing therapeutics.
- diagnosis and management of eye disease from conjunctivitis to glaucoma, uveitis to allergy

**The Royal Hobart Hospital advertised for an optometrist with the following job description:**

**Position Objectives:**
- To provide optometric care to inpatients and eye clinic outpatients at the Royal Hobart Hospital.
- To support and participate in the function and operation of the Royal Hobart Hospital eye clinic.

**Primary Tasks:**

1. To provide efficient, effective and high quality optometric care to patients attending the RHH eye clinic and RHH inpatients.

2. To provide optometric care services to hospital staff.

3. To provide optometric care and consultant services to RHH medical staff regarding the care of their hospitalised patients.

4. To provide optometric care and consultant services to an optometrists’ patients who are hospitalised.

5. To work as part of an interdisciplinary team at the RHH in the provision of eye and vision care.

6. To undertake teaching and any research projects at the hospital or University of Tasmania (Health Sciences) as required.

7. To maintain adequate records of all patients treated.

8. To participate in such hospital committees and administrative matters as required.

9. To participate in Quality Assurance activities.
Scope of Work Performed:

- Responsible to the Director of the Eye Clinic for the provision of optometric care.

- Responsible to the Director of the Eye Clinic for working within Departmental and Hospital Policies and Procedures, by-laws and statutory regulations.

- The optometrist is expected to work autonomously without professional supervision. The senior optometrist and director of the eye clinic provide broad professional guidance.

Pre-employment Conditions:

Evidence of the following must be provided prior to appointment to the position:

- Current registration as an Optometrist pursuant to the Optometrists Registration Act 1994.

Highly Desirable:

- Membership of the Optometrists Association Australia or can demonstrate the same level of professional indemnity insurance cover.

Selection Criteria:

1. Holder of a certificate of authorisation from the Optometrists Registration Board of Tasmania to administer, supply and prescribe Class 1 substances pursuant to the Optometrists Registration Act 1994.


3. Demonstrated commitment to continuing professional education.

4. Ability and willingness to undertake teaching and research roles.

5. High-level ability to practice without supervision in a multidisciplinary environment and exercise sound professional judgement.

6. High-level interpersonal and written and verbal communication skills.

7. High-level time management skills, including the ability to manage conflicting demands in an environment subject to pressure.
Attachment C: Typical Employment Contract provisions

The following list may be helpful to optometrists in negotiating their employment contract and defining the role they undertake in the Australian hospital system. If the contract is under the relevant award, optometrists should consult the relevant Award (details found in the Guide).

A. Basic Inclusions in an employment contract
The following usual details should be recorded:
- Name and details of employer and employee;
- The date of birth of employee if under 21 years of age;
- Job title and brief description of work (more information below);
- Place of work;
- Employment status (e.g. full time, part-time, casual);
- If the employment is for a fixed term, the start and end dates of employment; and
- To whom the employee reports.

B. Employment Conditions
The contract should state the conditions, intentions, expectations and obligations of all parties. Common conditions include the following:
- Agreed pay rate: The pay rate must not be below that of the minimum wage as set out by each state or federal award. The rate may include an initial pay rate under a probationary period and a pay rate at the end of probation as a continuing employee.
- How the pay is to be received and the frequency.
- Hours of Work, including meal breaks, what arrangements apply for additional hours (if any), on call / call back arrangements, working on public holidays.
- Leave Entitlements, including annual leave, parental leave, sick leave, bereavement leave.
- Relevant allowances such as Continuing Professional Development allowances.
- Superannuation arrangements.
- Termination provisions (by you or the employer).
- Redundancy provisions / retirement provisions.
- Promotion or progression arrangements where relevant.
- Employment review provisions.
- Reimbursement of expenses incurred on business.

Health related conditions to consider:
- Indemnity insurance cover (OAA cover is to $10m, and is part of OAA membership)
- Any rights to practice privately within the hospital system
- Diagnostic testing rights within the hospital system
- Adherence to hospital policies, such as charting
- Teaching requirements
- Participation in hospital administration meetings
- Participation in research and use of hospital resources such as libraries
- Access to and ownership of patient records - are these the property of the hospital or the optometrist – it is likely that this will be different depending on the nature of the employment.
- Communication channels with specialists – particularly if the optometrist is involved in pre and post surgery cases.
Optometrists considering employment in an Australian public hospital system using licence agreements, which is essentially an individual employment agreement between the optometrist and the hospital for certain services on agreed terms and rates. Generally licence agreements do not involve employee benefits such as paid leave for example.

The ‘licence fee’ can take a variety of guises such as a set fee to cover rent and the cost of keeping the appointments book, regardless of the number of patients an optometrist sees or when the clinics are scheduled. This is more pertinent for optometrists who may be working part-time – equipment upkeep can become expensive if the licence agreement requires certain equipment to be available as part of the services you provide.

The following points are provided to optometrists as a guide to consider when negotiating the licence agreements:

- Use plain English
- Enable variations or additions to be made by written agreement, as hospital management staff change and verbal agreements can be forgotten
- Define how the agreement can be terminated by either party
- Consider a mechanism for resolving disputes by an independent mediator
- Clarify what occurs when the contract comes to an end.
- Ensure the other party (the hospital) can deliver on their side of the contract
- Treat the contracting process as dynamic for the whole process, not just the price component (especially important if you have been provided a ‘standard form’ licence agreement)
- Provide yourself with enough time to consider the draft licence agreement
- Ask for more information if you do not understand a provision
- Avoid provisions enabling unilateral changes to your licence agreement without your consent, including references to hospital policies and procedures.

Essential elements of a licence agreement include:
- Parties to the Agreement
- Job specifications
- Facilities, equipment and resources to be supplied by the respective parties
- Duration of the contract
- Contract fee
- Other expenses incurred (travel / vehicle use) incurred in providing the service but not covered in the contract fee
- Public liability and professional indemnity insurance (OAA membership provides $10m cover)
- Review dates and a mechanism for increasing the fee (where the contract is long term)
- Mediation of any contractual disputes by an independent party.

Other specific issues to consider:
- If the hospital is keeping the appointment books, there should be a clear understanding about patient load
- Any obligations for out-of-hours services or for optometry services on public holidays
- Equipment costs (typically these are the optometrists costs, so consideration of repair costs and updating should be kept in mind when negotiating the licence agreement)
- Whether income protection insurance is required (as licence agreements typically do not include sick leave entitlements)
- Taxation arrangements – typically the hospital will not deduct tax from the earnings so consideration of taxation advice may be necessary before you sign the Agreement.
- Superannuation will also not be part of the Agreement.
Access to patient records in case of court cases (including after the licence agreement is terminated).
Attachment E: Suggested pro forma letter to approach hospitals

XYZ Hospital
1 Streaky Bay Road
Blursville Victoria 3021

Dear CCC

Re proposed new optometry services

I am writing to propose a new optometry service for your hospital, as discussed informally on XXX.

I am a registered optometrist since XXXX and have postgraduate qualifications in the prescription of Schedule 4 medications in the state of XXX. I have attached a short Curriculum Vitae outlining my professional background.

(Personalise your approach)
I have a particular interest in XX / I have experience in the co-management of numerous glaucoma patients with Drs X and Z, who have visiting rights at the hospital, all of which is relevant to future patients likely to attend the hospital. In the past I have managed a similar clinics to great success.

(Where existing ophthalmology services exist) I have informally discussed this new service with Dr Smith, head of the ophthalmology department. She and her staff are supportive of this proposed new role.

This new service will enhance the existing eye care services offered by your hospital and has the potential to improve patient services in this area, freeing up the hospital’s eye care specialists to attend to more urgent issues. Patients will also receive more streamlined care by an integrated eye care team involving an optometrist as well as the hospital’s existing eye care workforce.

(Where existing ophthalmology services do not exist) The provision of optometry services in the XX hospital would be of great benefit to the local community given there is no permanent optometry service in the region. Having an optometry presence in the community, based at the hospital would provide a much needed regular optometry service as well as link in closely with the visiting ophthalmology service provided by Drs GG and CC at your hospital. Pre and post operative services could be provided by me, in consultation with Drs XX and CC. If a new prescription is required, refraction services are also available to be provided.

The role I propose would encompass the following services: (provide details of services offered, such a full eye clinic, one day per week, preferably on Friday)

Timeframe: I propose to establish an eye clinic 1 day per week for 50 weeks per year. There is space to establish this eye clinic in Ward X, next to the ophthalmology department.

Services: the eye clinic would perform standard eye consultations as well as have the flexibility on a monthly basis to conduct specific screening type sessions, such as for diabetes or glaucoma. There would be clinic time to see pre and post operative patients in consultation with the existing VMOs, as noted above. Patients could be self referred as well as referred by the existing eye care workforce at the hospital. Access to diagnostic testing is requested.

Equipment: I propose to use existing ophthalmology department equipment where possible and have discussed this with the ophthalmology department. Where necessary I have some portable equipment that I can use.

Employment framework: I propose a Licence Agreement arrangement to cover renting the space for the clinic and a small sum for the ophthalmology department to take appointments. I will bulk bill private
patients. For patients referred to me by the ophthalmology department I propose charging on the basis of remuneration at twice the Medicare Benefits Schedule fee of a 10900 consultation for the first hour of a working session, and one quarter of the scheduled 10900 fee for each subsequent quarter hour or part thereof.

**Reporting arrangement:** Subject to confirmation from Dr Smith, I propose that I report to the head of the ophthalmology department.

I have copied this letter to Dr Carol Smith, head of the ophthalmology department at the hospital for her information. I have also discussed this proposed role with her.

I look forward to speaking with you about this proposed new service shortly.

Yours sincerely