

## **Optometry 2040**

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# **Refreshing Optometry 2040**

**Optometry Australia, April 2024** 

### **Executive summary**

#### **Refreshing key priorities and commitments**

The original Optometry 2040 project, launched by Optometry Australia (OA) in early 2018, aimed to identify likely and preferred futures for optometry, optometrists, and community eye health. The project resulted in three scenarios and a list of key priorities and commitments to realize the preferred scenario by 2040.

In 2018 Optometry Australia (OA) conducted a futures process to support its planning over the coming two decades, and to generate forward-looking discussion in the optometry community and the health sector more broadly. It resulted in three scenarios for 2040

- 1.) a failure to adapt
- 2.) optometrist as trusted guide in a patient-centred system, and
- 3.) optometrist as innovative eye 'scientist' with the second adopted as the preferred scenario after extensive consultation within the optometry community.

The action priorities for OA that were identified as a result have, since 2018, either been implemented or are underway, and the second scenario is generally occurring at more rapid rate than anticipated. On the other hand, some of the changes projected in this scenario, such as the end of the retail practice model, are not yet apparent.



In 2023, OA recognised that the scenarios developed in 2018 needed to be refreshed if they were to remain relevant and useful. Some change assumptions have progressed faster than expected, others slower or not at all. Moreover, further development of the backcasting, the process of identifying the steps and milestones needed to achieve the scenario by 2040, was required.

Based on a methodology developed by NE&A and approved by OA, NE&A facilitated a series of development and consultation activities over six months, to update the 2018 scenarios and establish a more detailed timeline of priorities to achieve the new preferred scenario. The development and consultation process aimed to leverage the expertise of the Optometry Australia team, key stakeholders and our members, ultimately engaging with nearly 200 stakeholders to seek their perspectives, input and advice.

The preferred scenario for 2040, Scenario 2, is based on a vision of optometrists' participation in collaborative multidisciplinary health services, an expanded scope of practice working in partnership with other specialists, validated, shareable data on workforce supply and demand, and on patients and health outcomes, full uptake of digital technology and training, a more diverse and culturally trained workforce, and optometrists as key players in eye health research.

The outputs of the project will inform the upcoming OA 2024 strategic planning process and discussion in the wider optometry community about the future of optometry in Australia.



## **Plausible scenarios**

In 2023, the Refreshing Optometry 2040 project has identified three plausible scenarios for the future of optometry, optometrists, and community eye health in Australia in 2040:

- Scenario 1 (marginal change): The light dims as optometry declines
- Scenario 2 (adaptive change): Lighting a pathway to inclusive, holistic health care
- Scenario 3 (radical change): Leading personalised vision for all

These are outlined in more detail below.

### Scenario 1 (marginal change): The light dims as optometry declines

In this scenario, by 2040 the current scope and practice of optometry is only marginally changed. In the face of significant advancement in clinical and communication technologies, coupled with rising cost-of-living pressures, the practice of optometry as we know it declines.

As store-based retailing moves beyond its zenith, the growth of platform ecosystems (collaborators) alongside omni-channel retail models (e.g. online, mobile and shopfront) are driving the next wave of competition and business model evolution. Retail margins shrink with costs increasing across multiple aspects of the value chain, and consumers faced with cost-of-living pressures seek cost-efficient alternatives, reducing the ability to rely on retail opportunities for commercial sustainability.

There remain two tiers of the optometry profession: one that focuses on basic refractive assessments at an increasingly large scale in an effort to maintain financial viability, and the other focusing on clinical eye health issues. The Medicare model of episodic funding is no longer economically viable and has been largely replaced by an outcomes-based or capitation model. Optometrists working in conjunction with other health professionals access funding from the government health system for business viability.

Technological and clinical advancements, such as non-spectacle remedies for refractive error, and progression in clinical artificial intelligence (AI), such as automated detection of eye disease and non-human advice on optimising vision, replace much of the diagnostic work of optometry. For patients, AI provides ready access to diagnosis of common conditions and clinical advancements offer opportunity for long-term vision correction; for many, bulk billed visits to their local optometrist have all but disappeared.

Concurrent with the decreasing need for optometrists there is a desire by younger optometrists for a better quality of work and life. This sees underemployment amongst the highly skilled workforce, who minimise the time spent in clinical practice roles to pursue other interests. A fall in enrolments in undergraduate courses results in fewer opportunities for research in universities.



### Scenario 2 (adaptive change): Lighting a pathway to inclusive, holistic health care

In 2040, optometrists are an integral part of a multidisciplinary, collaborative health care system that provides patients with seamless access to services as and when they need them. Al, coupled with real-time access to comprehensive health data, enables optometrists to predict future patient health issues and work with them as active participants (partici-patients) in decisions about their health care.

This scenario sees optometry as a multi-tiered profession with several specialisations, including as neurosensory specialists utilising diagnostic retinal imaging for a range of neurological conditions, and postgraduate professional paths that variously meet the complex eye care needs of geographically and culturally diverse populations. Supported by regulatory reform, optometry expands in scope to include a greater role in disease management and intervention.

Optometrists work across a wide range of modalities, and are embedded in a network of primary care, specialist and other support services (including general practitioners, ophthalmologists and disability services) with support from AI, real-time data, and technologies such as implantable eye health monitors. These include virtual, face to face, remote or highly localised, at home, in health kiosks (for example in pharmacies), in multidisciplinary primary care clinics, or in legacy retail businesses. The range of delivery modalities means that optometrists have flexible working hours and a networked capacity to share/distribute service delivery, reducing workforce turnover and increasing work-life balance.

With a substantial rise in chronic and complex health conditions, there is community acceptance that governments cannot fully fund health care. This results in new public-private partnerships with community businesses and industry, and a greater financial contribution from consumers and health insurers. Medicare fee-for-service funding has been largely replaced by funding of health services based on packaging of services for each patient (capitation) or on patient outcomes. New and improved communications and data transfer systems to increase the effectiveness and efficiency of interprofessional practice have been established.

Horizontally integrated health services that include optometry range from small centres (e.g. pharmacies) to larger multidisciplinary urban and regional health hubs. Glasses and contact lenses can be easily obtained online, but consumers continue to refer to optometrists with any concerns, and for ongoing management of eye health conditions. Public education and awareness programs have raised consumer understanding of the broader role of optometrists in holistic and preventive health care, and provide consumers with guidelines on eye care, at-home digital ocular services and how to decide when to contact an eye care professional.

Optometry training and education in Australia has a new emphasis on teamwork, leadership and collaboration. Education opportunities are shared with other health professions, including training placements. Optometrists receive ongoing training in culturally safe practice to ensure they meet community expectation, and digital health transformation and the use of big data require ongoing education in advanced digital technologies such as AI, and in cybersecurity. Optometry practice is now fully responsive to social and regulatory demands for sustainability to limit the impacts of climate change, and overall, CPD programs are continuously reviewed to respond to new technologies, government policy changes and evolving community needs.



### Scenario 3 (radical change): Leading personalised vision for all

By 2040 optometrists have established themselves as an integral part of the multi-disciplinary, collaborative, patient-centric health care system. Long awaited funding system reform gathered pace over the 2020s as demand and costs soared, and inequities in access to health care became critical.

Optometry professional bodies were quick to recognise the opportunities and were leaders among allied health professions in managing the enlargement of the scope of practice by encouraging research to demonstrate safety, efficiency and effectiveness, undertaking advocacy for regulatory reform, promoting its benefits to the public and modernising CPD to a model of lifelong upskilling on an as-needed basis.

Unimpeded by the weight of an ivory tower research culture and aided by a significant commercial history, a strong innovation culture has emerged within the profession. Optometry and optometrists are translating research into policy and practice and commercialising the outcomes, with the aim to improve eye health for communities.

Noting obvious benefits to both patients and the profession, optometrists with time freed up by automation are keen to contribute to research. Some are full-time researchers employed in centres of excellence for research, innovation hubs and clinical trial centres. For most optometrists, however, collecting data and conducting trials is just a part of their clinical practice within networks of health services and clinical practices linked to the above. Specialisation within optometry is significant, and post-graduate education is tailored to need. Lifelong learning is closely linked to research translation and innovation.

Al and quantum computing have brought about a step change in precision health care. Eyes lend themselves to gene and stem cell therapies as they are relatively isolated from the immune system and can be monitored non-invasively. Many new treatments have been developed, some with potential for great improvements in patient quality of life. Optometrists and ophthalmologists work together using continuous data streams to predict and prevent future disease and monitor personalised treatments; however, optometrists have taken the lead in using quantum computing to develop and promulgate treatments and techniques which aim to improve human vision, not just correct it.

The seamless integration of health and social care at a local level has brought about a greater awareness of inequity in community access to primary eye care services and thus, a strong sub-speciality of public health optometry exists. This practice aims to eliminate vision disparities between populations and sub-populations. It features global partnerships and has been able to attract significant funding. Its success has been due to commitment to being at the leading edge of design of interventions that are effective, and modelling their impact.

# Refreshed key priorities and commitments

### 1. Lead the evolution of optometrists' clinical scope:

- Pursue regulatory change to support in-scope oral therapeutic prescribing by therapeutically endorsed optometrists.
- Engage with stakeholders, including the optometry schools, to support educational opportunities to increase future clinical scope.
- Support integration of research skills into clinical practice and education, including through facilitating optometry involvement in clinical trials.
- Develop and work with key stakeholders to pursue a clear agenda for research into service delivery and associated funding models and workforce requirements.

### 2. Support optometrists to work to maximal clinical scope:

- Implement an Advanced Practice Recognition program which recognises and credentials optometrists with demonstrated expertise in particular clinical areas.
- Entrench collaborative care models, which both meet community eye care needs and maximise the value and benefits of optometrists' clinical scope.
- Optimise referral pathways, which support timely access to care and utilise the full clinical scope of all eye care professionals.

### 3. Raise public awareness about the optimal role of optometry in the eye health system:

- Deliver targeted community awareness and media campaigns to raise public awareness and understanding of eye health and the essential role of optometry.
- Enhance the understanding of government and other decision makers about the current role of optometry in the eye health system and the opportunities to more effectively utilise optometry across the health system to increase system efficiency and patients' access to care.

## 4. Facilitate the development of funding systems and models of care that benefit optometry, optometrists and community eye health:

 Support the development of safe and secure data sharing platforms to enable access to comprehensive data to support advocacy and professional development.

## 5. Pursue opportunities to ensure optometry, optometrists and community eye health are engaged in Australia's broader digital health transformation:

- Embed technical interoperability with key digital health platforms, including e-referral, e-prescribing and e-health record platforms.
- Develop a digitally aware profession which leverages all available tools, including artificial intelligence and teleoptometry, to improve patient access to primary eye care.
- 6. Support timely patient access to culturally safe care across the country, including for Aboriginal and/or Torres Strait Islander peoples.
- 7. Support the profession to continue to take steps towards reducing the optometry sector's environmental footprint.



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