



## Health Workforce Scholarship Programme Consultation

Optometry Australia welcomes the opportunity to input to the Department of Health's consultation regarding the Health Workforce Scholarship Programme. Optometry Australia is the peak professional body for optometrists, representing around 90% of all Australian-based optometrists. We believe that promoting population eye health means ensuring that all Australians have timely access to optometric care. A key element in this is supporting sustainable practice in regional, rural and remote areas. We believe that an effective health workforce scholarship programme can help support a well-distributed optometric workforce equipped to meet community need. However, it is only one element needed to address mal-distribution in the optometry workforce and to help ensure sustainable practice in rural areas.

### Optometry workforce

A study of the optometric workforce undertaken by Health Workforce Australia for the 2011 and 2012 calendar years<sup>1</sup>, suggests that whilst there may be low or minimal reason for concern about the overall size of the optometric workforce with respect to current and short-term expected capacity to meet service demand, the optometry workforce could be seen as mal-distributed with difficulties in recruiting to rural and regional areas.

Optometry Australia supports this conclusion. Recent workforce projections analysis undertaken by Monash University on commission from Optometry Australia indicate that the workforce as a whole is sufficient to meet current and future service demand<sup>2</sup>. However, it did not undertake analysis by remoteness classification. Anecdotally, we are aware of poor or limited access to optometric care in some regional, rural and remote areas of Australia. Analysis of Medicare usage data per capita by Medicare Local region supports this, with notably low per capita access rates in some regions of rural and remote Australia in particular.

Notable, experience with general medical practitioners in Australia cautions against assuming that an appropriately-sized or large workforce necessarily supports improved workforce distribution. For example, despite periodic oversupply of general medical practitioners, it has proven difficult to encourage practitioners to locate in remote locations with a shortage of such services<sup>3</sup>.

Recent changes to Medicare coverage of optometric services is expected to further disincentivise practice in rural areas and low socio-economic regional areas. In the 2014-2015 Federal Budget the Australian Government announced a 5% cut to the rebate of optometry consultations under Medicare and a continued freeze on indexation of rebates which has since been extended to July 2018. The rebate cut and freeze on indexation pose a new threat to service provision and patient access, particularly in areas already experiencing socio-economic and geographical disadvantage. For some optometrists who provide the majority of their services to patients heavily reliant upon bulk billing to access care (e.g. those on low incomes, rural/remote areas), these changes are already threatening the sustainable provision of their services, as there is no viable opportunity to address the substantial loss of practice income.

<sup>1</sup> Health Workforce Australia (2014). *Australia's Health Workforce Series: Optometrists in Focus*. Accessed 10/09/15 via: [https://www.hwa.gov.au/sites/default/files/HWA\\_Australia-Health-Workforce-Series\\_Optometrists%20in%20focus\\_vF\\_LR.pdf](https://www.hwa.gov.au/sites/default/files/HWA_Australia-Health-Workforce-Series_Optometrists%20in%20focus_vF_LR.pdf)

<sup>2</sup> See Healy et al. 'Optometric Supply and demand in Australia:2011-2036' *Clinical and Experimental Optometry* Vol 98 (3); pp.273-282.

<sup>3</sup> See for example: Birrell, B. Too Many GPs, Research Report, Centre for Population and Urban Research, Monash University, 2013. Accessed 08/14 via: <http://artsonline.monash.edu.au/cpur/files/2013/03/Too-many-doctors-rapson-Mar-2013.pdf>.



This is also a disincentive to new optometrists moving to work in this area as business viability can be questionable.

### Workforce scholarships

Optometrists and optometry students have been recipients of scholarships under the Nursing and Allied Health Scholarship and Support Scheme (NAHSSS), including Clinical Placement Scholarships, Continuing Professional Development Scholarships and Postgraduate Scholarships. We believe access to such scholarships has been important to support optometry students have positive rural placement experiences (an established determinant of future decisions to undertake rural practice) and to support optometrists in regional, rural and remote areas to:

- access quality CPD, often on specific topics that may not be available locally
- extend professional networks through participation in a face-to-face educational environment
- access postgraduate education to extend knowledge and skills.

These outcomes benefit not only the individual optometrist but also their patients and communities. Limited professional networks and professional educational opportunities in regional, rural and remote areas, are known deterrents to undertaking or maintaining practice in these areas. Financial support to assist with what is often costly travel and accommodation to attend professional development opportunities in large cities, can help address these deterrents. This offers benefit to the community, in helping retaining a local optometric workforce and support ready access to primary eye care.

Further, such scholarships can help ensure that local optometrists are able to extend their skills in ways of greatest benefit to their communities. Anecdotally we know, that optometrists in rural areas are those most likely to work to the maximum of their scope of practice, given local limitations in access to other eye care professionals, and to see the greatest breadth of patient presentations. This can demand development of skills in a number of areas of optometric practice that may be considered niche in metropolitan areas.

Similarly, optometrists who have undertaken appropriate tertiary education are able to practice with a greater scope, diagnosing more eye diseases and prescribing Schedule 2 topical ophthalmic medicines. This enables them to offer their patients and communities a broader scope of service. These capabilities are often particularly relied on in regional and rural areas where access to specialist services can be particularly limited. With the exception of recent graduates, to prescribe topical medicines, optometrists are required to complete postgraduate studies that are costly and time-consuming. NAHHSS scholarships have supported a number of optometrists working in rural and remote areas to access such postgraduate training, helping to remove some of the barriers to extending their skills in this way. This enables them to offer a greater scope of practice for the benefit of their patients.

We believe that a scholarship program that supports these benefits for optometrists in regional and rural areas should be retained in the interests of supporting a highly skilled and sustainable optometric workforce in these areas.

We emphasise the need to ensure that scholarships are open to optometrists practicing in rural and remote areas but also in regional areas. Similar disadvantages in accessing face-to-face CPD and education can be experienced by regional and rural optometrists, who often both have



to travel to larger cities at significant expense (including in many cases, loss of income) to access CPD appropriate to their professional development needs. Further, recent work undertaken by Optometry Australia alongside experts from the Centre for Eye Research Australia and the Australian National University, to 'map' relative primary eye care need across Australia, has indicated that regional areas have particularly high degrees of unmet eye care need. Supporting a skilled, sustainable workforce in this area is one element in addressing this high level of need, and suitable scholarship programmes provide one mechanism to help do so.

Similarly, we recommend the continuation of clinical placement scholarships that support optometry students to have positive rural placement experiences, given evidence that this, amongst other factors can help determine future likelihood of rural practice. We do not believe it is appropriate to link a requirement of future rural practice to these scholarships given challenges for new graduates in finding employment at the right time etc.

#### **Additional opportunities to improve workforce distribution and support sustainable service provision in rural Australia**

Unlike other health professions, optometry does not have an existing incentive program in place to support sustainable service provision in rural and remote areas and subsequently foster equitable access to optometric services. In the current context of public funding for optometry care, this is a glaring gap. Through our submission to the 2015-16 Federal Budget, Optometry Australia proposed a rural sustainability program to provide additional financial support for optometrists who provide relatively high-volume bulk billed services in rural and remote areas of Australia. We believe this would be effective in ensuring long-term patient access for people living in these areas is sustainable. The proposed sustainability program is not intended as a direct substitute for lost income related to the Medicare rebate cut, but rather additional support to incentivise sustained services in rural/remote areas (suggested fees are below predicted shortfalls in income from clinical services under Medicare.)