



Recognising and enhancing the value of Australia's Optometry workforce

Optometry Australia submission to the Federal Budget 2026–2027

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Executive summary

There are over **7,000** registered optometrists in Australia working across a range of health settings, including in community and corporate optometry practices, ophthalmology clinics, public and private hospitals, aboriginal health services, and academia.

As highly trained health professionals with access to state-of-the-art technologies, optometrists are the first port of contact for **80%** of Australians who are concerned about their vision or eye health. Optometrists are responsible for diagnosing and managing a wide range of ocular conditions, often working closely with other health professionals such as general practitioners and ophthalmologists.

Eye health faces many of the same challenges as the broader health system – long wait times for public hospital outpatient appointments and elective surgery; rising patient out-of-pocket costs; specialist workforce shortages especially in under-served regional and outer metropolitan locations; and a lack of continuity of care for patients with chronic eye health and related conditions.

As the national peak body for the optometry profession, Optometry Australia has long advocated for solutions to these challenges that better utilise the professional skills of the nation's highly capable and geographically well-distributed optometrist workforce.

Multiple reviews have made clear that health professionals such as optometrists should be able to practise to their full scope¹. Models of care that fully utilise the skills of optometrists are leading to better patient access, improved health outcomes, and reduced health system costs. However, governments – both federal and state – have been slow to make the systemic changes that will enable these benefits to be delivered more broadly.

This lack of reform is delaying access to care and endangering patients' eye health. It is also leading to increased levels of frustration and disillusionment across the optometry profession. In 2025, Optometry Australia commissioned the Centre for the Business and Economics of Health (CBEH), The University of Queensland (UQ) to undertake an **Optometry Workforce Projections Study**. It found an oversupply of optometrists nationally, but noted an underutilisation of optometry services compared to population need, and workforce maldistribution in underserved geographies.

Today, the twin forces of oversupply and underutilisation are having an adverse impact on job satisfaction and workforce conditions of optometrists, who increasingly report that their professional skills are not being recognised, valued, fairly remunerated, or fully utilised.

¹ For example, Unleashing the Potential of our Health Workforce – Scope of Practice Review

The focus of this Budget submission

The Federal Government has primary responsibility for primary eye care through Medicare, and is a major funder of the public hospital system. It has a lead role in the delivery of health services in rural areas and to disadvantaged populations, including First Nations Peoples via the VOS and it is responsible for workforce issues, including through the **National Registration and Accreditation Scheme** which is administered by Ahpra. Combined, these responsibilities highlight that the supply and demand side issues facing the eye care sector are clearly within the province of the Federal Government, working with the States and Territories, eye care providers and the optometry profession.

This 2026-27 Budget submission outlines practical actions, put forward to Optometry Australia by our members – optometrists around Australia. These proposals aim to address optometry’s workforce issues, which are putting at risk the profession’s ability to fully utilise its skills in meeting the eye care needs of the Australian population.

On behalf of our members, Optometry Australia is calling on the Australian Government to:

DESCRIPTION OF MEASURE	ESTIMATED COST
Provide enhanced access to Medicare subsidised eye examinations for Australians aged under 65 in high-risk age cohorts.	\$28.3 million per annum
Enable optometrists to diagnose and treat childhood myopia in accordance with contemporary evidence-based clinical practice in children’s eye care.	Up to \$900,000 per annum
Co-contribution to Optometry Australia’s National Childhood Myopia Awareness Campaign.	\$1.5 million over 3 years
Increase the investment in the Visiting Optometrist Scheme (VOS) to address the needs of underserved Aboriginal and Torres Strait Islander, and rural and remote communities.	\$7.2 million per annum
Pilot a new model of care to deliver more affordable and accessible intravitreal injection services in underserved geographic locations.	\$2 million over 2 years

1 | Provide enhanced access to Medicare subsidised eye examinations for Australians aged under 65 in high risk age cohorts.

Australia is seeing an alarming increase in the incidence of a range of debilitating eye conditions which it is predicted will continue over the rest of this decade and beyond. Most vision loss can be averted if eye conditions are diagnosed and managed on a timely basis. However, in many cases, eye conditions are asymptomatic, making it critically important that Australians receive regular comprehensive eye examinations from an optometrist.

Analysis of Medicare data shows that fewer Australians aged under 65 are having comprehensive eye examinations once every three years, let alone every two years as is clinically recommended. Between **2017-18** and **2024-25**, there was an **12.5%** reduction in the total number of initial comprehensive eye examinations nationally for Australians aged **under 65 years**. Had the 2017-18 per capita rate for under 65s been maintained in 2024-25, there would have been an additional **505,824** eye examinations.

If this issue is not addressed, an increasing number of Australians risk facing the health, quality of life and economic consequences of unnecessary vision loss. This will, in turn, mean significantly increased costs and pressures across the broader health system.

To prevent these outcomes, Optometry Australia has been calling on the Federal Government to reinstate two-yearly Medicare subsidised initial comprehensive eye examinations for Australians aged under 65. All Australians stand to benefit from being able to access Medicare subsidised eye examinations more frequently. As more than **90%** of optometrists bulk bill, the vast majority of these more frequent eye examinations will be provided without an out-of-pocket patient cost.

Optometry Australia is supportive of a phased increase in the frequency of Medicare subsidised initial comprehensive eye examinations for Australians aged under 65 in targeted age cohorts, beginning with the introduction of two-yearly Medicare subsidised comprehensive eye examinations for Australians aged 50-64 years. Providing more frequent examinations for this age group will enable earlier detection and management of common age-related eye conditions, such as glaucoma, diabetic retinopathy, cataract and age-related macular degeneration, at a stage when intervention is most effective and vision loss is most preventable.

The phased approach would also enable young Australians aged **between 5 and 16** years to receive two-yearly Medicare subsidised initial comprehensive eye examinations. For children in their early and middle primary school years, regular eye examinations are essential for supporting learning and development. Many common vision problems at this age, such as hyperopia, astigmatism, amblyopia and binocular vision issues, are often asymptomatic but can significantly affect reading, attention and classroom engagement if not identified early. Young people in their pre-teen and early teenage years are most likely to show signs of having childhood myopia (near-sightedness). The rates of childhood myopia are rising rapidly, in part due to young people's increased use of screens and less time spent outside. Early diagnosis and timely management are vital for supporting learning and quality of life, as well as reducing the risk of serious eye conditions later in life.

1 | Provide enhanced access to Medicare subsidised eye examinations for Australians aged under 65 in high risk age cohorts. *(continued)*

These proposed changes will be particularly beneficial for low-income families who are less likely to have their eyes examined unless they are subsidised by Medicare due to cost-of-living pressures².

It will assist priority populations who are more likely to have undiagnosed eye conditions, including Aboriginal and Torres Strait Islander Australians, people from Culturally and Linguistically Diverse Backgrounds, people with disabilities, and residents of regional, rural and remote communities.

The proposal will also deliver significant benefits to the broader health system through the earlier identification and more timely and effective management of a range of eye conditions. This will reduce the need for expensive surgical and specialist interventions as well as the potential for falls and other accidents that can require significant follow-up care.

REQUIRED ACTIONS

Optometry Australia is calling on the Federal Government to support the phased introduction of more frequent **Medicare subsidised initial comprehensive eye examinations for Australians aged under 65 years**, beginning with the introduction of two-yearly eye examinations for people age 50-64 years and for children and young people aged 5-16 years.

Assuming the same usage rate of **MBS item 10910** for these two age cohorts, this would cost an estimated **\$28.3m a year**.

² Between 2022-23 and 2023-24, the national per capita rate of Australians under 65 years getting initial comprehensive eye examinations fell by 6.2%, suggesting that cost-of-living issues are have an adverse impact.



2 | Enable optometrists to diagnose and treat childhood myopia in accordance with contemporary evidence-based clinical practice in children's eye care.

Myopia is a rapidly growing public health concern with the prevalence expected to reach nearly **50%** of the Australian population by **2050**. It is associated with an increased risk of vision-threatening complications such as myopic maculopathy, retinal detachment, and glaucoma, particularly in individuals with high myopia.

Early intervention is crucial, as childhood-onset myopia typically progresses until early adulthood, leading to abnormal elongation of the eyeball and a higher risk of ocular pathology. Patients with higher myopic refractive errors often experience a reduced quality of life, leading to poorer health, economic, and social outcomes. This places a significant financial burden on the healthcare system due to increased medical interventions and associated costs.

Optometrists play a pivotal role in the early detection, monitoring, and management of myopia and are uniquely positioned to implement evidence-based myopia control strategies. These interventions have been shown to effectively reduce myopia progression when introduced during childhood and adolescence. Ensuring appropriate Medicare coverage for myopia diagnosis and treatment will enable optometrists to deliver optimal care and reduce the future burden of myopia-related complications in Australia.

Recent evidence has highlighted that regular cycloplegic refraction is necessary to accurately determine refractive error and myopia control strategies, such as optical and pharmacological interventions, that slow progression and reduce the risk of severe visual impairment later in life. Cycloplegic refraction is a test used to assess a child's complete refractive error by administering eye drops that temporarily relax the eye's focusing muscles.

Inclusion of 'myopia' within the description of **MBS Item 10943** would ensure that clinicians can provide evidence-based care to mitigate the growing burden of myopia in Australia. Extending the age range for MBS item 10943 to include **children aged 15 to 16 years** would provide optometrists with the ability to monitor and manage myopia during its critical years of progression. Studies have shown that myopia progression can continue until the age of 18 or even beyond, particularly in cases of high myopia, confirming that adolescence is a key period for myopia management.

The current explanatory notes state that MBS Item 10943 is applicable only "*where a finding of significant binocular or accommodative dysfunction is the outcome of the consultation and assessment/testing.*" This wording prevents optometrists from utilising the item for cases where myopia monitoring and control is the primary concern, despite the clinical necessity of cycloplegic refraction and related assessments in these cases. Removing this restriction and explicitly incorporating myopia into the explanatory notes will allow optometrists to provide appropriate care without unnecessary limitations.

2 | Enable optometrists to diagnose and treat childhood myopia in accordance with contemporary evidence-based clinical practice in children’s eye care. *(continued)*

REQUIRED ACTIONS

Optometry Australia is calling on the Federal Government to make minor amendments to **MBS Item 10943** to ensure that it aligns with contemporary evidence-based clinical practice in children’s eye care. Specifically, we request the Inclusion of ‘myopia’ within the item descriptor; extending the current age range to include **children up to 16 years of age**; and the removal of restrictive wording in the explanatory notes to allow appropriate clinical use of cycloplegia for patients with myopia.

To provide clarity on the specific Medicare amendments being proposed, the table below summarises the phased changes Optometry Australia is recommending. These changes target age groups where earlier and more frequent eye examinations will deliver the greatest health, educational and economic benefits.

AGE COHORT	CURRENT ELIGIBILITY UNDER MBS	PROPOSED CHANGE	RATIONALE
5–16 years	Initial comprehensive eye examination once every three years (item 10910)	Introduce two-yearly eligibility for initial comprehensive eye examinations	Supports learning and development; detects asymptomatic vision problems early; responds to rising prevalence of childhood myopia
50–64 years	Initial comprehensive eye examination once every three years (item 10910)	Introduce two-yearly eligibility for initial comprehensive eye examinations	Enables earlier detection of glaucoma, cataract, AMD and diabetic eye disease; reflects increased risk in this age group
Item 10943 (children’s assessment)	Eligible for children <15 years and limited to binocular/accommodative dysfunction	Extend eligibility to 15–16 years ; include <i>myopia</i> within the descriptor; remove restrictive explanatory note wording	Supports evidence-based myopia management; enables appropriate use of cycloplegia; aligns with clinical need during key years of progression

3

Co-contribution to Optometry Australia’s National Childhood Myopia Awareness Campaign.

Myopia or short-sightedness is a common eye condition that usually begins in childhood and can continue to progress into adulthood. The prevalence of myopia in children continues to increase. Research suggests children should spend two hours a day outside to help prevent myopia from developing. Near work may not itself cause myopia but increased time spent on screens has been shown to contribute to the growing problem.

No level of myopia is considered safe, and even low to moderate amounts of myopia increase the risk of visually-threatening eye disease two to ten-fold. While standard glasses and contact lenses correct the distance visual blur associated with myopic refractive errors, they do not reduce the abnormal axial elongation of the eye associated with myopia, which is the main driver of serious ocular conditions such as retinal detachment, myopic maculopathy, glaucoma, and cataract.

It is vital that children with myopia are diagnosed and commence treatment as early as possible to reduce the risk of serious eye conditions later in life. There is also a wealth of research that shows that children with undiagnosed vision issues do worse in school and are less involved in extracurricular and social growth activities.

Optometry Australia’s consumer research consistently shows that public awareness and understanding of myopia remain very low. In our latest survey in **November 2024**, **21%** of respondents had never heard about myopia, while **32%** had heard about myopia but were unaware of myopia symptoms and **85%** were unaware of myopia control options or treatments. It is clear that patients and families need to be better educated on the causes of myopia, the environmental and other risk factors associated with myopia development and progression; the risks and consequences of myopia progression; and the evidence-based treatment options.

The Off Screens. Outside. Optometrist. childhood myopia awareness campaign is aligned with *Good Vision for Life*, a consumer-focused initiative by Optometry Australia that is devoted to information and education around eye health. The campaign was launched in **April 2025** and is a rallying cry for families to reduce screen time, embrace outdoor activities, and prioritise regular eye check-ups.



Off Screens. Outside. Optometrist. targets Australian parents with young children through a dynamic mix of video, social media, radio, and digital outreach, increasing knowledge and awareness of childhood myopia, its causes, how it can be prevented, and why regular eye care matters.

3 | Co-contribution to Optometry Australia’s National Childhood Myopia Awareness Campaign. *(continued)*

At the same time, the campaign **Quick Start Resource Guide** enables local optometrists to spread the message with their patients and in their communities as well as increase their own focus on preventing, diagnosing and treating childhood myopia.

Overall, the campaign generated over **40M+ total impressions** and over **99k website visits**. The campaign had an integrated approach using radio, out-of-home retail panels, digital display, YouTube, social media, search and audio streaming platforms for maximum reach. There was comprehensive coverage across all states and territories, with upweighting in NSW, ACT, VIC, SA, QLD and NT. Over **50% of impressions** were served on mobile devices and **93% of YouTube impressions** served on Connected TVs. Our ad campaign results were incredibly impressive, exceeding benchmarks at every stage of the campaign journey. To achieve its ultimate objective of reducing undiagnosed childhood myopia (measured by increased Medicare funded comprehensive eye examinations for 5-14 year olds), the campaign requires ongoing investment to maintain the necessary scale and longevity. The investment and support of the Australian Government will send a clear message to parents and families about the importance of this vital eye health message.

REQUIRED ACTIONS

Optometry Australia is calling on the Federal Government to make a co-contribution to its **National Childhood Myopia Awareness Campaign** at a cost of **\$1.5 million over 3 years**.



4 | Increase the investment in the Visiting Optometrists Scheme (VOS) to address the needs of underserved rural and remote communities.

The **Visiting Optometrists Scheme (VOS)** is a federally funded initiative, established in **1975** under **s129A of the Health Insurance Act 1973**, which enables optometrists to deliver primary eye care services to regional, rural and remote communities (MMM2–MMM7), and to other populations with limited access to optometry services, including Aboriginal and Torres Strait Islander communities in MMM1 locations where an identified need exists.

Since 2015, the VOS has been administered through jurisdictional fundholders, supporting tailored, locally coordinated models of service delivery. Importantly, **40%** of total VOS funding is earmarked for Aboriginal and Torres Strait Islander Peoples, communities, recognising both higher burden of disease and persistent access barriers.

The objective of the VOS is to improve eye health in regional, rural and remote locations by increasing access to optometric services that are planned and delivered in coordination with local host organisations, health services, and other health professionals – particularly in settings where communities cannot sustain a resident optometry workforce. The VOS achieves this by reimbursing additional costs of outreach, including travel, accommodation and meals; facility fees and administrative support at the outreach location; and locum support at the home practice. In practice, VOS support allows optometrists to deliver affordable and accessible primary eye care services, making service delivery viable in communities that would otherwise go without.

There is clear evidence that the VOS is making a demonstrable difference in enhancing access to eye care in Australia's most remote and disadvantaged communities. The **Australian Institute of Health and Welfare (AIHW)** reports that the VOS delivered **54,500** occasions of service in **2022-23**, including **32,000** occasions of service for First Nations patients. The program has been particularly successful in reaching out to First Nations communities, with the number of VOS occasions of service to Aboriginal and Torres Strait Islander Peoples more than quadrupling since **2009-2010**.

This impact is especially important given the ongoing maldistribution of the optometry workforce. In **2025**, Optometry Australia commissioned the **Centre for the Business and Economics of Health (CBEH)**, **The University of Queensland (UQ)** to undertake an **Optometry Workforce Projections Study**, which showed that, based on service utilisation, we currently have an oversupply of optometrists. However, optometry workforce coverage remains well below benchmark levels in many rural and remote areas. In 2023, small rural towns (MMM5) recorded only **3.6 FTE optometrists per 100,000 people**, and very remote areas (MMM7) just **3.5 FTE per 100,000**, compared with a national benchmark of **10 FTE**. VOS-supported outreach is therefore critical to bridging access gaps for the more than **2.3 million** Australians living in these regions, helping to prevent avoidable vision loss and supporting earlier detection and management of eye disease.

However, despite fifty years of success and demonstrated benefits, current VOS funding is not keeping pace with population need or the true cost of delivering services.

4

Increase the investment in the Visiting Optometrists Scheme (VOS) to address the needs of underserved rural and remote communities.

(continued)

In **2019**, **Vision 2020 Australia** conducted an analysis of available data, which indicated that to provide population-need based service levels to Aboriginal and Torres Strait Islander Peoples, over **21,000** additional VOS-supported eye examinations were required annually, at a cost of **\$5.223 million** nationally. A phased approach to meeting this shortfall was recommended, which will enable fund holders, health planners, visiting optometrists, and local host organisations to plan and prepare for the sustainable delivery of these additional services.

Optometry Australia notes that in addition to ensuring the VOS continues to support the provision of culturally appropriate optometry services to Aboriginal and Torres Strait Islander Peoples, non-Indigenous Australians living in rural and remote areas also experience well-documented barriers to accessing primary eye care. Optometry Australia recommends that the Australian Government instruct the Australian Institute of Health and Welfare to undertake the further analysis required to quantify the total unmet service need for primary eye care for all Australians.

In addition, VOS payment arrangements must reflect the real and rising costs of outreach delivery, and support innovation and emerging service models. Optometry Australia's 2025 national survey of VOS providers found that the scheme's current settings are increasingly unsustainable: only **16%** of providers reported that the funded activities list reflects actual outreach practice, and only **21%** considered payment rates reasonable.

These findings underscore the risk that, without an uplift, fewer optometrists will be able to continue providing outreach services, particularly to the most remote communities where costs are highest and service continuity is most fragile.

A number of optometrists now provide outreach through stand-alone operations (as opposed to programs that previously relied on the infrastructure of existing brick and mortar optometry practices). These operations work closely with local providers, including Aboriginal Medical Services and often require significant upfront capital investment in ocular equipment and depend on reliable subsidy settings to remain viable. Targeted funding to support equipment purchase; to enable engagement of support staff, such as optical dispensers and service coordinators; and to align with appropriate indexation and reimbursement settings, would strengthen program sustainability and help expand access where it is needed most.

Optometry Australia therefore recommends that the Australian Government commit to an immediate injection of an additional **\$2 million** into the VOS, carried forward per annum. Such an investment would recognise the higher costs of VOS providers, ensure the program can continue to innovate and evolve, and would help to ensure that there are sufficient optometrists in the scheme to meet the demand for services.

With the VOS entering a new funding period from **1 July 2026**, the Federal Government has a timely opportunity to secure and grow an effective program that is central to equitable eye care, while ensuring any future amendments to VOS Service Delivery Standards are informed by optometrist expertise and practical outreach experience.

4 | Increase the investment in the Visiting Optometrists Scheme (VOS) to address the needs of underserved rural and remote communities.

(continued)

REQUIRED ACTIONS

Optometry Australia is calling on the Federal Government to provide a minimum of **\$7.2 million** in additional investment into the VOS, including:

- **\$5.223 million** per annum, to meet the estimated levels of unmet service need for Aboriginal and Torres Strait Islander Peoples
- **\$2 million** per annum, to recognise the higher costs of VOS providers, ensure the program can continue to innovate and evolve, and to ensure that there are sufficient optometrists in the scheme to meet the demand for services, and
- Funding for the **Australian Institute of Health and Welfare** to undertake the further analysis required to quantify the total unmet service need for primary eye care for all Australians.



5 | Pilot a new model of care to deliver more affordability and accessible intravitreal injection services in underserved geographic locations.

Intravitreal injections (IVIs) have revolutionised the management of retinal disease, and are the standard of care for conditions including neovascular age-related macular degeneration and diabetic macular oedema. Demand is increasing with population ageing and expanding treatment indications.

Australia's current IVI delivery model is heavily dependent on a limited and maldistributed ophthalmology workforce, with most injections delivered in the private sector, contributing to significant out-of-pocket costs and compounding long public ophthalmology waitlists, especially outside major metropolitan centres. Without reform, inequities will deepen and preventable vision loss will increase, disproportionately affecting older Australians and those in rural, regional and remote communities.

The unsustainability of current arrangements has been recognised by the **MBS Taskforce Review**, which recommended expanding the workforce able to deliver IVIs (Recommendation 19), including appropriately trained optometrists, general practitioners and nurses. This approach is consistent with international evidence showing non-medical injector models can safely increase capacity when delivered under robust clinical governance and ophthalmologist oversight, and aligns with the Federal Government's scope of practice reform direction.

Optometry Australia proposes a national pilot of alternative IVI models of care in disadvantaged outer metropolitan, regional, rural and remote communities where access is constrained by ophthalmology workforce availability and cost. The pilot would utilise trained local health professionals (e.g. optometrists) to deliver IVI services under agreed clinical protocols and ophthalmologist governance, including local, visiting and/or hybrid oversight arrangements. Where it makes sense to do so, digital technologies (including OCT acquisition and secure transmission) would support diagnosis, treatment planning and co-management.

Optometrists could contribute across the pathway, including OCT scanning, monitoring, care coordination and patient support, and, following accredited training and credentialling, optometrists could play a role in the administration of IVIs through a staged model commencing with supervised delivery, supported by audit and independent evaluation to inform broader rollout.

A number of Australian optometrists have already undertaken IVI training through **Moorfields Eye Hospital**, reflecting the feasibility of establishing a safe training and credentialling pathway in Australia.

The pilot should be undertaken in at least two locations, ideally including a site that improves access for remote Aboriginal and/or Torres Strait Islander communities in partnership with local **Aboriginal Community Controlled Health Services**. The pilot would be co-designed with local health planners and providers, relevant professional groups and patient representatives, and independently evaluated with a view to informing national scale-up and associated funding settings (including imaging).

5 | Pilot a new model of care to deliver more affordability and accessible intravitreal injection services in underserved geographic locations.

(continued)

REQUIRED ACTIONS

Optometry Australia is calling on the Federal Government to invest **\$2 million over 2 years** to pilot alternative models of care that utilise trained health professionals, including optometrists, to deliver intravitreal injection services in disadvantaged and underserved communities.

