

Optometrists and eye health in rural Australia

Optometry is the front line of primary eye care delivery, with over 6.4 million primary eye and vision services provided annually. Each year optometrists perform some 4.2 million initial comprehensive examinations, equivalent to 20 per cent of the Australian population.

Eye health needs in Australia

Around half of the Australian population report that they have a long term eye health problem, making eye health one of the most common health problems in Australia.1 Approximately 9.4 million Australians wear spectacles or contact lenses to correct refractive errors.² The most common eye complaints are presbyopia, refractive error, cataract, glaucoma, diabetic retinopathy and age related macular degeneration.

With up to 75 per cent of world vision loss estimated to be preventable or treatable, regular eye examinations are important for early detection of eye disease.3 Prevention is particularly important in eye care as some eye diseases can only be diagnosed through a full eye examination with specialised equipment before obvious and sometimes irreversible symptoms are noticed by the patient. Common examples of such diseases are glaucoma and diabetic retinopathy.

Whilst there has been no large study of the epidemiology of vision loss in the rural population of Australia, it has been shown that age is the single largest contributing factor for eye disease. The incidence of a range of eye diseases is correlated with age over 40-50 years.⁴ Australia's rural communities are on average older than those located in urban Australia.5



Optometrists Association Australia statistics suggest there are 1.0 optometrists per 10,000 people outside capital cities as against 1.6 in capital cities. Most towns of 10,000 or more have a local optometrist available for eye and vision related problems.

Delivery of eye care in rural Australia

Typically in a country town where there is only one optometrist and no other ophthalmic clinician, the optometrist provides an advanced level of primary eye care, involving the detection and management of acute and chronic disease such as diabetic eye disease, glaucoma, macular degeneration, removal of ocular foreign bodies as well as the detection of refractive errors and prescription of spectacles and contact lenses. It is common for a rural based optometrist to co manage eye conditions in consultation with nearby ophthalmologists located in larger regional centres.

Many rural optometrists operate weekly or fortnightly clinics in nearby smaller centres where there is no full time optometrist. Visiting optometrists provide outreach services to very remote areas of Australia and rural communities with an identified need, under the Visiting Optometrists Scheme (VOS).6 Currently around 60 optometrists provide services through the VOS. In 2010-11 there are 2,518 visits planned with approximately 37,275 patients to be examined.

Those patients requiring tertiary care from ophthalmologists, such as cataract surgery, can access fly in, fly out services through the Medical Specialist Outreach Assistance Program or use the Patient Assisted Travel Scheme to access this care in larger regional towns. The use of telemedicine for delivering specialist eye care services is growing, enabling the specialist diagnosis of acute eye conditions where there are no tertiary eye care specialists available locally. Optometrists Association Australia is currently in discussions with the Government about optometrists accessing the newly announced telemedicine items of the MBS.

Emerging issues for rural optometry

Rural and remote optometrists face the same issues as country GPs, nurses and pharmacists, and other health care professionals. Examples include difficulties in access to recreation leave or family leave requirements, and lack of opportunities for succession planning and attraction of new graduates away from the cities where schools of optometry are located.7

Government support for optometry has been through the VOS and access to a number of allied health scholarships which support clinical education, locum subsidies and continuing education. The Optometrists Association Australia's Rural Optometry Group has sought

- Australian Institute of Health and Welfare, 2004-05 National Health Survey.
- Australian Institute of Health and Welfare, 2004-05 National Health Survey.

 World Health Organisation 2004. Fact Sheet: Blindness: Vision 2020 the Global Initiative for the elimination of avoidable Blindness. http://www.who.int/mediacentre/factsheets/fs282/en/print.html
- Saliba, A. Impact of Rurality on optical health: review of the literature and relevant ABS data. Rural and Remote Health 8: 1056 online 2008 NRHA, Ageing in rural, regional and remote Australia May 2009, quoting ABS 2006 figures. http://nrha.ruralhealth.org.au/cms/uploads/factsheets/fact-sheet-03-ageing.pdf
- http://www.health.gov.au/internet/main/publishing.nsf/Content/ruralhealth-vos.
- The four Schools of Optometry are located at the University of Melbourne, the University of New South Wales in Sydney, Queensland University of Technology and Flinders University in Adelaide.



greater government assistance for rural based optometrists similar to those programs available for rural general medical practitioners.

With the establishment of a national Health Workforce Agency and funding for clinical placements it is hoped that optometry students will receive funding to facilitate more varied clinical placement opportunities, including in a greater number in rural and regional Australian locations.

Aboriginal and Torres Strait Islander Eye Health

Aboriginal and Torres Strait Islander Australians have over 6 times the level of blindness from preventable eye disease than non Aboriginal and Torres Strait Islander Eye Australians.⁸ Optometrists visit many remote areas, including Aboriginal and Torres Strait Islander communities, which do not have a population sufficient to support a full time optometric practice.

Optometry has recognised that one of the most successful ways of accessing Aboriginal and Torres Strait Islander communities is through the local Aboriginal Medical Service or Aboriginal Controlled Community Health Organisation. Partnering with the Aboriginal Health Workers and Aboriginal Eye Health Coordinators located in these organisations has facilitated greater access to comprehensive eye examinations in many Aboriginal and Torres Strait Islander communities.

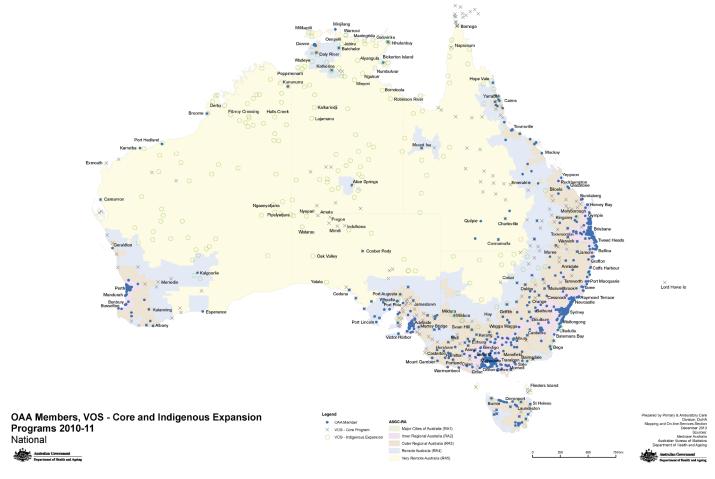
Optometrists Association Australia convenes an Aboriginal and Torres Strait Islander Eye Health Working Group to look further at issues of equity and service delivery for Aboriginal and Torres Strait Islander communities in relation to primary eye health care.

The future

Over 75 per cent of all primary eye health consultations in Australia are performed by optometrists. Optometrists in all states and territories can prescribe topical eye medicines to help manage ocular disease and treat infections and inflammations of the eye. This increasing scope of practice ensures the best use of the health workforce, which is particularly important in rural and regional Australia where there are fewer health professionals.

Further evolution of current Australian Government policies with respect to health workforce assistance has the potential to improve the number of optometrists located in rural and regional Australia and therefore increase access to primary eye care to rural and regional Australians. Policies need to encourage a greater number of optometrists to practise in rural Australia, extend optometric related drugs listings on the PBS, and support the roll out of appropriate eHealth and telemedicine initiatives which include optometrists.

Location of optometry practices and services in Australia



- Taylor, H et al, National Indigenous Eye Health Survey, Minum Barreng, University of Melbourne, September 2009.
- 9 Australian Institute of Health and Welfare, http://www.aihw.gov.au/eyehealth/overview.cfm

