Name

Individual *
Suzanne Lyon

Organisation
Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

What are the industry/industries and ANZSCO occupation/s that you or your organisation represents for the purposes of this submission?

Industry
Health Care and Social Assistance

Occupation

The three dropdowns below accord with the ABS ANZSCO classification of occupations. Selections are required at the ‘Occupation Group’ 2-digit level and at the ‘Occupation Unit (4-digit)’ level, but can also be made down to the Occupation (6-digit) level depending on the occupation/s to which your submission relates.

Additional occupations can be selected by way of the ‘Add item’ button.

For each occupation selected, please indicate whether your advice is to Include, Exclude, or is Neutral (other) with respect to the 2015-16 SOL. The rest of the form can be used to provide evidence/reasons to support your recommendations. Attachments can also be added after clicking the 'Submit' button.

Item 1
Occupation Group *
Health Professionals

Occupation Unit *
Other Medical Practitioners

Occupation
Ophthalmologist  253914

Summary advice for 2015-16 SOL *

☐ Include  ☐ Exclude  ☐ Neutral

Are there any occupations that you represent where there is evidence of imbalances in the demand for and supply of skills in the medium-to-long term? *

Demand for Ophthalmologists

The Health Workforce 2025 Medical Specialties report published in November 2012, estimated that workforce demand for ophthalmology would grow at 2% per annum (page 146). The methodology adopted was based on a combination of hospital separations and Medicare data.

Prevalence of a number of key eye conditions increases with age (cataract, glaucoma and age related macular degeneration). Assessment of Australian population projections indicates that the Australian population aged over 65 and over will grow on average by 3.1% per annum (ABS population projections Series B, 2014). The percent of the population with hospital insurance for all States and Territories has also been increasing at a modest rate. The proportion of the Australian population with private hospital insurance at 31 December 2013 was 47.0%, this represents a 0.8% increase from 2012 (PHIAC, February 2014).

Supply of Ophthalmologists

The Health Workforce 2025 Medical Specialties report determined that the ophthalmology profession was experiencing some difficulties due to maldistribution and some workforce difficulties (page 141). The high average age of the workforce was considered a concern for workforce numbers in 2025 (age = 53).

RANZCO conducted a Workforce Survey in 2014, which encompassed Fellows, Trainees and Registrars. A total of n=846 responded, representing a high overall response rate of 61%. 
Total number of registered Fellows is comparable to the volume estimated in the Health Workforce 2025 Medical Specialties report. The average age of respondents in the 2014 RANZCO Workforce Survey was also equal to 53.

New Fellows

The Health Workforce 2025 Medical Specialties report modelled an increase of 20 to 21 new Fellows per annum and an additional 9 permanent skilled immigrants per annum (page 143). The observed overall number of new Fellows admitted to the College is significantly higher than modelled in the Health Workforce 2025 Medical Specialties report, refer to Table 1. The majority of the growth has occurred from College training positions. A small increase in permanent skilled immigrants has also been observed.

Table 1: Number of registered new Fellows (source: RANZCO Education and Training, 2014)

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Total new Fellows</th>
<th>College place</th>
<th>Permanent skilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov 2011 to Nov 2012</td>
<td>39</td>
<td>29</td>
<td>10</td>
</tr>
<tr>
<td>Nov 2012 to Nov 2013</td>
<td>38</td>
<td>28</td>
<td>10</td>
</tr>
<tr>
<td>Nov 2013 to Nov 2014</td>
<td>48</td>
<td>37</td>
<td>11</td>
</tr>
</tbody>
</table>

The small observed increase in the number of total new Fellows is justifiable given the aging of the current workforce and general population. It is important that a high proportion of Australian and New Zealand trained ophthalmologists is maintained because they are providing an invaluable service to the Australian community during their training years. For example, the 2014 RANZCO Workforce Survey identified that trainee/registrars regularly work in public hospital emergency departments.

Service provision

The 2014 RANZCO Workforce Survey respondents reported that up to 90% of urgent ophthalmology cases were treated in less than one day in the private sector. In addition, 60% of non-urgent cases were treated within one to six weeks. The vast majority of private practices were in the city and suburbs. In comparison, respondents reported that up to 30% of urgent public outpatients were treated in more than one day. Less than 15% of non-urgent public outpatients were treated in one to six weeks.

Analysis of PBS/RPBS prescriptions for intravitreal injections used to treat age related macular degeneration (AMD) indicates that services are growing beyond 10%, although the growth rate is declining (source: pbs.gov.au).

Cataract extractions is a key hospital performance indicator. Analysis of cataract extractions separations indicates that 70% of services are conducted in the private sector compared to 30% in the Public Sector (AIHW, Hospital Statistics 2012/13). In 2012/2013 there were a total of 220,451 cataract extractions in both the public and private sector which represented an overall growth rate of 2%. The proportion of public patients was equal to 29% on a national basis. SA, NT, WA and ACT were observed to have a higher proportion of public patients compared to the
Patient access to elective surgery in public hospitals is constrained due to financial constraints. The AIHW has recently reported that waiting times for cataract extraction in 2013/14 days was equal to 79 days at the 50th percentile and 2.4% of patients waited beyond 365 days (Australian Hospital Statistics 2013-14: elective surgery waiting times, AIHW 2014). Trend analysis indicates that waiting times for cataract extraction are declining (AIHW 2014). These statistics should be interpreted with caution as different states/territories have different reporting methods and are not matched to the National Hospital Morbidity Database.

The 2014 RANZCO Workforce Survey estimated the public hospital waiting time for cataract surgery are significantly higher than reported by AIHW. 37% of respondents estimated the waiting list for public cataract surgery to be more than a year and has increased compared to the 2012 RANZCO Workforce Survey. The following states/territories were reported by Fellows as having higher waiting hospital waiting lists; QLD, SA, VIC and the ACT.

Conclusion

Overall RANZCO does not consider there is currently evidence of an imbalance in the demand for and supply of ophthalmologists skills in the total Australian population. RANZCO considers that ophthalmologists in general are meeting private sector demand. Constraints in ophthalmological public hospital services are a result of state/territory government fiscal pressures.

Is there evidence of imbalances in the demand for and supply of skills in the medium-to-long term in non-metropolitan areas?

If so, can you indicate in what part of Australia and the number in the occupation in over or under-supply.

RANZCO acknowledges the maldistribution of ophthalmologists, with a high proportion practising in metropolitan areas, with some visiting rural and remote areas. RANZCO's approach to addressing maldistribution is the use of integrated eye care teams, supplemented by other practices such as telehealth, locum support, visiting specialists and education and training support for specialists and GPs already servicing rural and remote areas.

In the 2014 RANZCO Workforce Survey, 38% of Fellows identified they were working within a rural/regional practice. Analysis indicates that the proportion in rural/regional practice has declined compared to the 2012 RANZCO Workforce Survey (42%). The lack of public hospital outpatient clinics has been identified as a key barrier to patient access to services. A high proportion of respondents employed in regional or rural practice (47%) indicated that no public hospital outpatient clinic positions were currently available.

The 2014 RANZCO Workforce Survey has also identified a requirement for further incentives and opportunities for locally trained young Fellows to work within non-metropolitan areas via qualitative feedback. Increased accredited registrar positions in rural hospitals would also
improve the distribution of ophthalmologists. Communities classified as being a District of Workforce Shortage (DWS) are eligible to recruit doctors who could not normally bill Medicare for their services, including overseas trained doctors (OTDs); foreign graduates of Australian medical schools; and Australian trained bonded doctors. The Commonwealth Department of Health has recently announced it will introduce a new classification system, the Modified Monash Model, for the purposes of health workforce programmes (October 2014). RANZCO supports a fair classification system and keenly awaits further details regarding the implementation of the scheme for specialists.

State and territory governments also determine areas of need. The methodology for determining area of need may vary across jurisdictions and is not transparent. Private practices in metropolitan areas (Sydney, Melbourne) may recruit overseas ophthalmologists using this process. Medical positions unfilled after recruitment and after hours work requirements are often being used as a loophole to recruit from overseas. Young Fellows have advised in the 2014 RANZCO Workforce Survey that these positions have often not been advertised. A number of private practice owners in the 2014 RANZCO Workforce Survey identified that the financial costs of a practice maintaining was high. It is possible that some practice owners close to retirement age may be seeking to sell their practices to overseas migrants to increase the value of the practice.

The introduction of telehealth measures, the continuation of funding through the Rural Health Outreach Fund and the support of the states and territories are critical in addressing the challenges of improving access in rural areas. The Rural Health Continuing Education (RHCE) Program is also a critical Australian Government initiative to support health care professionals in rural and remote Australia by increasing access to continuing professional development (CPD).

Are there any occupations which require formal licensing or registration arrangements in order to practice/perform in this occupation?
For example:
- Midwives are required to register with the nurses board in their state or territory
- Panelbeaters are required to be registered or certified with the state Motor Vehicle Repair Industry Authority

**Ophthalmologists:** Specialist registration with the Medical Board of Australia.
Is it expected that your employment sector will be impacted by any medium-to-long term trends which will impact upon demand and/or supply (excluding costs associated with training, labour hire, and international sponsorship)? Please provide evidence (e.g. data source, policy document) which substantiates these claims.

For example:
- New benchmarks for childcare centres mandate increased staff-to-child ratios and higher qualification standards for childcare workers.

In the SOL for 2014, RANZCO identified factors potentially influencing future supply were likely to be consistent with the Health Workforce 2025 Medical Specialties report (page 140). RANZCO is providing the Department of Industry and amended update.

In terms of demand for ophthalmologists, the following factors are highlighted:
- Changing service delivery models, for example, changing patterns of work between ophthalmologists and optometrists via integrated teams.
- Advancements in technology, for example, the treatment of macular degeneration often previously involved monthly injections, where the new treatment is required every second month. Given the high prevalence of this condition, this significantly affects work required per patient. There are a number of other technological changes to ophthalmological equipment in the pipeline, however the long-term efficiencies and clinical benefits from these remain unknown at this stage.
- Diabetes Retinopathy is a major complication of diabetes and the overall burden of disease is significantly increasing within the Australian population. Intravitreal injections for this condition are expected to be available on the PBS/RPBS for this condition in the near future.

In terms of supply of ophthalmologists, the following factors are highlighted:
- Reduced working hours from increasing female participation in the ophthalmology training program and new Fellows (both male and female). The 2014 RANZCO Workforce Survey has identified that the overall impact is likely to be modest. 20% of females work part time compared to 11% of males. Overall average hours for both males and females exceeded 40 hours per week.
- Limited training capacity within the private sector, is particularly significant given most ophthalmology services are provided in the private sector.
- Increased permanent migrants due to adverse economic conditions in Europe. RANZCO is continuing to receive a high volume of overseas applicants from the UK.

Please provide any other information you consider relevant evidence to support your submission
For example, you may know of some independent studies about your occupation that supports your advice to us.

RANZCO considers a critical workforce issue is the small number (20 full-time equivalents) of paediatric ophthalmologists in Australia. This workforce is nearing retirement and is declining, which will affect training supervision capacity. The funding of supervised training places was highlighted as crucial.

Would you like to make any additional comments on the SOL?

No.

Please provide the name, position and contact details of a person within your organisation who is willing to be contacted if any further information or follow-up is required.

Name *
Suzanne Lyon

Position *
Advocacy Officer

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All information, including name and address details, contained in submissions will be made available to the public on the Department of Industry website unless you indicate that you would like all or part of your submission to remain in confidence. Automatically generated confidentiality statements in emails do not suffice for this purpose. Respondents who would like all or part of their submission to remain in confidence should provide this information in an email to SOL@industry.gov.au. Legal requirements, such as those imposed by the Freedom of Information Act 1982, may affect the confidentiality of your submission.