



# Changes in eye care education

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## Eye care team

- Optometrists
- GPs
- Nurses
- Orthoptists
- Ophthalmic technicians
- Ophthalmologists
- Practice Managers
- Other medical specialists

## Coping with increasing demand

- We expect an increase in the need for regular and ongoing service, especially with injections and glaucoma management
- We expect an increase in diagnosis (correct or otherwise) due to a range of initiatives from optometry, ophthalmology and government, which will result in a greater number of referrals to ophthalmology
- There is a maldistribution issue
- There is an increasing sub-specialisation issue

## Political influences

- Australian Medical Council accreditation (& MCNZ)
- MBS review
- Health workforce projections (Aust & NZ)
- Activity by other professional groups

## Training allied health

- RANZCO referral guidelines are a start, but this will just highlight the need for greater education
- Need to have a simple tool, or calculator, that optometrists can use for decision support
- Will be running education sessions at meetings, probably more importantly meetings other than RANZCO
- Working with RANZCO SIGs to develop standardized educational materials
- Need regular articles in trade journals
- Need to provide CPD for those receiving the education
- Not just confined to optometrists

## Training ophthalmology

- Vocational training program will remain at 5 years
- Post-vocational education is being further developed
- Practice accreditation
- Revalidation
- Remediation (if required)
- Possible priority will be placed on regional positions and indigenous (Aust & NZ)

## Possible solutions

- Increase the number of training places
  - Unlikely due to health department funding
  - May be possible in regional areas under new SPT initiatives, but will still be small numbers
- Include non-surgical training as an option
  - Not likely to receive great support from Fellows and funding for this will be very difficult
- Improve GP or optometry training
  - The numbers interested are probably very small initially, but may increase as they become more self aware
  - Level of training that can be provided is limited
  - Funding for how they get paid is not clear
- Train orthoptists and technicians to a higher level

## Workforce implications

- Not likely to see a great increase in numbers any time soon
- Sub-specialization remains popular amongst Trainees completing and Younger Fellows, which will lead to further workforce fragmentation.
- Starting to see an increase in interest from SIMGs, and with changes to the UK Health system this is likely to become stronger
- SIMGs are never going to be huge in number
- Area of Need is controlled by state governments, not RANZCO. This should not be confused with practice of need.
- You need to identify and cultivate likely practice partners early and regularly

## Summary

- Education as we know it is not changing greatly other than options will be more and it will be more regulated
- The number of patients with chronic eye conditions is expected to increase rapidly in the next 5+ years
- Finding ophthalmologists will remain difficult
- Regional areas will struggle even further until training or relocation incentives are put in place
- SIMGs are not going to be a solution, but they are an important element of the puzzle

## RANZCO Structure

