29th of November 2015

Department of Education and Training

**Consultation paper on the Skilled Occupations List (SOL) for 2016-17**

The SOL is concerned only with 'medium to long-term' skills needs rather than immediate skills shortages. As such, the Department of Education and Training is only seeking to obtain information on longer term trends, rather than immediate shortages and costs. For the purposes of this exercise, 'medium to long-term' is defined as a period of around two to ten years.

RANZCO’s mission is to drive improvements in eye health care in Australia, New Zealand and the Asia Pacific Region through continuing exceptional training, education, research and advocacy. Underpinning all of the College’s work is a commitment to best patient outcomes, providing contemporary education, training and continuing professional development, evidence-based decision making, collaboration and collegiality. RANZCO also seeks to educate the general public in all matters relating to vision and the health of the human eye and advocates for accessible ophthalmology cost effective services for patients.

**Web Based Submission**

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

RANZCO does not consider there is an imbalance in the demand for and supply of ophthalmologist skills within the total Australian population. The College 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. RANZCO considers that 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 in Australian for specialised paediatric ophthalmologists is of high importance.

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

Are there any occupations which require formal licensing or registration arrangements in order to practice/perform? **Yes**

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)? **Yes**

Please refer to RANZCO Supplementary Attachment A.
Demand for Ophthalmologists

Low vision and blindness continues to have significant impact on the Australian community. Almost 575,000 Australians over 40 had vision loss in 2009, representing 5.8% of the population in that age group. Of these people around 66,500 were blind, with the largest proportion aged over 70 (nearly 70%) (1). It is projected that the number of people with vision loss aged 40 or over will rise to almost 801,000 by 2020, and those who are blind will rise to 102,750 (1).

Visual impairment can significantly affect patients' daily living in many ways such as reading, watching television and driving. There are well-established correlations between visual impairment and higher risk of falls, hip fractures, motor vehicle accidents and depression - with risk of death elevated to 4.3% for those over 40 compared to 1.6% for the fully sighted (2). By 2020, health costs of visual impairment are conservatively projected to equal more than $3.7 billion and indirect costs are expected to add another $3.2 billion to the annual bill for visual impairment (1). Socio-economic impacts include lower employment rates, higher use of services, social isolation, emotional distress and may lead to an earlier need for nursing home care.

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 (3). 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 as of 30th of June 2015 was 47.4%, (4).

The Health Workforce 2025 Medical Specialties report published in November 2012, estimated that workforce demand for ophthalmology would grow at 2% per annum (5, page 146). The methodology adopted was based on a combination of hospital separations and Medicare data. RANZCO considers the 2012 Health Workforce Australia demand estimate to be reasonable.

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 (5, 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 (6). A total of n=712 Australian Fellows responded, representing a high overall response rate of 64% (6). 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 is also similar, equal to 53 years of age (6).
An analysis of the expected changes in the Australian workforce has been completed. A significant proportion of the Australian workforce would like to be employed part-time (23%) and a reasonable proportion of fellows expect to work part-time without performing surgical operations (9%). Based on the 2014 RANZCO workforce survey, it is expected that 5 percent of the workforce will retire within the next 5 years (6).

**Training positions and New Fellows**

The growth in training positions for ophthalmology has been lower than other specialties, refer to figure 1 (7).

**Figure 1: Growth in advanced vocational training positions 2008 – 2012**


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 (5, 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 modest increase in permanent skilled immigrants has also been observed since 2013.

**Table 1: Number of registered new Fellows (source: RANZCO Education and Training, 2015)**

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Total new Fellows</th>
<th>College place</th>
<th>Permanent skilled immigrants</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>
<tr>
<td>Nov 2014 to Nov 2015</td>
<td>47</td>
<td>36</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 (6).

**Service provision**

Public hospitals waiting lists are currently at unprecedented levels due to insufficient funding. Reduced overall financial resourcing to the public hospital sector will result in further fragmentation of services and potentially reduced patient care. In particular, further reductions to Commonwealth funding will likely have a detrimental impact on the State’s ability to meet patient demand for eye care.

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 (6). 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.

**Elective Surgery - Cataracts**

The most common principal diagnosis for elective admissions involving surgery in 2013/14 was “Other cataract”, with 69% of the surgical procedures performed in private hospitals (8). Overall 192,262 “Other cataract services” were reported in Australian hospitals, with 132,554 in the private sector and 59,708 in the public sector (8). The separation rates for cataract extraction vary between public and private sectors (2.7 and 6.2 per 1,000 population, respectively). Australia’s proportion of cataract surgeries that were performed on a same-day basis was higher than the OECD average (96.6% and 85.6%, respectively). The unplanned readmission rate for cataract extraction in public hospitals is fewer than 4 per 1,000 within 28 days (8).

The number of cataract extractions performed per 1,000 population currently varies across the States and Territories due to constrained funding, as highlighted in Table 1.

**Table 2:** Rates of Cataract extraction by Australian jurisdiction (AIHW, 2013/14) (8).

<table>
<thead>
<tr>
<th>Procedure</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separations</td>
<td>71,682</td>
<td>55,738</td>
<td>47,030</td>
<td>26,233</td>
<td>17,206</td>
<td>7,039</td>
<td>2,503</td>
<td>1,262</td>
<td>229,603</td>
</tr>
<tr>
<td>Separations not within state of residence (%)</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>&lt;1</td>
<td>2</td>
<td>&lt;1</td>
<td>22</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Proportion of separations public patients (%)</td>
<td>29</td>
<td>32</td>
<td>15</td>
<td>38</td>
<td>36</td>
<td>12</td>
<td>52</td>
<td>58</td>
<td>28</td>
</tr>
<tr>
<td>Separations per 1,000 population</td>
<td>8.3</td>
<td>8.7</td>
<td>9.6</td>
<td>10.6</td>
<td>8</td>
<td>10.4</td>
<td>7.4</td>
<td>9.1</td>
<td>8.9</td>
</tr>
</tbody>
</table>

The AIHW has recently reported that average waiting times are reducing for cataract extraction (Australian Hospital Statistics 2014-15: elective surgery waiting times, AIHW 2015). In 2014/15 there were 86,050 Ophthalmology admissions for public hospital elective surgery waiting lists, this represents a 1% increase compared to 2013/14 (9).
Cataract extraction accounted for about 9.3% of all admissions from public hospital elective surgery waiting lists (9). The proportion of admissions from public hospital elective surgery waiting lists that were for Cataract extraction ranged from 5.5% in Queensland to 12.6% in Western Australia (9).

These statistics should be interpreted with caution because public hospital elective waiting time for cataract extraction is longer than the AIHW elective waiting list for all elective surgeries, refer to Figure 2.

**Figure 2: Comparison of waiting list times (AIHW, 2014/15) (9)**

The public hospital elective surgery waiting times for cataract extraction vary significantly across the different states/territories, refer to Figure 3. NSW and Tasmania have the longest public hospital cataract surgery waiting list times. Tasmania has the highest growth in the population aged over 65 years of age, whereby the median age is 41.5 years and above the national average of 37.5, (ABS, 2014). A lower rate of proportion privately insured compared to the national average is also observed in Tasmania (45.1% compared to 47.1%, APRA, August 2015). RANZCO is concerned by the cataract public hospital waiting list times in the States/Territories above the national median time.

**Table 3 and Figure 3: Cataract extraction emergency waiting times (AIHW, 2014/15)**
Public Hospital outpatient clinics

In Australia, age-related macular degeneration (AMD) contributes to about 50% of all blindness, making it the nation’s most common cause of blindness. It is estimated that in 2010, there were 1.023 million Australians with AMD, equivalent to one in seven people over the age of 50 (10). In 2006, less than 20% of those with AMD could be treated (10).

Several medicines represent a revolution in care for patients with AMD. The results of multiple clinical extension studies suggest that long-term diligent care for patients with wet AMD, including individualised treatment depending on disease activity, may lead to the best long-term visual function.

Public hospital outpatient clinics play a vital role in providing equitable access to AMD treatments for all Australians. In the 2014 RANZCO survey a number of States identified a lack of access to non-admitted services in the public sector. Recently published data from the AIHW suggests that access to non-admitted public hospital services varies significantly by jurisdiction, refer to Figure 3 (11).

Figure 4: Non admitted ophthalmology services by proportion of population AIHW, 2013/14) (11)

All patients should get access to the best quality health care services in a timely manner, no matter where they live. RANZCO therefore supports Australian funding models that incorporate population demographics based on age and Indigenous status.
Overall balance of supply and demand of ophthalmologists

RANZCO currently estimates that the number of ophthalmologists to equal 923 in 2015 and this value is consistent with the Health Workforce 2025 Medical Specialties whereby the supply of ophthalmologists has been projected to equal 960 in 2018.

Table 4: Ophthalmology, service and workforce reform scenario projections, 2009 to 2025

<table>
<thead>
<tr>
<th>Headcount</th>
<th>2009</th>
<th>2012</th>
<th>2018</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply</td>
<td>843</td>
<td>870</td>
<td>960</td>
<td>1,034</td>
</tr>
<tr>
<td>New Fellows</td>
<td>11</td>
<td>20</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Permanent migration</td>
<td>7</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Temporary migration</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Exits (%)</td>
<td>1.83%</td>
<td>1.53%</td>
<td>2.02%</td>
<td>2.16%</td>
</tr>
<tr>
<td>Expressed demand</td>
<td>843</td>
<td>873</td>
<td>933</td>
<td>1,006</td>
</tr>
<tr>
<td>Positive/negative movement</td>
<td>SP</td>
<td>-2</td>
<td>26</td>
<td>28</td>
</tr>
</tbody>
</table>

RANZCO does not consider there is an imbalance in the demand for and supply of ophthalmologist skills within the total Australian population. The College 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. RANZCO considers that 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 in Australian for specialised paediatric ophthalmologists is of high importance.

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

RANZCO acknowledges the maldistribution of ophthalmologists, with a high proportion practising in metropolitan areas, and 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. 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).

In the 2014 RANZCO Workforce Survey, 38% of Fellows identified they were working within a rural/regional practice (6). 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 (6).

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 (12). Currently all locations have been classified as a DWS in Australia. The College is advocating for the DWS methodology to be amended to improve the ophthalmology workforce distribution.

State and territory governments also determine Areas of Need (AoN) locations. Restricted registration in AoN locations is granted to overseas-trained ophthalmologists who do not qualify for general or specialist registration but who have skills and qualifications considered sufficient to work under supervision in a particular role or position in a geographic location or specific health service (12). The Australian States and Territories have different processes and assessment criteria to manage the AoN applications by employers. The methodology for determining area of need may vary across jurisdictions and is not always transparent.

In Victoria, there is no specific list of Area of Need positions or zones. The Victorian Government does not require College endorsement for AoN applications. In most cases if a position is located within a Commonwealth designated DWS, Victorian government policy AoN states, “it is likely that the government will also support this as an Area of Need” (13). RANZCO estimates that in outer regional and remote Victoria there is one ophthalmologist per 83,000 population (ABS population statistics 2014 and RANZCO sources). In comparison, in metropolitan Melbourne there is an oversupply of ophthalmologists (ABS population statistics 2014 and RANZCO sources).

After hours work requirements are often being used as a loophole to recruit from overseas in Sydney and Melbourne metropolitan areas. Young Fellows advised in the 2014 RANZCO Workforce Survey that these positions have always been advertised (6). A number of private practice owners in the 2014 RANZCO Workforce Survey identified that the financial costs of maintaining a practice 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.

RANZCO supports a transparent nationally consistent AoN process and the requirement for all jurisdictions to include the College in the application stakeholder engagement process.
Are there any occupations which require formal licensing or registration arrangements in order to practice/perform in this occupation?

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,

In the SOL for 2015/16, RANZCO identified factors potentially influencing future supply were likely to be consistent with the Health Workforce 2025 Medical Specialties report (5, page 140). Updates and changes are highlighted in italics.

In terms of demand for ophthalmologists, the following factors were highlighted:

- Changing service delivery models, for example, changing patterns of work between ophthalmologists and optometrists via integrated teams. The Health Workforce 2025 Medical Specialties report assumed there was a 2% annual rate of transfer of work from ophthalmology to optometry. As of June 2015, 4,760 practicing optometrists were registered (14, APHRA, September 2015). The annual growth of practicing optometrists in 2015 compared to 2014 is equal to 2.9%. RANZCO therefore considers, the rate of transfer of task force substitution from ophthalmology to optometry is in excess of the 2% annual rate which was used by health workforce Australia.

- Advancements in technology, for example the treatment of AMD, previously often involved monthly injections, whereas 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 and branch vein retinal occlusion has been recently subsidised by the Commonwealth Australian government in 2015.
In terms of supply of ophthalmologists, the following factors were 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 (6). 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.

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

No.

References

5. Health Workforce Australia, The Health Workforce 2025 Medical Specialties report, November 2012
6. RANZCO 2014 Workforce Survey