

# Pre- Budget Submission 2020-2021

## Message from the Chief Executive Officer

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) is pleased to be submitting our 2020-2021 pre-budget submission to the government.

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 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. Our submission is structured according to the following five priority areas:

1. Ending avoidable blindness
2. Improving rural and remote service delivery
3. Growing the ophthalmology workforce
4. Supporting better eye health outcomes in our region
5. Population health

I also note that next year, being 2020 is an exceptional opportunity for the government to work with RANZCO and eye health leaders, experts and other peak bodies to get eye health on the national agenda. RANZCO, along with our colleagues at Vision 2020 Australia have directly raised this with the Prime Minister in November 2019 and we are enthusiastic to work with the government to ensure we capitalise on this opportunity.

RANZCO looks forward to supporting the government improve all facets of eye health across the Australian population, with a particular focus on ending avoidable blindness and improving patient access to sight-saving procedures.



David Andrews  
RANZCO CEO  
20 December 2019

## 1. Ending avoidable blindness

RANZCO supports the government priority of ending avoidable blindness in Australia by 2025 as stated in the *Australia's Long Term National Health Plan*.<sup>1</sup> We offer the following advice to support the government deliver on this objective:

### Medicare Benefits Schedule (MBS) review

RANZCO has been actively engaged in the MBS review of ophthalmology items under the MBS review. We advise that we have submitted detailed feedback into the relevant consultation process and reiterate the following key points for the purposes of our pre-budget submission:

- RANZCO does not support any reduction to the MBS rebate for the administration of intravitreal injections. Doing so would adversely impact on patient access to sight saving procedures, and lead to a raft of long-term costs to the public health system with increased demand for this procedure.
- RANZCO supports increased access to sight saving procedures through the MBS and public health system to support lower socio-economic cohorts access the eye care they need.
- RANZCO does not support broadening the scope of practice to optometrists to undertake intravitreal injections as this is a highly specialised medical procedure and should be undertaken by an appropriately trained ophthalmologist.

### Aboriginal and Torres Strait Islander eye health

RANZCO has a long history of delivering ophthalmology outreach services to Aboriginal and Torres Strait Islander communities. We recognise that although 94% of vision loss is preventable, only 35% of Indigenous adults report never having had an eye exam.<sup>2</sup>

We, along with our partners across the sector appreciate the challenges that arise with delivering appropriate and effective health care to communities and continue to collaborate in a range of ways to improve the health of Aboriginal and Torres Strait Islander peoples.

- RANZCO calls on the government to commit funding to support the implementation of *Strong Eyes, Strong Communities: a five year plan for Aboriginal and Torres Strait Islander eye health and vision 2019-24* (Strong Eyes, Strong Communities). This plan is supported by many individuals and organisations, under the leadership of Vision 2020 Australia.
- RANZCO supports a genuine partnership approach to work with government and communities to enhance service delivery, strengthen regional networks and support Aboriginal Community Controlled Health Organisations to further embed eye care in their service delivery models.

- RANZCO acknowledges the progress to date achieved under the *Roadmap to Close the Gap for Vision* (the roadmap), since its launch in 2012. The roadmap critically highlights the need for enhanced service coordination across eye services and consistent monitoring and evaluation against agreed performance indicators to improve service delivery.
- The patient journey through various referral pathways can be fragmented, particularly for Aboriginal and Torres Strait Islander people in remote areas and this can impact on eye health outcomes. The roadmap offers concrete recommendations for improved coordination of service delivery and RANZCO recognizes the opportunity this presents to eliminate avoidable blindness in Indigenous communities.

### Supporting the KeepSight Program

Although most diabetes-related blindness is preventable, a significant number of the population lose sight due to failure to get their eyes checked within the recommended timeframes.

KeepSight, a national diabetes eye screening program was launched by the Federal Health Minister in 2018. The program encourages all Australians living with diabetes to have a Medicare-funded diabetes eye test and supports people on the National Diabetes Services Scheme to receive important information about their eye health.

- RANZCO supports KeepSight calls on government to offer continuous support for initiatives that focus on improved service and data coordination and prevention.

## 2. Improving rural and remote service delivery

RANZCO supports national, jurisdictional and regional efforts to improve the delivery of eye health services to rural Australia. We recognise that local health care providers need adequate funding, governance and workforce support to ensure they can provide appropriate and effective health services for communities.

### Rural Health Outreach Funding (RHOF)

- RANZCO supports the call from Vision 2020 Australia to expand RHOF funding by \$5.5 million over five years. Additional RHOF funding to this amount is one element to the suite of measures proposed under Strong Eyes Strong Communities to enhance eye health service delivery.

### Aboriginal Community Controlled Health Organisations (ACCHOs)

- RANZCO supports funding and other measures to increase the capacity of ACCHOs to deliver holistic and comprehensive primary health care to Aboriginal and Torres Strait Islander communities. ACCHOs also play a critical in coordinating patient care, including referrals, transportation, family liaison and linking with specialist outreach clinics in communities.

## Telehealth

RANZCO is broadly supportive of measures that expand the reach and uptake of telehealth across the Australian health care system.

- RANZCO suggests there is a good case for a new MBS item number for telehealth in ophthalmology. Telehealth is being increasingly used to facilitate timely access of patients with special conditions, such as the case of screening premature infants for retinopathy of prematurity. This platform has provided patients and neonatal service from regional/remote areas with access to highly specialised workforce. There is potential to significantly reduce the costs of ‘in-person’ consultation which requires ambulance transfer of sick infants to tertiary centres.

## 3. Growing the ophthalmology workforce

RANZCO is actively working across a range of areas to grow the ophthalmology workforce, design better models of collaborative eye care and support the development of the National Medical Workforce Strategy. In 2020 we look forward to sharing our own vision for the sustainable growth of the ophthalmology workforce for the next five years.

RANZCO recognises that the current maldistribution of doctors and medical trainees presents a significant challenge to policy makers and the profession, particularly when we look to design a fit-for-purpose Australian health care system to meet the changing health needs of our population.

### Supervision of training posts

Senior medical officers working in the public sector, and in some private settings, are required by their employers to train and assess junior medical officers. The time required for senior medical officers to undertake these duties must be factored into calculations which determine workforce numbers to ensure sufficient staff are available to perform these duties effectively. This applies to calculations to ascertain the workforce required at health system/s level and at organisations which deliver health services.

- RANZCO asks the government to consider factor training and assessment responsibilities into calculations used to determine medical workforce numbers.
- RANZCO asks the government to consider funding additional accredited ophthalmology training positions to address workforce shortage. A key priority is funding rural training positions to increase service delivery in rural areas.

### Regional Training Posts

RANZCO knows from our own membership that people are more likely to want to work in a regional or rural area if they have trained in that health setting.

- We encourage the government to continue working with medical colleges, training bodies and state and territory health departments to develop sustainable regional and rural training pathways for the specialist medical workforce.

## National Medical Workforce Strategy

RANZCO has been actively engaged in the development phase of the National Medical Workforce Strategy (the strategy). We acknowledge, along with many of our peers that the scope of this project is broad and complex – but is a key challenge that must be worked through by the medical profession. The Australian health care system must be reconsidered to align with the changing health needs of our population and the distribution and growth of our workforce is an essential component to this. The current maldistribution of the medical workforce creates challenges for medical education and training pathways, health care service delivery and health needs mapping.

- RANZCO understands that medical workforce distribution must first be understood at the macro level, but that the issue is also highly nuanced across jurisdictions, as well as medical specialisations. We encourage this to factor into the ongoing development of the strategy and ask that each medical specialisation also contribute according to the needs of their trainees and workforce.
- Note that medical colleges and other entities are also working within their own remits to address workforce growth and distribution. Please see our example above under regional training posts. RANZCO encourages government to draw on existing examples of effective and sustainable medical workforce models, noting that regionally-led solutions are more likely to succeed in the long-term.

## Doctor Wellbeing

As a specialist medical education and training entity, RANZCO understands the importance of showing leadership and practical solutions to maintain the health and wellbeing of our doctors. Mental health for doctors and medical students has been firmly in the spotlight since the 2013 Beyond Blue survey which revealed that doctors reported higher levels of psychological distress and suicidal thoughts than the Australian population in general, and other Australian professionals.<sup>3</sup>

We recognise many different and challenging points along the pipeline to become a medical specialist including long hours, isolation, exam pressures, exposure to traumatic medical events, workplace culture and lack of support. RANZCO engages in a range of activities to support our trainees and fellows maintain good health and wellbeing.

- RANZCO notes the government priority around mental health and suicide reduction. We encourage the Mental Health Commissioner to consider the mental wellbeing of the medical workforce in her consultations across industry groups, noting the prevalence and associated risks of mental health issues to our profession.

## 4. Supporting better eye health outcomes in our region

The World Health Organization (WHO) projects the global need for eye care will significantly increase in the coming decades. The 2019 WHO *World Report on Vision* (the report) estimates that at least 2.2 billion people live with a vision impairment and that almost half of these cases could have been prevented, or people are yet to seek treatment.<sup>4</sup> We are committed to working in partnership with the eye health sector, local stakeholders in the Indo-Pacific region and the government to design an Australian response to the significant eye health needs of our regional neighbours.

- RANZCO is very concerned with the eye care crisis in Papua New Guinea (PNG). The prevalence of blindness in adults 50 years and over is estimated to be 5.6%, with untreated cataract as the most common primary source of blindness.<sup>5</sup>
- RANZCO understands that there are currently very few trained practicing ophthalmologists to service the eye health needs of the PNG population as well as wider workforce, equipment and infrastructure deficits that impact on the provision of eye care.
- We see an opportunity for Australia to invest in a program to support increased access to cataract surgery addressing unoperated cataract across PNG and further strengthen local capacity for dealing with eye care and therefore ask the government to consider the comprehensive pre-budget funding proposal submitted by our sector through Vision2020 Australia.

## 5. Population health

### RANZCO Collaborative Care Referral Pathways

Intervention (timely diagnosis and treatment) for chronic conditions such as diabetes can prevent associated eye conditions from progressing.

To optimise the quality and safety of patient care, RANZCO has developed collaborative care guidelines for the management of three chronic diseases: Glaucoma; Aged Macular Degeneration (AMD) and Diabetic Retinopathy.<sup>6</sup>

- The management of such diseases is multidisciplinary, and screening and management potentially involves various health professionals.
  - Stakeholder engagement led by RANZCO has involved broad consultation with optometry organisations, medical colleges, professional networks and patient peak bodies.
  - The aim is to update guidelines to accurately reflect the latest evidence and better align with contemporary methods used to identify and treat patients.
- RANZCO notes collaborative care pathways such as the RANZCO referral pathway for retinopathy management work in conjunction with Keepsight (see p.3 above) by ensuring timely diagnosis and treatment through recommended screening intervals and pathways across general practitioner, endocrinologist and ophthalmologist.



## Public health impacts of a changing climate

In recent times, leading Australian health organisations have made public statements about the increasing public health risks that are arising from extreme and unpredictable weather events<sup>7</sup>. In September of this year the Australian Medical Association recognized climate change as a health emergency on the basis of the available scientific evidence.<sup>8</sup>

- RANZCO calls on the government to work with health experts to prevent and mitigate adverse impacts of a changing climate on public health.
- We particularly highlight the increased pressure the public health system will face in the event of a widespread health crisis, particularly from vulnerable populations including the elderly, those with chronic co-morbidities, young people and lower-socio economic groups.

## References

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- <sup>1</sup> Australian Government Department of Health. *Australia's Long Term National Health Plan*. August 2019 <https://www.health.gov.au/resources/publications/australias-long-term-national-health-plan> (accessed 18 December, 2019)
  - <sup>2</sup> University of Melbourne, Indigenous Eye Health Unit. *The Roadmap to Close the Gap for Vision (2015) summary report*; [https://mspgh.unimelb.edu.au/\\_data/assets/pdf\\_file/0006/1984173/roadmap-summary-september-2015.pdf](https://mspgh.unimelb.edu.au/_data/assets/pdf_file/0006/1984173/roadmap-summary-september-2015.pdf) (accessed 18 December, 2019)
  - <sup>3</sup> Beyond Blue. *National Mental Health Survey of Doctors and Medical Students 2013* [https://www.beyondblue.org.au/docs/default-source/research-project-files/bl1132-report---nmhdms-full-report\\_web](https://www.beyondblue.org.au/docs/default-source/research-project-files/bl1132-report---nmhdms-full-report_web) (accessed 18 December, 2019)
  - <sup>4</sup> World Health Organisation. *World Report on Vision, 2019* <https://www.who.int/publications-detail/world-report-on-vision> (accessed 18 December, 2019)
  - <sup>5</sup> Brien Holden Vision Institute. *Rapid assessment of avoidable blindness and diabetic retinopathy, Papua New Guinea 2017*. [https://www.iapb.org/wp-content/uploads/PNG\\_RAAB\\_FHF\\_Report\\_Complete.pdf](https://www.iapb.org/wp-content/uploads/PNG_RAAB_FHF_Report_Complete.pdf) (accessed 18 December, 2019)
  - <sup>6</sup> Royal Australian and New Zealand College of Ophthalmologists. *Collaborative Care Guidelines*. <https://ranzco.edu/home/health-professionals/collaborative-care-2/> (accessed 18 December, 2019)
  - <sup>7</sup> Climate and Health Alliance. *Joint Statement: Air pollution in NSW is a public health emergency*; 16 December 2019. <https://www.caha.org.au/air-pollution> (accessed 18 December, 2019)
  - <sup>8</sup> Australian Medical Association. *Media Release: Climate change is a health emergency*; 3 September 2019. <https://ama.com.au/media/climate-change-health-emergency> (accessed 18 December, 2019)