

Optometry

2016 Factsheet

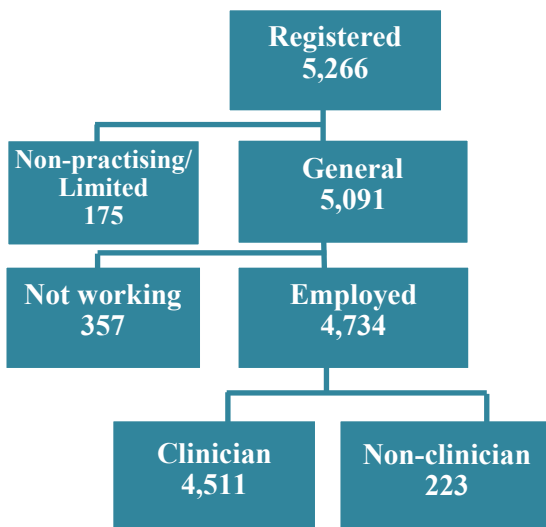


Optometrists are registered healthcare practitioners trained to diagnose vision problems, prescribe optical appliances, and treat a range of eye conditions.

Persons seeking to gain registration must complete a five year undergraduate, five year combined undergraduate/masters (or 3.5 year accelerated) or four year master program of study approved by the Optometry Board of Australia.

Workforce

Figure 1: Breakdown of the optometry workforce, 2016



'Non-clinician' includes roles reported by survey respondents that did not fit predefined survey categories.

In 2016, the registered workforce increased by 11.3% (536) from 2013, with an average yearly growth rate of 3.6%.

Note: Analysis of the optometry workforce contained in this document is based on the number of registered and employed practitioners (4,734 in 2016) unless otherwise stated.

Table 1: Headcount of the optometry workforce, 2013-2016

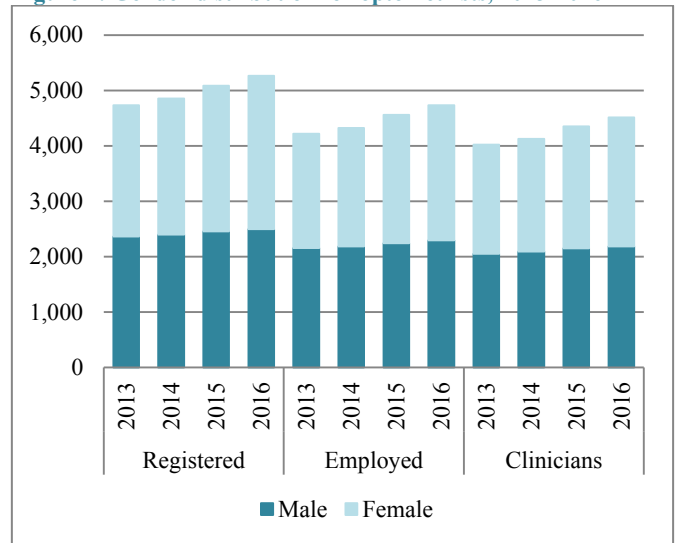
	2013	2014	2015	2016
Registered	4,730	4,855	5,084	5,266
Employed	4,219	4,322	4,557	4,734
Clinicians	4,023	4,124	4,349	4,511

Demographics

In 2016, 51.6% of the optometry workforce was female, up from 48.9% in 2013.

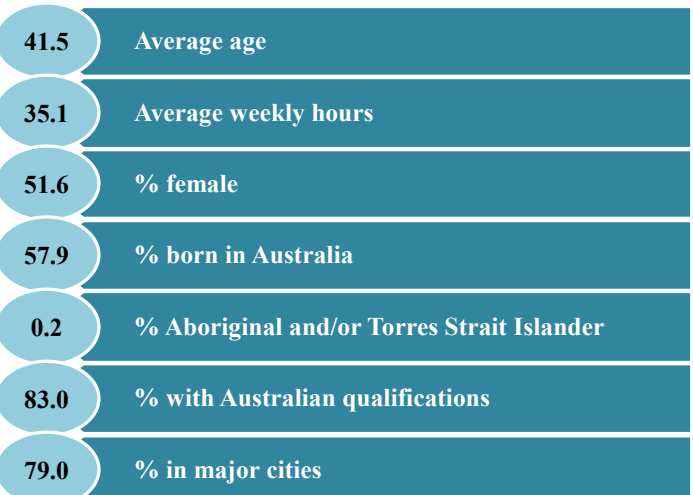
In 2016, the average age of the optometry workforce was 41.5 years, up slightly from 41.3 in 2013.

Figure 2: Gender distribution for optometrists, 2013-2016



Quick Facts - 2016

Figure 3: Summary of the registered and employed optometry workforce, 2016



Hours Worked

Optometrists worked an average of 35.1 hours per week in 2016, a decrease from 35.8 in 2013.

Table 2: Average hours per week worked by registered and employed optometrists, 2013-2016

Average hours worked	2013	2014	2015	2016
Clinical	32.6	32.6	32.4	32.2
Non-clinical	3.2	3.1	3.0	3.0
Total	35.8	35.7	35.4	35.1

In 2016, females worked an average of 31.9 hours per week and males worked an average of 38.6 hours per week. Males aged 35-44 worked the longest hours per week on average at 40.3.

Table 3: Average hours worked per week by gender and age group, 2013 vs 2016

Age Group	Males - average hours		Females - average hours	
	2013	2016	2013	2016
20-34	38.8	38.5	35.0	35.6
35-44	40.4	40.3	27.7	27.2
45-54	40.9	40.0	31.0	30.4
55-64	39.7	38.7	30.5	30.5
65-74	29.5	27.8	28.0	26.2
75-99	17.5	24.3	np	np
Total	39.5	38.6	31.9	31.9

Note: 'np' indicates that the numbers have been suppressed due to confidentiality reasons

Replacement Rate

In 2016, there were 3.6 new registrants for every optometrist that did not renew their registration from 2015. The replacement rate has increased from 3.0 in 2015.

Job Role

The 2016 workforce survey asked respondents to report their principal role (the main job in which they worked the most hours in the last week).

Principal Role

In 2016, a total of 4,511 (95.3%) optometrists worked as a clinician in their principal role. In 2013, a similar percentage (95.4% (4,023)) of optometrists worked as a clinician in their principal role.

Table 4: Headcounts by principal role, 2013 vs 2016

Principal role	Total Employed	
	2013	2016
Clinician	4,023	4,511
Administrator	70	71
Teacher or educator	59	63
Researcher	58	64
Other	9	25
Total	4,219	4,734

Endorsement

A total of 2,460 optometrists (52.0%) held a scheduled medicines endorsement in 2016, compared to 1,551 (36.8%) in 2013.

Principal Work Sector (public/private)

The 2016 workforce survey asks respondents to report the clinical hours worked in their principal role (their main job in which they worked the most hours in the last week) in either the public or private sector.

In 2016, 5.1% (242) of the optometry workforce worked clinical hours in the public sector, down from 5.5% (231) in 2013, and 91.5% (4,331) worked clinical hours in the private sector, up from 91.3% (3,851) in 2013.

Table 5: Headcounts by sector in which clinical hours were worked, 2013 vs 2016

Employment sector	Headcount	
	2013	2016
Public sector only	231	242
<i>Proportion (%)</i>	5.5%	5.1%
Private sector only	3,851	4,331
<i>Proportion (%)</i>	91.3%	91.5%
Both	68	77
<i>Proportion (%)</i>	1.6%	1.6%
Total	4,219	4,734

Note: 'Not applicable' responses have been excluded from this table but are included in the total.

Principal Work Setting

In 2016, 47.3% (2,238) of the optometry workforce worked in a group private practice, followed by solo private practices at 30.8% (1,457).

In 2013, 45.1% (1,903) of the workforce worked in a group private practice and 34.2% (1,445) of the workforce worked in a solo private practice.

Table 6: Principal work settings by headcount and average hours worked, 2013 vs 2016

Principal work setting	2013		2016	
	Headcount	Avg. total hours	Headcount	Avg. total hours
Group private practice	1,903	35.1	2,238	35.0
Solo private practice	1,445	37.9	1,457	36.7
Independent private practice	371	29.5	401	28.5
Commercial/business service	233	37.6	310	37.8
Educational facility	110	39.1	126	37.6
Other	74	34.1	89	34.1
Community health care service	42	34.2	43	34.0
Aboriginal health service	13	35.8	27	37.6
Residential health care facility	13	44.8	27	32.3
<i>Remaining work settings</i>	15	np	16	np
Total	4,219	32.6	4,734	32.2

Note: 'np' indicates that the average total hours are not available for this combined category.

Initial Qualification

The workforce survey asked health professionals where they obtained their initial qualification.

A total of 83.0% (3,929) of optometrists responded that they obtained their initial qualification(s) in Australia. 14.6% (693) responded that they had obtained their initial qualification(s) overseas.

Figure 4: Country initial optometry qualification was obtained – Australia or Overseas (employed practitioners), 2013-2016

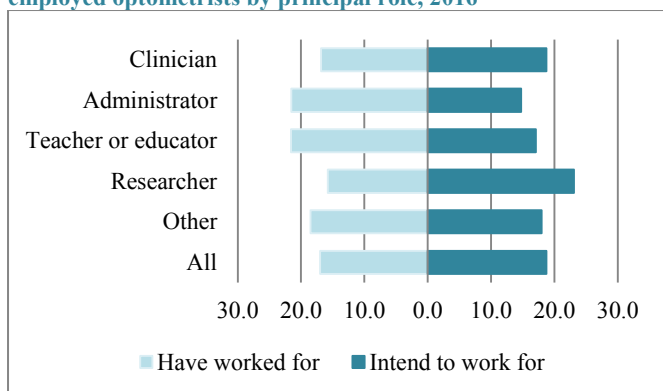


Working Intentions

In 2016, optometrists had worked an average of 17.0 years in the profession and intended to work for another 18.7 years.

In 2013, the workforce had worked an average of 16.9 years and intended to work for another 18.3 years.

Figure 5: Years worked and years intended to work for employed optometrists by principal role, 2016



Distribution

State and Territory

Overall there was an increase in the rate of optometrists per 100,000 population from 18.2 in 2013 to 19.6 per 100,000 population in 2016.

In 2016, New South Wales had the highest rate of optometrists with 21.0 per 100,000 population.

Average total hours worked was highest in the Northern Territory at 38.9 hours per week and lowest in Victoria at 34.7 hours per week.

FTE (1.0 FTE is equivalent to one full-time worker) was lower than headcount at the national level, particularly in New South Wales and Victoria, indicating that more optometrists may be working part-time in these states.

Table 7: Distribution of employed optometrists by state/territory, 2016

2016 State & Territory	Headcount	Total FTE	Avg. total hours	² Rate per 100,000 population
NSW	1,623	1,502.5	35.2	21.0
VIC	1,247	1,139.7	34.7	20.2
QLD	975	898.1	35.0	20.1
SA	289	276.8	36.4	16.9
WA	400	373.6	35.5	15.6
TAS	90	82.4	34.8	17.4
ACT	76	70.6	35.3	18.8
NT	33	33.7	38.9	13.4
Total	4,734	4,378.5	35.2	19.6

Note: 'Not stated/Unknown' responses are excluded from this table but are included in the total

²ABS - 3218.0 - Regional Population Growth, Australia, 2015-16

Remoteness Area

In 2013, 93.8% of the optometry workforce (3,956) worked in either major cities or inner regional locations. In 2016, the number of optometrists working in either major cities or inner regional locations increased to 94.2% (4,460).

Table 8: Distribution of employed optometrists by remoteness area, 2016

2016 Remoteness Area	Headcount	Total FTE	Avg. total hours	³ Rate per 100,000 population
Major cities	3,738	3,420.8	34.8	21.7
Inner regional	722	688.3	36.2	16.5
Outer regional	237	234.1	37.5	11.3
Remote	26	26.6	38.9	8.4
Very remote	10	7.7	29.3	5.2
Total	4,734	4,378.5	35.2	19.6

Note: 'Not stated/Unknown' responses are excluded from this table but are included in the total. ³ABS - 3222.0 - Population Projections, Australia, 2016

Other Work Location Outside of Major Cities

The 2016 workforce survey asked respondents who had noted their principal and second job location as a major city if they had also worked in either a regional, rural or remote location.

In 2016, 9.0% (428) of the workforce reported that they had, in addition to their principal and second job location, worked in regional, rural or remote location: 48.6% (208) of respondents had worked in inner regional, 26.2% (112) in outer regional; 8.9% (38) worked in remote; and 6.5% (28) worked in very remote locations.

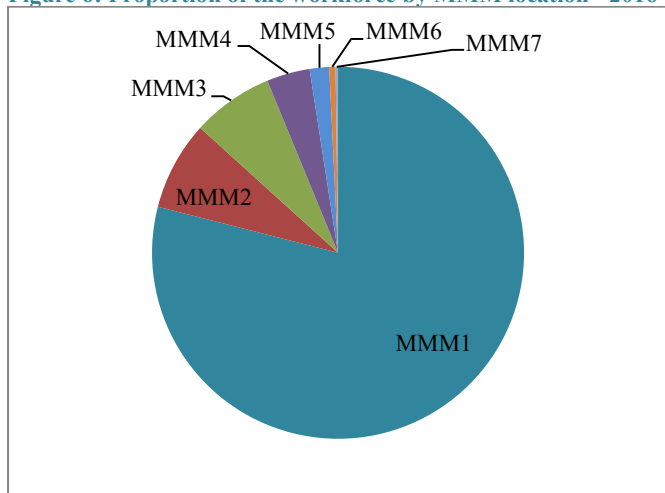
Modified Monash Model

The majority (79.0%) of the workforce were located in a major city or a location considered as MMM1 under the Modified Monash Model (MMM) classification system in 2016, up from

78.6% in 2013 (for more information on the MMM, go to the www.doctorconnect.gov.au website).

In 2016, MMM1 locations had the highest rate of optometrists with 22.2 per 100,000 population, followed by MMM3 with 21.7 per 100,000 population. The lowest rate was in MMM5 locations with 4.5 per 100,000 population.

Figure 6: Proportion of the workforce by MMM location - 2016



Tele-Health

Tele-health is the use of telecommunication techniques for the purpose of providing telemedicine, medical education, and health education over a distance. A question was added in the 2016 workforce survey to determine the average hours per week practiced via tele-health in the previous year.

In 2016, a total of 3.4% (160) of the workforce provided a response to the tele-health question. On average the respondents practiced via tele-health for 20.2 hours per week.

In 2016, the majority (76.9%) of tele-health services were provided by an optometrist in a major city.

Table 9: Tele-health workforce remoteness location – 2016

Major cities	Inner regional	Outer regional	Remote	Very remote
76.9%	10.6%	10.0%	2.5%	0.0%

Note: The tele-health workforce remoteness location refers to the location of the person in the workforce, not the location of the person receiving the service.

References

- 1) National Health Workforce Dataset (NHWDS): Allied Health Practitioners 2013-2016.
- 2) ABS - 3218.0 - Regional Population Growth, Australia, 2015-16, Released 30/06/17.
- 3) ABS - 3222.0 - Population Projections, Australia, 2016.

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