

VISITING OPTOMETRISTS SCHEME (VOS)

APRIL 2021

VOS increases access to optometry services for people living in regional, rural and remote locations. This arrangement has been in operation since 1975 and is enabled under section 129A of the Health Insurance Act 1973. MM2 – MM7 locations are eligible for VOS services.

NEEDS ASSESSMENT AND STATISTICAL AREA 3 (SA3)/ INDIGENOUS AREA (IARE) NEEDS LOCATIONS 2021-22

The Strategy and Health Workforce Planning Team conducted a needs analysis between February and April 2021. This needs assessment used data from

i. The RWAV 2020 GP survey where GPs indicated a need for Optometrists in their local communities. Where needs were indicated for Optometrists by multiple GPs, a need was identified for that community.

ii. The number of Optometrists by location as we had access to confidential aggregated counts of health practitioners by sa2 location (e.g., 10-20 Optometrists in Bendigo – this is just an example, this data is confidential therefore the example is fictional) from the Department of Health (National Health Workforce Dataset – Medical, 2019).

iii. Additionally, exactly what Optometry services are available in specific towns was utilised (via the National Health Service Directory).

Determining the priority areas

For non-indigenous populations, the need was identified for that SA3 for Optometrists where:

1. Number of optometrists by location **(ii)** and optometry service availability **(iii)** was low, and/or
2. A need was indicated via the 2020 GP survey results **(i)**

For Aboriginal and Torres Strait Islander populations, a need was identified for that IARE for Optometrists where:

1. Number of optometrists by location **(ii)** and optometry service availability **(iii)** was low, and/or
2. A need was indicated via the 2020 GP survey results **(i)**, and
3. There was a local Aboriginal and Torres Strait Islander community in the IARE.

Priority areas for VOS program

A need was identified for Optometrists in the following SA3 locations for non-indigenous populations, and in the following Indigenous Areas (IARE) for Aboriginal and Torres Strait Islander Populations detailed in **Table 1** below.

Table 1. SA3s and IAREs where needs exist for optometrists

SA3	IARE
Baw Baw	Baw Baw
Campaspe	Bendigo
Colac - Corangamite	Campaspe - Shepparton - Moira
Gippsland - East	Gippsland
Gippsland - South West	Macedon Ranges - Moorabool
Glenelg - Southern Grampians	Midura
Grampians	South Gippsland - Bass Coast
Macedon Ranges	South-West Central Victoria
Mildura	Southern Grampians - Glenelg
Moira	Swan Hill
Murray River - Swan Hill	Upper Goulburn Valley
Upper Goulburn Valley	Warrnambool
Wangaratta - Benalla	Wimmera
Warrnambool	Wodonga
Wellington	
Wodonga - Alpine	

VOS will also be planned alongside other RWAV administered programs to enable efficient and coordinated patient care. The programs include:

- Rural Health Outreach Fund (RHOF)
- Medical Outreach Indigenous Chronic Disease Program (MOICDP)

Please note:

- Statistical Area Three (SA3) Localities: SA3s are generally designed to have populations between 30,000 and 130,000 persons. They have considerable flexibility in terms of population variability, allowing for the representation of meaningful regional areas for data analysis. In the rural context, SA3s are the functional areas of regional towns and/or cities with a population of at least 20,000 or clusters of related suburbs.
- Indigenous Areas (IARE): are medium sized geographical areas designed to facilitate the release of more detailed statistics for Aboriginal and Torres Strait Islander Peoples whilst maintaining the confidentiality of individuals. IAREs provide a balance between spatial resolution and population size, providing the ability to release more detailed data. There are 41 IAREs in Victoria for reference.

References

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