

# **VISITING OPTOMETRISTS SCHEME (VOS)**

**NEEDS ASSESSMENT  
2022-23**



The Visiting Optometrists Scheme (VOS) increases access to optometry services. This program supports all communities living in metropolitan, regional, rural and remote locations (Modified Monash Model 2 –7). In recognition of the need for culturally sensitive services for Aboriginal and Torres Strait Islander people, VOS funded outreach services may be provided in major cities (Modified Monash Model 1), provided that the service is delivered in an Aboriginal Medical Service, Aboriginal Community Controlled Health Organisation or other culturally safe/appropriate host organisation. Please refer to 'Please note' for more information regarding Modified Monash Model.

## Needs Assessment Methodology

A needs assessment was conducted between September 2021 and February 2022. This needs assessment utilised data from:

### a. The RWAV 2021 Victorian Rural Health Workforce Census (RHW Census)

The RWAV 2021 Census is an online survey sent to health professionals in rural and remote regions of Victoria. The survey was optional and confidential for the participants and consisted of both quantitative and qualitative questions on health workforce access, quality and sustainability.

The RHW Census had 464 responses. This PHN region breakdown was: Murray (n=151), Western Victoria (n=149), Gippsland (n=108), North Western Melbourne (n=29), Eastern Melbourne (n=15), South Eastern Melbourne (n=8), Murrumbidgee (New South Wales) (n=3) and Country SA (South Australia). The response occupations were GPs (n=201), Allied Health Professionals (n=147), Non-GP Specialists (n=48), Nurses (n=44) and other persons engaged in health service delivery (n=24). These responses were analysed at the geographical area of Statistical Area Three (SA3) to identify hotspot locations and their associated needs. The location of the health professional's workplace was used to represent the SA3 that was being assessed and analysed. Health professionals reported on the types of health professionals they needed in their community and how often they were required. The identified need was based on the concordance of health professionals in that area as follows:

**A:** highest need based on concordance of 5 or more health practitioners

**B:** second highest need, based on concordance of 3-4 health practitioners

**C:** Third highest need, based on the concordance of 1-2 health practitioners.

Adjustments were made for small sample sizes and data triangulation, which are denoted by a \*.

As part of the needs assessment process the findings of this census were confirmed with regional Health Workforce Stakeholder Engagement Groups to validate the findings and triangulate the data.

### b. The RWAV 2021 Victorian RHW Census for Aboriginal Community Controlled Health Organisations (ACCOs) (RHW ACCO Census)

The RHW ACCO Census had 6 group responses across rural and regional Victoria. The information collected was from direct engagement with the practice managers at these ACCOs. Practice managers informed RWAV staff on which health practitioners they felt were required to meet the needs of their patients and community.

### c. Australian Bureau of Statistics population data

Data on populations at SA3 level was included in 'Priority Areas, Tables 1 – 4' detailed in this document to enable those utilising the need assessment to validate and give context to the needs identified.

Data identified in this needs assessment was triangulated with confidential counts of number of health professionals by SA3 location (HeaDS UPP) and the number of services in an SA3 area (Healthmap).

### Limitations

While the response rate of the Census was suitable to make deductions on the health workforce and its issues in rural and regional Victoria, RWAV aims for a higher participation and response rate for the Census. Some geographical locations were underrepresented in the Census due to low response rate, and RWAV sought to address these issues by sending personalised reminders to practices and participants to complete the Census.

### Priority Areas

**Key:**

- **AH** is Allied Health.
- **A** indicates concordance of 5 or more respondents from the respective SA3 area.
- **B** indicates concordance of 3-4 respondents from the respective SA3 area.
- **C** indicates concordance of 1-2 respondents from the respective SA3 area.
- **Blank cells** are best interpreted as “No identified need at the time”.
- **\* (Star)** Indicates adjusted need level. Adjusted need level was calculated by taking the response order that the Census participants listed the needs and ranking them higher if mentioned first and/or integration with information from external sources has occurred.
- **^ (Caret)** indicates that the region is partially eligible for the program due to MMM geographic boundaries. E.g. ‘Surf Coast - Bellarine Peninsula’ falls within MMM 1 to 5. If the program excludes MMM 1, only regions MMM 2 to 5 are eligible. See Health Workforce Locator map: [www.health.gov.au/resources/apps-and-tools/health-workforce-locator/health-workforce-locator](http://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/health-workforce-locator)

PHN	Gippsland						Murray										Western Victoria								Other		
SA3 Location	Baw Baw	Gippsland - East	Gippsland - South West	Latrobe Valley	Wellington	Bendigo	Campaspe	Heathcote - Castlemaine - Kyneton	Loddon - Elmore	Mildura	Moir	Murray River - Swan Hill	Shepparton	Upper Goulburn Valley	Wangaratta - Benalla	Wodonga - Alpine	Ballarat	Barwon - West	Colac - Corangamite	Creswick - Daylesford - Ballan	Glenelg - Southern Grampians	Grampians	Maryborough - Pyrenees	Surf Coast - Bellarine Peninsula^	Warrnambool	Whittlesea - Wallan^	Yarra Ranges^
ALLIED HEALTH																											
Aboriginal Health Worker	C	C*					C			B			C			C	C	C							B		
Optometrist	C	C	C*		C	C	C*			C*	C	C	C*	C*	C*	C	C	C*	C	C	C*	C	C	C*	C*	C*	A*
Orthoptics			C																			C					
SPECIALISTS																											
Ophthalmologist		C*			C*		C*			C		C*		C*							C	C			C		

## How this needs assessment will be used

RWAV will present the needs assessment and seek endorsement from the Victorian Outreach Advisory Forum (VOAF). All outreach service funding applications received by RWAV during the 2022-23 financial year will be reviewed in accordance with the service matrix and RWAV Outreach needs assessment.

To address the data gaps and limitations of the Census, further information provided in the 2022-23 Outreach Service Funding applications such as number of patients on the wait list, the wait time for new patients to be seen and more will be incorporated as part of the needs assessment. RWAV will review the regional health data provided to determine locations for priority recruitment of outreach services. This work is ongoing and will be communicated to VOAF in line with the Outreach Programs Service Delivery Standards during the financial year.

## Please note

Modified Monash Model regions: The Modified Monash Model (MMM) 2019 has been updated to align with the latest available census data (2016). The model was developed to better target health workforce programs to attract health professionals to more remote and smaller communities. The MMM classifies metropolitan, regional, rural and remote areas according to geographical remoteness, as defined by the Australian Bureau of Statistics (ABS), and town size. You can find your MMM location here - <https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/health-workforce-locator>

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 (Australian Bureau of Statistics 2016).

The Identified Need for Health Practitioners in ACCOs table Medical Outreach Indigenous Chronic Disease - Program Eye Health Needs Assessment 2022-23 due to no eligible health practitioners specific to eye needs being identified by ACCOs as being required to meet the needs of their patients and communities.

## References

Rural Workforce Agency Victoria Limited. (2021). 2021 Victorian Rural Health Workforce (RHW) Census.

Australian Bureau of Statistics. (2021). 2016 Census Datapacks, Aboriginal and Torres Strait Islander Peoples (Indigenous) Profile, SA3 population

Australian Bureau of Statistics. (2016). Australian Statistical Geography Standard (ASGS): Volume 1 - Main Structure and Greater Capital City Statistical Areas, July 2016

Rural Workforce Agency Victoria Limited. (2021). 2021 Victorian Mini Census for ACCOs

Australian Government, Department of Health. (2020). Health Workforce Summary SA3. (Confidential data provided to workforce planners)

Healthdirect (2022), Healthmap. Retrieved from: <https://studio.healthmap.com.au/>