Profile of the Australian Orthoptic Workforce 2012/13

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ABSTRACT

Purpose: This paper presents the findings of the Orthoptics Australia 2012/13 orthoptic workforce study.

Methods: An online survey was sent to Orthoptics Australia members and promoted to non-members by colleagues, via social media and at various continuing education events. Data was collected from October 2012 to April 2013 using the online survey tool Survey Monkey.

Results: Four-hundred-and-fifteen orthoptists completed the online survey. Results indicate that the female to male ratio is 9.6:1 with the average age of orthoptists 37 years and 61.5% of orthoptists under the age of 40. The majority (81.7%) of orthoptists reside in New South Wales or Victoria and most (81.1%) work in metropolitan areas. Orthoptists work in a diverse range of clinical areas, including advanced practice, with 91.8% working in specialist public or private eye clinics, 52.8% working full-time and 42% having a career interruption at some point. Overall 27.2% of orthoptists indicated that they would be leaving the profession within the next five years.

Conclusions: This study provides a valuable dataset which should be further explored with finer analysis of the workforce.

Keywords: orthoptist, workforce, eye healthcare

INTRODUCTION

The orthoptic workforce makes a significant contribution to secondary and tertiary eye care services, meeting a diverse range of patient needs. The orthoptic profession however, will face many workforce challenges in the future to ensure that the current and projected numbers of orthoptists meets the needs of the Australian community, particularly given the ageing of the population. By the year 2020 the Australian population will increase by approximately 20%.[1-2] With extended life expectancy, there will be a simultaneous increase in the number of people with an age-related eye disease including cataract, glaucoma, diabetic retinopathy and age-related macular degeneration (AMD). It is predicted that with a doubling in the number of people with vision impairment and eye disease in the next 20 years there will be twice as much work for eye healthcare professionals in Australia.[1]

In line with the given projected increase in the burden of eye disease, it is anticipated that there will be an increased demand for the unique skills of orthoptists in the specialist eye care setting. Whilst originally the role of the orthoptist was in the diagnosis and management of eye movement disorders and disorders of binocular vision, this role has expanded over the years to embrace advancing medical knowledge and technology. Today orthoptists are increasingly involved in monitoring low-acuity disease in specialist settings and involved in non-medical led clinics.[3-7] It is suggested that such advanced orthoptic practice, with appropriate training and support from the medical profession, can improve efficiency whilst maintaining a high standard of care and has the capacity to assist in addressing the increased demand for eye care services.

Orthoptics Australia monitors the orthoptic profession and will commence publishing workforce studies periodically to map changes within the profession. This study aims to provide a profile of the current Australian orthoptic workforce and reports the results of the workforce survey conducted in 2012/13.

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METHODS

Participants

Orthoptics Australia contacted all 354 current members of the association. The total membership of the association does not represent all orthoptists within the workforce, as membership is voluntary. However, orthoptists were asked to forward the survey to colleagues who were not association members. In addition, the survey was promoted via social media and at events where non-members were in attendance to gain a broader representation of the workforce.

Instrument

Orthoptics Australia developed an online survey to gain information regarding practitioner demographics,

qualifications, work patterns and clinical activities. The questionnaire consisted of questions based on previous workforce surveys disseminated by the association and adapted to meet the current aims of the study. The questions were closed-ended and included multiple-choice, fill-in and Likert scale rating type questions. The Likert-type scales were given ratings from 1 to 3 representing various levels of satisfaction.

The questionnaire was reviewed and pretested by council members of the association and feedback was sought to ensure the questions were clear. Feedback was used to refine the content and clarity of the questions.

Procedure

The research was conducted using the online survey tool, Survey Monkey, and data was collected from October 2012 to April 2013.

An email invitation for participation was sent with the survey link to all current members of Orthoptics Australia. As noted earlier orthoptists were encouraged to forward the survey to colleagues and the workforce survey was promoted at various national and state branch continuing education events attended by both association members and non-members, and through social media. Multiple reminders were sent periodically via email to all members.

Data Analysis

Data from completed questionnaires were exported into Microsoft Excel. Descriptive statistics were used to analyse the responses to the survey questions using Excel programs and SPSS Version 13.0 (SPSS Inc, Chicago, IL).

RESULTS

Overall 448 survey responses were received. Of these, 33 were excluded from the final analysis as the participants did not complete any of the survey questions or were identified as students. A total of 415 survey responses were therefore included and of these 298 (71.8%) were members of Orthoptics Australia. Considering that the most current census data which indicates that the orthoptic workforce consists of 678 individuals,[8] it is estimated that the survey represents 61.2% of the workforce.

Demographics

The overall ratio of female to male respondents was 9.6:1 with 376 females (90.6%) and 39 males (9.4%) completing the survey. The mean age of respondents was 36.7 years (SD ± 12.2) with the age ranging from 21 to 84 years. Of all 415 respondents, 158 (38.1%) were between the age of 20 and 29, 97 (23.4%) between the age of 30 and 39, 75 (18.1%) between the age of 40 and 49, 66 (15.9%) between the age of 50 and 59, and 13 (3.1%) over the age of 60 years. Six (1.4%) did not provide their age.

Most respondents (81.7%) were currently residing in New South Wales (NSW) or Victoria, where training programs are available. Of the 415 respondents, 195 (47.0%) were located in NSW, 144 (34.7%) in Victoria, 28 (6.7%) in Queensland, 11 (2.7%) in Western Australia, eight in South Australia (1.9%), six (1.4%) in Tasmania, and six (1.4%) in Canberra. Seventeen (4.1%) did not provide their residence.

Training

Fifty-three respondents (12.8%) indicated they qualified as an orthoptist with a Masters degree, 205 (49.4%) with a Bachelor degree (44 of whom qualified with Honours) and 115 (27.7%) with a Diploma or Associate Diploma. Two respondents (0.5%) did not provide information regarding their qualifying degree. Of those who completed this question, 213 (51.6%) gained their qualification in NSW, 182 (44.1%) in Victoria, and 18 (4.3%) overseas. One-hundred-and-twenty-two (29.5%) also indicated they held an additional degree to their orthoptic qualification. The average length of time since qualification was 15.4 years (SD ± 13.1) ranging from 4 months to 64 years.

Graduate employment

When respondents were asked how long it took to be gainfully employed upon graduation, 337 of 398 (84.7%) who responded, indicated they were working within 12 weeks of graduation. Of these 273 (68.6%) found work within the first four weeks of graduation. Gainful employment excluded any casual or locum work.

Current employment

The majority of respondents, 354 (85.3%), indicated they were currently employed as an orthoptist.

Work location: Of those currently employed, 287 (81.1%) worked in a metropolitan area, 53 (15.0%) in a regional or remote area and 14 (3.9%) divided their time between a metropolitan and regional area.

Work sector: In relation to the work setting, 325 (91.8%) indicated they are employed in a specialist eye clinic either in the public and/or private sector, 38 (10.7%) in education or research institutions and 15 (4.2%) were self-employed. Overall 67 (18.9%) individuals indicated they worked in multiple settings. Most orthoptists (96%) indicated they worked in multidisciplinary settings with ophthalmologists, registrars and nurses or with allied health professionals such as optometrists, occupational therapists, orientation and mobility instructors, physiotherapists, speech pathologists, social workers and medical photographers.

Work hours: The mean average hours worked by orthoptists was 31.1 hrs per week (SD ± 11.0). Of these 187 (52.8%) were working full-time (≥35 hours per week). Overall 318 (89.8%) were satisfied with the hours of their employment.

Orthoptic roles: Of the participants currently working, 332 (93.8%) were working in the clinical care of patients, 73 (20.6%) in education, either within the tertiary sector

or as part of their clinical role, 60 (16.9%) were involved in research and 120 (33.9%) indicated their role included administrative or management responsibilities. Overall 165 orthoptists had multiple responsibilities beyond the clinical care of patients.

With regards to participation in clinical placements, 183 (44.1%) orthoptists indicated they are involved in or have taken part in the supervision of orthoptic students undertaking fieldwork placements.

Clinical practice: With regards to the clinical roles of the currently employed orthoptists, 179 (50.6%) worked in traditional orthoptics including paediatrics, eye movement disorders and/or neuro-ophthalmology and 41 (11.6%) worked in low vision rehabilitation. The majority of orthoptists, 267 (75.4%), worked within the general ophthalmology sector.

Advanced practice: Eighty-three (23.4%) were also working in an extended role which including orthoptist-led clinics within secondary and tertiary care settings. Advanced practice roles included glaucoma monitoring, diabetic retinopathy screening and monitoring, cataract care, postoperative care, laser and refractive eye care, ocular screening of adverse drug effects and monitoring of AMD patients between intravitreal injections.

Career interruptions: Overall, 176 (42.4%) of the 415 respondents reported having had a career interruption at some point in their career with the most common reason being maternity leave (63.8%).

Future work plans: A total of 94 (27.2%) of 345 respondents indicated that they intend to leave the profession in the next 5 years. Twenty-two of these (23.4%) indicated it was due to retirement. Other reasons included starting a family, pursuing further education and/or a different career path.

DISCUSSION

The aim of undertaking this survey was to gain a comprehensive view of the current Australian orthoptic workforce. To date there is very little published data on the workforce, despite the integral role of orthoptists in the delivery of eye care services.

It is difficult to accurately determine the number of orthoptists working in Australia as membership of the association and registration with the Australian Orthoptic Board are not compulsory. The most recent census data in 2011 indicates that there are 678 orthoptists in Australia, an increase from 515 in 2006.[8] Given the diversity of orthoptic roles, we asked our participants to indicate whether they describe themselves as orthoptists in the Australian Census. Only 329 (79.3%) of the respondents indicated that they document their profession as orthoptics highlighting that the census may underestimate the workforce.

As expected, the survey results indicate that the Australian orthoptic workforce is predominately female. This is consistent with other allied health professions such as occupational therapists and speech pathologists.[9] However, the profession should consider strategies for attracting a greater number of males to the profession and supporting the masculinisation of the orthoptic workforce.

The average age of orthoptists is 37 years with 61% of orthoptists under the age of 40 and with a smaller proportion of the profession belonging to the two oldest cohorts. This is also reflected by the majority of orthoptists having a Bachelor degree or above which were first offered by universities in 1989. Although the profession does not appear to be ageing at a fast rate, it is of concern that just over one-quarter of orthoptists have plans to either retire or leave the profession within the next five years. Cumulative attrition, coupled with the high proportion of orthoptists having a career interruption, could result in issues with workforce supply. It is of interest to note that this study found that there are no significant difficulties in graduates attaining work suggesting that there is a substantial demand for orthoptists. According to Orthoptics Australia there is a recognised shortfall of orthoptists particularly in states where there is no training program. Indeed it is noted in this study that over 80% of orthoptists reside in NSW or Victoria and the majority work in metropolitan cities. Further research is required to investigate national vacancy rates and explore the supply-demand of orthoptists.

The hours worked by orthoptists are an important contributor to workforce capacity. Just over 50% of the profession works full-time, with 48% working less that a 35-hour week and almost 90% satisfied with their hours of employment. This is most likely a reflection of the high number of females within the profession. Given that part-time employment can drive workforce shortages, strategies to assist women to return to the workforce should be considered. Additionally a masculinisation of the profession could potentially assist in increasing the number of equivalent full-time orthoptists.

The depth of the clinical experience noted in this workforce survey is a positive finding. The majority of orthoptists work in multidisciplinary teams within public or private specialist clinics and are involved in a diverse range of clinical areas, from paediatrics to general ophthalmology. In addition, almost one-quarter of the profession is involved in advanced practice. Increased involvement of orthoptists in the screening or monitoring of low-acuity disease is a reflection of the increased demand for services and innovation in service delivery models within the secondary and tertiary care setting.

Overall workforce planning should be underpinned by a comprehensive understanding of the current workforce and changes within the profession. This study has resulted in a valuable dataset which should be further explored. A finer analysis of the distribution of the orthoptic workforce,

university student numbers, graduate destinations and demand for services would be valuable for future planning.

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