



Everything you need to know about optometry in 2025

Luke Arundel – OA Chief Clinical Officer

BAppSci(Optom)Hons, FCCLSA, FBCLA, FIACLE, GCOT, CASA CO
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Things we've emailed you about but you may have missed, some random stuff you should be across and other points of interest for 2025 and beyond.....

MBS review changes recap (2015-2025)



Optometry Australia submission to the Medicare Benefits Schedule Review Taskforce's Public Consultation

Optometry Australia welcomes the opportunity to input to the Medicare Benefits Schedule Review Taskforce's public consultation. Optometry Australia is the peak professional body for optometrists, representing around 90% of all optometrists registered in Australia. The following submission provides a:

- brief overview of ocular disease and vision loss in Australia and the role of optometry in minimising this;
- an overview of the scope of optometric practice and Medicare coverage of optometric services
- detailed responses to the questions posed by the Taskforce through the consultation.

Optometry Australia would welcome the opportunity to discuss issues raised herewith further, and to provide further evidence, as may be required, to support points made below.

The March 1 updates reflect changes Optometry Australia actively advocated for, though not all changes sought will be implemented.

New item numbers from March 1 2025

Computerised perimetry

- New items for a third computerised perimetry test within a 12-month period will be created for **glaucoma patients with a “high risk of clinically significant progression”**: 10938 (bilateral) and 10939 (unilateral).
- The explanatory note AN.10.1 for computerised perimetry items 10938, 10939, 10940 and 10941 will be updated to “**emphasise the need for providers to clearly document the rationale for performing a computerised perimetry test**”.
- These new item numbers do not replace 10940/10941 (to be used after allowance for current items exhausted in 12 month period).



New item numbers from March 1 2025

New item 10938

Full quantitative computerised perimetry (automated absolute static threshold), with **bilateral** assessment and report, where indicated by the presence of glaucoma with a high risk of clinically significant progression that:

- a. is not a service involving multifocal multichannel objective perimetry;
- b. is performed by an optometrist; and
- c. is performed on a patient who has received two perimetry services to which item 10940 or 10941 applies in the previous 12 months

other than a service associated with a service to which item 10916 or 10918 applies

Applicable once per patient (including any service to which item 10939 applies) in a 12-month period

Clarification on use of assistants

"For the purposes of computerised perimetry items 10938, 10939, 10940 and 10941, **the optometrist is required to take full professional responsibility for the service.**

Certain aspects of computerised perimetry can be performed by a suitably trained assistant under the supervision of an optometrist. **It is not necessary for the optometrist to physically operate the computerised perimeter, or to personally observe the entire visual field examination.**

It is acceptable for the optometrist to utilise an assistant to operate the perimeter, to ensure the patient is positioned appropriately and the test is completed correctly".

Clarification on use of assistants

The optometrist must personally perform the following essential elements of the service:

- **Explain the clinical rationale** for the procedure and benefits to the patient.
- **Select the appropriate computer program** for the perimeter.
- **Be present where the test is being undertaken** throughout the procedure.
- **Initiate any modifications** to the test procedure.
- **Review the results** and determine the appropriate course of action required to manage the patient's condition.
- Clearly **document the rationale** underlying the need to perform the test.
- **Advise the patient of the outcome of the test** and in cases where the patient is being referred for further treatment, provide the printed and/or electronic results of the perimetry".



Amended item descriptors from March 1 2025

Consultations:

Items 10912 and 10913 have been combined into one item number, 10913, and the previous 'same practice' restrictions have been removed.

(Item 10912 has been deleted)



Amended item 10913 explanatory notes

Significant changes in visual function which justify the charging of item 10913 could include documented changes of:

- vision or visual acuity of 2 lines (0.2 logMAR) or more (corrected or uncorrected)
- visual fields or previously undetected field loss
- binocular vision
- contrast sensitivity or previously undetected contrast sensitivity loss.



Questions on changes from March 1 2025

10913 – do I need previous record?

When charging item 10913 the optometrist should document the new signs or symptoms in the patient's record.

10938/9 – What is a “high risk of clinically significant progression”



The 3 golden rules of billing

1. Have I performed (and recorded) a 'clinically relevant' service?
2. Have I met the terms of the item descriptor?
3. Could I justify this to a panel of my peers?



Amended item descriptors for March 1 2025

Contact lens items (less complicated fitting #'s now combined)

- Contact lens prescription and fitting items:
 - 10921 (myopia > -5D),
 - 10922 (hyperopia > + 5D),
 - 10923 (astigmatism > 3D) and
 - 10925 (anisometropia > 3D)**have been amended by merging into a single item (10921)**
- Item numbers 10922, 10923 and 10925 have been deleted.
- The explanatory notes for all contact lens prescription and fitting items will be updated to remove the requirement to deliver the lens.
- **New advice: An account should not be issued (or an assignment form completed) until the date on which the fitting of the lens is finalised.**



Amended item descriptors for March 1 2025

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Amended item descriptors for March 1 2025

Foreign body removal (10944)

- The descriptor for item 10944 will be amended to clarify the requirement for complete removal of the rust ring with a ferrous embedded foreign body.
- In the event only part of the embedded foreign body can be removed after two attendances and the optometrist refers the patient to an ophthalmologist or other appropriately qualified practitioner for further assessment and management, item 10944 can be claimed.
- If an optometrist does not attempt to remove the rust ring beyond the first attendance, the appropriate consultation item can be claimed for the service.



Detail in the explanatory notes is important!

- The removal of an embedded foreign body should be performed using a hypodermic needle, foreign body gouge or similar surgical instrument, with magnification provided by a slit lamp biomicroscope, loupe or similar device.

The optometrist should document the nature of the embedded foreign body (sub-epithelial or intra-epithelial) and method of removal. Similarly, with rust ring removal, the optometrist should document the method of removal.



Amended item descriptors from March 1 2025

Domiciliary visits (10931)

- A single flag fall item for domiciliary visits (10931) has replaced three patient loading items. Previous patient loading item numbers 10932 and 10933 have been deleted.
- The flag fall item applies once per visit to a domiciliary location and is billable only for the first patient seen on a visit, irrespective of the number of patients seen during the visit. On commencement, the schedule fee for this item will be \$43.75, and subject to indexation annually.
- Co-claiming short consultations 10916, 10918 and computerised perimetry items 10940 and 10941 is permitted during domiciliary visits (i.e., these items will be able to be co-claimed with the new flag fall item 10931).



Amended item descriptors for March 1 2025

Low Vision Assessment (10942)

The descriptor for item 10942 has been amended to reflect best practice for the testing of residual vision.



Amended item descriptors for March 1 2025

Low Vision Assessment (10942) descriptor:

Amended to reflect best practice for the testing of residual vision.

Testing of residual vision to provide optimum visual performance for a patient who has best corrected visual acuity of 6/15 or N12 or worse **at 40cm** in the better eye or a horizontal visual field of less than **110** degrees and within 10 degrees above and below the horizontal midline, involving one or more of the following:

- a. spectacle correction;
- b. determination of contrast sensitivity;
- c. determination of glare sensitivity;
- d. prescription of magnification aids;



General Medicare updates



Australian Government
Services Australia

Budget 2024-25

This information is accurate as of 14 May 2024.

Strengthening Medicare

This measure contains a number of elements to strengthen Medicare.

~~Limiting claims more than 12 months after the date of service~~

From 1 November 2025, providers won't be able to submit bulk billed claims through any claiming channel more than 12 months after the date of service. This is a change from the current rules, which allow for bulk bill claims to be submitted up to 24 months after the date of service. In exceptional circumstances, some bulk billed services may be paid if submitted after 12 months.

Patients will continue to be able to submit claims themselves with no restriction. There are no changes to services which aren't bulk billed.



Consultation on Assignment of Medicare Benefits for Simplified Billing Services

Overview

The Department of Health and Aged Care is modernising and simplifying the assignment of benefit process by creating solutions that will streamline Medicare billing for bulk billed and simplified billing services. The *Health Insurance Legislation Amendment (Assignment of Medicare Benefits) Act 2024*, which was passed by Parliament on 2 July 2024, with Royal Assent provided on 9 July 2024, provides the basis for this work. This amends the *Health Insurance Act 1973* and changes will commence on 9 January 2026, unless proclaimed earlier.



Your Association is working for you

- Secured Optometry's place in Medicare
- Fought changes to have optometry removed from Medicare
- (Therapeutic prescribing rights plus) Optometry's inclusion in PBS
- Secured removal of fee cap
- Successfully lobbied for our first procedural item -10944
(8 years through MSAC!)
- Secured introduction of optom to ophthal telehealth items
- Removed indexation freeze 12 months early



Your Association is working for you

Current areas of OA engagement with Medicare.....

- Myopia management MBS item(s)
- Optometry telehealth item
- MSAC application to reduce 10910 interval back to 2 years
- Advocacy for a further increase to the domiciliary item fee to better reflect the true cost of travelling and providing care outside of practice.
- Ongoing engagement with DoH, MSAC, PBAC, Compliance Divisions on a raft of issues affecting MBS & PBS



Medicare, private billing & health funds

Quick links

[Fee calculator](#) [Health funds](#) [Medicare items & explanatory notes](#) [Private billing guidelines & fee setting](#)

You are here: [Home](#) > [Practice & professional support](#) > **Medicare, private billing & health funds**

Helping you understand the rules of Medicare, private billing & health funds

The vast majority of optometrists rely on Medicare to help sustain some or all of their clinical services. As scope of practice evolves, more practitioners will be looking at how they can privately bill patients for services that are not Medicare rebateable.

When deciding how to change your practice billing systems, bill more efficiently or put different processes in place, there are many factors that need to be considered and we are here to help.

With a collection of resources as well as our on-call in-house team of optometrists, you can be assured of guidance through any tricky issue.

[Fee calculator](#)

[Health funds](#)

[Medicare items & explanatory notes](#)

[Private billing guidelines & fee setting](#)



In 2025 you are going to increasingly be coming under attack

SENORGIF.COM







Nerd or not the end result is going to hurt.....



Cybersecurity – what's new in 2025

OUT:

- Nigerian princes
- Emails with doodgy englisjh /
heops of spelling mistakes (thanks AI!)



Cybersecurity – what's new in 2025

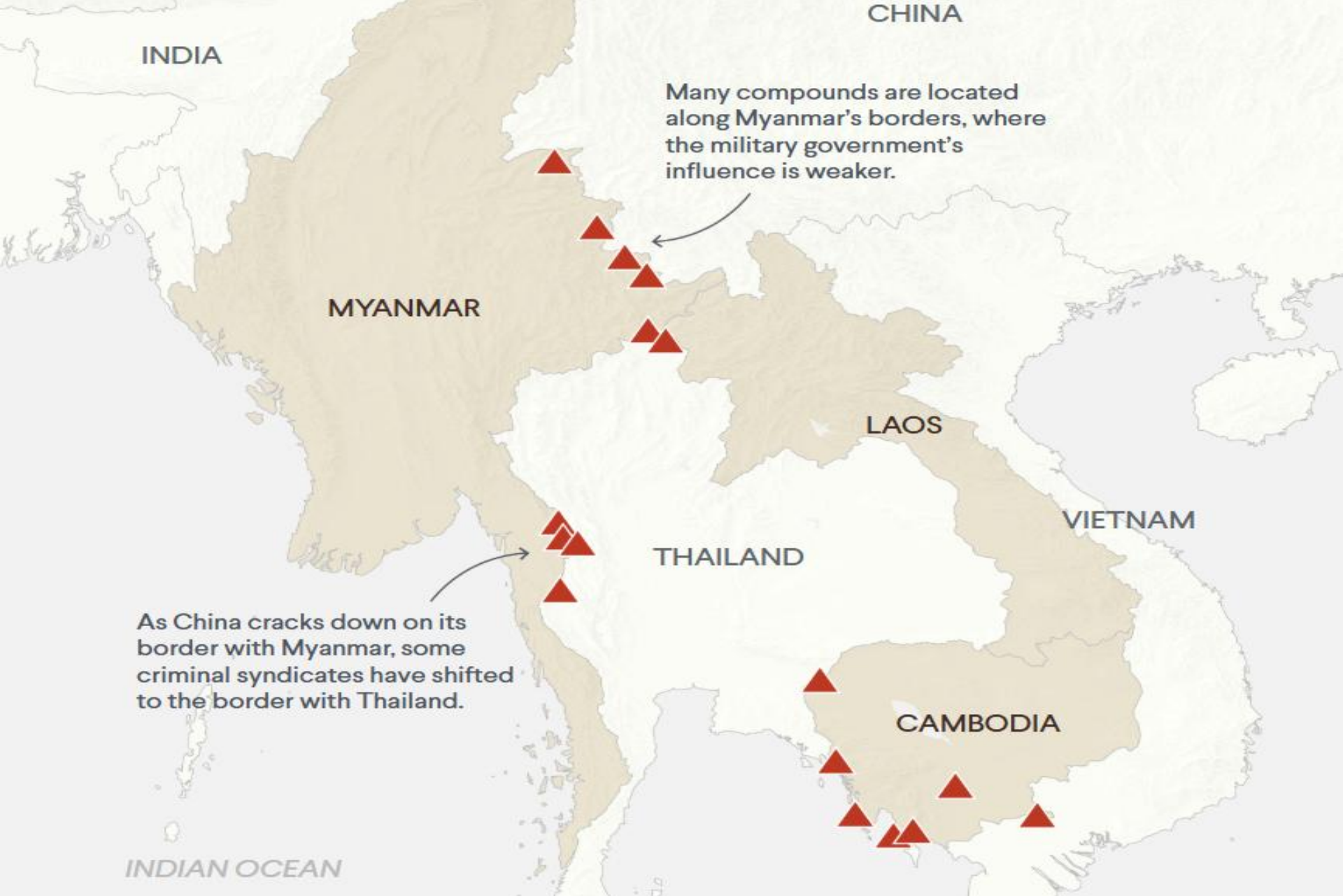
OUT:

- ~~Nigerian princes~~
- ~~Emails with doodgy englisjh /~~
~~heops of spelling mistakes (thanks AI!)~~

IN:

- Entire Asian cities filled with slave labour engaged in cybercrime
- State sanctioned cybercrime





A [recent study](#) found that between 2020 and 2024, victims worldwide lost approximately \$75 billion to the Southeast Asian–based cyber scams.





[3/4] Victims of scam centers who were tricked or trafficked into working in Myanmar, stuck in limbo at a compound inside the KK Park, a fraud factory, and a human trafficking hub on the border with Thailand-Myanmar after a multinational crackdown on the compounds run by criminal gangs, operated by the... [Purchase Licensing Rights](#)





Ooops, your files have been encrypted!

English

What Happened to My Computer?

Your important files are encrypted.

Many of your documents, photos, videos, databases and other files are no longer accessible because they have been encrypted. Maybe you are busy looking for a way to recover your files, but do not waste your time. Nobody can recover your files without our decryption service.

Can I Recover My Files?

Sure. We guarantee that you can recover all your files safely and easily. But you have not so enough time.

You can decrypt some of your files for free. Try now by clicking <Decrypt>.

But if you want to decrypt all your files, you need to pay.

You only have 3 days to submit the payment. After that the price will be doubled.

Also, if you don't pay in 7 days, you won't be able to recover your files forever.

We will have free events for users who are so poor that they couldn't pay in 6 months.

How Do I Pay?

Payment is accepted in Bitcoin only. For more information, click <About bitcoin>.

Please check the current price of Bitcoin and buy some bitcoins. For more information, click <How to buy bitcoins>.

And send the correct amount to the address specified in this window.

After your payment, click <Check Payment>. Best time to check: 9:00am - 11:00am

Payment will be raised on

5/15/2017 12:36:07

Time Left

02:23:58:49

Your files will be lost on

5/19/2017 12:36:07

Time Left

06:23:58:49

[About bitcoin](#)

[How to buy bitcoins?](#)

[Contact Us](#)



Send \$300 worth of bitcoin to this address:

115p7UMMngoJ1pMvKpHijcRdfJNXj6LrLn

Copy

Check Payment

Decrypt

North Korea is behind cyberattacks worth \$US3 billion and is stealing cryptocurrency to fund weapons programs, UN report finds

By Patrick Martin

Cryptocurrency

Fri 22 Mar 2024



North Korea's nuclear and missile weapons programs are being funded by cybercrime, according to the United Nations. (Reuters: KCNA)

Luke @ Tassie
conference
2018

Cybersecurity
Blah
Blah
Blah



*TLC 2018 lecture

Ransom ware incidents reported to insurers in USA 2014 to 2016 – 400% increase

NBC reports health care hacking rose 11 000% last year and that 1 in 3 Americans has had their health records compromised



Claims every Australian's Medicare number available for purchase on 'dark web'

David Coady reported this story on Tuesday, July 4, 2017 12:00:47



| [MP3 DOWNLOAD](#)



MORE TO ADD? ALERT US



PRINT THIS STORY



EMAIL A FRIEND



The Australian Federal Police is looking into claims that the Medicare details of every Australian are being put up for sale on the dark web.

A journalist for the Guardian says he was able to purchase his Medicare card number for less than 30 dollars.

The Minister for Human Services says the Government's taking the claims seriously.

The information could be used by criminals to commit identity theft.



But we are safe here in Australia, right?

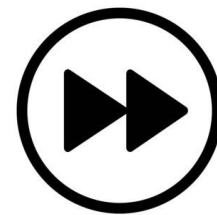
Dan Tehan, Australian assistant minister for cyber security (May 2017):

"This is absolutely a wakeup call"

"We have to understand that cybercrime costs the
Australian economy **\$1 billion a year**"



Fast forward to today.....



The cost of cyber crime is now estimated* to cost Australia

\$29 billion a year

with one crime now being reported every seven minutes.

The average cybercrime reported costs:

**\$40,000 for small businesses and
\$88,000 for medium sized businesses and
\$900 000 for organisations.**



43% of cybercrime directed at small business

Malware

Ransom ware

DoS, Phishing

Spear Phishing (masquerade as a familiar entity)

Business Email Compromise Scams

Phreaking (hacking into telephone system)

Brute Force Attack

Pig butchering



LOL

LOL

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LOL

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LOLCANO

Not so funny

- Accounts lost
- Patient records lost – **medico legal issues**
- Obligated to inform commissioner and every patient – **increasingly large fines if you don't!**
- Retesting at no charge / no Medicare?
- **Reputation / Trust**
- 'Wasted' staff hours trying to recall data from labs and suppliers
- **Massive financial impact on practice**



Why Healthcare records?

- On the 'Darkweb' stolen credit card details sell for \$1 to \$3
- A social security number sells for \$15
- A complete health record (fullz) can sell for up to \$50-60
- Unlike credit card details that can be quickly cancelled, **health record information** lives forever and **can be used for identity theft**



How to defend from attacks

- Back up !
- Check back ups periodically
- Ensure operating software is up to date
- Install antivirus software **and auto update**
- Do not click on suspicious links or attachments in emails
- Teach yourself and staff to be wary of cyber threats



Sign up at: **cyberwardens.com.au**

Cyber Warden training simplifies cyber security to help your business. **No buzz, no jargon** - just practical and quick wins to help you lock up your business and keep cyber criminals out

The best part is that **you don't have to be tech-savvy** or an IT wizard to put your hand up!





Helping health professionals combat cyber attacks

from



CyberWardens.



As a medical professional, practice manager, business owner or employee, you are responsible for safeguarding your patients' data.

Help protect patient information, prevent cyber attacks, and safeguard your practice with free and simple cyber security training.

Cyber Aid is a free training program for health professionals, presented by Cyber Wardens and funded by the Australian Government.

Cyber Wardens is CPD-accredited by the Australian Medical CPD Standard (AMcpdS).

Protect yourself ! (NB its free :)
cyberwardens.com.au

OA cybersecurity / Essential 8 IT tips
webinar is also available online



**A trained Cyber Warden could save your
small business**

*Figure based on identifying and preventing a single email attack as detailed in the Australian Cyber Security Centre's Cyber Threat Report 2020/21.

\$50,000*

Privacy

1. Stuff has changed

Major changes introduced 2014 – APPs
Privacy Amendment (Notifiable Data
breaches) Bill - 2017

(NB You must have a practice privacy policy!)



2. Stuff is going to continue to change

In **February 2023** the Attorney-General's department released a report detailing 116 proposals for reform, **including expanded enforcement options for regulators**

3. Whether we like it or not this stuff is important

Civil penalties from the Privacy Commissioner now up to: **\$2.5m for individuals**,
\$50m for corporations



Privacy Law *in 25 words or less!*

If you handle information that can identify someone, make sure you collect, store, use and share it safely and properly.



The health care sector is consistently the worst offender for privacy breaches (and while cyber attacks are a large part of this) *around half of all breaches are attributed to human error*, not a failure of IT systems.



Privacy Homework / To Do.....



patient privacy



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Updated Privacy resources online

Health records and patient privacy

As of March 2014, the *Privacy Act 1988* now includes a set of **13 privacy principles** that regulate the handling of personal (and sensitive or health) information by Australian Government agencies and some organisations, including health service providers such as optometrists. These principles are called the **Australian Privacy Principles** (APPs).

One notable change has been the mandatory requirement that organisations must maintain their own APP-compliant privacy policy and take reasonable steps to implement procedures and systems in their practice that ensure compliance with the APPs.

We have developed resources to help members understand how to comply with the APPs.

- [Privacy Checklist](#)
- [Privacy Policy Template for Practices \(2023 update\)](#)
- [Patient records – selling, taking over or closing a practice](#) (with case examples)
- [Guideline – Accessing patient health records](#)
- [Guideline – Record Keeping](#) (Table 1 – *How long should I be keeping patient records?*)
- [Guideline – Privacy – divorced parents and consent](#)
- Watch our 2023 Privacy webinar at anytime on the OA Institute of Learning – [Privacy breaches, cyber resilience and how to be prepared for ransomware attacks](#)
- [2023 Privacy and Cybersecurity Webinar – Key Takeaways Guide](#)

The Office of the Australian Information Commissioner (OAIC) has developed great resources to assist:

- [APP guidelines](#)
- [APP quick reference tool](#)
- [Privacy for health service providers](#)
- [Sending communication to patients](#) (flowchart)
- [Taking photos of patients](#)
- [Selling a business](#)
- [Starting or selling a business: trading in personal information](#)

Increasing demand for optometry services



2025 Eyes on Medicare 2025 Federal Election campaign

Announced to members in **November 2024**, the campaign advocates for the reinstatement of Medicare-subsidised eye examinations every two years for asymptomatic Australians under 65. This is a crucial step in ensuring equitable access to quality eye care and strengthening the future of the profession.

With the Federal Election approaching, we are calling on the Federal Government to take action—and we need the support of optometrists across the country to amplify our message.

How you can help

We've made it easy for you to engage with your federal representatives through our simple advocacy tool. With just a few clicks, you can send a pre-drafted email to your local Member of Parliament and the Senators representing your state.

Here's how you can take action:

- Visit the [Optometry Australia 2025 Federal Election webpage](#) to learn more about our proposal.
- Use our [simple advocacy tool](#) to email your federal representatives.
- Encourage your colleagues and networks to participate – every email strengthens our collective voice.

After submitting your email, a member of our Optometry Advancement team will be in touch to assist with the next steps. If you have any questions or need further support, please contact our team at policy@optometry.org.au.

Together, we can ensure eye care and optometry are key priorities in the upcoming Federal Election.

Take Action Today

OA Eyes on Medicare – Federal Election Campaign 2025

optometry.org.au

ad sometime Comics Shopping garden BOB Weather Meal planner - Goo... OA member q list OA site search graf Music Gift ideas ZoP

Optometry
AUSTRALIA

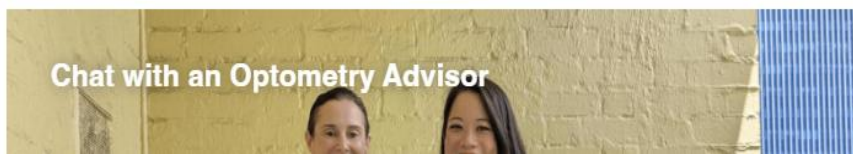
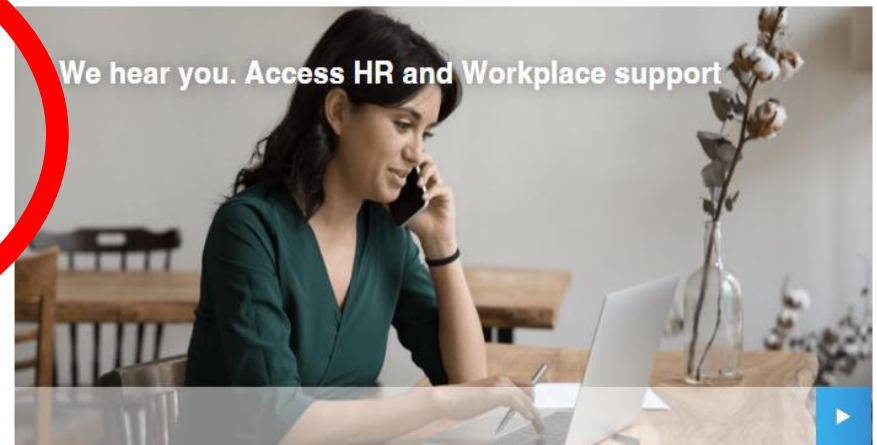
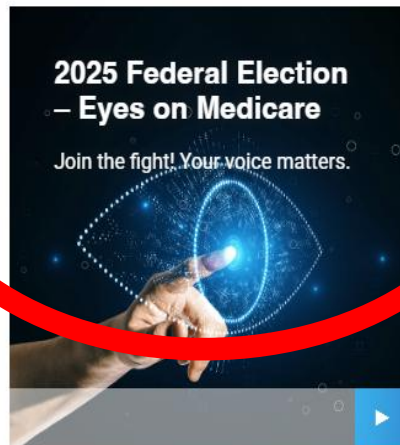
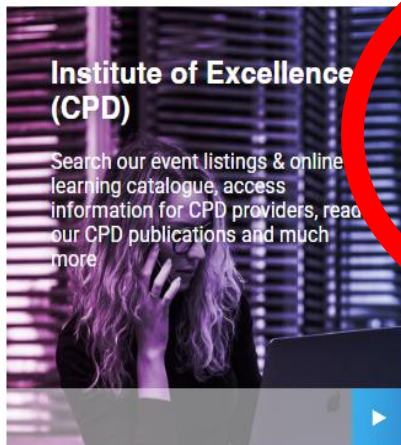
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Classifieds/Jobs board	▶	My membership	▶	Patient & practice management	▶





Scan me!



Canberra continues
to ignore eye health.
It's time for action

Increasing demand for optometry services



OA's largest public awareness campaign launching April 7, 2025



Video, radio, drive time shows, digital outreach, social media and physical / OOH advertising



Behind the scenes filming our Myopia Awareness Campaign, featuring Optometry Australia's SA State Lead, Cassandra Haines.

Why do a public awareness campaign on this?

- Reset eye health behaviour for the Australian public
- Help avoid the myopia 'epidemic' in Australia
- Strong call to action of 'see your optometrist'
- All advertising leads to GVFL and your **member listing** on 'Find an optometrist'

- **Monday To Do:**
- **Build your (optional) profile on GVFL listing**
- **Check details are current**
- **Add equipment (new AXL?) / myopia management to services provided**

- All public facing assets are brand agnostic (but huge thanks to our Diamond sponsor HOYA for realising this initiative is important and supporting us!)



Myopia Awareness

At Optometry Australia, we're proud to support optometrists to lead the way in myopia management, ensuring the public have access to the highest quality eye care.

To support the consumer facing launch of our Myopia Awareness Campaign in the coming weeks, we are excited to present the Myopia Microsite. This exclusive hub provides you with a comprehensive set of tools to stay ahead in myopia management.

Together, we can create lasting change in the way Australians approach eye health, and in doing so, elevate the critical role you play in their wellbeing.



A quick note on medico legal risk

*The new AHPRA shared Code of Conduct tells us that: “Practitioners should practise safely, effectively and in partnership with patients and colleagues, using patient-centred approaches, **and informed by the best available evidence to achieve the best possible patient outcomes.**”*

In 202³, is prescribing a single vision spectacle or contact lens to a rapidly progressing myope supported by the best available evidence, and will it achieve the best possible patient outcome?



OPTOMETRY
CONNECTION

MAY 2023

MYOPIA MANAGEMENT

Luke Arundel
Chief Clinical Officer, Optometry Australia

It's time for everyone to
get on board the myopia
management train

A quick note on medico legal risk

“Of concern to me as Optometry Australia’s Professional Indemnity Insurance manager (and as a practicing optometrist) is that we are now seeing the emergence of both regulatory and medico-legal complaints over failure to offer (or institute) myopia management options. As always, these cases are judged on ‘what would a competent peer have done in the same situation.’”

My suggestions:

MM offered but declined. Rev x/12 or any change.

Or use our highly under-utilised 10905 if you don’t want to do MM!





Advanced Practice Recognition

You are here: [Home](#) > [Practice & professional support](#) > **Advanced Practice Recognition**

Why apply for the APR Program?

The Advanced Practice Recognition (APR) Program is an Optometry Australia (OA) exclusive, member only initiative designed to recognise optometrists with advanced clinical expertise, expand career opportunities, and keep accredited practitioners at the forefront of optometry. We encourage members to consider applying for the Program, because it:

1. Supports strategic career trajectory planning for optometrists
2. Counts towards continuing professional development (CPD) requirements
3. Provides successful participants with the Credentialed Practitioner title
4. Is supported by robust governance committees of experienced practitioners
5. Provides ongoing learning through the annual Glaucoma Symposium
6. Enhances collaboration and improves patient health outcomes

Graduates of the APR program will earn the title:

“Optometry Australia Credentialed Advanced Practitioner – Glaucoma,” along with a suite of benefits which include:

- Use of logo and title to convey their advanced expertise to peers, patients, and the broader community.
- Inclusion in a credentialed practitioners directory, facilitating referrals and collaborative opportunities.
- Access to a network of advanced practitioner peers for support, learning, and sharing best practices.
- Invitations to exclusive annual symposia to deepen clinical knowledge and foster professional connections.
- Recognition for CPD activities undertaken during the credentialling process.





Optometry Australia

Position Statement on Artificial Intelligence in Optometry



Artificial Intelligence – OA will:

1. Advocate for the expertise of clinicians in decision making
2. Support clear guidelines and legislation concerning the responsible use of AI in healthcare
3. Help develop an ethical framework for the use of AI in health care and eye care.



AI – risks?



- a) Implementation of technologies beyond their capabilities, without appropriate clinical reasoning, or beyond their demonstrated limitations
- b) Uncertainties around legal responsibility and liability where AI employed in clinical decision-making results in incorrect diagnoses or recommendations
- c) Challenges to the sustainability of optometry practices if they fail to effectively integrate AI technologies into their operations or lose competitive advantage to AI- enabled competitors.
- d) Improper patient management as a result of inadequate referral pathways generated by AI systems, which could lead to suboptimal patient care and increased healthcare costs



Digital Health / Collaborative care

OA working on:

My Health Record: Optometrists have access but significant barriers in the form of administrative burden and software conformance

E-Referrals: Pathways vary between states and jurisdictions: working to facilitate better pathways

E-Prescribing: Not yet possible for most practitioners due to lack of software conformance



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We are pursuing opportunities to fully utilise the skills of Australia's optometrists to enhance eye health care access for patients

BELKIN Vision has received FDA 510(k) clearance for its Eagle device, a Q-switched, 532 nm-wavelength, frequency-doubled Nd:YAG laser developed for selective laser trabeculoplasty.

The Eagle Device is the first and only contactless laser for glaucoma, offering an automated and noninvasive solution for patients and healthcare professionals.

Learn more: <https://lnkd.in/dbuVyNaC>

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Optometry Australia has commissioned legal advice regarding lasers. The more that optometrists can do for their patients, and the more we can work together to identify communities of need that are underserved, the better off the community eye care and the profession of the future will be.



Workforce

- In **Feb 2024**, in response to member concerns, Optometry Australia released a Flinders University to conduct a **nationwide survey of working conditions for employed optometrists**.
- The survey found that while optometrists continue to provide high quality, evidence-based patient care that is responsive to patient needs, for many, job demands far exceed job resources. Combined impact of multiple factors including cost of living crisis.
- Urgent action is needed to redesign workplaces to better support the optometry workforce.



Workforce projections study

OA has commissioned the Uni of QLD to undertake a **workforce projections study** to inform our understanding of, and advocacy related to, **supply/demand balance** in optometry.

This work is due for completion late March 2025 and will be published **April 14th**.



Optometry Australia is calling for industry-wide support to identify and address systemic challenges and refine strategies for long-term positive change.

Optometry Australia has released an updated position statement on appropriate workplace conditions for clinical optometrists, available here:

<https://www.optometry.org.au/advocacy/position-statements/>

- We have now met with AHPRA, and many of the country's largest optometrist employers (with more meetings over the next few weeks) to discuss survey results and updated position statement
- Student education sessions coming up to empower them in contract negotiations
- Non financial KPI's and the impact on business to be promoted
- Increasing HR support being rolled out





Thank You

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**Canberra continues
to ignore eye health.
It's time for action**