Analysis of the roles and training needs for regional eye health coordinators

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Introduction
Addressing vision loss is important in ‘closing the gap’ in health outcomes of Aboriginal and Torres Strait Islander people. Vision loss in Aboriginal and Torres Strait Islander people1:

- is 6 times that of the non Aboriginal people
- is preventable in 94% of cases.1

It is reported that1:
- only 20% of Indigenous adults have had an eye examination in the last year.

Eye care services are currently provided within Aboriginal Community Controlled Services (ACCHS) by visiting optometrist and ophthalmologist teams. The coordination of such services is usually conducted by the Regional Eye Health Coordinators (REHC) located within selected regions. These roles were established in response to a key recommendation following the review of eye health in Aboriginal and Torres Strait Islander Communities, in 1997.2 The visiting eye care team is accompanied by the local REHC or Eye Health Worker (EHW). The EHW is usually a health worker who provides administrative support for the visiting eye care team when needed and is not a full time employed eye health worker.

Despite widespread acknowledgment of the pivotal role of REHCs in delivery of effective and appropriate eye care for Indigenous communities3, appropriate training has never been nationally endorsed for this cadre. Anecdotal evidence of improved job effectiveness, satisfaction and retention for REHCs who receive some training (e.g. via workshops) in eye care service coordination and facilitation,4 and the recognised lack of clarity about their typical job roles and associated training needs instigated a study to understand job roles and training needs for this workforce. Hence, as part of a broader Vision CRC project, the development of a nationally endorsed training package represents vital work, by defining the core practice skills and establishing, under the revised 2012 Health Training Package,5 the eye care skill set for REHC. Findings have direct outcomes for REHC who will be appropriately resourced to provide communities with much needed eye care service coordination and potentially contribute to improved vision care outcomes for Indigenous Australians.

The aim of this study was to determine the perceived needs for training, and to ensure that REHC and EHW are capable and competent in the required tasks that constitute their job roles. The analysis of the survey results was conducted per job role as well as for overall responses for the states of NSW and NT. These two states were chosen for initial analysis to enable tailoring of suitable training as part of this project. A further proposed outcome was a recommendation of an ‘eye care skills set’ for national adoption and endorsement by the Community Services and Health Industry Skills Council (CSHISC).4

Methods
A training needs survey was developed and distributed to all REHC and EHW Australia-wide. Survey participants were identified by head staff within the selected ACCHS or known by project staff to have worked as a REHC or EHW. The survey asked REHC to identify their typical job tasks, frequency of each task, and perceived priorities for training for themselves and for new recruits to REHC positions. The survey questions covered administrative tasks; dispensing tasks; eye care practitioner support tasks and patient referral and health promotional tasks.
Results were analysed by ranking tasks that the participants felt were most important under three categories; eye care skills; organisational tasks and patient education. The analysis was conducted per job role as well as for overall responses for the states of NSW and NT. Results guided the development of suitable competency units for a national REHC training package by developing training modules around tasks ranked as most important for a REHC. This development process was undertaken collaboratively with the Aboriginal Health College, a Registered Training Organisation for Aboriginal Health Workers (AHW), and the Community Services and Health Industry Skills Council (CSHISC).

Results and discussion

Demographics
Total respondents:
- 48 were sent the survey
- 35 completed the survey (73% response rate)
- total number of EHW who responded were 18
- total number of REHC who responded were 17.

Total number of respondents per State:
- 15 responded out of 27 for NSW (63% response rate)
- the NT and QLD states each had 6 respondents out of 7 (86% response rate)
- SA had 2 respondents out of 2 (100% response rate)
- WA had 4 respondents out of 4 (100% response rate)
- VIC had 2 respondents out of 2 (100% response rate).

Years experience in eye care:
- 3 respondents have been working in the eye care field for more than 20 years
- 5 respondents have been in eye care for between 5–9 years
- 12 respondents have been in the eye care role for 1–3 years
- 15 have been in their eye care role for 1 year or less.

Recommended topics for training courses
The table below (Table 1) shows the ten topics that REHC and EHW most frequently indicated a new recruit to their role should be trained in. Bold italics indicate topics frequently selected by both REHC and EHW and are listed first to highlight the similarities between the two cadre ratings. We considered the topics selected as most important for a new recruit to be trained in as tasks important for inclusion in the training.
Table 1  Topics for training according to role

<table>
<thead>
<tr>
<th>REHC (n=17)</th>
<th>EHW (n=18)</th>
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<tbody>
<tr>
<td>Taking Spectacle Measurements</td>
<td>Take Spectacle Measurements</td>
</tr>
<tr>
<td>Taking Retinal Photos</td>
<td>Explaining Eye Conditions</td>
</tr>
<tr>
<td>Scheduling Dates for Optometrist Clinics</td>
<td>Scheduling Dates for Optometrist clinics</td>
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<tr>
<td>Explaining Eye Conditions</td>
<td>Taking Retinal Photos</td>
</tr>
<tr>
<td>Explain Surgical Procedures</td>
<td>Developing Educational Materials</td>
</tr>
<tr>
<td>Referring patients for a diabetic retinal exam</td>
<td>Clerical Support for the Optometrist</td>
</tr>
<tr>
<td>Organising Trachoma Screening</td>
<td>Maintaining Patient Lists</td>
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<tr>
<td>Managing Program Finances</td>
<td>Adjusting Spectacles</td>
</tr>
<tr>
<td>Helping Patients Choose Frames</td>
<td>Explaining Surgical Procedures</td>
</tr>
<tr>
<td>Developing Educational Materials</td>
<td>Organising and maintaining Equipment for</td>
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Table 2  Top 5 Highest ranked topics that REHC were not comfortable in

<table>
<thead>
<tr>
<th>Topics</th>
<th>Percentage of REHC not comfortable in (%)</th>
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</thead>
<tbody>
<tr>
<td>Writing proposals</td>
<td>47</td>
</tr>
<tr>
<td>Interpreting Data</td>
<td>41</td>
</tr>
<tr>
<td>Taking Retinal Photos</td>
<td>35</td>
</tr>
<tr>
<td>Taking Spectacle Measurements</td>
<td>35</td>
</tr>
<tr>
<td>Maintaining patient Lists</td>
<td>35</td>
</tr>
</tbody>
</table>

Eye Care Skills

The topic most frequently (76% of REHC) suggested for training a new person in was, ‘taking retinal photos’ (Figure 1). When we examined the responses by state, the NSW and NT participants separately also rated these topics in their top ten most frequently selected topics required for a new recruit to be trained. Although this is an important screening method for diabetic retinopathy, it may be best to negotiate training at a regional level that can cater to the specific primary health care systems capacity.

The highest ranked eye care skills topics that REHC were not comfortable in (Table 2) were ‘taking spectacle measurement’ (35%) and ‘taking retinal photos’ (35%). This group also indicated they would benefit from training in ‘spectacle measurements’ (53%) and ‘taking retinal photos’ (59%).
Organisational skills

Nearly half of the REHC were not comfortable in writing proposals (47%) and interpreting data (41%) and of those who were not comfortable writing proposals and interpreting data, 47% and 35% respectively, felt that they would benefit from training in this. Figure 2, shows that 70% of REHC rated ‘managing program finances’ and ‘referring patients for Dilated Retinal Exam (DRE)’ as important for a new recruit to be trained in. The top three topics that REHC were not comfortable in (Table 2) are not usually part of a REHC role since writing proposals and data interpretation are more a focus of the ACCHS management department. However, these topics were considered to be an important inclusion for the regional training in NSW and the NT. Therefore, a basic training module on these topics was included in the training package.

Most REHC (92%) reported that they did not need to arrange logistics for the ophthalmologist. A review of the Aboriginal eye health services in the Greater Western Region has shown that even though ophthalmology services exist and are affordable and accessible in this region, they are underutilised. Therefore, including “coordinating ophthalmology services” as part of the training program might assist EHW and REHC to facilitate access to ophthalmology services in their community.

Interestingly, 38% of REHC reported that a new recruit would benefit from training in “arranging travel logistics for the ophthalmologist” as well as “arranging patient list” and “accompanying ophthalmologists on clinics”. This shows the need for training in these areas for EHW and REHC.

Overall, respondents for all categories did not rate ophthalmologist logistics, ophthalmologist equipment maintenance or ophthalmologist support of high importance in new recruit training. The one exception to this was that the NT respondents reported training in “scheduling dates for ophthalmologists” as important (60%). The NT EHW have more experience in organising ophthalmology clinics compared to the NSW EHWs.
Figure 2  Topics REHC felt were important for a new recruit to be trained in organisational tasks

![Organisational Tasks Important for a New REHC to be Trained](chart)

Patient Education Skills
Topics rated as most important for a new recruit to be trained in by REHC were 'explaining surgical procedures' (71%), followed by 'developing educational materials' (65%), (Figure 3). Results indicated that REHC were not comfortable with 'developing educational materials' (35%) yet rated this as highly important for a new recruit to be trained in (65%). However, only 47% felt they would need training in this task. As this was considered an important aspect of patient education, health promotional training was included within the training package and conducted by the AHC educator, using social media as a medium for health promotion.

Figure 3  Topics REHC felt were important for a new recruit to be trained in eye care skills

![Patient Education Topics Important for a New REHC to be Trained](chart)
The recommendation for the Eye Care Skill Set was recently approved by the CSHISC for competencies under the following topics; Basic eye and vision knowledge; Clinical skills; Clinic Organisation; Facilitation of the referral pathways (optometrist/ophthalmologist/hospital/low vision); Spectacle delivery and care; Eye Health promotion in the community; and Program evaluation & review. Uptake of such training is likely to ensure a benchmarked level of competency and confidence among REHCs, thereby contributing to improved job satisfaction, retention, and ultimately better capacity for regional eye care coordination.

Conclusions
The results of the training needs survey analysed by job role and task categories assisted developers of training packages in including topics that the REHC felt were most relevant. The topics that were considered to be most important by REHC for a new recruit to be trained in were also included in the training program. If topics were not deemed as important, such as the topics on ophthalmology logistics, known gaps in the eye care pathway were considered and in such cases these topics were still included in the training package. Furthermore, by understanding in detail the job tasks and training needs of current REHC, an ‘Eye Care Skills Set’ training package was recommended for national endorsement and included topics that REHC and EHW deemed important for their job role. Consequentially, CSHISC has undertaken a review of the education material over the past six months and recently approved the Eye Care Skill Set as an endorsed course to appropriately skill REHC with the core competencies to fulfil their typical job roles.

Recommendation from this paper
Given the vital role REHC play in facilitating eye care services within their communities and the need for defining the core practice skills of their job role, relevant training and open dialogue with these groups to ascertain their training needs is necessary. Furthermore, follow up on this by catering the training to their perceived and real needs will make this training accessible and effective. Therefore, it is recommended that continuing training of REHC be provided, also recognising that appropriate funding is important to ensure this.

References