Let me count the ways: one professional association’s efforts to promote country practice to students

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Introduction

As a professional association, the Optometrists Association Victoria has a duty to the community and to its members to help address workforce distribution issues. Ensuring all Australians have reasonable access to health care is everyone’s responsibility.

Many rural and regional communities need more health practitioners. These communities cannot attract the required professionals alone. We definitely can’t rely on government to provide all the answers. Professions themselves – through professional associations – have a responsibility to the community as a whole, and that means communities across Australia. We must work harder to promote rural health careers.

Taking up this challenge, Optometrists Association Victoria has sought to promote country careers to students. We have a number of specific devices we employ, but more importantly, we attempt to weave in country practice promotion in everything we do with optometry students. It is very hard to determine what factors ultimately influence students’ career choices, so this paper is necessarily anecdotal.

The approach is to try anything and everything. There are many data and observations about what may influence students to go into country practice—we’re happy to try all of them within our resource limitations.

This paper will establish that there is a shortage of optometrists in country Victoria, will argue why that shortage is our profession’s responsibility, and provide a list of the strategies we have used in recent years to promote country practice to students. These tools can be categorised as:

• a good attitude—talk up clinical advantages, material advantages, and community service aspects
• provide students with good information about vacancies and job-matching services
• provide opportunities for students to meet with country practitioners
• use appropriate role models to talk to students about country practice.

Background—workforce distribution and demand for eye care in Victoria

Like many health professions, optometry in Victoria suffers from a maldistribution. There are almost 900 optometrists practising in the state, which is sufficient to serve the community, but there are more than 20 vacant country positions. While vacancies are only one way to measure workforce shortages (others include waiting times, patient: practitioner ratios, market responses such as price), although it is clear that we have a problem.

A marginal shortage has blown out to a major problem in less than two years. There are three key factors that have affected workforce distribution in recent years. Firstly, optometrists graduating from the University of Melbourne are now graduating already qualified to use schedule four topical medications. This is great for the community, and particularly regional communities, but the move from a four-year to five-year degree meant we had no graduating class at the end of 2005.

Secondly, the association and its partners have been promoting eye care (with funding from the Victorian Government), leading to a substantial increase in demand for eye care in regional areas.
Country Victorians are demanding a similar level of eye care to all Australians, and the lack of capacity in country optometry services is being exposed. More than half of the new positions being offered are new, rather than replacement, positions.

The third factor, which has had a more gradual effect, is that country Victoria has been changing demographically. Several regional centres have grown, and there has been a gradual change in the age profile of the population.

The end result is that about 15 per cent of potential country optometry positions in Victoria are vacant. This is bad for the community, as some people cannot gain access to services, and there is little incentive for optometrists to expand their services. It is bad for the profession, as opportunities such as serving the disadvantaged are being missed. It is bad for the individual optometrists, who are working too hard.

Professions' responsibility

Optometrists Association Victoria wants to influence practitioners’ choices to ensure that all Victorians receive quality eye care. One of the defining characteristics of a profession as distinct from a trade is the element of responsibility to the community, not just to the individual.

Professionalism is exhibited in many ways. One characteristic is to act in the best interests of the patient, utilising specialist knowledge that the patient does not possess. Sometimes the service offered (or not offered) may be in conflict with the stated desires of the patient.

This professional ethic extends beyond the professional–patient relationship to the profession and the community as a whole. Most professional associations have a dual role of promoting the interests of the profession or their members, and a public health role in promoting the interests of the community.

Optometrists Association Victoria’s values statement includes, “Optometry has a responsibility to ensure the Victorian public has access to eye care services.” Most professional associations have a similar statement in their corporate values. If we are to take these values seriously, professional associations must promote careers in under-serviced areas.

Promoting country practice to students

With a conscious decision that we have a responsibility to promote country practice, Optometrists Association Australia has worked on a number of strategies in recent years. Some are specific initiatives, but many are simple add-ons to existing events and programs. Nearly all are low cost—an important factor for smaller professions and associations that do not rely on government assistance.

Attitude—talking up

The first, and possibly most important strategy is to have a good attitude. Whingeing will get you nowhere. There is plenty that is good about working in rural health, and people can often be jealous of the country lifestyle. Celebrate all that is good about working as a health practitioner in rural and regional Australia.

Some key advantages to talk up include:

- Clinical advantages:
  - Country practice is more fun. If you like seeing the gruesome, the interesting and the unusual, then country practice should deliver a wider range of cases. I remember vividly overhearing one first year out optometrist tell his colleagues that he had two retinal detachments in a month working in the La Trobe Valley, to which his city counterparts reacted with jealous admiration.
This leads to better experience, and a wonderful foundation for future learning. There is nothing like a long list of pathology, strange diagnoses and interesting cases to build experience early in a career. Country practice is a quick way to advance your craft—making you a better health practitioner. One woman in her early 30s swears that she learnt more in her first two years of country practice than her city colleagues learnt in a decade.

In optometry for 2006, we have the added advantage of students graduating from a five year course which includes training in using schedule four therapeutic eye drops. It is generally accepted that therapeutics use in the country by optometrists is more necessary, which encourages students to look to the country to utilise and develop their therapeutic skills.

Peer support in country health care is strong. Health practitioners in a regional area will generally try to help each other out, and this assistance will cross professional boundaries and traditional rivalries. Working with other professions promotes better patient care, and country practice is the quickest way to learn this increasingly important skill.

More money, better conditions:

- The money is generally better in country areas than cities, particularly in private practice professions.
- The costs of living in rural Australia tend to be lower. Even where costs are high, there are some things that are going to be cheap, or free.
- Coming out of university, rural practice provides a low-cost, high-salary option that can help to set you up financially. In particular, country practice can give you a head start towards a house deposit. While most 23 year olds will not be thinking about this issue, one optometrist now working and living in Canberra reckons it’s the best thing she’d ever done for her financial well-being.
- Hours can often be more flexible. In optometry, country practices have the added advantage of generally not opening on late nights or Sundays.
- The lifestyle advantages can be great—a house with a backyard rather than a pokey apartment, fruit trees, space for a dog, a five-minute drive to work—a lot of things that people living in the country take for granted can sound great to someone who has been spending $130 per week for a dingy room in a Carlton apartment.
- Relative wealth. Rural areas are generally not as affluent as capital cities, so the relative incomes of health practitioners in country areas are higher than the cities. This means the pressure to spend up to keep up with lawyers and bankers won’t be there, allowing more opportunities to save.

Status, respect and welcome:

- The status of a health practitioner in a country town remains high, while in many cities, health practitioners are just one set of a range of professionals.
- Country towns are generally very welcoming of health practitioners, and want to make them feel happy to be there.
- Social opportunities. Moving into the workforce threatens and challenges friendship groups, as lives no longer centre on university. Moving into a country practice in a new town gives a ready-made opportunity to improve social networks, join the local netball/footy team, and participate in community activities. Generally the smaller the town, the more the residents will love to have someone new to play with.
• Serving the community:
  - Most health practitioners become health practitioners because they have a desire to help people. At least, that’s why most people start the course. If helping people remains a prime motivation, going to serve a community that is currently lacking adequate services may be an important determinant of where a student chooses to practice.
  - Likewise, the disadvantage experienced by several rural and remote communities can actually be an advantage in attracting a student. In particular, if you are able to offer a student the opportunity to work with Aboriginal or Torres Strait Islander communities as part of their duties, that aspect of community service might convince someone to practice in a regional area.

• Other advantages:
  - Talking to students about their motivations has thrown up a few surprises. One I remember vividly is a young man who wanted to move to a regional centre for no other reason than to give him an excuse to move out of home. He felt if he stayed anywhere around Melbourne, his parents would pressure him to continue living at home!

**Knowing what’s available**

It appears that several practices that could have positions for graduates don’t end up advertising. For some, it’s time and effort that they don’t put in because they are so busy in their practice. For others, they don’t know how to go about it properly.

Typically, ads for optometry students are placed on the association’s website, and a notice posted at a jobs board in the University Department common room. Optometry is a small profession, and most students seek personal recommendations before talking to a prospective employer.

Like many professions, several of the best jobs in optometry are not advertised. We see it as our responsibility to ensure that students have every opportunity to find the country position of their choice. We try to do this in a number of ways:

• we print an A5 booklet, Vacancies in Country Victoria 200X, which lists every position we are aware of outside Melbourne. The booklet also includes a page about each practice, and a map showing how far various centres are from Melbourne
  - last year we printed three editions of the booklet, and distributed it at every student event in Victoria, plus once each at events in other states
  - we regularly run articles in our newsletter asking country practices to let us know if they are interested in considering a graduate, to ensure the booklet is complete and up to date

• we ask the students to nominate areas they would consider working, in both country areas and interstate (except Sydney and Brisbane, which also have an oversupply). We then email any new positions we learn of directly to the students concerned

• students who are interested in working in particular towns (for example, the ski fields) are encouraged to ask the association for help. We email everyone in that region to ask if they are interested in talking to a student. This has been remarkably successful

• the Optometrists Association Victoria holds the Southern Regional Congress in Melbourne each May, attended by almost a third of the profession in Australia. We have a jobs board up at the conference, with a special section for graduate positions. Students get free registration for the congress in exchange for labour.
Giving country optometrists the opportunity to interact with students

An important aspect of gaining confidence in a prospective employer is to see them in action. Here, city practices have a clear advantage. It’s easy to visit a suburban practice to meet the principal and staff for a coffee, to look them in the eye and gain a measure. Country practitioners have much more limited opportunity to interact with the students.

Our view is that creating opportunities for practitioners to interact with students in a more informal environment will improve the chances for optometrists to attract students into a more formalised discussion about employment opportunities. So, when we have student events, we invite country practitioners to come along.

For education events designed for students, we load the speakers list with country speakers and invite others to add their expertise from the floor. After the presentations, we encourage students to talk to the country practitioners.

We also have an annual ‘bag stuffing night’, where students help the association prepare for our Southern Regional Congress by assisting with packing satchels and various other tasks. Fuelled by pizza, beer and soft drinks, we pack 1000 satchels, 1000 show bags and more. It is a chaotic evening, with more than 40 people squeezed into our offices and boxes flying everywhere. However, it gives the country practitioners another opportunity to chat with the students, and share a slice of pizza.

Role models

Who talks to the students is as important as what is said. The people promoting country practice must be seen as real to the students, and be capable of being a role model.

I remember several years ago talking to one country GP, who was openly contemptuous of young graduates and city doctors. He thought they were “soft” — not real doctors! Apparently you were not a real doctor until you had removed kidney stones from wombats with nothing but a pen knife and a warm knitting needle, or something like that.

In contrast, when we ask practitioners to talk to students about country practices, we pick people who are relevant to the students. Young women like Masumi, who grew up in Camberwell and now works in Swan Hill; Lien, who was born and raised in Melbourne and is a real party girl, who does locum work in the country, and Kelly, who is not yet 30, a mother, and has set up her own practice in Wodonga. I look carefully at the demographics of the students, and nearly all of them are young, so I use young people to talk to them about practice options.

The most important forum we have for talking to students is an event called YOGS, the young optometrist graduates seminar. This is the event where we talk to the students about future practice options, covering such areas as country, independent practice, setting up a business, working for a corporate employer, public health, research and more. The format we have used in recent years is a facilitated panel, where half a dozen young optometrists are asked a series of questions, about their job, money and career choices.

We unashamedly stack the panel with optometrists who will give a positive account of country practice—people who really enjoy living there now, people who say it really improved their skill base before they moved back to the city, and people who can talk about the social aspects.

Results?

It is impossible to say if any, all or a combination of the strategies listed above are responsible for even one student going to country areas.

However, for the last three graduating classes coming out of the University of Melbourne, more than 20 per cent in each year have taken their first position in a rural, regional or remote area.
Tips for success

While I cannot attribute any causal effects, I can offer some of my personal thoughts on success factors:

- for everything we do, ask if it can be used to promote country practice
- peers are better than old wise heads
- talk in two year timeframes
- point out the fun stuff
- point out the clinical benefits
- emphasise community.

Overall, I believe country practice is something that every health professional should experience. I seek to project an unerring positive attitude towards working in the country. As a professional association, Optometrists Association Victoria has a responsibility to our members, to the profession, and to the wider community. Professional associations can address this responsibility by doing more to promote country practice to new members of the profession.

Presenter

Rod Baker is the President of the Optometrists Association Victoria and has special interests in children’s vision, clinical education and public health. After graduating from the University of Melbourne in 1988, he worked in private practice in Gippsland for several years before returning to Melbourne. He has completed postgraduate training in ocular therapeutics, allowing him to prescribe schedule four medications for his patients, and rehabilitation of the partially sighted. In 1994 Rod was appointed Head of Paediatric Services at the Victorian College of Optometry, which provides specialist services to children from low-income Victorian families. He was a clinical teacher at the University of Melbourne for over 10 years, where he oversaw both the undergraduate and postgraduate clinical training of optometrists in the area of children’s vision. In 1999 he was appointed Manager of Continuing Education at the Victorian College of Optometry. He has lectured on children’s vision in every state of Australia and internationally. He has recently rejoined the Optometrists Association Council after previous service in 1998–99. In 1990 Rod worked his first season in overseas development, flying to remote areas throughout Papua New Guinea providing primary care. From 1999–2001 he travelled regularly to southern Africa where he worked as part of an AusAID-funded team developing the role of nurses in providing primary eye care to remote and marginalised township communities. In Victoria he has worked with the Department of Human Services in providing state-wide professional education to primary school nurses over the last 10 years. Currently working in private practice, Rod is also a professional musician, performing, teaching and recording. He has produced six solo albums of original music and performed with many diverse groups such as the early music ensemble Les Six, the band Smiling for Beginners and the Bloomsday in Melbourne Players.