

MANPOWER SURVEYS

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In 1973 the Department of Labour and Immigration on behalf of the N.S.W. College of Paramedical Studies undertook a manpower study to assist in the planning of the Cumberland College of Health Sciences. During the planning stages of Medibank, the Orthoptic Association of Australia was advised on the importance of current manpower information and in 1976 the association commissioned a manpower study, conducted by Mr. Charles Wulff, a management consultant.

Two aspects were highlighted by his study. One was the expansion of orthoptics as a profession, in terms of an actual increase in the number of orthoptists, and the second was the broad spectrum of ocular services which orthoptists deliver to the community.

In the 1973 survey the number of respondents throughout Australia was 116. Of these 62% were practising and 48% were non-practising. In the 1976 survey, with 155 respondents, the percentage of practising orthoptists had risen sharply. 72% were practising and only 28% were non-practising. This is an increase in practising respondents of 38% in 3 years.

	1973	1976	% movement
Respondents	116	155	+ 34%
Practising	52%	72%	+ 38%
Non-practising	48%	28%	- 42%

The reasons for this big increase are twofold. Firstly, orthoptists are staying in the profession longer, which is evident by the upward trend in all age groups of practising orthoptists. The most significant group was the 30-34 year age group where there was a 14% increase in the three years since the 1973 survey. Secondly there has been an increase in the number of orthoptists who have returned to the work force, and this perhaps is a reflection of the general trend of our society.

One other aspect which is apparent when one looks at the non-practising respondents, is that 80% of them would like to return to the work force in a part-time situation. However, a large proportion (or 76%) have not worked for 5 years or more and need refresher courses, which are not available on a regular basis at this time.

The major areas of employment were private practices, hospital out-patient clinics and sponsored practices. Government health departments employ only 5% of practising respondents. 17% of orthoptists work in public hospitals, an increase of 13%. Since the 1976 survey was conducted, the Honorary Medical Staff withdrew their services from some hospital out-patient clinics. Despite this fact, the association is led to believe that the number of orthoptists employed in public hospitals has been maintained, and in some hospitals increased. I feel that this increase must reflect the appreciation of the variety of functions the orthoptist is able to perform in respect to general eye care.

The second significant aspect of the 1976 survey was the expansion of services that orthoptists now perform. The results show orthoptics is a broad industry, as practised by the majority of orthoptists.

This expansion of services means that orthoptists now play a wider, more beneficial and vital role in community eye care.

In the 1976 survey we were asked to identify possible additional services which could or should be offered to the community, and there was a good response. 61% of the numerous services suggested then have already been taken up.

The most significant new area is in the multi-disciplinary approach to patient care. Two good examples are the employment of an orthoptist in the Child Development Unit at the N.S.W. Royal Blind Society, and at the Stroke Clinic at Lidcombe Hospital. At the R.B.S. the orthoptist works closely with the occupational therapists, physiotherapist and social workers to devise suitable vision training programmes. Similarly at Lidcombe, orthoptists work in conjunction with physiotherapists and occupational therapists and assist in the total management of stroke patients. Two papers in this journal highlight the advantage of a multi-disciplinary approach to the patient, and to the members of the team, so that the result is improved patient care.

It is gratifying that so many orthoptists have responded to the surveys, thereby in fact, furthering their own interests. The importance of accurate manpower figures cannot be over emphasized and to date the information from these surveys has been invaluable. It was used in submissions to the Higher Education Board in N.S.W. and the Victorian Institute of Colleges for the application to lengthen the orthoptic courses. The figures were also the basis for a paper on manpower which was presented on behalf of the Orthoptic Association at the Fourth National Health Science Education Conference at Cumberland College in October, 1978.

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