Joint Position Statement: Expanding Ophthalmic Care Access in Rural and Remote Australia through GP and Rural Generalist Upskilling

This joint statement outlines the collaborative position of the Royal Australian and New Zealand College of Ophthalmologists (RANZCO), the Royal Australian College of General Practitioners (RACGP), and the Australian College of Rural and Remote Medicine (ACRRM) on advancing access to essential ophthalmic care in rural and remote communities, recognising the importance of appropriate training pathways, supervised skills acquisition and sustainable service delivery models.

According to Macular Disease Foundation Australia[1],

- Over 1.9 million Australians are living with macular disease, with 1.5 million affected by age-related macular degeneration (AMD)—the leading cause of blindness in older adults.
- Approximately 23% to 31% of people with diabetes developing diabetic retinopathy (DR) (which equates 300,000 to 400,000 Australian) — a leading cause of preventable blindness among working-age Australians.
- Approximately 11,000 Australians are currently receiving intravitreal injections (IVI) for retinal vein occlusion (RVO)

Yet, timely access to IVI — the gold standard treatment for those retinal conditions—is largely restricted to private urban clinics. Only a fraction of public hospitals provides these services, and 84% of ophthalmologists are concentrated in major cities, leaving regional and remote populations significantly underserved. This service gap contributes to treatment discontinuation, with data showing that 3% of patients have stopped IVI due to travel distance.

GPs and RGs provide critical community and hospital-based care in rural and remote regions. Recognising their pivotal role in healthcare provision, RANZCO, RACGP, and ACRRM have initiated a cross-College collaboration to develop and implement a targeted upskilling program for GPs and RGs to perform IVI with remote supervision provided by a mentoring ophthalmologist or visiting ophthalmology team. This builds on the established success of additional advanced skills training offered by RACGP and ACRRM, in areas such as obstetrics, surgery, anaesthetics, and emergency medicine.

A pilot program, coordinated by RANZCO in Queensland, is targeting areas such as Mount Isa and Longreach, which are identified as regions of critical need based on burden of disease and current service gaps.

Upskilling curriculum developed by RANZCO focuses on the safe and effective administration of IVIs, with online modules and educational materials readily accessible. There will be supervised

[1] https://cdn.mdfoundation.com.au/wp-content/uploads/2025/03/03133642/13583-MDFA-FederalElectionAgenda-A4x24PP-F-WEB-SGL.pdf

clinical training followed by annual CPD, delivered in collaboration with mentoring ophthalmologists during their outreach services in the GP's or RG's region.

RANZCO, RACGP and ACRRM recognise that RGs and GPs participating in the initiative are not substitutes for ophthalmologists, but complementary clinicians working within clearly defined scopes of practice and collaborative care models to improve access to timely treatment in communities where specialist services are limited.

RANZCO, RACGP, and ACRRM jointly support the pilot and commit to ongoing collaboration in evaluating, refining and potentially expanding this initiative. The pilot will incorporate a robust evaluation framework assessing patient outcomes, service accessibility and workforce sustainability. By enabling GPs and RGs to deliver evidence-based ophthalmic procedures such as IVI, we collectively support a more resilient and responsive health system for rural and remote Australians, with the shared aim of optimising health equity and service delivery across Australia.