Introduction

The most commonly reported highlights were:

- An informal qualitative analysis of these responses identified recurring themes which were
- Data from the years 2007 to 2012 was collected from locum optometrists' registration
- In the Northern Territory (NT), permanent eye care services by resident practitioners are only available in the major centres of Darwin and Alice Springs. The highly dispersed population in the remainder of the NT, predominantly remote Aboriginal communities, requires service provision by visiting practitioners. This 'fly-in, fly-out' model, despite its shortcomings, is the most appropriate and practical service delivery model for remote locations.
- The majority of these services are provided by optometrists, with specialist care delivered on a less frequent basis by ophthalmologists.
- Since 2006, the Brien Holden Vision Institute (the Institute) has contracted a team of approximately 100 locum optometrists to deliver outreach optometry services on short-term placements (lasting one or two weeks) to Aboriginal Medical Services (AMS') and remote Community Health Centres in all five regions of the NT.
- The success of this program, and the allied outreach ophthalmology services in the referral pathway, depends on a reliable team of locum optometrists.

Aim

To gain insight into the motivation, successes and challenges of locum optometrists working in remote NT communities on short-term placements, by summarising common themes in their pre- and post-trip feedback.

Methods

Data from the years 2007 to 2012 was collected from locum optometrists' registration forms and evaluation & feedback questionnaires that are routinely submitted after each placement.

Results

Motivation

The main motivations given for wanting to participate in the program were:

- Altruistic: The desire to use professional skills to 'make a difference' and provide services in communities that are 'disadvantaged'.
- Relevant past experience: Previous exposure to or experience in public health optometry, often overseas and as students.
- Aboriginal health interest: An interest or desire to work with Aboriginal people or communities.
- Clinical challenge: A willingness to test & develop their skills in a challenging environment where they were more likely to encounter pathology.

"I am interested in Indigenous health, and think that it would be a great opportunity to experience working in rural and Indigenous communities. I want to help provide eye care to people in need and would like to help make a difference."

"Increase my scope of practice, improve my skills in a challenging environment, help disadvantaged communities."

Successes

The most commonly reported highlights were:

- Positive clinical outcomes: Cases in which the consultation contributed to a significant, beneficial impact for people who lacked access to regular optometry care.
- Building local capacity for eye care: Delivering in-service training in eye care to local primary health care workers (PHCWs).
- Interactions with patients: Recognising the satisfaction and appreciation of patients, often in a smile.
- Cultural exchange: Learning about Indigenous culture.
- Rewarding work: A greater sense of responsibility & professional fulfilment on account of the remote underserviced setting.
- Touristic: Travelling to unique and different parts of Australia.

"I felt the work was more fulfilling as the need for the services was greater ... I enjoyed the opportunity to test my skills a little."

"It was a highlight to see the look on her face when she could see clearly for the first time!"

Challenges

- The challenges that were most often reported were:
  - Difficulties accessing patient records: Lacking ready access to patients' previous clinical information, and records and medical constraints.
  - Equipment and consultation space: Needing to be flexible and somewhat creative in adjusting to a temporary clinic set-up using portable equipment for outreach consultations.
  - Unmet expectations: Low patient numbers and unproductive clinic days, due to a range of unalterable circumstances, sometimes leading to a sense of disappointment that their trip had not been worthwhile.

"It was basically impossible to find old records for people ..."

Discussion

These responses resonate with findings from other studies, which highlight attributes of practitioners working in challenging settings (pro-social behaviour and patient-centred care), and the influential role of intrinsic incentives and motivations in attracting and retaining rural and remote health professionals.

- Engaging in the delivery of eye-related in-service training for remote PHCWs can enhance the locum's experience and sense of contribution, whilst also benefiting the resident staff. Improving the mechanisms for short-term health professionals to access previous medical records should be considered high priority.
- Improving the mechanisms for short-term health professionals to access previous medical records should be considered high priority.

Conclusions

Locum optometrists are primarily motivated to participate in short term remote outreach work for altruistic or intrinsic reasons.

- Generally, they expect an environment that is challenging and provides opportunities to learn and develop, both professionally and personally.
- To ensure motivations and successes are not offset by difficulties or unmet expectations, newly recruited locum practitioners should be given a realistic description of remote work, with its balance of reward and challenge.

References


Luke Arkapaw, Anna Morse, Tricia Keys