# From Healthcare to Retail

## How corporate ownership is reshaping Australian optometry: what's at stake for patients and the profession

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# The shift no one asked for

Imagine visiting your GP and being told mid-consultation that your doctor needs to wrap up. Not because your appointment time has elapsed, but because their employer has set a revenue target for the hour. Most Australians would find that alarming. Yet for a growing number of optometrists working inside Australia's corporate chains, some version of it has become routine.

Optometry is a registered health profession. Its practitioners complete highly competitive, postgraduate-level training. They are regulated by Ahpra, bound by a code of conduct, and carry clinical and legal obligations to their patients. They detect glaucoma, diabetic retinopathy, macular degeneration – conditions that, if missed, can result in permanent vision loss. Optometrists are also sometimes the first to pick up life-threatening disease such as tumours, impending stroke, and dangerously elevated blood pressure.

They are also, increasingly, employees managed against sales KPIs, pushed to shorten clinical consultations, and penalised when professional judgment conflicts with commercial targets.

This paper examines how that transformation happened, what it looks like on the ground, and why it matters for optometrists, patients, and a health profession that millions of Australians depend on.

# How corporate chains dominate Australian optometry

Australian optometry has undergone a dramatic structural transformation over the past two decades. What was once a profession dominated by independent practices and small partnerships is now heavily concentrated in the hands of a small number of large corporate chains.

Specsavers, OPSM, Bupa Optical, Bailey Nelson, Oscar Wylee, and a handful of smaller chains now account for the majority of optometry employment in Australia. Up to three quarters of practising optometrists now work in corporate settings.

The business model of corporate optometry is not, at its core, a healthcare model. It is a retail model in which optical products like frames, lenses, contact lenses are the primary revenue driver, and the clinical consultation is, in significant part, a mechanism for generating that revenue. Optometrists working within these structures remain health professionals, bound by the same clinical and ethical obligations as any other registered practitioner. The problem is that corporate employers are increasingly running their businesses as though they are not. Increasingly, even clinical care is being commercialised. Services such as retinal imaging and in-practice dry eye treatments are no longer driven solely by clinical judgement, but are also shaped by KPIs, revenue expectations and pressure to increase uptake of billable services.

# What optometrists are experiencing

The 2025 workforce survey - the most comprehensive study of employed optometrists in Australia to date - documents the consequences of this structural shift in clear terms. Its findings are corroborated by direct accounts from optometrists working inside the major chains.

## Consultation times have been compressed

The time available for a comprehensive eye examination has contracted sharply. The survey found median initial consultation times of 30 minutes, down from 45 minutes recorded in the last comparable national data from 2006. For follow-up appointments, median time is now 20 minutes. More than 4% of optometrists reported being allocated no time at all for follow-up appointments, with those patients squeezed in between others. Several chains including Specsaves, Bailey Nelson and OPSM are now normalising 20-minute appointments for full consults.

Perhaps most striking: the median time allocated for administrative tasks such as referral letters, patient records, and Medicare billing review, is zero minutes per week.

> **Any appointments longer than 30 minutes – even with appointment notes justifying the reason – are often questioned by 'higher ups' that don't work physically in store. Sometimes with calls to the store to question it.**
>
> **— Survey respondent**

One optometrist working in a corporate chain describes the pressure this creates:

> **For a while there was direction from regional management to turn away red eyes or similar appointments, which I explained is against an optometrist's duty of care if we have time to see them. I was appalled that this was even given as a direction.**
>
> **— Survey respondent**

Another describes being explicitly directed against clinical judgment:

# KPIs and sales targets are overriding clinical judgment

The workforce survey identifies "financially driven key performance indicators" as a primary source of moral distress among optometrists. This is a psychological conflict that arises when professionals are prevented from acting in accordance with their values. Survey respondents describe a workplace culture in which clinical decisions are explicitly subordinated to commercial metrics:

> **If I were to bring patients back for extra testing it would affect my KPIs and that would be frowned upon by managers.**
>
> **— Survey respondent**

An optometrist who has worked at Specsavers, describes the daily reality:

> **The scheduling is so tight, and the pressure to keep moving is so constant.**
>
> **— Survey respondent**

Rory Dowdall — an optometrist, HSU delegate, and co-author of the 2025 workforce survey — says:

> **When you're being pushed to see more patients in less time, something has to give. And what gives is the depth of the exam. That's not a comfortable place to be as a clinician.**

At Specsavers, optometrists have been threatened with written warnings if KPI targets are not met. One HSU member describes receiving a written warning in a meeting she was not told would be disciplinary, while a colleague faced the same threat over KPI performance. The same optometrist reports being told – in a formal performance development meeting – that if she needed to use the bathroom for longer than a brief visit, she was required to notify management before leaving the store.

# Employers are making clinical decisions that belong to optometrists

Among the most serious accounts received by the HSU is a directive issued to all optometrists at Bupa Optical in November 2025, instructing them to move to 12-month recall intervals for all patients as a blanket policy, regardless of individual clinical need.

The directive was framed internally as a "preventative health" initiative. Optometrists at Bupa were unconvinced. As one wrote to HSU:

> **It is clear that it is an attempt at increasing sales of glasses more frequently... This is over-servicing as a blanket rule for everyone. As optometrists, surely we are the ones responsible for our own recall timeframes, not having corporates dictate when we should be getting patients back.**

It was noted that a member of Bupa's own management team had stated in a group forum that he would only conduct a "comprehensive test on indication". When colleagues asked how to bill these clinically unnecessary examinations to Medicare, the response was: "*We will get some clarification on this*."

At OPSM, store managers have been booking follow-up appointments without patient consent, purely to fill the appointment book, and relying on patients to cancel or reschedule.

# Why this matters for patients

There are serious questions about what this means for patients.

Australian optometrists are primary eye health practitioners. For many Australians, particularly those in suburban and regional areas, an optometrist is their most accessible point of contact for eye health.

When consultation times are compressed, administrative buffer is removed, and clinicians are burdened with non-clinical tasks such as calling unbooked patients to fill diaries or promote sales, less time and attention remain for patient care. Glaucoma, diabetic retinopathy, and early macular degeneration are all conditions where careful, unhurried assessment matters. When optometrists are performance-managed for bringing patients back for additional testing, clinical conservatism – which protects patients – is discouraged.

When recall intervals are set by corporate directive aimed at driving frame sales, patients who don't need annual examinations are overserviced, while the integrity of clinical recall decisions is undermined entirely.

Ahpra's code of conduct requires practitioners to place patient interests first and maintain their professional independence. These obligations sit in direct tension with the commercial imperatives of the corporate retail model and it is optometrists, not their employers, who bear the professional and legal consequences when that tension is not resolved in the patient's favour.

# A profession under pressure

The cumulative toll on the optometry workforce is significant and, the evidence suggests, worsening.

The 2025 workforce survey found that 75% of optometrists are dissatisfied with their income and only 23% feel they have satisfactory career options and professional growth. These findings reflect a profession in which reward structures have been detached from clinical skill and reattached to sales performance.

What this paper can say clearly is that the structural conditions driving those outcomes are generating a documented wellbeing crisis. The survey's authors conclude that for many respondents, job demands "far exceed job resources" and that "urgent action needs to be taken to redesign workplaces." They identify "KPI focus causing role conflicts" as a primary driver of moral distress — the psychological conflict that arises when professionals are consistently prevented from acting in accordance with their values.

# What needs to change

The Health Services Union is pursuing reform on two fronts.

The HSU will seek to vary the Health Professionals and Support Services Award to clarify that optometrists are health professionals covered by the Award. This will ensure that optometrists benefit from the same enforceable minimum rates of pay and conditions as every other health professional in Australia.

The current lack of clarity about the Award coverage of optometrists has created conditions in which employers like Specsavers are wrongly advising optometrists that they sit under the Retail Award, an Award which has no relevance to them as health professionals.

The Award variation application will seek to clarify once and for all that optometrists are health professionals covered by the Health Professionals Award and entitled to a classification structure and minimum pay rates that reflect the professional standing of the role and provides for relevant career progression. Having clarity about their Award coverage will in turn create a platform for ongoing industrial advocacy on consultation times, protected clinical time, and KPI policy.

The second is collective. Hundreds of optometrists have joined HSU in the past two years. That membership base is the foundation for workplace-level change: delegates who can raise conditions issues directly with employers, members who can support each other through disputes, and a collective voice in negotiations that individual optometrists — isolated in corporate retail environments, worried about shift rosters and defamation clauses — do not currently have on their own.

The way corporate optometry is structured and operated has changed dramatically, but what optometrists are has not. They remain health professionals, and the commercial pressures imposed on them by corporate employers do not change that. Those pressures did not arise by accident. They were the outcome of deliberate business strategy, enabled by regulatory ambiguity and the absence of strong industrial standards. Addressing them requires decisive action.

The HSU is calling on the Fair Work Commission to act on the Award variation; on corporate optometry employers to engage honestly with the professional and patient care obligations their employment model creates; and on the broader health and policy community to recognise optometry for what it is: a health profession, not a retail input.

# About

This discussion paper draws on the *Working Conditions of Employee Optometrists in Australia* (Cheung et al., 2026); direct accounts from optometrists employed in corporate chains; and publicly available data on the structure of the Australian optical industry. HSU represents employed optometrists across all Australian states and territories.

## About

The HSU is a member-based union with more than 110,000 members and counting.

Our members work across the health and community services sectors in every State and Territory of Australia.

We advocate for better, fairer and high-quality health and community services.