

Request for comments:

Q1. Is there any public benefit in requiring all optometrists to be eligible for therapeutic endorsement?

*There is no general public benefit to requiring **all** optometrists to be eligible for therapeutic endorsement. There is benefit to general public knowing what it means if the optometrist they are seeing is therapeutically endorsed.*

If we were living in an era of an oversupply of optometrists then this move would reduce that pool of optometrists by stealth and that may be useful, however this is not the case especially in rural and remote locations.

What problem are we solving by taking this path? Where is the unmet need that requires this move? Will this affect the standard of optometry being delivered? No. There is already a stringent continuing education culture in this profession that upholds the standard of care provided.

Q2. Is such a requirement a reasonable expectation of optometrists?

A reasonable expectation is to uphold the standards of the profession. Adhere to the code of conduct and to continue to update knowledge and skills in the area originally studied. To expand the framework of the profession without sufficient need is not reasonable

Q3. Should therapeutic qualifications be a requirement for practice as an optometrist in Australia?

No. see above

Q4. If so should there be a period of grace to allow all registered optometrists to gain the necessary qualifications and how long should the period be?

NA

Q5. To be consistent with Australian graduates, should overseas-trained optometrists applying for general registration in Australia for the first time be required to complete appropriate competency assessments for therapeutic practice in 2014?

If all graduates are to be eligible for therapeutic endorsement by 2014 this should be reflected in the criteria for entry to the country as a registered optometrist. This will provide a level playing field for new graduates seeking employment.

Q6. Should optometrists holding general registration practicing in non-clinical roles, such as management, administration, education, research,

advisory, regulatory or policy development roles be required to hold therapeutic qualifications?

No. It could be argued that being registered as an optometrist is not a requirement either. The requirement for the above mentioned roles would be a knowledge in the field of the job they are doing. I would employ someone with an Arts degree and management experience over an optometrist to run a practice any day. Being therapeutically endorsed allows you to fill in for someone else who is therapeutically endorsed and that is all. It does not give you any special skills in management, admin, research etc over a non-therapeutically endorsed optometrist.

Q7. Are there impediments to the proposal that need to be considered and if so, can these be overcome?

Yes. The major issues are:

- 1. The cost to the profession to upgrade all optometrists – who will bear this?*
- 2. Therapeutics are not fully recognised within the Medicare schedule for optometry so chair time spent on this is not properly remunerated.*
- 3. The forced early retirement of optometrist not wishing to change their practice or forgo the relationships they have with GPs and ophthalmologists in their area.*
- 4. The need for general optometry in remote locations that are well supported for treatment through the Aboriginal Medical Service.*
- 5. There has not been a demonstrated need put forward to support this proposal.*

Can they be overcome?

- 1. This is an unnecessary cost to bear if you are already a practicing optometrist with no need to be therapeutically endorsed.*
- 2. This should be a priority for the professional peak body to pursue this if it is expecting graduates to have this qualification.*
- 3. This cannot be avoided if the proposal goes ahead.*
- 4. This will fall victim to the reduction in practitioners if the move goes ahead.*
- 5. Research into the affect on established relationships with AMSs, GPs, and ophthalmologists needs to be done along with affects on remote and rural practice locations.*