

From:
To:
Subject: CPD Consultation - Therapeutic CPD
Date: Monday, 2 April 2012 3:26:38 PM

Dear Board members,

Re: Therapeutic CPD

The requirement for endorsed optometrists to achieve 50% of the mandatory CPD requirement in therapeutic CPD has caused concern to myself and, I believe, a significant proportion of colleagues for two reasons.

The first is that most endorsed optometrists see relatively few therapeutic patients. I think it would be fair to say that for many if not most therapeutically qualified optometrists fewer than 10% of their patients require the specific skills and knowledge that endorsement requires. It seems a little odd that all optometrists need to be proficient in the detection and diagnosis of sight-threatening or life-threatening conditions and that there is no mandatory CPD requirement to ensure competence in this role, yet endorsed optometrists who might write one or two prescriptions a week need to earn 50% of their mandatory CPD in therapeutics. The well-known therapeutics 'guru' Dr Lou Catania who was keynote speaker at the Queensland Vision conference a few years ago has written opinion pieces on this issue and in a personal communication he says this...

...(I) support your feelings about Australia's proposed CPD regulations to include a mandatory 50% in therapeutics pharmaceutical agents (TPA). The majority of US states now have a minimum % requirement for TPA credits as well, but not many that I know of at the 50% level. The simple logic is that CPD credits should reflect the profile of care delivered by the majority of the practitioners in the respective jurisdiction. I highly doubt that any QLD optometrists will be doing 50% disease and therapeutic-oriented care in the near future. The US has had TPA legislation since the late 1970s and to date, very few optometric practices do more than 25 to 30% disease care. Indeed, notwithstanding legislative definitions, patients still come to optometrists primarily for vision care and thus, our continuing education should reflect that. What has happened in the US is that there is such an emphasis on TPA education (both in academic optometric institutions as well as continuing education courses) that much of the advancements being made in vision care (technologies, techniques, neurological and developmental sciences, etc., etc.) are being woefully neglected and even lost in optometric practice and ironically, to optometrists in general, the true vision care specialists in health care. I personally think 25% to 30% therapeutic-oriented CPD is the more realistic, balanced and appropriate relationship for optometrists' continuing education to reflect their practice profiles and the care they actually deliver day-to-day.

Dr Catania's comments lead us to the second concern - that the 50% therapeutics rule leads CPD providers to increase the amount of therapeutic CPD offered to the extent that other important areas of optometric CPD are, as Dr Catania says 'woefully neglected and even lost'.

I would be grateful if you could consider these considerations when revising the CPD standards and guidelines.

Kind regards,

Martin Hodgson

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Martin Hodgson, *Optometrist*
OptomCPD