

Subject: therapeutic qualification
 Date: Sunday, 30 January 2011 9:02:48 PM

Dear Colin,

The find the following submission regarding therpeutic qualifications.

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

Yes, i) Patients would be better able to have ocular conditions assessed professionally with appropriate instrumentation and knowledge, both compared to non-therapeutically trained optometrists and GPs, ii) Patients may have decreased cost involved with consultation compared to GP or Ophthal consultation, iii) Decreased workload on GP and ophthalmology could conceivably decrease waiting times for more complex conditions, iv) Decreased medicare costs due to lower cost of optometry consultations compared with ophthalmology.

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

No, i) There is no financial advantage to most optometrists in being therapeutically endorsed. Most optometrists in private practice earn more from consultations resulting in prescription of spectacles rather than "eye health only" consultations. ii) Therapeutic qualifications are largely a matter of professional interest and a desire to improve benefit to patients. Personally, I undertook Therapeutic qualification early in my career (approx 1993), when Therapeutic qualification first became available. I did this out of professional interest and a desire to both further the profession and further my ability to serve patients in a professional way.

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

No.

4. 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? If there was a requirement for therapeutic qualifications was made the period of grace would need to be in the order of 10 years to allow both optometrists time to train and institutions time to provide that training. Assuming 3000 optometrists to be trained, 300 per year would seem a reasonable target for such an involved level of training.

5. 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 from 2014? Overseas optometrists should have the same education requirements as Australian optometrists.

6. Should optometrists holding general registration practising in non-clinical roles, such as management, administration, education, research, advisory, regulatory or policy development roles, be required to hold therapeutic qualifications? There would seem to be little justification for those involved with management, admin, or research to be therapeutically qualified. Those involved in education, advisory regulatory or policy development should have the

same qualification as clinical optometrists.

7. Are there impediments to the proposal that need to be considered and if so, can these be overcome? Given that there is a public advantage and not a great personal advantage to the individual optometrist it is unreasonable to expect the individual optometrist to bear the cost. It would be reasonable for that cost to be born by the public purse, which would be most easily achieved by universities receiving federal funding to provide therapeutic education to optometrists. This is particularly important given the four-fold cost to the optometrist ie cost of tuition, logistic cost (accommodation and transport etc), loss of income away from the practice and loss of time from family etc. Another way of compensating optometrists for these outstanding costs (ie apart from tuition fees) would be a substantial increase in medicare rebate for therapeutically qualified optometrists, particularly given the dramatic decrease in consultation fees over the last 20 years.

It is also not clear from the OBA documents whether there is a distinction between those who are therapeutically qualified, such as myself, and those that have their registration endorsed for scheduled medicines. It has been disappointing to this point that those in the profession who were pioneers in receiving therapeutic qualifications subsequently found that those qualifications were not taken into account for therapeutic endorsement; to now find that we could be forced to repeat our education to remain in a profession we sought to promote and a profession that may not have achieved therapeutics without those that initially obtained that education, would be extremely dissatisfying.

Your sincerely,

Peter Russell