Mr Colin Waldron
Chair
Optometry Board of Australia
Australian Health Practitioner Regulation Agency
GPO Box 9958
Melbourne 3001

Dear Mr Waldron,

I am responding to the proposal for therapeutic qualification to be included as a requirement for general registration for optometrists in Australia as outlined in the letter sent to me dated 20th January 2011.

I am an optometrist who graduated from the University of New South Wales in 1980. I have been practising, mostly part-time, since then in the Australian Capital Territory. I am currently enrolled in the therapeutics course of the University of New South Wales.

I have a variety of concerns that I would like to raise.

Firstly, I am unclear as to what is meant by "general registration" in the context above. What type of registration will be available to those who are not therapeutically endorsed if the proposal is passed? Nothing is said in your letter about this and so there is much ambiguity surrounding the proposal as it stands. The definition of "general registration", and how this relates to my right to practice as an optometrist, and what restrictions will be placed on me if I am not therapeutically qualified, are crucial to my response to this proposal. I will respond as best as I can with the information supplied by you.

Secondly, I would like to refer to the statement in the letter I received from the board:

"The objectives of the national Scheme and the Board are to protect the public by ensuring that only optometrists who are suitably trained and qualified to practise in a competent and ethical manner are registered, and to facilitate the provision of high quality education and training of optometrists."

Looking at these objectives, does this mean that those optometrists that are not therapeutically endorsed are no longer able to practise in a competent and ethical manner? Surely not! Shouldn't the objective be to ensure that optometrists are able to practise in a competent and ethical manner to the level of their expertise and to ensure that the public is protected by referring to other practitioners as indicated? I am concerned that the implication is that many current optometrists will be seen as no longer competent and ethical, or somehow 'second rate' optometrists.

Thirdly, a number of questions have been raised for consideration in your letter and I would like to address a few of these:

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

There is certainly benefit to the public that optometrists can prescribe medications. The level of knowledge that I have gained from doing the first unit of study for therapeutics has unquestioningly improved the quality of eyecare that I can give to my patients even now. As I

live in a city which has a chronic shortage of ophthalmologists, the ability for optometrists to manage much of the more common ocular pathology presented is a great asset for the public. However, I do not think it is necessary to make this a requirement of registration: it will happen anyway. As more new graduates become practising optometrists, optometrists who want to keep current will choose to do the therapeutics course and the public's perception of the role of optometrists will also change. I am concerned that if this becomes a requirement of registration many older optometrists will choose to retire early rather than stay in the workforce as valued mentors with much experience to pass on to their younger colleagues. It was interesting that of the 100 or so optometrists who graduated with me 1980 I was the only one enrolled in the first unit of the therapeutics course held in Sydney in 2010.

Something else to consider here is whether there needs to be new medicare items that can only be used by therapeutically endorsed optometrists. At the moment the level of compensation through medicare for ocular health related consultations is considerably below that charged by ophthalmologists. If optometrists are to spend more of their consultation time in this field of work, their income from optical sales will surely suffer. On the other hand, if non-endorsed optometrists refer too many patients to their therapeutic colleagues, this may cause ill-feeling.

Also, there are some optometrists who may not work in a demographic that has a great need for therapeutics. I think particularly of those behavioural optometrists who work mainly with children. There are also those situations where an older non-therapeutic optometrist works at the same practice as a younger therapeutic optometrist. I would think that between the two optometrists they would be able to care very well for the public. Currently I refer to local optometrists if necessary for therapeutic intervention if this will ensure the best care of my patient. (However, the ACT is still quite restricted in the therapeutic drug list available for optometrists compared with the rest of Australia!) This is not perceived as a particular problem for my patients who are actually appreciative that I am concerned enough about their welfare to organize this for them.

2. Is such a requirement a reasonable expectation of optometrists?
3. Are there any impediments to be the proposal that need to be considered and if so, can these be overcome?

Here, I would like to draw on my own situation. Enrolling in the therapeutics course after thirty years away from a big city and academia was really difficult, practically, mentally and psychologically. Because it also meant organizing travel and accommodation, there were added costs and stresses and the time to put aside for study was another heavy commitment. (I know that other optometrists doing the course with me traveled much further distances.) My employer has been very supportive of me but some of my peers were not supported by their employers at all. Because most ophthalmologists in Canberra will not agree to supervising clinical placements for the second unit in the course at UNSW, this means traveling away again for this. At the moment the only place to do the hospital placement is Hobart. This involves more time away from work. I'm also wondering how long those ophthalmologists who are willing to give their time to supervise optometrists will continue to do so.

If therapeutic qualification becomes mandatory, I think the avenue of attaining the qualification needs to be much more accessible to the majority of optometrists. Many of my optometry peers in Canberra are mothers with young children. There is no denying that it is more difficult for those

optometrists who live in regional Australia to undertake the course, yet these are the very ones who have the greatest need obtain the qualification. Two suggestions that I have are:

Many of the lectures could be done in an audio-visual format and accessed from home. This would decrease the time needed to attend lectures at the universities.
On-line tutorials which form part of the assessment would also mean the stress of one three hour exam would be avoided. A format similar to that of Luxottica's on-line education modules with assessment could be utilized. Of course, care would need to be taken that the standard required to attain the qualification is not jeopardized, but this may happen anyway if there is pressure for many optometrists to be "rushed through" due to a deadline placed by the board.

According to my knowledge of the current situation, there were about 120 students enrolled in the first unit of the therapeutics course through UNSW in 2010. I think Melbourne University has ceased offering the course. How long will it take for 3,200 optometrists to become therapeutically qualified with the current arrangements in place? Is it reasonable to discriminate against those optometrists who want to do the therapeutics course but miss out because there are not enough places offered?

Finally, I would like to explain my reasons for enrolling in the therapeutics course. Firstly, because I want to keep current. Optometry has changed significantly since I graduated in 1980 and if I still practised as I was taught in my undergraduate degree, I would certainly not be seen as a competent optometrist in 2011.
Secondly, because the ability to better care for my patients, many of whom have chronic and complex medical conditions, is something which I humbly wish to achieve.
Thirdly, in my later years as an optometrist I would like to spend time in rural and regional Australia where a therapeutic qualification will be particularly useful.

I hope this response will aid you in coming to a wise and fair decision with regard to this matter.

Yours sincerely,
Rosamund Gilligan
Budget Eyewear
Belconnen ACT
9th February 2011

PS Since beginning writing this letter I have received an e-mail from the OAA with more information about the proposal. This would have been useful information to have in the initial letter from the board and I'm sure would have eased many optometrists' anxieties. In the light of this information, I have the following response:

The board says that "it can see changes happening which we must address" (quote from OAA e-mail) but I don't understand what all the fuss is about. A question on whether an optometrist is therapeutically qualified or not can easily be added to the application form for registration. Is there a concern about whether this information should be available to the public? The public will work things out for itself. My main concern remains that the course of study to become therapeutically qualified is readily available to all optometrists wishing to do it.