

Optometry Board of Australia AHPRA

Date: 1/3/2011

Re: Submission against Compulsory Therapeutic Endorsement

Dear Board,

I am writing to you to express my concern against the compulsory endorsement of Therapeutic qualification for the following reasons :-

1 .There would be no public benefit in requiring all Optometrists to be eligible for therapeutic endorsement .Optometry practice in Australia falls into two categories . High volume patient testing (Specsavers , OPSM) and Low volume patient testing (smaller , independent practices)

In low volume practices that see 5-10 patients a day with on average 40 minute appointments there is time for therapeutic services .How can that be viable in high volume patient settings with 20 minutes only for Refraction and internal and external health testing .?

With these different modes of viable practice I believe the Therapeutic pathway –just like Behavioral Optometry ,low vision specialty , orthokeratology should be a choice of the Optometrist .

There would be no public benefit if Optometrists leave the profession if they do not want to be therapeutically qualified – if it is made compulsory .If Optometrists leave the profession there will be an undersupply of good experienced Optometrists to the aging community .

As an Optometrist who predominantly practices within a 30 km radius of Sydney , I have available a huge range of good eye specialists and the CFEH.

When I refer my patients I want them to see the best Doctor for glaucoma , cataract surgery and retinal disease .I believe that is the best management protocol in my mode of practice .

In country areas therapeutics would be beneficial with less eye specialists available.

To work in country areas and gain therapeutic qualification should be a choice of the Optometrist and not the Boards.

2.The Requirement is not a reasonable expectation of optometrists .Optometrists primary purpose is accurate prescribing of spectacles and contact lenses .

Examination of eye health and diagnosis of eye disease is another primary concern .

Discussions regarding preventative medicine (good lifestyle choices – diet , exercise) to avoid future glaucoma and macula degeneration should also play an important part of optometry services .Dr Beaumont at Optometry COE lectures implores us that “ medicine is not the answer always “ .We need to get the basics of health right and the rest flows on . I see that with Optometry too . We need to get the primary basics right .

If therapeutics becomes mandatory and optometrists time becomes constrained with extra responsibility I am concerned that the accuracy of glasses prescriptions and good basic

patient care will be affected . Already in practice I see erroneous prescriptions given that need amending (and that is without the burden of therapeutics)

3. I do not believe therapeutic qualification in Australia should be mandatory .

Australia only has a small population of 20 + million. A vast majority live in cities with good access to local eye specialists .Australians now have access to chloresig over the counter so optometrists can help treat simple bacterial conjunctivitis without specialist or Dr referral .

I do believe therapeutics has a place in more remote country areas .However , to work in the city and country is the optometrists choice .

4.Overseas trained Optometrists from 2014 should again be qualified according to where they choose to live and practice .I believe there could be two levels of entry – 1. With general practice or 2. General practice with therapeutic qualification .

5. I do not believe that optometrists holding general registration practicing in non-clinical roles should be required to hold therapeutic qualifications.They would not be in consistent enough patient care to give them the experience to prescribe as well .

6. Impediments to the proposal would come from the majority of practitioners (only 800 of Australia's 4000-plus optometrists are endorsed for scheduled medicines) and from my own colleagues .Therapeutics is not a priority to them .Acquisition of equipment to implement this would be a huge cost to the optometrist .We did not study medicine in a broader sense .Our course targeted on very Optometry based /Ophthalmic subjects . We practice today upholding these skills and provide a vital service to the community – better vision.Optometrists now have the newly added compulsory CDD point system to keep up our general registration which involves vast monetary and time cost s I wonder how many more hurdles does an Optometrist need to overcome to practice Our income is relatively low compared to other under-qualified professions .I do not feel our income warrants the added compulsory responsibility. The income for a locum Optometrist has stalled over the years around \$55 -\$65 .Why should we be burdened with the extra responsibility and no increase of income .?!

I can see how Academic Optometrists /Small practice Optometrists would like to see Compulsory prescribing but I believe that this does not concur with the majority of already hard working (and CPD point pursuing) optometrists.

Yours Sincerely

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