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**Subject:** mandatory therapeutics for optometry  
**Date:** Wednesday, 23 February 2011 11:58:30 AM

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In response to recent correspondence from the AHPRA in regards to the requirement for therapeutic endorsement for all optometrists, and the questions put to us:

- 1. Public benefit in requiring all optometrists to be endorsed?** None - the public have access to optoms with therapeutics, GPs and Ophthalmologists. They have quick and easy access when required without needing all optometrists to be endorsed
- 2. Reasonable expectation?** No - I think a reasonable expectation is for optometrists to perform the tasks required for a standard consultation. For years there have been optometrists that have not had skills in contact lenses, BIO, 90D (all skills that I have), yet they have been able to practice optometry. These tasks are crucial for a routine assessment, they are not specialist areas. Therapeutics is not something that is crucial to a routine or typical assessment, so why should optometrists not be registered because they are proficient in all the required skills, but lack something that is specialised.
- 3. Requirement for practice?** No, refer above (2)
- 4. Period of grace** - n/a
- 5. Overseas graduates** - overseas graduates should be required to have the skills required for what is considered a complete consultation. Therapeutic endorsement should not be required for this purpose.
- 6. Non practising optometrists** - Non practising optometrists should be required to have the same levels of minimum qualifications of practising optometrists.
- 7. Impediments to proposal** - The obvious impediment is that not all optometrists have done therapeutic courses, and some may have limited opportunity to do so. I see no reason why there cannot be a distinction between those that have access to therapeutics, and those that don't. Different doctors have access to different drugs, and distinctions are made, why not with optometrists?

As previously stipulated, for years optometrists who have various levels of education / knowledge and skills have all been able to practice under the one umbrella. This is a further distinction between optometrists, but unlike the past, a clear distinction exists this time. An optometrist having access, or not having access to therapeutics, does not affect a routine assessment and does not mean the patient has a reduced assessment. Indeed, just as we have always been able to, the option of a referral for anything we cannot treat is there. We are primary eyecare providers, but the necessity to treat is not required. Being able to treat is a valuable tool, however not a necessity, and should not therefore be required for registration.

Regards,  
Bill Katsabis