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Mr Colin Waldron
 Chairman
 Optometry Board of Australia
 GPO Box 9958
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3/3/11

Dear Colin,

RE: Consultation Document on Proposal For Therapeutic Registration

We would like to take the opportunity to respond to the Board's request for comments regarding a proposal that therapeutic qualification become a requirement for general registration.

Our comments are directed to the questions listed in your document.

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

There is a strong public benefit in providing optometrists with the capacity to act as primary eye health providers. We all have undergone therapeutic drug course training and are endorsed. We regularly prescribe topical therapeutic drugs providing our patients with convenient, accessible and effective resolution of common clinical conditions. Patients have expressed satisfaction with our care and commented on the convenience of one stop care. We receive many referrals from local GP's who are also happy to use our expertise and service for their patients. I am sure the benefits have included more accurate diagnoses, faster resolution of problems and a reduced need for referral to tertiary care practitioners. This must provide lower cost care to the patient and to Medicare.

We all undertook self funded post graduate training courses in the use of therapeutic drugs. This required a commitment in time, finances and study discipline but the thorough didactic training and exposure to clinical cases were beneficial to our clinical skills. Most frustrations in the training process related to the variety of clinical training opportunities and some resistance to allowing optometrists to access emergency clinics. There was also no opportunity for recognition of cases that could have been managed within one's own clinic, perhaps under the remote supervision of an ophthalmological colleague or therapeutically qualified optometrist.

Is such a requirement a reasonable expectation of optometrists?

Yes as it has been recognised in the current optometry courses. The existing undergraduate course requirements set the benchmark for new registrations and should be matched in the competency assessments.

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

Eventually all optometrists will have therapeutic qualification. Existing non therapeutic qualified optometrists have had opportunities to enrol in various courses and these should continue to be available so that qualification can be obtained before it becomes mandatory.

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?

A suitable period of grace would be 6 years. This might be relaxed for allow older optometrists who plan to retire before 6 years, previous part time practitioners returning to the work force after family leave etc. The availability of suitable courses for post graduate training may also limit the time limit.

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?

Yes but 2014 might be too soon. The existing undergraduate course requirements set the benchmark for new registrations and should be matched in the competency assessments. There may be insufficient time to allow overseas trained optometrists to enrol and complete a course in therapeutic drug use. They should however be given the same period of grace as existing registered optometrists.

Should optometrists holding general registration practising in non-clinical roles, such as management, administration, education, research, advisory, regulatory or policy development role be required to hold therapeutic qualifications?

Non practising optometrists could be exempted. A provision might also be made for part time or semi-retired optometrists.

Are there impediments to the proposal that need to be considered and if so, can these be overcome?

The provision of practical periods of grace and suitable post graduate courses will overcome any impediments to the proposal.

There will be objections to the proposal from groups with a vested interest in reducing reliance on qualified staff to provide comprehensive eye care. Registration implies optometric responsibility for decisions involving clinical care and ownership of records. It appears that the role of employee optometrists in some practices with advertised commercial priorities has been reduced to that of supervising refractionists. A requirement for therapeutic registration for employee optometrists might clash with commercial priorities and be opposed by management. The Board should be concerned when commercial priorities overtake the public expectation of optometric care.

Critical comments have already appeared which we suspect originate from commercial practices more concerned with promoting multiple appliance sales.

Requests to participate in pseudo surveys promoting opposition to the proposal have already been circulated to us. The survey company fails to identify who commissioned the survey and any results from this process should be treated with scepticism by the Board.

Optometric consultation fees are publicly funded through Medicare. Optometric training courses are also partially funded through the public purse. The community therefore has the right to expect the best care from the optometric profession.

A mandatory requirement to undergo some refresher education that has the ultimate aim of providing better patient eyecare might also refocus the optometrist's energy on to what they were trained for and provide the community with a better return on the costs of educating and supporting them.

Thank you for considering our response

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