To whom it may concern,

I have been a practicing optometrist for the over 15 years. I have thoroughly enjoyed my job and have never felt limited in my ability to be a primary health care provider. 20 years ago I had the results to do medicine but I chose optometry. It is my belief that in the last 20 years or so, Optometry has needed such high results to get into that many people have felt limited with the scope of what they can do. I feel there are many optometrists so concerned about therapeutics that they forget the fundamental reasons why patients come to see us. They come to us to get their eyes tested. They expect us to provide appropriate visual correction to correct vision problems. They expect us to identify and manage any health issues. I have always had good relationships with local GPs or eye specialists. I have never felt a patient's health has been put at risk because I am not therapeutically endorsed.

I understand that times have changed and due to a limited amount of eye specialists, especially in rural areas, optometrists do have a role in our society to fill the gap. Orinally, I was against theapeutics for optometry but now that it is quite obvious that specialist numbers are not going to increase in a way that will allow traditional methods to continue, I can see it is a necessity. Although not keen to go back to study (with two kids + costs and missed work time), I have found my self starting to think about the possibility of doing the course. However, I do strongly believe this should be the decision of the individual optometrist and it should never be forced upon them by the board. Optometrists who are not therapeutically endorsed should always be allowed to continue practicing although in a decade or more I would understand that being under a restricted registration. This transition will have to be carefully done as an optometrist who is not therapeutically endorsed should never be belittled or made to feel inadequate as there contribution to the profession and society will always be significant.

I feel as an optometrist, I am improving every year. The ability to listen to a patient's needs and provide better visual correction whether that be glasses or contact lenses has improved. The ability to detect ocular disease and manage in an appropriate way has improved. The optometrist I was 10years ago, even if therapeutically endorsed would not manage a patient as well as the not therapeatically endorsed optometrist I am now. As stated earlier, I have an excellent relationship with local GPs and specialists. We all utilise each others skills. There are numerous times when an eye specialist will fit someone in for me but ther are also numerous times when I get a call from the specialist asking me to see the patient sent from the local GP with floaters or flashes because they are booked out. The sytsem currently works fine in larger cities and towns and as most optometrist work in larger cities or towns, I don't believe changes to general registration have to be rushed. I'm sure when another local optometrist is therapeutically endorsed (or myself) it may be handy but I'm not holding my breath waiting and it certainly isn't affecting patient care.

I urge this decision not to be rushed. As a profession we have to move forward but sometimes we have to sit back and realise the things we do well and to make sure that continues. In the forseeable future there is no public benefit in requiring all optometrists to be therapeutically endorsed. It should be up to the individual optometrist. Eventually therapeutic endorsement will have to be a requirement for 'general' registration with restrictions placed on those who are not (as there is with diagnostic drugs at the moment). I hope this is done in a way that reflects the 'average' optometrist.

Thanks and best regards,

Steven Hemmings (B.Ap.Sc.Optom)