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Mr Colin Waldron Chair Optometry Board of Australia

via email: optomconsultation@ahpra.gov.au

Dear Mr Waldron

The AMA makes this submission in response to the Optometrist Board's call for comments dated 14 January 2011 on its proposal that therapeutic qualifications become a requirement for general registration for all optometrists, including those entering from overseas.

We acknowledge the role of the Optometry Board of Australia to protect the public by developing standards, codes and guidelines for the optometry profession and by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

In general, the AMA considers that any increase in optometrists' professional standards and training requirements is likely to benefit the community.

However, the question about whether or not all existing practitioners should be required to undertake additional training to match that of 2014 and future graduates is a matter for the Optometry Board.

Notwithstanding the above, the AMA's view is that prescribers must be adequately trained in organic and inorganic chemistry, physiology, biochemistry, and anatomy. Only after these core subjects are acquired can a course in pharmacology be properly used and integrated to treat patients. The Optometry Board of Australia must ensure that the registration standards for prescribing optometrists are equal to the medical profession.

Accordingly, the Australian Medical Council, as well as the Optometry Council of Australia and New Zealand, should accredit the training and education programs. To our knowledge, there is limited medical input into the development and accreditation of course content of programs of study in ocular therapeutics and yet the outcome from this activity has a significant impact on the medical health of patients.

In addition, optometrists who are endorsed for prescribing should also be required to inform the patient's usual general practitioner of any medications prescribed, as well as ophthalmologists with whom they have shared care arrangements. This is a requirement for prescribing under the Pharmaceutical Benefits Scheme and should be part of the Board's registration standards. This will ensure that any risks of adverse drug interactions for patients who are on many medications are minimised.

Finally, if the Board did make approved training in therapeutics a requirement for practice in Australia, any grandfathering arrangements of current optometrists should ensure that only optometrists who are suitably trained and qualified to practice in a competent and ethical manner are registered.

A copy of this submission has been provided to the Medical Board of Australia.

Yours sincerely

Dr Andrew Pesce President

23 February 2011

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