Dear Optometry Board

Answers to Questions in number sequence.

1. Therapeutics is an area of specialty which requires proper pharmaceutical training, as a pharmacist would do, in order to be fully and competently trained in the drug applications and interactions which can have devastating consequences if case histories are poorly taken or not taken at all.

If you practice in an area where the requirement of Ocular Therapeutics is low or if there are enough Ophthalmologists/Doctors in the area, then I do not see additional public benefit.

Therapeutics should be regarded as an optional area of specialisation once the Optometry degree has been attained, so that Optometrists can individually decide on this area of specialty, and if they practice in remote areas or work in an eye hospital, they can then offer this service as a public benefit.

The added responsibility of taking on a patient that requires treatment and monitoring is something that Optometry is not geared for, especially when Optometrists are under pressure to perform 3 sight tests per hour in order to satisfy the ridiculous retail pressures that Corporates place us under in order to meet KPI’s and conversion rates. Let’s be realistic here and it is not rocket science to see that Therapeutic follow up appointments is just not going to generate the revenue which all businesses are required to do in order to survive.

The serious responsibility of Therapeutics is not just treating bacterial conjunctivitis which generally might appear simple and straightforward, but to rather consider the complex differential diagnosis of pathology in general and the follow up treatment required, in order to establish that the correct diagnosis was made and the correct treatment was offered.
Consideration also needs to be given in cases of Glaucoma treatment which we all know is alot more complex now than before, by virtue of the fact that regular follow ups are necessary, which demands more chair time and naturally there should be a cost to the patient. Currently hospitals offer this to patients at no charge as part of the National Health, so why duplicate this service in a private capacity where there would be a cost to the patient? In addition to the responsibility and regular follow ups, another consideration is called upon and that is: can you imagine the disruption to those corporate appointment diaries when suddenly free eye examinations are offered in order to compete with the other Multiples and suddenly you find yourself running an eye clinic, at no charge to the patients, and before you know it, unable to meet your overheads and running costs. Diagnostics should continue as is currently the case. While much fuss is made about protecting the public it should be remembered that Optometrists need an equal amount of protection in terms of the way in which the Optometry Profession is being steered so that Optometrists are not saddled with an immeasureable burden of responsibility which will no doubt result in an escalation of malpractice claims, simply because they have been misled by taking on Therapeutics as a compulsory requirement for qualification. In my view Ocular Therapeutics is for Ophthalmologists and it should stay that way.

2. Such a requirement is not a reasonable expectation of an Optometrist and we need to refer to the original definition of what an Optometrist's role is, unless we are entering an era of re-defining the role of the Optometric Profession.

3. No it should not. See answer 1.

4. N/A

5. Only if they intend practicing in Australia, otherwise
there is no point, because the work studied will be forgotten if not practised and also due to change in legislation and drug scheduling.

6. No.

7. Impediments: Public perception I would say is the biggest impediment because the Public's perception of the Optometric Profession is one of retail and not Primary Health, and, as long as The Optometric Profession allows itself to be dictated to by the overpowering forces of Retail Optics then there is no chance of Optometry being regarded as an autonomous profession.
At the present time the public mentality regarding eyecare is, "where can I get the best 2 for 1 deal in town"?.

Can this be overcome? Yes, only if Optometry dissociates itself totally from the influence of Retail Optics.
I guess it's a case of bringing back the butcher, the baker and the candlestick maker.

My views are based on my 24 years experience as an Optometrist of which the last 11 years have been in the UK.
I think there might be many similarities in the way Optometry is conducted here in the UK and in Australia and I hope these views offer some additional perspective. Well among the points already mentioned I long for the day when an Optometrist in the UK can be referred to as an Optometrist and not an Optician....just by the way.

Thank you

Yours sincerely

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