As a general response to this proposal, my partner Graham Dickens and I are of the strong opinion:

1. That the proposal is of no real benefit to the public.

2. Therapeutics greatly increase risk in the practice of optometry, to that confronting medicine, with the resultant huge insurance premiums increases which quickly follow and may make practice uneconomic.

3. It is not a reasonable expectation of optometrists already qualified. Where is the threat to the public in having 2 levels of qualification? Does it then follow that a non-therapeutic qualified optoms are suddenly incompetent and the continuing education programs are of no real importance? Are non-therapeutic qualified optoms suddenly unable to recognise or diagnose an eye disease/abnormal eye condition?

4. If anything the risk to the public will in fact increase because optoms will not see enough volume of eye disease/disorders to obtain and maintain competency in the prescribing of therapeutic drugs. Here if someone attends with an eye infection we refer to the expert local ophthalmologist, who in turn refers to the expert optometrist for their ophthalmic needs.

If common sense does not prevail, and current qualifications are not able to co-exist with advanced levels of qualification, then a grandfather clause needs to be inserted to enable currently qualified and obviously competent optoms to continue practicing until retirement, if they do not wish to be qualified for, or take on the added risk of prescribing therapeutic drugs.

Sincerely,

Peter Herd and Graham Dickens