I would prefer if my comments were not labelled with my name but they can be on site anonymously.

1. Public benefit
decreased waiting time that currently exists if patient in our practice is booked in with a non-therapeutic optom. they then need to wait until either i'm free or can squeeze in. if all were therapeutic patient would get a consistent level of care (or of education at least) whoever they saw.

2. reasonable expectation?
In theory I think it is, as therapeutics is now part of the optom's possible role so why shouldn't all do it. However, there are also specialties that some optoms go for and maybe therapeutics could be one of these as it sort of is now. However it is very expensive personally and can't gain any more remuneration just for being therapeutically endorsed. Also the points earnt can now only be used for one year's CPE requirements (very heavy load for that year).

3. unsure

4. period of grace: I originally thought 10 years. However, looking at the 3200 who would need to be qualified in that time (320 per year) seems like too large a number of students to pump through the 3 universities (and the hands on hospital clinics). So maybe 20 years might be more practical.

5. OS
probably sounds harsh but I think that would be a good idea - so that they are "better" than some of the other optoms - also would fit well with theory that some of them may move into rural areas.

6. non-clinical optoms need it?
for those in a policy development role might be useful so up with what the current level of the profession is. For others, unsure. Probably comes down to the question of whether management roles should be performed by someone who knows what the job entails...

7. are there impediments
Cost to individual optoms (perhaps this could be covered by OAA fees or something, to spread out the cost over a certain period?
number of optoms to educate
resistance of those who feel further education is of no financial benefit and are not interested.
Thanks