In relation to the proposals concerning therapeutic qualification and registration, I make the following submissions:

1. I do not believe that we should begin with the premise that therapeutic qualification is a fait accompli and that it is only the details of administration that need to be worked through. Who are the protagonists in this? What are their agendas? Do they, and have they ever, carried any support from the majority of optometrists for this push?

2. If there is a shift towards a more medical/clinical approach to practice then I believe that it should be a natural progression. Surely market forces and an increasing number of therapeutically qualified practitioners will lead to a gradual acceptance in the public's mind that the profession can deal effectively with those needs. Those practices in country areas, which will most benefit from the skills will endeavour to recruit only those with the qualification. Those wishing to practise in those areas will naturally wish to undertake the training, or they may choose to work in a practice where there is another optometrist with the qualification. Those in areas with easy access to ophthalmological care will rightly see no particular benefit to their patients, their practice or themselves in achieving the qualification unless there is a demonstrable need. I regularly work in practices with no visual field screener, retinal camera or OCT. I refer as necessary for those tests and have not noted any requirement that a practice have a minimum level of equipment as a registration requirement.

3. In the case of speciality skills e.g. rigid contact lens prescribing for keratoconics etc. there is an accepted practice of referral from colleagues less skilled to those more skilled in treating those patients. This concept is also well accepted and encouraged in all branches of medicine. We have not moved towards all the profession needing to be trained and endorsed and required to have these skills which are not often needed by the vast majority of practitioners on a day-to-day basis.

4. It is unrealistic to impose a training requirement at a late stage in any practitioner’s career when there are sufficient and increasing numbers of younger practitioners joining the profession who can undertake the role.

In short I see no problem with a “two tier” system of registration and I urge the Board to reconsider the basic premise and not attempt to assume a need for either the public or the profession to proceed so swiftly with implementation of this proposal.

Melvin R Willmore