I write regarding the proposal that therapeutic endorsement be a requirement for registration as a practicing optometrist in Australia.

Although I am a therapeutically endorsed optometrist and an enthusiastic supporter of this mode of practice, I see a number of major difficulties with this proposal. Addressing the questions you pose in the discussion paper:

1. Is there any public benefit in requiring all optometrists to be eligible for therapeutic endorsement?

In principle, absolutely. Widespread public access to the services that therapeutic optometry makes possible at little cost to the health care consumer, would undoubtedly be a desirable outcome, and furthermore would have the side effect of raising the standing of the profession in the public eye. However:

2. Is such a requirement a reasonable expectation of optometrists?

I do not believe so. Even if every practitioner wanted to gain endorsement in short order - and anecdotal evidence suggests that many do not - the educational resources necessary to train approximately 3200 optometrists in therapeutic skills simply do not appear to exist at this point in time. There are barely enough facilities, teachers, and especially ophthalmologic mentors to manage the small current number of therapeutic graduates; this graduation rate would need to be doubled or tripled just to qualify the remaining 3200 optometrists in Australia within a decade, which would require a very significant investment in educational resources and infrastructure. And that is for a modest timeframe; anything faster would require correspondingly greater investment. For this reason, any proposal to compel therapeutic qualification prematurely would have the effect of forcing many optometrists out of the workforce, as there would be no places for them to gain the necessary qualifications. This is unreasonable, and furthermore would lead to a sudden and drastic workforce shortage. This would be great news for the relatively small number of endorsed optometrists, but a disaster for public access to eyecare, as many practices would simply need to close down for want of a practitioner.

3. Should therapeutic qualifications be a requirement for practice as an optometrist in Australia?

At this point in time, I do not believe this is practical, as outlined above. Arguably, it may be a valid long term aspiration for the profession. But it is not practical to implement it when the proportion of endorsed practitioners is as low as it is now, and when the educational resources necessary to train the remainder of the workforce are lacking.

4. If so, should there be a period of grace to allow all registered optometrists to gain the necessary qualifications and how long should the period be?

If the policy is introduced a significant number of years from now, any period of grace should be consistent with a reasonable expectation that educational opportunities would be available before the end of the grace period for all who need them to comply with the changed requirements.
5. To be consistent with Australian graduates, should overseas-trained optometrists applying for general registration in Australia for the first time be required to complete appropriate competency assessments for therapeutic practice from 2014?

Yes; see #7 below.

6. Should optometrists holding general registration practising in non-clinical roles, such as management, administration, education, research, advisory, regulatory or policy development roles, be required to hold therapeutic qualifications?

Currently, my understanding is that all non-clinical registrants are required to hold the same qualifications as practicing clinical registrants; it seems logical that such an arrangement should continue.

7. Are there impediments to the proposal that need to be considered and if so, can these be overcome?

As the proposal currently stands, the educational requirements seem insuperable unless a very long timeframe is allowed to bring the educational attainment of the workforce into line with its requirements. However, if the proposal was altered to require only new registrants to gain therapeutic endorsement, with currently registered non-endorsed practitioners permitted to keep practicing in this way if they choose, the picture would change dramatically. All Australian teaching institutions will soon be producing only therapeutically qualified graduates, so the proportion of endorsed practitioners would gradually rise simply through natural workforce turnover. Any non-endorsed practitioner could, of course, gain endorsement with appropriate training at any time. It seems logical that overseas trained applicants should also be required to hold or to gain appropriate therapeutic qualifications before being granted registration so that the skills of local graduates cannot be undercut in the labour market. At some point in the future, this would result in an optometric workforce in which there is a sufficiently small number of non-endorsed optometrists that they can be trained within a reasonable grace period, and the goal of complete and compulsory therapeutic qualification would become attainable without undue workforce disruption.

Kind regards,

Andrew Robinson.