

**Subject:** Thearputic optom Registration  
**Date:** Friday, 4 March 2011 3:21:51 PM

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----- Original Message -----

Mr Anthony Phillips, optometrist of Westbourne Park South Australia  
Ms Mandy Wilson, optometrist of South Australia  
Mr Ken Chenery, optometrist of Adelaide, South Australia  
Mr Andrew Griffiths, optometrist of Parkside South Australia

We the above named object strongly to any proposal to make it contingent for *on-going* optometric registration that optometrists should be required to be therapeutically qualified.

We have no objection to any *new* registrants being compelled to possess therapeutic certification.

We make our objection on the following points

1-we didn't enter optometry to treat eye disease. If we had wanted to do that we would have enrolled in medical school, completed the 7 year medical qualification and then continued the further 5 years of study to become an ophthalmologist.

2-there is talk of there being a two tier optometry profession. This already exists in other branches of medicine where there are medical specialists who only examine and prescribe drugs and those who only perform surgery. This does not seem to cause conflict in those areas.

3-it is impossible for all optometrists to possess all the skill set available. For instance, some optometrists perform complex contact lens fitting. As an example we cite the very complex fitting of corneal grafts and keratoconus. There is no contingency for compulsory skill acquisition in those fields to qualify for continuing registration

4-there are already many sub-divisions in optometry and therapeutics should be regarded as that. For example there are optometrists who specialise in sports vision, visual training, low vision, industrial vision as examples.

5-with the change in the schedule of Chlorsig, most eye infections can now be treated using over the counter medications. We do not believe that even with the extra training required for therapeutic qualification optometrist would or should treat the more complex eye conditions

6-we are approaching the end of our working careers and we don't believe that it is good economic sense to outlay many thousands of dollars and invest in a large amount of time to become therapeutically qualified, particularly considering Medicare does not recognize these therapeutic services.

7- There cannot possibly be a demonstrable public benefit to having all optometrists therapeutically endorsed. We are primary eye care providers and are well supported in almost all areas by general practice doctors and ophthalmologists, as well as an increasing number of our own members, in providing “therapeutic” services when needed.

8- We suggest some straw polling research on average members of the public would show not the smallest positive trend toward this aspect of optometry being a reasonable expectation, and our belief is that it will not become so for a long time despite increasing numbers being qualified in this area. The majority of patients with non-refractive eye problems consult a GP first despite most optometrists already having both the knowledge and the equipment to perform these tasks adequately.

9- Again look at the available evidence of numbers of non-spectacle prescriptions written by optometrists every month. We think it would be hard to justify this blanket requirement at this stage given the public benefit extrapolated from these figures.

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