

23 February 2011

Mr Colin Waldron

Chair

The Optometry Board of Australia

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Dear Colin

The ACBO Board is pleased to be able to respond to the submission re therapeutic qualification becoming a requirement for general registration as an optometrist in Australia.

ACBO acknowledges that therapeutic training is part of all undergraduate optometry courses in Australia, implying that in time all practising optometrists will be therapeutically qualified.

ACBO undertook to survey its financial members so that we could provide an overview of opinions. Of the 240 members surveyed, 91 responded, 26 of whom are already therapeutically qualified. The survey included the following statement and list of 4 positions that members were asked to comment on:

*The ACBO Board has already considered this matter in some detail based on responses to it by individual members. What follows is the current view of the Board based on these submissions and further discussions. Please comment either in the positive or negative or advise what other additions / deletions are appropriate from your perspective. Thank you in advance for your support.*

*The OBA is also seeking individual responses, so the Board encourages you to also contact the OBA directly.*

- 1. ACBO does not agree that becoming therapeutically endorsed should be a requirement for registration in the short term.*
- 2. ACBO believes that a "Grandfather" clause should be provided to allow Optometrists currently practicing without therapeutics to continue to do so, and that over a period of time as the older optometrists retire and newer graduates take their place, the profession will evolve to the position where all optometrists are therapeutically endorsed.*

*3. ACBO believes that there will be no public harm if this gradual change is allowed to take place.*

*4. ACBO believes that it is unrealistic to expect all optometrists to immediately embrace the concept of therapeutics, and as long as optometrists diagnose correctly and refer appropriately, there is no need for them to actually manage the treatment.*

In general, the majority of ACBO members are against therapeutic qualification being mandatory for registration from 2014 (80.9% of responses).

Specifically answering the questions posed by the Optometry Board of Australia:

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

There is some public benefit, but mainly in isolated rural communities where there is a paucity of ophthalmological attendance. In general, city-based practices where the majority of optometrists practice, are well served by GPs, locally practicing ophthalmologists and hospital ophthalmology services. Hence the need for ALL optometrists to have to be therapeutically qualified seems unnecessary. There is no evidence that the public has been at great risk in the past due to lack of therapeutically qualified optometric practitioners.

There is also an economic advantage to the public as optometric fees would cost less than medical practitioner's fees.

2 Is such a requirement a reasonable expectation of optometrists?

ACBO believes that it is unreasonable to expect all optometrists to become therapeutically qualified in the short term. Optometry is a diverse profession with opportunities for specialised modes of practice. As Behavioural Optometrists, we understand that the choice to practice from the perspective of neurodevelopmental visual function is a personal one that we cannot impose on the whole of the profession. Similarly insisting that all contact lens practitioners MUST own a corneal topographer and do ortho-K, is unrealistic. The expectation that the whole profession is interested in therapeutics, given that the majority have good relations with GPs and ophthalmology, is wrong. At present it is only 1 in 5 optometrists that are therapeutically qualified...and the other 4 in 5 have been doing optometry, not medicine, successfully for decades.

ACBO believes that most optometrists who enjoy their profession have chosen it for the purpose of doing optometry. There certainly are those who have developed a particular interest in things pathological and therapeutic. They should be encouraged, but there should not be the expectation that the whole profession will adopt the same mode of practice.

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

No.

ACBO acknowledges that in the future this will become the norm, given that all newly qualified practitioners will have achieved this via their undergraduate course. As always, the degree to which the knowledge will be used will depend on the individual circumstances. As behavioural practitioners we see this all too regularly: in theory all undergraduates are taught how to assess the visual efficiency of all patients, but often this is not done adequately to address the patient's need.

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

There should be a 'grandfather clause' for all optometrists registered prior to 2014. This does not imply that none of those optometrists will see fit to become therapeutically qualified. Of the 91 of our members who responded to our survey 29% are already therapeutically qualified. Our objection is to the mandatory nature of this proposal. For those registered prior to 2014, it should be *possible* to complete this further area of study voluntarily, it should not be mandatory. ACBO understands that for those who choose not, registration will continue as it has previously. From our survey there is also limited support for a two tier registration scenario.

5 Overseas trained optometrists

Overseas trained Optometrists should meet the same requirements, as do new graduates.

## 6 Optometrists in non-clinical roles

A “Grandfather” clause would allow non-therapeutically qualified optometrists to carry on in their current role – whatever that may be, and eventually it would become self-limiting, as new graduates fill the positions vacated by retiring “non-endorsed” optometrists

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

Cost of initial and ongoing training. As 80% of the profession are not currently therapeutically qualified, there would be a huge effort required to achieve their being trained by 2014.

It may force early retirement of a proportion of the experienced workforce who are disinclined to spend the time and money for only a few more years of practice.

Difficulty in having enough hospital placements for optometrists to complete their training

Loss of relative choice in what to spend CPD dollars and time on. If this topic is mandatory it is assumed that there would be a mandatory amount of CPD points to be earned to maintain currency, even if an individual chose to not practice this modality.

This could seriously disrupt this vibrant profession’s opportunities to grow and diversify.

Yours sincerely,

Sue Larter BOptom MSc FACBO FCOVD

Interim President ACBO