

Comments on Therapeutic endorsement

The requirement for all optometrists to become therapeutically endorsed seems reasonable as it is now a part of the current Bachelor Degree programme in Australia but how this is achieved will require consideration of number of optometrists who need to become endorsed vs number of places available per state/year and then establishing a reasonable time frame. For example ocular therapeutics has only been available in Western Australia since 2010, with limited places available on the course each year/ course costs/ work and family commitments and working locations (remote/rural WA) a 10 year time frame might seem reasonable to set as a target for achieving therapeutic endorsement with a review for extension after 8 years if required.

Another option to consider would be having a two tiered registration system for those who are therapeutically endorsed and those who are not, as is the case in the UK currently.

Financial help, in the form of a grant, with the costs of becoming therapeutically endorsed should be considered for non-metropolitan optometrists, i.e. who have to travel over 100-200km to attend a course. (Loss of income, travel & accommodation)

It would seem reasonable that from 2014 any optometrist applying for registration from overseas for the first time should meet the same competencies as optometrists qualifying in Australia.

There could be major potential benefits to the public and the optometry profession by having all optometrists therapeutically endorsed. It would help to standardise the level of qualification, raise professional clinical standards and raise public perception of the profession, BUT;

1. A clear open regulated policy on optometrist's fees needs to be devised where glasses/contact lens sales are not used to subsidise bulk billing/charging inadequate fees for services provided. Only if this is instigated can optometry as a profession move forward into a more clinical role and then seriously consider making therapeutic endorsement for all optometrists mandatory.

2. There would need to be new negotiation/revision of Medicare's policy/agreement with the profession on capping schedule fees for services as this already limits optometrists being able to see patients within Medicare and offer full scope services with the newest technology, i.e digital photography, Pachymetry, OCT etc. While the larger multiple chains promote a policy of bulk billing and offer free consultations of some services, i.e. contacts lenses, any negotiation with Medicare will be extremely difficult, as there is little incentive for them to review schedule fees or remove the policy of capping fees.

3. The overall benefit will also depend greatly on how well local ophthalmologists embrace the idea. If there is resistance/lack of cooperation/support for optometrists to work in the therapeutic field from ophthalmologists then there will be significant limitations to how useful this extra qualification may be to optometrists and the general public. I would suggest the Board approach local ophthalmologists (metropolitan/rural) in each state directly for their thoughts/feedback on optometrists working in therapeutics and the potential for shared care locally. If there is good cooperation from both professions then therapeutics could offer vastly reduced waiting times, triage/referral refinement options for GP's/ophthalmologists and a more convenient local service for many people living in rural/remote areas.

4. When considering if therapeutics should become mandatory, the Board/Association and all optometrists need to look very carefully at the direction the profession is currently taking as it moves away from being clinicians towards becoming high street retailers. There seems to be an increasing divide between what is being taught at university in the optometry degree courses and the reality of working within the profession on the high street. With the recent dramatic increase in large commercial multiple chains across Australia that seem to push for high volume, high conversion rates, high sales rather than high clinical standards. It would appear that increasingly more and more of Australia's optometrists will have to seek employment within these large multiple chains in the future and I question how useful being therapeutically endorsed would be to many optometrists working in this mode of practice. (I have worked in this kind of commercial multiple environment for over 10 years in the UK, where in reality clinical progression has generally been pushed aside for commercial gain to the detriment of the profession). Tighter regulation may need to be introduced with regards to advertising/marketing, minimum examination times, minimum fees charged to help regulate the profession and justify enforcing therapeutic endorsement on all optometrist.