

AHPRA Consultation on Therapeutics

I do not believe there to be a public benefit in **requiring all** optometrists to have therapeutic endorsement. There is obviously public benefit from **allowing some** optometrists to have therapeutic endorsement due the lack of ophthalmological services in rural areas. Surely the fact that only 800 of the currently 4000 practicing optometrists in Australia, have taken up the voluntary endorsement is evidence that most currently practising optometrists are not inclined to practise, using therapeutic drugs.

I don't believe it is a reasonable expectation of optometrists to be required to train and to be endorsed for therapeutic prescribing by the national registration board. The board should be primarily there to ensure **responsible and ethical practice** by the professionals it regulates, and the **safety of the general public**. It should not be the role of the board to change the mode of practice of the profession. The Optometrists Association of Australia and market forces will do that as required. If a therapeutically endorsed optometrist is needed in an area, it will inevitably happen.

If necessary a **two tiered system** could exist. The therapeutically endorsed optometrists should then have access to an expanded Medicare benefits schedule that accurately and fairly reflects the time and risks associated with prescribing drugs , and also monitoring pathology like glaucoma from a therapeutically based mode of practice. For example, an optometrist monitoring glaucoma should be entitled to similar Medicare fees as ophthalmologists, when performing field tests, nerve fibre layer scans, pachymetry, and tonometry. The restriction on the maximum scheduled fee charged to patients should also be lifted. I would anticipate that **indemnity insurance premiums** for therapeutically endorsed and practising optometrists will be raised. This needs to be compensated for by the Medicare fees.

Currently, how many of the 800 therapeutically endorsed optometrists, see enough patients requiring those services, to keep them safely and confidently prescribing therapeutic medications? How many Optometrists are still referring on for ophthalmological care despite being qualified to prescribe therapeutic medication? Without a suitable set of Medicare codes in place i.e. one that can be billed when a referral is written , this **cannot even be monitored**. This sort of data should be used when contemplating changes to registration regulations.

Therapeutic qualification **should not be requirement** for practice in Australia for currently practising Optometrists. Close to 4000 optometrists have been successfully and safely meeting the needs of the public, practising in the mode of optometry for which they trained, for between 1 and 40 years each. There have been very few cases of litigation against an optometrist for any sight or life threatening situations. We are currently doing a good job on the whole in the scope of practice for which we trained.

Regarding the period of grace to gain qualification for therapeutics, as new graduates come into the profession, the need for existing members to qualify will gradually become irrelevant. Older members will be retiring in due time, and will continue to practice safely within their scope of knowledge until then. This has been the case as changes to practice have occurred over the years e.g when diagnostic drugs were added to the scope of practice for Optometry.

I do believe that **consistency in new members to the profession is reasonable**. Therefore it is a reasonable requirement for new members from overseas, wishing to be fully registered to become endorsed therapeutically. This will ensure that young migrant optometrists will be as well placed for the future as their Australian trained colleagues from 2014.

Optometrists in non clinical roles, or, I believe practising for less than 20hrs per week on average in locum/relief roles, **should also not be required to be endorsed therapeutically**. On the whole those optometrists will not find themselves in the position of needing that qualification.

It seems apparent from the participation to date in therapeutic courses, that it was never the intention or desire of the majority of currently practising optometrists to prescribe therapeutic medications or perform medical type procedures though this may be the logical progression into the future. The intention of the majority of practicing optometrists currently is to **improve the visual efficiency of patients and screen and monitor certain ocular conditions**. For those optometrists who perform that role safely and efficiently, the compulsory requirement to train for therapeutics would be a waste of time and financial resources, considering the amount that the qualification may be used by those who are not interested in using it.

Has it also been considered that **proposing therapeutic endorsement for registration** may force a significant number of very **experienced practitioners** out of the clinical roles they perform? Some may choose to retire early or change jobs altogether and retrain in another field. This could affect their livelihood and drain the profession of valuable experience and labour. This is particularly likely for those who are working in the capacity of a much needed support or locum role who are currently doing reduced hours anyway.

There is no doubt that therapeutic prescribing is part of the future of optometry in Australia. It certainly has its benefits, particularly in areas that are poorly serviced by ophthalmology. However, there is relatively very minimal benefit of compulsory therapeutic qualification of all optometrists, to the public in the densely populated, well serviced, metropolitan areas.

In my Brisbane inner suburban practice, in the last year, I could count on less than one hand the number of people that have been 'inconvenienced', by me not having the therapeutic qualification. I for one, am not particularly interested in being able to prescribe therapeutic drugs and feel that I would not be required to prescribe therapeutic drugs with sufficient frequency, to be safe and confident in their continual use. In my case it is likely to be a largely redundant string to my bow as the range of excellent medical and ophthalmological services very close by to my practice is considerable. **The general public under my care are offered the very best service in the case of therapeutic care, by professionals who are using therapeutics extensively on a daily basis if on the very rare occasion, they may require that level of treatment**. Such is the demographic of patients in the area I practise.