

Response to Request for Comments – Therapeutic Endorsement for Optometry Registration

As a practising rural optometrist with therapeutic endorsement since 2002, I would like to address the points raised in the OBA's request for submissions:

1. Given the accessibility of optometrists in Australia, the general public would receive the best possible care for problems requiring therapeutics if they were seen by therapeutically endorsed optometrists. The alternatives of GP's, pharmacies, or outpatient clinics will generally mean persons with less skills/knowledge in eye disease diagnosis and management are performing the work, or else non-endorsed optometrist will have to refer on – costing time and money.
2. Therapeutic endorsement is a perfectly reasonable requirement for Australian optometrists, given their claimed role as providers of primary eye care. A second-tier level of optometrist would simply confuse patients and limit the scope of eyecare delivery in Australia – undesirable for both the public and the profession. Practicing optometrists ought to aim to be more competent and qualified than new graduates, not less, and the public are right to expect this.
3. Yes – I believe therapeutic endorsement should be a requirement to practice optometry in Australia in the future*, for the reasons outlined above.
4. A period of grace to allow non-endorsed optometrists to comply is reasonable, and needs to take into account the ability of relevant educational bodies and clinics to deliver the required courses to the numbers requiring it. Many years will likely be needed, considering the large numbers involved.
5. These requirements should be applied to any overseas-trained optometrists wishing to practice in Australia, without a period of grace (from 2014). Again, the public should expect any recently registered overseas optometrist to be at LEAST as qualified and competent as a new Australian graduate.
6. Non-endorsed non-practicing optometrists could hold an affiliate-type registration if non-practicing, which requires ongoing CPE. Therapeutic endorsement would then be required to resume full registration and clinical practice.
7. The biggest impediments to this proposal will likely be:
 - i) Urban optometrists in dispensing-oriented practices disputing the need for endorsement
 - ii) Older optometrists reluctant to go through the (significant) time and cost of endorsement
 - iii) The logistics of training the large numbers of non-endorsed optometrists, although time will reduce this number as new graduates come through and the older generation retire.
 - iv) Back-room lobbying by certain large retail optometry chains, who will see this proposal as an impediment to their importing overseas optometrists

The argument that Therapeutics is a “specialty”, and thus should be optional, is questionable given it is now a core component of an optometry degree. If all graduates are required to attain this level of competency simply to graduate and be registered, surely it represents a fundamental progression in the scope of general optometry in Australia – something all optometrist should ultimately be expected to attain.

*It will be both impractical and unreasonable to expect the majority of non-endorsed practicing optometrists in Australia to become endorsed in the short to medium term, however as a long term objective this seems both appropriate and in the best interests of the public and profession.

There are many highly skilled optometrists in Australia who are neither endorsed nor intend to be, and such people ought to be given respectful consideration. That said, a generous phasing-in program, with endorsement taking experience into account with regard to clinical placement requirements, should be viewed as a positive step in optometry’s evolution.

Sincerely,

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