Elizabeth Hatfield BScOptom
OPTOMETRIST
Provider Number 617591T
ABN 14 967 415 413

[redacted]

AHPRA Optometry Board of Australia: Proposal for therapeutic qualification to be included as a requirement for general registration: comments

Addressing particularly the questions raised in the proposal notification:

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

There is public benefit in requiring eligibility for therapeutic endorsement insofar as this ensures consistency of practice throughout the country. Having achieved national registration, it would be desirable that the qualification levels be consistent. Over time this will be achieved anyway, as graduates from 2014 onwards will be eligible. There will, of necessity be an interim changeover period, requiring careful management. I don't, however, see any particular difficulty in having a number of categories of registration, including General Registration (including therapeutics), Non-TherapeuticRregistration (a category which would gradually become obsolete over some 10 to 15 years), and perhaps a Non-Practising registration for the academic/management/ research practitioners.

2. Is such a requirement a reasonable expectation of optometrists?

I believe such a requirement is reasonable as long as eligibility is achievable in a reasonable fashion. Figures supplied with this proposal indicate that only 20% of Australian optometrists at this time are eligible. The very large backlog will require some years to clear. It will be necessary for training to be available and affordable. This has not been the case to date, even for those of us working in Victoria where we have had ten years of endorsement.

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

Ultimately, yes. But with a long run in period to allow training, and with a grandfather clause for those of us who are reaching the end of our practising life. This does not preclude having a non practising category of registration, however.

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

I would suggest it would be reasonable to expect practitioners who trained prior to 1990 to be grandfathered and allowed to finish their practising years without further training other than the usual continuing education requirements. This could be a Non Therapeutic Registration. Personally, I would have no particular objections to a multi level system for about 10 to 15 years. I would not be averse to stating my status as a non-prescribing optometrist, indeed I already do this. Having practised for nearly 30 years in my location, comanagement has been a way of life for a very long time, and the ability to write the prescriptions has been easily got around by good relationships with local doctors and specialists. It needs also to be remembered that some states have only very recently gained therapeutic status for optometrists, so the catchup time will of necessity be long.

5. To be consistent with Australian graduates, should overseas-trained optometrists applying for general registration in Australia for the first time be required to complete appropriate competency assessments for therapeutic practice from 2014?

Yes, I believe this should be the case. It may be necessary to have training available if we want to import optometrists for remote and rural areas as has become necessary for medicine. Perhaps those practitioners willing to work in the less desirable locations might have a 5 year period in which to do therapeutics training. But of course, then the training has to be available and reachable, one of the main difficulties I have faced myself as a solo country practitioner.

6. Should optometrists holding general registration practising in non-clinical roles, such as management, administration, education, research, advisory, regulatory or policy development roles be required to hold therapeutic qualifications?

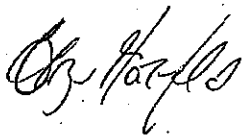
If an optometrist is not clinically practising, it is probably not necessary for them to hold therapeutic qualifications. A Non Practising Registration would be easily managed. Of course, those in these roles would need General Registration if they were also practising. In general I think many would take General Registration, which would require therapeutic qualifications so that they can do some practising also.

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

I see the biggest impediment to the proposal being the availability of training. This has been one of the difficulties I have personally faced. I took the first offered therapeutics course in Melbourne in 1993, but it was not until seven years later that endorsement became a reality. By that time my qualification was out of date, and I was running a very busy solo practice 300km from Melbourne. Training then required sessions at the RVEEH for an afternoon a week for many weeks. From my distance, and practising solo, this was simply not feasible. I looked into doing the practical component locally (100km away) with the ophthalmologist I normally work with, but this was not possible. The logistics got too difficult, with the cost of the course, travelling, time away from the practice, accommodation, and the fact that my practice is predominantly a 'medical' type practice and thus does not make a lot of money. So I made the decision to continue co-operating with the local doctors and ophthalmologists on matters requiring therapeutic input. In general this has worked very well.

These difficulties would be evident also for the states which do not have schools of optometry, and as this is a national proposal, I believe this may cause problems.

While not an impediment to implementation of this proposal, I also see a disadvantage in requiring all practitioners to become eligible for endorsement. Older practitioners with many years of experience may simply retire. Many of them are offering a service in unpopular and unprofitable rural and remote areas and I believe this would leave those areas without the good service they are used to. These places are going to lose us as we retire anyway, and it is unlikely that the small towns who presently have visiting optometry services will find replacements. This aspect was brought home to me particularly in the first week of January. I was approached by a District Hospital some 130km away to see if I could take up visiting there as their present visiting optometrist is no longer able to do it. I was not able to help as I am already too busy and my patients wait some weeks for a routine appointment. Pushing the experienced practitioners out earlier cannot be a good idea from the rural manpower perspective.



Elizabeth Hatfield

Hamilton, Victoria