

Subject: Submission on therapeutic consultation proposal
Date: Thursday, 3 March 2011 11:51:49 AM

Submission On The Proposal that Therapeutic Qualification To Be Included As A Requirement For General Registration

As registered optometrists we wish to comment on the proposal by the Optometry Board of Australia that “therapeutic qualification be a requirement for general registration of optometrists in Australia.”¹

Firstly we would like to address the seven questions raised in the Consultation document.¹ These being:

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

We believe there is insignificant public benefit in requiring all optometrists to be eligible for therapeutic endorsement. The consultation document¹ states there are over 4000 registered optometrists in Australia. In 2007 there were over 77,000 registered medical practitioners in Australia, having increased by 20.5% since 2003.² The number of medical practitioners able to use and prescribe the therapeutic medications available for use by therapeutic endorsed optometrists is significantly greater than the number of possible practitioners this proposal would add to the system. There is no benefit obtained by adding 3000 to 4000 practitioners to an already existing base of over 77000. Clearly in urban areas where the vast majority of the Australian public reside there are already adequate resources and availability of therapeutics. Access to these therapeutics is readily available simply through the current medical system. In remote rural areas where access to these services are more limited there may be a case for requiring therapeutic endorsement, however it is unlikely, even in remote areas that the provision of optometrical services would be greater than medical services. Speaking with our therapeutic endorsed colleagues it is clear the most common prescriptions written by optometrists are chloramphenicol and dry eye/allergy products. All these medications are available over the counter. What public benefit is there in requiring optometrists to supply medicines that are readily available through the current system or over the counter?

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

We believe that such a requirement is not a reasonable expectation of optometrists. As there is no significant benefit of this requirement to the general public then it is certainly not a reasonable expectation of currently registered optometrists to undergo further training when there is no observable demand for this service. To impose a change of this nature on currently registered optometrists would force many optometrists to abandon the profession. The Health Practitioner Regulation National Law Act 2009³ allows for the use of therapeutics within its current structure (Section 94). No changes are required to allow optometrists to use therapeutics.

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

We believe therapeutic qualifications should not be a requirement for practice as an optometrist in Australia. Optometrists have provided a useful and valuable service to the community for many, many years. Suddenly without therapeutic qualifications we are led to believe this is no longer the case. The current standard for registration with the option for therapeutic endorsement allows for the provision of these services without currently registered optometrists being forced to change their mode of practice. Optometrists have had the use of therapeutics for only a short period of time. The effects of this upon the public and the profession have not been studied, it would be unwise to make this a universal requirement after such a short period of time. Section 94 of the Health Practitioner Regulation National Law Act 2009³ allows for the use of therapeutics in addition to general registration. This Section applies to all health practitioners covered by the law, not only optometrists.

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?

The requirement for therapeutic qualifications should not be summarily imposed on all optometrists. Over a period of time the profession will change in a more natural manner. If this proposed change was implemented immediately there would obviously be a catastrophic shortage of experienced optometrists in the workforce, which the government would not allow.

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?

To be consistent with current practice and to allow overseas-trained optometrists suitably qualified to use therapeutics they would simply need their registration endorsed to allow the use of therapeutics. No change to the current law is required.

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?

We believe no optometrist should be required to gain therapeutic qualifications to obtain general registration. Where required therapeutic endorsement can be obtained.

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

We believe there will be significant impediments to the proposal that therapeutic qualifications be required for registration as an optometrist. As mentioned previously, there would be a significant shortage of experienced optometrists as the majority of optometrists do not hold therapeutic qualifications. No government would allow this situation to occur. Currently only around 800 of a total 4000 plus optometrists are therapeutically qualified.¹ There is only one undergraduate and three post graduate courses approved for therapeutic training within Australia.⁴ The optometry schools in Australia produce a small number of graduates per year (100 to 200) and with the limited positions available to allow graduate optometrists to gain the relevant therapeutic training, this shortage would exist for many years. There may be many reasons why an optometrist is unable or willing to gain therapeutic qualification. These optometrists would then be without an occupation or income. This is likely to result in significant legal action against the board for denying an income to these optometrists.

There are also a number of other points we would like to address. In the consultation document it is stated "Given these consequences, and to maintain clarity, consistency and equity in the registration arrangements and meet community expectations, the Board is considering the proposal that therapeutic qualification become a requirement for general registration."⁵ From our dealings with the community (our patients) there is no expectation of optometrists to be therapeutic qualified nor have we seen any documented evidence of this community expectation or demand. It also states "from 2014, there will be two levels of practice within the profession "⁵ There has been for many years more than two levels of practice within the profession. Optometrists are qualified to fit and prescribe contact lenses, perform refractions, vision training, behavioural optometry, sports vision, low vision etc. Not all practitioners choose to practice all aspects of optometry. They have the right not to. Optometrists who choose not to fit contact lenses for instance are still able to practice optometry. These different levels of optometric practice have existed with no problems and with no special law.

Clearly there is no significant benefit to the public in this proposal. We would also like to ask what benefit is there to the optometrist? We would be forced to increase our individual workloads. We would have increased costs (study, wages, professional indemnity insurance, administration etc.), increased risk, and to what benefit? Are there more Medicare items to cover these increased services we would provide? No. Have the fees for Medicare items been increased to reflect the increase in service? No.

Subsequent to the release of the initial consultation document the board has released a document titled "Update on consultation process".⁶ The board now states it "does not plan to force currently registered optometrists to complete therapeutic qualifications."⁷ The fact remains that the initial document was titled "Consultation document on the proposal for therapeutic qualification to be included as a requirement for general registration",¹ and this argument is repeated throughout the document. It is clear from the content of the document that the purpose of this proposal is to force optometrists to gain therapeutic qualifications. By definition ⁸ it is not optional, but compulsory. As the current National Law stands optometrists and other health care practitioners with endorsement are allowed to use therapeutics. No change to the law is required to allow the use of therapeutics within optometry.

The update document also states "Optometrists who do not complete therapeutic qualifications will still be able to practice but their scope of practice will not include prescribing therapeutics as it is today."⁷ From our understanding there is no where in the National Law 3, codes/guidelines 9,10 or registration standards 11 that allows non-endorsed optometrist to prescribe therapeutics. Optometry guidelines for the use of scheduled medicines states "In all States and Territories, all optometrists carrying on the lawful practise of their regulated health profession are permitted to obtain, have in their possession and use scheduled medicines listed in Appendix B 'List of Schedule 4 medicines approved by the Board for administration by registered optometrists in the course of their optometric practice'. This authority allows optometrists to administer specified Schedule 4 medicines in the course of their practice. Such medicines are used for diagnostic purposes ('diagnostic medicines'). An endorsement is not required for an optometrist to use diagnostic medicines in the course of his or her practice."¹⁰ These drugs are for diagnostic purposes only, not therapeutic. The therapeutic medicines allowed for use only by therapeutic endorsed optometrists are listed in Table 1 of the document Optometry Endorsement for Scheduled Medicines Registration Standard¹¹ and in Appendix C of the Guidelines for use of scheduled medicines.¹⁰

The update on consultation process also states "In registering optometrists the Board is always mindful of its over arching legislative obligation to protect the public. We can see changes happening that we must address. We are considering if the qualifications required for general registration should be expanded to reflect the increasing numbers of optometrists who have completed therapeutic qualifications and if so, how and when that should be done."⁷ On this basis as the majority of practising optometrists in Australia are not endorsed for therapeutic use then no expansion is required. In Australia there has existed for many years the situation where there are a number of optometrists who do not hold the qualifications necessary to use diagnostic drugs. These optometrists have not been able to perform cycloplegic and dilated fundus examinations for example. These optometrists have never been excluded from practice. They have never been singled out, made to feel inadequate, second rate or inferior as this current proposal does for optometrists not endorsed to use therapeutics. Even now with the new national law their practice has not been threatened but is simply covered in the boards document New obligations for optometrists-fact sheet which states "The use of certain Schedule 4 medicines by registered optometrists for diagnostic purposes during an eye examination is considered by the Board to be a core part of contemporary optometric practice. Most registered optometrists working in Australia have trained in the use of such 'diagnostic drugs'. There are, however, a small number of registered optometrists who do not hold qualifications in the use of diagnostic drugs, and therefore, who may not have the competencies necessary to undertake an eye examination consistent with contemporary standards of optometry practice. These practitioners must ensure to practice within their scope of practice."¹² If the Optometry Board feels there is a need to protect the public from non therapeutic endorsed optometrists then surely is there not a need to protect the public from optometrists that are unable to perform dilated fundus examinations? We ask why then cannot non-therapeutic endorsed optometrists simply be asked to practice within their scope?

In conclusion it must be asked what is the purpose of this proposal other than to force optometrists either to gain therapeutic qualifications or to leave the profession. When the National Law 3 already permits the use of therapeutics by optometrists that are qualified then there is no benefit to the public or optometrists in pursuing this proposal.

References:

1. Consultation document on proposal for therapeutic qualification to be included as a requirement for general registration. Optometry Board of Australia. Released 14 January 2011.
<http://www.optometryboard.gov.au/News/Current-Consultations.aspx>
2. Medical labour force 2007. Australian Institute of Health and Welfare, Canberra. Cat. no. HWL45. October 2009.
3. Health practitioner regulation national law act 2009.Reprint No. 1, 1 July 2010
<http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx>
4. Optometry approved programs of study. Optometry Board of Australia. October 2010
<http://www.optometryboard.gov.au/Accreditation.aspx>
5. Consultation document on proposal for therapeutic qualification to be included as a requirement for general registration. Optometry Board of Australia. Released 14 January 2011. p1
<http://www.optometryboard.gov.au/News/Current-Consultations.aspx>
6. Update on consultation process. Colin Waldron, chair- Optometry Board of Australia. 14 February 2011. <http://www.optometryboard.gov.au/News.aspx>
7. Update on consultation process. Colin Waldron, chair- Optometry Board of Australia. 14 February 2011. p1 <http://www.optometryboard.gov.au/News.aspx>
8. Oxford Dictionaries Online. 2011 <http://oxforddictionaries.com/?attempted=true>
Requirement- a thing that is needed or wanted, a thing that is compulsory; a necessary condition
9. Code of conduct for optometrists. Optometry Board of Australia.
<http://www.optometryboard.gov.au/Codes-and-Guidelines.aspx>
10. Guidelines for use of scheduled medicines. Optometry Board of Australia.22 October 2010
<http://www.optometryboard.gov.au/Codes-and-Guidelines.aspx>
11. Endorsement for scheduled medicines registration standard. Optometry Board of Australia.
<http://www.optometryboard.gov.au/Registration-Standards.aspx>
12. Fact sheet: new obligations for optometrists. Optometry Board of Australia. 18 October 2010.
<http://www.optometryboard.gov.au/FAQ-and-Fact-Sheets.aspx>

Thu Do (Optometrist)
Mary Jong (Optometrist)
My Chau Mai (Optometrist)
Joseph Nazarian (Optometrist)
Anthony (Thanh) Nguyen (Optometrist)
Ashley Nguyen (Optometrist)
Laurence Outim (Optometrist)
Gregory Parsons (Optometrist)
Diana Phu (Optometrist)
Lan Vuong (Optometrist)
Linda Zhao (Optometrist)