

Comments on mandatory therapeutic qualification

For years Optometry has been the principal source of refraction and dispensing. Over the last decade or so Ophthalmology has graciously moved away from refraction, making our position even more secure.

While Ophthalmology is much better qualified and only too happy to take the risk of pathology why would we trade our clean and very satisfying refraction and dispensing skills for the co-management of glaucoma and conjunctival infection. It's not logical, it's not sound commercially, it's not for the warm fuzzy feeling one gets from taking the pressure off Ophthalmology; for some it must be just an irresistible ego trip.

To argue that there are not enough Ophthalmologists particularly in country areas may be so but this is a problem for Ophthalmology to solve. Even therapeutically endorsed we can provide only minor and very limited services and as any Optometrist working in remote areas knows therapeutics is a distraction from our core strengths.

In any case I would hazard a guess that an extremely high proportion of Optometrists prescriptions and therapeutic services are done within 10 k of an Ophthalmologist.

I can understand the fascination of the academics to investigate the boundaries of Optometry and it is good that they stray into adjacent fields, infact this is their job, but to force others into areas outside Optometry is misguided and irresponsible to say the least. To leave therapeutics as an option is satisfying to those who want it but to make it mandatory is a step too far.

We run the risk of loosing sight of our responsibility to provide sound refraction and dispensing to move into some vague area that will satisfy neather ourselves nor the public.

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