

Subject: Therapeutic Endorsement
Date: Friday, 11 February 2011 8:32:47 PM

The Optometry Board of Australia.

Re: Request for comments on therapeutic endorsement

As a preface, let me say that my comments come as a optometrist registered for 49 years, practising variously as an employee in rural areas, as a sole practitioner, and as senior partner in a large single location private practice in a metropolitan suburb.

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

There may be a very small benefit, however in most situations where the endorsement would be deemed desirable, the incumbent optometrist would have already voluntarily acquired that expertise. In most city, suburban and country town locations, there is a readily available ophthalmologist.

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

Only in areas where there is no readily available ophthalmologist.

Optometry has existed as a profession dedicated to vision correction and improvement by non surgical /medical means. The ability to differentially detect those conditions unable to be treated thus, is therefore a reasonable expectation, but the treatment of such conditions is and should remain the responsibility of the medical profession.

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

No. In my many years of practise and having seen over one hundred thousand patients in that time, I have not had a single patient disadvantaged by my inability to prescribe a therapeutic substance.

As it is now part of normal undergraduate optometric education, it is probably reasonable to expect that therapeutic endorsement be required of those graduates, and in time, these optometrists will become the bulk of the workforce. It is therefore certain that optometry will evolve in this direction, but it is not reasonable to expect the whole profession to change at once.

There are 80% of registered optometrists to date who have not seen therapeutics to be necessary or desirable in their professional practice. To force these 3,200 optometrists to undertake mandatory further education under threat of deregistration where no documented need exists, is unproductive and unfair, particularly when the attainment of such qualification removes them from their livelihood for a considerable time.

Over thirty years ago, the ability to use diagnostic drugs in the practise of optometry was introduced into the undergraduate curriculum, and those registered optometrists who felt the need to also obtain diagnostic drug certification, did so. Today, I would venture to suggest that there are no optometrists practising without this qualification. Has there been any instance of public disaster from an optometrist not using diagnostic drugs in the intervening period?

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?

Probably twenty years, as it will take that long for the number of optometrists involved to find a place in a suitable course, given the difficulties in the last ten years.

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 new Australian graduates – yes.

6. Should optometrists holding registration practising in non-clinical roles be required to hold therapeutic qualifications?

To be consistent – yes, as their registration is purely to allow them to return to practise if they wish. If this is not deemed to be the case, let them relinquish their registration.

This is conditional on the implementation of this proposal without a grandfather clause.

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

Yes. There are over three thousand optometrists affected, some of whom are in single practitioner practices. How and where are these people to achieve qualification in a short time? Given that a large number of the eight hundred therapeutically qualified optometrists were unable to gain their practical experience in their home states in ten years, where are four times that number going in the next three years.

From a personal point of view, such a requirement would prevent me from practising part-time in my current semi-retired manner, attending to those patients who choose to consult me because I have looked after their visual welfare for many years. Is my inability to access therapeutic drugs a danger to the general public when I regularly refer one or two patients a day to the best of ophthalmological care?

A two-tiered registration system would disadvantage the majority of currently registered optometrists in the eyes of the public. A grandfather clause in the regulations would be more equitable, with no overt distinction, but a "grade 2" type registration would be disastrous to the livelihood of most older independent optometrists while pandering to the egos of the therapeutically certified minority.

Graeme H. Thompson

BSc., ASTC, FIO, FACBO, FCOVD