

Colin Waldron
Optometry Board of Australia
AHPRA

Dear Colin,

RE: Proposal that Therapeutic Qualification be Mandatory for General Registration

Thank you for the opportunity to respond to the above as presented in your letter of 20th Jan 2011. As a “non-therapeutically qualified” practitioner I have a number of concerns as the proposal was unclear and potentially damaging to those practitioners like myself who do not have therapeutic endorsement.

1) Perception of provision of inferior services

The current proposal that requires all practitioners to have therapeutic endorsement as a minimum standard for general registration effectively brands those without as providers of inferior care. This perception by the general public and peers will negatively impact on the practices, the employment options and the salaries of such practitioners. To unjustly deny such practitioners equal opportunity in the commercial environment would be tested against the Trade Practices Act by myself and like minded individuals who do not see themselves as providers of inferior care.

2) All practitioners have access to therapeutics

I remind the Board that all practitioners are capable of referring patients to a general medical practitioner, an ophthalmologist or a therapeutically endorsed peer as required. As such the standard of patient care by therapeutically endorsed practitioners is not superior. To therefore make therapeutic endorsement a minimum standard for general registration is unjustifiable, inappropriate and discriminatory.

3) Differentiation of Diagnostic Services

Will the Board also demand that the therapeutically endorsed optometrists match ophthalmology's investment in diagnostic equipment such as OCTs, GDx's, pachymeters.... to benefit from such exclusivity. If not then the diagnostic and management skills of these practitioners are effectively no better than that of their peers other than the capacity to offer the convenience of prescribing some medications. Accordingly special registration is therefore unwarranted.

Indeed in keeping with the Board's intention of ensuring better recognition of those within the profession with the capacity to provide "enhanced" patient care will the Board also create a category of practitioners who have made investments in newer technology? If not then the Board is discriminating against those practitioners on the basis of its perception that those who are therapeutically endorsed are entitled to special recognition within the profession.

4) Recognition of other specialities

If the intention of the Board is to acknowledge "special" qualifications within the profession in the then why hasn't it also acknowledged those with Fellowship status in Contact lenses. Low Vision and Behavioural Optometry (1). Surely this is equally important to the profession and the public. Those practitioners who have clearly made equivalent, if not greater, commitments to improving their professional skills should be recognised accordingly. Again failure to do so represents discrimination by the Board against such practitioners in the workplace and the commercial environment.

I am a Fellow of ACBO and COVD. My speciality is in paediatrics, in particular learning delays. I regularly face the situation where the management of children and young adults by my peers falls well below acceptable standards. Often inappropriate care is given at the patient's expense. My explanation to the patient is that their prior practitioner did not have access to the specialist knowledge and skills of Fellows of ACBO and has acted appropriately in the model of a traditional optometrist. It is stated in a manner to ensure that the prior optometrist maintains professional credibility.

Yet Fellows of ACBO have no special recognition by the Board. As such I find acknowledgement of one area of clinical expertise and not another extremely distasteful and discriminatory. Surely in the best interests of the public the Board is also duty bound to acknowledge such expertise in the same manner as it aims to acknowledge therapeutic endorsement if this proceeds.

5) Mandatory Continuing Education

Mandatory continuing education to maintain registration will ensure that all practitioners maintain an appropriate knowledge base to provide adequate patient care. Again labelling some practitioners as “special” because of therapeutic endorsement is discriminatory.

Conclusion

I support the notion that therapeutic endorsement be the minimum standard for those practitioners wishing to enter Australia as it reflects the current educational standard. Whilst I understand the concept of the Board to acknowledge therapeutic endorsement its current format is grossly flawed for the reasons presented above. If the matter of discrimination cannot be dealt with then the Board should prepare itself for legal challenges.

I await the Board’s response.

Yours sincerely,

- (1) The process of acquiring Fellowship status involves completion of clinical Masters unit in Behavioural optometry at UNSW, an open book examination, a closed book examination, an oral assessment as well as preparation of a research paper on an area of Behavioural optometry.