

2011-Feb-28

The **Consultation** Chairman/Chairwoman,
Therapeutics in Optometric Practice
 The Australian Health Practitioner Regulation Agency (AHPRA)
 Melbourne

Dear Sir/Madam,

I wish to voice some opinions on the issue of optometrists and their use of therapeutic agents in the practice of optometry. Assuming there will be a significant number of submissions I'll try to be as brief as possible. If further detail is required I am happy to provide it on request. Taking the numbered points in the most recent **Requests for Comments:**

1. **Public benefit in requiring ALL optometrists to be eligible for therapeutic endorsement:**
 If practising exclusively in an urban area I see no need for such a requirement. Most of us have direct access to local ophthalmologists if necessary. If practising in rural/country areas I can see great benefit in being endorsed therapeutically but I believe it is still a personal decision. I feel that compulsion is not appropriate in either setting.
2. **Is such a requirement a reasonable expectation?:**
 Currently, I doubt that many members of the general public have any expectation or knowledge of the details of the rôles of an optometrist, rather they take them as they present themselves, i.e., with or without a great interest in ocular pathology and/or its treatment. On the other hand, the **detection** of ocular pathology is a whole different matter and is not at issue currently as this matter was settled decades ago – detection of any ocular abnormality is an integral part of the practice of optometry.
3. **Should therapeutic qualifications be a requirement for Australian optometric practice?:**
 No, it should be optional and left to the individual practitioner to decide for themselves. Ultimately, the dilution of non-therapeutically qualified optometrists (i.e. people like me) by the progressive arrival of new graduates, all of whom will be qualified therapeutically, means that no decision by the OBA is required because in the long-term, the matter will resolve itself in the affirmative and all practitioners will be endorsed therapeutically by their basic optometric qualifications.
4. **The period of grace issue:**
 No comment required in view of my opinion on point 3.
5. **Overseas-trained optometrists:**
 Ultimately, the answer has to be yes, especially when the 'vast majority' of Australian optometrists are therapeutic practitioners. 2014 would seem to be too early to insist on such a requirement as the 'vast majority' of the profession will **not** be endorsed therapeutically by then. Perhaps, some time later (2020?) would be more appropriate but that really should be a board decision based on the changes to the make-up of the profession that occur over time. A problem I do foresee is the difficulty any non-endorsed new arrivals will have in accessing suitable therapeutic courses to bring their qualifications into line with local requirements. Generally, Australian optometric academia (of which I am a very, very peripheral part) has among the highest face-to-face workloads of any discipline in the country and the provision of additional courses beyond their normal undergraduate, post-graduate, and research activities will tax a system that is stretched already. The additional optometry courses proposed for Australia (SA & VIC) can probably not be relied upon to solve this issue in the short-term as it will take them years to establish and consolidate their core positions before taking on additional activities.
6. **Optometrists in non-practising rôles & therapeutics:**
 No as long as they are not central to therapeutic education or clinical teaching involving the use of therapeutic agents.
7. **Impediments to requiring all optometrists to be endorsed therapeutically:**
 The backlog of education of unendorsed practitioners is a large issue compounded by a limited number of optometrists, ophthalmologists, pharmacologists, etc. qualified and/or

available and/or willing to run appropriate courses and mentor 'course graduates' during their clinical placement.

The significant costs, direct & indirect, to practitioners becoming endorsed is also a barrier for many. The reasonable requirement for supervised therapeutics use before final endorsement is another practical issue that is already a difficulty in some states, e.g. NSW optometrists currently travel to Tasmania for their clinical exposure to therapeutic agents and therapeutic practice. The reality of a dependent family is also a problem for some (mothers, custodial fathers in single-parent situations, etc.) in being able to attend courses and/or placements, especially if the latter are interstate.

I also have a concern about the rate of utilization of therapeutic skills in urban areas fearing that the rate might be so low in a significant number of instances that the situation may drift towards the unsafe because the necessary skills are not exercised often enough for solid (depth & breadth) experience to be gained. This is less likely to be the case in rural/country areas where little or no medical, especially ophthalmological, care is readily available. However, the low density of optometrists (endorsed or not) in country areas means that there is often little peer support available for any aspect of optometric practice. Of course ophthalmological support in these areas is even sparser and at the current rate of graduation of ophthalmological fellows, there can be no expectation of change for the better in the near to medium term.

It is already becoming apparent that therapeutic topics are starting to be represented disproportionately, if not dominantly, at some continuing education meetings/conferences. This constitutes a misrepresentation of the time involved, and for the average optometrical patient, the importance attached to such clinical activities. All the while, the mainstream optometric skills reflecting our activities in the real world, i.e. refraction, patient education, contact lenses, dispensing, etc. are being eroded. Therapeutics in optometry is starting to remind me of some snow skiers – they spend 0.1% of their time 'doing it' and the remainder of their time talking about it as if that is all their life entailed.

Factors that colour my thinking:

I'm 61 years old

I live in Sydney

I'm involved in education full-time and have been in some form or another for more than 35 years

I have no desire to retire before 2020 (depends on many factors obviously, not the least being that I'm still alive)

My qualifications: AQIT(Optom) [1971], MOptom [1975], PhD [1986]

I'm married to an optometrist (BOptom [1982])

I have no intention of tackling therapeutics – if it was to be made compulsory for registration I would be forced to retire

To me, therapeutics is a leaning towards an 'ophthalmology lite' model of practice by the optometrical profession. That is not what I was pursuing when I decided on optometry as a career. My current thinking is more towards an 'optometry plus' model with emphasis on traditional pursuits, especially contact lenses & spectacles with some relatively superficial involvement with therapeutics as a personal choice. If I worked in the country I would probably embrace therapeutics as being part of good care of people who would have difficulty accessing such care otherwise. This would be a personal choice.

Thanks for the opportunity to offer an opinion on these matters and all the best with the deliberations that will ensue.

Yours sincerely,
Lewis WILLIAMS (Dr)
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