

**Subject:** Therapeutics requirement for Optometrists  
**Date:** Wednesday, 2 March 2011 10:56:33 PM

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Dear Mr Waldron,

I would like to comment on the consultation document regarding therapeutic endorsement for re-registration for optometrists.

As you have no doubt found, this has caused upset and anger to those of us who are not endorsed, and , and I find that your explanation to the OAA and therefore members in general does not correspond well with the document, so I felt compelled to respond to your request for comment.

1. I refer to your point that there will be a two tiered system - endorsed vs non-endorsed, and that this will somehow be unmanageable for the Board. It should not come as a surprise to you that, as it stands, there is already a two tiered registration process, which has been in place for some years since the first cohort of bright eyed young optometrists completed their therapeutic endorsement! The Boards of the various States have so far found it within their capabilities to manage this, and I see no reason why the new Optometry Board with its much higher fees, will not be able to handle it just as well.

It is not unlike the changes that have occurred with the different courses around the country, and those that have been superseded over time, such as the LOsc. I would hate to think that a similiar proposal to not re-register optometrists who have not taken Melbourne Universities brave new experiment in excessively long courses would ever be proposed!

It follows, therefore, that overseas optometrists can be registered as locally trained ones are - either therapeutically endorsed or not. This should not be used to reprise shortsighted and rancorous political decisions of the past aimed solely to make it harder for overseas trained optometrists to work here.

2. I refer next to the public benefit of such endorsement. There is little doubt that the current system of GP's, optometrists and ophthalmologists has provided enviable care for the Australian population, and therapeutics can, in theory, enhance this. However, there is no doubt that there IS a danger to the public in aggressive treatment beyond the skill and knowledge of any individual in the three groups, and that this can lead to adverse outcomes. It is my view that many endorsed optometrists prescribe rarely, and the bulk of the heavy lifting is generated by a relative few. We may all be better served if the optometrists who are frustrated doctors went to Medical school instead.

It seems the Government is quite relaxed about this non-threat to the ocular wellbeing of the public as well, since there has been no move to introduce a special MBS item number for a therapeutic consultation, or rewriting the descriptions of the existing ones. I remind you that in the same time frame, a number for childrens assessment, domiciliary visits, diabetic consultations and low vision have been introduced. It seems that no one is particularly interested in tracking this, and it reinforces my view that only a few are prescribing much anyway.

3. I have not been assured, from this document, or your subsequent statements, that the Board is not planning to at some point make re-registration more difficult for those who have not been endorsed. I would ask that you make a strong commitment that the Board will not re-introduce this idea at a later date. It would be most appreciated by those of us who enjoy our careers and don't want them taken away by the kind of ridiculous politics that has blighted optometry for decades. Your leadership and clear statements would be very helpful at this time.

I appreciate the opportunity to contribute to this debate, and look forward to the status quo continuing for decades to come.

Regards

Michael Targett  
optometrist