

Subject: Conduct of the Board
Date: Saturday, 5 February 2011 1:34:17 PM

Dear Board members,

I write in response to your recent communications. As you will be aware I was critical in the past of new rules relating to distance-learning CPD. I remain critical of the Board's conduct in general.

The restrictions imposed on practitioners' ability to choose their preferred methods of CPD remain deeply unpopular. These restrictions were not backed up by good evidence and go against the opinions of international organisations specialising in CPD and medical CE. There was no discussion with the profession at large before the Board rashly introduced these restrictions.

As far as I am aware the OBA are the only Board to have made significant and unpopular changes to the rules regulating the profession immediately upon taking charge. I believe the Board would have been much wiser to take the conservative approach favoured by the other health boards for a few years at least before making significant changes. I fully support your role in protecting the public, but I'm not aware of any notable threats to public safety that require immediate action. The new Board would command greater respect if the profession witnessed an extended period of carefully study of the future of optometry in Australia with significant consultation and communication.

The recent consultation request regarding therapeutics is perhaps a step in the right direction, but the shocked reaction of the profession to the unintentional implication that new laws might make therapeutic qualification compulsory in the near future indicated that the issue has, once again, *not* been handled in a reassuringly conservative manner.

My own situation regarding therapeutics is as follows: I work in a busy practice in a regional town. Myself and colleagues see over 200 patients per week. Only once every few weeks do we encounter a patient who might benefit from seeing an optometrist with a therapeutic qualification. Where appropriate these patients are efficiently triaged by reception staff and referred to a therapeutically qualified colleague (two within 10 mins walk). We also have excellent relationships with local ophthalmologists, hospital eye dept staff and GPs and never experience significant delays in accessing appropriately urgent attention for our patients. **My colleagues and I are of the opinion that if we did hold therapeutic qualifications we would use the skills so seldom that lack of experience in prescribing would be a significant danger.** We therefore have little interest in pursuing therapeutic qualifications at this stage. I expect that this situation will not change significantly for a considerable time. Personally I think it would be appropriate for the Board to defer a decision on the possibility of making therapeutic qualifications compulsory for at least ten years.

Thanks for the opportunity to comment. I'm always willing to do so and happy to pass on my opinions!

Kind regards,

Martin Hodgson

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OptomCPD
