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Mr Colin Waldron
Chair, Optometry Board of Australia
Australian Health Practitioner Regulation Agency
G.P.O. Box 9958
Melbourne VIC 3001

Dear Colin

## Response to OBA consultative document questions

As a general comment, the considerable confusion created by the structure of the consultation paper and the need for subsequent clarification of intent is regrettable. The fact that many practitioners interpreted this as the Board suggesting that a therapeutic endorsement would be required for registration for all optometrists, with a deadline of 2014, created substantial concern and no doubt unnecessary ill-feeling toward the Board and its intended purpose of the consultation.

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

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

There is argument that there is not necessarily any public benefit in requiring all optometrists to be therapeutically endorsed. This point of view is based on the fact that in many instances, if a practitioner is not endorsed, therapeutically endorsed colleagues or alternatives are readily available. This of course is locality dependent.

This point of view though does not take into account that intra- or inter- professional referral in instances such as these increases both the financial and social cost to the patient, due to the need to make further appointments with other practitioners and finance the cost of consultations or time away from work and so on.

Whilst appropriate care is able to be provided to patients through referral pathways, it could be argued that there is a public health benefit to requiring all optometrists to be therapeutically endorsed as this increases access to care, and allows more prudent use of health care resources, including health care costs funded through the

public purse. These points were a substantial part of the argument used by the profession to achieve therapeutic prescribing rights initially.

Less arguable is that this is a reasonable expectation of all practitioners. Natural attrition, new registrants who will all have therapeutic prescribing ability and on-going numbers of existing registrants undertaking the additional training will ultimately bring about this situation. It could be that at the point in time that the significant majority of optometrists have therapeutic prescribing authority, a time line by which remaining practitioners should acquire endorsement be established. This would mirror the process by which diagnostic pharmaceuticals were introduced into optometric practice previously.

With all courses, effectively from 2013, graduating practitioners eligible for endorsement, and assuming accreditation is given to the new courses at Flinders and Deakin, there will be approximately 1900-2000 new registrants entitled to obtain endorsement in the period 2011-2020. Additionally, assuming current therapeutic certificate courses continue over this period, around 8-900 registered optometrists will complete these courses. By 2020, roughly 2800 additional therapeutically endorsed optometrists will exist.

Manpower figures from the Optometrists Association Australia suggest that in 2009, 25% of optometrists were aged 40-49, and 25% over 50 years of age. Attrition from this group of practitioners, new registrants with endorsements, and increasing numbers of therapeutically trained practitioners would suggest that by 2020, around 65-70% (or more) of registrants would have therapeutic endorsement. If this assumption is supported by manpower research, it seems reasonable prior to that date to develop time lines and plans for the remainder to achieve endorsement, allowing for natural attrition.

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

**5. To be consistent with Australian graduates, should overseas trained optometrists...be required to complete appropriate competency assessments from 2014?**

At this point in time in the development of scope of practice, this should be an expectation for all new registrants entering the profession from 2013 onwards, as all Australian and New Zealand graduates will be in this position from that time. The significant majority of the last cohort of non-therapeutically trained graduates from QUT will enter the profession in 2012, and a minority in 2013.

The School supports this requirement for new applicants for registration, whether Australian-New Zealand trained, or overseas trained.

**6. Should optometrist holding general registration practising in non-clinical roles…be required to hold therapeutic qualifications?**

For academics involved in supervising teaching clinics, or with responsibilities for teaching didactic material appropriate to therapeutic practice (e.g. diseases of the eye, ocular pharmacology, therapeutic management), this should be an expectation of the School, and potentially the accreditation authority. For academics who do not maintain clinical practice roles, or have limited practice roles that do not encompass general optometric practice or therapeutics (for example colour vision), at this time it is unnecessary. Notwithstanding this, if the decision is made that the general registration requirement, post a certain date, requires therapeutics, then academics such as these would then need to undertake necessary education, in the same way that any other registrant would.

On a similar basis, where optometrists have non-clinical roles the requirement would not be necessary until it is expected of all optometrists, or if their practice role changes to a clinical one.

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



The major impediment is the training requirement for large numbers of practitioners. It would not be possible to provide therapeutic training to large numbers of registered optometrists for example over the next 10-15 years with the current models of training. Appropriate placement activity is but one aspect; with increasing numbers of therapeutically trained optometrists part of the clinical placement issue can be overcome, but exposure to a wide range of therapeutic management patients is still required, not all of which can be readily accessed in optometry practices to a large extent. Alternative models (eg distance learning, on-line learning, placement and clinical training models) will need to be explored, so that training is least disruptive to registrants' practices, and so that appropriate rigour in the course is maintained.

Regards

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