

Response to the Proposal by the Optometry Board of Australia
 Re. Therapeutic Qualifications to be included as a requirement for general registration

Thank you for seeking my response to the above proposal. Your letter (20/1/2011) raises the important potential consequences:

- That from 2014, the therapeutic qualification will be expected minimum entry qualification for optometrists,
- That there will be 2 levels of practice within the profession
- That the majority of overseas optometrists will not meet the standard.

The letter outlines questions from the Board which requires responses to the following questions. I will give my response to each question.

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

Response: No for a minority of the profession, but yes for the majority of the public. I give my own example of being in a minority optometry specialty of geriatric optometry. I practice in this specialty area of offering optometry services to residents in aged care facilities (ACFs). In the six years of offering this service, I have found that when I have wanted to prescribe therapeutics, the general practitioners (GPs), nurses, nurse practitioners and families of the ACF resident have asked me they would rather I make "recommendations" and they will prescribe as they see fit. GPs particularly have voiced their opinion to me about their "territory" of therapeutics prescribing because these elderly residents often have long, chronic and complex health issues requiring many medications. I believe the balancing of these medications and their side-effects is not the role of even a therapeutically endorsed and trained optometrist, but belongs to the holistic central role of the GP in the practice of geriatric medicine. In summarizing the question of if the public benefit from me having this endorsement for the residents in my practice (aged care facilities), I would have to say no.

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

Response: Yes, for the majority of optometrists, depending on the course requirements. With the proviso that the therapeutic courses offered to up-skill the 3200 un-endorsed are not too demanding and not just a money-making exercise for the universities. Reports about the latest UNSW course in WA is that it is too difficult, too time consuming, too expensive and too long. (See www.optomforum.com.au threads considering this theme). While the WA registrants are thankful that the course is being run over in WA for the first time, avoiding the need to travel to the Eastern states, the course content and delivery of such has been a source of criticism from financial, mental and professional time away from practice arenas. The course needs to be re-written for a more practical audience with superfluous academic content removed and made more affordable. It is an embarrassing and demeaning fact that a 16 year old chemist employee can give "Chlorsig" (conjunctivitis) medication across the counter with no training while we must academically slave away for six months and pay \$8000 for the same privilege.

In summarizing the question of it being a reasonable expectation to up skill the majority of optometrists, I would say yes, but with changes required to the present therapeutics courses that are on offer to make them more “practitioner user-friendly”.

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

Response: Yes, for those who are newly optometry university graduated and are in practice in **general** optometry practices.

But, for those in specialties such as mine, where I work in a **specialized team** setting with other qualified health professionals (GPs, nurse practitioners, etc), it is not required and the answer for me is no. I realize that I am more of the exception than the rule with this mode of practice, and there maybe others (e.g. those who work in a hospital setting), who are alike in this area of prescribing therapeutics can actually cause a wedge in the relationships with other health professionals in the holistic nature of “best practice”.

Question 4. If so, should there be a grace period to allow optometrists to gain the qualifications and how long should the period be?

Response: Where qualifications are necessary, a grace period should definitely be allowable or better still, a “grandfather clause” allowing those who have practiced for many years within Australia, with great experience, to continue practicing **until they retire**. If not, the Board will be curtailing it’s workforce because of this minor change (prescribing therapeutics) and the consequence will be that large sections of the Australian population will suffer from a lack of experienced health professionals. This will be particularly noticed in difficult practice areas such as rural and remote areas, aged care geriatric optometry, hospital practiced optometry and low vision practice. These are all areas of practice that are already suffering from (minor) workforce shortages because fewer younger optometrists are experienced enough deal with the difficult demands that these specialties incur or willing to take the lower financial rewards these areas offer. In summary, the grace period should be actually a grandfather clause allowing existing Australian optometrists to continue to practice without therapeutic registration until they retire.

Question 5. For consistency, should the OTOs applying to practice in Australia be required to complete the competency assessments?

Answer: Yes, definitely with no exceptions.

The whole profession of optometry in Australian should aim to be therapeutically endorsed and this move starts within our university system so that high standards are maintained. Present graduates are therapeutically trained and from now into the future, we must maintain that wave of bettering the profession.

Overseas optometrists must be as competent or more than competent to practice in our wonderful country. But, why are they coming anyway? They are not required-there are enough optometrists to sustain our population (Chakman J. Clinical and Exp Opt 2008 Editorial “Enough is enough”).

In summary, yes, they should. (But OTOs aren't required here so they shouldn't be allowed to practice optometry when there are enough optometrists for our population anyway).

Question 6: Should optometrists in non-clinical roles be required to hold therapeutic qualifications?

Response: No. If it is not used, it's a waste of time, effort and finance. While it's good to know the content of such a course as therapeutics, non-clinical optometrists have obviously taken a different path in their career and their efforts to improve those roles would mean they need to develop different areas of expertise, e.g. getting an MBA might be more applicable to someone in administration. The crux of the matter is where the optometrists specializes (e.g. clinical roles versus non-clinical roles) determines what education is required for them to do their best for the betterment of mankind.

In summary, **no**, some optometrists do not require the qualification to continue in related employment.

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

Response: As outlined in the earlier responses, yes there are impediments and I will re-iterate these.

a) Certain specialties within the profession of optometry don't need therapeutic qualifications. These include working in a holistic health team setting, e.g. ACFs/hospitals where GPs and ophthalmologists take the senior role of prescribing therapeutics for the patients. I can not see that this needs to be overcome. When a good hierarchy of educational care exists with the patient care central to the best practice, as in this case, change is not required.

Neither do non-clinical optometrists need to be qualified as explained in Q6.

b) The existing therapeutics courses are too expensive for independent practitioners. The price (varying around \$8000) to a struggling independent optometrist who's future is already threatened by overseas corporate chains, could actually cause them to leave the profession through bankruptcy. This is not fair and needs to be indexed in a HECS style of payment system and definitely reduced.

c) The therapeutics course is too long (six months UNSW). The course content is reported to be so hard and heavy that optometrists have said that they can't practice or have a family life while they study it. The imbalance this causes in the life of an (often) older with family commitments optometrist means that we have to choose to suffer in enriching areas of our lives (family time), suffer not being at our practice (financial and professional time) or give up our profession (surely, the worst outcome).

This could be overcome by making the course simpler, less difficult and less time consuming. By changing the course content to include only the relevant details for the practical "every day type" of meaningful usage, could be stimulating but also accurate.

A good academic who is also currently practicing could deliver this type of course. It could be done online in a U-Tube format logged in on through the UNSW website. ("e-learning") This way, optometrists could access it at times that suited them, their family and their practice commitments.

d) The proposal timeline is too short. The 2014 cut off is too early for such a huge undertaking of getting the majority of the profession therapeutically registered. As explained earlier, the courses offered are time consuming, expensive and difficult. Unless they are changed significantly to more **user-friendly courses**, the majority of the profession, me included, will refuse to do them, because the benefit is not clear for the work, time, effort and money that you are asking us to sacrifice.

e) The 16 year old pharmacy employee can give the same OTC service for nothing. There is no incentive to do the course when this example clearly exists. This makes a joke of the therapeutics course and belittles our profession. Where is our confidence?