

Subject: Consultation Document on Proposal for Therapeutic Qualification to be Included as a Requirement for General Registration
Date: Friday, 4 March 2011 4:53:16 PM

Dear Michelle

I write as a consulting optometrist to respond to the invitation by the Optometry Board of Australia (OBA)/AHPRA to interested parties to submit views on the aforementioned proposal.

The proposal certainly has merits and I appreciate the issues that were raised by OBA/AHPRA which underlie the desirability of uniformity within the profession with respect to the registration of nationally and internationally trained practitioners.

However, the proposal does warrant due consideration of the important concerns that were raised in the 'Request for Comments' section and I also raise other points that should be discussed.

Although the therapeutic endorsement of an optometrist is of public benefit and possibly of value to the practitioner with respect to career opportunities with respect to personal and career fulfilment, I do not believe that there is an unmet public demand for the therapeutic endorsement of all optometrists. Over the last twenty-seven years, I have not noted any expression of dissatisfaction about the current state of affairs which led me to infer that the community expected that optometrists should be therapeutically endorsed. The public, in my view, is adequately served by the ophthalmic services which are delivered by the currently endorsed optometrists, ophthalmologists and medical practitioners. Of course, they will continue to be served well by the graduates of the future who are currently undertaking the requisite training for therapeutic endorsement.

The issue of reasonableness of the expectation might be considered from the perspectives of members of the public and from the members of the profession itself. Since (as noted above) I do not believe that there is an unmet public demand for the therapeutic endorsement of optometrists, I consider that it would be not be reasonable for the public to expect that general registration should be contingent on their having been therapeutically endorsed. The professional body might consider that therapeutic endorsement is not a particularly onerous demand and I agree that the benefits of therapeutic endorsement could be encouraged. I maintain that a practitioner who is persuaded by the merits of the argument will undertake the relevant training; that is an entirely satisfactory state of affairs. However, I am not convinced that therapeutic endorsement should be compulsory. Indeed, there is a benefit in undertaking any type of study. However, there are also attendant burdens with regard to cost, time, family life et cetera. Furthermore, academic success is never guaranteed and a practitioner who unwillingly embarks upon a course of study is perhaps less likely to be a successful student.

The above paragraphs reflect my views on the requirement for therapeutic qualifications to practise as an optometrist in Australia. In addition, I point out that some optometrists spend the majority of their working hours engaged in research and only consult a few hours of the week. Other optometrists who might be semi-retired or are reducing the number of working hours in the clinic, might reasonably object to their having to meet the same demands as their full-time consulting associates.

Since I am firmly opposed to the proposal that all optometrists who seek registration (or re-registration) be therapeutically endorsed, I will not address the issue of the period of grace permitted. Furthermore, I am also not in favour of the idea that overseas-trained optometrists have to meet this challenge if they wish to register in Australia (even if Australian students are confronted with this challenge as part of their respective curricula).

In the light of my views, it is axiomatic that there should not be any need for the therapeutic endorsement on non-clinically based optometrists.

Other unintended consequences should also be considered. It is possible that there some of the cordial and mutually beneficial relationships that optometrists and ophthalmologists now enjoy might be terminated. Secondly and perhaps more importantly, the proposal might also result in the perverse effect of some members' electing to retire early merely because they do not wish to engage in a course of study. It is unlikely that the interests of the public will be served if either of these situations arise (although the possibility that either will arise is remote).

I also concede that a patient might appreciate the convenience of seeking the remedy of an ophthalmic condition by consulting the primary health care provider (optometrist) without the need for referral to a secondary health care provider (ophthalmologist) or a general practitioner. However, it is equally true that a patient might understandably prefer that an ophthalmic condition is managed by a medical practitioner for a variety of reasons. Furthermore, clinicians should be aware of the legal responsibilities that accompany a right to prescribe scheduled medications. It is also entirely reasonable that optometrists' insurance premiums against possible malpractice claims will rise in the light of the additional risk of legal liability that will be incurred by the treatment of ophthalmological conditions. However, it may also be legitimately argued that a therapeutically endorsed optometrist will elect not to treat such conditions. If the latter is true, then therapeutic endorsement is certainly of academic value but perhaps only of other limited benefit.

In conclusion, I reiterate my acceptance of the implied premise that therapeutic endorsement is an advantage to the profession with respect to perceived status by the community. I believe that the value of therapeutic endorsement can be highlighted and encouraged and the case for endorsement can even be strongly advocated. However, I submit that in accordance with the views of a number of my professional colleagues, the argument that therapeutic endorsement is a *sine qua non* for registration is difficult to sustain and will meet with justifiable objections from a number of members of the optometric fraternity.

Yours sincerely

Ryan A. J. Rosario