

Subject: Therapeutic endorsement
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The proposed requirement is completely unnecessary and risky. If my wife or I had a suspected corneal ulcer, we would see a medical doctor who specialised in ophthalmology (11 years medical study), not an optometrist who had done a 1 year part time therapeutics course.

Many red eye conditions have a systemic origin. Only a medically trained person is insightful of all systemic conditions that could have ocular manifestations of the underlying medical condition. Only Doctors can arrange scans or further medical tests.

The proposed requirement is unnecessary in the town where I practice. There is a population of 5,000 with two optometrists and about 20 GPs, all competent in anterior segment pathology. In the cities there are even more GPs available.

Therapeutic endorsed optometrists will be of limited or no real benefit in small satellite or part time practices, as the chances are they won't be available on a daily basis to review acute eye treatment. A GP is more appropriate.

If optometrists have a change in the scope of their profession, they will need new item numbers and payments commensurate with the risks involved. Professional indemnity will be complicated and will increase. There will be more litigation.

It costs me \$1500 a day to in fixed expenses run my practice and the costs for many optometrists are double that. Unlike ophthalmologists, most of us allocate 30 minutes per appointment. Receiving a probable rebate of \$29.10 for an appointment is financially unsustainable, not in the optometrist's interest or the public's interest.

I assisted four ophthalmologists for two years soon after I qualified and was therapeutically competent. When I went into private optometric practice and wasn't exposed to pathology regularly, I soon lost the feel for diagnosing ocular pathology, and my competence decreased. If one doesn't diagnose and treat ocular pathology several times a day, one becomes rusty. This is not in the public's interest.

We studied optometry, not de facto ophthalmology. A well-known Queensland ophthalmologist once said to me that those optometrists, who want to practice ophthalmology, should study ophthalmology. I couldn't agree more. Patients in Australia understand the scope of optometry well and prefer to see medically trained doctors for their pathology.

Australian courts, even in criminal cases, interpret statutes with a strong presumption that they do not apply retroactively. I similarly feel that it is wrong for any person or body to make major retrospective changes to the scope and definition of a profession

and adversely affect the circumstances of 80% of Australian practitioners who have provided a service for the public good for many years.

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