

Subject: Therapeutic Qualifications
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I am writing to give an insight into my situation being an optometrist operating in the semi- remote locations of Mildura and Broken Hill. The notion of reducing the burden on ophthalmology in these locations prompted myself in applying for a NSW Rural Allied Health grant in 2009. The application was unsuccessful. This letter is to highlight that it is not therapeutic endorsement that is impacting on the level of care in our region rather the increasing loss of control of optometry being controlled by optometrists.

Being an owner of an optometry practice, every day I am confronted with two important tasks. Firstly, providing the absolute best level of care for my patients and secondly to compete in a very aggressive business environment. Unlike other professions, such as pharmacists, anybody can open an optometry "shop front" and run businesses quite literally off the back of optometrists. At the time of applying for the grant the rough calculation of costs to my business for myself being away were enormous. In a purely business sense the returns of having a therapeutic endorsement is actually minimal. Apart from minor infections, the majority of conditions that require continual monitoring generally occur after the age of 55. The disheartening thing is I see poorly monitored elderly patients in their 60's,70's and 80's presenting to myself for the first time with poor vision expecting a simple "change of glasses" will fix things. What is even more disheartening is seeing situations of 10900's being billed in the last 24 mths, they have actually been sold eyewear elsewhere, and the reason for this vision loss is more sinister things such as AMD which has been overlooked at each past consultation without even the time being spent on an ophthalmology referral!

The limitations on providing my patients with the best level of care without therapeutic endorsement is actually quite small. Even in Broken Hill where no permanent ophthalmology support is available, patients are directed to be seen by the best person for their condition accordingly. For time critical conditions, such as detachments, travel requirements are made to be seen in Adelaide while less sinister conditions such as uveal inflammations, keratitis etc etc we work closely with local GP's with the support from Mildura ophthalmology if no ophthalmology is in town.

The biggest burden is not from having/ not having therapeutic endorsement- it is the level of care being provided in our industry. The reason is that optometrists are no longer in control of the care they provide. In my region we see this with poorly fitted out consulting rooms for the "business owners" who set these rooms up are interested in only one thing- the all important prescription so that glasses are sold. So what we then see is optometrists- generally younger less experienced- who then fly in and out of these regions being booked out solidly, being exposed to ageing populations where pathology is widespread and not doing the best by their patients. There is no other profession that has enabled operators to conduct themselves like they are \$2 store operators. It is funny that

when it comes to health people generally feel that you cannot compromise but in our profession people are compromising everyday without even knowing it.

This gives a snapshot in a rural setting. Since there is more ophthalmology support for my city colleagues, the impact of not having a therapeutic endorsement would be even more reduced. Now that our profession is united on a national front we need to maintain it's integrity. I am more than happy to talk about this further. I emphasize that I am not against obtaining therapeutic endorsement but there are more important issues at our doorstep that need to be addressed firstly all stemming from one thing... Optometry Deregulation.

Yours sincerely,

Vern Howard