Subject: Submission

Date: Friday, 4 February 2011 1:45:41 PM

I would like to comment regarding therapeutic endorsement of optometrists in Australia. For ease of composing a response I have addressed each question you posed in turn.

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

Yes. Eventually this will be the standard of care expected of Optometrists. In the past, patients attending an optometrist did not have the expectation that anything other than a refraction would be performed. Since the introduction of diagnostic drugs this has changed and now it is expected that ocular pathology will be at least detected by the optometrist. We should expect the same to occur with therapeutics. In fact in our practice patients expect all optometrists to be able to provide them a prescription for ocular treatment if required.

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

At present no, however as outlined above this will become the expected standard by the public. We have initiated and pursued this path for our profession so it is not unreasonable for the public to eventually expect we all practice at the same professional level.

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

Yes. Again this is standard we as a profession strove to gain. Having achieved it, it is now incumbent on us all to eventually practice at this level. Do we allow optometrists to practice without being able to use diagnostic drugs? The answer is no and the same should eventually be the case with therapeutics.

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

For currently registered optometrists it should be a 7 year grace period. This would allow 5 years in which to organise time to perform the required training and an additional two years to complete it.

5. To be consistent with Australian graduates, should overseas-trained optometrists applying for general registration in Australia for the first time be required to complete appropriate competency assessments for therapeutic practice from 2014?

Absolutely. If this is to become the minimum standard of care then overseas trained optometrists should be required to meet this standard. Do we allow overseas trained optometrists to practice in Australia if they cannot perform a slit lamp examination or use a binocular indirect ophthalmoscope? If the answer is no then we should apply to same standard

to the eventual use of therapeutics.

6. Should optometrists holding general registration practising in non-clinical roles, such as management, administration, education, research, advisory, regulatory or policy development roles, be required to hold therapeutic qualifications?

Yes. Optometrists in these roles today are required to hold a diagnostic drugs qualification, otherwise they would not be able to be registered. They may not use this either, but again to be registered it is the minimum level of practice they are expected to be able to perform.

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

Yes. Many will argue that the time, cost and need are all factors. The one underlying fact is that we as a profession have convinced the public and government that this is standard at which we want to practice. It is how optometry world wide is evolving and we must keep pace with this. If the majority of the profession did not want to practice in this way then the time to voice this was before the courses were changed to incorporate therapeutics, and before we convinced the public and government that this was what optometrists can and should do.

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