1.

Is there a benefit to the public that optometrists can prescribe once they hold the therapeutic endorsement – yes, greater access to delivery of care. Is there a benefit that **ALL** optometrists should have the therapeutic endorsement- only that of convenience/greater choice to the patient.

We have specialisations within optometry as well as ophthalmology, so that cross referral is common. Those wanting to co-manage therapeutic delivery would probably be on an ophthalmologists / GP referral list.

Having worked within a medical centre, certain GPs were reluctant to prescribe steroid eye drops, (preferring the opinion and management of an eye specialist), as they did not want to take risks-even though qualified to prescribe. That may also be the case amongst individuals within optometry.

2. & 3.

I don't think it is reasonable to expect all optometrists to have a therapeutic qualification for general registration.

Having worked part time for the past 14 years while caring for my young family, there is no way I could have contemplated assimilating extra knowledge for several years. Then there would be the time and financial commitment to complete the course, which was totally impractical for many of those years. I am sure that there would be other valid reasons which would make compliance with the therapeutic qualification difficult — especially within as restricted period of time.

Optometrists provide/are qualified to provide an excellent quality of care to their patients at present. Many are happy in their current roles. Surely our professional ethic would mean that we refer to suitably qualified optometrists in cases of therapeutic delivery, and that re-referral for other optometrical services should occur.

Those considering retirement should not need to gain the extra qualifications.

4. Of course there should be a more than adequate period of grace to gain the necessary qualification.

If 3200 optometrists need to upgrade to register, I understand that at least 18months is required to complete all components of the course- particularily if you are a full time practitioner. I have no idea how many places would be available to attend the course and where the courses would be run from. Distance learning via electronic course delivery should make it more affordable and accessable.

Say 100 in each of NSW, Victoria, Queensland and WA- thats 400 starting per year- it would take 8 years to get everyone started. Then 2 years say, to complete,- there's 10 years already. And there's a drop out rate....for whatever reason. There would be a proportion who don't bother due to retirement form the profession.

If this requirement becomes mandatory, delivery of course content should be carefully considered.

5. Overseas trained optometrists applying for general registration should not have to complete competency assessments for therapeutic practice if

- a. The therapeutics component in their optometry course is deemed comparable to Australia and New Zealand and they have qualified within a recent period of time therefore they are automatically eligible for therapeutic endorsement.
- b. If they do not wish to be endorsed to prescribe/ supply scheduled medicines.

6.

Optometrists holding general registration but working in non-clinical roles should not be required to hold therapeutic qualifications. Therefore, all optometrists should have the choice, and general registration should not require a therapeutic qualification.

7.

Impediments: course delivery as already stated

 $\label{thm:ligher professional indemnity fees for those in the rapeutic practice$

Extra and specific CPD requirements

?Fees or medicare benefits for therapeutic delivery?