Submission regarding therapeutic qualifications becoming a requirement for Optometry registration.

Firstly, I cannot see any problems with a two tier system for Optometric registration. There have always been optometrists who specialise in different areas of the profession.

I have been practicing for 31yrs in a regional area and in all that time I have not had one patient ask me if I could write a prescription to treat a disease, or comment that it would be beneficial if I had the qualifications to enable me to prescribe, most probably due to the fact that in metropolitan and regional areas there are enough opthalmologists/GPs to refer patients to for treatment. The main thing patients want is that they receive a competent and thorough examination and refraction and that any disease etc. is detected by the optometrist for immediate referral to a relevant specialist. The situation may be different in remote areas and maybe that is where , at this stage, therapeutic endorsed optometrists are needed.

Secondly, at this stage, only 20% of optometrists have therapeutic endorsement, the majority do not - even though over the years they have had the opportunity to gain it. Optometrists have made the decision not to because in a lot of cases they prefer to practice Optometry the way it had always been promoted (up until a few years ago) and what they signed up for when they enrolled in the Optometry course - that was being able to help people with visual problems and to detect diseases etc. for referral to a relevant specialist, who has done all their years of medical training in order to treat and operate on those diseases.

Natural attrition should be allowed to run its course. The graduating years of the late 1970's and early 1980's had the largest number of graduates. Since then graduating numbers have been smaller. Those optometrists of the '70's and '80's will most probably be leaving the profession in the next 10-15yrs due to retirement etc. and new graduates, with their compulsory therapeutic training, which they received in their degree will take their place, so eventually all Australian trained optometrists will have therapeutic endorsement.

As for overseas optometrists, if they wish to come and practice in Australia from 2014, then make it compulsory for them to have therapeutic training to match the new graduates from our Universities.

Another point is about those optometrists who may only wish to work in their later professional lives 1-3days/wk. Are they expected to spend a fortune in time and money to get their therapeutic endorsement only to see it not being used because on those days they work they may only be seeing patients that need refraction or solutions to visual problems and no disease is detected or needs to be treated? Anyone that has practiced Optometry long enough knows that you can go days/wks/mths without diagnosing anything abnormal in a patients' eyes that needs therapeutic treatment. Thus, a two tier system of registration would allow these optometrists, as well as researchers etc. to continue practicing.

Lastly, the only people to benefit from making therapeutics compulsory would be the institutions that run the courses and the academics who teach them - not the public who have been satisfied with how optometrists have professionally treated them up until this time. You do not have to have therapeutic endorsement to do things ,for example- diagnose and prescribe for a latent hyperope (who had previously been undiagnosed in eye tests) who comes in later with a smile on his face thanking you for helping him to see and study better so that he passes his TAFE exams, or for the mother who comes in to thank you for diagnosing papilledema in her daughter, who had been given the run-around by GPs, and for your prompt referral and treatment by the specialist.

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