From: \_\_\_\_\_\_ To:

Subject: Proposal for Requirement for Therapeutic qualification for all optometrists

**Date:** Friday, 28 January 2011 12:24:23 AM

## Dear Board Members.

I would like to respond to the proposal to require therapeutic qualifications for all members. I have been practicing optometry for 20 years. I have worked fulltime in refractive surgery co-management for 7 years in London, 4 of those years as director of optometry at The London Vision Clinic working with a world expert in the field in Professor Dan Reinstein. During this time I benefitted from working directly with several ophthalmologists co-managing patients being treating with therapeutic agents. I returned to Australia in August 2008 and at my first opportunity (2009) enrolled in the post Grad Cert in Oc. Ther. at the University of Melbourne. As you are aware the course was not run in 2009 due to insufficient numbers so I re-enrolled in 2010 and have now successfully completed the course and in the process of having my registration endorsed. I am a keen advocate of therapeutic practice for optometrists however I am opposed to the proposal that therapeutic qualifications be a requirement for registration for several reasons.

As mentioned in your letter less than a quarter of all optometrists are currently therapeutically endorsed. In Victoria, where the post grad course has been running since 2001, there are still a significant number of optometrists who do not want to complete the course. This is for several reasons. They may not be interested in therapeutics, they do not want so spend a long and difficult year studying for this qualification and the cost is expensive in terms of time and money. In real terms the course at Melbourne Uni, which is not being offer this again this year costs a minimum of \$20,000. Course fees were \$12,000 (significantly more than NSW and significantly more than in 2008 at Melb Uni). Then there is time off work and loss of earnings or costs of employing locums. This is a significant financial burden and one that, although professionally very rewarding is very taxing on ones personal, professional and family time. These time issues being more difficult for those optometrists in the country with little access to locum cover. Further there is no financial motivation to complete the qualification. Although professionally rewarding therapeutics is not going to increase practice profitability and may even have the opposite effect.

Contrary to what the optometrists association might believe Australian optometry has a significant shortage of optometrists at present. This is blatantly evident by the skyrocketing wages of optometrists. If there was not such an imbalance between supply and demand we would not be seeing a minimum of 10+% wage rises year on year that employers are required to pay to attract and retain employees. This is far in excess of other professions in the current economic climate. If the board then wants to make therapeutics a requirement of registration I can foresee a significant number of optometrists opting for early retirement, and those in semi-retirement being forced into fulltime retirement placing further stresses on the optometric work force, wages and also affecting the resale value of practices due to a reduced market of potential buyers. This will completely deter overseas trained optometrists from applying for registration as most won't have completed the appropriate qualifications.

In answer to your questions in your letter.

- Yes there is public benefit in requiring all optometrists to be therapeutically endorsed. It will
  provide uniformity and provide for reduced costs for medical in the management of those
  with glaucoma.
- 2. No I don't believe at the present time it is a reasonable expectation of all optometrists. In time, maybe in 10 years, once at least 75% of optometrists are endorsed we should then think about making the remaining 25% complete their qualification but it is certainly unreasonable to expect 80% of the workforce to commit to a hard years study. I certainly wouldn't advocate making the course any easier simply to qualify more optometrists and don't believe those who don't want to practice therapeutics should be forced to do so. Then there is the logistical problem of qualifying 3200 optometrists. Even if you gave them 10 years to get the qualification each University would need to qualify 75 graduates a year to achieve this which would logistically be difficult.
- 3. Eventually yes but not for at least 10 years.

- 4. Minimum 10 years.
- 5. If Australian optometrists are required to hold therapeutics qualifications obviously overseas trained optometrists will need to have the same qualifications in the same time frame (minimum 10 years). I'm not quiet sure I follow the logic behind the two levels of practice by 2014. There have been 2 levels of practice in Victoria since 2002 when the first optometrists passed the post grad course. QUT has only in 2010 produced it's first therapeutically qualified graduates. WA has only just achieve legislation for therapeutics. 2014 is obviously an unrealistic and unachieved goal for this proposal. You need to:
  - a. Let those who don't want to do therapeutics but still work for another 5-10 years work their way into retirement.
  - b. Allow optometrists and the universities sufficient time to achieve the qualification
  - c. Consider the significant implications on the profession in terms of the workforce, wages etc and will this cost be justified in term of benefits to the public and the profession. At present the answer is no.
- 6. If practicing optometrists are required to hold the qualification so should all optometrists as they will benefit from this qualification in there non clinical roles.
- 7. I have already outlined several impediments to the proposal:
  - a. Cost. The course is too expensive at Melbourne Uni (a 50% increase in fees from the previous course in 2008 was unjustified as the contents of the course was identical)
  - b. The timing needs to be such that it will not have far reaching implications on the profession in terms of workforce numbers. Remember also that much, more than 50% of the graduates both recent and for the last 20 years are female. Most of these female optometrists will eventually want to have a family which means a significant amount of time off raising their children. This along with insufficient graduate numbers and the increasing length of University course has resulted in the insufficient supply of optometrists that we have today. I believe it would be very difficult for those women to try to balance family lives with study. We are not at the point where we can afford as a profession to fast track such a proposal. Ultimately I am for the proposal but it needs to delivered in an appropriate time frame so as to not place unnecessary stress on the profession and optometrists, their practices and families for no real significant public benefit. Most non endorsed optometrists have been practicing safely within their level of training and co-managing patients either with GPs or referring to their local ophthalmologist as required.

Kind regards,

Darren Couch

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