

Public consultation on revised guidelines

September 2015

Responses to consultation questions

Please provide your feedback as a word document (not PDF) by email to optomconsultation@ahpra.gov.au by close of business on 20 November 2015.

Stakeholder details

If you wish to include background information about your organisation please provide this as a separate word document (not PDF).

Organisation name
Eye Advice
Contact information <i>(please include contact person's name and email address)</i>
Kon Zagoritis kosta@eyeadvice.info

Your responses to consultation questions

Proposed revised guidelines for continuing professional development for endorsed and non-endorsed optometrists <i>Please provide your responses to any or all questions in the blank boxes below</i>
1. Are they clear and easy to understand?
2. Is there any content that needs to be changed or deleted?
3. Is there anything missing that needs to be added?

Proposed revised guidelines for continuing professional development for endorsed and non-endorsed optometrists

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4. Are there any practical issues encountered for the assessment of CPD activities?

5. Do you have any other comments?

Re requirement: • 40 of the 80 points over two registration periods must be in education related to endorsement for scheduled medicines for those optometrists endorsed under section 94 of the National Law

One can understand that the optometry profession has only been officially involved in therapeutics in the last 15-20 years and so at least for a period of time, it would be acceptable to treat the therapeutics aspect of an optometrist's daily work with some bias in its favour.

However, at some point in time, an optometrist's daily work must be treated without bias. An optometrist owes it to the patients he/she sees to keep up to date with the problems that they present with. If most problems relate to matters other than therapeutics, then the current policy would be putting most people at a disadvantage with their problems in preference for those requiring a connection to therapeutic medicines.

Our own estimate is that therapeutics comprises significantly less than 50% of an average optometrist's work or even the daily problems they have to contend with that require further knowledge. We recommend that the board consider giving a time frame as to when this requirement for most registered optometrists of the future (assuming we are aiming at a high medicines endorsement rate) will change to enable individual optometrists to better address their patients' needs.

Proposed revised guidelines on the prescription of optical appliances

Please provide your responses to any or all questions in the blank boxes below

6. Are they clear and easy to understand?

In particular, under section 7 / Patient consent...fifth bullet point re:

□ responsibilities of an optometrist if the patient chooses to have his or her prescription dispensed elsewhere

The implication here seems to be that if there is a need for the lenses to be re-made for whatever reason, it would depend on the instructions that were given by the prescribing optometrist. Ie that it would be legally acceptable for the prescribing optometrist to advise the patient that eg no responsibility can be taken under any circumstances for any re-make of lenses or any optical aids made elsewhere.

This practice is and always was the case when ophthalmologists are the prescribers. Please clarify if

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such an implication as drawn above is not the case.

7. Is there any content that needs to be changed or deleted?

no

8. Is there anything missing that needs to be added?

There has been past evidence from government departments that deal with consumer complaints about optical appliances that most patient complaints arise from the smaller proportion of people who choose to take their prescriptions elsewhere to be filled. Optometrists are aware that there are many factors involved in patient success with a new optical appliance other than what can reasonably be written on a prescription form. One example is a patient's visual acuity and another out of many others is the amplitude of accommodation. Without such knowledge, there is an incomplete picture and any dispenser would be in a less than optimal position to give well-founded advice at all times to patients.

As there has not been adequate debate on this topic and almost no public awareness information, the public is left to assume that the likelihood of success with their new optical appliance is exactly the same when they have it dispensed to them elsewhere. However, when one examines the figures, this is not the case, and yet the public has long been left to believe otherwise.

In any case, it would be of benefit to patients and optometrists alike to include a statement to the effect that an optometric practice has the right to formulate policy based on the optometrist's experience of advantages/disadvantages to both patients and the practice, and to disclose **in advance** to prospective clients its preferred mode of practice wrt prescribing of refractive corrections and dispensing of prescriptions. Patients can then choose an optometrist appropriately, i.e. an optometrist who prefers to undertake prescribing and dispensing in completeness or one who does not have such a preference.

Any optometrist who bills a Medicare rebateable consultation item will need to issue a prescription upon request. However, an optometrist should have the right to openly disclose his/her preferred mode of practice in advance, either by phone, in person or by clear written notice. In some circumstances where it is clear that the patient is intending to take their prescription elsewhere, a dispensing optometrist should have the right to refuse examination.

With time, the profession must give due consideration to this very important issue that directly affects the visual welfare of the public and also affects the livelihood of those optometrists who have and continue to heavily invest both monetarily and time-wise, in the mode of practice that they consider to be optimal for their patients. Well-founded research is sorely needed to investigate the effects of taking prescriptions to be dispensed elsewhere. When people are better informed, they are more likely to make better decisions, with fewer surprises and thus fewer complaints.

9. Do you have any other comments?

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