

SUBMISSION OF THE OPTOMETRISTS BOARD OF THE AUSTRALIAN CAPITAL TERRITORY

4.1 Applications for registration

The ACT Optometrists Board supports on line registration provided a fail proof procedure for authentication of documentation and identification of applicants can be developed.

The ACT Board supports proposal 4.2.1

The ACT Board supports Option 3 for proposal 4.3.1

5 Qualifications for registration

The ACT Board supports proposal 5.1

At present the Optometry Council of Australia and New Zealand (OCANZ) has a world wide reputation for accrediting institutions in the practice of Optometry. The ACT Optometrists Board encourages the Ministerial Council to maintain the outcomes derived research and direction of the world class institution.

6 Registration decisions

The ACT Board supports the term “health assessment” in proposal 6.1.2 , proposal 6.2.2, compulsory PI insurance, proposal 6.4.1, 6.5 and 6.6 provided individual cases were conducted with in a timely and efficient manner.

7 Types of registration granted

Provisional registration may also be used when there is a delay in the board officially accrediting a practitioner due to delays in board meetings.

The Board supports student registration when they are interacting with members of the public.

8.4 Optometry practice restrictions

Proposal 8.4.1

The ACT Optometrists supports the definition of optical appliance being framed broadly to include all contact lenses (whether for therapeutic or cosmetic purposes).

Proposal 8.4.2

The ACT Optometrists Board has strong concerns with proposal 8.4.2. The primary role of health registration boards is protection of the public. It is difficult to see how allowing an unregulated and unregistered profession to perform a service which is restricted under current legislation in all states and territories will produce any benefit to the public.

The issue of prescribing rights for orthoptists was considered by the ACT Health Minister in 2007 after a letter of request from the Orthoptic Association of Australia. The Minister was concerned that an “unregulated profession would pose accountability problems if a public safety issue arose from the provision of a regulated health service”. This situation has not changed in the last 12 months. In attachment B of the COAG agreement, section 1.3 suggests that orthoptists may never fulfil the criteria for registration.

As of June 30 2008 there are 104 registered optometrists in the Australian Capital Territory. The general public has good access to optometrists 7 days a week, with the additional benefit that their consultations are covered by a scheduled Medicare fee and in the majority of cases bulk billed with no out of pocket cost to the patient. There are only 9 orthoptists in this region. Unlike some states such as Victoria, orthoptists in the ACT do not work in public hospitals and are therefore not in a position of refracting patients in unsupervised situations; writing prescriptions is therefore not an issue.

A registered Optometrist in this country currently requires between five to seven years of full time tertiary study, providing a strong foundation in the biomedical and general sciences including physiology, ocular and systemic disease, biochemistry and pharmacology. This is considered to be essential for a proper understanding of optics and disorders of the eyes and vision, and to provide optometrists as independent practitioners with the capacity to understand the science underpinning their discipline. There is an emphasis during training on providing practitioners with the skills to evaluate and adopt new knowledge and changing technology. Like ophthalmologists, the optometrist, if needed, will use cycloplegic eye drops to investigate unusual refractive (prescription) conditions; the orthoptist is not qualified to undertake such a procedure. The ACT Optometrists Board sees no reason to lower health standards and public's expectations of an eye examination by condoning the practise of unsupervised orthoptists prescribing spectacle lenses.

Optometrists do not only refract (prescribe spectacle lenses) when they conduct a comprehensive eye examination. Approximately half of every optometric examination is spent in exploring the patient's ocular health and at present 6% of patients seen by optometrists are referred on to ophthalmologists for medical treatment. Increasing numbers of optometrists are also becoming qualified to provide a range of therapeutic services to their patients on diagnosis of ocular disease. An orthoptist providing a refraction only service would therefore be lowering the health outcomes protected by our current registration boards.

An additional concern is the potential for corporate dispensers employing either orthoptists or similarly qualified overseas people to undertake quick refraction only consultations. An eye exam by a registered Optometrist takes about 30 minutes and according to the Optometrists Medicare Advisor an optometrist will be investigated if they exceed 20 to 25 patients per day. (Dr Steven Zantos 2006). An orthoptist does not operate under the Medicare system and could churn out spectacle prescriptions on demand and in fewer than 10 minutes. This would increase the potential spectacle sale three fold. This is attractive for the corporate dispenser as the potential profit on spectacles is high. The public may still not pay for the orthoptist eye examination as the cost could be absorbed by the dispenser wanting increased spectacle sales. The commercial dispenser, with large advertising budgets, could push "free on the spot" eye examinations which Medicare regulations prohibit. Patients in Australia that have enjoyed an optometrist/ ophthalmologist eye examination under the past 25 years of the Medicare system could lose a transparent scheme and the confidence that their eye health was being correctly managed under a very lucrative corporate dispenser/orthoptist relationship.

For public protection it is hoped that Australian National Registration is not going to lower present health standards experienced in most States and Territories. If the public turned to orthoptists as primary care providers, those patients would be denied the high level of diagnostic skills across a wide range of disorders of the eyes and vision which they now enjoy from a standard optometrist or ophthalmologist consultation. The situation should remain as practised in most States and Territories where the orthoptist is supervised by a registered ophthalmologist.

9 Renewal of registration and continuing competence

Proposal 9.4.3 is supported with the word "professional" instead of "medical" in (b)