6 June 2003

Ms Anne-Louise Carlton
Senior Policy Analyst, Workforce Policy
Department of Human Services
555 Collins St, Melbourne 3000

Dear Ms Carlton


In the major review of the Victorian Optometrists Registration Act undertaken in the last decade, the Orthoptic Association of Australia Inc (OAA Inc) (Victorian Branch) prepared a submission that recommended removal of restrictions to orthoptists’ work in so far as testing the powers of vision and prescription of spectacles to their patients.

Understanding that at the time, the views of the then Australian Optometrical Association (now the Optometrists Association Australia) were divergent from those of the OAA Inc (Victorian Branch) and of the then Royal Australian College of Ophthalmologists (now the Royal Australian & New Zealand College of Ophthalmologists, RANZCO), it transpired that a compromise position was taken by the Department of Human Services, allowing orthoptists registered with the OAA Inc or the Orthoptic Board of Australia, to measure refraction and prescribe lenses (not contact lenses) or prisms for the aid of the power of vision at the request of, or on the referral of, a registered optometrist or ophthalmologist, where the request or referral had been made within 6 months before that measurement or prescription. (http://www.austlii.edu.au/au/legis/vic/consol_act/ora1996341/s60.html)

It is appropriate to note here that the Orthoptic Board of Australia, a sub-committee of the Royal Australian College of Ophthalmologists, no longer exists and has been replaced by the Australian Orthoptic Board, a regulatory body independent of RANZCO and the OAA Inc.

The aim of this submission.

The aim of the present submission is to put forward the following 3 positions; that

1. The orthoptic training program in Victoria (La Trobe University’s Bachelor of Orthoptic and Ophthalmic Sciences, B.Orth&Ophth.Sc.) has since been extended and undergone substantial change with increased emphasis on the investigation, detection, diagnosis and management of eye disease; that
2. The existing Act is restrictive to orthoptists’ practice for no apparent net benefit to the public and public health; and that
3. The Act prevents the expansion of the scope of the orthoptic profession to provide increased eye care services to the public.

In the interest of being concise and having made previous submissions to the Department, and owing to your obvious familiarity with our profession, its history, organisation and areas of work practice, it is not intended to revisit these aspects in this submission.

1. Changes to the orthoptic training program.

The Victorian orthoptic training program at La Trobe University has undergone significant change and has been extended to a 3.5 year full time course since the changes to the Optometrists Registration Act 1996.

The emphasis of the B.Orth&Ophth.Sc. degree, which commenced in 1999, is on the investigation, detection, diagnosis and management of eye disease.

Changes to the orthoptic training were appropriate and in step with the fact that Victorian orthoptists have over many years significantly extended their scope of practice beyond that of traditional orthoptics, and work in conjunction with ophthalmologists in private practices and public hospitals in managing eye disease. In the lead up, the University responded to the “Workforce Study of the OAA Inc 1993-94” (Jolly et al 1996) and sought consultation with major employers (these being private ophthalmology practices and public hospitals, which account for 81% of orthoptists’ employment (Jolly et al 1996)) in planning the changes.

The Clinical Education Program has also undergone significant change. Clinical education, not including the in-house practical teaching, comprises approximately 25% of the degree in terms of hours. Placements in Victorian public hospital ophthalmology departments and private practices are undertaken in all year levels of the course, ensuring that not only theory but patient handling, instrumentation and management skills are firmly consolidated, thus resulting in entry-level practitioners that meet the criteria set by the Orthoptic Association of Australia’s “National Competency Standards for the Profession of Orthoptics” (Goodacre 1997). During the full time block placement in the final year, students complete at least one third of their 12 week period in rural, interstate and/or international clinical agencies affiliated with La Trobe University. This ensures that Victorian graduates and orthoptists are exposed to a range of high quality practices from national and international clinical settings.

Such changes to the Clinical Education Program have been welcomed by the OAA Inc (Victorian Branch) and the orthoptic profession in Victoria.

Teaching of ophthalmic science and the investigation, detection, diagnosis, and management of eye disease, which is the emphasis in the B.Orth&Ophth.Sc. degree, has also undergone significant change. As evident in Appendix 1, the early part of the course covers what is normal, ocular physiology. Then, ocular pathology and the contrast between normal and diseased eyes for the purpose of detection is covered. Finally, the management of eye disease in different settings becomes the emphasis - in the ophthalmology practice, in the orthoptic,
strabismus or neuro-ophthalmology practice, and in the rehabilitation and community health care setting.

Additionally, students take the subjects in a logical order that is typified in the examination of a patient’s eye - from the front (protective structures, clear media and anterior segment), through to the back of the eye and at brain level (retina, neuro-ophthalmology, strabismus etc.).

Appendix 1 is the La Trobe University course outline for the 3.5 year full time B.Orth&Ophth.Sc. degree, which includes subject descriptions from Years 1 to 4. (http://www.latrobe.edu.au/orthoptics/Undergraduate/Bachelor.htm)

In accordance with the University’s quality assurance processes, the first review of the B.Orth&Ophth.Sc. degree will be undertaken in early 2004.

2. The Optometrists Registration Act 1996 is restrictive to orthoptists’ practice for no net benefit to the public.

Whilst the provisions in the Optometrists Registration Act 1996 concerning orthoptists were a positive step, the impact of these changes on orthoptists’ practice have been modest at best.

It is the position of the OAA Inc (Victorian Branch) that the Optometrists Registration Act 1996 is restrictive to orthoptists’ practice, which in itself is not in the spirit of national competition policy endorsed by the Australian Competition and Consumer Commission and in sections of the Trade Practices Act relating to the health sector, but more importantly, it remains unnecessarily restrictive. There is no net public benefit in restricting orthoptists from measuring the powers of vision and prescribing lenses or prisms to aid vision, and certainly none that outweighs the restriction posed to orthoptists in being able to provide quality eye health care to the public.

Orthoptists almost exclusively practice in the secondary eye health care setting. There is no evidence of or ambition for the orthoptic profession move into primary eye care, which is the realm of optometry. Certainly, this would be impossible given the optometry profession’s Medicare-enabled role in primary eye care.

Orthoptists play a vital role in managing eye problems in younger populations, since these largely involve disorders of binocular vision (such as strabismus and amblyopia, i.e. “lazy eye”); in treating older people with similar problems and including double or blurred vision and eye strain; and in the co-management of eye disease requiring medical and or surgical attention pre- and post-operatively, for instance, cataract extraction, this being one of the most commonly performed procedures in Australia. In order to carry out their current practices effectively, orthoptists should not be restricted from prescribing glasses to aid vision.

Such restrictions on orthoptists can only be justified if it was the case that at least one of the following was true:

i. Orthoptists do not receive adequate training in the determination of refractive error through means of refraction.
This is unfounded. Refraction is the basis of any eye/vision management program and the B.Orth&Ophth.Sc. degree adequately equips graduates to refract any patient, using all commonly practiced methods, and accurately determine their refractive error and best corrected vision, including prescription principles (as have previous orthoptic training programs).

ii. Orthoptists do not receive adequate training to detect early signs of eye disease.

This is also unfounded. As has been outlined, the B.Orth&Ophth.Sc. degree adequately equips graduates to investigate patients’ ocular and visual status with respect to disease processes and to determine, and so detect, abnormal structure and function from that of normal.

Clinical training is provided largely within the settings of Victorian public hospital ophthalmology departments and ophthalmologists’ private practices. Approximately, 85% of the clinical placement hours undertaken by students are in an ophthalmology setting that deals with eye disease (rather than traditional orthoptics). This concurs with workforce trends among Victorian orthoptists (Jolly et al, 1996). Therefore, the exposure received by both students and orthoptists to eye disease, ranging from its beginnings to most severe forms, is substantial (and certainly so when contrasted to that by optometric counterparts).

Further, there is established support from the RANZCO for the OAA Inc (Victorian Branch) position that previously recommended to your Department the removal of restrictions to orthoptists’ practice in so far as testing the powers of vision and prescription of spectacles.

iii. Prescription of incorrect glasses can cause harm.

This is also unfounded. A report commissioned by the Director General of Fair Trading in the UK in 1982 concluded, on the basis of extensive evidence, that inaccurate spectacles could not cause permanent damage to eyesight.

Moreover, about 500,000 pairs of ready-to-wear reading glasses are sold (as “magnifiers”) in Australia annually, accounting for some 20% of spectacle sales (Commonwealth Statistician), without apparent public dissatisfaction. This has been enabled by the RANZCO position statement endorsing that issued by the American Academy of Ophthalmology on ready-to-wear glasses is that they are “effective, safe, and economical. Self-selection and over-the-counter purchase of theses glasses appear to be medically acceptable, cost-effective, and in the best overall interest of the public”. (http://www.ranzco.edu/eyehealth/readytowear.php)

To summarise, the above three points have no basis, and as they cannot be proven and evidence exists to the contrary, the position of the OAA Inc (Victorian Branch) remains that the Optometrists Registration Act 1996 is unnecessarily restrictive to orthoptists’ practice and that there is no net public benefit in restricting orthoptists from measuring the powers of vision and prescribing lenses or prisms to aid vision.
The Act’s retention of the definition of “Optometry”

The Optometrists Registration Act 1996 is only one of two of the eleven health professionals’ legislations in Victoria that has retained definition of practice, and therefore, restricts other professions’ practice in this area. This is anomalous and not in the spirit of national competition policy as endorsed by the ACCC. It is anti-competitive and not in the interest of the public.

As far as the profession of orthoptics is concerned, the Act’s retention of the definition of “optometry” has a number of undesirable effects that impact on the public.

i. It restricts consumer choice of eye health care providers.

Orthoptics is an internationally established and recognised discipline of ophthalmology, traditionally concerned with the medical or non-surgical management of patients with strabismus and amblyopia. Orthoptists have a vast area of expertise that cannot be easily accessed by the public, or in order to gain access, the patient would be required to duplicate attendances for no good reason but to obtain referral. Not only is access to orthoptic services made that much more difficult, but it is not cost effective and impacts adversely both on the patient as an individual and the Victorian and Commonwealth health care systems.

ii. It suppresses the creation of new and innovative ways of delivering eye health care services to the public.

iii. It precludes eye health care providers in competition with optometrists from expanding their scope of practice.

These latter two points (ii. and iii.) will be addressed below.

It is not for this submission to question the state government’s regulation of the profession of optometry, but certainly the restriction that the Act places on the profession of orthoptics. Not only does this restriction not benefit the public, but in fact limits the consumer and denies the public more accessible and cheaper or cost-effective services. It would seem that the restriction to orthoptists’ practice is only to the benefit of the profession of optometry in dominating the market for optical services and supplies. This should not be the place for government regulation and nor should the public pay for protection of a profession’s interest.

3. The Optometrists Registration Act 1996 prevents the expansion of the scope of the orthoptic profession to provide increased eye care services to the public.

The profession of orthoptics has been a highly evolving one and this has resulted in the provision of high quality eye care services to the public. Orthoptists work in most Victorian hospitals that operate an ophthalmology service. Apart from providing specialised services in a number of areas, they perform refraction on all patients and indeed have a de facto role in the teaching of refraction (among other skills) to ophthalmology registrars.
Orthoptic history in Australia now spans over 70 years. In its humble beginnings, orthoptics was traditionally concerned with the management of patients with strabismus and amblyopia. The scope of orthoptists' practice has since moved into highly specialised fields of ophthalmology:

i. Biometry – most patients undergoing cataract surgery in Victoria will have had their implant lens power determined by an orthoptist using refractive and ultrasonographic means.

ii. Tonometry and perimetry – most glaucoma patients in Victoria have their intra-ocular pressure and extent of peripheral vision examined by an orthoptist.

iii. Retinal photography and optic nerve/fibre layer analysis – most technologies used for patients with a wide range of eye disease are operated and have the test results interpreted by an orthoptist.

iv. Eye surgery – many orthoptists function as the second surgeon to ophthalmologists in performing eye surgery.

v. Refractive/laser surgery – most excimer / LASIK patients in Victoria receive pre- and post-operative care by an orthoptist.

vi. Low Vision Rehabilitation – Orthoptists are responsible for a significant service to patients with low vision at both Victorian low vision providers, Vision Australia and RVIB, where the latter does not employ optometrists.

Orthoptists have also made advances in vision screening. Victorian Maternal & Child Health Nurses screen the vision of 3.5 year old children using training methods and the Melbourne Initial Screening Test, developed by the School of Orthoptics at La Trobe University. Orthoptists have also long been affiliated with the Lions and Rotary clubs to provide community level vision screening.

A recent development for orthoptists has been in the area of photographic screening of diabetic patients for sight-threatening diabetic retinopathy (DR). Orthoptists coordinate and operate such services at St Vincent’s Hospital and the Northern Hospital. This development is an important one as DR is a very significant public health issue. This is firstly because, all persons with diabetes are likely to eventually develop DR, this being the leading cause of blindness and partial sightedness in Australians of working age (Harper et al 1995). Secondly, only 55% of known Victorian diabetics have undergone eye examination or systematic screening for DR ever or in the past two years (Harper et al 1995). Thirdly, 40% of patients presenting to the Royal Victorian Eye & Ear Hospital with acute vision loss due to DR had not received eye examination or screening in the past two years (Harper, personal communication 2002).

A recent study of Victorian orthoptists’ current standards of discrimination between normal eyes, eyes with DR and those with other retinal disease, using retinal photographs, showed a mean sensitivity of 86% and specificity of 91% in their ability to detect disease (Fenton 2002). This is as good as previous studies involving optometrists, better than those involving general practitioners, and certainly meets the guidelines of the NHMRC (1997) for the screening of DR.

To summarise, orthoptists are determined to expand their scope of practice and be involved in such programs to benefit community eye care and public health in Victoria. The above example highlights one way that the profession of orthoptics can evolve to benefit public
health. However, their capacity in the workplace and to assist in the delivery of high quality services in the community is hampered while orthoptists’ are limited in writing prescriptions for glasses. It is the position of the OAA Inc (Victorian Branch) that Optometrists Registration Act 1996 is unnecessarily restrictive to orthoptists’ practice, given that there is no net public benefit in maintaining such restrictions, and that it prevents the expansion of the scope of the orthoptic profession to provide increase eye care service to the public.


The OAA Inc (Victorian Branch) recommends the following in the current review of the Optometrists Registration Act 1996: that firstly, Part 5 Section 60 Subsection (2) read:

“Sub-section (1) does not apply to a person who is registered as an orthoptist with the Orthoptic Association of Australia Incorporated or the Australian Orthoptic Board if that person is measuring refraction and prescribing lenses or prisms for the aid of the power of vision that are not in the form of contact lenses”

and that secondly,

Subsections (2a) and (2b) are deleted.

The OAA Inc (Victorian Branch) recommends the removal of restrictions to orthoptists’ practice in so far as testing the powers of vision and prescription of glasses to their patients.

We thank you for your time and attention to this matter and look forward to meeting with you and your staff to further explain the issues for the orthoptic profession in Victoria regarding the Optometrists Registration Act 1996.

We are available for discussion by contacting Zoran Georgievski on 9479 1919 or at z.georgievski@latrobe.edu.au

Submitted by:

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