

# GUEST EDITORIAL

## Behavioural Optometry in Australia

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### Editor's note:

*Stephen Leslie is National Vice-President of the Australasian College of Behavioural Optometrists and Editor of the ACBO journal "Behavioural Optometry." He was National President of the Australian Optometrical Association from 1990-1992, and was recently installed as a life member of the AOA. I extend my sincere appreciation for his excellent editorial, permission to reprint the articles in this Journal, and his friendship. I.B.S.*

Whenever I travel in the United States the reaction from Americans is frequently an expressed desire to visit Australia due to a perceived sense of freedom, security, space and adventure. Australia is the most geographically isolated country in the world; many Australians can't wait to get out of our country to see the rest of the world, and yet in doing so most of us realise how lucky we are to live on our big island between the Pacific and Indian Oceans.

While we are justifiably proud of the current state of behavioural (yes, we spell it differently) optometric care and development in Australia, our isolation from the US and Europe inevitably makes the achievements of behavioural optometry in Australia a well-kept secret. Yet there are many aspects of our progress and activities which deserve wider exposure for the contribution we believe Australian behavioural optometrists can make to the world vision-care community.

Behavioural optometry in Australia has a long and exciting history, with local practitioners initially inspired by visiting American behavioural optometry pioneers, and our education expanded by further visitors. During his world tour to develop behavioural optometry Dr. Greg Gilman visited Perth, Western Australia, in 1983 and converted me to behavioural concepts and practice. One of the exciting aspects for me of our profession is the constant realisation that the more we learn about behavioural optometric theory and practice the more there is to learn. Part of that joy is sharing the passion and excitement of stretching the boundaries of practice with colleagues who are also friends, and who live life to the full in the Australian way.

In more recent years the flow of visiting lecturers has reversed, with Australians increasingly invited to share their unique insights at venues including COVD annual meetings, the Kraskin Invitational seminar, and in Paris, Belgium and England. In Australia seminars are now led by local clinicians who offer excellent didactic courses on lens application, strabismus and amblyopia, learning-related vision problems, and other aspects of behavioural practice. The Australasian College of Behavioural Optometrists (ACBO) is now arguably the largest provider of continuing education hours in Australia, and has become renowned for the structure and organisation of weekend seminars. The recently held second annual ACBO Fellows Conference was filled with exciting clinical and theoretical insights, many of which will develop into significant con-

tributions to behavioural care. ACBO and OEP hosted the Second International Congress of Behavioural Optometry in Sydney in 1994; Australian practitioners have made significant educational contributions at the first International Congress in Europe, and will no doubt explore the boundaries of behavioural optometry during the third Congress in America in 1998. We like to believe we are practising effective, cutting-edge behavioural optometry, and have much to contribute to other countries from our success in developing public awareness of the patient benefits of behavioural vision care, as well as new clinical insights and approaches to management of visual dysfunctions.

Australians have a natural tradition of irreverence for authority and self-importance, to the point where our "tall-poppy syndrome" leads to disdain for people who see themselves or are portrayed as "too big for their boots." That attitude, and the fact that the forty or so ACBO Fellows are often isolated geographically, has led to many new approaches to clinical management on an individual basis which frequently develop through conference interaction into groundbreaking theoretical understanding of visual behaviour. At the same time the Australian hard-working, mateship ethic and desire to live life to the full to the point of being "larrikins" means we don't take ourselves or so-called experts too seriously, and we have fought hard and generally successfully to develop an integral role for the behavioural approach in Australian optometry today.

*EDITORIAL continued on page 148*

Optometrists in Australia now provide approximately 75% of community vision needs, and the demand for eyecare has continued to grow at annual rates between 3 and 10% over the last 10 years. Much of that expansion and professional pre-eminence can be attributed to the efforts of the Australian Optometrical Association (AOA), a small but incredibly effective organisation with just over 2000 members, approximately 90% of the profession. I had the pleasure to be a member of the National Council of the AOA for 15 years, when eyecare in Australia rapidly evolved, and behavioural optometric practice similarly expanded as ACBO and the AOA interacted to advance the cause of optometric eye and vision care.

The dramatic increase in optometric services has led to inevitable changes for the profession, with the growth of optical chains and an increase in commercial competition. Optometric services are covered by the universal Federal government health insurer Medicare so that many people pay nothing for an examination; the optometrist is frequently paid directly by government. Current fees for an initial assessment are about US\$35, and subsequent consultations attract half that fee. Despite the economic disincentives to an optometrist delivering a programme of visits for vision therapy, it is widely provided in Australia to satisfy a huge demand for eyecare needs, particularly in the fields of visually-related learning difficul-

ties, accommodation-convergence and strabismus and amblyopia. Optometry was removed from the Federal health system in a stroke of political dealing in 1993 but was quickly reinstated, mainly as a result of savvy AOA political and community pressure. More recently the government cut the budget for optometric care in an attempt to reduce the growth in expenditure. Noises are gradually emanating from various quarters in support of managed care; Australia inevitably follows American trends, no matter how misguided! Australian optometrists are on the verge of gaining therapeutic privileges, and many behavioural optometrists have completed their therapeutic courses conducted by the State University of New York, State College of Optometry (SUNY) or the Pennsylvania College of Optometry (PCO) to be at the forefront of full-scope care.

ACBO offers a Fellowship process requiring submission of open book questions and three case studies, completion of written and oral examinations, and submission of a literature study or research project. A programme of study camps is provided for candidates to spend weekends developing theoretical knowledge and clinical skills under the guidance of exam board members and other eminent practitioners; in attendance this year were optometrists from Hong Kong and New Zealand, and among the current Fellows are practitioners from the United States

and South Africa. Starting in 1998 all candidates for ACBO Fellowship will be required to complete the 110 hour unit in Behavioural Optometry, which has been offered for the last two years as a component of the Master's degree by the School of Optometry at the University of New South Wales. This is arguably the first post-graduate university course in the world specifically in behavioural optometry and was developed through close cooperation between the School and ACBO.

There are many initiatives ACBO and Australian behavioural optometrists have been able to achieve due to the small but active executive and membership. Standards of Care for binocular vision and visual-information processing management are currently in development in conjunction with the AOA; behavioural optometry is now recognised as a specialty area of optometry by the Optometrists' Registration Board in New South Wales; ACBO runs a biannual National Children's Vision Congress in Sydney; in 1997 ACBO offered a highly successful two day co-presentation on strabismus and amblyopia by an optometrist and paediatric ophthalmologist; for the last four years Australian behavioural optometrists have hosted final year optometry students from France and Belgium for six months practical experience; and ACBO Past-President Bev Roberts has been recently elected to the Board of Directors of OEP.