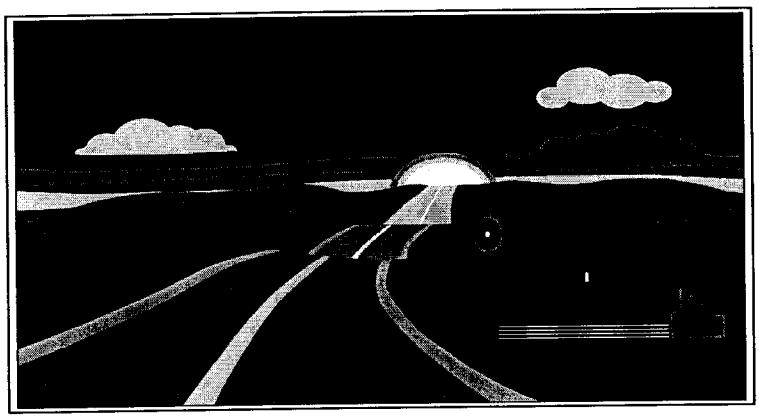
Impact of Competition Policy Reforms on Rural and Regional Australia



SUBMISSION NO: **D263**

SUPPLEMENTARY TO:

SUBMISSION BY :

ANNE AND ROBIN HUGHES

Date of Submission: 7 July 1999

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Submission to Public Hearing on Impact of Competition Policy Reforms on Rural and Regional Australia.

Bendigo, Vic. Wed 7th July 1999

Submitted by Mrs Anne Hughes
Orthoptist
and
Mr Robin Hughes
Optical Dispenser

Subject: Impact of Victorian Government Legislation on Health Services in particular Eye Health Care, in North West Victoria.

* Brief overview of eye health care providers.
* Difficulties facing the Victorian (& Australian) rural population regarding access to eye health care services.
* Victorian Government legislation impacting adversely on provision of eye care services(Optometrists'Registration Act 1996)
* Benefit to rural communities and Government funding costs from removal of anti-competitive Victorian government legislation.
* Implications for similar anti-competitive legislation in other states.

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Overview of Eye Care Providers

OPHTHALMOLOGIST (aka EYE DOCTOR)

- registered medical practitioner(Bachelor of Medicine & Surgery) 6yrs
- specialises in diseases & abnormalities of the eye & its surrounds (Fellow of the Royal Australian College of Ophthalmologists) - minimum of 6 yrs full-time training postgraduate.
- treats diseases of the eye using medical and surgical means

ORTHOPTIST

university trained (Bachelor of Applied Science in Orthoptics) 3 1/2 yrs

- undertakes differential diagnosis and management of disorders of binocular vision and eye movement. The orthoptist is a recognised expert in this area with a world-wide reputation. (This includes measuring and correcting vision)
- trained in the assessment and management of the vision-impaired
- trained in screening for eye and systemic disease.

Many orthoptists work with and for Ophthalmologists as both are involved with pathology. Many orthoptists also work as independent practitioners and have done for the last seventy years.
No Medicare funding.

OPTOMETRIST

- University trained (Bachelor of Optometry) 4yrs
- trained in the measurement and correction of vision by means of lenses and prisms & in the dispensing of glasses & contact lenses.
- trained in screening for eye and systemic disease

Work mainly as private practitioners or for large groups such as OPSM.
Medicare funded only for the practise of optometry - see definition).

OPTICAL DISPENSER

- 2 year trained technician with expertise in lens materials and spectacle making to prescription.

The Victorian Government Legislation impacting on Competition in Rural Victoria.

The Optometrists Registration Act 1996 Section 60 (2) (b) which states:

60. Unregistered persons

(1) A person must not practise optometry unless the person is registered under this Act.
penalty: 100 penalty units.

(2) Sub-section (1) does not apply to a person who is registered as an orthoptist with the Orthoptic Association of Australia Incorporated or the sub-committee of the Royal Australian College of Ophthalmologists known as the Orthoptic Board of Australia if that person is-

(a) 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

(b) doing so at the request of, or on the referral of, a registered optometrist or a registered medical practitioner who practises as an ophthalmologist where the request or referral has been made within 6 months before that measurement or prescription.

The Optometrists' Registration Act 1958 was reviewed in 1996 to comply with anti-competitive legislation requirements. Prior to this , the old Act gave optometrists a monopoly over measuring for, prescribing and dispensing glasses. It also prevented orthoptists from legally carrying out these functions.

Most refractions(measurement for glasses) in Victoria's public hospitals and in ophthalmologists' practices are performed by orthoptists and this has been the case for many years(at least 30 years). However, prescriptions had to be signed by the ophthalmologist to comply with the Optometrists' Act of 1958.

The Victorian Government believed that it was anti-competitive for orthoptists not to be able to sign their own prescriptions and stated that if this were the case, it would offer consumers a greater choice of eye care provider (see Hansard).

The Optometrists' Registration Board (ORB) has been given the power, by the government to interpret and implement the legislation. It has interpreted Section 60 (2) (b) in a way that prevents an orthoptist from measuring for and prescribing glasses as an independent practitioner. It has sought to have the definition of request and referral the same as that in place under the Medical Benefits Schedule (Medicare) despite the fact that orthoptists are not Medicare providers or recipients.

The ORB in its reasons for this restriction states that orthoptists are "not adequately trained in recognising eye disease to prescribe glasses" and that this "could lead to a public health risk" (Hansard).
However, the definition of optometry does not include either the screening for, recognition of or diagnosis of eye disease(see Optoms Registration Act 1996 p3).

The Royal Australian College of Ophthalmologists states that there is no threat to public health and safety in orthoptists measuring for and prescribing glasses and that only ophthalmologists may "recognise" or diagnose eye disease.

It is nation-wide ophthalmic practice for the measurement of vision and its correction with lenses to precede any other testing for disease.

Why then is there a restriction placed on registered orthoptists carrying out what is a fundamental procedure and one which poses no threat in itself to public health and safety?

(It is interesting to note that the Victorian Optometrists' Registration Board is set up by government legislation and consists of 8 appointees, 5 of whom are optometrists)

Difficulties Facing Victorian Rural Population regarding Access to Eye Care Services.

1. Rural population is aging - this leads to increases in age related eye problems
- cataract
- glaucoma
- diabetes
- degenerative eye diseases

All of these lead to increasing levels of morbidity, visual impairment and blindness. They also lead to increased lack of mobility , both in daily living activities and in the ability to travel to access health and other services.

2.Rural population is decreasing as farms get bigger and young people leave to take up study and work options in larger centres. This leaves fewer able bodied people about to assist older or incapacitated family or friends.

3.Threshold population numbers for various health services means specialist eye services have mostly contracted to large regional centres such as Bendigo and Ballarat. Places such as Swan Hill and Horsham only attract a visiting service - usually once a month.

Optometric services are subject also to these forces and towns the size of Stawell (pop. 8,000) only rates part-time facilities. St Arnaud (pop 4000) rates 5 hours service per week, while Donald (pop 2000) gets 5 hours per fortnight.

There are 3 morals in all of this: 1. DO NOT live more than 50km from a centre at least the size of Stawell, do not sit on your glasses, do not break or lose your glasses and when you need new ones, be prepared to make at least 2 trips (200km) and probably 3 for a service that a person in Ballarat or Bendigo or Melbourne is able to get within 5km of his/her home.

2. if you have the misfortune to develop an eye disease DO NOT have difficulties with your vision as your nearest specialist services will be Ballarat, Bendigo or Melbourne - not so easy when you can not see, cannot drive (because you can't see) and have to travel long distances to get help in an unfamiliar environment!

3. DO NOT belong to a group at risk of diabetes or glaucoma as community screening programs targeted at education about and prevention of eye disease are about as common and regular in NW Victoria as a good rain, a good harvest and good wool prices !!

Where does the Orthoptist fit in all of this?

NOWHERE at the moment, as the ORB has used the judicial system to make sure that an orthoptist cannot go out into the community and use the training she/he has (and is admitted by law to have)because this poses a threat to the optometrists' sheltered and very lucrative monopoly.

So while the relevant legislation looks as though it complies with the Anti-competition requirements of the Victorian government, the interpretation of it by the ORB makes a mockery of these policies.

Benefits to Rural Communities from Meaningful Changes to Legislation

1. An orthoptist is trained in enough areas of eye care and recognised in the Optometrists Registration Act 1996 as competent to perform optometry and can thus offer a stand-alone eye care service on at least a par with optometry.

2. An orthoptist's training is biased towards education and prevention of eye disorders and disease and he/she is ideally placed to work with communities to these ends. The orthoptist is also trained to manage patients with eye disease.

3. As the orthoptist does not make any demands on Government funds through Medicare but acts either as an employee(of an ophthalmologist) or as a private practitioner, there can be an increase in service in rural areas without the need for extra Government funding (in the shape of the $46 per initial consultation and $26 per subsequent that an optometrist receives as well as remote area allowances). Most rural people appear to be quite happy to pay a fee for a local, readily-available service rather than have to spend time and money travelling for same.

4. Locally available services, especially in the areas of low vision clinics for the visually impaired and in paediatric orthoptics are often a great relief where families are involved. In is not uncommon for a family to have a number of children with different handicaps, requiring vast inputs of time and petrol to attend specialists' appointments, speech therapists, hearing clinics and so on. People using low vision clinics are frequently the frail aged, often with only the support of an equally frail and aged spouse or with an unofficial carer.

5. An orthoptist, based centrally in a rural area such as NW Victoria and with direct communications to the region's ophthalmologists is able to provide an effective and efficient eye care service to the area's communities.

6. For the greater percentage of people, a pair of glasses is a fundamental need, much the same as a pair of shoes. For the greater percentage, there is no underlying pathology that means they have to see an ophthalmologist; the correction of their vision deficit is sufficient. These people are currently only able to attend an optometrist to have their vision tested and glasses prescribed (despite the new legislation) which means lengthy delays and much inconvenience. A person in Donald(Vic) who breaks his or her glasses on a Wednesday, has to wait until the following Tuesday fortnight to re-order them, then a further fortnight for the new glasses to be supplied or face two round trips of about 250km each. The financial cost and the loss of time is a not inconsiderable burden.

7. Easy access to an orthoptist means that people will come in with complaints for which they would not normally seek attention (they do not want to bother the local GP who is run off his feet; there is no local optometric service). A certain percentage of these complaints will be serious and need immediate medical attention. This has been my experience in the last few years in St Arnaud and Birchip.

Implications for Similar Legislation in other Australian States

Orthoptists work in all states of Australia and in the ACT. At present there are none working in the Northern Territory. Most of these orthoptists are restricted to metropolitan or city areas.

Optometrists' legislation in all these states and the ACT prevent orthoptists from measuring for and prescribing glasses at the moment but the legislation is currently under review in NSW and Queensland with South Australia to follow soon.

This restriction on qualified and trained orthoptists not only reduces work opportunities for them but denies most of rural Australia a valuable resource and service.

The Victorian Government has spent much time money and effort on changing the Victorian Optometrists' Registration Act in order to allow orthoptists greater scope in their work practice and TO ALLOW CONSUMERS GREATER CHOICE. By letting through legislation that has been unduly influenced by the optometrists' vested interests and by giving the Optometrists' Registration Board the power TO INTERPRET AND IMPLEMENT the Act, the government's anti-competitive intent has been destroyed. This same scenario is presently being played out in both NSW and Queensland.

Appendix 1. Definition of Optometry

Appendix 2. Optometrists' Registration Act 1996

Appendix 3. Hansard Parliament of Victoria.

Parliament of Victoria

Parliamentary Seal

Whole Speech

[Basic Query] [Advanced Query] [Home Page]

Title **OPTOMETRISTS REGISTRATION BILL**
House **ASSEMBLY**
Activity **Second Reading**
Members **SPEAKER**
Date **21 November 1996**
Page **1455**

21 November 1996 ASSEMBLY

OPTOMETRISTS REGISTRATION BILL

Government amendments circulated by Dr NAPTHINE (Minister for Youth and Community Services) pursuant to sessional orders.

Second reading

Debate resumed from 31 October; motion of Dr NAPTHINE (Minister for Youth and Community Services).

The ACTING SPEAKER (Mr Richardson) -- Order! Before calling the honourable member for Albert Park, I inform the house that in my opinion the second reading of this bill requires to be passed by an absolute majority.

Mr THWAITES (Albert Park) -- The purpose of the Optometrists Registration Bill is to provide for the registration of optometrists and to establish the Optometrists Registration Board of Victoria. The bill follows the model for regulation which has been adopted in relation to the Nurses Act, the Medical Practice Act and legislation governing a number of other occupations. Essentially the model has been supported by the opposition, as has been the process -- that is, of consultation with the professions prior to the legislation being introduced.

Unlike what happened with some other professions, it has not been possible to obtain full consensus on the bill. Given that deregulation is taking place, the various occupational groups have an understandable concern about the bill. Sometimes there is a coincidence between that concern and the self-interest of the groups, but that should not remove from those groups the right to make claims and express them appropriately.

The bill will allow registered optometrists to apply to the board for an endorsement of their registration, which will allow them to prescribe certain drugs such as antibiotics and anti-inflammatory agents. To obtain endorsement by the board, the optometrist would have completed a relevant course of study approved by the board. The proposed change is opposed by the Royal College of Ophthalmologists and the AMA, which argue that optometrists are not properly trained to prescribe drugs.

The bill will also allow orthoptists to prescribe glasses to any person who holds a current referral from a registered ophthalmologist or optometrist. The proposed change is opposed by the Australian Optometrical Association, which claims that orthoptists are not adequately trained in recognising eye disease to prescribe glasses.

The bill also repeals the current legislation that requires that two-thirds beneficial ownership of

an optometric practice is held by registered optometrists. This provision is opposed by the Australian Optometrical Association.

I shall deal with those matters. The provisions of the bill are consistent with ownership provisions in other occupational regulations. The opposition is not convinced that there is any reason in this case to change from the general scheme which has been established, so the opposition does not have any objection to the provision.

There is concern by optometrists that orthoptists will not have the training necessary to recognise eye disease and that that could lead to a public health risk.

In the briefing I had with the government I was assured, as was the opposition generally, that the orthoptist will be under the supervision of, or subject to a referral from, an ophthalmologist. I ask the minister to address the concern the opposition has that the wording in the bill is very broad, in that it refers to a referral by an ophthalmologist or a request. My concern is that it does not specify that the request be in writing or be specific to a particular case. It may be possible for that to be a broad request for a period of time or a geographic area for all patients. That would be inconsistent with the purpose of the bill.

The most difficult provision for the opposition relates to the prescribing of drugs by optometrists. The Royal Australian College of Ophthalmologists and the AMA have forwarded submissions to the opposition -- and presumably to the government -- on the case against optometric use of therapeutic drugs.

The nub of the case seems to be that optometrists may not have the necessary training in ocular therapeutics to ensure that public safety is maintained. That is particularly so in the context of fears of multi-resistant strains of infection following the overuse of antibiotics. Given the very serious way the opposition treats any submission by the Australian College of Ophthalmologists or the AMA, it has some concerns about these provisions.

The particular concern relates to who will support or agree to the course of study. The bill provides that it is for the Optometrists Registration Board to do that. The AMA and the ophthalmologists point out that the members of the board may not have the skills and experience to recognise what is required. For that reason I move a reasoned amendment, which I will not speak to at any length:

> That all the words after `That' be omitted with the view of inserting in place thereof the words `this bill be withdrawn and redrafted to provide that the course of study which qualifies an optometrist to supply certain drugs be approved by the minister'.

The reasoned amendment is designed to ensure that the legislation will provide that the minister rather than the optometrists board will approve the course of study. While the bill provides that the minister will have a role in the process because the minister must approve the drugs that are to be prescribed, it is appropriate for the minister to approve the course as well. It is a two-stage process and the concerns are that the minister may approve a group of drugs at one stage, times may change and the decision on what is an appropriate course of study may also need to be changed.

But that decision will then be left to the Optometrists Registration Board rather than to the minister. If the minister were to approve this course he would be able to directly obtain advice from the appropriate people, such as the Poisons Advisory Committee and others. In my view it would be consistent with the other provisions in the legislation for the minister to also approve this course. Those are the matters the opposition wishes to put to the house in relation to the bill.

Debate adjourned on motion of Mr DOYLE (Malvern).

Debate adjourned until later this day.

Parliament of Victoria

Parliamentary Seal

Whole Speech

[Basic Query] [Advanced Query] [Home Page]

Title **OPTOMETRISTS REGISTRATION BILL**
House **COUNCIL**
Activity **Second Reading**
Members **GOULD**
Date **3 December 1996**
Page **940**

3 December 1996 COUNCIL

OPTOMETRISTS REGISTRATION BILL

Second reading

Debate resumed from earlier this day; motion of Hon. R. I. KNOWLES (Minister for Health).

Hon. M. M. GOULD (Doutta Galla) -- The purpose of the bill is to establish an Optometrists Registration Board and a board fund. It will also repeal the Optometrists Registration Act. The regulations are in line with those that have been implemented for nurses, for example, in medical and associated areas. Having consulted with the affected parties, the opposition will support the bill. However, we do not totally agree with it, because it will allow deregulation. The government should not dismiss the concerns raised by a number of members of the profession.

The bill will allow a registered optometrist to apply to the board for endorsement to prescribe certain drugs under schedule 4. However, the prescribing of drugs such as antibiotics and anti-inflammatories will need to be approved by the Minister for Health. That provision is opposed by the Royal Australasian College of Ophthalmologists and the Australian Medical Association, which argue that optometrists are not properly trained to prescribe those drugs.

The bill will allow an orthoptist to prescribe glasses after receiving a referral from a registered ophthalmologist or optometrist. Optometrists oppose that aspect of the bill because they say orthoptists do not have sufficient training to recognise eye diseases.

The bill repeals the provision for an owner of an optometrical practice to hold two-thirds ownership of that practice.

Some opposition has been expressed about that provision, but the changes are consistent with what has occurred in other health professions, and the registered optometrist rather than the owner of the business is responsible for the professional work. The opposition does not oppose that provision. The advisers of the Minister for Health informed the opposition that the qualified person would be responsible for the professional work.

Concerns have also been expressed -- and the opposition raised them with the minister's advisers -- about the broad nature of referrals from ophthalmologists. It was said that even though valid for only a six-month period referrals could be misconstrued or misinterpreted or even given over the telephone. The honourable member for Albert Park in another place expressed concern that the wording was broad in nature and that the provision should be tightened so that no misunderstanding could occur. The advisers said orthoptists could prescribe only glasses and not contact lenses.

Orthoptists work in hospitals and in private rooms, so they would be under the direct supervision of ophthalmologists. The opposition has been assured by the minister's advisers that as orthoptists work only in private rooms or in hospitals they would have appropriate supervision. The

opposition will continue to monitor that issue and the broad nature of referrals.

The other concern relates to schedule 4 poisons. A provision will enable registered optometrists to apply to the Optometrists Registration Board for endorsement to their registration to administer certain schedule 4 poisons. All members of Parliament have received submissions from the Royal Australasian College of Ophthalmologists which raises concerns about the training of optometrists and whether they have sufficient skills to prescribe the drugs.

The submission also raises the concern that registration will be approved by a board comprising mainly optometrists and that a medical practitioner should be involved in the prescribing of such drugs. The organisation representing optometrists says it will ensure that its members have sufficient training to enable them to prescribe drugs. The opposition will continue to monitor the issues raised by the two organisations. I hope the minister will examine the issues, including the training of optometrists. The opposition does not oppose the bill.

Hon. D. McL. DAVIS (East Yarra) -- I have pleasure in supporting the bill because it is a sensible deregulation of certain areas with incremental changes. The bill has similar provisions to the model health bills introduced for nurses and doctors, and I note the opposition's support of those measures.

(4) The bill will allow orthoptists to prescribe glasses to any person with a current referral from a registered ophthalmologist or registered optometrist. It is an important, sensible step because it will allow competition with optometrists, but in a controlled setting, because the orthoptist is required to have a referral with no more than six months currency from either an ophthalmologist or an optometrist. I note the comments about the difficulty of referral. I do not believe it is a concern because referrals will be streamlined, as occurs in most health practices, and I do not believe orthoptists will have scope to abuse the system.

I note the support of the Royal Australasian College of Ophthalmologists for the changes. The government has relied partly on the advice of this worthy organisation, which in this instance is correct.

The second deregulatory step enables registered optometrists to apply to the proposed Optometrists Registration Board for endorsement of their registration to enable them to prescribe certain schedule 4 poisons. This process is not automatic and will not apply to all optometrists. The minister will be involved in conjunction with the poisons council and ultimately only those optometrists who have adequate training will have the right to obtain registration that will allow them to prescribe drugs. The health of the public will be the deciding factor in granting endorsement to the registration of optometrists.

The third important area of deregulation is practice ownership. This follows changes made to a number of other measures over a considerable period and is an important change. These days there is absolutely no justification for such restrictions on ownership. There is a strong need to make the point that greater capital is likely to flow into optometrical practices if ownership rules are freed up.

A combination of health care practitioners may choose to practise together in a variegated practice style and the competition between practice styles will improve service to the public and improve the product in the health care marketplace.

During the lead-up to the introduction of the bill in the house I was fortunate enough with a number of others to attend the optometrists college at the University of Melbourne as a guest of the Australian Optometrical Association and the university. At that meeting considerable comment was made about the practice ownership issue, and having observed the facilities at the university's optometrical college it is obvious that many of the facilities require modern equipment which would not be able to be purchased by small practices in the suburbs. I believe deregulation in this area will enable the pooling of greater amounts of capital and sensible styles of practice ownership and management to occur.

Both the optometrists and ophthalmologists are responsible groups that are interested in the health and welfare of the public. They can use occasions such as this to demonstrate that concern. There has been a long period of difficulty between the groups on certain issues. Perhaps the best discussion of the history is by Evan Willis, a sociologist at La Trobe University, in a publication called Medical Dominance where he refers to the issues at great length and examines the history of optometry and the steps that optometrists have taken during that time. My visit to the University of Melbourne college confirmed in my mind that optometrists have come a long way and as a profession they are well ahead.

I note also the importance of amendments which I regard as sensible deregulation in a number of areas. In a number of cases health care substitution is an important step that will enable cheaper and often better health care to occur. The competitive pressure that optometrists will put on ophthalmological and other practices will result in improved service to the community.

In conclusion, I shall comment on the steps followed by the Parliamentary Secretary, Human Services, and the fact that he has performed very well. He has consulted widely and listened to both groups on this occasion and I believe he has the balance absolutely right. It is difficult in these cases, but I believe he has taken his steps carefully and judiciously and with the public health always foremost in his mind.

The DEPUTY PRESIDENT -- Order! I am of the opinion that the second reading of this bill is required to be passed by an absolute majority. In order that I can ascertain whether an absolute majority is present, I ask the Clerk to ring the bells.

Bells rung.

Members having assembled in chamber:

Motion agreed to by absolute majority.

Read second time.

Third reading

Hon. R. I. KNOWLES (Minister for Health) -- By leave, I move:

That this bill be now read a third time.

I thank Miss Gould and Mr David Davis for their support for the bill.

Miss Gould raised three issues. The first was that she believed the referral provision was too wide. It is important to understand that the bill requires any person attending an orthoptist to have a current certificate of no longer than six months standing from either an optometrist or an ophthalmologist verifying that the person does not have an eye disease. On the best advice available to the government that is adequate protection for public health issues.

The second issue was whether there was a requirement for that certificate to be in writing. The act does not explicitly require it to be in writing. However, in practical terms should something go wrong an ophthalmologist or optometrist would inevitably protect himself or herself by putting it in writing, so I believe that issue is adequately covered.

The third issue was about the adequacy of the training of optometrists to enable them to dispense certain drugs. It is not envisaged that that is axiomatic now.

The bill enables the board to approve a course in which optometrists would have some experience with those drugs, but there are added safeguards. The government will not agree to that until it has received advice from the Premier's Drug Advisory Council, which is broadly based and embodies the professional expertise and skills that necessary to ensure the training is adequate to enable optometrists to prescribe those drugs.

I believe the government has provided either specifically in the legislation or in matters of process the solid assurances Miss Gould was seeking to provide adequate protection for public health. We have endeavoured to bring the profession and its regulation within the model bill that is being used for all the occupation registration statutes and at the same time ensure that it complies with national competition policies.

I hope I have adequately addressed the issues raised by Miss Gould.

I commend the bill to the house.

Motion agreed to by absolute majority.

Read third time.

Remaining stages

Passed remaining stages.

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PART 5—OFFENCES

60. *Unregistered persons*

(1) A person must not practise optometry unless the person is registered under this Act.

Penalty: 100 penalty units.

(2) Sub-section (1) does not apply to a person who is registered as an orthoptist with the Orthoptic Association of Australia Incorporated or the sub-committee of the Royal Australian College of Ophthalmologists known as the Orthoptic Board of Australia if that person is—

(a) 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

(b) doing so at the request of, or on the referral of, a registered optometrist or a registered medical practitioner who practises as an ophthalmologist where the request or referral has been made within 6 months before that measurement or prescription.

61. *Claims by persons as to registration*

(1) A person who is not a registered optometrist must not—

(a) take or use the title of registered optometrist or any other title calculated to induce a belief that the person is registered under this Act; or

(b) claim to be registered under this Act or hold himself or herself out as being registered under this Act; or

"alcoholic" has the same meaning as in the **Alcoholics and Drug-dependent Persons Act 1968**;

"Board" means the Optometrists Registration Board of Victoria established under Part 6;

"drug-dependent person" has the same meaning as in the **Alcoholics and Drug-dependent Persons Act 1968**;

"Fund" means the Optometrists Registration Board Fund established under Part 7;

"Health Services Commissioner" means the Health Services Commissioner within the meaning of the **Health Services (Conciliation and Review) Act 1987**;

"lawyer" means a person admitted to practise as a barrister and solicitor of the Supreme Court;

"register" means the register of optometrists kept under Part 2;

"registered medical practitioner" means a medical practitioner registered under the **Medical Practice Act 1994**;

"optometry" means—

(a) the employment of methods for the measurement of the powers of vision; and

(b) the prescribing of optical appliances to correct, remedy or relieve defects of vision; and

(c) the adaptation of lenses and prisms for the aid of the powers of vision—

and includes the prescribing and fitting of contact lenses;