

From the Editor's Desk

December 2008

Another year draws to a close and optometry continues to grow and its scope to slowly evolve. It appears that promising changes are on the horizon with respect to optometrists providing a more complete service to their patients. This is long overdue and hopefully things will move a little faster now despite some opposition here and there. Many ophthalmologists are extremely busy and it is not always easy to get appointments for patients to see an ophthalmologist even in more urgent situations while at the same time optometry is often under-utilized and this is especially pertinent in the public health care sector. In rural areas of the country the problems of effective provision of eye and vision care are probably even more of an issue. But generally there are many events that are likely in the near future to dramatically influence health care and its provision in South Africa. This applies to several issues concerning community and public health, medical aids and their regulations, advertising relating to health care and even the forthcoming elections and the impact of a probably quite profound shift in health care policies and related mechanisms and the concerns or approach of the to-be-elected group of politicians will be quite interesting.

In Australia courses in optometry seem to be shifting to a more intensive and slightly lengthier educative process with movement

gradually from the three or four year bachelor's degree towards the more typically American approach of a doctor of optometry over as much as seven or eight years. In South Africa, it appears that optometry is likely to move slowly towards what will effectively become a five year course of education with possibly one year of community service and/or internship or externship where an emphasis on management and treatment of some of the perhaps more straight-forward or simpler forms of ocular disease will become important. While there is likely to be some remaining resistance from perhaps ophthalmology and medicine it really appears that there is no sensible or feasible alternative and with changes to optometric curricula medical treatment of some conditions will become part of the role of the optometrist. There are a lot of people who otherwise will not receive any care at all. To a large extent the modern optometric graduate is certainly a lot better and more-broadly educated in science and health and more easily able to move towards such a model of optometric activity where ocular disease and ophthalmic drugs are more essential parts of management of patients than what, I think, perhaps applies to older optometrists where too little emphasis in areas like microbiology, biochemistry and even pharmacology was sometimes the case in their education.



Many optometric graduates are also more familiar with some modern technologies and procedures such as wavefront aberrometry, ultrasound, optical coherence tomography, laser polarimetry and even confocal microscopy amongst others that will also become more relevant and applicable once treatment of problems such as glaucoma becomes possible to the optometrist. At the same time, ophthalmology is likely to become more focused on those areas where only they have the necessary skills and are able to play their essential role and this will probably be generally beneficial to ophthalmology and optometry, and especially to the patients concerned. Optometry, naturally, will also have the responsibility to insure that patients are not affected in any manner that is to their disadvantage and this requires excellence in education and proper abilities, skills and experience to avoid any possible negative or adverse affects. It also requires an understanding by optometry of their limitations and sometimes this is not always that well-developed in some clinicians and others in the field and hence, at least, some of the current reservations and concerns of ophthalmology. But, with appropriate education and further development in optometric curricula and clinical methods the future looks quite promising.

The Editor and Editorial Board extend their thanks to our publishers and the SAOA for all their efforts to make *The South African Optometrist* an even more effective and useful or stimulating journal. *The South African Optometrist* is still in our view potentially the best source of continuing education in South Africa for optometrists even if no actual points are awarded to readers for their efforts. Authors and reviewers are also thanked for their tremendous efforts towards reading and understand the papers during the year to define and improve the overall quality of published papers. Our readers, both in South Africa and elsewhere, are also thanked for their interest and enthusiasm for the journal and are encouraged to contribute to the journal wherever possible. Lastly, all the best for the holidays during December and also for the year 2009!

Alan Rubin

Editor

*Department of Optometry
University of Johannesburg*

