

Invited Speaker



Dr. Damien P. Smith AM
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Biography

Dr. Damien Smith, currently in private clinical practice in Melbourne, Australia, has contributed to the development of Optometry worldwide since 1975, starting as co-founder and honorary Secretary-General (1978-1995) of the Asia Pacific Council of Optometry. In 1995, the International Optometric and Optical League named him International Optometrist of the Year, and the Australian government appointed him to the Order of Australia for his services to eye care in the Asia Pacific region. He served as President of the World Council of Optometry from 2002 to 2004.

Dr. Smith has also had a distinguished involvement in the planning of eye care services through both public and private sectors in Australia. As national Executive Director of the Australian Optometrical Association from 1972 to 1980, he was responsible for the advocacy and service-delivery planning that led to the inclusion of primary eye care by optometrists into universal health insurance (Medicare and Veterans Affairs) in Australia. He was the ministerial appointee from 1984 to 1995 to the Board of Management of the Royal Victorian Eye and Ear Hospital, the largest teaching and public eye hospital in the southern hemisphere. He is a Past President of the Australian Public Health Association (APHA).

Dr. Smith was the 2005 recipient of the American Academy of Optometry/Essilor Award for Outstanding Contributions to International Optometry.

Is protecting clinical sovereignty the next big challenge for optometry?

Abstract

Optometry has met and overcome major challenges in the past three decades. It has moved into the mainstream of international public health through the World Council of Optometry's relationship with the World Health Organization, and through Optometry Giving Sight, which is rapidly becoming the major source of sustainable funding for global prevention of vision impairment from uncorrected refractive error. At an academic level, optometry is taught in world-class universities and supported by its own unique body of scholarship and groundbreaking research. At a community level, optometrists serve as the primary carer for eyes and vision. At a regulatory level, many optometrists are licensed to treat disease in the eye by therapeutic drugs.

But, is there a widening disconnect between the clinical role for which optometrists are trained and the clinical role permitted by the marketplace where they practice? Are patients as consumers trivializing the sight-protection role of optometry by pursuing the fashion and convenience aspects of sight correction? Do the commercial realities of having a vertically integrated employer limit the ability of optometrists to practice to the full scope of their education and training?

Protecting clinical sovereignty, where the optometrist remains free to use all of his or her training and all of the available technology and management options and make objective clinical decisions free of patient whim or employer direction, may be the next big challenge for optometry.