Friday, 2nd December 2011

Mr Colin Waldron,
Chair Optometry Board of Australia
optomconsultation@ahpra.gov.au.

Dear Mr Waldron,

Definition of Practice

We would like to submit the following comments on the proposed Guidelines on Definition of Practice being considered by the Optometry Board.

Appreciating the need to more clearly articulate the definition of practice for Optometrists we agree with a number of the guidelines being considered; however we also have some strong objections and concerns with many also, as detailed within this submission.

1. NATIONAL LAW

CONCERN
National Law does not define the activities that require registration as a particular health practitioner. That is, it is not a breach of the National Law for a health practitioner to use their knowledge and skills without being registered if the individual does not breach the sections of the National Law related to the protection of title or to the specific practice protections. For example, a retired practitioner teaching anatomy would not need to be registered and would not be breaching specific practice provisions.

COMMENT
AHPRA proposes that nonclinical optometrists do not need to be registered. We disagree. Non-clinical optometrists have spent many years gaining their skills and certifications. It is a sign to clinical practitioners that “they know what they are doing”. We strongly believe that non-clinical optometrists maintain full general registration.

2. TITLE

CONCERN
The courtesy title “Dr” is not a protected title and unregistered health practitioners may use the title, as long as in doing so, they do not induce a belief that they are a registered health practitioner.

COMMENT
This is not an issue to us. We support the OAA guidelines which state that optometrist may call themselves “Doctor” as long as they also append “Optometrist” after the title.
3. PUBLIC NATIONAL REGISTER

CONCERN
The public National Register for each of the health professions allows the public to accurately identify who is and who is not a registered health practitioner. The public can therefore be confident that a registered practitioner meets the relevant requirements for professional indemnity insurance, continuing professional development and recency of practice.

COMMENT
This is not an issue to us. We accept this as a public good.

4. NON PRACTICING REGISTRATION

CONCERN
While the National Law does not define “practice”, s. 75 of the National Law states:
(1) A registered health practitioner who holds non-practising registration in a health profession must not practise the profession.
(2) A contravention of subsection (1) by a registered health practitioner does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken.

COMMENT
We disagree. We believe that currently registered optometrists who support optometry in non-clinical roles (eg administrative or teaching staff) need to retain their general registration.

Retired optometrists who wish to retain links with their profession may be provided with less expensive non-practicing registration that does not include professional indemnity insurance. This honors their years of contribution to the profession.

5. DIRECT PATIENT CONTACT

CONCERN
The public and the practitioners’ professional peers would expect that this group of health practitioners would have the qualifications and the contemporary knowledge and skills to provide safe and effective health care within their area of practice. It would be expected that these practitioners will meet the standards set by the Board and therefore should be registered.

COMMENT
We agree that safe clinical care is essential in clinical practice. We do not agree that administrative and/or teaching staff should have their general registration removed as a consequence of this.

6. INDIRECT PATIENT CONTACT

CONCERN
Health practitioners who are in roles in which they are directing, supervising or advising other health practitioners about the health care of individuals would also be expected to have the qualifications and contemporary knowledge and skills to do so as there is potential to alter the management of the patient/client.
COMMENT
We agree that people directing, supervising and advising other practitioners should be current and up-to-date. However we note that this concern was covered in a separate consultation paper “Supervision of optometrists” and is not directly applicable to this paper.

7. NONCLINICAL ROLES
CONCERN
Do you believe that health practitioners in non-clinical roles / non-patient-client care roles as described above are “practising” the profession? Please state and explain your views about whether they should be registered and if so for which roles?

COMMENT
Yes, we do believe that non-clinical staff are “practicing” in their profession. A profession is much more than direct patient contact. It is disingenuous to propose that teachers, researcher and administrative people with previous experience in a profession are no longer interested in the growth and progress of their profession.

8. EDUCATION & TRAINING
CONCERN
For which of the following roles in education, training and assessment should health professionals be registered?
Settings which involve
- patients/clients in which direct care is being delivered
- patients/clients to demonstrate examination or consulting technique but not the delivery of care
- simulated patients/clients
- no patients/clients present

COMMENT
This is a critical question. Do optometrists need a registered practitioner to train them? There are certainly situations where this is not required (e.g. business skills, communication, pharmacology). However it definitely improves engagement and credibility to have a registered optometrist provide relevant clinical training.

SUMMARY
This consultation document proposes that non-clinical optometrists do not require general registration. In fact it infers that non-clinical optometrists do not need to be registered as optometrists at all. We cannot support this position. We strongly believe that non-clinical optometrists who currently have full registration should not have their professional experience and skills dismissed and be refused general registration.

We do not support the proposal that non-clinical optometrists are removed from general registration.
We support the “no change” option in this consultation document.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Yours sincerely,

Chris Beer  
Chief Executive Officer  
Luxottica – Asia Pacific