



OPTOMETRISTS
ASSOCIATION AUSTRALIA

26 August 2011

Comments on the Preliminary Consultation on the definition of practice.

By email: practice.consultation@ahpra.gov.au

Dear Sir or Madam

Thank you for the opportunity to comment on an early draft of the preliminary consultation paper on the definition of practice circulated on 2 August 2011.

As you indicated to the most recent Professions Reference Group meeting, the intention of this consultation is for professions to provide a general impression to AHPRA and suggest areas of clarification before the consultation document is more widely distributed.

We note that the definition of practice used by the Optometry Board of Australia is the same as that identified in the early 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 working 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 and/or use their professional skills.'*¹

The Association has the following suggestions for the consideration of AHPRA and its Boards as it finalises its general consultation document for wider circulation:

1. The paper would be improved if there are some examples of the practical difficulties and unintended consequences of the existing definition of 'practice'.

For example, the paper would be improved if it considered the positive and negative affects which occur in adopting the existing definition in a clear way, such as a tabular form and the provision of some alternative suggestions as a starting point. Inclusion of detail relating to the monetary and time costs to health professional if they are defined as practicing should be included. For example, PII insurance costs, CPD costs and registration costs. The consequences of not fulfilling these obligations should also be listed.

2. It is suggested that the paper list briefly those people now affected by the wide definition of practice so those reading the consultation paper have context.

For example, instead of just saying generally the definition is not limited to direct patient care, but 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; key examples, such as medical practice managers, hospital administrators, policy officer for professional association or government departments trained in any registered health profession, are provided.

¹ OBA Registration Standard, Optometry Professional Indemnity Insurance Registration Standard.
<http://www.optometryboard.gov.au/Registration-Standards.aspx>



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3. *It is suggested that there needs to be consideration in the consultation paper to how a wide definition can impact on the work of policy officers who have been trained as a health professionals but work on health related policy matters on a full time basis and no longer provide 'hands on' direct health services to patients and how including them more generally may provide a disincentive for these people to work in this capacity. It is not unusual for professional associations and Government departments to employ trained health professionals in a policy advisory role.*

Optometrists Association Australia looks forward to further opportunity to comment on this important issue through the wider consultation process.

JOE CHAKMAN
Chief Executive Officer