Optometrists Association Australia

Submission to the Optometry Board of Australia's public consultation paper on the definition of practice

ABOUT OPTOMETRISTS ASSOCIATION AUSTRALIA

Optometrists Association Australia is a non-profit organisation registered under the Victorian Companies Act. It is a federation of the six state optometric associations and has been in existence since 1904.

Around 93 per cent of optometrists registered with the Optometry Board of Australia to practice optometry are members of the Association.

Contact details for the National and State Division Offices are at www.optometrists.asn.au.

OPTOMETRISTS ASSOCIATION AUSTRALIA ABN 17 004 622 431
204 DRUMMOND STREET CARLTON VICTORIA PO BOX 185 CARLTON SOUTH VICTORIA 3053
TELEPHONE 03 9668 8500 FACSIMILE 03 9663 7478 EMAIL oaanat@optometrists.asn.au
www.optometrists.asn.au

Executive Summary

Thank you for the opportunity to comment on the Optometry Board of Australia's (OBA) public consultation document on the definition of practice.

This is a very important topic which, when applied to real life situations, can have consequences in terms of patient safety and the decisions of optometrists to participate in both volunteer and paid workforce capacities utilising their skills as optometrists.

The costs are not insignificant for optometrists, potentially working part time, to undertake the required Continuing Professional Development courses; retain Professional Indemnity Insurance cover; and to invest in cardiopulmonary resuscitation courses to fulfil the legal obligations of a practicing optometrist if they current fall within the definition of practice.

Optometrists Association Australia as a whole has received little formal feedback on the current definition of practice however we are aware that there have been concerns about the affect the policy may have in the future for optometrists wishing to work in non-clinical roles.

We are not aware of an agreed Australian definition of 'clinical practice'. This makes it difficult to interpret the OBA's Recency of Practice registration standard that considers a minimum of 150 hours per year or 450 hours over three years of practice in optometry constitutes sufficient practice experience to remain up to date in their knowledge and skills.[1]

Direct comments on Questions (red text is OBA text):

The definition

It can be argued that there is minimal risk to the community if practitioners are not registered, or are registered in the non-practising category if:

(1) they do not have direct clinical contact and

(2) their work does not "impact on safe, effective delivery of services in the profession" and

(3) they are not directing or supervising or advising other health practitioners about the health care of an individual(s) and

(4) their employer and their employer's professional indemnity insurer does not require a person in that role to be registered and

(5) the practitioner's professional peers and the community would not expect a person in that role to comply with the relevant Board's registration standards for professional indemnity insurance (PII), continuing professional development (CPD) and recency of practice and

(6) the person does not wish to maintain the title of "registered health practitioner"

Question 1: Are there any other factors that the National Boards should consider when advising whether or not a person needs to be registered?

The Association considers an important element has been omitted from this checklist analysis. The key question to be considered is whether the role undertaken by the optometrist could interchangeably be undertaken by a non-health professional. If so, then consideration should be given to allow the optometrist to hold non-practicing registration.

Other relevant considerations could be added to this list including whether the decisions made by the optometrist are made *solely* by that person or by a group of people considering the advice of the optometrist.

[1] Optometry Board of Australia, Optometry Recency of Practice Registration Standard, 1 July 2010.

The consideration listed under (6) the person does not wish to maintain the title of "registered health practitioner" may be important to the practitioner but could be considered irrelevant to the process given the importance of the registration process to ensure the provision of the safe, effective delivery of optometry services.

Direct clinical roles / patient or client health care

When health practitioners provide advice, health care, treatment or opinion, about the physical or mental health of an individual, including prescribing or referring, it is clear that there is a level of risk to the public. 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.

Question 2: Do you support this statement? Please explain your views.

The statement above is to be supported as the role undertaken has a direct impact on patients and the care they receive. Practitioners providing direct patient care should be up to date in their knowledge and skills and this would be expected by patients receiving care.

Indirect roles in relation to care of individuals

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.

Question 3: Do you support this statement? Please explain your views.

This statement is to be supported. The advice, supervision or direction provided by this professional will have a direct impact on the health practitioner (or future health practitioner if they are directing, supervising or advising an optometry student) providing a health service. The community would expect that this individual should have the qualifications and contemporary knowledge to direct, supervise or advise.

In settings where clinical learning is being undertaken, a registered practitioner should be involved. In settings where the learning is not specific to the optometric profession, e.g practice management, book keeping or marketing, there should not be a requirement for a registered optometrist to be involved.

We would add however that if the position the optometrist is undertaking could also be fulfilled by a non-health professional, then they ought to fall out of the definition of practice.

A key example might be someone who trained as an optometrist but now works with a company which supplies optical equipment. This person may be brought into instruct practising optometrists or students at an optometry clinic attached to the university. Whilst they are directing, supervising or advising other practitioners about the healthcare of individuals when using the equipment, it would not be expected by the community that they are a registered optometrist.

Non-clinical roles / non-patient-client care roles

There are experienced and qualified health practitioners who contribute to the community in a range of roles that do not require direct patient/client contact and whose roles do not "impact on safe, effective

delivery of services in the profession". Examples are some management, administrative, research and advisory roles.

Question 4: 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?

A person undertaking a role as described above should not fall within the description of practising.

Under the checklist provided in the consultation paper (with the addition we recommend above), this role fails on most counts:

(1) they do not have direct clinical contact and

(2) their work does not "impact on safe, effective delivery of services in the profession" and

(3) they are not directing or supervising or advising other health practitioners about the health care of an individual(s) and

(4) their employer and their employer's professional indemnity insurer does not require a person in that role to be registered and

(5) the practitioner's professional peers and the community would not expect a person in that role to comply with the relevant Board's registration standards for professional indemnity insurance (PII), continuing professional development (CPD) and recency of practice and

(6) the person does not wish to maintain the title of "registered health practitioner" and

(7) the role could be undertaken by a non-health professional

Not all 'management' roles would fit this checklist however. We expect there would still be a number of 'management' positions which would need to be filled by registered optometrists; for example, the director of an optometry training clinic. This role could not be reasonably filled by someone without an up to date knowledge of contemporary clinical practice. Similarly, in some research positions if the research requires interaction by the researcher with patients, then the community could expect the optometrist to hold full registration.

In relation to adviser roles, unless the optometrist is specifically recruited because of their status as a practising optometrist, then an optometrist should not have to be registered as a practicing optometrist.

Education and Training

Experienced health professionals are vital to the education and training of health professionals. Their roles in education have an impact on safe and effective delivery of health services both directly and indirectly.

Question 5: For which of the following roles in education, training and assessment should health professionals be registered?

Settings which involve patients/clients in which care is being delivered i.e. when the education or training role has a direct impact on care, such as when students or trainees are providing care under the direction, instruction or supervision of another practitioner. Agreed. As noted above, given a person in this role is providing care or giving clear directions to the student in the provision of care, it is quite clear that it would impact on the safe, effective delivery of services in the profession.

Settings which involve patients/clients to demonstrate examination or consulting technique but not the delivery of care. AGREE in the case of examination but not consulting techniques unless it involves the actual delivery of care. We make this distinction as there may be someone who specialises in advice relating to best practice consulting techniques e.g. how to work with children, how to best utilise technology in an optometry practice. This role could be undertaken by a non-health professional who specialises in these issues.

Settings which involve simulated patients/clients. This would depend on the specific circumstances. If a strict interpretation of the definition of direct patient care is applied, then teaching or undertaking *simulated* patient care will not impact directly on the on the safe, effective delivery of services in the profession unless the practitioner or student does not actually practice a technique on a real patient.

In the case of a real person who is acting as a simulated patient and having a technique performed on them; if there is any possibility that inappropriate performance of the technique could harm the person, then the health professional should be registered. Given the range of techniques involved in optometric practice this could be a complex analysis.

Examples:

1. keratometry – it would be hard to harm a person using this technique
2. gonioscopy / tonometry – there could be harm through poor performance of these techniques
3. refraction – it would be hard to harm a person using this technique
4. contact lens fitting – there could be harm through poor performance of this technique

Overall, as stated at question 3, in settings where clinical learning is being undertaken, a registered practitioner should be involved. In settings where the learning is not specific to the optometric profession, e.g practice management, book keeping or marketing, there should not be a requirement for a registered optometrist to be involved.

Settings in which there are no patients/clients present. Do not agree unless the definition of 'present' means the patient is in another room awaiting care from the consulting optometrist.

Are there any other settings that are relevant and if so, what are your views about whether health practitioners should be registered to work in these settings?

There are four key settings where it is advisable to have the health practitioner registered:

- practitioner members of the Optometry Board of Australia;
- key people involved in the judgement of professional misconduct including practitioner members of panels providing advice to the OBA in these matters;
- key optometrists involved in accreditation of optometry courses, a process coordinated by the Optometry Council of Australia and New Zealand (OCANZ).
- key optometrists working with OCANZ who assess the suitability of overseas candidates for registration in Australia.

Options for consideration

Option 1 – No change

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.*

The current definition of "practice" captures all activities and settings in which an individual with qualifications as a health practitioner might be involved professionally. It protects the public by requiring health practitioners to be registered and to meet the registration standards.

Question: Do you support this option? Please explain your views.

The current definition is too wide. As noted above, whilst national registration is to protect the public, there needs to be some rebalancing to ensure that optometrists are not disadvantaged or discouraged through obligations imposed by falling under the definition of 'practice' from taking on roles for management, administrative, research and advisory purposes.

Option 2 – Change the definition to emphasise safe and effective delivery of health care
As stated above, the current definition of "practice" captures the various settings in which a health practitioner may use his or her knowledge and skills and provides for the changing nature of health care delivery.

The current definition could be changed to place the emphasis on safe and effective delivery of health care.
Practice *means any role in which the individual uses their skills and knowledge as a health practitioner in their profession in any way that impacts on safe, effective delivery of health services.*

Question: Do you support this option? Please explain your views.

This definition is preferable in comparison to option one. It leaves open the need for registration if an optometrist is in a management or administrative role that does impact on the safe, effective and efficient delivery of health services. Consideration should also be made to adding the words IN A ROLE WHICH CANNOT BE UNDERTAKEN BY A PROFESSIONAL NOT TRAINED IN THE RELEVANT HEALTH PROFESSION:

Practice *means any role in which the individual uses their skills and knowledge as a health practitioner in their profession in any way that impacts on safe, effective delivery of health services* IN A ROLE WHICH CANNOT BE UNDERTAKEN BY A PROFESSIONAL NOT TRAINED IN THE RELEVANT HEALTH PROFESSION.

Other Options

If option two were agreed upon in its modified form, it would also be advisable for Guidelines to be developed by the OBA to provide greater information to members about its application e.g. some key examples common in optometry. Flexibility should also be built into the system to allow for matters to be considered on an individual case by case basis should the need arise. As optometry is a small profession in terms of actual registration numbers it may be possible to have such a system. A small sub-committee could be convened to consider individual cases and make recommendations to the OBA.

Finally, the Association would also like to ensure that optometrists not falling within any revised definition of practice still have the opportunity to register as a practising optometrist should they chose to do so.