From:
To: optomconsultation
Subject: Feedback
Date: Thursday, 26 April 2018 11:02:26 PM

1. The current CPD registration standard has strong systems in place for tracking and recording CPD points. The paperwork and logistics usually fall upon the organisers/backend to report and update. This is extremely beneficial to optometrists as it reduces paperwork and thought/time dedicated to maintaining paperwork. The two year period also rewarding as it allows optometrists to pick the most relevant events over two years.
2. No issues with current guidelines.
3. Unable to say, depends on the implementation of option two. In the current proposal it appears to be far more work for the optometrist. If optometrists have to self maintain and track the number of CPD hours they've attended. Also with the move away to simply lectures, the question is raised who will provide these CPD events? Who will be responsible for organising group discussions and so forth? Currently it's hard to say. In theory, option two does sound like a more engaging form of CPD but comes with the risk of being tedious and overtly time consuming.
4. Hours are very easy to understand.
5. The question arises, are all hours spent equal in educational engagement. Sitting in a lecture room in comparison to active discussion in small group?
6. I don't see any benefits in a 12 month registration period. There is a lack of quality CPD events, forcing optometrists to find events within one year would be detrimental unless there was a likewise associated increase in quality and number of CPD events.
7. No foreseeable problems to patient outcomes.
8. There has been little change to the medicines optometrists can prescribe. I can see little benefit of re-discussing therapeutics over and over, year on year for the same medications especially if Australian optometrists do not become authorised prescribers like in NZ. All optometrists will need to detect and diagnose ocular diseases. Most of these diseases will require ocular lubrication, antibiotics or anti-allergy eyedrops. Optometrists without therapeutic qualification can prompt the patient to buy these over the counter. The only medicines that are truly restricted to therapeutic optometrists are steroids and NSAIDs. I don’t think there is enough content to talk about steroids/NSAIDs for 10 hours every year. I would propose that all optometrists should undergo 5 therapeutic hours and an additional 2 hours for those who prescribe prescription-only medication. I don’t think modelling the 10 hours for other health practitioners is a fair comparison when optometrists only prescribe rarely and most of the prescriptions are OTC anyway.
9. A real benefit would be more small group/case discussions are optometrists could arrange these between colleagues at work or nearby optometrists. A risk is that possibly optometrists could liaise together to game the system. Perhaps a ratio of accredited to un-accredited hours should be set in place?
10. Reflective practice requires the practitioner to be able to identify their own

weakness first which may not be the case. Dunning-Kruger.

11. I don’t understand this question.
12. I believe so.
13. I don’t understanding this question, nothing ‘needs’ to be deleted from a draft.
14. Likewise 11 and 13.
15. It perhaps could just be one document.
16. I don’t fully understand this question.
17. Once again, I don’t understand this question. It adds clarity, but I don’t agree with the decision not to accredit CPD events.
18. I don’t understand this question, sorry.
19. The template is useful, to show how much of a burden paperwork wise it would be. I hope there is an online system or a more streamlined approach to it.
20. The board could reward practitioners by largely improving the amount of hours given if one was to host or present a CPD event. At present most CPD events are run by ophthalmologists. There are very few run by optometry, encourage more optometry led CPD events by increasing the incentive to do so.
21. Hard to say at this early stage.
22. I think the guidelines are loose enough that impacts on the workforce and access to health services can find outs in the subtleties of the wording.
23. In summary, I think that it should remain at two years per a cycle. Reflective learning is only useful in those who are already proactive in their learning. So there is a negative selection force at play. Furthermore there is a lack of quality optometry led CPD events, there needs to be some incentive to run more of these as well as reducing the amount of required paperwork involved with tracking and maintaining CPD logs. Though I do believe there needs to be change in CPD events to be more engaging and try new models of learning.