

Public consultation document

March 2018

Consultation on the proposed registration standard and guidelines: Continuing professional development

Public consultation

The Optometry Board of Australia (the Board) is releasing this public consultation paper seeking feedback on the draft revised registration standard for continuing professional development.

This document will be published on the Board's website.

Your feedback

You are invited to provide feedback by email using the template published with this consultation paper to optomconsultation@ahpra.gov.au by **close of business on 4 May 2018**.

You are welcome to supply a PDF file of your feedback in addition to the Word (or equivalent) file, however we request that you do supply a text or Word file. As part of an effort to meet international website accessibility guidelines, AHPRA and the Board are striving to publish documents in accessible formats (such as Word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx.

How your submission will be treated

Submissions will generally be published unless you request otherwise. The Board publishes submissions on its website to encourage discussion and inform stakeholders and the community. However, the Board retains the right not to publish submissions at its discretion, and will not place on its website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication, the Board will make reasonable efforts to remove information that personally identifies individuals making submissions, as well as individuals referred to in submissions, including their contact details.

The views expressed in submissions are those of the individuals or organisations who submit them and publication does not imply any acceptance of, or agreement with, those views by the Board.

The Board will also accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Whilst the Board and AHPRA will take all reasonable steps to preserve the confidentiality of these submissions, these may be disclosed if this is required by law or by a committee of a parliament. Usually requests for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let the Board know if you do not want your submission published, or want all or part of it treated as confidential.

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Overview of consultation

March 2018

Consultation on the proposed registration standard and guidelines: Continuing professional development

1. The current approved continuing professional development (CPD) registration standard (registration standard) and guidelines for CPD for endorsed and non-endorsed optometrists (guidelines) have been in place for over three years and are due for review. The Board is now consulting on proposed changes to the registration standard and guidelines.

Summary

2. The Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), requires Boards to develop registration standards about certain matters including requirements for continuing professional development for health practitioners registered in the profession.
3. The Optometry Board of Australia (the Board) developed registration standards that were approved by the Ministerial Council¹ and took effect on 7 January 2013. These standards were scheduled for review at least every three years, in keeping with good regulatory practice.
4. In each case the Board has carefully considered the objectives and guiding principles of the National Law and the *Regulatory principles for the National Scheme*² in deciding whether it should propose changes to the existing registration standard. The Board has also adopted a risk-based approach to the reviews, drawing on its experience with the existing registration standard and other sources of information, including research and other published documents (summary provided) and the approach of other National Boards and comparable regulators. The Board also supports greater convergence of National Boards' registration standards where appropriate.
5. The Board has identified an opportunity to make proposed changes to the current CPD requirements and welcomes your input into these proposed changes. The Board is aware that CPD is evolving beyond the face-to-face lecture with the advent of other learning modes such as online and emerging evidence supporting the value of problem-based learning.
6. Currently, practitioners' obligations to achieve the CPD requirements involve a checklist approach to achieving a number of points through completion of various CPD activities. The annual audit conducted by the Board has revealed an inclination for some practitioners to focus on achieving the point value required to meet the CPD requirements with an absence of reflection on:
 - a. the nature of the educational material
 - b. if it addresses any of the learning needs of the individual practitioner, and
 - c. the relevance of the material to that individual's optometric practice.
7. National Boards recently commissioned a review of the literature on the effectiveness of CPD that highlights the value of practitioner-centred CPD activities that are driven by the specific learning needs of the individual practitioner.
8. With the proposed changes, practitioners will be required to analyse their type of practice and the changes occurring within the profession. The Board is investigating options that move away from the traditional structured point value model to a model where the practitioner reflects on their practice strengths and weaknesses, and in response, identifies relevant CPD activities that match their learning needs to enhance primary eye health service delivery. The individual learning needs, and upon completion of relevant CPD activities, reflection on the impact on practice is captured by the use of a CPD portfolio. This approach is in contrast to the achievement of CPD points by completing multiple choice questions

¹ The Tranche 1 amendment bill in September 2017 amends the definition of Ministerial Council to mean the COAG Health Council

² The National Registration and Accreditation Scheme

using a single instructional mode and the submission of evidence of attendance that is the current trend for practitioners to achieve their CPD regulatory requirements. This proposed change will involve each optometrist understanding reflection and how to apply it to their current mode of practice.

9. The Board wrote to its key stakeholders in 2016 about the draft revised registration standard. Feedback received was taken into consideration when developing this version for public consultation.
10. The Board is inviting general comments on its draft revised registration standard and guidelines. There is an overview before each proposed draft that explains the proposed changes. There are also specific questions about the registration standard that you may wish to address in your response.

Context

11. The Board also undertook a separate public consultation on the CPD guidelines in September 2015. Responses received indicated to the Board that it would be of benefit to stakeholders for the review of the guidelines to also include a review of the registration standard. Responses from the 2015 CPD guidelines consultation have been taken into consideration to inform this consultation process. They proposed a simpler approach to the registration standard and guidelines for the optometry profession. Because the Board decided to consult further, the existing CPD guidelines remain unchanged. It is clear from National Registration and Accreditation Scheme (the National Scheme) review outcomes that governments expect National Boards to take advantage of the opportunities for multi-profession collaboration within the National Scheme.
12. Similarly, governments expect National Boards to develop consistent approaches across professions rather than maintaining historic profession-specific approaches unless there are clear and robust reasons to support them, such as differentiated evidence of risk. This expectation was reinforced in correspondence from the Council of Australian Governments (COAG) Health Council for approval of the 2010 health professions' registration standards.
13. National Boards for the 2010 health professions and the Medical Radiation Practice Board of Australia (MRPBA) completed their review of a number of core profession-specific registration standards in August 2015. These National Boards agreed to use standard requirements, definitions and evidence provisions in the registration standards. As a result, there is a high level of consistency across the revised registration standards with a few minor profession-specific variances. This review builds upon the experience of those boards.
14. Six National Boards³ are taking part in this planned review of core profession-specific registration standards. In order to maintain consistency and promote efficiency, these National Boards are using the registration standards developed in the previous review as a basis for their draft revised registration standards.

Common timeframes for record keeping

15. National Boards are working towards consistency in relation to record keeping requirements. Agreement has been reached across most professions to establish a standard five-year requirement for record keeping. This consistent approach is informed by:
 - a. consideration of other regulatory authorities' requirements (e.g. Income Tax Assessment Act, Corporations Act, Fair Work Act, Occupational Health and Safety Act, Australian Charities and Not for Profit Commission Act, New Zealand Health (Retention of Health Information) Regulations) which vary from 5–10 years, and
 - b. being able to support an effective cross-professional audit process. For example, an audit may consider a declaration from the previous year which relates to continuing professional development in the three years before the declaration.
16. The move to a consistent record-keeping timeframe was supported by governments in the context of the review of registration standards by the 2010 health professions.

³ Aboriginal and Torres Strait Islander Health Practice Board of Australia, Chinese Medicine Board of Australia, Chiropractic Board of Australia, Occupational Therapy Board of Australia, Optometry Board of Australia and Psychology Board of Australia.

Common timeframes for future reviews

17. The proposed revised standard includes a five-year review period, with an option for earlier review if required. The move from a three-year period for scheduled review (in the initial standards) to a five-year review period reflects the maturity of the National Scheme and the standard.
18. The move to a longer review period was supported by governments in the context of the review of registration standards by the 2010 health professions.

Next steps

19. The Board will consider the consultation feedback on the draft revised registration standard before finalising the document for COAG Health Council approval.

Review of Registration standard: Continuing professional development

Background

20. The National Law⁴ requires National Boards to develop a registration standard about the requirements for continuing professional development (CPD) for health practitioners registered in the profession.
21. Section 128 of the National Law provides that a registered health practitioner (other than a practitioner who holds non-practising registration) must undertake the CPD required by the Board's CPD registration standard.
22. Section 109 of the National Law requires practitioners applying to renew their registration to make a declaration that they have completed the CPD required by the relevant National Board in the previous registration period.
23. The Board is reviewing its standard to ensure it is based on the best available evidence, meets the objectives of the National Law and is worded as simply and clearly as possible.

Proposed changes to the current standard

24. The Board, and the other National Boards currently reviewing their CPD registration standard, considered the literature on the effectiveness of CPD. The Board has taken this information into account in its review of the registration standard. A summary of the documents considered is provided separately, however the key findings that the Board has drawn on in its revised standard are:
 - a. effective CPD promotes genuine learning
 - b. effective CPD includes a practitioner planning or preparing for the CPD activities they will do and reflecting on the CPD activities they have done – particularly through the use of a CPD portfolio. A CPD portfolio means information about your CPD plans/goals, the CPD activities you have done, evidence of completion of the CPD activities and your reflection on their effect on your practice. It can comprise hardcopy and/or electronic documents or a combination. Reflection means a practitioner thinking about what they can do in order to improve learning and practice
 - c. evidence suggests patient safety is enhanced by practitioners who prescribe scheduled medicines undertaking specific prescriber-related CPD annually
 - d. indications that specific CPD requirements would be beneficial in the context of change of scope of practice (for example, change from administrative to clinical practice)
 - e. CPD activities that include interactivity, multimedia, varied teaching methods and repetition were found to be consistently more effective than learning exercises designed and delivered using a single teaching method, and
 - f. supervision and feedback were found to enhance learning outcomes, and peer interaction reduced the impact and risks of professional isolation.
25. As the available evidence does not provide definitive answers to issues such as the most effective amount and types of CPD activities, the Board has also considered its experience with the registration standard over the past three years in its review. The National Boards and AHPRA will continue to monitor developments in this area to inform this registration standard in the future.
26. As mentioned previously, a public consultation undertaken by the Board in 2015 on the CPD guidelines indicated a desire from stakeholders for a simpler approach to meeting the requirements for CPD that was user-friendly and less onerous for registered optometrists. This feedback has informed this revision of the CPD registration standard and guidelines.
27. The Board is aware from audits that it is difficult for some optometrists to calculate their CPD points retrospectively over a rolling two-year CPD cycle. These issues lead to misinterpretation of the CPD requirements by optometrists in seeking to be compliant with the standard.

⁴ Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

28. The Board is reviewing the standard to ensure practitioners undertaking higher risk activities, such as prescribing scheduled medicines remain competent and capable. Ten hours has been proposed as the amount of additional CPD required, as it aligns with the CPD requirements of other National Boards whose registrants hold endorsements related to scheduled medicines, such as podiatry and nursing. This provides a consistent approach to registered health practitioners who hold these types of endorsement within the National Scheme.
29. The Board's current CPD standard requires 24 points of face-to-face CPD activities collected over two registration periods. The proposed five hours of interactive CPD activities with other practitioners over one registration period is a translation of the current CPD requirements, with greater flexibility anticipated as other modes of delivering interactive CPD are offered. This proposal is consistent with the Board's recognition of the importance of interprofessional education amongst optometrists and other eye healthcare practitioners when participating in CPD activities.
30. Historically, CPD was accredited as a quality assurance mechanism. The Board is considering removing the requirement for CPD activities to be Board-accredited, as this requirement is not sufficiently justified in a regulatory context by the current literature nor exists as a requirement of the functions of the Boards under the Health Practitioner Regulation National Law Act as in force in each state and territory (National Law).
31. The Board is developing additional guidance to assist practitioners to understand the CPD standard. Draft guidelines are included in this consultation document and the Board is seeking feedback regarding whether the guidelines are clear and help to explain what practitioners need to do to meet the standard.
32. The proposed draft guidelines include information to clarify the Board's expectations regarding CPD if you take a period of leave within the registration period or are considering returning to practice from a period without general registration.
33. A template portfolio will also be developed to help practitioners who are seeking further guidance on recording how they identified the CPD activities that they undertook and their reflections on how they have changed their practice as a result of the CPD activities that they have completed. The CPD portfolio template will be published on the Board's website. A draft CPD portfolio template is included in this consultation document and the Board is seeking feedback regarding whether the template portfolio is helpful.

Options statement – Registration standard: Continuing professional development

Option 1 – Status quo (continue with current standard)

34. Option 1 would continue with the existing registration standard. The registration standard established the Board's initial requirements for CPD under the National Law. The Board has, however, identified some issues with the current standard, including the benefits of greater convergence across professions within the National Scheme where supported by evidence and analysis of risk, and the opportunity to clarify the language and structure to make it easier to understand.

Option 2 – Proposed revised standard

35. Option 2 would involve the Board submitting a revised registration standard and guidelines to the COAG Health Council for approval. The revised registration standard would continue to outline the Board's requirements for CPD, and include:
 - a. the method for calculating CPD requirements would change from points to hours
 - b. the time to achieve the required CPD hours would be reduced from over two registration periods (24 months) to one registration period (12 months)
 - c. a minimum number of hours of CPD per year of 20 hours
 - d. a minimum of five hours of the 20 hours of CPD to occur in an interactive setting with other practitioners
 - e. a maximum of five hours of the 20 hours of CPD on non-scientific/non-clinical CPD activities that is relevant to practice and improves the management of patients in some tangible way
 - f. an additional 10 hours of CPD for optometrists with a scheduled medicines endorsement, including a minimum of two hours CPD in an interactive setting with other practitioners

- g. the Board will continue to accept accredited and non-accredited CPD, but the Board will no longer approve/endorse/accredit CPD providers or activities and expects practitioners to select CPD activities that are consistent with the ethical and professional standards set out by the Board
 - h. an additional requirement to complete within the three registration periods, training in cardiopulmonary resuscitation provided by or through an approved training provider
 - i. exemptions for an absence of practice of up to 12 months when applications are submitted in writing and evidence is provided for reasons such as serious illness, carers leave or parental leave
 - j. alignment of CPD requirements with those of other National Boards
 - k. National Boards establishing requirements for reflection
 - l. guidance on how practitioners select CPD activities
 - m. a more succinct statement about exemptions with explanatory information in the guidelines, and
 - n. more consistent definitions and common evidence provisions.
36. The revised standard also has clearer wording and structure to make it easier to understand.
37. The guidelines provide additional information for practitioners about how to meet the requirements for CPD under the National Law, including:
- a. information about why effective CPD is important, how to choose effective CPD and provide examples of the types of CPD activities that practitioners may choose to do
 - b. information describing how planning and reflection fit into the CPD cycle in written and diagrammatic form. Additional detail is provided about how to undertake planning and reflection and how to record these processes
 - c. examples of circumstances for which an exemption would be granted will be included in additional guidance documents, and
 - d. more detail about pro rata requirements and recording CPD activities for audit purposes.

Preferred option

38. The Board prefers Option 2.
39. The Board is aware that any changes made to the registration standard or guidelines would require a period of transition to support the optometry profession in adapting to these changes.

Issues for discussion

Potential benefits and costs of the proposal

40. The benefits of the preferred option are that the draft revised standard:
- strikes a better balance between protecting the public and the impact on registrants and applicants for registration
 - has increased convergence between requirements for different professions under the National Scheme, which is more clearly linked to the current evidence about what makes CPD effective and will assist registrants with multiple registrations and stakeholders managing multiple professions.
 - is more user-friendly
 - has been reworded to be simpler and clearer, and
 - reduces the regulatory requirement for the accreditation of CPD activities.
41. The costs of the preferred option are:
- registrants, applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the new standard.

Estimated impacts of the draft revised registration standard

42. The draft revised registration standard will promote:
- a. improved patient outcomes and experiences
 - b. specified factors to facilitate effective CPD, and
 - c. reflection and maintaining a CPD portfolio.

43. The draft revised registration standard and guidelines propose a number of changes to simplify the current registration standard. We anticipate a positive impact on practitioners arising from the changes proposed, as these aim to reduce the regulatory burden for practitioners.
44. There is a greater emphasis on the opportunity to participate in reflective practice that is, when an optometrist assesses CPD activities relevant to their professional development needs and completes them in the required 20 hours of CPD. There will be a greater focus placed on maintaining a CPD portfolio that at its core is a reflection on the impact of the learning activities on practice in contrast to simply accumulating a number of CPD points.
45. Optometrists who hold an endorsement for scheduled medicines will be required to undertake 10 additional hours of CPD activities, including a minimum of two hours CPD in an interactive setting with other practitioners. The types of CPD available allow for greater flexibility and ease of undertaking the 10 additional hours.
46. Board-approved providers of CPD activities and providers of CPD activities accredited by the Board-approved CPD program administrator will be affected by the removal of regulatory accreditation requirements. The Board has considered that an extended transition period may be necessary to enable those organisations involved in the provision or granting of accredited CPD activities to make any adjustments necessary to adapt to the proposed changes.
47. Optometrists may include a maximum of five hours CPD on non-scientific/non-clinical CPD activities that is relevant to practice and improves the management of patients in some tangible way. This may include CPD on health records and CPD provided by suppliers or manufacturers related to optical goods and equipment.
48. We anticipate the changes proposed may affect some practitioners. However, supporting documentation will be provided to ensure a smooth transition to this revised standard.

Relevant sections of the National Law

49. The relevant sections of the National Law relating to CPD are section 38, 39, 40, 41, 109 and 128

Questions for consideration

The Board is inviting feedback on the following questions.

1. From your perspective, how is the current CPD registration standard working?
2. From your perspective, how are the current CPD guidelines working?
3. Which option do you prefer and why?
4. Is the content and structure of the draft revised CPD registration standard helpful, clear, relevant and more workable than the current standard?
5. What are the benefits or risks of simplifying the CPD requirements to a minimum of 20 CPD hours?
6. What are the benefits or risks of simplifying the CPD requirements to one registration period (12 months)?
7. What are the benefits or risks of the maximum of five hours of non-scientific/non-clinical CPD activities?
8. What are the benefits or risks to the additional requirement for optometrists with an endorsement for scheduled medicines to complete an additional 10 hrs of CPD related to scheduled medicines, including a minimum of two hours CPD in an interactive setting with other practitioners?
9. Are there any benefits or risks in removing the regulatory requirement for CPD activities to be accredited, that we have not identified? If you answer 'yes', please provide more detail.

10. What are the benefits or risks of the proposed increased focus on reflective practice and will this concept be understood?
11. Are there any elements of the current guidelines that the draft guidelines included here should maintain?
12. Does this proposal clearly identify what would be acceptable CPD for optometrists?
13. Is there any content that needs to be changed or deleted in the revised draft CPD registration standard?
14. Is there anything missing that needs to be added to the revised draft CPD registration standard?
15. Is the content and structure of the draft CPD guidelines helpful, clear and is it a useful addition to the draft revised CPD registration standard?
16. Is there any content that needs to be changed or deleted in the draft CPD guidelines?
17. Does including the statement 'The Board does not endorse/accredit CPD providers or activities but expects practitioners to select CPD activities that are consistent with the ethical and professional standards set out by the Board' add clarity to the CPD guidelines?
18. Is there additional clarification from the draft revised CPD registration standard that needs to be added to the draft CPD guidelines?
19. Is the draft CPD portfolio template helpful and is there anything missing that needs to be added or changed?
20. Are there any other ways that the Board can support practitioners to best engage in CPD?
21. Would it be helpful for the Board to recommend topics for CPD from time to time in its newsletter? (for example, CPD might be recommended on record keeping if this issue arises regularly in notifications or audit data)
22. Is there anything else the National Board should take into account in its review of the CPD registration standard and guidelines, such as impacts on workforce or access to health services?
23. Do you have any other comments on the revised draft CPD registration standard and guidelines?

Attachments

The Board's Statement of assessment against AHPRA's *Procedures for development of registration standards and COAG principles for best practice regulation* (Attachment 1).

The current CPD registration standard is published on the Board's website, accessible from www.optometryboard.gov.au/Registration-Standards.aspx.

Registration standard

Continuing professional development **(DRAFT)**

Effective from: <<date>>

1. This registration standard sets out the Board's minimum requirements for continuing professional development (CPD) for optometrists.

Does this standard apply to me?

2. This standard applies to all registered optometrists except those with student or non-practising registration.

What must I do?

3. To meet this standard, you must:
 1. complete at least 20 hours of CPD each year that:
 - a. seeks to improve patient outcomes and experiences
 - b. draws on the best available evidence, including well-established and accepted knowledge that is supported by research where possible, to inform good practice and decision-making
 - c. contributes directly to improving your competence (performance, communication and behaviour) and keeping you up to date in your chosen scope and setting of practice
 - d. builds on your existing knowledge
 - e. includes a minimum of five hours' CPD in an interactive setting with other practitioners, and
 - f. may include a maximum of five hours' CPD on non-scientific/non-clinical CPD activities that is relevant to practice and improves the management of patients in some tangible way
 2. complete within the previous three registration periods, training in cardiopulmonary resuscitation (CPR) provided by or through an approved training provider, and
 3. maintain a portfolio of your learning goals, your planned CPD activities and your reflection on how these CPD activities are expected to improve or have improved your practice.
4. The Board's *Guidelines: Continuing professional development* provide further information about CPD requirements and CPR training.

Additional requirements for practitioners with endorsements

5. If you hold an endorsement in scheduled medicines, you must complete an additional 10 hours of CPD in relation to the endorsement that includes a minimum of two hours of CPD in an interactive setting with other practitioners.
6. Further guidance can be found in the Board's *Guidelines: Continuing professional development*.

Pro rata requirements

7. If you register part-way through a registration period you must complete five hours of CPD for every three months of registration remaining in the registration period.

What does not count as CPD?

8. You may not count education, training, mentoring or supervision required by the Board or a tribunal as part of CPD. e.g. education required by a condition or undertaking

Are there exemptions to this standard?

9. The Board may grant a full or partial exemption or variation from this standard in exceptional circumstances that result in a practitioner taking a substantial absence from practice.
10. The Board's *Guidelines: Continuing professional development* provide further guidance.

What does this mean for me?

When you apply for registration

11. You don't need to meet this standard when you apply for registration in Australia for the first time as an optometrist.

At renewal of registration

12. When you apply to renew your registration, you must declare whether you have complied with this standard.

During the registration period

13. Your compliance with this standard may be audited from time to time. It may also be checked if the Board receives a notification about you.

Evidence

14. You must maintain records of your CPD activity for five years.
15. You must keep evidence (most commonly a certificate of completion)⁵ of the most recent CPR training you completed.
16. If you are audited you may be required to provide your CPD portfolio, CPR certificate of completion or any other information the Board requires.

What happens if I don't meet this standard?

17. The National Law establishes possible consequences if you don't meet this standard, including that:
 - the Board can impose a condition or conditions on your registration or can refuse an application for registration or renewal of registration, if you do not meet a requirement in an approved registration standard for the profession (sections 82, 83 and 112 of the National Law)
 - a failure to undertake the CPD required by this standard is not an offence but may be behaviour for which health, conduct or performance action may be taken by the Board (section 128 of the National Law), and
 - registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct for an optometrist (section 41 of the National Law).

⁵ Note that the 'Perform CPR' certificate expires after one year but for the purposes of the CPD requirement will be valid for three years.

More information

18. The *Guidelines: Continuing professional development* provide more information about how to meet this standard. You are expected to understand and apply these guidelines together with this standard

Authority

19. This standard was approved by the COAG Health Council on <<date>>.
20. Registration standards are developed under section 38 of the National Law and are subject to wide-ranging consultation.

Definitions

21. **Cardiopulmonary resuscitation** is the technique of chest compressions combined with rescue breathing. The purpose of cardiopulmonary resuscitation is to temporarily maintain a circulation sufficient to preserve brain function until specialised treatment is available (Australian Resuscitation Council 2016).
22. **Continuing professional development** is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.
23. **CPD portfolio** means information about your CPD plans/goals, the CPD activities you have done, evidence of completing CPD activities and your reflection on their effect on your practice. It can be hardcopy and/or electronic or a combination.
24. **Interactive** means learning that involves a two-way flow of information and occurs with other practitioners, such as face-to-face or interactive online education.
25. **Practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (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 the safe, effective delivery of services in the profession.
26. **Reflection** means thinking about what you do in order to improve your learning and practice.
27. **Scope of practice** means the professional role and services that an individual health practitioner is educated and competent to perform.

Review

28. This standard will be reviewed from time to time as required. This will generally be at least every five years.
29. Last reviewed: <date>
30. This standard replaces the previously published registration standard dated 7 January 2013.

Guidelines

Continuing professional development **(DRAFT)**

Effective from: <<date>>

Introduction

1. These guidelines provide information about how to meet the Optometry Board of Australia's (the Board) minimum annual continuing professional development (CPD) requirements outlined in the *Registration standard: Continuing professional development* (CPD standard). You are expected to understand and apply these guidelines together with the CPD standard.
2. The public have the right to expect that optometrists will provide competent and up-to-date services. CPD helps optometrists to maintain their competence and to provide safe and effective health services.

Do these guidelines apply to me?

3. These guidelines apply to all registered optometrists, except those with student and non-practising registration.

What must I do?

4. You must undertake CPD to meet the Board's registration standard each year.

Summary

5. These guidelines will help you:
 - understand the importance of CPD in staying up to date, maintaining safe practice and improving patient outcomes
 - choose effective CPD that meets the registration standard
 - understand the cardiopulmonary resuscitation (CPR) training that you must do
 - understand the additional 10 hours of CPD required if you are an optometrist who holds an endorsement for scheduled medicines
 - understand what an absence from practice means, and
 - keep a CPD portfolio, by providing a template record of your learning goals, CPD activities and reflections.

Effective CPD and why it is important

6. Learning and development occurs throughout an optometrist's career. CPD is an important foundation of lifelong learning and helps optometrists to maintain their competence to practise.
7. Effective CPD promotes genuine learning. Genuine learning occurs when you apply what you have learned in your practice. It facilitates more effective clinical care, leading to safer outcomes for patients and clients.

8. Research indicates that CPD may be more effective when it involves planning and reflection. Reflection means thinking carefully about your CPD, what you learned and how you might use it to improve your practice as an optometrist. The CPD standard requires you to record your reflections on how CPD has affected your practice.

Benefits of interactive and interprofessional CPD

9. The CPD standard requires you to complete at least five hours of interactive CPD activities, as there is some evidence that this facilitates effective learning. It also helps to maintain connections with other practitioners and contemporary practice. Interactive CPD activities are any activities that involve other practitioners, such as face-to-face education in person or through technologies such as web conferencing.
10. Interprofessional CPD activities can also have benefits by supporting effective interprofessional practice which, in turn, optimises health services, strengthens health systems and improves health outcomes.

CPD activities

11. All CPD which helps you maintain competence, stay up to date and is relevant to your scope of practice will meet the standard. Practitioners are expected to practice within their education and competencies.
12. The Board does not endorse/accredit CPD providers or activities but expects practitioners to select CPD activities that are consistent with the ethical and professional standards set out by the Board.
13. The Board recognises the differences in quality of CPD activities and recommends that optometrists undertake a variety of CPD activities.
14. When selecting CPD activities you should consider:
 - the qualifications, credentials and experience of the provider
 - selecting a range of topics and activities over time, and
 - choosing activities that are consistent with the Board's other standards and guidance.
15. Learning occurs through a wide variety of CPD activities. Examples include, but are not limited to:
 - higher education/accredited courses
 - formative assessment
 - conferences, forums and seminars
 - undertaking research and presentation of work
 - online learning and internet research
 - written reflections on experience in day-to-day clinical practice
 - reading books, publications and journals relevant to your practice
 - quality assurance activities, such as accreditation, clinical audit or review of records
 - participation in committees relevant to your practice
 - work-based learning contracts and employment related professional development
 - interactive professional or inter-professional interactions such as meetings e.g. case reviews, clinical forums (may be online or face-to-face)
 - activities that address appropriate communication, health record keeping and boundary issues, and

- activities that address current or emerging health priority areas, for example, cultural safety particularly for Aboriginal and Torres Strait Islander peoples. Another example is effectively identifying and responding to family violence.
16. CPD may include a maximum of five hours of CPD on non-scientific/non-clinical CPD activities that is relevant to practice and improves the management of patients in a tangible way.
 17. Undertaking your day-to-day routine work duties cannot be counted as CPD.

CPR

18. You must have completed training for cardiopulmonary resuscitation (CPR) within the previous three registration periods in addition to the minimum 20 hours of CPD required.
19. CPR training can be obtained from a number of Australian registered training organisations (RTOs) that provide CPR training that is equivalent to the CPR guidelines established by the Australian Resuscitation Council.

Evidence of training

20. You must have a current certificate or other evidence of having successfully completed the training, issued by the RTO. A certificate of attainment is the official acknowledgement from the RTO that you have completed the course. You will need to keep evidence (most commonly a certificate of completion)⁶ of the most recent training you completed and provided to the Board if requested for audit or other purposes.

Endorsement for scheduled medicines

21. Optometrists who hold an endorsement for scheduled medicines under section 94 of the National Law must complete an additional 10 hours of CPD over the registration period in education related to the endorsement, including a minimum of two hours of CPD in an interactive setting with other practitioners.
22. A CPD activity relevant to scheduled medicines endorsement has been defined by the Board as an educational activity that meets the learning needs of the optometrist relevant to any stage of therapeutic management, as described below.⁷
23. Therapeutic management involves the following stages:
 - patient assessment
 - differential diagnosis of conditions of the eye
 - development of a management plan
 - appropriate choice of medicines⁸ (this may involve writing a prescription⁹, ceasing medicines, dose adjustment and advising on over-the-counter medicine)
 - advice to the patient about the appropriate use of the medication
 - development of a treatment plan
 - monitoring outcome
 - administration
 - supply if required and completing any necessary documentation, and
 - understanding and engaging in collaborative care models with other health professionals.

⁵ Note that the 'Perform CPR' certificate expires after one year but for the purposes of the CPD requirement will be valid for three years.

⁷ As updated from time to time by the Board.

⁸ Optometrists who prescribe scheduled medicines should observe the Quality Use of Medicines. The complete strategy can be found at www.health.gov.au.

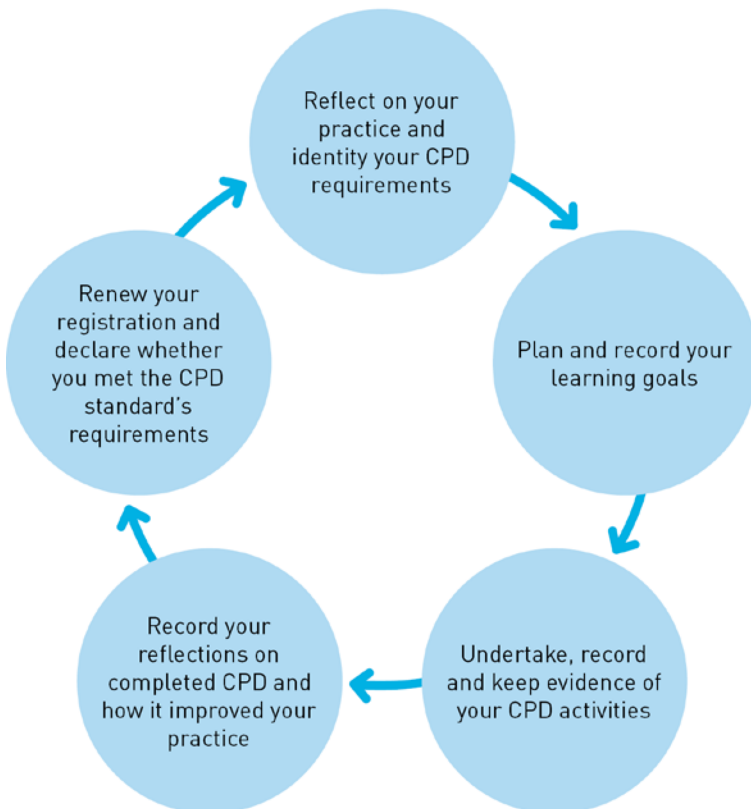
⁹ Optometrists with a scheduled medicines endorsement must be familiar and comply with the current state and territory medicines or poisons legislative requirements in the jurisdictions in which they practise.

Planning and reflection

24. The CPD standard requires you to:
 - plan and record your learning goals and the activities that you will do to meet these goals, and
 - complete the CPD activities and record a reflection on how they affect your practice.
25. When planning your CPD you may find it useful to:
 - review best practice standards or evidence-based practice. This will enable you to evaluate and improve your level of competency, treatment plan, patient communication or service delivery
 - identify changes in the profession including standards of care
 - undertake a self-assessment to identify possible areas for improvement. This will help you to improve your practice to meet current standards using evidence-based practice or best practice standards
 - identify how you could further develop competency or strengths in areas of particular interest or aptitude, and
 - identify opportunities for interactive and interprofessional CPD.
26. You may also wish to consider current or emerging health priorities, and should also consider any priority areas identified by your National Board, for example, cultural safety for Aboriginal and Torres Strait Islander peoples.
27. There is good evidence suggesting that reflecting on how your CPD relates to your practice may improve your learning. This can be done by:
 - a. briefly summarising the CPD activities you have completed
 - b. assessing your progress against your learning goals, and
 - c. describing how you have used what you learned in your practice.
28. Reflecting on your learning will help you set learning goals for the coming year as part of the ongoing CPD cycle.
29. It is often helpful to discuss your CPD planning with colleagues, mentors and/or supervisors as you may not always identify your own areas for improvement. Patient feedback may also be helpful in identifying areas where you need further professional development.
30. A template portfolio that can help you record your learning goals, your CPD activities and your reflections can be found on the Board's website. Examples of completed CPD portfolios are also published on the Board's website.
31. It is your responsibility to make sure you meet the CPD standard. You must undertake the required minimum number of CPD hours and your CPD portfolio must include planning and reflection.

32. The diagram below demonstrates the CPD cycle.

The CPD cycle



Record keeping

33. The CPD standard requires you to keep your CPD portfolio for at least five years from the date you completed the CPD cycle. The record must be available for audit or if required by the Board as part of an investigation arising from a notification (complaint).
34. You must also keep evidence of CPD activities completed, such as:
- certificates of attainment or attendance, and
 - your notes from the CPD activity such as conducting a literature review, or reading case studies or journal articles. In this example, it is expected that these notes will provide a comprehensive summary of the key points of the review and reflect your learning from this activity.

Pro rata CPD

35. Optometrists who are registered part-way through a registration period must complete a minimum of five hours of CPD for every three months of registration remaining in the registration period.

Exemption

36. The Board believes the range of activities and the time frame provided to meet the CPD requirements is flexible enough for optometrists to meet the requirements other than in exceptional circumstances.
37. However, under the *Registration standard: Continuing professional development*, the Board may consider and/or grant a full or partial exemption or variation from the CPD requirements in exceptional circumstances. Exceptional circumstances for exemptions will only be considered where there is compelling evidence that the circumstances have created a significant obstacle to the optometrist's ability to complete CPD.

38. You should submit an *Application for exemption form* to the Board as soon as possible after you identify the need for an exemption. The application must include the nature of, evidence for and time period of the exceptional circumstances involved.
39. The Board may grant an exemption for an absence of practice of up to 12 months when evidence is provided for reasons such as serious illness, carers leave or parental leave.
40. Optometrists are required to complete a pro-rata level of CPD requirements for any part of the registration period for which they practise the profession. Optometrists must complete five hours of CPD for every three months of registration remaining in the registration period.
41. As a general principle, financial hardship or remote location are not adequate grounds for a partial exemption as there are sufficient CPD activities in a range of formats available to overcome these obstacles. Evidence of a history of undertaking CPD activities will be taken into account by the Board when assessing applications for exemption.
42. The Board will only consider an exemption in one year of any four-year period.

Absence from practice

43. **If you take a period of leave** while you remain registered to practise, you are still required to meet the Board's CPD standard unless you are granted an exemption.
44. **If you move to non-practising registration or don't maintain your registration**, before you re-apply for registration to practise you are encouraged to assess what changes have occurred in your profession and if there is any professional development you need to do to ensure that you are prepared to return to practice.

Compliance

45. As the CPD standard explains:
 - When you renew your registration, you are required to declare whether you have met the requirements of the CPD standard.
 - Your compliance with this standard may be audited from time to time, which involves a review of your CPD portfolio including your CPD goals, activities completed, and your reflection on those activities, CPR certificate of completion or any other information the Board requires.
 - A failure to comply with the CPD standard requirements, CPR training requirements or any other information the Board requires may result in action being taken against you by the Board to protect the public.
 - Important note: Making a false declaration when you renew your registration is a serious matter which may result in action taken against you by the Board.

Authority

46. The Board has developed these guidelines under section 39 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).
47. Guidelines approved by the Board may be used as evidence of what constitutes appropriate professional conduct or practice for optometrists in proceedings against a health practitioner under the National Law, or a law of a co-regulatory jurisdiction.

Definitions

48. **Cardiopulmonary resuscitation (CPR)** is the technique of chest compressions combined with rescue breathing. The purpose of cardiopulmonary resuscitation is to temporarily maintain a circulation sufficient to preserve brain function until specialised treatment is available (Australian Resuscitation Council 2016).
49. **Continuing professional development (CPD)** is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence and develop the personal qualities required throughout their professional lives.
50. **Competence** means having the qualifications and ability to perform a specific role. It involves a complex interaction and integration of knowledge, skills, professional behaviours and judgement.
51. **CPD cycle** means the registration year in which the CPD was completed.
52. **CPD portfolio** means information about your CPD plans/goals, the CPD activities you have done, evidence of completion of the CPD activities and your reflection on their effect on your practice. It can be hardcopy and/or electronic or a combination.
53. **Interactive** means learning that involves a two-way flow of information and occurs with other practitioners, such as face-to-face or interactive online education.
54. **Interprofessional education** means learning that occurs when individuals from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.
55. **Parental leave** means leave that can be taken when an employee gives birth, an employee's spouse or de facto partner gives birth, or an employee adopts a child under 16 years of age¹⁰
56. **Practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (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 the safe, effective delivery of services in the profession.
57. **Reflection** means thinking about what you do in order to improve your learning and practice.
58. **Scope of practice** means the professional role and services that an individual health practitioner is educated and competent to perform.

¹⁰ Fair Work Ombudsman, accessed 1 November 2017 <www.fairwork.gov.au/leave/maternity-and-parental-leave>

Statement of assessment

The Board's statement of assessment against AHPRA's Procedures for development of registration standards, codes and guidelines and COAG principles for best practice regulation

Registration standard: Continuing professional development

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the development of registration standards, codes and guidelines* which are available at: www.ahpra.gov.au/Publications/Procedures.aspx.

These procedures have been developed by AHPRA in accordance with section 25 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

Below is the Board's assessment of its proposal for its draft revised registration standard and guidelines against the three elements outlined in the AHPRA procedures.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

Board assessment

The Board considers that the draft revised registration standard and guidelines meet the objectives and guiding principles of the National Law.

The proposal takes into account the National Scheme's key objective of protecting the public by ensuring only persons who are suitably trained and qualified in a competent and ethical manner are granted general registration. The draft revised *Registration standard: Continuing professional development* and the corresponding guidelines, if approved, will provide for the protection of the public by ensuring that practitioners undertake appropriate continuing professional development (CPD) as an important aspect of maintaining their competence. It will facilitate access to health services by ensuring that practitioners regularly do CPD relevant to their practice.

The proposed revised registration standard and guidelines also support the National Scheme to operate in a transparent, accountable, efficient and fair way.

2. The consultation requirements of the National Law are met

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards and guidelines. The National Law also requires the Board to consult other boards on matters of shared interest.

The Board will ensure that there is public exposure of its proposals and there is the opportunity for public comment by undertaking an eight-week public consultation process. This process includes the publication of the consultation paper (and attachments) on its website.

The Board has drawn this paper to the attention of key stakeholders.

The Board will take into account the feedback it receives when finalising its proposals for submission to the COAG Health Council for approval.

3. The proposal takes into account the COAG Principles of Best Practice Regulation

Board assessment

In developing the revised draft registration standard and guidelines for consultation, the Board has taken into account the Council of Australian Governments (COAG) Principles of Best Practice Regulation.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The Board makes the following assessment specific to each of the COAG principles expressed in the AHPRA procedures.

COAG principles

a. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

Board assessment

The Board considers that its proposals are the best options for achieving the stated purposes. It is expected the proposals may affect some practitioners.

The Board considers that the revised draft standard would have a moderate impact on the profession. These impacts are significantly outweighed by the benefits of protecting the public and providing clearer, simpler requirements in the public interest.

National Boards, in reviewing their registration standards, commissioned a literature review on the effectiveness of CPD. The Board has taken this information and its regulatory experience into account, in addition to feedback already provided from key stakeholders on their experience with the standard and guidelines, in its review of the *Registration standard: Continuing professional development* and *Guidelines: Continuing professional development*.

The Board has also applied the regulatory principles for the National Scheme, including proportionality, and its assessment of risk in relation to the profession it regulates in the context of each registration standard and the CPD guidelines.

b. Whether the proposal results in an unnecessary restriction of competition among health practitioners

Board assessment

The Board considered whether its proposals could result in an unnecessary restriction of competition among health practitioners. Because the proposals apply in the same way to all registered practitioners, and update the requirements in the current registration standard and guidelines, they are not expected to impact on the current levels of competition among health practitioners.

c. Whether the proposal results in an unnecessary restriction of consumer choice

Board assessment

The Board considers that the revised draft registration standard and guidelines will support consumer choice, by continuing clear requirements for CPD that practitioners must meet as a key part of maintaining their competence, in accordance with the National Law, and

Having clearer registration standards and guidelines with requirements appropriate to the risk and practice of the particular professions helps consumers understand what to expect from registered practitioners and supports consumer choice.

d. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable about the benefits to be achieved

Board assessment

The Board considered the overall costs of the revised registration standard and guidelines to members of the public, registrants and governments and concluded that the likely costs are

appropriate when offset against the benefits that the revised draft standard and guidelines contribute to the National Scheme.

Subject to stakeholder feedback on the proposed revisions and if approved by the COAG Health Council, the revised draft standard and guidelines should have a minimal effect on the costs to applicants by making relatively minor changes to improve the standard and guidelines and presenting the Board's requirements in a clearer and simpler way.

e. Whether the requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

Board assessment

The Board considers the revised draft registration standard and guidelines have been written in plain English that will help practitioners to understand the requirements of the standard. The Board has changed the structure of the standard and guidelines and reviewed the wording to make them easier to understand.

f. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

Board assessment

If approved, the Board will review the revised registration standard and guidelines at least every five years, including an assessment against the objectives and guiding principles in the proposed National Law and the COAG principles for best practice regulation.

However, the Board may choose to review the standard and guidelines earlier, in response to any issues that arise or new evidence which emerges to ensure the standards' continued relevance and workability.