

Public consultation on revised guidelines

September 2015

Responses to consultation questions

Please provide your feedback as a word document (not PDF) by email to optomconsultation@ahpra.gov.au by close of business on 20 November 2015.

Stakeholder details

If you wish to include background information about your organisation please provide this as a separate word document (not PDF).

Organisation name

The Cornea and Contact Lens Society of Australia

Contact information

(please include contact person's name and email address)

Mr David Stephensen Honorary Vice President Cornea and Contact Lens Society of Australia info@cclsa.org.au

Your responses to consultation questions

Proposed revised guidelines for continuing professional development for endorsed and non-endorsed optometrists

Please provide your responses to any or all questions in the blank boxes below

1. Are they clear and easy to understand?

These proposals are not clear in their intent. The Cornea and Contact Lens Society of Australia cannot see a benefit in limiting pre-accreditation status to tertiary organisations registered with OCANZ.

The primary outcome of this regulation appears to be to create a discriminatory regime that is biased against large existing CPD providers such as the Cornea and Contact Lens Society of Australia. This discrimination arises in several forms.

- Selection of a particular group of CPD providers for exclusive pre-accreditation creates an
 implication that that group is somehow superior to other CPD providers in the eyes of CPD
 consumers. The use of AHPRA/OBA regulation to enshrine such a perception is poor
 regulation in the opinion of the Cornea and Contact Lens Society of Australia
- Access to pre-accreditation status confers a significant financial advantage in the provision of CPD to optometrists. A pre-accredited provider currently pays a fixed annual fee for the

Proposed revised guidelines for continuing professional development for endorsed and nonendorsed optometrists

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accreditation of their CPD activities. Other large CPD providers such as the Cornea and Contact Lens Society of Australia must pay a fee per event for CPD accreditation. In the 2014-2015 CPD year, the Cornea and Contact Lens Society paid more for CPD accreditation in the first six months of the year than a pre-accredited CPD provider would pay for the entire year. This creates a financial disincentive for other CPD providers to add additional quality CPD events during the CPD year. Therefore the regulation reduces that capacity of CPD providers without pre-accreditation status to provide a diverse range of CPD opportunities to optometrists. This is contrary to the stated aims of the regulation, and the Cornea and Contact Lens Society of Australia contends that no organisation should be placed at a financial disadvantage for being a prolific provider of quality optometric CPD by a regulatory act of AHPRA/OBA

- Discrimination of scale, Universities and tertiary education bodies are very well resourced organisations. The provision of pre-accreditation status to organisations with such large capital resources creates in regulation a significant barrier to entry for new entrants wishing to provide quality CPD to optometrists. The Cornea and Contact Lens Society of Australia feels that this is contrary to the stated aims of providing optometrists with quality CPD options.
- Discrimination in effort required by CPD providers to comply. This is particularly so in the provision of courses with a broad content base, such as the Fellowship programme offered by the Cornea and Contact Lens Society of Australia. The Cornea and Contact Lens Society of Australia remains concerned that Universities may offer courses of limited scale with ambiguous titles such as 'Specialist Certificate' that by their semantic interpretation may imply an education that proffers the conferral of clinical abilities to a level that is not currently recognised in optometric registration by the OBA. Conferral of pre-accreditation status would mean that these courses remain accredited each year, but large programmes such as the Fellowship of the Cornea and Contact Lens Society of Australia will presumably require annual re-approval by a CPD accreditation agency. This annual re-approval requirement creates a significant time cost, and economic cost to re-approve a programme that does not vary significantly from year to year. Pre-accredited providers would not carry this burden. The Cornea and Contact Lens Society of Australia feels that this bias is poor regulation, and creates limitations in the scope of CPD that may be offered to optometrists.

2. Is there any content that needs to be changed or deleted?

The Cornea and Contact Lens Society of Australia believes that the section in Appendix B stating:

"be a tertiary institution or an entity affiliated with a tertiary institution which is subject to an external accreditation and audit process, and"

should be removed and the word ",and" appended to the bullet point:

"have adequate expertise in providing quality education at a standard that is appropriate to Australian optometrists"

The Cornea and Contact Lens Society of Australia believes that the wording that we propose to remove is unnecessary restrictive and is unnecessarily biased against longstanding groups that have education as their core focus such as the Cornea and Contact Lens Society of Australia. We note that the Cornea and Contact Lens Society of Australia was not contacted for an opinion in the period leading up to the call for public consultation. The Cornea and Contact Lens Society of Australia is a Society established in 1962 for the primary purpose of improving the education of optometrists in the field of contact lens practice.

Optometry Board of Australia
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Should the OBA decide to persist with the current wording, the Cornea and Contact Lens Society of Australia would prefer a better definition of the term "affiliated with a tertiary institution" and a better definition of "an external accreditation and audit process". These are vague terms that do not appear to have context and thus do not satisfy the OBA's stated intent of improving clarity regarding the Criteria for gaining approved provider status.

- Does affiliation mean that a CPD provider need only have a tertiary organisation provide a portion of a larger CPD programme?
- Does affiliation mean that a CPD provider forms an educational association or group with a tertiary organisation?
- Does affiliation imply that tertiary organisations have an ability to confer their approved provider status to other CPD providers without further OBA oversight?
- What is an appropriate external accreditation and audit process?
- If the external accreditation and audit process means OCANZ accreditation, does this mean that OCANZ accreditation will be open to all courses that may be provided by CPD providers that meet the affiliation with a tertiary organisation criteria?

In summary, the Cornea and Contact Lens Society of Australia contends that the proposed revisions do not clarify the situation for either CPD providers nor CPD consumers.

3. Is there anything missing that needs to be added?

The Cornea and Contact Lens Society of Australia feels that the addition of clarification regarding terminology used is necessary to inform all the participants in the CPD space of the OBA intentions. We refer the OBA to our statements in answer to Questions 1 and 2.

4. Are there any practical issues encountered for the assessment of CPD activities?

The practical issues encountered for the assessment of CPD activities that are encountered by the Cornea and Contact Lens Society of Australia are largely in terms of the excessively long lead times required by the Accreditation Agency for the accreditation of CPD activities. We note that these times have not shortened from the era that a similar CPD scheme was operated by Optometry Australia despite immense developments in electronic communication. We feel that the OBA should act more strongly to require timely and rapid accreditation of CPD events to promote the proliferation of CPD events that may be offered to optometrists.

5. Do you have any other comments?

The Cornea and Contact Lens Society of Australia feels that the OBA should consult more widely with existing large CPD providers in periods leading to such proposals to changing the Guidelines. The Cornea and Contact Lens Society of Australia is concerned about the OBA statement that it does not posses the required expertise to undertake objectives that it states at the beginning of the proposal. We are concerned that if the OBA does not feel that it has the expertise then the OBA should be cautious in creating guidelines or regulations that create discrimination amongst individual CPD providers. We further feel that the OBA would be well served in acquiring this expertise.

Proposed revised guidelines for continuing professional development for endorsed and non- endorsed optometrists
Please provide your responses to any or all questions in the blank boxes below
Proposed revised guidelines on the prescription of optical appliances
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6. Are they clear and easy to understand?
The guidelines are clear and easy to understand.
7. Is there any content that needs to be changed or deleted?
With respect to contact lens prescriptions the Cornea and Contact Lens Society notes that in terms of many custom contact lens prescriptions the base curves (more appropriate back optic zone radii and peripheral curve radii) and associated curves are not specifically stated or are confidential material held by the manufacturer.
The Cornea and Contact Lens Society of Australia would recommend the inclusion of the specification of a brand being an alternative option for optometrists to use instead of the specification of the "base curve(s) of the lenses" in forming an adequate contact lens prescription.
The Cornea and Contact Lens Society of Australia is in agreement with the concept of charging patient reasonable fees for supply of a copy of a prescription. However, we wonder if this conflicts with part 6.5 of the Common Form of Undertaking for Participating Optometrists in that the Common Form of Undertaking for Participating Optometrists requires the provision of a spectacle prescription on request, and this additional charge may breach part 6.5. We would be grateful for clarification from the OBA.
8. Is there anything missing that needs to be added?
No
9. Do you have any other comments?
No