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
Optometry Australia
Contact information *(please include contact person's name and email address)*
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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?
Yes. It is a complicated system (see points in section 5) but the guideline is clear.
2. Is there any content that needs to be changed or deleted?
We recommend the following minor edits to improve clarity: The sentence "The Board oversee the accreditation process and determine the ongoing suitability of the criteria used," on page 7 of 29 should possibly read: "the Board oversee**s** the accreditation process and determine**s** the ongoing suitability of the criteria used." In the second cell of the row of the table on page 8 of 29 starting with 'Independent', the inverted commas around the word 'direct' require amendment. The final dot point under point 6 in the table on page 9 of 29 may be better expressed as: "for non-accredited CPD activities, the learning objectives of the activities, how they relate (currently 'how it relates') to the individual personal CPD needs, and an evaluation of the activities to determine whether the desired outcomes have been achieved." In table 3 on page 10 of 29, consider deleting the word 'all' in the dot point that reads "differential diagnosis of **all** conditions of the eye."

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In A5 Point calculation, (page 17 of 29), we suggest that the phrase "for a CPD activity to be accredited, it must be of one hour duration", be altered to read: "for a CPD activity to be accredited, it must be of **at least** one hour duration".

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

The first independent audit of accredited activities has been completed by OCANZ assessing activities post-delivery. As part of this process two providers advised that they no longer had the course materials presented (because it was not explicitly stated to retain these in the guidelines) and this material was not able to be provided to the auditors to determine if the activities were delivered in line with OBA standards. The inclusion of a sentence in the guideline making clear a requirement to retain course materials presented for a specified time period would assist in making this requirement clearer to providers. Optometry Australia recommend that on page 13 of 29 following the sentence that reads "when applying for accreditation, CPD providers will need to explain how they will monitor attendance and participation during face to face activities," the following sentence is added:

"Providers should maintain course materials and records of all CPD activities for a period of two years after the activity has been provided".

A similar small change to the provider manual to clarify this point is also recommended, as follows:

Audit

The Board may conduct random audits for educational quality of any accredited CPD activity, whether provided by an approved or non-approved provider. If it is determined that the provider has failed to ensure delivery of quality education, the provider may be ineligible for accreditation of future activities.
~~*The Board will publish details on the audit process in time. (delete)*~~
~~*In the interim, p*~~Providers should maintain course materials (add) and records of all CPD activities for a period of two years after the activity has been provided.

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

Yes. The third dot point in Appendix A6 on page 17 of 29 requires a 70% pass mark. Many providers have remarked on this and questioned the evidence base for setting a 70% pass mark. The vast majority of events are of one hour duration, and when one has 6 questions per hour to ensure a pass mark over 70% the optometrist must actually get 5/6 (83%) as 4/6 (66.6%) is a fail. In recognition of this, we recommend the dot point is altered to require a score of "at least 65%." We consider 65% an acceptable pass rate.

This ties into the next suggestion as altering the MCQ pass rate for the majority of CPD events accredited (from what currently frequently equates to 83%, to 65%) may impact the need for the cumbersome (and logistically difficult to implement) requirement to provide a second or subsequent attempt at the MCQ.

In A6 Assessment, there is a specified requirement that participants are provided with the opportunity to redo the assessment. In a large conference setting this would be very difficult to implement and places a huge additional organisational burden on CPD providers. On the ground it would appear that despite this clause appearing in the guidelines that a significant number of CPD providers are currently not doing this.

It is also questionable as to whether capacity to re-sit the assessment positively contributes to adult learning given the requirement that the participant be able to review their answer against the correct

answer. Does simply being able to resubmit this correct answer add anything to the learning experience? If we are attributing a higher point value to learning activities with assessment by way of helping to ensure participants actively pay attention to educative information, being able to resubmit answers after viewing the correct ones, may dis-incentivise the need to actively listen.

In addition, asking CPD providers to supply two or more sets of questions so that a participant could have a second chance at attaining the points with different questions would place an unnecessary burden on providers.

Hence we recommend that in Appendix A6 Assessment on page 17 of 29 dot point two– ("provide a follow-up opportunity for participants to redo the assessment") is deleted, as are the words "on the final attempt" in dot point three.

As a compromise if the original suggestion is not accepted then we suggest limiting attempts to two and in dot point three the words "on the final attempt" be changed to "on a second attempt".

5. Do you have any other comments?

In the table on page 8 of 29, Academic (clinical) CPD is listed as open to those involved in the teaching of optometry. Optometry Australia receive a significant number of enquiries about whether 'teaching' provided to final year students on placement counts under this category. We suggest that an additional note to clarify this point included on page 8 or in the CPD FAQ would be helpful.

A general point about the range of point types available is that many practitioners and providers find the overall system confusing. With a view to streamlining the system we recommend consideration of removing the workshop category and making all face to face CPD worth 2 points. Perhaps when the proportion of therapeutic optometrists exceed the number of non-therapeutic optometrists consideration could also be given to removing this category of CPD points and related specifications. This would simplify things considerably.

We further recommend that the OBA consider the evidence base regarding assessment and its impact on learning, with respect to the additional confusion created for optometrists and CPD providers regarding points, and the additional burden for providers. Optometry Australia suggest that the potential benefits of assessment are not justified by the confusion and work burden.

Specific comments on the major proposed changes follow. Optometry Australia does not object to changing the location of the publication of the list of approved providers if this facilitates easier updating.

Optometry Australia does object to the proposed changes to the criteria for approving providers of accredited CPD activities. Optometry Australia state divisions currently hold approved provider status which would be lost if changes proceed under option 2 - Proposed revised guidelines approved. These state divisions have a very long history and excellent track record in providing quality accredited CPD. Collectively they are the largest providers of accredited CPD in Australia. Approved provider status removes some of the administrative burden for these organisations in providing CPD, which recent external auditing has confirmed they are competent in providing.

There is no significant need or evidence base to actually tighten the requirements for approved providers of which we are aware. The majority of CPD applications for accreditations which are initially rejected are from infrequent CPD providers who would be extremely unlikely to apply for approved provider status. The majority of problems encountered are minor and stem from inexperience with the system (wrong number of CPD questions provided, poor or no learning objectives etc). Most of the larger providers who may potentially consider approved provider status submit applications which typically pass accreditation with no or very minor improvements or changes required, indicating they could probably be trusted in accrediting their own CPD.

Under the new tri-level model of accreditation, delivery of approved provider events are now also, for the first time, being monitored by an independent CPD assessment panel and by an external auditor (OCANZ). As already stated in the guidelines, if it is found that these events are not being delivered

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in line with OBA guidelines, the OBA has the option to remove the right of the approved provider to have future events accredited.

Optometry Australia is currently one of three years into a contract to provide CPD accreditation services to the OBA and has modelled its cost recovery model on the system as it stands. On review of activities for the 1Dec 2014 to 30 Nov 2015 CPD period we note that revenue to fund the cost recovery model of CPD accreditation would decrease from what Optometry Australia's original expression of interest was modelled on, if some of the changes suggested in the amended guidelines were made, and the terms of the contract may need to be re-negotiated.

Proposed revised guidelines on the prescription of optical appliances

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

6. Are they clear and easy to understand?

Overall, Optometry Australia believe the draft Guidelines are clear and easy to understand. Comments made against question 7 below, include recommendations for providing greater clarity and limiting potential confusion.

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

With respect to the first paragraph on page 24 of 29, Optometry Australia considers that the following sentence should be changed: 'A prescription for an optical appliance must include all the information necessary for the supplier to complete the dispensing process.' Optometry Australia recognises that there are elements of lenses that cannot be specified until frames and lens form have been selected. This is also recognised within the guidelines: "Optical centration of the lenses cannot be determined until the spectacle frame and lens form is chosen and the correct facial fitting is combined with the prescription." Given this, it is inappropriate to require a prescription for an optical appliance to "include *all* the information necessary …to complete the dispensing process" (emphasis added). The details of what must be provided on the prescription are sufficiently covered elsewhere in the guideline, and we recommend that this sentence is deleted. Alternatively, we would support replacement of the current sentence with the following: "A prescription for an optical appliance must include necessary details of lens powers/prism/design for the supplier to complete the dispensing process. Parameters related to spectacle lens centration are dependent on the spectacle frame selected, hence interpupillary distance and bifocal segment height or measures for multifocal lens placement are not required to be included in the prescription .'

Also on page 24 of 29, the draft guideline notes that Inter-pupillary distance (PD) is not "generally expected" in a prescription for spectacles. However the guidelines also specify that "the PD should be provided if it is specifically requested." We believe this section requires expansion to provide clarity regarding an optometrist's duty in this regard. If the optometrist measured and recorded the PD during the consultation, then it is the right of the patient to be provided with that information. If however the optometrist had not made or recorded this measurement, if the patient requests it following the consultation, then it is appropriate that the patient be advised this parameter has not been measured and will need to be measured by the entity dispensing the prescription.

With respect to the section on Patient Consent on page 25 of 29, we do not consider that it is reasonable to expect optometrists to be able to provide information to patients about replacement of faulty or damaged lenses, or on warranties and guarantees on materials that they or their practice is not dispensing/supplying. Similarly it may not be possible for them to provide advice about care and maintenance of an optical appliance that they do not supply/dispense. This detailed information may be more appropriately given by dispensing staff. This is perhaps most relevant if the patient fills their prescription through a different practice. In this case, we believe that the requirement should rest on the staff at the location where the device is to be dispensed to provide this advice. Given this, we recommend the two relevant dot points under Patient Consent, be removed.

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

Aside from the comments noted above, Optometry Australia does not believe that additional points

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or detail are required in the guidelines.
9. Do you have any other comments?
No further comments.