Optometry Board of Australia

By email: optomconsultation@ahpra.gov.au

RANZCO - Review of Guidelines for continuing professional development for endorsed and non-endorsed optometrists

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) welcomes the opportunity to comment on the *Guidelines for continuing professional development for endorsed and non-endorsed optometrists.*

RANZCO's mission is to drive improvements in eye health care in Australia, New Zealand and the Asia Pacific Region through continuing exceptional training, education, research and advocacy. Underpinning all of the College's work is a commitment to best patient outcomes, providing contemporary education, training and continuing professional development, evidence-based decision making, collaboration and collegiality. RANZCO also seeks to educate the general public in all matters relating to vision and the health of the human eye and advocates for accessible ophthalmology services for patients.

Collaborative care

The NPS MedicineWise prescribing competencies framework[1] emphasizes the need to collaborate effectively with other health professionals. The knowledge, skills and behaviours required of optometrists with autonomous prescribing rights could be better described and in alignment with the NPS framework.

We also propose that the Optometry Board of Australia (OBA) considers the inclusion of collaborative care for glaucoma treatment guidelines in the description of therapeutic medication management stages in Table 3 of the consultation paper.

The aims of collaborative care of glaucoma patients should be:

- Patient-focused treatment;
- Evidence-based health care;
- Access to the most appropriate health-care provider in a timely fashion;
- Clearly defined roles for health-care providers and effective communication;
- To reduce unnecessary duplication of tests;
- To reduce unnecessary health-care provider visits;

[1] NPS: Better choices, Better health. Competencies required to prescribe medicines: putting quality use of medicines into practice. Sydney: National Prescribing Service Limited, 2012. http://www.nps.org.au/__data/assets/pdf_file/0004/149719/Prescribing_Competencies_Framework.pdf

- To avoid unnecessary treatment or overtreatment of patients;
- To ensure patients at risk of progression to visual loss from glaucoma are not undertreated and have access to the full range of treatment alternatives of which they should be made fully aware.[2,3]

General principles for collaborative care:

- The ophthalmologist should remain responsible for all management decisions.
- The optometrist should communicate relevant clinical investigations to the ophthalmologist in a regular and appropriate manner.
- The optometrist should separately bill the patient for the services rendered.

Providing further guidance on the aims and principles of collaborative care would best reflect the OBA amended guidelines for use of scheduled medicines[4], and ensure services are provided in a safe, competent and ethical manner that meets best practice standards.

CPD Requirements

We advise that the Board reconsiders activities (tables 1 and 2 of consultation paper), both accredited and non-accredited activities, that may be claimed as part of continuing professional development.

- CPD is most effective when undertaken in a planned manner taking into account personal learning gaps and needs. This is best described in a personal learning plan[5,6]. Development of a personal learning plan is not listed in Table 1 and needs to be considered as an activity. The Psychology Board of Australia provides a suitable template[7].
- The convention for crediting CPD activities is one point per hour[8].
- Activities which involve reflection are most effective as a CPD learning experience[9]. Table 1 does not make a clear definition between passive and active/reflective

---

[2] White A, Goldberg I, and on behalf of the Australian and New Zealand Glaucoma Interest Group and the Royal Australian and New Zealand College of Ophthalmologists (2014), Guidelines for the collaborative care of glaucoma patients and suspects by ophthalmologists and optometrists in Australia. Clinical and Experimental Ophthalmology 2014 42(2): 107–117

[3] National Health and Medical Research Council. NHMRC Guidelines for the screening, diagnosis, prognosis, management and prevention of glaucoma 2010. Available from: http://www.nhmrc.gov.au/guidelines/publications/cp113-cp113b

[4] Optometry Board of Australia: Guidelines for use of scheduled medicines http://www.optometryboard.gov.au/Policies-Codes-Guidelines.aspx

[5] Grant J. Learning needs assessment: assessing the need. BMJ 2002;324:156-159.

[6] Filipe HP, Silva ED, Stulting AA, Golnik KC. Continuing Professional Development: Best Practices. Middle East Afr J Ophthalmol 2014;21:134–141.

[7] Psychology Board of Australia. Continuing professional development learning plan. Available from: http://www.psychologyboard.gov.au/Search.aspx?q=personal+learning+plan. Last accessed 10/11/2015.

[8] Developed by the American Medical Association in 1968 and subsequently adopted worldwide for example by the European Union of Medical Specialists and the Royal College of Physicians and Surgeons of Canada. Available from www.ama-assn.org/go/prabooklet. Last accessed 10/11/2015.

The Royal Australian and New Zealand College of Ophthalmologists ACN 000 644 404
94 - 98 Chalmers Street, Surry Hills NSW 2010 Australia
T 61 2 9690 1001 F 61 2 9690 1321 E ranzco@ranzco.edu
ranzco.edu

activities, for example conferences, seminars and webinars are usually considered passive activities and credited one point per hour rather than 2 points per hour in Table 1.

- Practice based reflective activities; most commonly audit of patient results[10], are valuable as a CPD learning experience and not listed in Table 1 as an activity.
- CPD activities are more effective with multiple rather than single exposure[11]. Table 1 does not describe a cap or restriction on number of points (maximum points) that can be obtained per day or over consecutive days. For example a three day conference over which one year's points could be claimed is not an effective CPD activity[12].
- Educational activities sponsored by commercial organisations must be independent of commercial bias. This is usually achieved by unrestricted educational grants[13], and is recognised by industry bodies[14], [15]. The need for freedom of bias in educational material is not made clear in Table 2 which states "up to 20 of 80 points [i.e. 25% of requirements]…..may be obtained by completing activities relating to optical goods and equipment provided by suppliers or manufacturers".

Providers of continuing professional development activities

The Board's proposed role in accrediting and auditing CPD providers is inconsistent with current practice within AHPRA and best Australian and international practice, which requires role clarity (for example regulation vs. education) in governing regulators[16], [17].

Take for example the Medical Board of Australia's role as a regulator. Accreditation is kept at arm's length. The Medical Board of Australia's registration standards indicate that continuing professional development programs that meet the Australian Medical Council

---

[9] Forsetlund L, Bjørndal A, Rashidian A, Jamtvedt G, O'Brien MA, Wolf F, Davis D, Odgaard-Jensen J, Oxman AD. Continuing education meetings and workshops: effects on professional practice and health care outcomes. Cochrane Database Syst Rev. 2009:CD003030. doi: 10.1002/14651858.CD003030.pub2. Review.

[10] Ivers N et al. Audit and feedback: effects on professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews 2012. DOI: 10.1002/14651858.CD000259.pub3

[11] Marinopoulos SS et al Effectiveness of Continuing Medical Education. Evidence Report/Technology Assessment No. 149 (Prepared by the Johns Hopkins Evidence-based Practice Center, under Contract No. 290-02-0018.) AHRQ Publication No. 07-E006. Rockville, MD: Agency for Healthcare Research and Quality. 2007.

[12] Example SRC 2015 material states up to 55.5 CPD points can be claimed during the period 21,22,23 February 2015. Available at: http://www.optometry.org.au/vic/professional-development-events/src/education-program/. Last accessed 10/11/2015.

[13] Council of Medical Specialty Societies. Revised code for interaction with companies. 2011. Available from: www.cmss.org.

[14] Medicines Australia. Code of Conduct Edition 18. Available from: https://medicinesaustralia.com.au/code-of-conduct/code-of-conduct-current-edition/. Last accessed 10/11/2015.

[15] Medical Technology Association of Australia. Medical Technology Industry Code of Practice. 9th edition. 2015. Available from: http://www.mtaa.org.au/code-of-practice/copy-of-the-code. Last accessed 10/11/2015.

[16] Australian National Audit Office. Administering Regulation. Achieving the right balance. Better Practice Guide. 2014. Available from: http://www.anao.gov.au/Publications/Better-Practice-Guides/2013-2014/Administering-Regulation. Last accessed 10/11/2015.

[17] Organisation for Economic co-operation and Development. OECD Best Practice Principles for Regulatory Policy. 2014. Available from http://www.oecd-ilibrary.org/governance/the-governance-of-regulators_9789264209015-en. Last accessed 10/11/2015.

The Royal Australian and New Zealand College of Ophthalmologists ACN 000 644 404
94 - 98 Chalmers Street, Surry Hills NSW 2010 Australia
T 61 2 9690 1001 F 61 2 9690 1321 E ranzco@ranzco.edu
ranzco.edu

(AMC) accreditation requirements also meet the Board's continuing professional development requirements[18].

The way in which the AMC manages the accreditation process and the accreditation decisions made by the AMC are explained in *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2013.* The AMC accreditation procedures comply with the *Health Practitioner Regulation National Law*.

RANZCO will not endorse the requirement that providers of CPD activities (RANZCO Fellows) being asked to *pay* for the privilege of delivering lectures to optometrists with the intention of improving the quality of patient care.

November 2015

Contact:

Gerhard Schlenther

General Manager Policy & Programs

gschlenther@ranzco.edu

02 9690 1001

[18] Australian Medical Council Limited. http://www.amc.org.au/accreditation/medical-education

The Royal Australian and New Zealand College of Ophthalmologists ACN 000 644 404

94 - 98 Chalmers Street, Surry Hills NSW 2010 Australia

T 61 2 9690 1001 F 61 2 9690 1321 E ranzco@ranzco.edu

ranzco.edu