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;

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• 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.23

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 medicines4, 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 plan56. 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 template7.
• The convention for crediting CPD activities is one point per hour8.
• Activities which involve reflection are most effective as a CPD learning experience9. Table 1 does not make a clear definition between passive and active/reflective...
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\(^\text{10}\), 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\(^\text{11}\). 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\(^\text{12}\).

- Educational activities sponsored by commercial organisations must be independent of commercial bias. This is usually achieved by unrestricted educational grants\(^\text{13}\), and is recognised by industry bodies\(^\text{14, 15}\). 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\(^\text{16, 17}\).

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

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\(^10\) 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


(AMC) accreditation requirements also meet the Board's continuing professional development requirements\textsuperscript{18}.

The way in which the AMC manages the accreditation process and the accreditation decisions made by the AMC are explained in \textit{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 \textit{Health Practitioner Regulation National Law}.

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

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\textsuperscript{18} Australian Medical Council Limited. \url{http://www.amc.org.au/accreditation/medical-education}