



22 December 2009

The Hon John Hill MP  
Chair, Australian Health Workforce Ministerial Council  
Minister for Health  
GPO Box 2555  
ADELAIDE SA 5001

Dear Minister

### **Proposals for Ministerial Council approval**

I am pleased to submit the attached proposals from the Optometry Board of Australia on mandatory registration standards and endorsement for scheduled medicines for the Ministerial Council's approval.

The proposals for registration standards, and a scheduled medicines endorsement are submitted in line with schedule 7, clause 30 of the *Health Practitioner Regulation National Law Act 2009* (Qld) (the National Law) for approval by the Ministerial Council under sections 12 and 14 of the National Law.

The proposals submitted relate to:

- criminal history registration standard
- English language requirements registration standard
- professional indemnity insurance arrangements registration standard
- continuing professional development registration standard
- recency of practice registration standard, and
- endorsement for scheduled medicines.

#### ***Registration standards***

Common minimum registration standards across all boards are proposed for criminal history matters and English language requirements registration standards.

The proposed registration standards have been subject to wide-ranging consultation as required in relation to registration standards by section 40 of the National Law, and comments

have been received from the sector, governments and other stakeholders. The Board has found it very useful during the consultation process to receive advice agreed across jurisdictions from the heads of all health departments across Australia on their views on the matters under consideration.

I advise that the development of the proposals has been consistent with the Australian Health Practitioner Regulation Agency's *Procedures for Development of Registration Standards* which the Agency has issued under section 20(1)(a) of the *Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008* (Qld).

Ministerial Council approval of these registration standards is sought under section 12 of the National Law.

### ***Scheduled medicines endorsement***

With respect to the Board's proposed arrangements for scheduled medicines endorsement, the submission provides details of how the Board proposes to administer the endorsement arrangements, in order to ensure safe and effective prescribing practice by scheduled medicines endorsed optometrists. It includes the Board's proposed registration standard for scheduled medicines endorsement, and the list of Schedule 4 medicines at Table 2.1 of the submission, that the Board has approved and proposes to endorse registered optometrists as qualified to prescribe or supply.

The Board requests that the Ministerial Council decide, in accordance with section 14 of the National Law, that the Optometry Board of Australia may endorse the registration of suitably qualified optometrists as qualified to prescribe or supply schedule 4 medicines for the treatment of conditions of the eye. The Ministerial Council is requested to approve an endorsement in relation to scheduled medicines, under section 14(2) of the National Law, along the following lines:

#### *Class of health practitioners (section 14(2)(a)):*

Any person registered as an optometrist under the National Law whose registration has been endorsed by the Optometry Board of Australia under section 94 as qualified to prescribe or supply Schedule 4 medicines in the practice of optometry.

#### *Class of scheduled medicines (section 14(2)(b)):*

Any Schedule 4 medicine used in the treatment of conditions of the eye, included in a list of Schedule 4 medicines approved by the Optometry Board of Australia and published on the Board's website at the following address: [www.optometryboard.gov.au](http://www.optometryboard.gov.au)

#### *Type of use (section 14(2)(c)):*

Prescribe or supply

These elements are incorporated into the Board's proposed registration standard for scheduled medicines endorsement that is also submitted to the Ministerial Council for approval, under section 12 of the National Law.

The Board has approved the list of Schedule 4 medicines in the table attached, for the purposes of granting a scheduled medicines endorsement. With the exception of one medicine which may be taken orally for the emergency treatment of acute angle closure glaucoma (acetazolamide or acetazolamide sodium – Diamox, highlighted in the list), all medicines

included on the list are for topical use only, and are already approved for use by endorsed optometrists in four jurisdictions: Victoria, Tasmania, South Australia and Northern Territory.

The Board requests that the Ministerial Council approval under section 14 be sufficiently broad to capture both topical and oral Schedule 4 medicines, and thus allow the Board to endorse suitably qualified optometrists as qualified to prescribe or supply specified Schedule 4 medicines for topical use, as well as the medicine acetazolamide taken orally, for the emergency treatment of acute angle closure glaucoma.

While inclusion of the oral medicine acetazolamide on the Board approved list will, if accepted by the Ministerial Council, constitute an expansion of the scope of prescribing practice of endorsed optometrists, the Board considers that:

- endorsed optometrists already have the competencies necessary to safely prescribe this oral Schedule 4 medicine for the emergency treatment of acute angle closure glaucoma, without additional training, and
- the Board proposes to issue practice guidelines for endorsed optometrists when prescribing this medicine, and to include a requirement for communication with an ophthalmologist or general medical practitioner, and
- the track record of safe prescribing practice by optometrists using topical medicines over 10 years indicates that any risks of adverse events associated with this expanded practice are extremely small.

The Board undertakes to make no changes to its approved list of scheduled medicines, to expand the number of oral S4 medicines beyond the single oral medicine sought, without undertaking wide-ranging consultation, taking advice from its Scheduled Medicines Advisory Committee and from all participating jurisdictions through the Ministerial Council. The proposed terms of reference for the Board's Scheduled Medicines Advisory Committee are contained in section 2 of the submission, and its proposed membership is designed to ensure the Board has access to a sufficient range of experts to provide the necessary advice in managing the endorsement arrangements.

The Board looks forward to receiving the approval of the Ministerial Council for its proposals for registration standards under section 12 of the National Law, and its proposal for scheduled medicines endorsement under section 14 of the National Law.

Yours sincerely



Colin Waldron  
Chair



**Proposals to the Australian  
Health Workforce Ministerial  
Council on registration standards  
and scheduled medicines  
endorsement**

# 1 Mandatory registration standards

## 1.1 Criminal history

### Optometry Board of Australia

#### Criminal history standard

##### Summary

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the 10 factors set out in this standard. While every case will need to be decided on an individual basis, these 10 factors provide the basis for the Board's consideration.

##### Scope of application

This standard applies to all applicants and all registered health practitioners. It does not apply to students.

##### Requirements

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the following factors:

**1. The nature and gravity of the offence or alleged offence and its relevance to health practice.**

The more serious the offence or alleged offence and the greater its relevance to health practice, the more weight that the Board will assign to it.

**2. The period of time since the health practitioner committed, or allegedly committed, the offence.**

The Board will generally place greater weight on more recent offences.

**3. Whether a finding of guilt or a conviction was recorded for the offence or a charge for the offence is still pending.**

In considering the relevance of the criminal history information, the Board is to have regard to the type of criminal history information provided. The following types of criminal history information are to be considered, in descending order of relevance:

- (a) convictions
- (b) findings of guilt
- (c) pending charges
- (d) nonconviction charges; that is, charges that have been resolved otherwise than by a conviction or finding of guilt, taking into account the availability and source of contextual information which may explain why a nonconviction charge did not result in a conviction or finding of guilt.

**4. The sentence imposed for the offence.**

The weight the Board will place on the sentence will generally increase as the significance of the sentence increases, including any custodial period imposed. The Board will also consider any mitigating factors raised in sentencing, where available, including rehabilitation.

**5. The ages of the health practitioner and of any victim at the time the health practitioner committed, or allegedly committed, the offence.**

The Board may place less weight on offences committed when the applicant is younger, and particularly under 18 years of age. The Board may place more weight on offences involving victims under 18 years of age or other vulnerable persons.

**6. Whether or not the conduct that constituted the offence or to which the charge relates has been decriminalised since the health practitioner committed, or allegedly committed, the offence.**

The Board will generally place less or no weight on offences that have been decriminalised since the health

practitioner committed, or allegedly committed, the offence.

**7. The health practitioner's behaviour since he or she committed, or allegedly committed, the offence.**

Indications that the offence was an aberration and evidence of good conduct or rehabilitation since the commission, or alleged commission of the offence, will tend to be a mitigating factor. However, indications that the offence is part of a pattern of behaviour will tend to have the opposite effect.

**8. The likelihood of future threat to a patient of the health practitioner.**

The Board is likely to place significant weight on the likelihood of future threat to a patient or client of the health practitioner.

**9. Any information given by the health practitioner.**

Any information provided by the health practitioner, such as an explanation or mitigating factors, will be reviewed by the Board and taken into account in considering the health practitioner's criminal history.

**10. Any other matter that the Board considers relevant.**

The Board may take into account any other matter that it considers relevant to the application or notification. A Board will not require an applicant or registered health practitioner to provide further information that may prejudice their personal situation pending charges and the Board must not draw any adverse inference as a result of the fact that information has not been provided.

*Note:* the above factors have been numbered for ease of reference only. The numbering does not indicate a priority order of application.

### Definitions

**Criminal history** is defined in the Schedule of the National Law as:

- every conviction of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law
- every plea of guilty or finding of guilt by a court of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law and whether or not a conviction is recorded for the offence
- every charge made against the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements.

### Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

## 1.2 English language skills

### Optometry Board of Australia English language skills standard

#### Summary

All internationally qualified applicants for registration as an optometrist, or applicants for registration who did not complete their secondary education in English must be able to demonstrate that they have the necessary English language skills for registration. All applicants must be able to demonstrate English language skills at IELTS academic level 7 or the equivalent, and achieve the required minimum score in each component of the IELTS academic module or OET (see 'Definitions', below).

Test results must be obtained within two years prior to applying for registration. The Board may grant an exemption in specified circumstances.

#### Scope of application

This standard applies to all applicants for initial registration. It does not apply to students.

#### Requirements

1. An applicant for registration as an optometrist who is:
  - an internationally qualified applicant; or
  - an applicant who has graduated from an approved program of study but did not undertake and complete their secondary education in English and in any of the countries specified in Exemption 1 belowmust submit evidence of secondary education, or arrange for evidence to be provided (in the case of test results), to the relevant Board of competency in English language skills.
2. The following tests of English language proficiency are accepted by the Board for the purpose of meeting this standard:
  - (a) the IELTS examination (academic module) with a minimum score of 7 in each of the four components (listening, reading, writing and speaking); or
  - (b) completion and an overall pass in the OET with grades A or B only in each of the four components.
3. Results must have been obtained within two years prior to applying for registration. An IELTS or OET Test Report Form more than two years old may be accepted as current if accompanied by proof that a candidate:
  - (a) has actively maintained employment as a registered health practitioner using English as the primary language of practice in a country where English is the native or first language; or
  - (b) is a registered student and has been continuously enrolled in an approved program of study since the test result was obtained.
4. Results from any of the English language examinations listed above must be obtained in one sitting.
5. The applicant is responsible for the cost of English tests.
6. The applicant must make arrangements for test results to be provided directly to the Board by the testing authority, for example, by secure internet login.

## Exemptions

1. The Board may grant an exemption from the requirements where the applicant provides evidence that:
  - (a) they undertook and completed secondary education that was taught and assessed in English in one of the countries listed below where English is the native or first language; and
  - (b) the applicant's tertiary qualifications in the relevant professional discipline were taught and assessed in English in one of the countries listed below, where English is the native or first language:
    - Australia
    - Canada
    - New Zealand
    - Republic of Ireland
    - South Africa
    - United Kingdom
    - United States of America.
2. The Board may grant an exemption where an applicant applies for limited registration in special circumstances, such as:
  - (a) to perform a demonstration in clinical techniques
  - (b) to undertake research that involves limited or no patient contact
  - (c) to undertake a period of postgraduate study or supervised training while working in an appropriately supported environment that will ensure patient safety is not compromised.

These special circumstances exemptions will generally be subject to conditions requiring supervision by a registered health practitioner and may also require the use of an interpreter.
3. The Board reserves the right at any time to revoke an exemption and/or require an applicant to undertake a specified English language test.

## Definitions

**IELTS** means the International English Language Testing System developed by the University of Cambridge Local Examinations Syndicate, The British Council and IDP Education Australia (see <http://www.ielts.org/>).

**OET** means Occupational English Test (OET) administered by the Centre for Adult Education (see <http://www.occupationalenglishtest.org/>).

An **internationally qualified applicant** means a person who qualified as an optometrist outside Australia.

**One sitting** means the period of time set by the testing authority for completion of the test. For example, IELTS states that the listening, reading and writing components of the test are always completed on the same day. Depending on the test centre, the speaking test may be taken up to seven days either before or after the test date.

## Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

## 1.3 Professional indemnity insurance

### Optometry Board of Australia

#### Professional indemnity insurance arrangements standard

##### Summary

The Optometry Board of Australia has established this standard in accordance with section 38(1)(a) of the National Law.

A registered optometrist must not practise the profession of optometry unless insured or indemnified, in a manner and to an extent approved by the Board, against civil liabilities that might be incurred by the optometrist in connection with the provision of optometric services. Annual renewal will require a declaration that the registrant is covered for all aspects of his or her practice. Such declarations will be subject to audit.

##### Scope of application

This standard applies to all registered optometrists except for those who hold nonpractising registration. It does not apply to registered optometry students.

##### Requirements

1. A person must not practise as an optometrist in Australia unless they have professional indemnity insurance arrangements in force for all aspects of their practice, in each context and location of practice, whether they are practising full or part time, paid or unpaid.
2. The Board will specify a minimum level of cover in guidelines issued from time to time under this standard.
3. The insurance policy must include:
  - (a) unlimited retroactivity of cover
  - (b) 'run-off' cover
  - (c) two automatic reinstatements.
4. Optometrists who are employed may meet this standard through cover provided under their employer's insurance policy. However, the cover must meet this standard and the optometrist must hold documentary evidence of the cover.
5. Optometrists may meet this standard through cover provided with their membership of a union or professional association. However, the cover must meet this standard and the optometrist must hold documentary evidence of the cover.
6. If an optometrist is specifically precluded from cover for any aspect of practice under their indemnity or insurance arrangements, they must not practise in that area.

##### Compliance assessment

###### At initial registration

Applicants for registration as an optometrist will be required on application to make a declaration that they will not practise the profession unless they have professional indemnity insurance arrangements in place that meet this standard.

###### At renewal of registration

All registered optometrists will be required to make a declaration at annual renewal that:

1. they have not practised the profession during the preceding period of registration without having professional indemnity arrangements in place that meet this standard (section 109(1)(a)(iv)); and
2. if their registration is renewed, they will not practise the profession unless they have professional indemnity insurance arrangements in place that meet this standard (section 109(1)(a)(v)).

###### During the registration period

The Board may, at any time, require a registrant to provide evidence that they have appropriate professional indemnity

insurance in force (section 129(2)).

### **Audit**

On request, a registered optometrist must provide the Board with proof and details of their professional indemnity cover, to enable the Board to assess compliance with this standard.

### **Consequences of noncompliance**

Practising without professional indemnity insurance that meets this standard is a breach of the legal requirements for registration and will be viewed by the Board as a professional conduct matter. At annual renewal, where an optometrist is unable to make a declaration that appropriate indemnity arrangements are, or will be, in place for the period of the proposed registration or renewal, the Board may refuse to renew the optometrist's registration.

Knowingly making a false declaration will be considered by the Board to be a professional conduct matter and as such, may be dealt with by the Board through the disciplinary mechanisms available under the National Law. These mechanisms include the imposition of sanctions ranging from caution or reprimand, to suspension or cancellation of registration.

### **Definitions**

**Practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes 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 safe, effective delivery of services in the profession and/or use their professional skills.

**Professional indemnity insurance arrangements** means arrangements that secure for the practitioner insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the costs and expenses of defending a legal claim, as well as any damages payable. Some government organisations under policies of the owning government are self-insured for the same range of matters.

**Run-off cover** means insurance that protects a practitioner who has ceased a particular practice or business against claims that arise out of activities which occurred when he or she was conducting that practice or business. This type of cover may be included in a PII policy or may need to be purchased separately.

**Notification** means a notification to the national agency under the National Law, for example from a client or patient complaining about the conduct of a health practitioner.

### **Review**

This standard applies from 1 July 2010. The Board will review this standard at least every three years.

## 1.4 Continuing professional development

Optometry Board of Australia Continuing professional development standard				
<b>Summary</b>				
<p>The Optometry Board of Australia has established this standard in accordance with section 38(1)(c) of the National Law.</p> <p>Consumers of optometry services have the right to expect that optometrists will provide services in a safe, competent, ethical and contemporary manner that meets best practice standards. CPD is an interactive process to maintain, enhance and extend the practitioner's knowledge, expertise and competence throughout his or her career. CPD is an important component in the continued provision of safe and effective services.</p> <p>All practising optometrists must undertake continuing professional development (CPD). This standard sets out the minimum requirements for CPD for optometrists.</p>				
<b>Scope of application</b>				
<p>This standard applies to all persons who hold registration as an optometrist under the National Law, with the exception of those who hold nonpractising registration. The standard does not apply to optometry students.</p>				
<b>Requirements</b>				
<p>1. Registered optometrists must complete a minimum of 40 points of CPD activities each year. The number of points that may be claimed for each type of CPD activity is set out in the table below.</p>				
Activity type	CPD group	CPD activity	Points per hour of activity	Point restrictions
Face-to-face clinical learning	Group 1	Lectures, seminars, presentations, etc — without assessment	2	Minimum 20 pts per year
	Group 2	Presentations with assessment or practical small-group workshops	3	
Self-directed clinical learning	Group 3	Remote learning — with assessment	2	Maximum 30 pts per year
	Group 4	Teaching in optometric undergraduate course or participation or teaching in postgraduate optometric education	5 points per subject per semester	
	Group 5	Publication in peer-reviewed journals	8 points per paper	
	Group 6	Non-accredited peer review, clinical audit, performance appraisal, reading peer reviewed journal articles	1 point per hour	Maximum 10 points per year
Nonclinical learning	Group 7	Nonclinical education relevant to practice	1	Maximum 10 pts per year
<p>2. Of the 40 points required per year:</p> <ul style="list-style-type: none"> <li>• a minimum of 20 points per year must be in face-to-face education</li> <li>• no more than 10 out of the 40 points may be in nonclinical educational activities</li> <li>• no more than 10 out of 40 points per year may be obtained by completing courses provided by suppliers or manufacturers of optical goods and equipment</li> </ul>				

- optometrists who hold a scheduled medicines endorsement under section 94 of the National Law, must complete at least 20 points per year in education related to the endorsement.
3. In addition to the 40 points per year of CPD, all registered optometrists must have completed, within the previous 3 years, training in cardiopulmonary resuscitation (CPR) provided by or through an approved provider. A list of approved providers is published on the Board's website. An exemption may be granted on application to the Board.
  4. Registered optometrists may meet this standard through:
    - participation in a CPD program delivered by an approved provider
    - participation in accredited CPD activities provided by or through the optometrist's employer, an ophthalmology professional body or other professional association, or
    - a self-directed program combining accredited and non-accredited CPD activities.
  5. CPD activities should be accredited in accordance with guidelines issued from time to time by the Board and published on the Board's website (<http://www.optometryboard.gov.au>).
  6. Where an optometrist chooses to meet this standard via a self-directed program that includes CPD activities that are not accredited, the program must include a balance of practice-based reflective elements such as clinical audit, peer-review or performance appraisal, as well as participation in activities to enhance knowledge, such as courses, conferences and online learning.
  7. Where an optometrist has been registered for less than 12 months, a pro rata CPD points requirement applies.
  8. All optometrists must maintain an up to date record detailing:
    - (a) a self assessment of their personal CPD needs and desired outcomes
    - (b) all CPD activities undertaken during the previous 3 years
    - (c) how the CPD undertaken relates to the practice of optometry
    - (d) an evaluation of the CPD activities undertaken to determine whether the desired outcomes have been achieved and whether the Board's CPD standard has been met.
  9. The CPD record must include supporting documentation as follows:
    - (a) receipts or other proof of attendance from formal courses undertaken or conferences attended
    - (b) any certificates issued on completion of CPD activities by an approved training or education provider
    - (c) records of any self-directed CPD, including what activity was undertaken and for how long.
  10. Temporary absence from practice:
    - (a) for up to one year — no CPD requirement
    - (b) for between one and three years — complete a minimum of one year's quota of CPD activities relevant to the intended scope of practice prior to recommencement. CPD activities must be designed to maintain and update knowledge, clinical judgement and technical skills

Note that an absence of more than three years is not regarded by the Board as a temporary absence. Such practitioners will be required to provide a plan for professional development and for re-entry to practice for the Board for consideration. See also the Board's recency of practice registration standard.

### Compliance assessment

#### Renewal requirements

All registered optometrists will be required to make a declaration at annual renewal that they have met this CPD standard during the preceding period of registration. This requirement takes effect at the end of the first full year of registration under the National Law.

#### Audit

In order to determine compliance with this standard, the Board may, at any time, request a registered optometrist provide their CPD records for audit by the Board. Optometrists who choose to meet this standard through participation in unaccredited CPD activities may be more likely to be subject to audit by the Board.

### Consequences of noncompliance

If a registered optometrist is unable to make the required declaration at annual renewal, the Board may refuse to renew

the optometrist's registration or any endorsement of registration, or grant renewal of registration or endorsement of registration subject to conditions.

Knowingly making a false declaration will be considered by the Board to be a professional conduct matter and as such, may be dealt with by the Board through the disciplinary mechanisms available under the National Law. These mechanisms include the imposition of sanctions ranging from caution or reprimand, to suspension or cancellation of registration.

### Definitions

**Accredited CPD activities** mean CPD activities that have been approved for the purposes of this standard, in accordance with guidelines issued from time to time by the Board, and published on the Board's website.

**Approved provider** means an entity approved by the Board for the purposes of:

- delivery of an approved CPD program that may include both direct provision of CPD activities and accreditation of CPD activities delivered by other providers; or
- delivery of an accredited CPD activity; or
- provision of training in cardiopulmonary resuscitation that meets this standard.

**Cardiopulmonary resuscitation** is the technique of rescue breathing combined with chest compressions, to temporarily maintain circulation to preserve brain function until specialised treatment is available (Australian Resuscitation Council).

**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.

### References

Optometry Board of Australia guidelines on CPD will be available on the Board's website.

### Review

This standard applies from 1 July 2010, with compliance assessment commencing at the first registration renewal after 1 July 2011 and 3 years of record keeping required by first renewal following 1 July 2013. The Board will review this standard at least every three years.

## 1.5 Recency of practice

### Optometry Board of Australia

#### Recency of practice standard

##### Summary

The Optometry Board of Australia has established this standard in accordance with sections 38(1)(e) and 55(1)(f) of the National Law.

All applicants for registration who are not new graduates, and all applicants for renewal of registration, must demonstrate they have had sufficient optometry practice experience within the previous three-year period in order to maintain their competence to practise as an optometrist. The specific requirements for recency depend on the nature of the optometrist's practice, their level of experience, the length of absence from practice and whether they are intending to change the nature of their practice on return to practice.

Optometrists who are unable to meet the recency standards set out below will be required to submit to the Board a plan for re-entry to practice for the Board's consideration and may be required to complete specific education and/or assessment or work under supervision or oversight before being granted unrestricted registration.

##### Scope of application

This standard applies to all applicants for registration as an optometrist, and all registered optometrists who are applying to renew their registration. This standard applies in circumstances where the applicant has:

- previously been registered but let their registration lapse, or
- maintained their registration as an optometrist in an Australian jurisdiction, but has not been engaged in practice during the previous registration period.

This standard applies to optometrists who are:

- returning to practice after a period of absence (as outlined above), or
- changing significantly the nature or scope of their practice, for example, by moving from an administrative (nonclinical) role back into clinical practice.

This standard does not apply to:

- persons who hold student registration as an optometry student
- persons who hold nonpractising registration as an optometrist, or applicants for nonpractising registration.

##### Requirements

1. All applicants for registration as an optometrist, and all optometrists applying to renew their registration, must satisfy the Optometry Board of Australia that they have had sufficient practice experience in the three-year period prior to their application in order to ensure their continuing competence to practice.
2. The Board considers that a minimum of 150 hours per year or 450 hours over three years of practice in optometry constitutes sufficient practice experience for the purposes of meeting this standard.
3. For optometrists returning to practice within their previous practice scope:
  - (a) an absence of less than one year — no specific requirements to be met before recommencing practice
  - (b) absence of between one and three years — complete a minimum of one year's quota of CPD activities relevant to their scope of practice, prior to recommencement, targeted at maintaining and updating their knowledge, clinical judgement and technical skills
  - (c) absence greater than three years — provide to the Board a plan for professional development and for re-entry to practice
4. For optometrists proposing to change the scope or nature of their practice, for example, by moving from an administrative role into clinical practice:
  - (a) if the change is to a subset of their current practice — no specific requirements to be met
  - (b) if the change is an extension of practice that the optometrist's peers might reasonably expect in practice of that nature, the optometrist is required to undertake training that peers would expect before changing or expanding their scope of practice

- (c) if the change is to a different field or scope of practice, the optometrist is required to consult with the Board and develop a professional development plan for ensuring their competence.
5. The Board reserves the right to require an optometrist returning to practice after a break of more than three years to satisfy the Board of their competence to practice by completing one or more of the following:
    - (a) a competency assessment approved by the Board
    - (b) a period of supervised practice approved by the Board
    - (c) a program of study approved by the Board.
  6. The Board may decide to place conditions on the registration of an optometrist returning to practice after an absence. In determining the nature of conditions to be placed on an optometrist's registration, the Board will consider the following matters:
    - (a) the person's registration and practice history
    - (b) their period of absence from practice
    - (c) when their primary qualification was awarded
    - (d) any activities related to the practice of optometry undertaken in the previous 3 years
    - (e) any history of participation in continuing professional development activities
    - (f) any additional qualifications obtained during the period of absence.

### Exemptions

The Board may grant an exemption from this standard in the following circumstances:

- (a) persons who have graduated from an approved program of study in optometry in the 12 months prior to their application for registration
- (b) persons who have successfully completed a competency assessment or examination approved by the Board, within the three-year period prior to applying for registration
- (c) persons who have successfully completed an approved program of study in optometry, within the three-year period prior to applying for registration, provided the applicant can demonstrate they have met the continuing professional development standard during that period.

### Compliance assessment

#### Renewal requirements (National Law s. 109)

An applicant for registration or renewal of registration will be required to make a declaration that they have engaged in sufficient practice of optometry in the previous three years to safely and competently practice as an optometrist.

#### Audit

The Board may request an applicant for registration or renewal of registration as an optometrist to provide documentation of their practice experience in the previous three years, to determine their compliance with this standard.

### Consequences of noncompliance

If a registered optometrist or applicant for registration is unable to make the declarations required, the Board may refuse their registration or renewal of registration and any endorsements, or grant registration subject to conditions.

Knowingly making a false declaration will be considered by the Board to be a professional conduct matter and as such, may be dealt with by the Board through the disciplinary mechanisms available under the National Law. These mechanisms include the impositions of sanctions ranging from caution or reprimand, to suspension or cancellation of registration.

### Definitions

**Practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

**Recency of practice** means that a practitioner has maintained recent practice in, the profession since qualifying or obtaining registration.

**Review**

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

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## 2 Endorsement for scheduled medicines registration standard

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### Scheduled medicines endorsement — proposed arrangements

#### Overview

In recent years, all State and Territory governments except for Western Australia have legislated to permit optometrists to treat ocular diseases by prescribing a range of topical ocular medicines including antibiotics, anti-inflammatory agents, antiviral agents and antiglaucoma drugs. Most of the scheduled medicines that optometrists prescribe are currently covered by the Pharmaceutical Benefits Scheme (PBS).

The training that optometrists receive in the diagnosis and management of ocular disease at undergraduate level and in accredited postgraduate programs, which are necessary for scheduled medicines endorsement, adequately prepare optometrists to treat ocular disease.

Optometrists graduating from approved programs of study are now specifically trained to a national standard to prescribe scheduled medicines for ophthalmic use. The Optometry Council of Australia and New Zealand (OCANZ) accredits undergraduate optometry programs that incorporate the clinical and other competencies required to qualify graduating optometrists to prescribe ocular therapeutic medicines.

OCANZ also accredits postgraduate ocular therapeutics programs that qualify optometrists in practice to prescribe ocular therapeutic medicines — available for those who qualified before the ocular therapeutics training was incorporated into the approved undergraduate programs.

There are established protocols and guidelines that have been issued by State and Territory optometry boards to support safe prescribing practice. Registrants with scheduled medicines endorsement have additional obligations to update their knowledge and skills in the prescribing of ocular therapeutics.

The optometry profession has a track record — at least 10 years in some Australian jurisdictions — of safe prescribing of scheduled drugs for ophthalmic use. The experience has been that service to the community has been improved and unnecessary referrals have been eliminated. The ability to prescribe Schedule 4 medicines for ophthalmic use enables registered optometrists to provide better, more comprehensive and timely care to their patients.

#### Proposed scope of scheduled medicines endorsement

The Board requests that the Ministerial Council decide, in accordance with section 14 of the National Law, that the Optometry Board of Australia may endorse the registration of suitably qualified optometrists as qualified to prescribe or supply schedule 4 medicines for the treatment of conditions of the eye. The Ministerial Council is requested to approve an endorsement in relation to scheduled medicines, under section 14(2) of the National Law, along the following lines:

***Class of health practitioners (section 14(2)(a):*** Any person registered as an optometrist under the National Law whose registration has been endorsed by the Optometry Board of Australia under section 94 as qualified to prescribe or supply Schedule 4 medicines in the practice of optometry.

***Class of scheduled medicines (section 14(2)(b):*** Any Schedule 4 medicine used in the treatment of conditions of the eye, included in a list of Schedule 4 medicines approved by the Optometry Board of Australia and published on the Board's website at the following address: [www.optometryboard.gov.au](http://www.optometryboard.gov.au)

***Type of use (section 14(2)(c):*** Prescribe or supply

These elements are incorporated into the Board's proposed registration standard for scheduled medicines endorsement that is also submitted to the Ministerial Council for approval, under section 12 of the National Law. Subject to Ministerial Council approval, the Board has approved the list of schedule 4 medicines in the table below, for the purposes of granting a scheduled medicines endorsement.

### **Requirements to qualify for endorsement**

The proposed requirements to qualify for a scheduled medicines endorsement are set out in the draft registration standard below, for Ministerial Council approval.

### **Accreditation standards for programs leading to endorsement**

The Board proposes to approve as accreditation standards (against which training programs for endorsement for scheduled medicines will be assessed) the standards contained in two documents published by the OCANZ:

- OCANZ *Accreditation Manual* – for undergraduate optometry programs
- OCANZ *Guidelines for Accrediting Postgraduate Therapeutics Training* – for postgraduate ocular therapeutics programs.

### **Practice guidelines to support safe prescribing practice**

The Board proposes to develop and approve guidelines to support safe prescribing of scheduled medicines by endorsed optometrists. These will be based on existing guidelines issued by State and Territory optometry boards such as the *Protocols and Guidelines for Therapeutic Drug use by Endorsed Optometrists* August 2007, published by the Optometrists Registration Board of Victoria (available at the following website: [www.optomboard.vic.gov.au/guide.php](http://www.optomboard.vic.gov.au/guide.php)) and the *Pharmaceutical Benefits Scheme Guidelines for Shared Care of Glaucoma Patients*.

### **Expert advice on safe prescribing practice**

The Board proposes to establish a Scheduled Medicines Advisory Committee (SMAC). This committee will assist the Board in determining standards of practice for the optometry profession in its use of scheduled medicines, and providing evidence-based advice and recommendations to the Board on every aspect of its scheduled medicines endorsement arrangements.

The proposed terms of reference and membership for the SMAC are set out below.

### **Proposed terms of reference and membership — Optometry Board Scheduled Medicines Advisory Committee**

*Preamble*

The Optometry Board of Australia is responsible under the National Law for ensuring that registered optometrists are suitably trained, and that they practise in a safe, competent and ethical manner. Where the scope of practice of optometrists includes the administration or prescribing of diagnostic or therapeutic medicines for which they may have an endorsement and as authorised in State and Territory legislation, the Board has a role in ensuring practitioners have the necessary qualifications and practice, in accordance with accepted professional standards.

Subject to the approval of Ministerial Council, the Board may have the power to endorse under Clause 94 of the proposed national law the registration of suitably qualified optometrists as qualified to prescribe scheduled medicines. Scheduled medicines are substances that are included in a schedule to the current Poisons Standard under the *Therapeutic Goods Act 1989* (Cwlth). The authorities to prescribe scheduled medicines are conferred under State and Territory drugs and poisons acts.

The Board proposes to establish a Scheduled Medicines Advisory Committee to assist it in determining standards of practice for the optometry profession in its use of scheduled medicines.

### *Terms of reference*

The terms of reference for the Scheduled Medicines Advisory Committee are to advise the Board on the following matters with respect to the administration or prescribing of scheduled medicines by registered optometrists, for diagnostic or therapeutic purposes:

- the curriculum, content and standard of courses of study necessary to provide competence for optometrists to administer diagnostic medicines or be endorsed to prescribe scheduled medicines for therapeutic purposes
- the content and standard of clinical experience that provide competence for optometrists to administer or prescribe scheduled medicines for diagnostic or therapeutic purposes
- any guidelines that might be required to support safe, competent and effective prescribing or administration practice by registered optometrists
- the scheduled medicines or classes of medicines that are suitable for registered optometrists to administer or prescribe
- the requirements for ongoing education of registered and endorsed optometrists to support safe, competent and effective prescribing and administration practice by registered optometrists
- any other matters that the Board may refer from time to time.

### *Membership*

The Scheduled Medicines Advisory Committee is to be chaired by a Board member or registered optometrist nominated by the Board and is to consist of:

- two registered optometrists who hold a scheduled medicine endorsement under the proposed national law or a law of a participating jurisdiction
- a registered pharmacist
- a registered medical practitioner who practises as an ophthalmologist
- a registered medical practitioner with expertise in clinical pharmacology
- an academic or educator in pharmacology
- a registered optometrist who is an academic or educator in optometry

The Board may appoint additional members as required.

The Committee will commence operations from 1 July 2010.

## Optometry Board of Australia

### Endorsement for scheduled medicines standard

#### Summary

This standard sets out the qualifications and other requirements that must be met in order for a registered optometrist or applicant for registration as an optometrist to be granted an endorsement under section 94 of the National Law as qualified to prescribe or supply scheduled medicines.

#### Scope of endorsement

An endorsement under section 94 indicates that the registered optometrist is qualified to prescribe or supply schedule 2, 3, or 4 medicines to patients for the treatment of conditions of the eye, from a list approved by the Board.

The endorsement relates to any Schedule 2, 3 or 4 medicine within the meaning of the current poisons standard under section 52D of the *Therapeutic Goods Act 1989* (Cwth) that is used in the treatment of conditions of the eye and is listed in guidelines issued from time to time by the Optometry Board of Australia and published on the Board's website.

#### Wording to appear on the Register of Optometrists

Endorsed as qualified to prescribe or supply schedule 2, 3 or 4 medicines for the treatment of conditions of the eye

#### Qualifications

To be eligible to be granted an endorsement for scheduled medicines under section 94, an applicant for registration or a registered optometrist must have successfully completed:

- an approved program of study in ocular therapeutics, or
- a program of study determined by the Board to be substantially equivalent to an approved program of study, or
- an examination or assessment in ocular therapeutics approved by the Board.

An approved program of study is one that has been accredited by the Optometry Council of Australia and New Zealand (OCANZ) and approved by the Optometry Board of Australia for the purpose of qualifying an optometrist for a scheduled medicines endorsement under section 94 of the National Law.

An approved examination or assessment is one that has been approved by the Board for the purposes of qualifying an optometrist for scheduled medicines endorsement under section 94 of the National Law.

A list of approved programs of study and approved examinations or assessments is available on the Board's website (<http://www.optometryboard.gov.au>).

#### Other requirements

Endorsed optometrists are expected to comply with practice guidelines on prescribing of scheduled medicines issued from time to time by the Optometry Board of Australia and published in accordance with section 39 of the National Law on the Board's website (<http://www.optometryboard.gov.au>).

#### Review

This standard for endorsement of registration applies from 1 July 2010. The Board will review this standard within three years of operation.

**Table 2.1 Board-approved list of Schedule 4 poisons that optometrists with a scheduled medicines endorsement are qualified to prescribe or supply**

<b>Anti-infectives</b>	<b>Anti-inflammatories</b>	<b>Acetazolamide (<i>Diamox</i>)</b>
Aciclovir	Dexamethasone	Diprivedrine
Azithromycin	Diclofenac	Dorzolamide
Bacitracin	Fluorometholone	Latanoprost
Cephazolin	Flurbiprofen	Levobunolol
Chloramphenicol	Hydrocortisone	Pilocarpine
Ciprofloxacin	Ketorolac	Timolol
Cyclosporin	Prednisolone	Travoprost
Framycetin		
Gentamicin	<b>Decongestants/anti-allergics</b>	<b>Miotics, mydriatics and cycloplegics</b>
Gramicidin	Olopatadine	Atropine
Neomycin		Cyclopentolate
Ofloxacin	<b>Anti-glaucomas</b>	Homatropine
Polymyxin	Apraclonidine	Pilocarpine
Tetracycline	Betaxolol	Phenylephrine
Tobramycin	Bimatoprost	Tropicamide
Vidarabine	Brimonidine	
	Brinzolamide	<b>Local anaesthetics</b>
	Carbachol	Amethocaine
		Lignocaine
		Oxybuprocaine
		Proxymetacaine