



Submission to Optometry Board of Australia: consultation on proposal for therapeutic qualification to be included as a general requirement for registration

Introduction

The Optometrists and Dispensing Opticians Board (ODO Board) of New Zealand is a statutory authority established under the Health Practitioners Competence Assurance Act 2003 (HPCAA). Its purpose is to ensure that optometrists and dispensing opticians are competent and fit to practise their professions. The ODO Board is the New Zealand equivalent of the Optometry Board of Australia (OBA).

Issues

Trans-Tasman Mutual Recognition Act

The ODO Board has a strong interest in any decisions about registration requirements made by the OBA due to the requirements of the Trans Tasman Mutual Recognition Act 1997. This Act requires that an occupation for which individuals may be registered in an Australian jurisdiction is taken to be an equivalent occupation to an occupation for which individuals may be registered in New Zealand if the activities authorised to be carried out under each registration are substantially the same. The ODO Board is required to register any Australian registered optometrist on the grounds that optometry is substantially the same occupation in both countries. Similar legislation exists in Australia requiring the OBA to register New Zealand registered optometrists.

For this reason, the ODO Board's view is that the OBA and the ODO Board need to work together when any changes to minimum registration and/or practice requirements are contemplated. If Australia adopted the proposed change and New Zealand did not, there may be a question about whether the occupations continue to be equivalent. In this case, the proposed change may compromise both boards' abilities to comply with the TTMRA.

This submission outlines a number of the issues that the ODO Board currently faces, or may face should TPA endorsement become the minimum standard for the practice of optometry.

Is there a public benefit in requiring all optometrists to hold therapeutic endorsement?

Section 13 of the HPCAA requires the ODO Board, when prescribing qualifications for registration, to be guided by the following principles:

- the qualifications must be necessary to protect members of the public
- the qualifications may not unnecessarily restrict the registration of persons as health practitioners
- the qualifications may not impose undue costs on health practitioners or on the public.

We assume that similar principles apply to the OBA however we are not familiar with the particulars of the Australian legislation in this regard.

Before considering whether to adopt the proposal, it must be borne in mind that the role of the regulator is to set the minimum registration and competence standards required for safe practice. In New Zealand, because of section 13 of the HPCAA, this extends to ensuring optometrists who have qualifications that the Board considers adequate to protect public health and safety should not be unnecessarily restricted from registration.

In proposing that all optometrists need to be therapeutically endorsed, the ODO Board would need to be satisfied that those without the endorsement are not, or will soon not be, practising optometry to the standard required to protect public health and safety. Due to workforce considerations, the ODO Board would need to be able to justify this stance to the Ministry of Health.

It is the ODO Board's view that further research is required before any position can be taken on this question. Research should take into account projected patient numbers and demographics, and projected workforce numbers in both optometric and ophthalmologic professions in 2014 and thereafter.

There is some research already available in New Zealand. Statistical projections for hospital ophthalmology services predict massive increases in demand for diabetic retinopathy treatment, age related macular degeneration therapy and cataract surgery.¹ At the same time the government struggles with health budget deficits and means are sought to reduce public health spending.

If all optometrists are able to provide a wider range of treatments at the primary care level, this would reduce the demand on secondary care institutions by treating non surgical conditions, which should in turn allow more accessibility to treatment of urgent posterior eye disease and surgery.

This is certainly one critical consideration that should be taken into account when determining whether some or all optometrists need to be available to provide this level of service.

Is such a requirement a reasonable expectation of optometrists?

In New Zealand, 44 percent of practising optometrists now have a therapeutic endorsement. Since optometrists have been granted therapeutic prescribing rights, those with the endorsement have experienced a growth in urgent presentations of people with inflamed eyes, as GPs and pharmacists learn of, and gain trust in, their ability to treat these cases with the minimum of time and cost. The ODO Board receives quarterly reports on the number of subsidised optometric prescriptions dispensed. In the second quarter of 2008 there were 82

¹ Ministry of Health, 2007 *Diabetes Surveillance: Population based estimates and projections for New Zealand 2001-2011*: Public Health Intelligence Occasional Bulletin No. 46 Wellington: Ministry of Health.

active prescribers, in the same quarter of 2010 there were 200 active prescribers. Rates of prescribing remain similar, averaging approximately 2.5 prescriptions per practitioner per quarter. Overall, this means that the total demand has more than doubled in two years.

There is now an expectation among other health practitioners, and some of the general public, that optometrists treat inflamed eyes.

However, the question of whether the requirement is a reasonable expectation depends entirely on the systems put in place to assist optometrists needing to meet requirements to do so in the timeframe allowed.

Significant thought would need to be put into what steps practitioners would be expected to complete in order to obtain their therapeutic endorsement. This includes the cost to those practitioners, both in outlay and loss of income during study.

Should therapeutic qualifications be a requirement for practice as an optometrist in Australia?

As noted above, we consider that in order to ensure that all legal obligations are met, more research is required into whether this proposed new minimum standard is what is required to protect public health and safety.

If so, should there be a period of grace to allow all registered optometrists to gain the necessary qualifications and how long should the period be?

This needs to be achievable and attainable for practitioners and also the teaching institutions who would be asked to provide accredited courses. Ideally, courses may need to be available for on line study so practitioners can continue to work while they study.

The length of this period will need to fit in with the logistics of fitting everyone into a course, but perhaps 9-10 years would be achievable. Experience in New Zealand with a period of grace to allow all optometrists on the register to demonstrate competence in the use of diagnostic pharmaceutical agents, was that a number left it until the last minute and then failed to make the deadline.

To be consistent with Australian graduates, should overseas trained optometrists applying for general registration in Australia for the first time be required to complete appropriate competency assessments for therapeutic practice from 2014?

Again, this depends on whether the protection of public health and safety can only be assured if all optometrists hold therapeutic endorsement. If the answer to this is yes, then all optometrists should be required to hold therapeutic endorsement. If the answer is no, then the OBA and ODO Board must continue to allow optometrists to register and practise without any requirement to obtain a therapeutic endorsement.

Should optometrists holding general registration practising in non clinical roles such as management, administration, education, research, advisory, regulatory or policy development roles, be required to hold a therapeutic qualification?

If all practising optometrists are required to hold a therapeutic endorsement, then all optometrists working in non-clinical roles should also be required to do so. Management decisions, policy advice and research undertaken without an up to date understanding of the optometric scope of practice would be of limited value and may exclude key considerations relevant to therapeutic practice.

Are there impediments to the proposal that need to be considered and if so, can these be overcome?

The main impediments are likely to be:

- resistance from members of the profession who do not wish to obtain therapeutic endorsement
- costs associated with establishment and implementation of suitable courses and training programmes.

Both of these impediments can be overcome with clear communication, appropriate timeframes for completion of requirements, and thorough project planning.

Final comment

We note a message posted on the OBA website from the OBA Chair that *“no registered optometrist will be forced to undertake Therapeutic Endorsement by 2014 or any other given date.”*

Our view is that this would not be possible under New Zealand legislation if it was determined that therapeutic endorsement was the minimum standard required for safe optometric practice. If that is the minimum standard, then all practitioners wishing to practise after a given date would need to meet that standard.

If therapeutic endorsement is not the minimum standard required, two scopes of practice need to be maintained. If already registered practitioners are authorised to continue practising within a scope of practice that does not include therapeutic endorsement, and will not be required at any time to train in therapeutics, then there must be a pathway for new registrations within that scope of practice. This would mean that, if it were determined that practising without therapeutic endorsement was the minimum standard, a registration pathway would need to be available for optometrists wishing to register and practise without a therapeutic endorsement. This would be required, in New Zealand at least, to meet the requirement of section 13 of the HPCAA that the Board does not unnecessarily restrict the registration of practitioners qualified to work in an existing scope of practice.

Thank you for the opportunity to comment on the proposal. I confirm that the Board has no objection to its submissions being posted on the OBA website. For any queries relating to this submission, please feel free to contact me.

Yours sincerely



Rachael Thorn
Registrar