



17 November 2011

Mr Colin Waldron,  
Chair Optometry Board of Australia  
[optomconsultation@ahpra.gov.au](mailto:optomconsultation@ahpra.gov.au)

Dear Mr Waldron,

## RE: Guidelines on Supervision of Optometrists

We would like to submit the following comments on the proposed Guidelines on Supervision of Optometrists being considered by the Optometry Board.

There are a number of practical concerns with this proposal that we believe need to be clarified and addressed as detailed.

### SUPERVISOR ABILITY

- A high level of structured optometry knowledge is expected by the supervisor (see 22 compliance requirements outlined in Appendix A). It would be useful for OBA to provide a thorough Supervisors Training Guide to ensure adequate understanding of these topics by the Supervisors.
- The Supervisor is required to mentor, train and assess the candidate optometrist. A Supervisors Induction Program supplied by OBA is needed to provide these skills and ensure consistency in Supervisor performance. This requires time away from their practice and subsequent compensation.
- Who ensures the Supervisors are competent? The Supervisor needs to be assessed for competence in knowledge and training ability.

### RISK & LOSS OF INCOME

- The Supervisor in Levels 1 and 2 are responsible for the clinical work performed by the candidate optometrist. This increases their risk profiles and may require separate and more expensive professional indemnity insurance. Which if this is the case compensation will be required.
- The Supervisor in Levels 1 and 2 are required to closely supervise their candidate optometrist (similar to a supervisor in an optometry school setting). This close supervision will reduce patient flow through the practice and may also impact patient perceptions of the care provided (don't want to be seen by a "student"). Compensation for loss of income is required.
- What are the regulations surrounding the privacy and protection of intellectual property of businesses when supervisors are external from the business. There is nothing in the guidelines that refer to this sensitive area.
- Similarly who covers associated costs of external supervisors.



**TIME REQUIREMENT**

- The reporting requirement is onerous. The Supervisor is required to generate reports at monthly to 6 monthly intervals. These reports require significant review of individual patient records, feedback to the candidate optometrist, report generation and record keeping. An OBA Training Seminar is required to ensure a consistent and useful outcome in this area. Accurate assessment and useful feedback is perhaps the most difficult aspect of this program. Compensation for loss of income is required.

**HUMAN RESOURCES**

- Medicine runs similar in-practice mentoring systems. There are significant numbers of cases where difficulties arise with inter-personal relationships. The candidate feels the Supervisor is unfair or excessively strict. A clear and protected environment is needed for both the candidate and supervisor to limit risks of legal action.
- HR training (eg cultural sensitivity and diversity) is essential to ensure success of this program. This should be provided through an external organization (eg OAA, OBA, university).

**TECHNOLOGY & EQUIPMENT IMPLICATIONS**

- Use of online learning technologies would increase peer to peer learning by the candidates and feelings of “community” in the candidate groups. The OBA should provide access to broadband internet conferencing facilities (eg Skype) to promote this.
- The system infers a two room practice. Many practices do not have this physical layout.

In summary the concept that optometrists reentering the workforce demonstrate competency in their clinical skills is laudable. The OBA proposal requires the development of a group of experienced optometrists into clinical trainers and assessors. This is a costly and lengthy process. The current OBA proposal requires that optometrists do this without training or support, donate their time for free, complete numerous reports in their personal time, increase their legal liability and accept decreased patient numbers and loss of income. For these reasons and those detailed within this submission we believe the guideline in its current form is unworkable and unacceptable.

Sincerely,

**Chris Beer**  
**Chief Executive Officer – Asia Pacific**

