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To: The Optometry Board of Australia

The Face-to-Face CPD Rule

Thank you for the opportunity to comment on the OBA *Draft amendment to CPD standards and guidelines*. I am an optometrist in Townsville and director of *OptomCPD*, an online CPD provider to Australian optometrists since 2005. I would like to present a case for the removal of the face-to-face rule.

The introduction of the face-to-face rule in 2010 was somewhat controversial as the rule was absent from any OBA consultation documents before introduction. Many optometrists complained that the rule unfairly restricted the practitioner's choice of preferred mode of CPD.

I believe that the face-to-face rule should be removed from OBA CPD standards for the following reasons:

- Current high-quality evidence suggests that online learning has similar or slightly better outcomes than face-to-face learning.[1]
- The references in the OBA draft standards and guidelines in support of the face-to-face rule are out-dated and of questionable relevance. The profession deserves a thorough evidence-based justification of the rule if it is to remain part of the standards.
- Although some experts may be of the opinion that face-to-face contact is *beneficial* for professional development this alone does not justify legislating for compulsory face-to-face CPD. According to the National Law such legislation should only be introduced if it can be shown that it is necessary for the safety of the public. Once again a high level of justification is needed for this.
- Of the ten Australian Health Practitioner Boards, only the Optometry Board has a face-to-face rule, indeed the rule is possibly unique worldwide. To justify such unique legislation a very high level of justification is appropriate including an extended consultation period and the engagement of a suitably qualified independent individual or organisation to conduct a literature review.
- Research from *The CPD Institute* and Kingston University recommends: *the development of CPD frameworks designed to enable the member to decide what CPD they require and how best to achieve this.*[2]
- A report from the 2008 conference on *Continuing Education in the Health Professions* includes the comment: *There is too much emphasis on lectures and too little emphasis on helping health professionals enhance their competence and performance in their daily practice. With Internet technology, health professionals can find answers to clinical questions even as they care for patients, but CE does not encourage its use or emphasize its importance.*[3]

- The face-to-face rule is a particular imposition for practitioners in remote and regional areas. It is well documented[4] that we need to attract health professionals to these locations in Australia rather than make life more difficult for them.
- The rule has the potential to stifle the development of innovative CPD methods by unfairly inhibiting competition amongst CPD providers.
- One justification suggested by the Board for the face-to-face rule is a concern that some practitioners are professionally isolated. This begs the questions: 'Can and should professional interaction be legislated for?' and 'Does the face-to-face rule do this?' There is little interaction when sitting silent at the back of a lecture theatre (face-to-face), but with telephone, email, internet discussion groups, social networking and teleconferencing a great deal of day to day interaction is possible without face-to-face contact. The Ausoptom newsgroup is a good example of an excellent and active facility for professional interaction which is neither 'face-to-face' nor 'live'. Australian optometrists engage daily with other professionals via Facebook, LinkedIn and other social networking sites, teleconferencing, email and the telephone. The notion that the face-to-face rule is necessary to ensure professional interaction is false.
- Professional associations increasingly endeavour to recognise the large variety of CPD requirements amongst health professionals with differing interests and modes of practice and in diverse locations. The 2009 RANZCO CPD handbook includes a number of CPD templates for different practice models, including one for an ophthalmologist in a rural area who requires 100% online CPD[5]. This approach seems likely to offer better CPD outcomes than seeking to restrict the individual practitioner's ability to earn CPD credits by their preferred mode of CPD.

Conclusion

The National Law states that 'restrictions on the practice of a health profession are to be imposed … only if it is necessary to ensure health services are provided safely and are of appropriate quality'. Considering that the face-to-face rule seems to be unique worldwide and that evidence-based knowledge is 'vital for continued confidence in our profession'[6], it should be expected that the Board would provide sound up-to-date evidence for the necessity of the rule. I believe that this can not be done, that the rule is not justifiable and that it should be removed.

Worldwide there are a number of organisations specialising in CPD and continuing education in the health professions including the *Institute of CPD* (UK), *The Alliance for Continuing Education in the Health Professions* (US), *The Josiah Macy Jr Foundation* (US) and *The Society for Academic Continuing Education* (US, Canada). These organisations seem to agree that the best CPD outcomes are achieved when the practitioner is encouraged to choose from a wide variety of CPD and allowed the freedom to design their own CPD program based on individual professional requirements. The Board would perhaps encourage better CPD outcomes if standards were not based on restrictive rules, but rather on a points system that positively encourages variety, evidence-based best practice educational activities and professional interaction whether face-to-face, online or by other means.

Kind regards,

Martin Hodgson

References

1) US Department of Education (2010). Evaluation of Evidence-Based Practices in Online Learning - A Meta-Analysis and Review of Online Learning Studies.

2) The Institute of Continuing Professional Development & Kingston University (2006). Regulating Competencies: Is CPD Working?

3) The Macy Foundation (2007). Continuing Education in the Health Professions: Improving Healthcare Through Lifelong Learning – Conference proceedings.

4) Flinders University (2012). Strategy for supplying graduate optometrists to rural and remote Australia. http://www.flinders.edu.au/medicine/sites/optometry/student-and-course/strategy-for-supplying-graduate-optometrists-to-rural-and-remote-australia.cfm

5) The Royal Australian and New Zealand College of Ophthalmologists (2009). RANZCO CPD handbook

6) Suttle CM, Jalbert I, Taghreed Alnahedh T. 'Examining the evidence base used by optometrists in Australia and New Zealand'. Clin Exp Optom 2012;95(1):28–36.