

## Chair's report

As we approach the end of the third year of the National Registration and Accreditation Scheme (the National Scheme), it is important to reflect on what has been achieved and what still needs to be done. Many of the day-to-day processes of registration and notification have settled, but it is important that these are reviewed and refined. This, and increasing your understanding of the Board's role and policies, will remain an ongoing priority for us as the regulator of the profession in partnership with AHPRA.

The Health Practitioner Regulation National Law (the National Law) is certainly very different when compared to the past state and territory regulatory arrangements. Our role as the regulator in protecting the public through registering competent and highly trained optometrists is understood, however there are other objectives of the National Law that we need to consider. These require us to look at how our policies, usually described in registration standards and guidelines, improve access to services and enable a flexible, responsive, innovative and sustainable optometry workforce.

Optometrists have a significant role to play in responding to the primary eye-health care needs of the Australian population. Optometrists are now qualified and trained to a level of competence that enables them to contribute even more to meeting the population's needs. In reviewing and developing our regulatory policies over coming years, we need to ensure that they reflect and use these skills and competencies.

An example of this is the Board's revised *Guidelines for use of scheduled medicines*. The amended guidelines reflect the current level of education undertaken by optometrists endorsed for scheduled medicines, and bring the regulatory policy in line with the current prescribing authority in all jurisdictions in relation to glaucoma management.

As well as your responsibility to practise in accordance with the Board's policies, there are also

specific reporting responsibilities for all registered health practitioners under the National Law – these are described in more detail in the [article](#) in this issue.

We have begun a review of our registration standards, codes and guidelines, which have been in place since 1 July 2010. This includes guidelines on advertising and also the Board's *Code of conduct for optometrists*. I encourage you to consider any consultation document that we release over the coming year so that you have a voice in how your profession is regulated.

**Colin Waldron**

Chair, Optometry Board of Australia

## Revised Guidelines for use of scheduled medicines published

The Optometry Board of Australia has approved revised *Guidelines for use of scheduled medicines*.

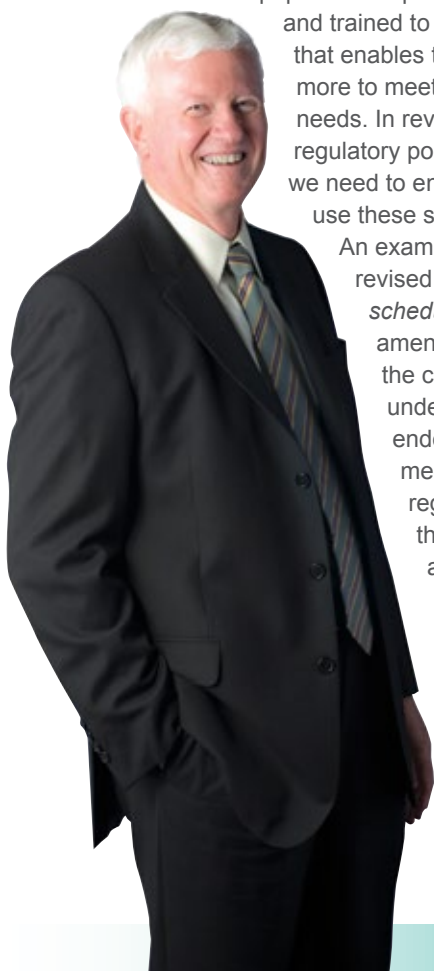
These guidelines contain important information you need when administering scheduled medicines for diagnostic purposes; or if your registration is endorsed for scheduled medicines, for prescribing scheduled medicines. The guidelines are published under the [Policies, codes and guidelines](#) tab of the Board's website and replace the previous version.

If your registration is endorsed for scheduled medicines, the new guidelines enable you to initiate and implement management (in the form of eye drops) of patients diagnosed with chronic glaucoma or at high risk of developing the disease. This change is an important step in increasing access to quality eye health care.

A fact sheet about the revised guidelines has also been published under the [Policies, codes and guidelines](#) tab of the Board's website.

When using the guidelines, we expect you to:

- practise within the scope of your training and competence
- communicate and collaborate with the patient's other health practitioners, including general practitioners and ophthalmologists
- refer to and practise within the recommendations contained in the National Health and Medical Research Council (2010) *Guidelines for the screening, prognosis, diagnosis, management and prevention of glaucoma*, and



- refer for ophthalmological assessment those patients with chronic glaucoma not responding to therapy or who require advice about possible surgical intervention.

You still have the option to either refer patients with chronic glaucoma for ongoing management by an ophthalmologist or enter into a shared care arrangement – and many optometrists are likely to continue to do so.

Importantly, the Board's new guidelines do not mean that you must now treat patients with chronic glaucoma, nor do they require you to alter the way you currently manage these patients. They simply allow suitably trained and qualified optometrists who are comfortable working in this expanded scope of practice to do so.

## Changes to continuing professional development (CPD) requirements

The Board has published a revised CPD registration standard and associated guidelines following an extensive consultation process in 2012.

The documents and associated information are all published in the [Continuing professional development](#) section under the [Registration standards](#) tab on the Board's website.

The key changes allow you to accumulate your CPD points over the two consecutive years leading up to your registration renewal and provide you with a simplified framework that increases ways that you can meet the face-to-face requirements.

The changes came into effect in January this year. You should review these documents to ensure you understand the requirements. The registration standard does not apply to you if you hold non-practising registration or are registered as a student with the Board.

If you have completed more CPD than the minimum of 40 points in 2012 you can now count this towards your 2013 requirements. You always need to complete 80 points over two consecutive registration periods.

For example, if you completed 60 points in 2012 you will only need to complete 20 points in 2013 to ensure a total of 80 points over the two registration periods of 2012 and 2013. You should remember that you will then need to complete 60 points again in 2014 to declare that you have met the 80 points for your renewal in 2014. We strongly encourage you to undertake CPD each year to avoid heavy loads in alternate years.

The CPD requirements represent the minimum level of CPD that the Board expects. You are required to reflect on your own learning needs and encouraged to exceed the minimum requirements.

We have revised the CPD FAQ and some key processes to reflect these changes. You should familiarise yourself with this document as it covers a range of issues including

the differences between accredited and non-accredited CPD, record keeping and what to do if you are taking a break from practice. You can find these documents in the [Continuing professional development](#) section under the [Registration standards](#) tab on the Board's website.

There is also a revised process for notifying AHPRA if you take a temporary absence from practice (refer to question 7 and 8 of the CPD FAQ), and the process for applying for a full or partial exemption from the CPD requirements (refer to question 9 of the CPD FAQ).

## Pilot audit of compliance with mandatory registration standards

Over recent months AHPRA has undertaken a second-phase pilot random audit of the optometry, pharmacy and chiropractic professions. The audit looked at compliance with the mandatory registration standards:

- *Recency of practice standard*
- *Professional indemnity insurance arrangements standard*
- *Criminal history registration standard, and*
- *Continuing professional development standard.*

A detailed report from this phase of the pilot will be published in coming months, but you can access the first phase report at [Registration > Audit](#) on the AHPRA website if you wish to gain a better understanding of the rationale and establishment of an ongoing audit process in the National Scheme.

We were interested in taking part in this pilot so we could understand how well the registration requirements were understood and what could be done to improve this understanding. It also gave us some important feedback, and time to review the information on our website and the AHPRA website that is published to assist you to meet the requirements of each of the registration standards.

### Continuing professional development

As expected, CPD was the area requiring most clarification for those selected for audit. The Board's [CPD Accreditation Committee](#) (CPDAC) will review the information gathered through this pilot process in coming months and advise the Board on what changes need to be made.

The main issue that practitioners did not understand was what CPD records you need to maintain (not just develop if selected for audit).

The registration standard requires you to develop and maintain a CPD portfolio that identifies your learning needs and the type of activities you plan to undertake to meet those needs. In addition, this portfolio should include:

- for accredited CPD activities, a summary record from Optometrists Association Australia, or any other approved provider, of accredited activities completed, and

- for non-accredited CPD activities, the learning objectives of the activity, how it relates to your personal CPD needs, and an evaluation of the activities to determine whether the desired outcomes have been achieved.

Reflection on your own learning needs and participation in CPD that helps you meet those needs is at the cornerstone of successful professional development.

The Board has provided a sample CPD portfolio template for you to use to record your learning needs as you go along: this is available at [Registration standards > Continuing professional development](#). The template includes some examples of learning needs and plans for activities.

## Accreditation update

With the Board's recent approval of the University of Melbourne Doctor of Optometry program, it is timely to highlight some of the critical aspects of the accreditation of programs of study under the National Scheme.

The University of Melbourne program was approved with conditions – a new process since the introduction of the National Law.

Before the introduction of the National Scheme, the Optometry Council of Australia and New Zealand (OCANZ) would accredit a program of study and the state or territory boards could then register graduates from these programs. For new or substantially revised programs accredited by OCANZ before July 2010 a course could not get full accreditation status until a review of the first cohort of graduates was undertaken.

Under the National Law, OCANZ accredits programs of study as per previous processes. If OCANZ decides to accredit a program of study, it may do so with or without conditions.

These conditions indicate that an accreditation standard has been substantially met and the imposition of conditions will ensure the program meets the standard within a reasonable time. The conditions increase the transparency of the accreditation process.

OCANZ submits an accreditation report to the Board for us to approve the program with or without conditions. We as the Board may approve the program with the same, fewer or more conditions than those listed in the OCANZ accreditation report. We may also decide to not approve a program at that particular time.

A program of study is considered approved when it is published on the Board's list of approved programs under [Accreditation](#). Conditions will be published with an approved program of study if applicable and will be removed from the approved program list as advised by OCANZ.

A program of study **must be published on the list of approved programs** (be it with or without conditions) for

its graduates to be qualified for general registration and/or endorsement for scheduled medicines.

It is essential that enrolled and potential students are given accurate information on the approval status of a program. To this end, the Board expects all programs of study that do not have a current approval status to clearly state in course material at all times (such as handbooks, websites) that the ability of graduates to register, and therefore practise as an optometrist, in Australia is subject to approval of the program by the Board.

## Common themes arising from complaints about optometrists

As well as registering optometrists, the Board also makes decisions on notifications about the health, performance or conduct of optometrists.

Issue 3 of the Board's newsletter, released in May 2012, identified common themes arising from matters that had been before the Board at the time. These themes remain a constant in the decisions that the Board has considered recently, so we are repeating the message.

### Record keeping

Maintaining a high level of professional competence and conduct is essential for good care. Good practice involves maintaining adequate records. Good health records also meet the relevant privacy legislation wherever you practise, and provide protection to you should a question arise about your practice.

There have been matters considered by the Board where an investigation has been extended, or where the Board found it more difficult to make a decision because of poor, or non-existent, record keeping.

Remember, if you haven't written it down you have no evidence that what you say happened, happened.

You should familiarise yourself with the health records section of *Code of conduct for optometrists* and *Policy on health records*. Both these documents are available under [Policies, codes and guidelines](#) on the Board's website.

### Communication

Many issues we consider could have been averted altogether, or the impact and concerns for the patients significantly reduced, through more effective communication.

Relationships based on openness, trust and good communication will enable optometrists to work in partnership with their patients. An important part of the optometrist-patient relationship is effective communication.

Sometimes discussions with patients may be difficult or uncomfortable, but you need to ensure you develop and maintain these skills for the benefits of your patients. These skills also apply to communication with other health professionals.



Important information that you relay verbally to a patient should be supported with written information.

You should review the relevant sections of the *Code of conduct for optometrists*.

Any additional training or education that you undertake to improve your communication skills can count towards meeting your CPD requirements.

## Accountability and transparency in the National Scheme

Our commitment to transparency and accountability continues, with an expansion of the information published about legal issues and hearing decisions.

AHPRA has now published a list of [panel hearings](#) conducted since July 2010. Summaries have been provided where there is educational and clinical value. These summaries are accessible from hyperlinks within the table. Practitioners' names are not published, consistent with the requirements of the National Law.

Published hearing decisions from adjudication bodies (other than panels) relating to complaints and notifications made about health practitioners or students are available on the [Austlii website](#). Some [summaries of tribunal decisions](#) are also provided, to help share information and guide practitioners.

AHPRA will also publish a series of legal practice notes to support the consistent understanding and application of the National Law by National Boards and AHPRA staff. These will be available on the AHPRA website for their wider value.

## Responsibilities of registered health practitioners under the National Law

All registered health practitioners, except those holding non-practising registration, must meet the following obligations under the National Law.

### Recency, CPD and insurance requirements

You must:

- meet the recency of practice (ROP) requirements of the approved registration standard
- undertake the continuing professional development (CPD) required by an approved registration standard for your profession, and
- not practise your profession unless appropriate professional indemnity insurance (PII) arrangements are in force in relation to your practice of the profession.

## Changes in your status

You must inform the National Board within **seven** days of becoming aware of an event or change in your status in relation to the following matters:

- you are charged with an offence punishable by 12 months' imprisonment or more
- you are convicted of or the subject of a finding of guilt for an offence punishable by imprisonment
- appropriate professional indemnity insurance arrangements are no longer in place in relation to your practice of the profession
- your right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of your conduct, professional performance or health
- your billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of your conduct, professional performance or health
- you have a restriction placed on your right to prescribe or supply pharmaceutical benefits under the *National Health Act 1953* (Cth)
- your authority under law of a state or territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted
- a complaint is made about you to:
  - (a) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth)
  - (b) an entity performing functions under the *Health Insurance Act 1973* (Cth)
  - (c) the Secretary within the meaning of the *National Health Act 1953* (Cth)
  - (d) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered, or
  - (e) another Commonwealth, state or territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners
- your registration, under the law of another country that provides for the registration of health practitioners, is suspended or cancelled or made subject to a condition or another restriction.

## Changes in your details

You must inform your National Board in writing, and provide appropriate evidence, within **30** days of any change in relation to the following:

- a change in your principal place of practice
- a change your correspondence address, or
- a change in your name.

## Website accessibility

AHPRA and the National Boards recognise the importance of providing a website that is inclusive and available for all user groups. We are changing the way web documents are published as part of our commitment to providing websites that are accessible to all users.

This is in line with AHPRA's goal to achieve Level A compliance with the *World Wide Web Consortium's (W3C) Web Content Accessibility Guidelines (WCAG)*. This change in process is an important step in AHPRA complying with the *Disability Discrimination Act 1992* as well as supporting the goals of two of our *2012-13 Business Plan* initiatives.

Whenever possible, documents and downloadable files on the AHPRA site and National Boards' websites will be published in multiple formats. These formats include web page text, Portable Document Format (PDF), Rich Text Format (RTF), Microsoft Word (DOC) and Microsoft Excel (XLS).

## Online searchable course database – an Australian first

A comprehensive, easily searchable national database of approved programs of study is now accessible through the [AHPRA website](#).

For the first time, potential students, practitioners, the public and education providers can conduct an easy online search to identify approved programs of study. This allows potential students to check courses to ensure that they will lead to registration with one of the National Boards.

Detailed information about individual programs of study, such as course length, approval dates and any conditions, is published in one place. It also means that education providers can check, in real time, any changes or updates to the approved programs of study that they are required to report on for student registration.

This new capability is another tangible example of the benefits of the National Scheme to all Australians.

The online service provides a single point of entry to important information that was previously scattered between states and territories. It is possible through the National Scheme because education programs for all professions are accredited nationally, allowing AHPRA to gather national data about accredited courses.

### Optometry among the searchable lists

The searchable database replaces previously published static lists for each profession and makes it easier and quicker to find important information about approved programs of study for the following professions: chiropractic, dental, medical, nursing and midwifery, optometry, osteopathy, pharmacy, physiotherapy and podiatry.

Searchable lists for Aboriginal and Torres Strait Islander health practice, Chinese medicine, medical radiation practice, occupational therapy and psychology will be

available in the future. The approved and equivalent programs of study for these professions continue to be available on the individual National Board accreditation pages on their websites.

The searchable list includes inactive programs of study. These are typically programs that are no longer approved by a National Board but which still entitle graduates to apply for registration for a period of five years from the date the course was no longer approved.

The database can be accessed at [www.ahpra.gov.au/Education/Approved-Programs-of-Study.aspx](http://www.ahpra.gov.au/Education/Approved-Programs-of-Study.aspx).

## Community Reference Group for the National Scheme

A new, national Community Reference Group is being established by AHPRA and the National Boards.

The Community Reference Group is designed to advise AHPRA and National Boards on ways in which community understanding and involvement in our work can be strengthened. This might include strategies for promoting greater community response to consultations, ways in which the national registers of practitioners can be more accessible and better understood and strategies to build greater community understanding of how practitioner regulation works.

We will work with the Community Reference Group to agree on a set of priorities. This will build on the community feedback received at the recent community forums held across Australia. The forums were a partnership with the Consumers Health Forum of Australia (CHF). They provided an opportunity for AHPRA and members of national and state boards to meet members of the public to explain how health practitioner regulation works and what it offers the community, and to get feedback on issues of concern. A webinar is planned for 2013 for interested members of the community in rural and remote areas. Further information will be available on [AHPRA](#) and [CHF](#) websites in coming months.

The Community Reference Group will complement the role of community members of the National Boards. The group will consist of members from the community who are not health practitioners or current/past members of a National Board or committee in the National Scheme.

## Contacting the Board

The Optometry Board of Australia and AHPRA may be contacted by phone on 1300 419 495.

More information on the Board is available at [www.optometryboard.gov.au](http://www.optometryboard.gov.au) and more information on AHPRA is available at [www.ahpra.gov.au](http://www.ahpra.gov.au).

An online enquiry form is available on both websites under *Contact us*. Mail correspondence can be addressed to: Colin Waldron, Chair, Optometry Board of Australia, GPO Box 9958, Melbourne VIC 3001.