

Public consultation paper

25 September 2015

Consultation on:

- Revised guidelines for continuing professional development for endorsed and non-endorsed optometrists
- Revised guidelines on the prescription of optical appliances

Public consultation

The Optometry National Board (the Board) is releasing the attached consultation paper on the review of the *Guidelines for continuing professional development for endorsed and non-endorsed optometrists* and *Guidelines on the prescription of optical appliances*. You are invited to provide your comments on the consultation paper, including the questions in the paper, by 20 November 2015.

How your submission will be treated

Submissions will generally be published unless you request otherwise. The Board publishes submissions on their websites to encourage discussion and inform the community and stakeholders. However, the Board retains the right not to publish submissions at their discretion, and will not place on their website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication, the Board will remove personally-identifying information from submissions, including contact details. The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board also accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let the Board know if you do not want your submission published, or want all or part of it treated as confidential.

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Overview of public consultation

September 2015

Review of *Guidelines for continuing professional development for endorsed and non-endorsed optometrists*

Summary of issue

Under section 39 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), the Optometry Board of Australia (the Board) may develop and approve codes and guidelines to provide guidance to the health practitioners it registers.

The Board-approved *Guidelines for continuing professional development for endorsed and non-endorsed optometrists* took effect on 7 January 2013. The guidelines have been in place for over two years and consultation is now occurring on proposed changes to clarify the:

- criteria for approving providers of accredited CPD activities, and
- location of the publication of the list of approved providers.

As the Board is committed to supporting continuing professional development (CPD) that is delivered at a standard acceptable to the optometry profession, revised criteria have been developed for consultation.

Options statement

The Board has considered a number of options in developing this proposal.

Option 1 – Status quo

Option 1 would continue with the existing guidelines. The guidelines provide information for registrants regarding the requirements for meeting the *Continuing professional development registrations standard*.

Retaining the current guidelines will continue the uncertainty around the criteria for approving providers of accredited CPD activities and continue the potential for the list of approved providers to be out of date.

Option 2 – Proposed revised guidelines

Option 2 would involve the Board approving the proposed revised guidelines. The guidelines reinforce the Board's requirements for optometrists to undertake CPD and continue to highlight to practitioners the importance of CPD as an integral component of providing safe and quality optometry practice. The revision is focused on clarifying the process for approving providers of accredited CPD activities.

The proposed revised guidelines have also been edited to make them clearer and easier to understand.

A broader review of the content of the guidelines will be undertaken in the context of the next review of the [Continuing professional development registration standard](#).

Preferred option

The Board prefers option 2.

Issues for discussion

Consumers of optometry services have the right to expect that optometrists will provide services in a safe, competent and ethical manner that meets best practice standards. CPD is a means by which optometrists maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives. It involves self-assessment of learning needs and desired outcomes, undertaking a range of activities, and reflection on the activity meeting these learning needs. The registration standard provides for optometrists to meet the requirements by undertaking accredited or non-accredited activities, or a combination of both.

Potential benefits of the proposal

The Board has a responsibility to assist registered practitioners by providing a CPD alternative that:

- provides certainty for participants that it will meet the requirements of the registration standard before being undertaken and:
 - identifies clear learning objectives
 - is peer reviewed and of a high and contemporary standard, and
 - undergoes independent quality control to ensure the expectations are met
- meets contemporary and appropriate adult learning principles
- is available to all practitioners, and
- streamlines AHPRA's regulatory audit of registrants' compliance with the Board's registration standard for CPD.

The Board acknowledges that it does not possess the required expertise to undertake these objectives and has appointed a program administrator to undertake these functions. In addition, the Board has adopted an internationally established accreditation and audit model that includes:

1. an independent CPD review panel comprising clinical and academic leaders with experience in education, and
2. an independent audit process.

As part of its ongoing review of CPD accreditation the Board proposes to clarify its intentions about granting approved provider status under (the current) Appendix C of the guidelines, and to recognise the eligibility of tertiary institution providers which are already subject to rigorous internal and external education accreditation and audit processes.

The Board proposes to remove the list of approved CPD providers currently at Appendix B of the guidelines and publish the list on its website. This will provide practitioners with a more current and responsive list of providers for the provision of accredited CPD activities.

The proposed revised guidelines have also been reworded to be simpler and clearer to understand.

Potential costs of the proposal

There are minimal additional costs of the preferred option. Identified costs are:

- the time and resources for approved and future providers of CPD activities to transition to the new criteria
- existing approved CPD providers may not meet the threshold for the revised criteria. This may also apply to organisations that may be planning to seek approval as an accredited CPD provider, and
- optometrists, other stakeholders, AHPRA and National Boards will need to become familiar with the proposed revised guidelines.

Estimated impacts of the draft revised registration standards

It is estimated the changes proposed in the revised guidelines will have minimal impact on registered optometrists and are relatively minor, although more significant changes may be proposed through consultation.

The existing and future providers of accredited CPD activities will be impacted by the proposed changes regarding the criteria for approval as a provider of accredited CPD activities.

The review of the guidelines has also given the Board the opportunity to improve the guidelines by revising the language and structure to make the guidelines clearer and easier to understand.

Consultation will ensure that any unintended consequences are identified and addressed.

Relevant sections of the National Law

Section 39

Questions for consideration

The Board is inviting feedback on the following questions about the proposed revised guidelines.

1. Are they clear and easy to understand?
2. Is there any content that needs to be changed or deleted?
3. Is there anything missing that needs to be added?
4. Are there any practical issues encountered for the assessment of CPD activities?
5. Do you have any other comments?

Proposed changes to the appendices are marked up to allow for easy identification by highlighting and ~~strikethrough~~.

Current guidelines

The current *Guidelines for continuing professional development for endorsed and non-endorsed optometrists* are published on the Board's website, accessible from www.optometryboard.gov.au/Policies-Codes-Guidelines.

Guidelines for continuing professional development for endorsed and non-endorsed optometrists (DRAFT)

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Guidelines for continuing professional development for endorsed and non-endorsed optometrists

Effective from: <<date>>

Review date: <<date>>

1. Introduction

Continuing professional development (CPD) is essential for optometrists to maintain their competence and develop the personal qualities required to deliver the quality of care that the community expects.

These guidelines have been developed to assist optometrists to meet the Optometry Board of Australia's (the Board) *Continuing professional development registration standard*. They also provide guidance for providers seeking accreditation of CPD activities.

2. Continuing professional development activities

Optometrists are able to meet the CPD requirements by completing accredited activities, non-accredited activities or a combination of both types of activities. There are different points values for the types of activity undertaken (see Table 1). The same points can be allocated to an accredited or non-accredited activity within a specific activity type.

Individual optometrists will have different needs for their ongoing professional development. Considering learning needs and developing a CPD portfolio will encourage learning consistent with the optometrist's professional role. It also involves reflecting on everyday practice to highlight areas of interest, as well as any limitations in professional practice.

When drafting their CPD learning needs and planning what CPD activities to undertake, optometrists should consider:

- areas of knowledge to improve
- identified gaps in both clinical and non-clinical competencies as an optometrist
- topics of particular interest or specialisation
- the accreditation status of the CPD activity and the provider's ability to provide quality education
- the experience, expertise and qualifications of the presenter(s)
- the location, date and time of the activity, and whether it is available online, and
- the format of the activity and whether it includes opportunities to interact with peers.

Clinical activities must deal with ocular conditions, systemic conditions with ocular effects, vision and visual perception, optometric management and/or ophthalmological management.

Non-clinical activities must be relevant to practice and improve the management of patients in some tangible way.

Accredited activities

Accredited CPD activities are those activities assessed as meeting the criteria in Appendix A: Criteria for continuing professional development activity accreditation.

The Board oversee the accreditation process and determine the ongoing suitability of the criteria used.

The Board authorises a CPD program administrator (administrator) to accredit CPD activities and assign CPD points for CPD activities provided by non-approved providers of CPD activities. The administrator operates under criteria and guidelines established by the Board. Any CPD activities provided by the administrator will be accredited independently by the Board.

Providers of accredited activities will give the administrator a list of optometrists who complete the activities. This will enable the administrator to compile a report on optometrists' activities.

Non-accredited activities

Optometrists completing non-accredited activities are responsible for deciding the type of activity and assigning the CPD points as per Table 1. Optometrists do not need to get approval from the Board before undertaking non-accredited activities; however they need to maintain records of any activities in accordance with the registration standard requirements.

To demonstrate to optometrists the types of non-accredited activities that would be expected to meet the Board's quality of education criteria, the Board may from time to time publish a list of such non-accredited CPD activities on its website.

Table 1: Continuing professional development activity types

Activity type	Key elements	Examples	Points allocated per learning hour
Face-to-face (clinical) ¹	Interaction with peers Discussion Group based 'Live' or in real time	Conferences Seminars Webinars Workshops Case reviews Journal club Postgraduate education Peer learning groups	2 points OR 3 points if there is an assessment component ²
Independent learning (clinical)	Solo activities Passive Undertaken at any time No 'direct' interaction with peers	Journal articles Electronic formatted lectures (e.g. podcasts, audio, DVD) Preparation time for presentations and materials to professional groups (NOT delivery of same) Publication in peer-reviewed journals	1 point OR 2 points if there is an assessment component ² OR 8 points per published paper
Academic (clinical)	Open to those involved in teaching in optometry	Teaching in optometric undergraduate course or participation or teaching in postgraduate optometric education Publication in peer-reviewed journals	5 points per subject per semester OR 8 points per published paper
Non-clinical	Profession-related activity	Business management Legal Occupational health and safety Cultural orientation	1 point

¹ Registration in an activity is insufficient; participants must attend in full to meet the requirements of the registration standard.

² Refer to Appendix A of these guidelines for further information.

3. Continuing professional development requirements

All practising optometrists must undertake CPD. The Board has established a registration standard in accordance with section 38(1)(c) of the National Law to set out the minimum requirements for CPD for optometrists (Table 2).

Table 2: Registration standard for continuing professional development requirements

1. Optometrists must complete a minimum of 80 points of CPD activities over two registration periods.³ This can be met by undertaking accredited, non-accredited activities or a combination of both.
2. Of the minimum 80 points over two registration periods:
 - a minimum of 24 points over two registration periods must be in face-to-face CPD activities
 - 60 of the 80 points over two registration periods must be in clinical CPD activities
 - no more than 20 of the 80 points over two registration periods may be obtained by completing activities relating to optical goods and equipment provided by suppliers or manufacturers, and
 - 40 of the 80 points over two registration periods must be in education related to endorsement for scheduled medicines for those optometrists endorsed under section 94 of the National Law.
3. In addition to a minimum of 80 points over two registration periods, all registered optometrists must have completed, within the previous three registration periods, training in cardiopulmonary resuscitation (CPR) provided by or through an approved training provider.
4. Where an optometrist has been registered for only part of a registration period, a pro-rata CPD requirement applies.⁴
5. Optometrists who have notified the Board of an absence from practice for the majority of a registration period (1 December to 30 November) do not have to meet the CPD requirements for the period that they are not practising the profession. Optometrists absent from practice for a period of time greater than this should refer to the Board's *Recency of practice registration standard*.
6. All optometrists must develop a CPD portfolio that identifies their learning needs and the type of activities they plan to undertake to meet those needs. In addition, this portfolio should include:
 - for accredited CPD activities, a summary record from the administrator of accredited activities undertaken, and
 - for non-accredited CPD activities, the learning objectives of the activity, how it relates to the individual personal CPD needs, and an evaluation of the activities to determine whether the desired outcomes have been achieved.

Endorsement for scheduled medicines

Optometrists who hold an endorsement for scheduled medicines under section 94 of the National Law must complete at least 40 points of the 80 over two registration periods in education related to the endorsement.⁵

The Board has developed the following definition (Table 3) for activities related to endorsement to assist optometrists in choosing CPD activities and to provide guidance in the preparation and accreditation of CPD activities:

³ 1 December to 30 November for general registration.

⁴ Pro-rata CPD points are not available to optometrists practising part-time or on a casual basis.

⁵ The authorisation to sell, supply and administer medications is subject to state/territory legislation and may vary accordingly.

Table 3: Continuing professional development activities related to endorsement for scheduled medicines

Prescribing and supplying medicines are stages of therapeutic medication management.

Therapeutic medication management involves the following stages:

- patient assessment
- differential diagnosis of all conditions of the eye
- development of a management plan
- appropriate choice of medicines (this may involve writing a prescription, ceasing medicines, dose adjustment, advising on over-the-counter medicine)
- advice to the patient about the appropriate use of the medication
- development of a treatment plan
- monitoring outcome
- administration, and/or
- sale and supply if required and completing any necessary documentation.

Definition:

- A CPD activity 'relevant to scheduled medicines endorsement' is an educational activity that meets the learning needs of the optometrist relevant to any of these stages of therapeutic medication management and assists in demonstrating one or more of the therapeutic competencies in the profession's competency standards.⁶

⁶ As updated from time to time.

It is expected that a significant component of the content and at least one of the learning objectives of the activity meet this definition for an activity to be eligible for CPD endorsement for scheduled medicines points.

Cardiopulmonary resuscitation

In addition to a minimum of 80 points over two registration periods, all registered optometrists must have completed, within the previous three registration periods, training in cardiopulmonary resuscitation (CPR) provided by or through an approved training provider.

Training courses registered on the training.gov.au website that include a CPR component are suitable. These include:

- Australian Red Cross
- Surf Life Saving Australia
- St John Ambulance Australia, and
- Royal Life Saving Australia.

To find a provider, go to www.training.gov.au and click on 'training components' under the search page; search for 'CPR' and then select the state or territory.

Compliance

Renewal requirements

All registered optometrists must make a declaration at annual renewal that they have or have not completed the CPD required under this standard *over the previous two registration periods*. Registered optometrists who fail to make such declaration, or who cannot satisfy the requirements, may be refused renewal of their registration or endorsement for scheduled medicines.

Audit

In order to determine compliance with this standard, the Board may at any time request a registered optometrist to provide their CPD records for audit by the Board.

Notifications

The Board may, in the course of an investigation arising from a complaint against an optometrist, require the registered optometrist to provide their CPD records over at least the previous two registration periods for review by the Board.

Consequence of noncompliance

The requirement to complete the CPD under this standard is a mandatory requirement under the National Law. Failure to comply may result in the Board deciding to refuse the renewal of an applicant's registration.

Continuing professional development records

All optometrists must maintain up to date CPD records.

All optometrists are required to develop and maintain a CPD portfolio that identifies their learning needs and the type of activities they plan to undertake to meet those needs. Additional requirements for accredited or non-accredited activities are listed in Table 4.

Table 4: Continuing professional development record-keeping requirements

	Additional requirements
Accredited CPD activities	A summary record from the administrator of accredited activities undertaken
Non-accredited CPD activities	<p>A CPD portfolio that lists:</p> <ul style="list-style-type: none">• the learning objectives of the activity• how it relates to the individual personal CPD needs, and• an evaluation of the activities to determine whether the desired outcomes have been achieved. <p>Supporting documentation in the form of:</p> <ul style="list-style-type: none">• receipts or other proof of attendance• diary entries, and• activity programs/brochures that describe the content and learning objectives of the activity.

The Board will publish CPD portfolio templates on its website to assist optometrists to meet this requirement.

4. Absence from practice

All optometrists practising the profession are expected to meet the requirements of the Board's *Continuing professional development registration standard*.

Where an optometrist has been registered for only part of a registration period, a pro-rata CPD requirement applies.⁷

Optometrists who have notified the Board of an absence from practice for the majority of a registration period (1 December to 30 November) do not have to meet the CPD requirements for the period that they are not practising the profession. Optometrists absent from practice for a period of time greater than this should refer to the Board's *Recency of practice registration standard*.

This temporary absence from practice, of up to 12 months, needs to be associated with special circumstances such as extended leave (e.g. family leave or long-service leave) or illness. Optometrists are required to complete a pro-rata level of CPD requirements for any part of the registration period for which they practise the profession. Optometrists absent from practice for longer than 12 months should refer to the Board's *Recency of practice registration standard*.

Information on how to notify the Board of the temporary absence will be published on the Board's website.

5. Exemptions

The Board believes the range of activities and the time frame provided to meet the CPD requirements are broad and flexible enough for all optometrists to meet the requirements. However, the Board also appreciates that there are times when exceptional circumstances may make this difficult. In this case an optometrist may apply in writing to the Board for an exemption.

The exceptional circumstances for exemptions will be limited and would only be considered where there is compelling evidence that the circumstances have created a significant obstacle to the optometrist's ability to complete CPD requirements. Each case would be considered on its merits, and depending on the particular circumstances, the Board may decide upon a partial or complete exemption. The Board will also consider the requirements of its recency of practice standard in any application.

As a general principle, financial hardship or remote location are not adequate grounds for a partial exemption as there are sufficient CPD activities in a range of formats available to overcome these obstacles. Evidence of a history of undertaking CPD activities will be taken into account by the Board when assessing applications for exemption.

The Board will only consider an exemption in one year of any four-year period. The Board is of the view that where an optometrist is able to practise the profession, they also need to complete the CPD requirements.

Information on how to apply for an exemption will be published on the Board's website.

6. Providers of continuing professional development activities

CPD activities may be provided by a range of providers.

Approved providers

The Board has developed criteria for approved provider status (see Appendix B of these guidelines) and has published a list of current approved providers on the Board's website. Activities provided by an approved provider are considered to be accredited activities and the approved provider will assign the applicable number of CPD points.

Other providers

While it is not a specific requirement, all other providers are eligible and encouraged by the Board to apply for accreditation of their CPD activities. This will assist optometrists in pre-assessing the standing of any activity. The Board has developed a *Continuing professional development provider manual* to guide providers through the accreditation process.

⁷ Pro-rata CPD points are not available to optometrists practising part-time or on a casual basis.

With the increased demand for CPD, the Board will encourage all providers to expand the availability of their activities to rural and remote practitioners.

Audit of providers

The Board may at any time audit the accredited activities provided by CPD providers to assess compliance with the criteria for continuing professional development activity accreditation listed in Appendix A of these guidelines. If it is determined by the Board that a provider has failed to ensure the delivery of quality education, the provider may be ineligible for accreditation of future activities for a period determined by the Board. The delivery of quality education includes ensuring attendance of optometrists during face-to-face CPD activities.

When applying for accreditation, CPD providers will need to explain how they will monitor attendance and participation during face-to-face activities.

Feedback on quality of activities

The Board is interested in ensuring that there is a range of quality activities for optometrists to meet the CPD requirements.

Optometrists concerned about the quality of the CPD activity that they have undertaken are encouraged to notify the Board in writing of their concerns.

Information on this process will be published on the Board's website.

7. Definitions

- **Administrator** means the CPD program administrator appointed by the Board to accredit CPD activities and assign CPD points. The administrator operates under criteria and guidelines established by the Board.
- **Approved provider** means a provider considered by the Board as meeting the criteria listed in Appendix B of these guidelines: 'Criteria for gaining approved provider status'.
- **Approved training provider** is an entity approved by the Board for the purpose of provision of training in cardiopulmonary resuscitation.
- **Cardiopulmonary resuscitation (CPR)** 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 (CPD)** is the means by which optometrists maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives. It involves self-assessment of learning needs and desired outcomes, undertaking a range of activities, and reflection on the activity meeting these learning needs.
- **Accredited CPD activities** mean CPD activities that have been accredited by the Board or the administrator appointed by the Board in accordance with these guidelines and the Board's *Continuing professional development provider manual*.
- **Non-accredited CPD activities** mean CPD activities that have not been accredited by the Board or the administrator appointed by the Board. Optometrists are able to meet the requirements of this standard by completing non-accredited activities but the record-keeping requirements are different.

8. Authority

Guidelines are developed under section 39 of the National Law and are subject to wide-ranging consultation. Under section 41 of the National Law, guidelines are admissible in proceedings under the National Law as evidence of what constitutes professional conduct or practice for optometry.

9. Review

These guidelines will be reviewed by the Board from time to time as required. This will generally be at least every five years. These guidelines replace the previous guidelines.

Appendix A: Criteria for continuing professional development activity accreditation

These criteria are to be used by all providers of accredited CPD activities. Further information on the accreditation process is available in the *Continuing professional development provider manual* published on the Board's website.

A1 Continuing professional development activity

Providers should review Table 1: Continuing professional development activity types for examples of each activity type. All accredited activities should be clinical or non-clinical.

Table A1 provides guidance as to nature of activity, and point allocation, additional to the descriptions of activities in Table 1 earlier.

Clinical activities must deal with ocular conditions, systemic conditions with ocular effects, vision and visual perception, optometric management and/or ophthalmological management.⁸

Non-clinical activities must be relevant to practice and improve the management of patients in some tangible way.

Table A1: Specific criteria for accreditation of activity types

Activity type	Specific criteria	Points allocated per learning hour*
Face-to-face (clinical) ⁷	<p>Must be in real time (i.e. live). Allow interaction between presenter and participant and between participants.</p> <p>Practical, small group workshops should have a presenter to participant ratio of 1:20.</p> <p>For activities accompanied by a meal, only the presentation component will be counted for the purpose of accreditation.</p>	<p>2 points</p> <p>OR</p> <p>3 points if accompanied by an assessment component (A6) **</p>
Independent learning (clinical)	<p>Must adhere to the additional criteria for independent learning (A7) as well as all other criteria</p>	<p>1 point</p> <p>OR</p> <p>2 points if accompanied by an assessment component (A6)</p>
Non-clinical#	<p>Non-clinical education relevant to practice includes activities that can improve the management of some patients in a tangible way; these activities are awarded one point per hour, with a maximum of 10 points per year; for example, business management, law, psychology, foreign languages, first aid, occupational health and safety and dietetics.</p>	<p>1 point</p>

*Points allocated are based on an activity of one learning-hour duration (or equivalent for independent learning activities).

** Small group workshops allocated 3 points per hour, with or without assessment, if ratio met.

#Non-clinical activities are delivered as per clinical activities (conferences, seminars, webinars, workshops, audio, DVDs and podcasts); however, will only be allocated 1 point per hour.

⁸ Completion of an approved postgraduate certificate in ocular therapeutics will satisfy the face-to-face and overall CPD requirements for a two-year period.

A2 Quality of education

The content of the activity must reflect accepted optometric practice based on critical appraisal of the scientific literature. Activities promoting theories and techniques that are not supported by scientific evidence, nor generally accepted by the optometric profession will not be eligible for accreditation. Any materials presented should be current, relevant and at an appropriate level of education for Australian optometrists. It is unlikely that a course would be accredited if it was not intended for optometrists or other registered health practitioners.

The educational format should reflect research-based, proven, best educational practice principles. In order to qualify for accreditation, providers will be encouraged to review their presentations and adopt progressive, up-to-date educational principles. Adult learning theory and research suggests that effective CPD activities should adopt innovative methods of presentation such as hands-on learning opportunities, peer-based study groups, small breakout sessions during large lecture-based presentations, and more interactive online seminars.

Activities should be engaging and effective in delivering the stated learning outcomes. Providers may be requested to make improvements to the delivery or content of any materials in order to have their activity accredited.

The Board may conduct random audits for educational quality. If it is determined by a committee established by the Board that a provider has failed to ensure the delivery of quality education, the provider may be ineligible for accreditation of future activities. The delivery of quality education includes ensuring attendance of optometrists during face-to-face CPD activities.

When applying for accreditation, CPD providers will need to explain how they will monitor attendance and participation during face-to-face activities.

With the increased demand for CPD, the Board will encourage providers to expand the availability of their activities to meet the needs of optometrists living in rural and regional areas.

A3 Ethical and legal standards

CPD activities must comply with the Board's *Code of conduct for optometrists* and accepted ethical standards expected within health services and higher education providers.

When presenting information about patients (e.g. case reports), care must be taken to ensure that the identities of patients are not disclosed. Where this is not possible (e.g. in the use of images), the informed consent of patients must be obtained. Providers may be asked to provide evidence of this when applying for accreditation.

Content that is subject to copyright should not be presented unless relevant permissions have been sought and granted.

A4 Learning objectives

The Board is interested in assisting optometrists to participate in a range of CPD activities that are both relevant and engaging for individual optometrists' development. In choosing CPD activities, optometrists are required to assess their personal CPD learning needs and the desired outcomes of CPD activities.

To assist optometrists to make relevant choices, it is important that CPD activities list the expected learning objectives for all accredited CPD activities. Optometrists will then be better placed to make decisions on what CPD to undertake in line with their own self-assessed needs.

Providers applying for accreditation should provide a minimum of three learning objectives for each hour or equivalent of activity. If a program is submitted for accreditation as a whole the number of learning objectives will be discussed with the provider at the time.

Providers should refer to the *Continuing professional development provider manual* information on the development of learning objectives.

A5 Point calculation

One of the outcomes of the accreditation assessment process is the allocation of CPD points. The number of points available for each CPD activity group is listed in Table 1 of these guidelines.

For a CPD activity to be accredited, it must be of one hour duration (or equivalent for independent learning activities). This hour may be segmented by use of multiple speakers.

Activities that do not meet this minimum duration of one hour will not be accredited.

Further information on the calculation of the CPD points is included in the *Continuing professional development provider manual* published on the Board's website.

A6 Assessment

The Board believes any assessment provides optometrists with the opportunity to consider the results in the context of their CPD plan. Feedback on learning is an important principle in adult learning.

Both face-to-face activities and independent learning activities are eligible for additional allocation of points if the activity includes assessment.

For this additional point to be allocated, the assessment component must:

- include a feedback mechanism to participants at the time of assessment or a reasonable time after the activity so they can review their results against the correct answer
- provide a follow-up opportunity for participants to redo the assessment, and
- the score must be at least 70 per cent on the final attempt.

There is no compulsion to include assessment with any CPD activity. In deciding whether assessment will be included, providers should consider the principles listed in Table A2.

Table A2: Principles for inclusion of assessment

1. All assessment should be directly linked to the learning objectives of the activity.
2. Inclusion of assessment should add value and quality to the activity.
3. Assessment should only be included at the time of the presentation if it does not detract from the presentation or distract participants.
4. Inclusion of the assessment should not reduce opportunities for questions from a presenter or opportunities for discussion, including interaction with peers.
5. Providers, or examiners engaged by providers, are expected to have the appropriate skills and experience to design appropriate assessment questions.
6. Assessment should generally be in the form of multiple choice questions (MCQs).
7. Assessment style and conduct remains the responsibility of the CPD provider.
8. Assessment questions need to be included with the application for accreditation.
9. There should be six questions for each learning hour of face-to-face activity.
10. There should be at least 10 MCQs for each learning hour (or equivalent) for independent learning activities.

A7 Independent learning activities

As well as the criteria listed in A1–A6 and A8, independent learning activities (not conducted face-to-face in real time) are required to meet the following criteria.

They should include information that is predominantly of overall relevancy and at an appropriate level of education for Australian optometrists. Where international terms are used, a cover note or explanation should be given at the start of the activity.

For every learning hour, it is expected that each activity will include at least 3000 words of optometry related text or equivalent amount of content delivered via audio or visual means.

There should be at least 10 MCQs for each learning hour (or equivalent) for independent activities.

The use of colour, diagrams, graphics, audio and visual demonstrations is preferred.

Providers may be requested to make improvements to the format, presentation or content of any materials before accreditation is granted.

Initial accreditation approvals for independent learning activities will be valid until the end of the current registration period.

If a provider wishes to present a course again after its approval period has expired, they will have to submit another application.

Points should not be allocated to participants who have completed the same activity in the previous registration period.

A8 Feedback

It is vital for the ongoing provision of quality CPD activities that providers seek feedback from participants for any accredited CPD activity. The feedback may take many formats and may occur at the time of the activity or after the activity. Feedback on the quality of the CPD activity should:

- be timed to encourage optometrists to provide quality feedback, and in a format that encourages quality feedback
- check if the optometrist believed the activity was aligned with the stated learning objectives
- provide optometrists with the opportunity to reflect on how the activity met their learning needs, and
- be distinct from feedback on the venue and facilities.

Providers are required to outline the feedback methodology when applying for accreditation and a report is required when submitting course completion details.

Appendix B: Approved CPD providers

Continuing professional development activities provided by the following organisations are recognised as meeting the criteria for CPD activity accreditation:

- The University of Melbourne, Department of Optometry and Vision Sciences
- Queensland University of Technology, School of Optometry and Vision Sciences
- University of New South Wales, School of Optometry and Vision Science
- The University of Auckland, Department of Optometry and Vision Science
- Optometrists Association Australia – State Divisions⁹
- Australian College of Optometry, and
- Centre for Eye Health, New South Wales.

⁹ Activities provided by the national office of the Optometrists Association of Australia will be accredited independently by the Board's Continuing Professional Development Accreditation Committee.

Appendix B C: Criteria for gaining approved provider status

To be considered for approved provider status and to maintain this status, an organisation must:

- ~~have education of optometrists as one of its principal activities~~
- ~~have adequate expertise in providing quality education at a standard that is appropriate for Australian optometrists~~
- ~~have a proven record of providing quality optometric CPD and a history of complying with the criteria for CPD activity accreditation, and~~
- ~~notify the Board of any changes to the organisation's details that were provided to the Board during the application process.~~
- have adequate expertise in providing quality education at a standard that is appropriate for Australian optometrists
- be a tertiary institution or an entity affiliated with a tertiary institution which is subject to an external accreditation and audit process, and
- make the CPD activities available to all optometrists.

Additionally, an approved provider must not:

- ~~have any obvious conflicts of interest that may affect the quality or impartiality of the educational content; organisations such as optical wholesalers and ophthalmic surgery centres generally will not be eligible for approved provider status~~
- ~~unreasonably prevent optometrists from enrolling in and attending their CPD activities; unreasonable restrictions include employment status and geographic location, and~~
- ~~delegate the task of developing or coordinating the educational content of its CPD activities.~~
- have any obvious conflicts of interest that may affect the quality or impartiality of the educational content.

The register of approved providers will be reviewed annually. Approved provider status is granted at the discretion of the Board and can be revoked at any time.

Review of *Guidelines on the prescription of optical appliances*

Summary of issue

Under section 39 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), the Board may develop and approve codes and guidelines to provide guidance to the health practitioners it registers.

The *Guidelines on the prescription of optical appliances* has been in place for over three years and is due for review. The Board has not had any major issues in relation to compliance with the guideline.

Options statement – prescription of optical appliances

The Board has considered a number of options in developing this proposal.

Option 1 – Status quo

Option 1 would continue with the existing guideline. The guideline establishes the Board's requirements for the prescription of optical appliances.

Option 2 – Revised guideline

Option 2 would involve the Board approving the revised guideline. The guideline reinforces the Board's requirements for the prescription of optical appliances optometric with some changes that includes greater flexibility and clarity for the optometrist regarding the preparation and supply of a prescription.

The proposed guidelines also have clearer wording and structure to make them easier to understand.

Preferred option

The Board prefers option 2.

Issues for discussion

Potential benefits and costs of the proposal

The benefits of option 2 are that the draft revised guidelines:

- are more flexible and user-friendly
- strike a better balance between protecting the public and the professional obligations of the practitioner to adhere to best practice in the prescription of optical appliances
- provide greater flexibility and clarity for the optometrist regarding the preparation and supply of a prescription, and
- have been reworded to be simpler and clearer.

The costs of the preferred option are:

- the time applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the revised guideline.

Estimated impacts of the draft revised registration standards

The changes in the revised guideline are relatively minor, although more significant changes may be proposed through consultation. The review has given the Board the opportunity to improve the guideline by revising the language and structure to make the guideline clearer and easier to understand.

There is little impact anticipated on practitioners and other stakeholders arising from the proposed changes.

Relevant sections of the National Law

Section 39

Questions for consideration

The Board is inviting feedback on the following questions on the proposed revised guidelines.

1. Are they clear and easy to understand?
2. Is there any content that needs to be changed or deleted?
3. Is there anything missing that needs to be added?
4. Do you have any other comments?

Current guidelines

The current *Guidelines on the prescription of optical appliances* are published on the Board's website, accessible from www.optometryboard.gov.au/Policies-Codes-Guidelines.

Guidelines on the prescription of optical appliances (DRAFT)

Effective from: <<date>>

Review date: <<date>>

1. Introduction

The Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), restricts who may prescribe optical appliances. Section 122 of the National Law reads:

122 Restriction on prescription of optical appliances

- (1) A person must not prescribe an optical appliance unless —
 - (a) the person is an optometrist or medical practitioner; or
 - (b) the appliance is spectacles and the person is an orthoptist who —
 - (i) prescribes the spectacles in the course of carrying out duties at a public health facility; or
 - (ii) prescribes the spectacles under the supervision of an optometrist or medical practitioner; or
 - (iii) prescribes the spectacles, on the written referral of an optometrist or medical practitioner, to a person who has had, within the 12 months before the referral, an ocular health examination conducted by an optometrist or medical practitioner; or
 - (c) the person is a person, or a member of a class of persons, prescribed under a regulation as being authorised to prescribe an optical appliance of that type or to prescribe optical appliances generally.

Under section s122 (2) of the National Law, 'optical appliance' means:

- a. any appliance designed to correct, remedy or relieve any refractive abnormality or defect of sight; this includes, for example, spectacle lenses, or
- b. contact lenses, whether or not designed to correct, remedy or relieve any refractive abnormality or defect of sight.

The National Law does not regulate the supply of optical appliances and Ministers for Health have agreed that this is a matter that states and territories may choose to regulate separately.

The term 'optical appliance' also includes prescription sunglasses, spectacles with prism, and low-vision devices such as magnifiers, binocular telescopes, monocular telescopes and electronic magnification devices and plano cosmetic and novelty contact lenses.

2. Who needs to use these guidelines?

These guidelines apply to all registered optometrists, excluding those who:

- have non-practising registration, or
- have limited registration

3. Preparation of a prescription

Preceding ocular examination

Before issuing a prescription, the optometrist should normally perform an examination of the patient addressing ocular health, the need for any referral or review, and determination of whether it is appropriate to issue a prescription.

Content of a prescription

A prescription for an optical appliance is an order to a third party (e.g. optical dispenser) to provide the ophthalmic goods specifically described. A prescription for an optical appliance must include all the information necessary for the supplier to complete the dispensing process.

Prescriptions for both spectacles and contact lenses may be hand written or printed, and must contain:

- the name of the patient for whom the appliance is prescribed
- whether the prescription is for spectacles or contact lenses
- the name of the prescribing optometrist and his or her practice address, and
- the date of issue and expiry of the prescription¹.

4. Spectacle prescriptions

A spectacle prescription must include lens powers and prism (e.g. sphere, cylinder, axis and addition as necessary).

Where necessary spectacle prescriptions should specify:

- the intended use of the appliance
- lens form
- lens material(s)
- lens treatment(s) (tints, coating, hardening), and
- parameters and requirements such as impact resistance.

Optical centration of the lenses cannot be determined until the spectacle frame and lens form is chosen and the correct facial fitting is combined with the prescription. Inter-pupillary distance (PD) is an inadequate substitute for optical centration and use of PD could lead to unsuitable spectacles. Optometrists are not generally expected to include the PD in a prescription for spectacles. However, the PD should be provided if it is specifically requested.

5. Contact lens prescriptions

A contact lens prescription must specify:

- power of the lenses
- base curve(s) of the lenses
- lens diameters
- lens materials, and
- the manufacturer and other information to identify the lens such as the product name.

6. Supply of prescriptions

Rights of patients to their prescription

Optometrists must provide patients with a copy of their prescription on request and at no additional fee at the conclusion of the consultation once paid for by the patient or billed to an insurer.

¹ When nominating an expiry date for a prescription, the optometrist should choose a date beyond which he or she is not willing to state that in his or her professional opinion the prescription is appropriate to the patient. The optometrist must not choose an expiration period that is unreasonably short, such that it would cause undue inconvenience for the patient. For example, for spectacle prescriptions, the most common expiry date is two years after the examination at which the prescription was determined. In some cases, shorter or longer expiry dates may be appropriate.

When a patient requests a copy of the prescription some time after it was determined, the optometrist must respond to the request within a reasonable amount of time. Optometrists may charge patients fees commensurate with the costs involved in supplying the copy of the prescription.

Supply of contact lens prescriptions

Patients have a right to a copy of their contact lens prescription on completion of the prescribing process.

The optometrist must not issue a prescription for contact lenses until he or she is satisfied that:

- the prescription is correct
- the patient can wear contact lenses, and
- the prescribed lenses will provide the patient with proper vision, comfort and freedom from injury, provided the prescription is filled correctly and the patient follows the recommended lens care and wearing instructions.

A preliminary prescription, valid for a limited time, may be issued to allow the patient to purchase an initial pair of trial lenses. A final prescription must be issued on request as soon as the optometrist is satisfied that the lenses fit and perform correctly.

Supply of expired prescriptions

Patients have a right to a copy of their prescription even when it is expired. A prescription supplied to a patient after the expiry date should be clearly marked 'expired'.

7. Optometrists' responsibilities

Cosmetic and non-therapeutic appliances

Patients should not have unnecessary optical appliances recommended to them. However, if a patient requests an appliance that the optometrist considers is not necessary, (e.g. tinted plano contact lenses to change apparent eye colour) the optometrist may comply with the request and generate a prescription after fully discussing the risks and benefits with the patient.

Patient consent

Where alternative solutions to a patient's vision problems exist, the optometrist must ensure the patient understands what is being prescribed, the cost implications, and any requirements related to care and maintenance of the product before finalising the prescription. Optometrists should also refer to the *Optometry Code of Conduct*,² (*informed consent*).

Optometrists must maintain up-to-date knowledge of ophthalmic products and dispensing so they can provide the best advice to patients and give clear instructions about their prescription and about issues that may arise such as:

- cost of the item and its alternatives
- advantages and disadvantages of alternative lens types
- period of adjustment to a prescription
- policy on replacement of faulty or damaged lenses, warranties and guarantees
- responsibilities of an optometrist if the patient chooses to have his or her prescription dispensed elsewhere
- care and maintenance of the optical appliance
- appropriate wearing schedule of contact lenses and timing of after-care visits
- the purpose(s) for prescribing the optical appliance(s), and
- the length of time that the prescription would normally be expected to remain valid.

Confidentiality

Optometrists should refer to the *Optometry Code of Conduct*³ (confidentiality and privacy) and not release a patient's prescription to a third party without the permission of the patient, or his or her guardian. When an optometrist is requested to provide a prescription of a patient to a third party, the

² Optometry Board of Australia. For registered health practitioners code of conduct.

³ Optometry Board of Australia. For registered health practitioners code of conduct.

optometrist must be sure that the patient, or his or her guardian, has authorised the release of the prescription.

The authorisation of the patient may be obtained in person, in writing or electronically. A prescription may be included on a patient's receipt if required for the purposes of claiming a rebate.

Wherever possible, prescriptions supplied to third parties should be provided in written form, either by mail or electronically.

Advertising

Optometrists should refer to the Board's *Guidelines for advertising regulated health services*⁴ for guidance in the use of advertising for optical appliances. Optometrists should be aware, as part of their responsibilities, of their obligations required under the National Law and other relevant legislation that relate to advertising as a registered health practitioner.

8. Authority

Guidelines are developed under section 39 of the National Law and are subject to wide-ranging consultation. Under section 41 of the National Law, guidelines are admissible in proceedings under the National Law as evidence of what constitutes professional conduct or practice for optometry.

9. Review

These guidelines will be reviewed by the Board from time to time as required. This will generally be at least every five years. These guidelines replace the previous guidelines.

⁴ Advertising guidelines for registered health practitioners. May 2014.

Statement of assessment

Board's statement of assessment against AHPRA's *Procedures for development of registration standards, codes and guidelines* and COAG principles for best practice regulation

Revised guidelines for continuing professional development for endorsed and non-endorsed optometrists

Revised guidelines on the prescription of optical appliances

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the development of registration standards, codes and guidelines* which are available at www.ahpra.gov.au.

These procedures have been developed by AHPRA in accordance with section 25 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

Below is the National Board's assessment of its proposal for its revised guidelines against the three elements outlined in the AHPRA procedures.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

Board assessment

The Board considers that the proposed revised guidelines meet the objectives and guiding principles of the National Law.

The proposed revised *Guidelines for continuing professional development for endorsed and non-endorsed optometrists*, if approved, will provide for the protection of the public by ensuring that practitioners have appropriate guidance regarding the requirements to meet the registration standard for continuing professional development.

The revised draft *Guidelines on the prescription of optical appliances*, if approved, will provide for the protection of the public by ensuring that practitioners have appropriate guidance in the prescription of optical appliances.

The proposed revised guidelines also support the National Scheme to operate in a transparent, accountable, efficient, effective and fair way.

2. The consultation requirements of the National Law are met

Board assessment

The National Law requires wide-ranging consultation on proposed revised guidelines. The National Law also requires the Board to consult other boards on matters of shared interest.

The Board will ensure that there is public exposure of its proposals and there is the opportunity for public comment by undertaking a six week public consultation process. This process includes the publication of the consultation paper (and attachments) on its website.

The Board has drawn this paper to the attention of key stakeholders and the public. The confidential consultation stage is an important opportunity to 'road test' the proposed content with targeted stakeholders ahead of a public consultation process. Through this we can identify the operational impact and any issues or concerns with the proposed content of the guidelines. This stage also considered any transitional issues that must be addressed in implementing the guidelines.

The Board will take into account the feedback it receives when finalising its proposals prior to approval.

3. The proposal takes into account the COAG Principles for best practice regulation

Board assessment

In developing the proposed revised guidelines for consultation, the Board has taken into account the Council of Australian Governments (COAG) *Principles for best practice regulation*.

As an overall statement:

- the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The Board makes the following assessment specific to each of the COAG principles expressed in the AHPRA procedures.

COAG principles

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

Board assessment

The Board considers that its proposals are the best options for achieving the stated purposes. The existing guidelines have been in place for at least two years and no major concerns have emerged from registrants. A concern has been raised in relation to the criteria for an approved CPD provider by stakeholders.

The Board considers that the proposed revised *Guidelines for continuing professional development for endorsed and non-endorsed optometrists* would have a low impact on the profession and are intended to assist practitioners to deliver safe, quality health services through the completion of CPD activities. This low impact is significantly outweighed by the benefits of protecting the public and providing clearer, simpler requirements in the public interest that guide practitioners to meet their CPD registration requirements.

The Board considers that the revised draft *Guidelines on the prescription of optical appliances* would have a low impact on the profession and are intended to assist practitioners to deliver safe, quality health services. These low impacts are significantly outweighed by the benefits of protecting the public and providing clearer, simpler requirements, in the public interest.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

Board assessment

The Board considered whether its proposals could result in an unnecessary restriction of competition among health practitioners. The proposals are not expected to impact on the current levels of competition among health practitioners. The proposals provide guidance to practitioners about appropriate practice and apply equally to all practitioners rather than restricting competition between practitioners or groups of practitioners.

C. Whether the proposal results in an unnecessary restriction of consumer choice

Board assessment

The Board considers that the proposed revised *Guidelines for continuing professional development for endorsed and non-endorsed optometrists* will not impact on consumer choice, as registrants can meet the requirements of the CPD registration standard by completing accredited or non-accredited CPD activities.

The Board considers that the revised draft *Guidelines on the prescription of optical appliances* will support consumer choice, by establishing clear requirements for optometrists who prescribe optical appliances in accordance with the National Law

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

Board assessment

The Board considered the overall costs of the proposed revised guidelines to members of the public, registrants and governments and concluded that the likely costs are appropriate especially in light of the minimal change from the existing guidelines and when offset against the benefits that the proposed revised guidelines contribute to the National Scheme.

Subject to stakeholder feedback on the proposed revisions, the proposed revised guidelines should have only minimal impact on the costs to applicants, mainly the time needed to become familiar with the Board's requirements which are now clearer and simpler to understand.

E. Whether the requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

Board assessment

The Board considers the proposed revised guidelines have been written in plain English that will help practitioners to understand the requirements of the guidelines. The Board has put considerable effort into improving the structure of the guidelines and reviewed the wording to make the guidelines easier to understand.

F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

Board assessment

If approved, the Board will review the revised guidelines at least every five years, including an assessment against the objectives and guiding principles in the proposed National Law and the COAG principles for best practice regulation.

However, the Board may choose to review the guidelines earlier, in response to any issues which arise or new evidence which emerges to ensure the guidelines' continued relevance and that it reflects best practice.