



AUSTRALIAN MEDICAL
ASSOCIATION

ABN 37 008 426 793

T | 61 2 6270 5400

F | 61 2 6270 5499

E | info@ama.com.au

W | www.ama.com.au

42 Macquarie St Barton ACT 2600

PO Box 6090 Kingston ACT 2604

AMA submission – Optometry Board of Australia consultation on guidelines for continuing professional development for endorsed and non-endorsed optometrists

optomconsultation@ahpra.gov.au

The AMA encourages the Optometry Board of Australia (OBA) to update its guidelines relating to the endorsement to prescribe scheduled medicines so that they better reflect the NPS MedicinesWise *Prescribing Competencies Framework* (see <http://www.nps.org.au/health-professionals/cpd/prescribing-competencies-framework>).

This Framework provides the Australian benchmark for the training, credentialing, and ongoing professional development of prescribers.

The Board should take the opportunity to more comprehensively describe the knowledge, skills and behaviours required of optometrists who are endorsed to prescribe scheduled medicines, in line with this Framework.

For example, a common thread throughout the core prescribing competencies described in the Framework is the need to develop partnerships and to collaborate effectively with other health professionals.

This is not currently reflected in the ‘therapeutic medication management stages’ described in Table 3 of the draft *Guidelines for continued professional development for endorsed and non-endorsed optometrists*.

The text in Table 3 should clearly state that the development of partnerships and effective collaborations with other health professionals, such as medical practitioners, is a requirement in all stages of medicine management.

The AMA also supports the inclusion of continuing professional education on the co-management of glaucoma treatment in line with the RANZCO *Principles for Collaborative Care of Glaucoma Patients*, which will allow optometrists to correctly comply with the Board’s guidelines for use of scheduled medicines. This issue is raised in more detail in the Royal Australian and New Zealand College of Ophthalmologists submission to this consultation.

The AMA also shares RANZCO's concerns regarding the Board's proposed role in both accrediting and auditing CPD providers, which appears to be inconsistent with current practice in AHPRA, as well as best Australian and international practice requiring separation of regulation and education roles.

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Contact

Georgia Morris
Senior Policy Advisor
Medical Practice Section
Ph: (02) 6270 5466
gmorris@ama.com.au