



Optometrists Association  
Australia

(Queensland and  
Northern Territory Division)

Submission to  
Optometrists Board of Queensland  
"Recency of Practice"

April 2005

Optometrists Association Australia (Queensland &  
Northern Territory Division)  
Optometry House, 58 St Pauls Terrace, Spring Hill Qld 4000  
Telephone 07 3839 4411  
Facsimile 07 3839 4499  
Email [info@optomsqld.com](mailto:info@optomsqld.com)  
Web [www.optomsqld.com](http://www.optomsqld.com)

# Aims of this Optometrists Association Queensland & Northern Territory Division submission

Optometrists Association Australia (Queensland & Northern Territory Division) (hereinafter “OAA”) welcomes this opportunity to contribute to the Optometrists Board of Queensland’s (hereinafter “Board”) formulation of a recency of practice definition.

This submission is designed to provide information to assist the Board in its determination.

# About the OAA

The OAA is the peak professional body for optometrists in Queensland.

Optometrists provide approximately three-quarters of all eye examinations given by eye care professionals in Australia. The education and training of optometrists emphasises the optometrist's role in diagnosing any disease which may affect vision, and provides them with the knowledge and skills to detect ocular diseases. Optometrists also have specialised equipment for examining the eye.

- The OAA has as its members over 700 Queensland optometrists, or in excess of 95% of practitioners.
- This high membership rate is in contrast to other professions and reflects a long established culture of belonging to the OAA.
- OAA provides members with automatic professional indemnity insurance.
- Patients who visit an OAA member do so with the confidence that the practitioner has adequate professional indemnity insurance.
- The level of professional indemnity cover is \$5 million per member to an aggregate of \$5 million in claims per year. Historically claims against members are rare.

# About OAA members

- At the very least optometrists joining the OAA will have a BAppSc(Optom) or equivalent four-year degree. Victorian graduates will have completed a five-year degree and shortly Queensland graduates will also be required to complete five years of study with the introduction of therapeutics.
- 700 Queensland optometrists, or in excess of 95% of practitioners, belong to the OAA.
- Members are distributed throughout the State, including in regional and remote areas. A specific group of members regularly provides services to more remote areas and indigenous communities on a needs basis.
- Members conduct home visits and attend to the needs of patients in nursing care.
- Members direct OAA policy through an ongoing program of Branch meetings. Nine such branches are spread throughout the State.
- Members are required to complete 40 CPD points per annum (around 20 hours). The majority of members comply with ease. Members who fail to comply will pay a higher excess on their professional indemnity policy and will not be referred to patients who search for a local optometrist on the OAA's website. Other disincentives are under consideration.

# Continuing Professional Development (CPD)

- OAA administers a robust and inclusive CPD policy (Appendix 1)
- A representative committee of OAA leaders from throughout Australia determines CPD policy. The OAA's Education Committee Chair represents Queensland.
- OAA members are required to complete 40 CPD points per annum (around 20 hours) to maintain their membership at optimum levels. They undertake that exercise enthusiastically. Members who fail to comply can anticipate a higher excess on their professional indemnity policy and are not considered for referral to patients in search of a local optometrist via the OAA's website. Other disincentives are planned.
- In Queensland the OAA has taken a decision to set new Australian standards by making more CPD opportunities available to members and to ensure that those opportunities also extend to members in regional and remote areas.
- OAA's annual congress, *Queensland Vision*, is variously held in Brisbane, Cairns and the Gold Coast, proximate to large optometric populations. Such is the relevance of the meeting that delegates attend from all Australian States and Territories and New Zealand and now comprise one-half of attendees. *Queensland Vision* delivers 40 CPD points to delegates.
- 11 CPD point meetings are held annually in other areas including Townsville, Cairns and Brisbane.
- 18 branch meetings are conducted throughout Queensland each year and deliver 5 CPD points each.
- The annual OAA Practice Expo and OAA-sponsored AMA Health Expo deliver 3 and 5 CPD points respectively.
- A major low vision meeting is held on the first Saturday in each November and delivers 12 CPD points. OAA has established a Low Vision Practitioners Network and regular meetings provide 5 CPD points.
- Other self interest groups including the Australasian College of Behavioural Optometry and Australian Contact Lens Society provide regular CPD accredited meetings.

# Continuing Professional Development (CPD) (continued)

- The Department of Veteran's Affairs (DVA) already links CPD compliance to optometrists included in its program.
- CORA (Conference of Registration Authorities) has resolved that at some stage future registration as an optometrist will be dependent upon the practitioner satisfying a profession-based CPD requirement.

# Conduct and Complaints

- Under its Memorandum and Articles of Association, the OAA establishes a Conduct Committee each year that is charged with resolving complaints against members.
- The OAA receives complaints directly from patients and through referral from the Board, Office of Fair Trading and Health Rights Commission.
- The Conduct Committee seeks written input from both the patient and the practitioner and makes a determination.
- Complaints rarely relate to clinical matters. Rather they relate to hardware issues, eg frames.
- In most cases the practitioner provides replacement hardware or refunds.
- The issue of complaint resolution was canvassed by the OAA in a series of nine Branch meetings and members resolved unanimously that the OAA should continue to provide this service to members and the public.
- In some States, Victoria for example, the OAA does not involve itself in these matters. Instead all complaints are referred to the equivalent Health Rights Commission.
- Queensland patients are encouraged to lodge complaints to the OAA via its website [www.optomsqld.com](http://www.optomsqld.com)
- Complaints against OAA members in Queensland are few. In this calendar year (2005) for example, only one oral complaint has been received from a patient.

# Membership Equity

OAA is committed to equity in membership and therefore it provides a number of membership categories to suit the needs of the optometric workforce.

87% of members are in full-time practice, 9% practise part-time, 1.5% teach at QUT's School of Optometry and 2.5% are said to be non-practising. This latter category comprises mainly members who are practising overseas and those who have retired.

Membership currently stands at:

<u>Category</u>	<u>Definition</u>	<u>Number of Members</u>
Full-time		617
Partial Practice	3 – 12 hours per week	48
Minimal Practice	less than 3 hours per week	15
Academic	full-time academic	11
Non-Practising	overseas/retired	<u>18</u>
Total		<u>709</u>

The OAA supports the concept of the Board reviewing recency of practice, however it does believe that any subsequent definition could, intentionally or not, discriminate against a very small number of optometrists, around 9%. The overwhelming majority of those individuals are women who have chosen to care for their families while at the same time providing reduced optometric services to the community.

Irrespective of their reduced practice time those practitioners will still be:

- Required to complete 40 CPD points annually under the OAA's CPD program.
- Covered for professional indemnity insurance as an OAA member in the amount of \$5 million per claim to an aggregate of \$5 million.
- Subject to the scrutiny of the OAA's Conduct Committee should a complaint arise against them.

# Optometrists Registration Act (2001)

S.68 defines “recency of practice” as requirements, prescribed under a regulation, that if satisfied demonstrate that an applicant for renewal of a general registration has maintained an adequate connection with the profession.

The requirements may include requirements about the following-

- a) the nature, extent and period of practice of the profession by the applicant;
- b) the nature and extent of any continuing professional education undertaken by the applicant;
- c) the nature and extent of any research, study or teaching, relating to the profession, undertaken by the applicant;
- d) the nature and extent of any administrative work, relating to the profession, performed by the applicant.

OAA contends that this section is sufficiently vague so as give the Board an opportunity to provide a modest interpretation of “recency of practice.”

# Recency of Practice Elsewhere

As pointed out in the Board's February 2005 discussion paper, recency of practice legislation is scarce in Australia. Only in Tasmania can it be found with the "practitioner-friendly" description "that the Board must not issue a new certificate of registration to a registered person who has not actively practised optometry in the past 5 years, unless registering for the first time and otherwise eligible to apply."

Recency of practice does not present itself as a major issue throughout Australia and mention of the phrase is rare in other professions. Some examples are:

- Members of the Australian and New Zealand College of Anaesthetists (ANZCA) are required to comply with the concept that "regular work is necessary to maintain clinical skills."
- The Physiotherapists Registration Act 1998 (Victoria) states "the Board may refuse to renew the registration of the applicant under this part – a) If the Board is satisfied that the applicant has not had sufficient physiotherapy experience in the preceding 5 years to be able to practise as a physiotherapist."
- The Nurses Act 1988 (Australian Capital Territory) provides that "a nurse, midwife, mental health nurse or nurse practitioner who has not practised for five years or more must undertake the further education or training and pass the examinations that the Board requires."
- The Tasmanian Nursing Act 1995 requires that "nurses demonstrate continued practice within the five years preceding their application."
- In the Northern Territory, "registered nurses who have undertaken their initial nursing education in some countries must meet recency of practice provisions, that is they must have worked as a nurse in the preceding 5 years."

# Response to “Issues and Comments”

The purpose of regulation of health professions is to protect the public by providing for the registration of practitioners and investigations into the professional conduct and fitness to practise by registered practitioners.

One option under consideration to improve the protection it affords to the consumers of eye care services, is recency of practice provisions.

There is little evidence to support any claim that an optometrist’s absence from the workforce increases the risk to the public. The OAA acknowledges that it is not an unreasonable proposition for practitioners who spend an inordinate time out of the workforce to face additional requirements for registration.

The OAA is concerned that severe recency of practice provisions are gendered and could punish people who take time away from practice to have a family. Generally these practitioners are women. The introduction of a severe recency of practice provision may deter women from pursuing a career in optometry and in so doing inconvenience the public by diminishing the pool of optometric talent available.

The OAA’s response to the “Issues and Comments” section of the discussion paper is:

1. What features, if any, of the international and national models used to determine and monitor recency of practice should be included in defining recency of practice under the Optometrists Registration Act 2001?

**R. OAA supports the concept of optometrists delivering an appropriate level of practise to maintain skills coupled with annual compliance to the OAA’s CPD requirements of 40 points.**

2. What timeframe should be established for recent practice? What do you see as the advantages and disadvantages in establishing that timeframe?

**R. Timeframe not required. OAA supports the concept of optometrists delivering an appropriate level of practise to maintain skills.**

3. Are there different timeframes which should be established for those in a) clinical practice; b) research; c) education: or d) administration? If so why?

**R. Different timeframes not required.**

# Response to “Issues and Comments” (continued)

4. Should the Regulation specify the amount of practice to have been completed within the timeframe for recency of practice?

**R. No.**

5. Should recency of practice in research, education or administration qualify the practitioner to undertake clinical practice?

**R. Yes.**

- a) Should recency of practice be required for renewal of registration for those engaged only in research, education or administration?

**R. Yes.**

- b) If there are different recency of practice requirements for research, education and administration roles should these practitioners have conditions placed on their practice to the non-clinical role?

**R. No.**

- c) If conditions are placed restricting practice to the non-clinical roles how should such practitioner demonstrate clinical competence for the conditions to be removed?

**R. All practitioners should deliver an appropriate level of practise to maintain skills.**

6. What do you see as the advantages and disadvantages of each of the above noted indicators? (That is continuing professional education/development, professional portfolios, examinations, peer review or direct observation, patient outcomes and legal declaration and audit.)

**R. Approximately 96% of Queensland’s optometrists practise between 3 hours per week and over 40 hours per week and will automatically fall within our recommended definition. As well they are required to accrue 40 CPD points per year.**

# Response to “Issues and Comments” (continued)

7. Given the advantages and disadvantages, what indicators would you support being incorporated as evidence for ongoing competence?

**R. All practitioners should deliver an appropriate level of practise to maintain skills as well as achieving 40 CPD points per annum.**

8. Are there any other indicators that the Board should consider? Please give a description of the indicator and its advantages and disadvantages.

**R. No.**

9. Of the indicators supported, how would you recommend the Board gather evidence to inform its decision under s. 73(1) and (2) which states:

*1) The board must consider the application and decide to renew, or refuse to renew, the applicant’s general registration.*

**R. In terms of OAA members, and all but a few registered optometrists are OAA members, the board should request evidence of practise in the form of a current OAA membership invoice as well as a statement of CPD compliance.**

*2) In making its decisions, the board must have regard only to the extent, if any, to which the applicant has satisfied recency of practice requirements.*

**R. Provision of a current OAA membership invoice for OAA members and a statutory declaration for non-members.**

## Appendix 1

### *Optometrists Association Australia Queensland & Northern Territory Division*

## **Continuing Professional Development**

On 1 January 2004 the Association launched its new Continuing Professional Development program or CPD. The new program requires all members to earn 40 CPD points per annum, averaged over two years and replaces the former program under which members were required to earn 20 hours CPD per annum averaged over three years.

Some considerations in launching CPD were:

### **Undergraduate Education**

The number of points to be awarded for participation in optometric undergraduate education was changed from the proposed level of one CPD point per hour to five CPD points per semester. This was done to simplify recording of points, and to ensure that optometrists who present a large amount of education, such as full-time academics, will also have to participate in other type of CPD activities as they will only be able to earn a maximum of ten CPD points per year through undergraduate teaching. Participation in undergraduate education includes presenting lectures and tutorials, as well as clinical supervision of undergraduate optometry students.

### **Voluntary Eye Care**

Council decided that CPD points should be awarded for participation in voluntary eye care projects. These projects are those in which optometrists provide eye care services to groups with an identified need for these services and where the optometrists do not receive any remuneration for providing the services. Examples of such projects include aid projects in other countries or providing eye care services at events such as the Special Olympics.

In most cases, the provision of eye care would take place outside Australia, as most optometric services provided in Australia would attract Medicare benefits.

Voluntary eye care will attract five CPD points per activity.

National Office is preparing notes on the new system for members and CPD providers, which will be circulated in the near future.

As was agreed at the State Presidents meeting earlier in 2003, members will be required to earn 40 CPD points per year, and will be allowed to average their points over a two-year period. Members who comply with this requirement will be presented with a certificate noting their compliance, and will be included in the lists of optometrists used by the Association to direct members of the public to optometrists, for example the Association's website. Members who do not comply with the requirements will be removed from these lists, and will be subject to an increased excess on their professional indemnity insurance.

The system is currently being reviewed after its first 12 month's period.

CPD Activity Points Allocation.	Points Allocation
Lectures, seminars, large group presentation, etc – with assessment	3 points / hour
Practical, small-group workshops, grand rounds	3 points / hour
Lectures, seminars, large group presentations, etc – without assessment	2 points / hour
Peer-group discussions, structured and facilitated (including case conferences, CD-ROMs, videos, etc)	2 points / hour
Remote learning – with assessment (including on-line education, CD-ROMs, videos, etc)	2 points / hour, or 2 points / major assessment task
Remote learning – without assessment (including on-line education, CD-ROMs, videos, etc)	1 point / hour, or 1 point / activity
Participation in optometric undergraduate education (lecturing, clinical instruction, etc)	5 points / semester
Published papers in peer-reviewed health care or research journals	8 points / paper
Participation in voluntary eye care projects	5 points / activity
Subscriptions to peer reviewed health care or vision research journals	1 point / subscription
Education relevant to optometric practice, not directly related to patient care	1 point / hour