



**OPTOMETRISTS**  
ASSOCIATION AUSTRALIA

**OPTOMETRISTS ASSOCIATION RESPONSE**  
**TO THE**  
**NATIONAL REGISTRATION & ACCREDITATION**  
**CONSULTATION PAPER**

**10 September 2008**

## **Introduction**

This submission is from the Optometrists Association Australia in response to the *Consultation Paper on Issues Supplementary to the Intergovernmental Agreement on a National Registration and Accreditation Scheme for the health professions to be included in the first bill* dated 13 August 2008.

As requested by the Practitioner Regulation Subcommittee of the Health Workforce Principal Committee, specific responses to all the matters highlighted in boxes in the Consultation Paper are included as well as our views in respect of other aspects.

Optometry remains committed to national registration and accreditation. However, as we have worked with governments, other professions and community groups we have concluded some improvements on the detail of arrangements in the Intergovernmental Agreement (IGA) can and should be made before implementation. We believe these changes are practical and can be adopted at this early stage to make a good reform better.

### **Section 1.1 Objects or purposes**

Optometry supports the objectives and principles described in 5.3 and 5.4.

### **Section 2 Australian Health Workforce Ministerial Council**

Optometry Association notes clause 7.5 (g) of the IGA states the Ministerial Council will approve profession-specific standards provided by the Boards. Optometrists Association believes the Ministerial Council's role here should be to specify what is required in standards, to create organisations which will produce and review suitable standards independently, to appoint appropriate specialists to those organisations and to act as the final arbiter in any dispute between or failure by the organisations so created.

We believe such an arrangement would be consistent with the principles of the IGA and would give effect to COAG's intention that Ministers have ultimate control in this area. We submit this arrangement would be more appropriate than Ministers actually approving standards and would also reflect current practice at least in regulation of optometry.

The knowledge necessary for the establishment of professional standards in a particular field is almost always possessed only by the members of the profession concerned. We submit the community's interest is served best when standards are set free of any external pressures and importantly, are seen to be free of external pressures. At the same time, those setting the standards must be ultimately accountable and be seen to be accountable for their work to some higher authority.

These aims of independence and accountability can be achieved in the national registration arrangements by establishing accreditation Councils which have autonomy on the contents of standards they develop but are accountable to professional Boards for the quality of the standards, examination of candidates and the accreditation of courses.

In the case of optometry the Government would appoint the members of the Council and set broad guidelines for its operation. The Council would work on behalf of but independent from the national optometry Board. The Board, as part of its statutory function of protecting the public and the maintaining standards of practice would receive the standards and recommendations of the Council.

As with current arrangements in States and Territories, the work of the Council would be considered by the Board. We believe it is appropriate that the board decides whether the standards produced and work carried out by the accreditation council meet the board's and therefore the Ministers' requirements.

Under these arrangements the Boards would not control the operation of the Councils but would be able to accept or reject what they produce or to negotiate over aspects as required. The role of Ministers would be essentially to specify what is required and to arbitrate in the event that the system does not deliver.

Our experience at State and Territory level suggests it would be highly unlikely there would ever be any such disputes. In fact the right of appeal to the Ministerial Council would act as an incentive for boards and councils

to work within the framework set by Ministers as well as provide a safeguard in case the system ever became dysfunctional.

We believe that these arrangements are in accord with the principles of the IGA but not the current wording of clause 7.5. That clause would have been better as:

- '(f) appointing boards and accreditation councils which are accountable to but operate independently of boards;
- (f) requesting boards to review and if satisfied, accept profession-specific registration, practice, competency and accreditation standards and CPD requirements developed for the boards by the accreditation councils;
- (g) publish guidelines for such standards and CPD requirements and maintain a reserve power to intervene in the event of a failure of a board and accreditation council to produce standards and CPD requirements which comply with the guidelines, with any intervention to be transparent;'

We believe it is also important that it be made clear the Boards will be the prime if not sole sources of advice to Ministers on registration and accreditation standards. Optometry Association shares the concerns of other professions which have emphasized the dangers, both real and perceived, of allowing considerations other than those of patient welfare to intrude into decisions about professional standards – please see our comments at Section 4 below.

Optometry Association also proposes that the term 'Workforce' in the title of the Ministerial Council be replaced with something which more accurately reflects its prime purpose which is regulation to protect the public against unqualified or unregistered health practitioners. The use of the term 'Workforce' confuses this primary purpose and should be avoided.

Optometry supports the proposed wording on 2.1 Publication of decisions.

### **Section 3 Australian Health Workforce Advisory Council**

Workforce should be removed from the name of the Advisory Council for the same reason as with the Ministerial Council.

National Boards should be able to comment on relevant advice from the Advisory Council prior to consideration and decision by the Ministerial Council. The issue here is that once a decision is made on advice received it is too late to provide alternate advice. If the advice from Boards is to be considered fully on its merits it should ideally be provided at the same time as advice from other sources.

Optometry supports proposed wordings on 3.5 Resignation and removal, 3.6 Coverage for legal liability and 3.8 Reporting requirements.

### **Section 4 National Agency**

Optometrists Association submits that the Agency should have no role in setting fees or rules for developing professional standards as presently proposed.

In respect of fees, Board members will be statutory office holders accountable to the Ministerial Council for the delivery of registration and accreditation within their professions. This should include clear and unambiguous control over the resources which they need to perform their duties.

Experience has shown that the operations of Boards which do not control the resources needed to implement their decisions can be frustrated. Optometry Association believes control of resources must follow functions in the new scheme.

Requiring the Agency and Boards to agree on fees suggests the Agency should have a role in resource decision making it should not have. As such it confuses relative responsibilities for no real purpose.

It would be more appropriate for the Boards and the Agency to negotiate Service Agreements than fees. Such Agreements would specify the common user services the Agency would contract to deliver and the costs of delivery and would contract the Boards to set fees sufficient to cover these. Optometrists Association believes COAG should accept responsibility for some ongoing costs as well as transition costs – see below.

In respect of standards, as a matter of principle Optometry Association believes there should be no involvement of officials in professional standards. Again optometry believes there is no benefit in officials having any involvement here and there is significant cost, namely the blurring of responsibility.

As with fees, if the Agency feels that any Board is not doing what it should it can object to the relevant Board and/or Ministers. Legislation is not needed to enable this.

Optometry Association supports 4.2 Terms of office, 4.6 Coverage for legal liability, 4.9 Staffing arrangements and 4.12 Reporting requirements for agency. Optometry does not support 4.10 Financial provisions in respect of ongoing costs of the Agency being met from fees paid by health professionals.

The Agency is additional to current arrangements and imposed by governments on all professions largely in response to their concerns about problems in one profession. Professional fees should support only those operations of Boards ie those things for which Boards are accountable. Governments should support the additional ongoing costs of the new Agency.

Also we understand there is concern that State and Territory registration agencies might lose staff who fear for their futures and that consequently consideration is now being given to guaranteeing their employment in the new scheme. Optometrists Association believes it is essential the skills and expertise of current staff be preserved. We support action to retain current staff but believe that as this is a transition cost it should be covered by COAG. Any additional ongoing costs which result from this transition measure should not have to be met by professions from registration fees.

## **Section 5 National Boards**

Optometry proposes that the words ‘may appoint State and Territory committees and’ be added to the start of the fourth dot point.

Optometry supports 5.1 Names of boards in respect of optometry, 5.3 Sitting fees and allowances and length of appointment, 5.6 Resignation and removal, 5.7 Coverage for legal liability, 5.8 Reporting requirements, 5.10 Arrangements for Ministerial Council to review composition of boards and 5.11 Responsibility for developing accreditation standards.

## **Conclusion**

Optometry maintains its strong support for national registration and accreditation. But, we believe the scheme would be improved if the changes we propose are adopted by governments namely to refine the role of the Ministerial Council in approval of professional standards and to make clear the powers of the Boards in respect of decisions about resources.