



OPTOMETRISTS
ASSOCIATION AUSTRALIA

Submission to the
Health Workforce Principal Committee
Practitioner Regulation Subcommittee on
Proposed arrangements for accreditation
December 2008
from
Optometrists Association Australia

Introduction

The Optometrists Association Australia is pleased to submit comments relevant to optometry on the matters raised in the consultation paper *Proposed arrangements for accreditation*.

Optometrists Association continues to support the concept of national registration and accreditation. We reaffirm our support for what we regard as good public policy, which is long over-due. While there remain some aspects of the new scheme which are not in our view ideal we accept it will be better than what exists and will continue to work with Australian Governments and other professions.

Optometrists Association supports the general approach proposed in the consultation paper but remains opposed to some aspects of ministerial and agency involvement in accreditation. These concerns remain as we expressed in our submission of 10 September 2008.

The current arrangements for accreditation in optometry work very well and we believe could provide a model for the new scheme. Accreditation in optometry is part of not separate from registration; is overseen effectively by a body comprised largely of optometrists; and supported by substantial pro bono support from the profession.

Background

In optometry, accreditation is a function of state and territory registration boards. Optometrists' registration fees are held by the boards, which together form the Council of Optometry Registration Authorities (CORA). The boards contract with the Optometry Council of Australia and New Zealand (OCANZ) to perform the accreditation function.

OCANZ assesses:

- for the purpose of granting accreditation, Australian and New Zealand optometry schools and the courses/programs conducted by those schools that lead to eligibility for registration as an optometrist in Australia and New Zealand;
- for the purpose of granting accreditation, Australian and New Zealand postgraduate courses of study in ocular therapeutic drugs;
- by way of examination, the competence of overseas-trained optometrists seeking registration in Australia and New Zealand;
- by way of examination, the therapeutic competence of optometrists registered in Australia or New Zealand who have completed a non-accredited course of study in ocular therapeutic drugs.

Comments on Specific Proposals

3.1 Key features of proposed system

Optometry Association believes the model proposed is generally consistent with current accreditation arrangements for optometry but adds Ministerial Council and agency involvements in accreditation are unnecessary and inappropriate. Our concerns in respect of ministerial and agency involvement in accreditation are detailed below and remain largely as expressed in our September submission.

On the issue of whether accreditation and registration should be in separate schemes, we endorse the position that accreditation is an integral part of the registration function. Optometrists Association understands accreditation and registration are integrated in all professions to be covered by the new scheme other than medicine.

We do not see any benefit in complete separation of the accreditation and registration functions and believe there would be risk of unacceptable outcomes if the functions are related but fully separate. Optometrists

Association believes it is possible to so structure the accreditation function that it can operate independently but still be responsible to the national boards.

3.2 Roles in relation to accreditation

Ministerial Council

Optometrists Association acknowledges the Ministerial Council may now only approve standards, which are recommended by national boards. However, we continue to believe as we argued in our September submission that no purpose is served by ministers approving standards.

In optometry ministers do not approve accreditation standards developed by OCANZ - standards are agreed by CORA instead. This model provides for clear responsibility and accountability. It is built upon the reality that the knowledge and expertise required for accreditation resides only within the profession. It meets the basic requirement of the WHO/WFME Guidelines for Accreditation of Basic Medical Education in that it is trustworthy and recognized by all the stakeholders involved i.e. the schools, students, the profession, the health care system and the public.

Ministerial involvement in accreditation is inappropriate as well as unnecessary. It would weaken the independence, which is strength of the current arrangements, and, as we argued in our September submission, risk confusing the clear responsibilities of bodies involved.

However, Optometrists Association does believe ministers should have a role to play in accreditation if the new scheme does not deliver the outcomes required. Just as ministers will have a reserve power to intervene on fees, so too should ministers have a reserve power to intervene if a board will not or cannot manage the accreditation function. Such reserve powers would rarely, if ever, be used - their existence would be a powerful incentive for boards to ensure this aspect of the new scheme is managed effectively.

As with policy directions, any intervention by the Ministerial Council should be disclosed publicly, perhaps as a parliamentary statement. As such, it would be subject to debate and oversight by parliaments. It would only be exercised in cases of demonstrated failure by a board.

Accordingly, Optometrists Association believes points (c), (d) and (e) in the proposed role of the Ministerial Committee should be replaced with:

(c) after consultations intervene should a national board not be able to discharge its responsibilities satisfactorily. Any such intervention to be disclosed publicly.

Australian Health Practitioner Regulation Agency (national agency)

Again, as submitted in September, Optometrists Association does not accept the national agency should have any legislated role in accreditation. The national agency is not an agency of any government nor will governments fund it. It will be paid for by the professions through the registration fees paid to the boards by some 450,000 health professionals.

Optometrists Association believes the agency should provide administrative support to the boards that fund it. Such support may include assisting boards or committees of boards with guidance on good regulatory practice when boards or committees seek such guidance. We expect the larger professions will probably not need much assistance from the agency, but there could be a role for it in assisting professions which do not yet have developed required accreditation arrangements.

Optometrists Association believes there is no need for legislation to enable the agency to assist the smaller boards. Further, legislation would be inappropriate in that it would confuse where responsibility and accountability properly reside and weaken perceived independence of accreditation. Optometrists Association believes (d) in the proposed role for the agency in accreditation is all that is needed.

Accreditation body

It follows from the above that (a) in the proposed role of accreditation bodies is redundant.

Recognition of specialties and accreditation of specialist training

Proposals 3.4.1, 3.4.3, 3.4.4, 3.4.5, 3.4.6 and 3.4.7

Supported.

3.5 Governance arrangements for external accreditation bodies

Optometrists Association acknowledges some existing national accreditation bodies may need to modify governance arrangements to meet scheme requirements. It is unnecessary for ministers to provide guidance on how accreditation bodies should re-constitute their governance as to do so would be inconsistent with the need for accreditation bodies to be and be seen to operate independently. The Ministerial Council should simply state its requirements in the form of a policy and leave it to boards to meet those requirements in the light of circumstances of each profession.

Legal arrangements between accreditation bodies, boards and the national agency

Proposal 3.5.1, 3.5.2, 3.5.3, 3.5.4, 3.5.5, 3.5.6, 3.5.7 and 3.5.8

Optometrists Association submits that there should be no contractual relationship between the national agency and the accreditation bodies. We understand that the national agency will have a contractual relationship with each board that will specify the services the agency will provide the board, the cost of providing the services and details of how the board will pay the accreditation body. At the same time, it is proposed the agency will have another contract with the accreditation body, which will define the services that the accreditation body will deliver to the board.

We understand this governance triangle is proposed because it is intended that only the agency will be legally capable of entering into binding contracts. If that is so, we propose a simpler and more appropriate alternative, namely making the boards legal entities. This way each board could contract with the agency concerning the services the agency will provide to it and to its accreditation body and there would be no need for further contracts with the accreditation bodies.

It follows that we oppose 3.5.1, agree 3.5.2 and 3.5.3 provided 'agency' is replaced by 'boards', oppose 3.5.4 which would become redundant, support 3.5.5 and 3.5.6, oppose 3.5.7 and again 3.5.8 would be redundant.

3.7 Review and appeal mechanisms

Supported.

3.8 Indemnity

Supported.

3.9 Funding arrangements

Optometrists Association notes the consultation paper confirms the intention of governments is that the accreditation function and the wider scheme become self-funding through fees paid by health professionals. Furthermore, the paper recognizes that fees paid in a profession should be set at a level to meet the

regulatory costs relating to that profession and that only common overhead costs would be allocated across professions.

We reaffirm our statements in September and in other submissions that as professions will fund the new scheme, they should decide how their funds are used. This means, inter alia, that funds left over after the agreed costs of the national agency as set out in the health profession agreement will be the responsibility of the profession through the relevant national board.

3.10 Accreditation processes

Proposals 3.10.1 and 3.10.2

As argued above, we do not believe the national agency should be involved in developing accreditation standards and so 3.10.1 in our view should not apply. Even if the agency were to be so involved, there is no need for the Ministerial Council to involve itself in the detail proposed – a competent agency management should take all the action described without needing any direction. Proposal, 3.10.2 seems similarly gratuitous.

4 Linkages with Commonwealth, State and Territory government bodies

Proposal 4.1

Optometrists Association opposes the national agency publishing on its website accreditation reports – these should be published on the websites of the relevant national boards.

5 International linkages

Proposal 5.1

Supported – this is what happens now in optometry.

6 Transitional arrangements

Proposal 6.1

Supported.

Conclusion

Optometrists Association supports the proposed accreditation arrangements modified as suggested i.e. replace ministerial approval of standards with a reserve power and remove the national agency from any involvement with accreditation other than when requested by boards or their committees.