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Submission to the Practitioner Regulation Subcommittee of the Health Workforce Principal Committee, AHMAC, on Proposed Registration Arrangements

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Following the submissions and comment from the various optometric bodies relating to the National Registration and Accreditation Scheme for the Health Professions consultation paper on the proposed registration arrangements, the Orthoptic Association of Australia wishes to make comment so as to clarify our profession's current position on the matter of Optometry practice restrictions (section 8.4).

Relating to the following proposal –

Proposal 8.4.2: If the prescribing of optical appliances is to be a restricted act under the legislation, then it is proposed that an orthoptist who is listed with the Australian Orthoptic Board (not a statutory board in this scheme) be exempted from committing an offence for prescribing spectacle lenses in the normal course of their practice.

The Orthoptic Association of Australia is in support of this proposal.

Victoria was the first state to make legislative changes within the Health Professions Registration Act 2005 (and to progress changes included in the Victorian Optometrists Registration Act 1996), so as to allow orthoptists to refract and prescribe glasses in certain situations. The states of South Australia and New South Wales followed and similarly lifted restrictions.

Though our position has been in alignment with the current Proposal 8.4.2, the Orthoptic Association was comfortable with the compromise that came into effect because it was felt that it covered most of the settings in which orthoptists work and provide care to their patients. However, the orthoptists failed to gain inclusion of La Trobe University in s.99.(2).(b) of the Victorian Health Professions Registration Act 2005, so that restriction did not apply where teaching, including clinical teaching, and research is conducted within the orthoptic program.

The positions of the Orthoptic Association then were that–

1. The training program at La Trobe University in Victoria had been extended and undergone substantial change (since changes to the previous legislation), with increased emphasis on the investigation, detection, diagnosis and management of eye disease; that
2. The existing Act was restrictive to orthoptists' practice for no apparent net benefit to the public and public health; and that
3. The existing Act prevented the enhancement and the scope of the orthoptic profession to participate in the effort needed by the public to provide better eye care services.

The Orthoptic Association was supported by the Royal Australian & New Zealand College of Ophthalmologists, its various state Branches, by the (then) Dean of the Faculty of Health Sciences (Professor Stephen Duckett), and by



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various public hospital ophthalmology departments, including the Royal Victorian Eye & Ear Hospital which employs 20 orthoptists.

The Orthoptic Association's positions, as above, have not changed except that it should be noted that the training programs at both La Trobe University and the University of Sydney now offer a combined degree in orthoptics leading to a Masters level professional degree (at least 4 years in duration). The training of orthoptists has been and remains sound in terms of clinical education and management of eye disease including investigation, detection and diagnosis.

The position of the optometrists with respect to Proposal 8.4.2 is interesting in that there appears to be a somewhat confused position from reading of the various submissions. This culminates in the suggestion of an *"alternative solution"* whereby Proposal 8.4.2 could include wording to effectively allow anyone *"working under supervision of a registered optometrist or medical practitioner or in a public health organisation (to be) exempted..."* (pp.9-10 in the submission by the Optometrists Association Australia, October 2008). *"Or"*! The orthoptic profession has the greatest regard for public healthcare and particularly for patients who seek and require care in our public hospitals, so the Orthoptic Association cannot support this "solution".

Of further interest is the submission by the Optometrists Board of the Australian Capital Territory and their concern raised (on the last page) regarding the problems that would ensue in the commercial setting. One may erroneously read into it that there is an imbalance between the concerns optometry has for its positioning in the commercial sphere and the regard for public hospital patients' interests and well-being.

Orthoptists comprise a profession that is integral to eye health care, our particular strengths being in providing sound allied health support to ophthalmology services in the public and private sectors. There is growing demand in terms of numbers of patients requiring eye care (which will significantly increase in the future) and similarly the challenge to make the health dollar go further. Orthoptists have been able to increase efficiency in terms of both throughput and quality of care in public hospital eye departments. It is for these reasons that they also remain the preferred associate practitioner in private ophthalmology settings.

Ophthalmologists also rely on orthoptists for their exclusive specialised skills in the management of adult strabismus, including double vision, and children's eye conditions, including screening for and management of amblyopia, squint and other refractive-based problems. In the past, orthoptists have traditionally operated in their own private practices to provide these important services (and not for the purpose of refracting to sell glasses), but over time this has been affected by the restriction of practice. Consequently, relatively fewer orthoptists now provide patients and ophthalmologists with such services privately, which ultimately has adverse effects on the public sector. It is the position of the Orthoptic Association that these services are of value and that the national legislation should reflect this and allow them to be supported.

In addition to restrictions being lifted since 2005 in Victoria, South Australia and New South Wales, the Orthoptic Association has made contact with the health departments in the Australian Capital Territory, Queensland, Tasmania and Western Australia to request similar changes in the legislation. These states have a chronic shortage of orthoptists in both the public and private sectors, which is not helped by the current restrictions on their practice.

To reiterate, the Orthoptic Association of Australia is in support of Proposal 8.4.2, and if it were to be carried, our patients would be the beneficiaries. The health system(s) and eye care in this country cannot afford for the services of orthoptists to remain restricted and be diminished.



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Given the opposition to the current wording of Proposal 8.4.2 by the optometric profession, however, if an alternative is adopted, the Orthoptic Association urges that minimum restriction is applied.

The Orthoptic Association of Australia would only be satisfied with the wording included in the South Australian Optometry Practice Bill 2006 or the Victorian Health Professions Registration Act 2005; however, this should ensure that:

1. With reference to s.38.(1).(b) in the South Australian Bill, that only qualified persons are not restricted.
2. With reference to s.38.(2).(a) in the South Australian Bill and s.99.(2).(a) in the Victorian Act,
 - a. the date of the request / referral must be at least 12 months of the prescription, and not 6 months
 - b. the wording "request of, or on the referral of,..." should be retained
 - c. the requesting / referring practitioner may be an optometrist or medical
3. With reference to s.38.(2).(b) in the South Australian Bill and s.99.(2).(b) in the Victorian Act, there is wording to remove restriction within Universities that operate an orthoptic program (such as La Trobe and Sydney).