



Submission to Senate Committee inquiry into Administration of registration and notifications by the Australian Health Practitioner Regulation Agency and related entities under the Health Practitioner Regulation National Law

Optometry Australia is the peak professional body representing and supporting close to 85% of all optometrists in Australia. We welcome this opportunity to provide input into the Senate Community Affairs Inquiry into the administration of registration and notifications by the Australian Health Practitioner Regulation Agency (AHPRA) and related entities under the Health Practitioner Regulation National Law.

Comment is provided below against specific terms of reference specified by the Committee. These comments are informed by our years of experiences supporting our members in their interactions and dealing with AHPRA and the Optometry Board of Australia.

(a) *the **current standards** for registration of health practitioners by the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards under the Health Practitioner Regulation National Law (National Law)*

Whilst in some cases standards which have been inappropriate or lacked clarity, have been amended and improved over the years of the National Registration and Accreditation Scheme, there remains some standards that seem inappropriate. Indeed, a notable example in optometry, is a relatively recent change. The current Continuing Professional Development (CPD) standards, and accompanying guidelines, for optometry were revised and amended effective from 1 December 2020. Amendments, as specified in the revised guidelines, included tightening of eligibility criteria for exemption from meeting the CPD standards necessary to retain registration. Prior to 1 December 2020, the Optometry Board of Australia (OBA) granted automatic CPD exemption of up to 12 months for planned parental leave. This enabled registered optometrists the flexibility to fully take leave from their career and professional obligations for up to 12 months, without leaving the profession entirely. However, from 1 December 2020, the OBA guidelines advised that exemptions would be considered on a case-by-case basis and only granted if the practitioner met the criteria of 'exceptional circumstances' that would not include parental leave (except potentially in the case of a multiple birth.)

Optometry is an increasingly female-dominated and youthful profession; many within the profession are impacted by these changes. Whilst we understand other registered health professions have similar arrangements, we question the appropriateness for optometry. Whilst an evolving profession, best practice standards do not typically change significantly for optometry within a 12 month period, and there is no reason to believe, or historical data to suggest, that an up to 12 months exemption from completing CPD presents any danger to the general public. Rather, we believe such exemptions are an appropriate approach that aligns with modern workforce standards, and supports the



health and wellbeing of new parents. It can also prevent unnecessary loss of highly trained and skilled professionals from the profession.

Further, optometrists currently on parental leave have flagged with us that they will simply elect to reclassify as non-practising optometrists prior to seeking to return to work, rather than re-register as a practising optometrist after their period of parental leave. This will allow them, when they seek to return to work, to return to the workforce under what may be the lightest level of supervision without having to complete CPD whilst on parental leave. However, it increases administrative burden across the system, most notably within AHPRA, where timeliness is already an issue.

(c) *the adequacy and suitability of arrangements for health practitioners subject to supervised practice as part of the registration process or due to a notification;*

From our experience in supporting our members, we believe the current supervised practice framework is difficult and stressful for individual optometrists to navigate through. Whilst there has been effort made to clarify the process, it remains complex, confusing and inefficient. For example, currently an optometrist seeking to return to provide eye care to their community needs to research and find a suitable supervisor before knowing what level of supervision (in-person, or on the phone) will be accepted by the Board. This obviously makes it challenging to arrange a supervisor, who does not have clarity on what will be required from them. Whilst guidance materials are provided, they often leave practitioners unclear on what of supervision will be required.

Further, the time between submitting an initial supervised practice application and receiving the Board's verdict can be lengthy, in some cases extending over months. Whilst the practitioner is undertaking supervised practice, interim communication with the Board can also be delayed by many weeks. This inefficiency can be stressful for practitioners and impacts the practitioner's future employment relationships and career.

We believe there are ready opportunities to improve the efficiency, timeliness and clarity of the current process, and that these should be embraced.

(f) *access, availability and adequacy of supports available to health practitioners subject to AHPRA notifications or other related professional investigations;*

Our understanding is that there are very limited support services available to optometrists who are subject to a notification via AHPRA. Whilst initial notification communications detail support services available for a range of health professions, including dentists and midwives, there is not a service available for optometrists. Initial notification communications do list 'generic' mental health support services such as BeyondBlue which practitioners, like the rest of the community, may access. We question whether practitioners would pursue these avenues for support in this context.

Optometry Australia offers support to our members who receive a notification. We are acutely aware that a notification can be the cause of significant mental anguish, and members who receive a notification can require significant support over the period of the investigation.



(g) *the timeliness of AHPRA's investigation of notifications, including any delays in handling, assessment and decision-making, and responsiveness to notifiers;*

Despite acknowledgement of deficiencies in this area and an undertaking to improve from AHPRA, we find that there are still unacceptable delays across all of the above areas. This can cause significant mental distress for practitioners who are subject to notifications. Improvement in this area should be prioritised.

We also have significant concerns over the agility of AHPRA to respond to serious notifications which potentially could place the public at risk. We are aware of a case of alleged sexual misconduct reported in 2021 where AHPRA took two months to undertake what they termed "immediate action" to suspend the practitioner as they felt there was a serious risk to the public while an investigation was launched. We believe this is -a gross dereliction of AHPRA's mandate to protect public safety.

(i) *the role of independent decision-makers, including state and territory tribunals and courts, in determining the outcomes of certain notifications under the National Law;*

The overlapping roles of state and territory tribunals and AHPRA with regard to notifications can create confusion for consumers and practitioners. We acknowledge that efforts have been made to support coordination and cooperation between these entities. However there remains confusion and duplication of function. Indeed, in one recent case we are aware of a notification was dealt with by a state tribunal, however, the relevant National Board believed the outcome was inappropriate so appealed the decision, clearly demonstrating the interest of both entities in determining the outcome.

(j) *mechanisms of appeal available to health practitioners where regulatory decisions are made about their practice as a result of a notification*

We suggest it is appropriate to provide more readily accessible information about appeal options to practitioners, particularly where this is relevant and timely.

(l) *any other related matters.*

Overall, we believe that there is a lack of agility across the National Registration and Accreditation System which hampers the ability of AHPRA and the National Boards to perform their roles with optimal efficiency and effectiveness. In addition to the inefficiencies noted above, we wish to highlight the inefficient processes associated with pursuing changes to guidelines. Optometrists endorsed to prescribe scheduled medicines are only able to prescribe medications listed in the appendices of the Guidelines for use of scheduled medicines. Each time a new relevant medication becomes available, a process, which is often very lengthy, must be undertaken before optometrists are able to prescribe it for the benefits of their patients. Whilst supporting the need for thorough consideration of guideline changes, we believe the timeframes involved in realising change risk timely patient access to treatment options. Further, we suggest more efficient systems could be established to enable optometrists to prescribe relevant medications within their scope of practice.