OPTOMETRISTS
ASSOCIATION AUSTRALIA

Optometrists Association Australia Submission to the Health Workforce Bill 2009 to the Community Affairs Legislation Committee

June 2009

OPTOMETRISTS ASSOCIATION AUSTRALIA ABN 17 004 622 431
204 DRUMMOND STREET CARLTON VICTORIA PO BOX 185 CARLTON SOUTH VICTORIA 3053
TELEPHONE 03 9668 8500 FACSIMILE 03 9663 7478 EMAIL oaanat@optometrists.asn.au
www.optometrists.asn.au

Optometrists Association Australia welcomes the opportunity to comment on the *Health Workforce Australia 2009 Bill* (the Bill).

Optometrists Association Australia (Optometrists Association) is the peak professional body representing the interests of 96 percent of practising optometrists in Australia. The primary purpose of Optometrists Association is to represent and advance the profession's interests with other stakeholders and to ensure that optometrists can practise to the full extent of their training.

The establishment of a national health workforce agency and its proposed role in planning, coordinating and funding professional entry clinical training across all health disciplines is important. Clinical training experiences are an essential foundation to prepare students to become 'work ready', supplementing theoretical experiences from university lectures and tutorials.

The viability of this new governance arrangement will be enhanced by flexible, explicit funding. In November 2008, COAG promised $1.55 billion over four years for clinical placements and the establishment of the Health Workforce Australia agency. The allocation of appropriate funding for all relevant clinical training settings may be beneficial in the creation of better governance structures for clinical training, especially within health professions that have not been specifically funded for clinical training and clinical training placements in the past.[1] We look forward to further information with respect to the exact funding allocation for these roles.

We understand that funds may also be available to support increased infrastructure spending to support capacity building. This is important for the optometry profession as specific funding has not been provided to the profession nor the universities providing optometry courses in the past. If clinical training places are to be expanded into 'non-traditional' areas, as is the stated aim of the NHWT[2], capacity building funds will be required. For example, for additional optometrists to participate in clinical placements, support for infrastructure may be necessary to ensure appropriate consulting rooms are utilised for clinical placement learning.

Explicit funding for clinical placements is also important in enabling students of all socio-economic backgrounds to participate in high quality and varied clinical training. Undertaking a clinical placement by a student is not a cost free exercise, especially if undertaken outside their usual place of study. At the moment, there are limited clinical placement scholarships for 'allied' health professions in rural and remote Australia. Optometry has been included as 'allied'. Over 13 'allied' health professions compete for a limited number of clinical placement scholarships funded by the Australian Government and there is a case to increase capacity in this scholarship program ahead of more explicit funding by the new Health Workforce Australia Agency. In order to expand clinical placements in rural and regional Australia, adequate funding is required to allow students to participate (to cover costs of living in rural and regional Australia), and build capacity of practitioners and local hospitals to host clinical placements. There also needs to be sufficient attention to linking students to local communities where they undertake their clinical training, to induct them into rural life so that links are made outside the normal working day.

Characteristics of the optometry professional training

Optometry is a registered health profession. Its university courses are independently accredited by the Optometry Council of Australia and New Zealand (OCANZ). OCANZ require that students be provided with extensive and varied clinical experience including direct contact with patients over a significant period of time; where large numbers of patients of varying ages and social backgrounds are seen and where there are a wide diversity of presentations of ocular dysfunction and disease.[3] Optometry has had competency-based university courses for over fifteen years. Optometrists Association promulgates competency standards on behalf of the profession and is shortly to publish the fourth edition of competency standards.

---

[1] National Health Workforce Taskforce, *Clinical Training – governance and organisation*, page 2. http://www.nhwt.gov.au/dataproject-gov.asp.

[2] National Health Workforce Taskforce, *Clinical Training – governance and organisation*, page 2. http://www.nhwt.gov.au/dataproject-gov.asp.

[3] OCANZ, Accreditation Manual, Part 2 Guidelines, April 2006. http://www.ocanz.org/images/stories/pdf/accrdmanualpart2_.pdf.

There are three universities that currently offer optometry courses: University of Melbourne; the University of New South Wales and Queensland University of Technology. Approximately 140 students graduate annually from these three optometry schools. Typically clinical training is required over the course of an optometry degree, but is principally concentrated in the last two years of a professional entry degree. Whilst each optometry school varies, clinical placements take place in primary, secondary and tertiary health care settings such as public eye care clinics attached to each of the three universities, private optometric practices, ophthalmological practices, and to a limited extent at public hospitals. Some optometric degrees also require overseas clinical training placements.

The three universities have the responsibility for finding and managing clinical training placements. Reflecting the lack of funding for clinical training and clinical training placements for optometry, there is no payment to supervisors (or preceptors) for agreeing to have students in a clinical placement and no funding provided to students who elect to undertake clinical training away from where they study, unless an undergraduate student has a newly established Allied Health Clinical Placement Scholarship Scheme (AHCPSS).[4]

Optometrists over the past decade have increased their scope of practice to encompass the prescription of certain medicines in the treatment of ocular disease in all states and territories except Western Australia. Currently, each university provides qualified optometrists the opportunity to undertake a postgraduate certificate which enables them to prescribe medicines. This certificate typically requires around 50 hours of clinical training in hospitals and ophthalmology settings.

In the past, some universities, in particular the University of New South Wales, have found it difficult to place students in suitable public hospital settings in their own state to gain the clinical training required to become qualified to prescribe drugs. As a result, the University of NSW has had to send its postgraduate students to Tasmania to undertake this section of their clinical training in the Royal Hobart Hospital.

Beginning with the University of Melbourne in 2002, all three universities have now expanded their professional-entry courses to include training in the prescription of medicines, meaning an even greater number of clinical training placements will be required in hospital and ophthalmology settings.

Comments on the Bill itself

Part 2 – Health Workforce Australia

The Bill establishes the broad framework for the establishment of Health Workforce Australia and outlines its main functions in Part 2, including:

- funding clinical placements to both students and those health professionals providing eligible clinical training or facilities;
- providing services to support the delivery of clinical training (e.g. services for the purposes of matching students with suitable courses providing clinical training);
- carrying out research to inform the evaluation and policy development with respect to the health workforce by the Ministerial Conference;
- developing and evaluating strategies for the development of the health workforce; and
- to advise the Ministerial Conference health workforce issues.

We note that clause 5(1)(f) allows supplementary functions in addition to those listed, and that clause 5(2) limits these additional functions to those conferred by the Australian Health Ministers' Conference.

These roles are very broad and the new Agency's predecessor, NHWT is currently consulting on the governance and organisation of clinical placements by the new agency, following consultation related to data management earlier in 2009. Optometrists Association looks forward to further, more detailed, consultation with the health professions on the likely roles that Agency will take including further information on the role of the agency in clinical placements given the existing paper was very broad in detail.[5]

---

[4] This Scholarship provides an Honorarium of $300 per week to the supervisor and a small payment to the student which recognises the costs a student faces when undertaking a clinical placement away from their usual place of study.

[5] *Clinical Training – governance and organisation*, National Health Workforce Taskforce. The consultation paper provided a number of models the agency might adopt. These models were very broad, ranging from a 'facilitative model' through to a very interventionist,

In order to ensure optimal progression of the Agency's objectives, the exact role of the Agency will need the support of the health professions, in particular, the Agency's power in deciding educational outcomes and hence scope of practice.

There has been some concern expressed in relation to the exact role that the Agency will play in the setting of standards for health education and training and the possible lowering of standards in this regard.

As the Bill is currently drafted, the Agency does not have the responsibility for setting standards. That is done by the relevant health profession, its accreditation authority and its relevant national registration Board.

The Agency can have a positive effect on standards through its support for clinical placements and support of clinical training through the funding from this Bill.

The Agency could have a negative effect on standards if it was to support inappropriate role substitution and/or deregulation, however, it has in these areas only an advisory role and presumably the professions, the accreditation bodies and the Boards can offer alternative advice if required.

Clause 5(3) notes that the Minister may make a legislative instrument setting out which students are eligible and the kinds of clinical training which would be eligible for assistance. We understand that the legislative instrument is not yet drafted. The Explanatory Memorandum notes the focus will be on pre-professional entry clinical training across all health professions. The discussion paper, *Clinical Training – governance and organisation*[6] and other material issued by the National Health Workforce Taskforce (NHWT)[7], state that it is the intention of the national agency to focus on professional entry level clinical training across all disciplines. There is a list of health professions including optometry.[8] The inclusion of all health disciplines is necessary given the importance of adequately funding clinical placements for all health professions in Australia.

Clause 7 of Part 2 of the Bill enables Health ministers to provide directions to the new agency through the Health Ministers' Conference. The Explanatory Memorandum to the Bill suggests these directions would be used to determine 'operational issues' and suggests 'operational issues' could include:

- eligibility criteria for pre-professional entry clinical training subsidies; and
- publication requirements.

The Bill says the directions must be of a general nature only; and not be contrary to the Act. The Explanatory Memorandum states that major new functions for the new Agency would require amendments to the Bill. We note that the directions are not considered to be a legislative instrument and are therefore specifically exempt from the *Legislative Instruments Act 2003*.

The effect of this would be that directions falling under this provisions will not be required to be registered on the Federal Register of Legislative Instruments and therefore not be publicly available, nor subject to the provisions of the *Legislative Instruments Act 2003* relating to parliamentary scrutiny including being Tabled in Parliament and subject to disallowance procedures. We would expect that significant directions made under clause 7 of the Bill, even if considered 'operational' ought to be publicised in some way by either the Health Ministers' Conference or the agency itself.

Part 3 – the Board of Health Workforce Australia

The Bill sets out the establishment of the board of Health Workforce Australia in Part 3. Clause 10 sets out the membership of the board including 'up to 3 other members'. The Board may benefit from the appointment of a health consumer representative as one of the three 'other members' given the importance of considering patient's experience in the provision of clinical placements. The legislation is drafted broadly, so this appointment would be possible if agreed by the Australian Government Health Minister, following agreement

---

'central allocation model'. There was little detail about how professions, accreditation and registration bodies and universities would be involved.

[6] http://www.nhwt.gov.au/dataproject-gov.asp.

[7] Words to this effect are also on the NHWT website: http://www.nhwt.gov.au/dataproject-gov.asp

[8] "It covers medical, nursing, dental and allied health disciplines. For the purposes of this Paper, allied health disciplines include: audiology; chiropractics; dietetics and nutrition; occupational therapy; optometry; orthoptics; orthotics and prosthetics; hospital pharmacy; physiotherapy; podiatry; psychology; radiography; speech pathology; and social work." Page 1, *Clinical Training – governance and organisation*, National Health Workforce Taskforce.

with the state and territory health ministers (clause 11 of the Bill). We note there is no specific requirement for a person to be nominated with a health-related background either.

Part 5 - Committees

Part 5 of the Bill allows for the establishment of committees to advise or assist it with the performance of its functions. The drafting allows for a wide range of people ('members (of the Board)' 'persons') to be appointed to these committees.

If profession-specific issues are being examined by the Health Workforce Agency, we would expect that any committee established to advise the new agency would include appropriate representatives from the relevant profession, including relevant registration and accreditation boards.[9]

Summary

The establishment of a Health Workforce Australia agency is welcome. As noted above, it has a wide range of roles as set out in the Bill. Of most prominence is its potential role with respect to clinical placements. Appropriate and equitable funding for clinical placements is important to provide a strong foundation for students as they commence their professional life.

The Agency's predecessor, the NHWT, has been consulting on the work it has done to date in relation to data management and very broadly with respect to potential models for clinical placement organisation and governance. Optometrists Association has been part of the consultation process that was facilitated by the NHWT. Optometrists Association looks forward to a continuing relationship with the new national Agency including participating in more detailed consultation with respect to its proposed roles.

---

[9] NHWT is establishing an Experts User Group with respect to creating a Data Management System for better organising clinical placements. It is envisaged that the 'experts' will be sourced via relevant peak bodies. *Clinical Training – governance and organisation*, National Health Workforce Taskforce.