31 May 2013

The Optometry Board of Australia

AHPRA

Level 7,111 Bourke Street

Melbourne

VIC 3000

Dear Sir or Madam

Re: Consultation on common guidelines and *Code of conduct*

Please find attached a Submission on behalf of The Australian College of Behavioural Optometry for the above review.

Kind regards,

Dr Paul Levi, ***Dip Pharm., B Sc Optom., O.D., M. Optom., FACBO.***

President – ACBO Board of Directors

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Submission to the Optometry Board of Australia

Public consultation on common guidelines and codes of conduct for all registered health practitioners

May 2013

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Introduction

About ACBO

The Australasian College of Behavioural Optometrists (ACBO) was founded in 1987, and provides Australian, New Zealand and Asian optometrists with the opportunity for education and training in the field of neurodevelopmental optometry. Neuro-Developmental (Behavioural) Optometrists have a special interest in patients with learning difficulties, traumatic brain injury, and binocular vision dysfunction, as well as those wishing to enhance their visual skills for sport.

- ACBO is an organization of around 300 AHPRA and OAA registered optometrists.
- 75% of these are independent business owners operating their own practices.
- A further 20% are employed in independent practices.

The College has strong connections and links with the OAA and Universities as well as the Contact Lens Society and international organisations such as The Optometric Extension Program Foundation in the USA and The European Society of Optometry. Information about sponsorship and other professional and business matters is shared regularly with these organizations.

The practices of the Members are largely based in adult services and products. In dedicated behavioural optometry practices the work with children and learning can exceed 30% of the total practice workload.

Perhaps more than general optometry practices, ACBO members deal with a specific subset of issues (visual motor, visual perceptual, and neuroplasticity) that “regular” practices for most part do not have the time, inclination or expertise to manage.

ACBO Member practices are some of the largest and most successful optometry practices in Australia. The optometrists and practices are sometimes aligned with other business organisations such as ProVision and Eyecare Plus

Why This Submission?

- ACBO represents a distinct and substantial sub-set of the optometry community.
- ACBO Members have a different mode of practice and this presents some unique challenges and opportunities related to the subject matter of this review.
- ACBO is part of a group of organisations including the Cornea & Contact Lens Society, and the Orthokeratology Society that together encompass the interests of optometrists practicing in niche or specialist professional areas.
- The main comments and feedback provided by ACBO relates to the standards for Advertising and Social Media.
- The subset represented by ACBO is more easily differentiated from the "regular" optometry community than the other subsets above.

Guidelines for Advertising

How are the existing guidelines working?

It is the view of ACBO that the current guidelines do not work well at all. There are some basic flaws with the interpretation of the Law and its application in practical circumstances.

It is reasonable to suggest that Guidelines only "work" if they can be clearly interpreted, can be followed in practice, and are enforced by the regulating authority. ACBO believes that in many cases these conditions do not exist.

Section 3 – Professional Obligations

The guidelines state: *"Practitioners should not advertise in a manner that could be considered as attempting to profit from or take advantage of limited consumer understanding of the properties of medicines, other therapeutic goods or services."*

This obligation is widely breached in the profession, principally by private companies acting on behalf of their licensees, which advertise price-based offers designed to attract customers to product which will, for the most part, not be suitable for the consumer's needs. It is well known for example, that single vision stock lenses will only be suitable for a small proportion of the patients seen in a practice, yet some companies advertise this as the opening offer on packages of product. Around eighty percent of consumers taking up the offer will pay substantially more to get

suitable lenses. They are deceived through lack of knowledge on the part of the patient.

3.1 Ensuring competence

"When advertising a regulated health service, a practitioner should ensure that he or she is competent by reason of his or her education, training and/or experience to provide the service advertised, or to act in the manner or professional capacity advertised."

Broadly speaking this requirement is sound, but the application in reality is entirely dependent again on how diligently we are prepared to enforce it.

There is a growing need for practitioners, particularly in private practice to differentiate themselves and provide niche services that others cannot. This approach also makes attracting regular optometry clientele easier by referral. However there is always the temptation to claim expertise or experience that may not always be totally accurate.

A brief review of the members of a particular optometry network who claimed to be behavioural optometry experts revealed that of 52 optometrists in those practices, 55% were not Members or Fellows of any behavioural optometry professional body, and 32% did not provide evidence of any substantial experience or qualifications in the subject. And yet the practice held itself out as offering "Behavioural Optometry"

It is apparent that in areas of optometry professional practice the members of the profession cannot self-regulate and there is need to more clearly define what constitutes appropriate qualifications and experience in these areas, and what entitles a practitioner to claim expertise.

3.2 Professional qualifications

"*Practitioners must state clearly their professional qualifications. Credentials and a practitioner's expertise in a particular field should be clear to the public. A practitioner who does not hold specialist registration or an endorsement must not claim or hold himself or herself out to be a specialist or to hold endorsed registration, either explicitly or by implication, or attempt to convey that perception to the public. See Section 6.4, 'Advertising of qualifications and titles' for further information."*

This is another requirement that is frequently breached due to lack of enforcement. As mentioned previously, 32% the practices reviewed for the previous item either did not have qualifications or experience to practice behavioural optometry, or did not say that they did.

There is however a major problem of interpretation with this clause in that there are no specialty registrations or endorsements for optometry so those claiming to be specialists are not claiming to be registered or endorsed specialists when they are not.

3.4 Authorising the content of advertising

Whilst this requirement of employed optometrists is fine in principal, in practice an employee optometrist has little or no chance of influencing the marketing efforts of a private company or franchise.

The wording of the requirement is ambiguous and unhelpful in that it clearly imposes an obligation but does not have an associated means of carrying out that obligation. The item recognizes this by watering down the requirement in paragraph 2, basically saying "do what you can". In a legal sense most optometrists are employed by companies. Granted the optometrist usually owns the company but that is legally irrelevant.

The requirement to comply with advertising needs to more clearly impose standards on persons, companies or organisations that employ optometrists, and provide penalties that are a deterrent.

5. What is Unacceptable Advertising?

"(b) encourage (directly or indirectly) inappropriate, indiscriminate, unnecessary or excessive use of health services; for example, references to a person improving their physical appearance and the use of phrases such as 'don't delay', 'achieve the look you want' and 'looking better and feeling more confident' have the potential to create unrealistic expectations about the effectiveness of certain services and encourage unnecessary use of such services"

It is common in the advertising methods of some optometrists and organisations to claim benefits for their products and services which fall into the statement above. A requirement is only as effective as the chance of it being enforced.

"(d) use testimonials or purported testimonials"

This requirement is also effectively unworkable as a clear definition of a testimonial is not provided. A brief Google search will show many examples of breaches of this clause. This requirement has implications for social media and electronic communications. What constitutes the practitioner "using" testimonials?

"(f) Claim that the services provided by a particular regulated health profession are better, as safe as or safer than others"

The competitive nature of the current business environment has created an imperative for providers of health care to seek point of difference to competitors. The most obvious example in recent time is the OPSM slogan "OPSM Looks Deeper!" This can be taken to be both a specific reference and a broad reference, but probably the best way to consider this is from the perspective of a user of the services. A patient would come to the inevitable conclusion "Looks deeper than the other optometrists." This message is clearly intended to convey the impression of a clinical advantage at OPSM, which is not strictly and consistently true on any level.

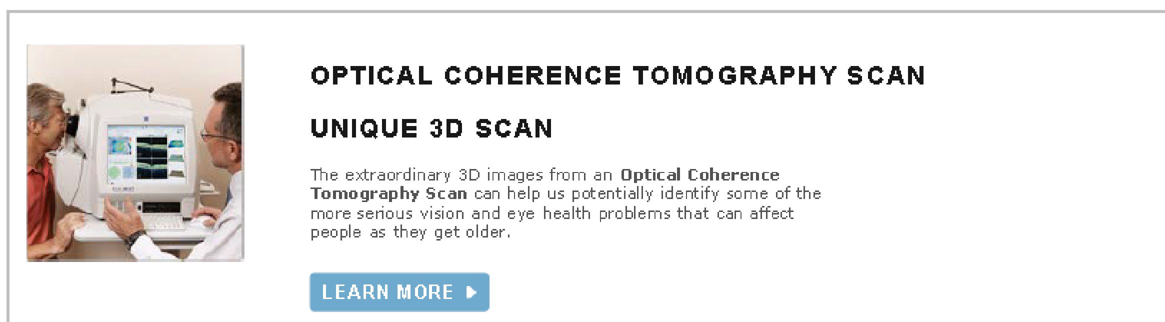


Fig: From the OPSM web site 21 May 2013. Apparently OCT is unique to OPSM

Also if a regulated health profession does not produce a benefit in service quality or improvement, what is the point of regulation?

(m) contain any information or material that is likely to make a person believe his or her health or wellbeing may suffer from not taking or undertaking the health service

This principle is the basis for most optometry recalls and almost every health information piece produced by optometrists and their various organisations. If the public do not believe their health or wellbeing will suffer by not attending the optometrist we would have no health care business.

(n) Contain price information that is inexact, or fails to specify any conditions or variables to an advertised price (see Section 6.5, 'Advertising of price information'), or offers time-limited discounts or inducements

ACBO is of the view that most price based offers made by optometric providers are by their very nature inexact and must inevitably be affected by variables that cannot be reasonably accommodated in the course of normal advertising. However in one example a well-known company offers basic packages of product certain in the knowledge that the offered vision solution will meet the needs of only a small percentage of those responding.

Time limited discounts or inducements are normal commercial practice and should not be prohibited.

6.1 Use of graphic or visual representations

Practitioners should use any graphic or visual representations in health service advertising with caution. If photographs of people are used in advertising of treatments, the photographs must only depict a real patient or client who has actually undergone the advertised treatment by the advertising doctor or practice, and who has provided written consent for publication of the photograph in the circumstances in which the photograph is used.

There are many photographs and images of patients and procedures provided by third party organisations such as equipment and product suppliers, and professional photography web sites that could not in any way be considered to misrepresent the service being communicated. It might even be argued that the higher quality of these images improves the public perception of the profession as whole. This part of Item 6.1 should be changed to allow the use of images that accurately portray the equipment/product/service, and do not mislead the consumer, as stated later in the Item. The two positions are confusing and not specific.

6.4.1 Use of Titles in Advertising

Practitioners should avoid developing abbreviations of protected titles as these may be confusing. There is no provision in the National Law that prohibits a practitioner from using titles such as 'doctor' or 'professor'. If practitioners choose to adopt the title 'Dr' in their advertising, and they are not registered medical practitioners, then (whether or not they hold a Doctorate degree or PhD) they should make it clear that

they do not hold registration as medical practitioners; for example, by including a reference to their health profession whenever the title is used, such as:

ACBO is of the view that the right to use the titles of Professor should apply only to those who hold those academic qualifications or appointments to that effect. To describe oneself as "Professor X" when not holding a University appointment to that effect is to misrepresent one's qualifications. We recommend that this clause be changed to prevent persons not holding qualifications from representing that they do. Naturally if any health professional has earned that through title academic endeavor and/or has been awarded a position by a reputable organisations, then they should have unfettered right to use it.

6.4.2 Advertising of specialties and endorsements

This very interesting Section depends entirely on the specific wording used in the National Law, on which any action taken will ultimately depend. The National Law, in its definition states a "Specialist Practitioner" as follows:

"*specialist health practitioner* means a person registered under this Law in a recognised specialty."

Specialist title is defined as follows:

"*specialist title,* in relation to a recognised specialty, means a title that is approved by the Ministerial Council under section 13 as being a specialist title for that recognised specialty."

Section 115 of the National Law prohibits a person from knowingly or recklessly taking or using a specialist title for a recognised specialty unless the person is registered under the National Law in the specialty.

There are no Registered or recognized Specialties in optometry. It is therefore impossible for an optometrist calling themselves a "specialist" to have breached the above condition as they are not "knowingly or recklessly taking or using as specialist title for a **recognized specialty**…"

3. Section 118 of the National Law prohibits a person who is not a specialist health practitioner from taking or using a title, name, initial, symbol, word or description that, having regard to the circumstances indicates, or could be reasonably understood to indicate, that the person is a specialist health practitioner or is authorised or qualified to practise in a recognised specialty.

Particular optometrists are specialist or expert health practitioners but they are not claiming to be authorised in a recognised specialty, and therefore may not have used a title that is prohibited.

This section gives no useful advice or guide to what constitutes claiming that you are a specialist health practitioner. In fact it applies an even more nondescript blanket over the need to define a particular area of practice by including other devices that could be interpreted as claiming specialty. This section may not prevent optometrists from calling themselves "specialists", but attempts to extend unlimited control over what terminology can be used without being at all specific.

We have to remember that when referring to the term "specialist" the Law is very clear that it is meaning a "recognized or Registered Specialty", and nothing else.

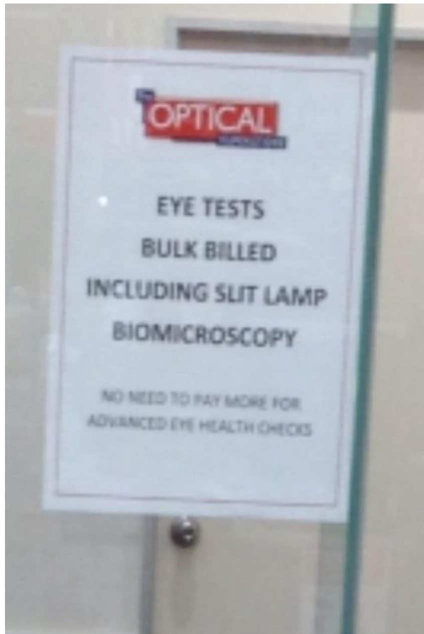
It is the view of ACBO that there is a good argument to be made under the current Legislation and in the wording of the guidelines, that optometrist can call themselves "specialists" as there are no recognized or Registered Specialties, which are essential pre-requisites to breaching the Law.

The Guidelines state:

"A registered practitioner who does not hold specialist registration under the National Law may not use the title 'specialist', or through advertising or other means, present themselves to the public has holding specialist registration in a health profession."

Under the current Law this does not appear to be correct. At the very least it can be said not to fully represent the Law that it claims to interpret.

6.6 Advertising of Price Information



We are dealing with two very different pricing issues in optometry. There are professional services, and consumer products. If an optometrist advertises a limited time special offer on sunglasses are they breaching the requirements of this section? Depending on interpretation this could be so.

This is not the case when considering the National Law. Spectacle Lenses fall under the Therapeutic Goods Act but spectacle frames do not. There needs to be much more clarity about what can be advertised and in what way to prevent potential problems.

Any person advertising regulated health services should be very careful when including price information in health service advertising due to the significant potential for such information to mislead or encourage the unnecessary use of health services.

What is unnecessary use of a health service, and in whose view? OCT is an example of the issue. It is possible to argue that the service should be provided only to those for whom it is clearly indicated, but also as a valid and very useful test for everyone who comes to the practice. Considering retinal photography, is it legitimate to advertise “free” retinal scans, as is currently being done by Specsavers, or does this encourage over-servicing? And if everybody gets a photograph why is that bad?

It is common for many pricing tactics used currently to mislead the public. In some sense that is their very purpose. It might also not be practical to fully inform consumers without substantial education, but we do need to communicate about price in advertising. Often the law compels it. Clearly there is a need to change this section and it needs careful thought.

Preventing optometrists from advertising time-limited offers and specials would mean we would never have a sale. This clause is clearly breached on a daily basis by optometrists and companies in the optical industry who employ optometrists. It should be removed.

6.6 Use of gifts or discounts in advertising

The use of gifts or discounts in advertising is inappropriate, due to the potential for such inducements to encourage the unnecessary use of regulated health services.

If a practitioner or a person advertising a regulated health service does use a discount, gift or any other inducement to attract patients or clients to a service, the offer must be truthful, and the terms and conditions of that offer must be set out clearly in the advertisement.

The National Law does not say the use of gifts or discounts is inappropriate.

Paragraph 2 contradicts paragraph one. The first sentence clearly states discounts are inappropriate, then the clause details what to do if you do offer a discount. This needs correction.

Is informing patients that we bulk-bill Medicare a breach of this clause? It falls into the very broad net of advertising and is a discount.

It is clear that "discounts" are commonly used in practice. The guidelines need amendment and clarification.

Is the content of the revised guidelines helpful, clear and relevant?

The revised guidelines still contain most of the points noted above and in that context they are somewhat helpful, but are certainly not clear and in some instances they lack relevance.

Is there any content that needs to be changed, deleted or added in the revised guidelines?

Section 3 - Purpose

In Section 3 the guidelines say that:

The wording of section 133 is broad and it is not possible to provide an exhaustive list of advertising that will, or will not, contravene the National Law.

Those advertising regulated health services, including individual practitioners, are responsible for ensuring that their advertisements comply with the law. Neither AHPRA nor the National Boards are able to provide legal advice to health practitioners about advertising and these guidelines are not a substitute for legal advice.

If the guidelines cannot say what will and will not contravene the Law, and that the advice provided by AHPRA and the Optometry Board cannot be relied upon as a means of deciding what is appropriate and what is not, how useful are the guidelines in practice? The reality is they are not very useful at all. In fact if the purpose of guidelines is to prevent breaches of Law, broad interpretations and non-specific, invalid advice will guarantee someone will breach the Law.

Section 5 – The Basis for these Guidelines

The last bulleted point states:

- *The **indiscriminate** or **unnecessary** use of health services should be discouraged.*

There is clearly a very significant gap for interpretation in the use of these words. Exactly what is indiscriminate or unnecessary? Who will make this judgment and on what basis? Practitioners clearly need more explanation so that they can make an appropriate call on a given set of clinical circumstances.

Section 6 – Obligations Under the National Law and other Legislation

Practitioners have a professional responsibility to be familiar with, and apply, this code. The code describes the professional standards expected of practitioners, including when advertising.

In some circumstances, advertisers may also breach the title and practice protection provisions of the National Law, whether or not they have been prosecuted under the advertising provisions.

Compliance with these guidelines does not excuse advertisers of regulated health services from the need to comply with other applicable laws. Advertising of regulated health services often involves the advertising of products and/or therapeutic goods and care must be taken to ensure compliance with all relevant legislation.

The clause discussed earlier in Section 3 is contradicted here. Earlier the Guidelines said that they were an incomplete guide, and could not be relied upon as advice, yet practitioners appear to be compelled to some extent by AHPRA to follow them, even though in following them the practitioner has no defense if those guidelines prove to be wanting.

Section 7 – Advertising Provisions of the National Law

This section encourages optometrists to "sell their professional services on their **merits**."

The Oxford Dictionary defines the word "Merit" as *"the quality of being particularly good or worthy, especially so as to deserve praise or reward."*

"Merit" is also a relative term. To be defined as above, you would need to be better than some other comparative thing. However the Code of Conduct specifically prohibits such behaviour. Clearly this point needs some revision.

Secondly the Code implies that "honesty" is a guide to appropriate behaviour or actions, yet in the specific provisions of the Code, attributes and other practitioner features which when described are completely honest and true, are specifically and by inference, prohibited.

Section 7.1 mentions information commonly used in advertising, but does not say if it is allowed to be used with impunity or what the purpose of including this information is.

Section 7.2 says:

- *" use words, letters or titles that may mislead or deceive a health consumer into thinking that the provider of a regulated health service is more qualified or more competent than a holder of the same registration category (e.g. 'specialising in XX' when there is no specialist registration category for that profession)."*

ACBO believes this is in and of itself misleading. The example given does not reflect what the Law actually says about this particular matter, and neither is it misleading or deceptive if a particular provider is demonstrably more qualified or competent. The guidelines say that words like "is experienced in" or "has an interest in" can be used, but these would only be used to demonstrate to a consumer that you were different.

7.2.1 Misleading and Deceptive Advertising

…….use words, letters or titles that may mislead or deceive a health consumer into thinking that the provider of a regulated health service is more qualified or more competent than a holder of the same registration category (e.g. 'specialising in XX' when there is no specialist registration category for that profession).

It is not misleading or deceptive to state that you are more qualified and experienced in a particular area of practice if you actually are and can substantiate it. We have already established that Optometrists may not be breaching the Law in this regard. The assumption that a patient can be deceived pre-supposes that the patient knows there are registered specialties

7.2.2 Gifts and Discounts

Consumers generally consider the word 'free' to mean absolutely free. When the costs of a 'free offer' are recouped through a price rise elsewhere, the offer is not truly free. An example is an advertisement which offers 'make one consultation appointment, get one free', but raises the price of the first consultation to largely cover the cost of the second (free) appointment. This type of advertising could also be misleading or deceptive.

In a very real sense there is nothing provided by a business that is truly "free" in the proper sense of the word. Some products or services are occasionally provided without a charge attached as part of a product bundle but they are not free in reality. The revised code should prohibit the use of the word free and any other advertising that might lead a consumer to believe they are getting more than one product for the price of one.

7.2.3 Testimonials

The vast majority of new patients arrive at optometry practices through testimonials. We refer to this as "word-of-mouth" referral. To ignore this form of testimonial and label other forms of testimonial made by the same person as unacceptable is inconsistent and not justifiable.

How else are patients expected to make judgments about who they will and will not select as their health provider except through the experience of others? There are clearly good and bad optometrists and patients have a right to be able to make their own judgments.

Perhaps the distinction needs to be made between solicited and unsolicited testimonials, and those published by a patient and those published by the practitioner, within the sphere of control or the practitioner?

A patient who takes the time to comment positively about a practice on the practice's web site or Facebook page has a right to make that comment, and has done so with a clear intention to inform others of this practices expertise and service.

They will not say anything they do not believe to be true, and we have to consider if we have a right to prevent them from having their views heard.

Neither the Guidelines of the National Law provides any reasonable reason for the prohibition on testimonials. Every form of advertising has the same potential to mislead the public, so why the particular emphasis on this? If there are more reasons for testimonials being excluded from use then these reasons need to be published.

"Uses self-testimonials, such as in a newsletter or on a website, and …"

Every advertisement is a self-testimonial. That is its very purpose.

The Guidelines also do not elaborate on what is "reasonable steps" to remove testimonials.

7.2.4 Unreasonable Expectations of Beneficial Treatment

The Guidelines states that advertising may contravene National Law when it:

• contains any information or material that is likely to make a person believe his or her health or wellbeing may suffer from not taking or undertaking the health service, and/or

Unfortunately almost every recall letter sent by optometrists in this country would contravene this requirement. An advertorial covering macular degeneration in the local paper would be prohibited. Promotion of Ocular Coherence Tomography is very much in the patient's interests, but disallowed by this advice.

The only purpose in having a preventative approach to health care is the threat to health and wellbeing from not accessing health assessments which would hopeful show no problems at all, thereby potentially falling into the "indiscriminate or unnecessary" basket.

8.2 Qualifications and Titles

"The inclusion of professional qualifications in an advertisement that also promotes the use or supply of therapeutic goods may be interpreted as a professional endorsement. These are prohibited under the Therapeutic Goods Advertising Code 2007"

Does this mean that qualifications cannot be used on material that discusses optical or contact lenses?

8.2.2 Advertising specialties and endorsements

"A registered health practitioner who does not hold specialist registration may not use the title 'specialist', or through advertising or other means, present themselves to the public as holding specialist registration in a health profession."

ACBO believes that the Law can be interpreted differently.

"While the National Law protects specific titles, use of some words (such as 'specialises in') may be misleading or deceptive as patients or clients can interpret the advertisements as implying that the practitioner is more skilled or has greater experience than is the case.

Clearly it is not misleading or deceptive if the practitioner does have more experience and/or skill.

"These words should be used with caution and need to be supported by fact. "

Contradictory and confusing. Either the words can be used or they cannot.

This section needs much more clarification.

8.2.3 Advertising Qualifications and Memberships

This section does not prohibit or prevent practitioners from using these titles, but is simply confusing. The Section implies a standard, then contradicts the implied standard.

Definition of Purported Testimonial

"A purported testimonial is a statement or representation that appears to be a testimonial."

This definitions says that a purported testimonial is something that could look like something we haven't defined.

Is there anything missing that should be added to the revised guidelines?

Obligations of Employers

The revised guidelines need to more strongly and clearly impose responsibility on the employers of optometrists to comply with this Code of Conduct. In practice it is not possible for an employee to have any meaningful influence over the actions of a corporate employer in respect of the matters covered by the Code.

Neither is it fair or practical to have part of the profession bound by a restrictive Code of Conduct and another sub-set of the same profession in competition with the first group not bound by the same rules.

Use of Specialty Titles

There needs to be recognition of areas of specialty practice in optometry, and some form of endorsement accompanied by the right to use recognition for individual practitioners, and regulation to prevent optometrists without qualifications or experience from practicing in those areas of specialty.

This matter will require extensive consideration, and will be the subject of a separate submission to the Board and AHPRA.

Clearer and more Specific Definitions, Guidelines and Examples

Without this information practitioners will have great difficulty in ascertaining exactly what they can and cannot do, and will inevitably end up breaching the Law and the Code of Conduct.

Do you have any other comments on the revised guidelines?

ACBO notes the feedback comments on page 5 of the Consultation document and agrees with these comments:

- Information could be presented in a very much clearer way
- There could be more useful examples
- The guidelines need to be clearly linked to the National Law, and reflect that Law completely accurately

Current Code of Conduct

How is the current code working?

The current Code of Conduct appears to work well in the sense that it covers a substantial number of issues but would certainly need regular updating and revision to accommodate current practice and community and professional values as they change.

Is the content of the revised code helpful, clear and relevant?

The revised Code of Conduct is better than the current form.

Is there any content that needs to be changed, added or deleted in the revised code?

Section 2 – Providing Good Care

"Recognising the limits to the optometrist's own skills and competence and referring a patient to another practitioner when this is in the best interests of the patient, and …"

But refer to whom? We cannot differentiate or promote expertise in clinical practice so how would anyone know? Of course the reality is there are actually practitioners with greater experience and specialty skills. This needs to the recognized and acknowledged.

Section 3.5 – Informed Consent

Optometrists should also document refusal to undertake particular treatments or tests that the practitioner considers to be important to the patient's well-being, and have been offered and the basis for that recommendation explained.

Section 3.13 Understanding Boundaries

This section needs to be more specific and strongly worded to note that under normal circumstances a practitioner should not treat close friends, work colleagues, or relatives. Emergency situations are an exemption or when there is no reasonable alternative.

Section 11 Undertaking Research

11.3 Treating Optometrists & Research

Add:

c) Inform the patient that their clinical and health information may be used for research purposed

d) Obtaining written consent from the patient to use their information and for their participation in the research.

e) Ensuring that the research has a direct link to patient care, improvement of service and professional knowledge

g) Ensuring that data that may be provided to third parties is treated in accordance with appropriate standards and the Privacy Act.

Do you have any other comments on the revised code?

No other comments.

Social Media Policy

Is the content of the draft *Social media policy* helpful?

The policy is not particularly helpful in that it reiterates what has already been covered by other Policies, Statutes and Laws. It does not in any substantive way assist a practitioner to know what is permissible and what is not. If given to a staff member as a guide it would not help much at all.

Is there any content that needs to be changed, added or deleted in the draft policy?

Who Needs to Use This Policy

This Policy also needs to apply to Companies and persons who employ optometrists.

Do you have any other comments on the draft policy?

No other comments

Guidelines for Mandatory Notifications

How are the current guidelines working?

The guidelines appear to be working satisfactorily.

Is the content of the revised guidelines helpful, clear and relevant?

Yes the content is fine

Is there any content that needs to be changed, deleted or added in the revised guidelines?

No recommendations to make for this Guideline.

Do you agree with the approach of referring practitioners to other sources for guidance on social media that goes beyond the National Boards' regulatory role?

If there are specific requirements of optometrists in respect of social media (which in principle is no different to other forms of communication and advertising), then these

should be explained in detail in the Policy. That is what a Policy is for. A Policy that does not leave the reader in no doubt about the requirements of the issuing authority has no value at all.

Do you support the approach of including general guidance in the draft policy, the *Guidelines for advertising* and the *Code of conduct for optometrists*, with appropriate cross-referencing?

The Guidelines and Code of Conduct need to be very much more accurate and specific They are currently confusing, contradictory on occasions, and as said specifically in the documents, cannot be relied upon as advice in any circumstances.

Does the guidance in these documents reflect the National Boards' regulatory role?

The guidance is one of the most important functions in the National Board's role but in ACBO's view, the specifics of the information provided need very much more development.

This is the very purpose and one of the most valuable activities the Board can undertake for the profession.

The second vital role is ensuring compliance. There needs to be a well-developed process of active monitoring and feedback to those obliged to follow the Codes of Conduct and various Laws, and if required, the application of sanctions.

Signed

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President – ACBO Board of Directors