



Scope of Practice

Preamble

This Scope of Practice is intended to provide a common language and framework to interpret Orientation and Mobility (O&M) professional practice in Australasia. It identifies foundation and regulatory documents that guide O&M service provision. It distinguishes between the general scope of practice of an O&M Specialist just entering the profession and the scope of an advanced O&M Specialist. It also outlines the role of a dual-qualified O&M Specialist who is also registered to practise in another profession, and a Guide Dog Mobility Instructor. It describes collaborative practice, the delegation of authority through referral or handover, and the supervision of O&M support people and students.

The O&M Scope of Practice can be used to inform practitioners, managers, academic course coordinators, employers, consumers, regulatory agencies, funding bodies, policy makers and others about the role of O&M Specialists. It equips O&M Specialists with a framework to critically reflect on their own O&M practice, professional development and career progression.

OMAA

The Orientation and Mobility Association of Australasia (OMAA) established in 2008, is the peak professional body for O&M Specialists in Australia, New Zealand and Pacific Island nations including Papua New Guinea, Fiji, Solomon Islands, French Polynesia, New Caledonia, Vanuatu, Samoa, Federated States of Micronesia, Tonga, Kiribati, American Samoa, Marshall Islands, Palau, Cook Islands, Nauru, Tuvalu, and Niue (NZ).

As such, the OMAA has responsibility to determine standards for O&M qualifications, professional development and ongoing professional practice in the Australasian region. The OMAA is governed by a constitution and led by a volunteer council and executive.

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1. O&M Practice within the Australasian context

Orientation and mobility (O&M) is a person-centred profession that equips people of all ages, usually with low vision or blindness and often with additional disabilities, to identify where they are and how to move through lived environments to the best of their ability.

O&M practice is rarely clinic-based. O&M Specialists address a client's O&M needs in the context of everyday activities in lived environments, where they teach concepts and strategies for safe, effective, efficient and confident mobility. They aim to maximise a client's independence, access to places, social and community participation, recreational and employment opportunities, wellbeing and self-determination. O&M Specialists and their clients also work with aids, equipment, technologies, other professionals and social supports to achieve these purposes.

The OMAA regards dog guide¹ mobility as a specialisation within the O&M profession, since the primary purpose of the dog is to meet a client's unique O&M needs. Guide Dog Mobility Instructors account for a quarter of the O&M workforce in Australia and New Zealand [1].

Populations served – Clients and communities

O&M Specialists primarily work with individual clients in the context of their families, friends, carers and relevant professionals. They also work with client groups, community groups, education and community services, allied health and medical professions, transport service providers, access consultants, government bodies, policymakers, and others. The purpose of cross-sector collaboration is to support client programs, improve universal access and broaden community understanding of the needs of people with low vision or blindness and mobility limitations.

A client's O&M challenges can arise from their personal development and characteristics, travel environments, limited available resources, and family, professional and societal attitudes that can restrict expectations of the client's capability [2]. In Australia, only 10% of O&M clients are totally blind [3]. The majority have some level of low vision, either ocular or neurological, causing functional difficulties with visual processing. Some O&M clients have limited spatial cognition that is unrelated to their vision, increasing their likelihood of disorientation during travel and the need for navigational strategies that don't require mental mapping [4]. Many O&M clients have other health or social complications that compromise their mobility and make their lives complex [5]. O&M clients in Australasia are rarely drivers, and so they rely on public and alternative transports to travel beyond home.

O&M service providers – Individuals and employers

In the Pacific Islands, the O&M needs of individuals are usually addressed by family and friends, their community, and human service professionals (e.g. special education teachers, community-based rehabilitation fieldworkers) who have developed some O&M skills by

¹ In line with the International Guide Dog Federation, the OMAA uses "guide dog" as a generic term for assistance dogs that work with people who have low vision or blindness, including Seeing Eye Dogs, Leader Dogs, etc. Thus, the generic term "Guide Dog Mobility Instructor" or GDMI also includes Seeing Eye Dog Instructors. However, the term "dog guide" is used interchangeably with guide dog, especially when referring to guides, comparing dog and human guides, or when agency branding is a sensitive issue.

working with O&M Specialists visiting from other countries, and/or attending O&M professional development events in the region.

In Australia and New Zealand, Orientation and Mobility is a defined, unique profession, situated between the fields of vision, education, rehabilitation, allied health, disability, access, and universal design. The O&M profession of Australasia was established in 1971 when the first O&M Instructor training program was delivered in Melbourne under the aegis of the Royal Guide Dog Association of Australia. O&M Specialists now complete comprehensive tertiary qualifications including extensive blindfold travel in the community and supervised professional placements.

O&M Specialists in Australia and New Zealand are employed by low vision/blindness agencies in the not-for-profit sector, by education departments, and universities [1]. Increasingly, freelance O&M Specialists undertake private client work, contract work with agencies and schools, consultancies, teaching and research. Some O&M Specialists are also employed in government departments and private businesses (e.g., public transport, employment, insurance, technology, access industry) in roles that involve client assessment, case management, education, disability liaison or environmental access assessments.

O&M service models

Most O&M services in Australia and New Zealand are itinerant because O&M clients can be widely dispersed, each with unique, context-specific O&M goals. An O&M Specialist might need to cover large geographical areas – metropolitan, rural and remote – to serve the needs of individual clients and build capacity in each client's community.

Teaching is tailored to the individual learner. A 1:1 ratio is usually needed to address the client's O&M goals, maximise spontaneous learning opportunities and ensure the client's safety. Group programs can be beneficial for peer support, concept development, and sharing information. Other O&M service models include residential programs for intensive service delivery, centre- or school-based services, technology-linked services and community liaison.

Some employers combine the role of an O&M Specialist with related services such as teaching braille or adaptations for activities of daily living. Some O&M Specialists are dual-qualified and registered to provide services in a separate, regulated profession. Providing that the O&M Specialist is appropriately qualified and supported, this extended scope of practice can facilitate economical service delivery, particularly to rural and remote areas.

2. Regulatory Frameworks

Internationally

O&M practice is guided by:

- United Nations Convention on the Rights of Persons with Disabilities (CRPD) [6].
- UNICEF Convention on the Rights of the Child [7].
- Certified O&M Specialist (COMS) program, administered by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) in the USA [8].

Australia

In Australia, O&M practice is guided by respect for First People and their Elders past, present and emerging. First People have travelled and nurtured the land for thousands of years, including people of all abilities in community, culture and country, needing no words for disability[9].

In Australia, child protection is governed by different legislation in each of the Australian states and territories [10]. Australian federal legislation governing O&M practice includes:

- Disability Discrimination Act 1992 [11] which incorporates the Disability Standards for Education 2005 [12].
- National Disability Insurance Scheme Act 2013 (the NDIS Act) [13].
- Aged Care Act 1997 [14].

New Zealand

O&M practice is guided by the Treaty of Waitangi[15], the rights of the Tangata Whenua (indigenous people - Māori) to tiro rangatiratanga (self-determination) and a national commitment to culturally responsive practice. National legislation includes:

- New Zealand Bill of Rights Act 1990 [16].
- Education Act 1989 [17].
- Human Rights Act 1993 [18].
- New Zealand Public Health and Disability Act 2000 [19].

Orientation and Mobility Association of Australasia

The OMAA Quality Framework [20] includes the following elements:

- OMAA Code of Ethics.
- OMAA O&M Scope of Practice.
- Certified O&M Specialist (COMS) program, benchmarking entry-level professional standards.
- OMAA Standards of Professional Practice [21], benchmarking exemplary standards.
- Annual membership renewal declaring fitness to practice.
- Grievance procedures for professional discipline, suspension and deregistration.
- Eligibility criteria for Registered O&M Specialists in Australasia
www.omaaustralasia.com/register/.

O&M Students are encouraged to join OMAA to develop professional networks that support their learning, internship and employment. O&M graduates are encouraged to apply for full OMAA membership, certification and registration within the first 12 months of qualified employment.

COMS Program

The Australasian industry is too small to fund, establish and maintain an independent certification program and so the OMAA adopted the US-based COMS program [8] in 2013. There are representatives from Australia and New Zealand on the COMS Subject Matter Expert Committee.

The COMS program provides the OMAA with an external, internationally recognised credential and standards for:

- developing, delivering, evaluating and improving comprehensive O&M qualifications.
- distinguishing between fully qualified O&M Specialists and O&M support people.
- supporting movement of the O&M workforce between agency employment and private practice.
- undertaking professional development to maintain and improve individual O&M practice.

To become a COMS, an O&M Specialist must provide evidence of eligibility (qualifications and workplace experience), pass the COMS exam and receive formal certification from ACVREP [8]. This certification must be renewed every five years, with 100 points' evidence of professional development.

O&M Qualifications in Australia and New Zealand

A COMS is expected to have a bachelor's degree or higher qualification², locating the O&M profession academically amongst other allied health and education professions. The Body of Knowledge listed in the COMS Handbook [8] details the content considered essential in a comprehensive O&M qualification. Most trainee O&M Specialists in Australia and New Zealand already have a bachelor's degree in a related field, bringing richness and diversity to the O&M workforce. A shorter O&M qualification builds on this prior knowledge.

An O&M qualification is comprised of academic and embodied learning whereby students typically work in pairs to teach and learn the blind mobility skillset and low vision travel skills, alternating between instructor and client roles. Students in the client role learn to use a long cane and other aids to travel confidently in the community with little or no vision, and then draw on this embodied knowledge throughout their professional practice. It takes approximately 80 hours of blindfold/low vision simulation experience in the client role, including peer teaching, to consolidate fundamental, embodied O&M knowledge³.

The COMS program also requires a COMS-supervised professional placement/internship (minimum 350 hours) before a graduate O&M Specialist is considered ready to work independently with clients. In Australia and New Zealand this internship might be part of the initial O&M qualification or undertaken after graduation as part of early professional practice.

A COMS-compliant O&M qualification relies on collaboration between a university or registered training organisation (RTOs) and O&M employers. Universities or RTOs offer accredited qualifications, teaching spaces and resources; O&M employers provide funding and in-kind support, subject matter expertise, supervisors in the practical skill development of students, as well as opportunities for placements/internship and employment.

Registered O&M Specialists

A COMS who is also a member of the OMAA is eligible to become an OMAA Registered Orientation and Mobility Specialist in Australasia (ROMSA). The OMAA manages this registration and maintains a publicly accessible list of Registered O&M Specialists at www.omaaustralasia.com/register/

² A bachelor's degree is Level 7 in both the Australian Qualifications Framework (www.aqf.edu.au/) and the New Zealand Qualifications Framework (www.nzqa.govt.nz/studying-in-new-zealand/understand-nz-quals/nzqf/). A graduate certificate or post/graduate diploma is Level 8, a masters is Level 9 and a PhD is Level 10.

³ Estimated in 2018 by the Board of O&M Australasia after collaboration with educators involved in O&M personnel preparation in Australia, New Zealand, and USA.

3. O&M roles and scopes of practice

Four O&M roles and their scopes of practice are defined here in the context of O&M: General O&M Specialist, Advanced O&M Specialist, Dual-qualified O&M Specialist and Guide Dog Mobility Instructor.

General O&M Specialist

A general O&M Specialist provides services commensurate with minimum graduate/entry-level competencies, knowledge and skills as defined by the COMS program [8]. General O&M Specialists, whether acting in a paid or voluntary capacity, may practice any activity that falls within the broad scope of O&M providing that they are appropriately educated, credentialed and competent to practice.

Person-centred O&M practice must be sensitive to the unique needs of clients and changes in health care, education and travel environments. O&M scope of practice is dynamic, including both existing and emerging practices. O&M Specialists working in innovative ways should be able to demonstrate and explain how their activities align with O&M practice.

General O&M Specialists are qualified to work independently with clients of any age who have low vision or blindness and other health, disability, learning or social complexities. The role often involves case management of individual clients. Shared decisions about client services are based on an individual O&M assessment that involves interviewing the client and relevant stakeholders, reviewing relevant reports, and observing the client moving or travelling in lived environments. This collaborative assessment considers functional vision, O&M skills, social supports, mobility needs and the client's goals. It can lead to an individually tailored O&M program, or referral to other services.

Functional vision assessment in O&M extends beyond what can be explored in the clinic, home, classroom or office [22]. Many people with useful low vision also experience periods of functional blindness that can compromise safe mobility. The O&M Specialist assesses how low vision is useful when travelling through dynamic environments and the travel skills needed during periods of functional blindness. Variable lighting and unexpected circumstances can require a timely response, and low vision aids could help to maximise the client's low vision.

As an educator, the O&M Specialist identifies learning strategies that work best for the client. The result is that O&M programs that involve success-based sequential sessions can vary in content, length and intensity according to the client's needs.

The O&M skill set that is particular to the O&M profession includes long cane training and non-visual travel skills, as well as visual efficiency skills for people who travel with low vision. However, there are many aspects of O&M work with clients who have low vision and other disabilities, that overlap with other professions. Thus, general scope of practice can involve, but is not limited to:

Personal and life skills:

- Functional vision assessment and use of vision-related aids.
- Visual efficiency training and sensory integration during travel.
- Body, spatial and environmental concepts.
- Independent travel skills with low vision or blindness (e.g., orientation, safety).
- Social travel skills (e.g., human and dog guides, seeking/refusing assistance).

- Communication skills, alternative and augmentative communication (e.g., braille, deafblind communication, Auslan) and self-advocacy.
- Vision-related strategies, resources and adaptations for activities of daily living.

Device use:

- Cane training, including long cane, ID cane, support cane, adaptive mobility aids for children.
- Assistive technology for travel and social participation – mainstream and specialist devices.
- Wheeled mobility, including bicycles and aids recommended by other professionals including walking frames, wheelchairs and motorised mobility scooters.
- Orientating a dog guide handler.

Environmental concerns:

- Traffic skills and public transport access in diverse environments.
- Rural and remote practice.
- Environmental assessments on behalf of individual clients and the wider blind/low vision population; recommendations and education for access and universal design (e.g., schools, workplaces, public transport, public buildings, aged care facilities).

Diverse clients:

- Pediatric/Developmental O&M, including movement, sensory, and concept development and transitions between early childhood, schools, tertiary education, and adulthood.
- Adult travel supporting educational, economic, and recreational participation.
- Retirees, elders, and age-related O&M (e.g., dementia, falls and balance).
- First People – Aboriginal and Torres Strait Islanders, Māori and Pacific Islanders.
- Culturally and linguistically diverse communities and their interpreters.
- LGBTQIA+ clients.
- Deafblind clients.
- Multiple disabilities and working with multidisciplinary teams.
- Neurological conditions (e.g., cortical/cerebral vision impairment; congenital conditions including cerebral palsy; and acquired brain injury including stroke, trauma).
- Frail clients with chronic pain, palliative conditions, or mental illness.

In addition to working directly with clients, the general O&M scope of practice involves building professional and community networks, sourcing and developing O&M resources and technologies, advocacy on behalf of clients, and community education about O&M, low vision and blindness.

With experience, regular supervision, professional development and personal reflexivity, a general O&M Specialist will typically develop areas of special interest and expertise as a natural extension of the general scope of practice.

Advanced O&M Specialist

An advanced scope of practice involves subject matter expertise – a higher level of knowledge and skills, leadership, decision making and contribution to research and

education than an entry-level scope. An advanced O&M scope might involve specific activities that are not typically performed by new graduates, including:

- Recruiting, teaching and assessing students who are undertaking O&M qualifications.
- Supervising, managing and mentoring students, new graduates and staff teams in the workplace.
- Sourcing, designing and facilitating professional development activities, including workshops and conferences.
- Conducting, presenting and publishing research, including service evaluation.
- Involvement in strategic planning and policy decisions.
- Serving in governance, leadership, consultancy, evaluation and teaching roles locally, nationally or internationally.

With increased responsibilities, comes a need to ensure both safety and quality in practice. Therefore, an advanced scope of practice may involve:

- additional formal training.
- a period of observation and practice with experts elsewhere.
- internal credentialing by an employer.
- regular professional supervision, monitoring and/or mentoring.
- a redefined position description.
- salary adjustment.

Dual-qualified O&M Specialist

An O&M Specialist might have additional qualifications that enable practice to extend beyond the scope of a general or advanced O&M Specialist into one or more other professions. Other qualifications that are commonly paired with O&M include, but not limited to: education, occupational therapy, orthoptics, access consultancy, counselling, psychology, and physiotherapy.

In this instance, the COMS program provides the standard for a fully qualified O&M Specialist and the alternative profession has its own professional standards that are likely to include:

- Completion of a professional qualification with minimum standards for essential content.
- Membership of a professional body.
- Certification or registration to practise.
- Compliance with a code of ethics.
- Requirements for ongoing professional development.

Eligibility for an O&M position might depend on this dual qualification, in which case it is the responsibility of the individual to maintain registration in both professions. For example, an education department might require an O&M Specialist to also be qualified and registered as a teacher in the local jurisdiction.

Guide Dog Mobility Instructor

Dog guide mobility traineeships are managed and taught by dog guide schools and the title “Guide Dog Mobility Instructor” (GDMI) implies that a dog guide trainer has also learned some O&M skills to work with clients. The International Guide Dog Federation (IGDF) provides curriculum standards for GDMI traineeships [23] that include some O&M content,

and international assessors who audit dog guide schools and review training procedures, but O&M content in a traineeship can vary and there is no standardised professional registration for qualified GDMLs.

Worldwide, the O&M and dog guide mobility professions tend to operate in parallel, but in Australia the two are more closely connected. While some dog guide schools elect to teach O&M content to trainees in-house, Australia was an early adopter of dual O&M/Dog guide qualifications. Some GDMLs in Australia have undertaken a university O&M qualification as part of their traineeship and are eligible to apply for COMS. Dual Guide Dog Mobility /O&M qualification of Instructors reinforces the importance of person-centred practice in dog guide mobility, with the dog aiding the client's O&M needs. Thus, the OMAA regards dog guide mobility as a specialisation of O&M.

A GDML without comprehensive O&M skills is likely to manage the dog-related aspects of client training, but refer a dog guide client back to an O&M specialist for preparatory skills before matching with a dog, for refresher O&M training as needed during the working life of the dog, or to update the client's travel skills after a dog has retired, while waiting for a new dog.

In addition to general O&M services, the scope of a dual-qualified GDML includes, but is not limited to:

- assessing and training dog guides, attending to their humane care and treatment.
- assessing the clients' O&M needs/goals, then assist in the matching of these with an appropriate dog.
- preparing the client with the necessary O&M skills to undertake dog guide mobility and to manage personal travel when the dog is out of action.
- training the client/dog team and then supporting transfer of skills to the client's lived environments.
- providing aftercare and follow up support throughout the dog's working life.
- teaching self-advocacy skills; advocating on behalf of the client to support dog guide client access to public places.

GDMLs who have completed a university O&M qualification are encouraged by the OMAA to apply for COMS and become a Registered O&M Specialist in Australasia. These professional standards:

- provide a benchmark for O&M content covered in a GDML traineeship, clarifying the graduate's level and depth of O&M knowledge.
- provide internationally recognised mobility credentials for a GDML.
- increase employment options, enabling easier movement between GDML and O&M roles, agency employment and private practice.
- equip the GDML to address the client's holistic needs beyond dog guide mobility.
- demonstrate commitment to the mobility profession, not just to the local employer.
- provide an accountability framework for ongoing professional development and recertification after five years.

Nevertheless, the OMAA recognises that:

- an O&M qualification is not a requirement of all dog guide schools in Australia and New Zealand.
- expectation of a formal O&M qualification exceeds the current requirements of the IGDF for O&M content in a GDML traineeship.

- a COMS-compliant O&M qualification is not a feasible undertaking for all GDMI's worldwide.
- dual qualification as a GDMI/COMS does not necessarily lead to different career pathways or higher salary.
- a GDMI trainee might not be eligible to enrol for an available university O&M program.
- a university O&M program is not always available at an appropriate time in a GDMI traineeship, which can have tight schedules around dog training, matching and client training.

4. Collaboration and delegations of scope

O&M practice is always embedded in a specific community context where support services can vary. Collaboration with other professionals and delegation of authority are important aspects of scope of practice.

Collaborative teams

Collaborative O&M practice can involve:

- identifying available professionals to help meet the client's unique needs.
- clarifying who is responsible for case management.
- determining requirements and deadlines for reporting.
- conducting joint assessments or programs.
- participating in case conferences to review needs, goals and program planning.
- building the client's self-advocacy skills to work with different professionals.
- educating other professionals about O&M practice.
- learning from other professionals to enhance O&M practice.

Referral

Referral involves the O&M Specialist sending a client to another professional, with the client's consent, to obtain a second opinion, diagnosis, assessment, treatment, or therapy. This means transferring responsibility for a time and particular purpose which is beyond the O&M Specialist's expertise, scope of practice, availability or suitability. Examples include referral to:

- an eye specialist for review of glasses and advice about low vision aids.
- a physiotherapist for assessment of balance problems.
- an occupational therapist to learn non-visual cooking skills.

Handover

Handover involves ceasing contact with the client and transferring all responsibility to another practitioner, such as when the O&M specialist is changing roles or leaving a job, or the client's needs would be better served by another professional.

O&M support person

An O&M support person is a volunteer or seconded role, recruited and equipped by the O&M Specialist to work within an appropriate governance framework. This might be a family member, friend, carer, support worker, teacher, allied health professional or other community

member who has a stake in the progress and outcomes of a client's O&M program. This person knows the client's circumstances and is well-situated to work towards the client's O&M program goals and reinforce the client's O&M skills in everyday situations. An O&M support person can be an affiliated member of OMAA but is not eligible to apply for COMS or become a Registered O&M Specialist in Australasia.

Student O&M Specialist

A student O&M Specialist benefits from initial observation of O&M practice, and direct engagement with clients and experienced O&M Specialists to understand the functional implications of low vision or blindness and the nature and scope of O&M services. Students can be delegated specific tasks or carry out defined elements of O&M practice, initially under close supervision, then with greater autonomy as their own knowledge and skills develop.

Registered O&M Specialists have an obligation to ensure that the practice of O&M support persons and students under their supervision complies with nationally legislated codes, professional standards, and practice guidelines so that clients and the public receive safe and ethical services.

5. Document development and review

Grounded theory methodology was used to ensure that this O&M Scope of Practice reflects the views and active professional practice of O&M Specialists in Australia and New Zealand. Initial data collection occurred at the 6th Australasian O&M Conference in Melbourne, April 2018 (n=90). A working group was convened from volunteers at the conference, to analyse data via email and videoconference. The Scope was drafted from the analysed data, with reference to relevant model documents [8, 24-28] and then refined through several rounds of consultation with the working group, the OMAA Executive, the OMAA Professional Standards Committee, OMAA members and industry leaders.

The working group involved: Lil Deverell (lead author), Lisa Dillon (notetaker), Jeremy Hill, Brenda Harris, Karyn Willins, Roley Stuart, Cheryl Dimmock, Luke Price, Amy O'Reilly, Amanda Hale, Kerri Weaver, Michelle Sharples, Julia Budd, Jade Chang (health economist), Metaxia Tsoukatos, Errol Ingram, Nancy Higgins and Sandra Holmes. Later drafts were reviewed by Shelley Pannier, Tracey Spath, Maree Ingram, Kim Pilic, Ella Peaty, Paul Garwood, Shiree Arrian, paediatric O&M Specialists at BLENNZ (New Zealand), and Frances Gentle (special educator and South Pacific specialist). GDMI collaborators included Paul Adrian, Jane Bradley, Eve Chittenden, Alli Fagan, Anna Gigliotti-Skret, Greer Gerson, Marc Gillard, Lindy Hennekam, Marc Lyell, Graeme Mitchell, Jessica Nelipovich, Michael Poynting, Kim Ryan and Kerrie Suffolk.

The O&M Scope of Practice was finalised by the working group, approved by the OMAA Professional Standards Committee, and then formally ratified by the OMAA Executive on 21 May 2020. The document will be reviewed bi-annually by the OMAA Professional Standards Committee to ensure it reflects current professional practice.

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