



## PTOMETRY BOARD OF AUSTRALIA

Issue 11 - October 2016

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We have progressed our cross-profession preliminary consultation on the review of the Registration standard for continuing professional development and Guidelines for continuing professional development for endorsed and non-endorsed optometrists. This work is part of a joint cross-profession review with the Aboriginal and Torres Strait Islander Health Practice (ATSIHPBA), Chinese Medicine (CMBA), Occupational Therapy (OTBA) Boards of Australia and Psychology Board of Australia (PsyBA).

We've also progressed our profession-specific preliminary consultation on the revised Endorsement for scheduled medications registration standards and revised Guidelines for use of scheduled medicines. When ready, these will be made available for public consultation.

As always, I encourage you to continue to keep in touch through our consultations and your feedback on our newsletters.

Thank you for your contributions.

#### Ian Bluntish

Chair, Optometry Board of Australia

## Chair's message

Welcome to the October 2016 newsletter of the Optometry Board of Australia (the Board). This edition of the newsletter will update you on a variety of matters including Board information and National Registration and Accreditation Scheme (National Scheme) news.

On 1 July 2016, the revised registration standard for professional indemnity insurance (PII) arrangements took effect. The revised standard now applies to all registered optometrists except those with non-practising registration. The new PII arrangements registration standard has not changed significantly, with minor changes to the requirements relating to run-off and retroactive cover to avoid duplication and provide more clarity for optometrists. Please ensure you comply with the new standard by the time you renew your registration, due by 30 November 2016.

The Optometry Regulatory Reference Group convened on 15 August 2016 for its annual meeting, to discuss matters relating to the registration of optometrists and to the accreditation of optometry programs under the National Scheme.

I'm pleased to share that in July the Board approved the Optometry Council of Australia and New Zealand's Accreditation standards and evidence guide for entry-level optometry programs, which will take effect on 1 January 2017. You can find the new accreditation standards on our Board website.



## **Optometry Board of Australia fees reduced for 2016/17**

The Board has announced that the national registration fee for optometrists for 2016/17 has been reduced.

The Board has reduced the registration fee to \$300, which is \$25 less than in the previous year. The annual renewal fee will apply from 1 September 2016 and cover the registration period for most practitioners of 1 December 2016 to 30 November 2017.

The fee for practitioners whose principal place of practice is NSW is also \$300.<sup>1</sup> A full fee schedule is published on the Board's <u>website</u>.

The Board is pleased to be able to lower the fee for the fourth year in a row and still fulfil its regulatory obligations in protecting the public.

# Video explains online renewal of registration, which is now open

Optometrists who are due to renew their general or non-practising registration with the Board by 30 November can apply now. A video explaining how to renew registration online is available on the <u>Practitioner Services</u> page of the Australian Health Practitioner Regulation Agency (AHPRA) website.

The short video explains the renewal process, describing how quick and easy it is to renew online. It includes how to access online renewal, what you must declare about your previous 12 months' practice, how to pay the registration fee and what happens next. Optometrists are reminded to carefully read the Board's registration standards, which specify the profession's standards of practice, before making the required declarations in their application for renewal of registration.

Last year 98.4 per cent of all health practitioner registration renewals due by 30 November were submitted online, an increase of 0.8 per cent. A series of reminders to renew are being sent to optometrists by AHPRA on behalf of the Board.

### Reminder to practitioners about the endorsement for the scheduled medicines registration standard and guidelines

The Board is currently reviewing its endorsement for the *Scheduled medicines registration standard* (the standard) and *Guidelines for use of scheduled medicines* (the guidelines), which when ready will be available for public consultation.

The Board would like to remind optometrists that the current guidelines provide guidance to the profession on a range of issues, including guidance for care of patients with, or at high risk of developing, chronic glaucoma. Optometrists must be familiar with the standard, the guidelines, and the National Health and Medical Research Council (NHMRC) guidelines and companion documents mentioned in guideline 7. The NHMRC guidelines and the companion document outline a series of recommendations and supporting evidence for all practitioners involved in the screening, prognosis, diagnosis, management and prevention of glaucoma. Under section 41 of the National Law, Board guidelines can be used in disciplinary proceedings under the National Law or law of a co-regulatory jurisdiction, as evidence of what constitutes appropriate professional conduct or practice for optometrists.

When considering notifications (complaints) against optometrists, the Board may give consideration to whether a breach of Board guidelines has taken place.

The guidelines are available in the <u>Codes, Guidelines</u> <u>and Policies</u> section of the Board's website.

## **Graduate applications**

AHPRA is calling for online applications from students who are in their final year of an <u>approved program of study</u>. Students due to complete study at the end of 2016 are urged to apply for registration before completing their course.

An email reminder to apply early and online will be sent by AHPRA on behalf of the Board to final-year students on the Student Register.

Optometry students are encouraged to read the information on AHPRA's website under <u>Graduate applications</u>. Graduates must meet the Board's <u>registration standards</u> and need to be a registered optometrist before they start practising. An information video for graduating students may be found on the Board's <u>New graduates</u> page.

# Further information on advertising obligations

The Board recently published a <u>news item</u> on further information to help registered optometrists to better understand their advertising obligations. For the latest information published by the Board on advertising obligations please refer to <u>Further</u> <u>information on advertising therapeutic claims</u>.

Section 133 of the <u>Health Practitioner Regulation National</u> <u>Law</u>, as in force in each state and territory (the National Law), regulates the advertising of regulated health services (a service provided by, or usually provided by, a health practitioner as defined in the National Law).

Section 133 provides that a person must not advertise regulated health services in a way that:

- a) is false, misleading or deceptive or is likely to be misleading or deceptive; or
- b) offers a gift, discount or other inducement to attract a person to use the service or the business, unless the advertisement also states the terms and conditions of the offer; or
- c) uses testimonials or purported testimonials about the service or business; or
- d) creates an unreasonable expectation of beneficial treatment; or
- e) directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.

This information does not replace the Board's <u>Guidelines for</u> <u>advertising regulated health services</u>, which should be your first point of reference to understand your obligations. You may also wish to seek appropriate advice, for example, from your legal advisor and/or professional association.

The burden is on you to substantiate any claim you make that your treatments benefit patients. If you do not understand whether the claims you have made can be substantiated based on acceptable evidence, then remove them from your advertising.

AHPRA is responsible for prosecuting breaches of the advertising requirements in the National Law. This means that AHPRA, with the Board, needs to decide whether there has been a breach of your advertising obligations.

As part of this process, we will use objective criteria to assess whether there is acceptable evidence to substantiate therapeutic claims in advertising. We will use appropriate experts to help us evaluate evidence where needed.

These are serious matters that can have serious consequences for your professional standing and your criminal record: **if in doubt about a claim, leave it out of your advertising.** 

## **Snapshot of the profession**

The Board publishes quarterly updates of its registration data. The latest update was released in September and covers the period April to June 2016.

There are currently 5,142 registered optometrists in Australia, an increase of 159 practitioners from this time last year.

Of these, 4,977 have general registration, five have limited registration and 160 have non-practising registration. See the table below for more details.

| Table 1 – Registration | type by | , principal | place of | practice ( | PPP) |
|------------------------|---------|-------------|----------|------------|------|
|------------------------|---------|-------------|----------|------------|------|

| Registration<br>Type     | General | Limited   |                         | Non-<br>practising | Total |
|--------------------------|---------|---|-------------------------|--------------------|-------|
| Registration<br>Sub-type |         | Postgraduate<br>training or<br>supervised<br>practice | Teaching or<br>research |                    |       |
| ACT                      | 74      |   |                         | 1                  | 75    |
| NSW                      | 1,699   |   | 3                       | 41                 | 1,743 |
| NT                       | 29      |   |                         | 1                  | 30    |
| QLD                      | 1,017   | 1   |                         | 13                 | 1,031 |
| SA                       | 278     |   |                         | 2                  | 280   |
| TAS                      | 84      |   |                         | 1                  | 85    |
| VIC                      | 1,280   |   |                         | 35                 | 1,315 |
| WA                       | 407     | 1   |                         | 9                  | 417   |
| No PPP                   | 109     |   |                         | 57                 | 166   |
| Total                    | 4,977   | 2   | 3                       | 160                | 5,142 |

There are 2,387 optometrists who hold the scheduled medicines endorsement, an increase of 272 on last year's figure.

#### Table 2 – Endorsements

| Endorsement | Scheduled<br>Medicines* | % of general<br>registrants who are<br>endorsed |
|-------------|-------------------------|---|
| ACT         | 32                      | 43.20%  |
| NSW         | 596                     | 35.10%  |
| NT          | 19                      | 65.50%  |
| QLD         | 469                     | 46.10%  |
| SA          | 157                     | 56.50%  |
| TAS         | 60                      | 71.40%  |
| VIC         | 839                     | 65.50%  |
| WA          | 189                     | 46.40%  |
| No PPP      | 26                      | 23.90%  |
| Total       | 2,387                   | 48%   |

\*Only optometrists holding general registration are eligible to hold the scheduled medicines endorsement.

For more information, visit the <u>Statistics page</u> on the Board's website.

## **National Scheme news**

## Our recommendations to improve the health complaints management system in Queensland

AHPRA and the National Boards' joint submission to the Queensland Parliamentary Committee's inquiry into the performance of the Queensland Health Ombudsman's (OHO) functions has been <u>published</u>.

The current health service complaints management system has now been in operation in Queensland for just over two years. It was intended to introduce a better system for health complaints management with greater transparency and accountability and improved timeliness in achieving an outcome.

While there are strengths to be found in the current model, there are significant areas that require urgent attention and improvements that cannot be achieved without change.

The Boards and AHPRA have identified key concerns supported by data and case studies:

- serious matters that pose a risk to the public are not being dealt with in a timely or appropriate way by the OHO
- matters that are considered minor by the OHO are closed or not accepted without any consideration by or referral to the Boards and AHPRA
- the current model and its implementation is costing more, using more resources, and is likely to result in increased registration fees for Queensland-based registered health practitioners, and
- the current model presents a conflict of interest for the OHO being both a partner in regulation and having oversight of AHPRA and Boards' performance.

Therefore, in our joint submission, AHPRA and the National Boards recommend that specific changes be made to the model in Queensland.

If our recommendations are acted on, Queenslanders, through the health minister and Queensland Parliament, would be assured that our regulatory expertise and that of the OHO as an ombudsman and health complaints authority, is applied in the best possible way to protect the Queensland public. Our respective resources would be used more effectively as the unnecessary delays and duplication in our roles would be addressed.

To read the full statement including the recommendations, visit AHPRA's <u>website</u>, where you can also download it in PDF.

### AHPRA and National Boards host research summit

AHPRA and the National Boards hosted more than 220 delegates at the 2016 Research Summit when everyone came together in August to talk about the next frontier for developing our partnership's evidence base to improve the way we regulate.

The theme of the summit was 'patient safety through riskbased regulation', and presenters discussed a range of topics. At the heart of the discussion was how to contribute to safer care for patients and health consumers. Also discussed was how data collection and evaluation can help find new and innovative ways to improve regulatory processes for health practitioners and the public.

The inaugural summit provided an opportunity for the exchange of expertise and ideas between regulatory staff, experts in safety and quality in healthcare, health practitioners and leading health and medical researchers.

Mr Paul Shinkfield, AHPRA National Director of Strategy and Research, said there was broad consensus at the end of the summit on key themes and areas for future work. 'The clear desire to form strong partnerships is critical to achieving sustainable and effective outcomes; in how we work in regulation, and how they work in the health service delivery and a range of related sectors,' he said.

Read more in the media release.

### New Service charter published

An updated *Service charter* has been published by AHPRA on its website. The <u>charter</u> sets out the standard of service health practitioners, employers and the public can expect from the work of AHPRA in delivering the National Scheme.

Now a concise one-page document, the updated charter lists the 10 key objectives of AHPRA in providing a professional service while helping to regulate the health professions in the public interest.

### Keep in touch with the Board

- Visit the <u>Board website</u> for registration standards, codes, guidelines and FAQ.
- Lodge an <u>online enquiry form</u>.
- For registration enquiries, call 1300 419 495 (from within Australia) or +61 3 9275 9009 (for overseas callers).
- Address mail correspondence to: Ian Bluntish, Chair, Optometry Board of Australia, GPO Box 9958, Melbourne, VIC 3001.

