

Chair's report

Unfortunately the legal challenge to the Optometry Board of Australia's (the Board) *Guidelines for use of scheduled medicines*, (guidelines), concerning glaucoma, has occupied significant time and effort for the Board in the previous months. The current guidelines remain in place since they were adopted by the Board in March 2013. The Board was due to defend legal action commenced in the Queensland Supreme Court by the Australian Society of Ophthalmologists and The Royal Australian and New Zealand College of Ophthalmologists in relation to the Optometry guidelines for use of scheduled medicines on 4 August 2014. The legal proceedings were estimated to take longer than originally scheduled and have been rescheduled to commence on 1 December 2014.

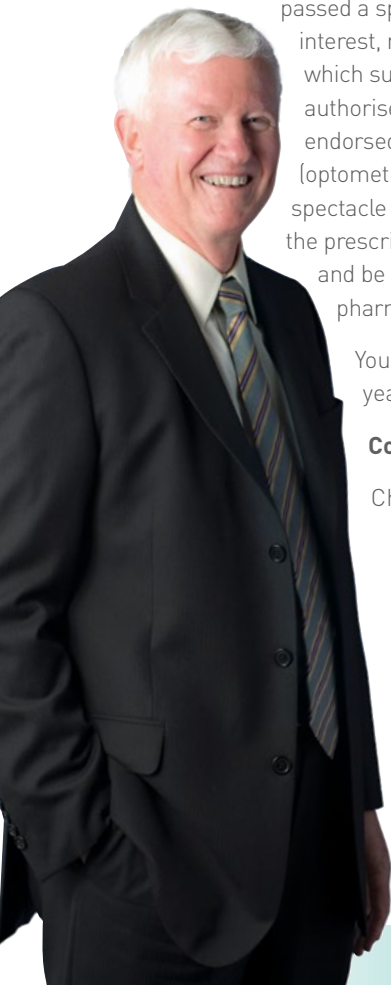
I would like to draw your attention to an extract from *Towards the vision splendid* by Keith Mackriell, which is a history of optometry in Tasmania. Tasmania was the first state in the world to legislate for the registration of optometrists on 5 December 1913.

Opposition to the optometry registration bill was highlighted by the policy originating from the Congress of the Australian Medical Association held in Sydney in 1911, which passed a special resolution 'that in the public interest, no legislation should be introduced which suggested that optometrists be legally authorised to test vision'. The Congress endorsed the statement that 'opticians (optometrists) should be properly trained as spectacle makers so they can adequately fill the prescriptions of oculists (ophthalmologists) and be subordinated to them as pharmacists were'.

You may ask, what has changed in 100 years?

Colin Waldron

Chair, Optometry Board of Australia



Renew registration online now

The Board has launched its 2014 renewal of registration campaign for optometrists and AHPRA has sent email reminders to optometrists who have provided an email address.

Optometrists should act now if their contact information has changed to not miss future reminders to renew. To update contact details visit the Board's website and use the appropriate link under online services for practitioners. A user ID and secure password is needed. Optometrists who have forgotten their user ID can complete a web enquiry form. Select 'Online Services - Practitioner' as the category type.

The registration renewal date for optometrists with general or non-practising registration is 30 November 2014. The quickest and easiest way to renew registration is [online](#).

Renewal applications received during December will incur a late payment fee.

Under the National Law¹, optometrists who do not renew their registration within one month of their registration expiry date must be removed from the Register of Optometrists. Their registration will lapse and they will not be able to practise optometry in Australia. A fast track application can be made, but only during January. The optometrist cannot practise until the application is processed and the national register is updated.

Optometrists should read the Board's registration standards carefully before applying to renew as information in support of declarations made in an application could be requested.

A renewal FAQ is available on the Board's website.

Graduate applications

AHPRA will soon be calling for online applications from graduates who are in their final year of an [approved program of study](#). Students due to complete study at the end of 2014 are urged to apply for registration before completing their course. Optometry graduates who register for the first time will be eligible for General Registration and the endorsement for Scheduled Medicines using the one application form, either via the online or paper option for applications.

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. All graduates are encouraged to apply online.

Optometry students are encouraged to read the information on AHPRA's website under [Graduate applications](#). Graduates must meet the Board's [registration standards](#) and need to be a registered optometrist before they start practising.

¹ Health Practitioner Regulation National Law, as in force in each state and territory.

Revised advertising and mandatory notifications guidelines and new social media policy

In March 2014 the Board published three new documents. These are the:

- revised *Guidelines for mandatory notifications*
- revised *Guidelines for advertising regulated health services*, and
- new *Social media policy*.

View the new documents on the Board's website under [Policies, codes and guidelines](#).

Mandatory notifications

The *Guidelines for mandatory notifications* explain the mandatory notifications requirements of the National Law. Most of the guidelines have not changed. Some words have been refined or added to make the meaning clearer. The content has not changed significantly and there are no new obligations in the guidelines.

Advertising

The requirements about advertising are set out in the National Law. The *Guidelines for advertising regulated health services (Advertising guidelines)* explain these legal requirements and do not add new obligations. The guidelines have been reorganised to make them clearer and easier to understand. The basic obligations that practitioners must meet have not changed.

Since publishing the revised *Advertising guidelines* in March 2014 the Optometry Board and other National Boards have acted on the feedback they received about the guidelines and an updated version has been published on the Board's website. The guidelines were edited to make them clearer, particularly that:

- under the National Law, testimonials are not allowed when advertising a regulated health service
- the obligations of the National Law about advertising only apply when a regulated health service is being advertised, and
- the National Law is not intended to stop members of the community and patients from discussing their experiences online or in person.

Social media

The *Social media policy* is new. It does not change the basic obligations that practitioners must meet, but explains how the obligations that already exist in the National Law and the Board's *Code of conduct* apply to social media. The basic principle is that the same expectations apply to your behaviour wherever it occurs – online or in person.

The guidelines and the *Social media policy* are common across all the 14 professions regulated in the National Registration and Accreditation Scheme (the National Scheme) and apply to all registered health practitioners.

More information about the revised guidelines and the *Social media policy* is available on the Board's website under [Fact sheets and FAQ](#).

Practitioner audit

Practitioner audit aims to assess compliance with the registration standards. The [Audit page](#) on the Board's website provides comprehensive information about the audit process including guidance on the audit notice, what is being audited, what it means for you and contact details for the audit team and AHPRA customer service team that can assist you with any queries.

Audits of random samples of practitioners from all professions are occurring periodically throughout the year. Randomly chosen registrants are audited on an annual basis regarding their renewal of registration declarations to meet the Boards registration standards. The Board determines each year the registration standards to be included in the audit. If you are selected for audit you will be required to provide further information to support your registration declarations.

Practitioner audit – what is the process?

- You will receive an audit notice in the post, and a checklist that outlines what documentation you need to provide to demonstrate that you meet the standard(s) being audited. The notice will identify which standards are being audited – these may be for recency of practice, CPD, professional indemnity insurance and/or criminal history.
- You will have four weeks to provide the requested documentation to AHPRA.
- AHPRA will review your supporting documentation against the declarations you made in your last renewal application.
- AHPRA may request further information and/or refer cases of non-compliance to the National Board or its delegated committee for decision.
- You will be advised by letter of the outcome of the audit.

Accreditation and audit activities provider for continuing professional development (CPD)

The Board is nearing the completion of arrangements with the preferred applicant for auditing and accrediting of CPD activities for the Board. Details will be available when finalised.

Introduction of Registration Standard for general registration for initial applications

On 1 December 2014, the Optometry Board of Australia is introducing a new registration standard for optometrists applying for general registration the first time, which will allow them to qualify for an endorsement for scheduled medicines. This is following a change to the optometry courses of study, which include therapeutics as part of the undergraduate degree.

The introduction of this new registration standard will impact on the registration of optometrists who hold general registration without an endorsement for scheduled medicines. On 1 December 2014, the Optometry Board of Australia will add a notation to an optometrist’s general registration, which will appear on the public register, and future registration certificates. The notation will read: ‘The optometrist is not qualified for endorsement for scheduled medicines and is not able to prescribe Schedule 4 medicines for the treatment of conditions of the eye’.

This notation will enable registered optometrists to maintain registration without having the therapeutics endorsement. Other than renewing registration and meeting the usual obligations, optometrists do not need to do anything to maintain their general registration, (the only difference is that the notation will be added to the registration). Optometrists can apply to have this notation removed from the registration after they have completed an approved or equivalent qualification that leads to endorsement for scheduled medicines.

If you have completed a Board-approved course in ocular therapeutics and are eligible for endorsement but have not

yet made an application for endorsement, please submit an application before 1 November 2014. This will enable your application to be processed and your registration to reflect your endorsement to prescribe or supply scheduled medicines: this states that you are ‘Endorsed as qualified to obtain, possess, administer, prescribe or supply Schedule 2, 3 or 4 medicines for the treatment of conditions of the eye’.

The Board is aware of a small group of overseas applicants who will complete board approved examinations with the Optometry Council of Australia and New Zealand (OCANZ) in November 2014, who prior to 1 December 2014 would have been eligible for general registration. The Board has approved transitional arrangements for this group of overseas applicants who lodge an incomplete application prior to 1 December as they await their final examination results. This group will be eligible for general registration upon submission of evidence of successfully passing the examinations, and if they meet all of the requirements for general registration after the 1 December.

If you have any queries, please contact AHPRA’s customer service team on 1300 419 495 or lodge a [web enquiry](#) via the website.

Snapshot of the profession

The Board regularly publishes data profiling Australia’s optometry workforce, including a number of statistical breakdowns about registrants.

The Board’s latest quarterly data update shows there are 4,788 registered optometrists in Australia.

This is an increase of 100 practitioners since December 2013. Of these registrants, 131 are non-practising. NSW has the highest number of registrants at 1,632 (34.08%), with Victoria the next highest at 1,224 (25.56%) and Queensland at 950 (19.84%). See Table 1 for further details.

Table 1 – Optometrists: state and territory by registration type (June 2014)

Optometrist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
General	74	1,592	28	934	246	86	1,199	377	118	4,654
Limited	-	3	-	-	-	-	-	-	-	3
Postgraduate Training or Supervised Practice	-	1	-	-	-	-	-	-	-	1
Teaching or Research	-	2	-	-	-	-	-	-	-	2
Non-Practising	-	37	1	16	-	-	25	9	43	131
Total Practitioners	74	1,632	29	950	246	86	1,224	386	161	4,788

* No principal place of practice

In total, 1,753 optometrists have endorsement for scheduled medicines, with the largest number in Victoria. See Table 2 for further details.

Table 2 – Optometrists: endorsement type by state/territory (June 2014)

Optometrist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
Scheduled Medicines	21	387	13	320	119	58	687	128	20	1,753
% of general registrants who are endorsed	28.38%	24.31%	46.43%	34.26%	48.37%	67.44%	57.30%	33.95%	16.95%	37.67%

* No principal place of practice

For further details, visit the [About→Statistics](#) section of the Board’s website.

National Scheme news

Three-year review of the National Scheme

The independent review of the National Scheme is underway and a consultation paper is now [published](#).

The terms of reference for the review are published at [Australian Health Ministers' Advisory Council website](#) under 'media releases' on the right-hand tab. The review – led by independent reviewer, Mr Kim Snowball – was built into the intergovernmental agreement that set up the framework and governance arrangements for the National Scheme. The agreement stated that the Australian Health Workforce Ministerial Council (Ministerial Council) would initiate an independent review after three years of the National Scheme's operation.

The National Boards and AHPRA are actively participating in the review process. Opportunities for comment are detailed in the [consultation paper](#).

Regulatory principles endorsed for National Scheme

The National Boards and AHPRA have launched refreshed regulatory principles that will underpin the work of the Boards and AHPRA in regulating Australia's health practitioners in the public interest.

The principles are endorsed by all National Boards and the AHPRA Agency Management Committee and will guide Boards and AHPRA when they are making decisions. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

Regulatory decision-making is complex and contextual, requiring judgement, experience and common sense. The principles will further support consistent, balanced decision-making.

AHPRA and the National Boards will be seeking feedback on the principles in a formal consultation later in 2014 and will review them based on this feedback and 12 months' experience. You can read the regulatory principles in a [media release](#) on the AHPRA website.

Data Access and Research Committee (DARC)

One of the objectives of the National Scheme is to protect the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. To achieve this objective AHPRA and the National Boards are increasing the use of data and research to inform policy and regulatory decision-making. Specifically, we're building organisational capacity for analysis, supporting external collaboration on regulatory research, and conducting or supporting high value regulatory research and analysis.

To do this well, we must effectively govern access to data generated by the National Scheme. We can provide access to de-identified data, as governed by the National Law and the relevant privacy laws and policies, but strict limits exist.

These limitations are explained on the [AHPRA website](#), which also includes a downloadable data access and research [application form](#) for interested researchers.

AHPRA and the National Boards encourage applications from researchers whose projects aim to deliver regulatory improvement and health workforce reform.

Four-year anniversary of the National Scheme

July marked the four-year anniversary of the National Scheme (with Western Australia joining in October 2010). Reflecting on the past four years, AHPRA Chair, Mr Michael Gorton AM, said the National Scheme had delivered important benefits for the quality and safety of the health system in each state and territory and for health practitioners and the community.

The National Scheme was the product of an important national health workforce reform, which was internationally significant in its scale and ambition.

Headline achievements in the last four years include:

- registering more than 618,000 health practitioners with national mobility of registration
- establishing and maintaining a searchable national online register that makes it easier for the Australian community to find out about the registration status of all registered practitioners
- increasing online renewal rates dramatically (95 per cent average), making it easier for practitioners to renew on time
- establishing data exchange with partners such as the Australian Institute of Health and Welfare and Medicare Australia to greatly improve workforce data for policy and planning, and
- developing a comprehensive set of regulatory policies and standards, across and within professions, to ensure appropriate protection of the public.

New homepages for AHPRA and National Boards' websites

We have changed the homepages of the AHPRA and National Boards' websites, to make them easier to use and make it easier for users to find what they need.

The designs aim to make searches easier and more accurate and promote consultations and AHPRA's social media channels to make it easier for users to find the information they are looking for. The new designs are based on analytics data on how people use the sites as well as feedback from staff (including our customer service teams who receive calls from our stakeholders on where to find information on the sites) as well as members from our community reference group.

With the new homepages, users can:

- search the register with one click straight from the homepage
- go to the 'employer' or 'practitioner' tabs, which include links specific to these groups
- browse more news items without clicking through to a specific story, and
- know which website they are on at all times, even if they click between AHPRA and Board pages.

While the new homepages make an immediate improvement to the usability of the sites, there is still more work to follow. Work on the rest of the sites will begin later this year, which will include extensive consultation with a range of user groups, including practitioners, employers and members of the community.

Queensland – new arrangements for handling notifications from 1 July 2014

From 1 July 2014 a new law came in to effect in Queensland, the *Health Ombudsman Act 2013*.

From this date, all complaints about Queensland health practitioners will be received by the Office of the Health Ombudsman (OHO) who will either manage the matters or refer them to the relevant National Board to manage.

Complaints that were made to AHPRA or National Boards before 1 July 2014 will generally continue to be managed by AHPRA on behalf of National Boards. However, under the new law the Office of the Health Ombudsman can request that a matter be referred to them to be managed. If this were to happen, AHPRA will inform both the notifier and the practitioner who is the subject of the notification.

For information about the Office of the Health Ombudsman please go to www.oho.qld.gov.au or call 133 646 (133 OHO).

Keep in touch with the Board

Visit www.optometryboard.gov.au for registration standards, codes, guidelines and FAQ.

Lodge an enquiry form via the website by following the [Enquiries](#) link on the bottom of every page.

For registration enquiries, call 1300 419 495 (from within Australia) or +61 3 8708 9001 (for overseas callers).

Address mail correspondence to: Colin Waldron, Chair, Optometry Board of Australia, GPO Box 9958, Melbourne, VIC 3001.