

Chair's report

Optometry includes prescribing scheduled medicines

Now that the glaucoma guidelines challenge is done and dusted, what is new? The result is that it is recognised that therapeutically endorsed optometrists are competent to independently diagnose, treat and manage patients with glaucoma. The Board published the revised Guidelines for use of scheduled medicines on 8 December 2014, along with an FAQ and a fact sheet that the Board expects all registered optometrists who use scheduled medicines to be familiar with. The major change to the previous guidelines is that there must be referral to an ophthalmologist within four months of the initial diagnosis, with a copy of the referral provided to the patient, but the optometrist can continue to treat a patient for chronic glaucoma if indicated.

What is now evident is that the public, as well as the government and the medical profession, expect that optometrists can provide this care. All optometrists can diagnose and manage patients with suspected glaucoma. However, many cannot prescribe the appropriate scheduled medicines. This situation reduces the potential to deliver better services to rural and remote Australia as well as to significantly reduce public hospital waiting lists.

To achieve this contribution to eye healthcare reform, it is critical that all optometrists are trained to independently treat glaucoma under the guidelines. I encourage all optometrists who are not therapeutically endorsed to plan this further education as soon as practical, particularly in the light of the fact that all new registrants must be therapeutically endorsed.

The Snowball review of the National Registration and Accreditation Scheme (National Scheme)

The recommendations of this legislated three-year review of the National Scheme were received by the Australian Health Workforce Ministerial Council in April. The recommendations may include potentially significant changes to the regulation of the optometry profession. Given the wide-ranging nature of the review and the importance of the National Scheme to the health system, health ministers have requested time to consider the review report in detail and will consider each of the recommendations at their next meeting in August. We will provide further information to you as soon as possible.

The scheme has matured rapidly within the very short time since its inception in 2010 to being the world's leading innovative national registration and accreditation authority. With wise counsel from health ministers resulting from the review, there will be further progress and innovation.

The Board's regulatory work plan

In March, the Board reviewed its regulatory work plan in conjunction with its meeting in Sydney. The Board visits the jurisdictional offices to discuss issues that may be unique to that jurisdiction as well as to the national administration. One of the significant challenges for the National Scheme is to consistently administer the radically differing complaints-handling requirements in most jurisdictions. In NSW, it is critical to communicate with the NSW Optometry Council about their unique co-regulatory complaints system to ensure consistency, as well as with the local office of the Australian Health Practitioner Regulation Agency (AHPRA).

Issues for the Board include:

- reviewing and consulting on the *Continuing professional development registration standard* and the *Scheduled medicines registration standard*
- ensuring continued consistency in notifications handling
- developing guidelines for supervisors of optometrists returning to practice
- ensuring that the optometric workforce is engaged to its full capacity in order to fully contribute to eye healthcare reform, and
- ongoing communication with the accreditation body, OCANZ.

All of these issues contribute to the Board's role of maintaining professional standards in the best interests of the public.

New Board appointment starts 1 September 2015

The work plan review is particularly important to ensure a seamless transfer to the new Board to be appointed by health ministers. At least three of the current Board members are not seeking reappointment.

Colin Waldron

Chair, Optometry Board of Australia



Registration matters

Snapshot of the profession

The Board’s latest quarterly data update in December 2014 shows there are 4,902 registered optometrists in Australia: see Table 1. This is an increase of 100 practitioners since the last update (September 2014). Of these registrants, 150 are non-practising.

Table 1 – Optometrists: state and territory by registration type

Optometrist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
General	72	1,605	28	974	252	83	1,230	387	118	4,749
Limited	-	3	-	-	-	-	-	-	-	3
Postgraduate Training or Supervised Practice	-	-	-	-	-	-	-	-	-	-
Teaching or Research	-	3	-	-	-	-	-	-	-	3
Non-Practising	-	41	1	16	-	-	28	7	57	150
Total Practitioners	72	1,649	29	990	252	83	1,258	394	175	4,902

*Principal place of practice

NSW has the highest number of registrants at 1,605(33%), with Victoria the next highest at 1,230(26%) and Qld at 974(15%). See Table 2.

Table 2 – Optometrists: percentage by principal place of practice

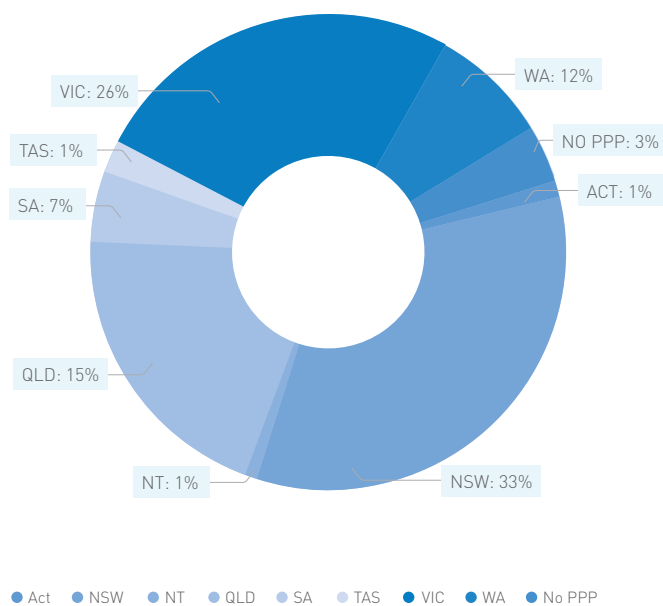


Table 3 – Optometrists: endorsement type by principal place of practice

State	Scheduled Medicines	% of general registrants who are endorsed
ACT	25	34.72%
NSW	407	25.36%
NT	15	53.57%
QLD	387	39.73%
SA	127	50.40%
TAS	54	65.06%
VIC	727	59.11%
WA	158	40.38%
Not Stated	21	17.80%
Total	1,921	39.19%

A total of 1,921 optometrists (39.9%) have endorsement for scheduled medicines, with the largest number in Victoria: see Table 3.

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

Publications

Board policies retired: supply of novelty contact lenses and supply of optical appliances

The Board has reviewed these two policies and identified that they are best recorded differently for future reference, so has decided to retire them from circulation.

The second policy concerns the supply of optical appliances. A Board consultation this year on the prescription of optical appliances will also address any issues on their supply.

The first policy pertains to the supply of cosmetic and novelty contact lenses by non-practitioners. The Board will respond to this issue in future if required, taking into consideration the current legislative situation.

Guidelines on glaucoma diagnosis and management modified

In November 2014 the Board announced a modification to its guidelines on glaucoma diagnosis and management to make sure there are clear referral pathways to support patient safety and wellbeing.

Modifying the guidelines resolved a longstanding legal matter between the Board, the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and the Australian Society of Ophthalmologists (ASO).

The Board and AHPRA, RANZCO and the ASO all acknowledge and respect the roles, responsibilities and restrictions of optometrists who provide primary eye care and ophthalmologists who provide secondary, tertiary or subspecialty care in the treatment of people with glaucoma.

Collaboration and communication between treating optometrists and ophthalmologists is in the best interest of patient safety and optimal eye healthcare and is fundamental to the delivery of safe, high-quality healthcare services.

All parties agreed that modifying the guidelines was a constructive solution that protects patient safety and supports access to health services, without compromising standards of care.

For more information, please read the [media release](#) on the Board's website.

National Scheme news

New approach to international criminal history checks

As of 4 February 2015, National Boards and AHPRA have implemented a new procedure for checking international criminal history to provide greater public protection. This new approach requires [certain applicants and practitioners](#) to apply for an international criminal history check from an AHPRA-approved supplier. This approach aligns our international criminal history checks (ICHC) with our domestic history checks and aims to be fair and reasonable for practitioners. It also provides the Australian community with greater assurance by implementing additional safeguards to manage risks to the public from someone's international criminal history.

This approach was first announced in November last year, giving prospective applicants three months' notice of the change, and time to understand the new requirements before they take effect.

The new process for checking international criminal history aims to strike a balance between public safety and regulatory burden for practitioners.

For more information, please read the [media release](#) on the Board's website.

Boards and AHPRA strengthen national drug screening

Mandatory hair testing will be routine for all registered health practitioners with substance-related impairment, under a screening protocol to be introduced by AHPRA and the National Boards.

Under the protocol, all health practitioners who have restrictions on their registration linked to past substance abuse will have routine hair testing in addition to urine testing.

Routine hair testing helps provide comprehensive information about the use – over time – of a wide range of drugs (not just based on the practitioner's drug-taking history).

The protocol provides a clear framework across professions for AHPRA's advice to National Boards about the management of registered practitioners with drug-related impairment. It will make sure drug screening in the National Scheme is evidence based, effective and up to date.

National Boards will continue to make decisions about individual practitioners with impairment case by case, based on testing standards set out in the protocol.

The proposed new protocol is published on AHPRA's website on the [Monitoring and compliance](#) page.

Improving monitoring of conditions on practitioner registration

AHPRA has welcomed calls for stringent monitoring and swift detection of breaches in compliance by registered health practitioners with restrictions on their registration.

On 24 March 2015, the Queensland Office of the Health Ombudsman (OHO) published a report recommending a range of initiatives to strengthen monitoring and compliance in Queensland and the National Scheme.

'Regulation is all about managing risk to patients and we welcome all suggestions to help improve our work in public safety,' said AHPRA CEO Martin Fletcher.

'These recommendations affirm the sweeping changes we have already initiated to strengthen our compliance and monitoring program.'

AHPRA's detailed response to the OHO and the recommendations in the report is published on the [Corporate publications](#) page.

Since July 2014, health complaints management in Queensland for registered health practitioners has involved a partnership between National Boards, AHPRA and the OHO.

Improvements to compliance monitoring add to the overhaul of complaints management in Queensland that started in 2012. Recent initiatives include preparation for stricter drug and alcohol screening announced in February 2015, the appointment of a national compliance manager and stronger national coordination of the compliance function.

For more information, please read the [media release](#) on AHPRA's website.

Call for views on our regulatory principles

National Boards and AHPRA are seeking feedback through an [online survey](#)* on the regulatory principles that were launched in July last year.

The *Regulatory principles* describe the National Boards and AHPRA's approach to regulation. The principles encourage a responsive, risk-based approach to regulation and support

consistent, balanced decision-making. The aim of the principles is to foster a considered approach to regulation, reducing the risk of unnecessary and ineffective regulatory action, and focussing resources on areas where the result is harm minimisation. We are inviting members of the public, health consumers, health practitioners and all interested persons to share their views on our [regulatory principles](#) through this brief survey. The survey has 11 questions and should only take about five to ten minutes to complete.

The responses to these surveys will inform the ongoing implementation of the principles and how they could be further developed and improved.

Complete the survey by 9am Monday 18 May by following the link above, or by pasting this address to your web browser: <https://www.surveymonkey.com/r/LXQTHHL>*

***Privacy:** When you click on this link, you will be taken to a survey on a third party website, hosted by SurveyMonkey. AHPRA is conducting the survey. The survey is anonymous. Responses to the survey will be used to review the *Regulatory principles* for the National Scheme. The information you provide will be handled in accordance with the privacy policies of Survey Monkey accessible [here](#). Information AHPRA obtains from the survey will be handled in accordance with our *Privacy policy* accessible [here](#).

Security alert – keep your web browser updated

AHPRA and the National Boards are making changes to their websites to make sure that your information is kept safe.

From early April 2015, anyone using Internet Explorer version 6 (or an older version) to view our websites is likely to experience difficulty accessing our web pages and our online services.

To avoid an interruption to service, we recommend you [upgrade to the newest version of Internet Explorer immediately](#). It is available for free from Microsoft.

If you are using a new version of Internet Explorer and are still having difficulty accessing our sites please contact us to report your experience:

Call **1300 419 495** Monday to Friday, 9:00am – 5:00pm (Australian Eastern Standard Time).

If you are using Internet Explorer 6 we recommend you read our latest [security announcement](#) on the AHPRA website.

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.

