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## Chair's report

This is my last Chair's message for the Optometry Board of Australia (the Board) newsletter as I have decided to move on to new endeavours. Peta Frampton (Queensland Community member), Lawson Lobb (ACT Community member) and John Davis (NSW Practitioner member) have made the same decision.

It has been a wonderful privilege and an honour to chair the inaugural national board for optometry. I have indeed been fortunate to have had such a talented Board, representing all areas of the profession, who have excelled in their role of protecting the public. I would be remiss in not highlighting the significance of the wise and complementary contribution from our three community members. Their advice and guidance is greatly valued.

The Board has based its work on mutual respect and friendship enhancing efficient governance. One outcome has been that the registration fee has been reduced by \$40.00 (for the registration period 1 December 2015 to 30 November 2016), bringing it down to a level below the average national level before the National Registration and Accreditation Scheme (the National Scheme) started six years ago.

The Board has the benefit of a matured and dedicated administration in the Australian Health Practitioner Regulation Agency (AHPRA). Teamwork is the key, and the Board has benefitted immensely from the expert advice available – be it on governance, financial or legal issues.

I congratulate Martin Fletcher on guiding the National Scheme from a disparate group, previously representing the eight states and territories, to a finely tuned national team. The National Scheme is not only innovative, but also the greatest potential enabler of health workforce reform ever introduced by government in Australia. It enables mobility, consistent regulation of all health professions, quality accreditation of education, and above all, ensures the highest protection for the Australian public. The structure is now in place and, with maturity, reform and improvements continue to be implemented.

I was asked recently what I assessed as the significant achievements of the Board. Here are my responses.

1. Being involved with a competent and efficient Board and administration, resulting in the continuing reduction in fees.
2. Introducing the Registration Standard for General Registration for Initial Applications that entrenches therapeutic practice as an integral part of optometry requiring all new registrants to have endorsement for scheduled medicines. This is optometry's future and will allow it to participate to its full potential in health workforce reform.
3. Gaining a negotiated settlement in the Supreme Court challenge by ophthalmology with an outcome that respects optometrists' competence and professional responsibility to independently diagnose, treat and manage all eye health conditions, always in collaboration with medicine.
4. Establishing the Optometry Regulatory Reference Group that meets annually to consider all issues concerning optometry in order to advise the Board in its regulatory role. This group involves the Board, AHPRA, Optometry Australia, the Optometry Council of Australia and New Zealand (OCANZ), the six heads of the Optometry Schools, the New Zealand Board and the New Zealand Optometrists Association.
5. The Board's membership of the Association of Regulatory Boards of Optometry (ARBO), whose members include the USA, Canada, Australia and New Zealand. The annual meetings consider regulatory issues such as the importance of quality continuing education, the electronic era in optometry, interprofessional learning, scope of practice and international equivalence of registration requirements.

6. Maintaining a professional relationship with OCANZ that assures the Board that optometric education is of a high standard and all new registrants enter the workforce at a high competency level.
7. Maintaining a continuing professional development (CPD) standard that assures the public that optometrists maintain their competency standards.

What does the future hold for regulation in optometry (or, my wish list)?

1. Concentration on communication with our key stakeholders, the public, followed by the profession.
2. Consider a review of co-regulation in NSW and Queensland to enable consistency and timely handling of complaints.
3. Encourage sensible changes to the National Law<sup>1</sup> to enable reform.
4. Explain why amalgamation of boards and accreditation councils would be counter-productive to the public interest, to efficiency and to cost effectiveness.
5. Work with AHPRA to achieve the goals of the National Scheme review, without agreeing to 4 above.
6. Advocate for consistent drugs and poisons legislation in all states and territories; we are one nation, surely the risks are the same everywhere. In my view, this is a major barrier to health workforce reform.
7. Remove the barriers to eye healthcare reform by ensuring optometrists can practise to the full extent of their competencies and education.
8. Understand that optometric regulation involves protecting the public by maintaining high standards for the profession, while not being a barrier to the progress of the profession.

I wish the new Board every success in achieving its goals.

**Colin Waldron**

Immediate Past Chair,  
Optometry Board of Australia



## National Board appointments announced

Australian health ministers have recently announced new three-year appointments and reappointments for the National Boards.

Ian Bluntish has been appointed to the Optometry Board of Australia as Chair (first term) and practitioner member (third term) from South Australia. Current members of the Optometry Board of Australia, Ms Jane Duffy OAM, Mr Derek Fails and Mr Garry Fitzpatrick, have been reappointed for a third term and Ms Adrienne Farago has been reappointed for a second term.

The Board congratulates the new members who have been appointed for their first term from 31 August:

- Mr Anthony Evans – community member Western Australia
- Assoc. Prof. Daryl Guest – practitioner member Tasmania
- Assoc. Prof. Rosemary Knight – community member Australian Capital Territory, and
- Dr Ann Webber – practitioner member Queensland.

The Board thanks and congratulates its retiring members on their diligence, passion and commitment to the regulation of the optometry profession over a significant number of years, including before the start of the National Scheme in 2010.

We thank the following members who finished their terms in August:

- Mr Colin Waldron - Chair and practitioner member Queensland
- Mr John Davis - practitioner member New South Wales
- Ms Peta Frampton - community member Queensland, and
- Mr Lawson Lobb - community member Australian Capital Territory.

A full list of appointments for the National Boards is available on the [COAG website](#).

## Approved programs of study leading to endorsement for scheduled medicines

We would like to remind optometrists that the Board has a list of approved postgraduate programs of study that lead to an endorsement for scheduled medicines as an optometrist. There are currently 2,000 optometrists who hold an endorsement for scheduled medicines and non-endorsed optometrists are encouraged to consider completing further education to expand their practice.

For further information, visit the [Accreditation](#) section of the Board's website.

<sup>1</sup> Health Practitioner Regulation National Law, as in force in each state and territory

## Snapshot of the profession

The Board's latest quarterly data update in June 2015 shows there are 4,915 registered optometrists in Australia, of which 155 are non-practising. See Table 1.

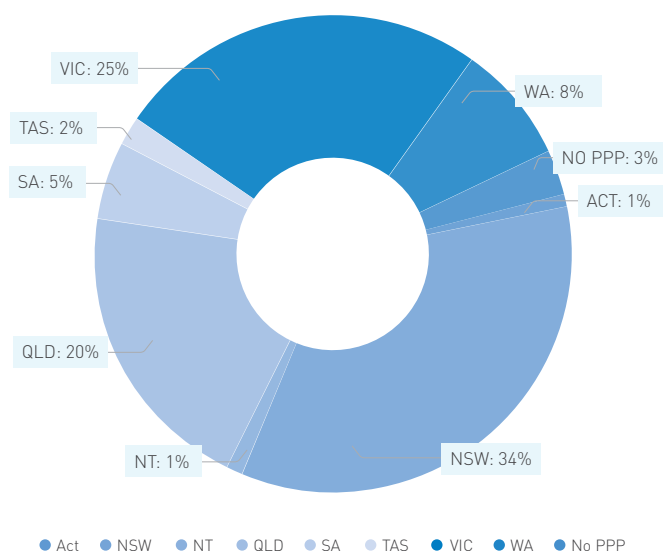
**Table 1 – Optometrists: state and territory by registration type**

Optometrist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
General	71	1,617	28	968	259	80	1,222	395	118	4,758
Limited										
Postgraduate Training or Supervised Practice	-	-	-	-	-	-	-	-	-	-
Teaching or Research	-	2	-	-	-	-	-	-	-	2
Non-Practising	2	44	1	17	-	-	29	8	54	155
<b>Total Practitioners</b>	<b>73</b>	<b>1,663</b>	<b>29</b>	<b>985</b>	<b>259</b>	<b>80</b>	<b>1,251</b>	<b>403</b>	<b>172</b>	<b>4,915</b>

\* Principal place of practice

NSW has the highest number of registrants at 1,663 [34%]. See Table 2

**Table 2 – Optometrists: percentage by principal place of practice**



A total of 2,000 optometrists (40.69%) have endorsement for scheduled medicines, with the largest number in Victoria. See Table 3.

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

State	Scheduled Medicines	% of general registrants who are endorsed
ACT	26	36.62%
NSW	453	28.01%
NT	16	57.14%
QLD	396	40.91%
SA	135	52.12%
TAS	54	67.50%
VIC	729	59.66%
WA	170	43.04%
No PPP*	21	17.80%
<b>Total</b>	<b>2,000</b>	<b>40.69%</b>

\* Principal place of practice

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

## National Scheme news

### Criminal history and English language skills registration standards have been revised

The registration standards for criminal history and English language skills have been revised following consultation and have been approved by the Australian Health Workforce Ministerial Council (the Ministerial Council). Both registration standards took effect from 1 July 2015.

#### Criminal history

The new criminal history registration standard makes minor amendments to the old standard and is expected to have minimal impact on practitioners.

When a practitioner first applies for registration, the National Board requires the applicant to declare their criminal history in all countries, including Australia. All registered health practitioners must inform their National Board in writing within 7 days if they are:

- charged with an offence punishable by 12 months imprisonment or more, or
- convicted or found guilty of an offence, in Australia or another country, punishable by imprisonment

When practitioners renew their registration they must disclose any changes to their criminal history.

The registration standard is published on the [Registration Standards](#) page on the Board's website.

### English language skills

The new registration standard for English language skills applies to all applicants for initial registration, regardless of whether they qualified in Australia or overseas.

The new standard introduces additional pathways for applicants to demonstrate evidence of their English language skills.

The new standard was developed after a review of the existing standard, which included a public consultation. All National Boards, except the Aboriginal and Torres Strait Island Health Practice Board of Australia, consulted on and revised their English languages skills standard. The standards are now largely common across professions.

The registration standard is published on the [Registration Standards](#) page on the Board's website.

### AHPRA joins Facebook

Earlier this year AHPRA joined Facebook as another means by which we can engage with the public and practitioners. We'll be sharing similar content on Facebook that we do on Twitter: news from AHPRA and the National Boards, along with photos from events and forums.

Visit our [Facebook](#) page.

### Changes to Medicines Australia code of conduct affecting health practitioners

Health practitioners should be aware of changes to the Medicines Australia Code of Conduct. Medicines Australia is a membership organisation for pharmaceutical companies in Australia. Its Code of Conduct sets standards for the advertising and promotion of prescription medicines and applies to all member organisations. The revised code requires member companies to publicly disclose payments made to health professionals for their expert service or when financial support is provided for education purposes, including airfares, accommodation and conference registration fees.

The new requirements in the code come into effect on 1 October 2015 and reporting of all payments will be mandatory from 1 October 2016. More information is available on [Medicines Australia's website](#).

### Queensland complaints data have been published

AHPRA and the National Boards have published detailed performance data about notifications management in Queensland.

A co-regulatory system has been in place in Queensland since July 2014 and all complaints about Queensland registered health practitioners are received by the Office of the Health Ombudsman (OHO). The Health Ombudsman is responsible for managing serious complaints relating to the health, conduct and performance of health practitioners in Queensland, and determines which complaints go to AHPRA and the National Boards after assessing their severity.

AHPRA provides quarterly data to the OHO about its performance in managing the complaints which come to AHPRA and the

National Boards from the OHO. These data provide quantitative information about the number of complaints received and timelines for managing them.

The first report, which was published in May, includes detailed performance data about notifications management for the first three quarters from 1 July 2014 and 31 March 2015.

Analysis of these data, detailing matters managed by AHPRA and the National Boards, indicates:

- complaint referral patterns from the OHO to AHPRA are variable month to month
- on early trends, AHPRA is receiving 50 per cent fewer complaints than for the comparable period in 2013/14. This suggests the OHO is not accepting, is retaining and/or is closing most matters that the Ombudsman considers do not warrant further action. Of those we manage, more than 70 per cent require further regulatory action, and
- investigation timelines continue to be a major focus for AHPRA and the Boards. Sixty seven of the matters open with AHPRA for longer than 18 months are about 25 practitioners. Multiple complaints about the same practitioner require more complex investigations.

AHPRA continues to focus on decreasing the time it takes to investigate matters, finalising more old investigations and improving the notifier and practitioner experience.

AHPRA will publish more national performance data throughout the next financial year.

The Queensland report is published on the AHPRA website [Statistics](#) page.

### AHPRA actions to improve consumer and practitioner experience

Improving the experience of people who have made a notification has been a focus for AHPRA and the National Boards since early last year, when the Health Issues Centre of Victoria (HIC) was commissioned to conduct targeted research into the consumer experience when making a notification.

Since then a raft of changes to address the issues this research raised have been made, in particular to make written communication clearer and easier to understand.

Earlier this year, senior leaders from AHPRA and the Medical Board of Australia (MBA) met Australian Medical Association (AMA) leaders about the way notifications are managed – including decision-making protocols, guidance and policies.

Key issues include the time it takes for a notification to go through the process; the tone and clarity of communication; the need to better explain how the process works and why, and greater transparency wherever legally possible.

AHPRA will continue working on addressing the HIC's recommendations, and on other activities that will improve the overall experience of both consumers and practitioners who are the subject of a notification.

The latest update on this work will be published soon on this page: [Improving our work](#).

## AHPRA welcomes ministers' response to National Scheme review report

The Ministerial Council met on 7 August 2015 at the COAG Health Council meeting to consider the final report of the independent review of the National Scheme.

The purpose of the independent review was to identify what is working well in the National Scheme and the opportunities to improve and strengthen the operation of the scheme to regulate health professions to protect the public.

Ministers expressed strong support for the work of the National Scheme, noted that it was now embedded in the health system and was among the most significant and effective reforms of health profession regulation in Australia and internationally.

More information about the review can be found on the [COAG Health Council](#) website and on [AHPRA's](#) website.

## Royal Commission on child sexual abuse

The Board and AHPRA have been following the Royal Commission into institutional responses to child sexual abuse and its implications for the regulation of health practitioners. The issues raised in the Royal Commission are serious and disturbing.

The Board and AHPRA are committed to learning from the evidence before the Royal Commission and its findings and are taking action to make sure our regulatory system is responsive to anyone who has been sexually abused by a registered health practitioner, who comes forward.

If you have a concern about a health practitioner call:

- AHPRA on 1300 419 495 (all states and territories except NSW and Qld)
- NSW – 1800 043 159
- Qld – 133 646 (133 Office of the Health Ombudsman).

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## Keep in touch with the Board

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

