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Chair's message

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

The focus of the Board is on greater efficiencies within the National Scheme, and our partnership with the Australian Health Practitioner Regulation Agency (AHPRA) continues to be strengthened in response to the external review of the National Scheme that took place in 2015.

I am pleased to confirm that the Board will continue to regulate the profession of optometry after the announcement by health ministers in April not to combine nine of the National Boards, which included this Board. However, in future you will see greater cross-profession collaboration in the regulatory work of the Board – from reviewing of registration standards and guidelines, to the structure of future committees and initiatives that assist the Board to achieve its regulatory work. The Board will ensure that the profession-specific needs are upheld in the context of regulatory requirements and functions, such as the recent publication of the revised [Guidelines on the prescription of optical appliances](#).

The Board reviewed its committee structure in late 2015, resulting in the combination of the Continuing Professional

Development Advisory Committee and Policy Standards and Guidelines Committee to form a Policy and Education Committee. The Board is also reviewing how it conducts its meetings and holding some of the 11 monthly Board meetings via teleconference as an alternative to meeting in person.

I encourage you to continue to engage with us through our consultations and provide feedback to us on our newsletters. Your contributions help us to ensure that we are protecting the public through effective regulation of optometrists.

Ian Bluntish

Chair, Optometry Board of Australia

Revised guidelines on the prescription of optical appliances

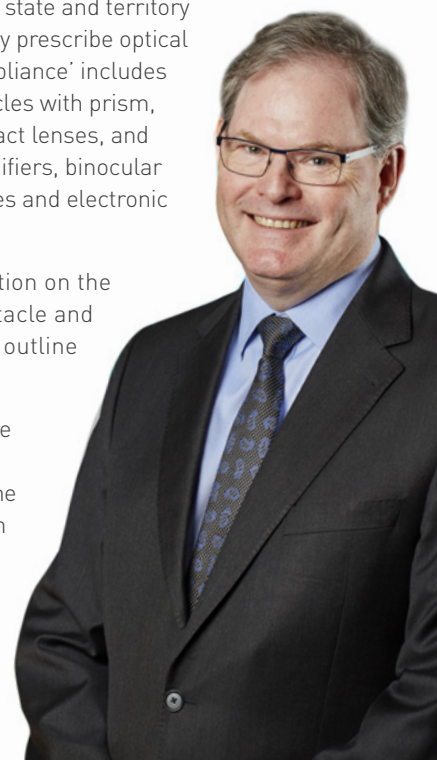
The revised *Guidelines on the prescription of optical appliances* (the guidelines) were approved by the Board in March 2016 and will start on 1 June 2016. The guidelines are a useful tool for registered optometrists, reflect current practices and expectations, and are suitable for use in clinical, educational and regulatory contexts.

The revised guidelines strike a better balance between protecting the public and the professional obligations of the practitioner to adhere to best practice in the prescription of optical appliances. They provide greater flexibility and clarity for the optometrist regarding the preparation and supply of a prescription, and have been reworded to be simpler and clearer.

The guidelines define how the Health Practitioner Regulation National Law, as in force in each state and territory (National Law), restricts who may prescribe optical appliances. The term 'optical appliance' includes prescription sunglasses, spectacles with prism, plano cosmetic and novelty contact lenses, and low-vision devices such as magnifiers, binocular telescopes, monocular telescopes and electronic magnification devices.

The guidelines provide information on the preparation and supply of spectacle and contact lens prescriptions, and outline optometrists' responsibilities.

To ensure that the guidelines were developed with feedback from practitioners and stakeholders, the Board ran a [public consultation](#) in September 2015. The Board has not seen any major issues arise in relation to compliance with the guidelines, so the guidelines have not changed significantly



as a result of the consultation. The previous guidelines had been in place for over three years and have been updated as a result of a scheduled review.

The revised guidelines are available in the [Codes, Guidelines and Policies](#) section of the Board's website.

Revised registration standards

A revised [Professional indemnity insurance \(PII\) registration standard](#) is now published and will start on 1 July 2016.

The revised PII registration standard has not changed significantly. For PII, you still need to self-assess how much PII you need for your chosen scope of practice, and have appropriate run-off cover. The document has been revised only in terms of its format and language.

From 1 December 2015 a revised [Recency of practice registration standard](#) was published. You will need to meet the following requirements in order to maintain your registration as an optometrist:

- You must make a declaration upon renewal in 2016 that you have practised for at least 450 hours in the previous three years.
- You must provide evidence of meeting this standard if asked through audit or through an investigation of a complaint made about you.

If you do not meet the standard it does not necessarily mean that you cannot be registered. The Board takes into consideration various factors when making a decision in such cases.

For those returning from a break from practice, [FAQ](#) are also available.

Graduate video launch

As part of its communications strategy, the Board has developed a short animated video targeted to optometry students and graduates.

The video is on the [Board's website](#) and aims to raise the awareness of optometry students and graduates of the standards they need to meet to become registered and also the professional standards they need to meet to maintain their registration. The video also refers to relevant guidelines and highlights the information available on the Board's website.

You can also access the video on AHPRA's [youtube channel](#), which also has other relevant information about the regulation of health professionals.

Advertising of regulated health services - reminder

The Board would like to remind you to check the type of advertising you are using to ensure you are adhering to the [Guidelines for advertising regulated health services](#) to avoid any inadvertent breaches of the National Law.

Anyone who advertises a regulated health service must meet the requirements of the National Law. This includes registered health practitioners, individuals who are not health practitioners and businesses.

We expect you to make sure that your own advertising, or that done by others on your behalf, meets the requirements of the National Law.

The National Law bans specific types of advertising, including (but not limited to) advertising in a way that:

1. makes misleading claims
2. offers an inducement such as a gift or discount (unless the relevant terms and conditions are also included)
3. uses testimonials, and/or
4. creates unreasonable expectations of beneficial treatment, or encourages the indiscriminate or unnecessary use of a service.

If you are not sure whether your advertising meets the requirements in the National Law, you should seek legal advice. The Board and AHPRA are not able to provide you with advice about whether or not your advertising breaches the National Law.

Refreshed Registration and Notification Committee

The Board's Registration and Notification Committee (RNC) is the delegated authority to consider matters relating to individual optometrists, from a complex registration matter or consideration of a notification (complaint) about an optometrist. It is a six-member committee made up of both practitioner and community members.

Expressions of interest from several interested optometrists for the three non-Board member positions were received, and the Board has appointed the following people in addition to the existing members:

Non-Board members

- Nancy Atkinson – practitioner member
- Stephanie Bahler – practitioner member
- Neville Turner – practitioner member

Board members

- Ian Bluntish – Chair, practitioner member
- Adrienne Farago – community member
- Ann Webber – practitioner member

Whenever expressions of interest are called for by the Board, the information is available on the [Committee member recruitment page](#) on AHPRA's website.

National Restrictions Library

Restrictions (conditions and undertakings) are a primary regulatory tool used by the Board to protect the public. The Board places restrictions on registration as necessary in the course of an investigation and/or disciplinary procedure or as a result of a disciplinary procedure. Restrictions may also be imposed at the time of registration or renewal of registration, for various reasons.

Recently, a program of work was undertaken to develop a national restrictions library to provide a consolidated structure for common restrictions used across the regulatory functions of all of the National Boards and to support:

- consistency in recommendations from AHPRA to the National Boards and delegates
- consistency in the restrictions appearing on the national public register of health practitioners, and
- a best practice approach to monitoring compliance with restrictions.

The restrictions included in the library have been tested against agreed criteria for a 'good restriction'. In this regard restrictions within the library have been developed to ensure each:

- is able to be complied with by the registrant
- is proportionate to the risk identified and mitigates that risk
- is able to be objectively monitored through available evidence
- clearly outlines the responsibilities of the registrant
- does not fetter the discretion of decision makers, and
- is not directed at third parties.

A copy of the contents of the National Restrictions Library can be found on [AHPRA's website](#) to assist optometrists and their representatives when proposing any undertakings in lieu of conditions being considered. The requirements detailed in the library restrictions will be used as a benchmark in the recommendations being made to the Board about any undertakings proposed. All undertakings should contain the requirements outlined as common restrictions within the library.

National Scheme news

National drug screening protocol now in place

There are health practitioners with a history of substance misuse who have restrictions placed on their registration. These restrictions are generally designed to keep the public safe while the practitioner remains in practice.

When restrictions are placed on a health practitioner's registration, AHPRA monitors the practitioner to make sure they are complying with the restrictions. This process is referred to as 'monitoring and compliance'.

From November 2015, all health practitioners who have restrictions placed on their registration by their National Board as a result of past substance misuse will have routine quarterly hair testing, in addition to random urine testing. Routine hair testing provides additional information about the use of a wide

range of drugs, over a longer time period. It therefore provides greater assurance to the Board that the practitioner is not impaired as a result of ongoing substance misuse.

The introduction of routine hair testing is based on expert advice about modern drug screening methods. Using contemporary scientific evidence and the advice of an expert panel, National Boards and AHPRA will manage the risk associated with practitioners with a history of substance misuse.

For more information, see the [news item](#) on AHPRA's website.

New video outlines objectives and role of the National Scheme

AHPRA has recently launched a new video (with an accompanying infographic) explaining the Australia-wide scheme that is in place to protect members of the public.

Aimed mainly at the community, the video outlines how AHPRA, working in partnership with the 14 National Boards, helps regulate Australia's 630,000-plus registered health practitioners through a national scheme.

[The video](#) explains how the National Scheme works and how patients are protected.

Both resources are available on the [What we do](#) page of the AHPRA website. The video can also be watched on AHPRA's [YouTube channel](#).

Employer obligations: new awareness campaign

AHPRA has published a [news item](#) that outlines employers' obligations, and has ads running on LinkedIn and Facebook. This is the first step in the campaign, with many more activities to follow, including direct mail, paid print advertising, and in-language advertising (for the public campaign).

The campaign will be rolled out in stages and has three target audiences and objectives:

1. Employers – check the [register](#) before employing someone, keep up to date with changes to registrations, make mandatory reports when required.
2. Practitioners – know your obligations as a registered health practitioner.
3. Public – check to see if your practitioner is registered.

State and territory summaries and profession summaries now available – annual report 2014/15

State and territory summaries of the annual report are now available on the [AHPRA website](#). The summaries provide a view of national data about our work to keep the public safe through a state or territory lens. We provide national comparisons to show how the state or territory compares with the national average and where possible, we provide two years of data, to identify and track trends over time.

More comprehensive data are in the [2014/15 annual report](#) of AHPRA and the National Boards which was published in November 2015. The annual report also includes more detailed profession-specific information.

The 14 National Boards have also published individual profession profiles. To read the [optometry profession profile](#), go to the Board's website.

Dangers of button battery ingestion

From time to time the National Boards are asked to publicise important public health messages for health practitioners.

The Queensland Coroner's recent report into the death of a four-year-old girl, who died after swallowing a two-centimetre button battery, has highlighted the need for health practitioners to be aware of the dangers these products present to patients if ingested, and to be better equipped to handle suspected cases.

When swallowed, lithium button batteries (also known as 'disc batteries') can become lodged in the oesophagus and the residual charge can cause electrolysis. This burns through tissue causing severe, irreversible damage.

Recognising battery ingestion can be difficult if the ingestion is not witnessed, as the child may present with non-specific symptoms such as poor feeding, irritability, fever, vomiting, drooling or cough. The ingestion of disc batteries requires urgent intervention.

Further information is available from the [ACCC](#) or advice can be obtained by ringing the Poisons Information Centre in Australia on 13 11 26.

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: Ian Bluntish, Chair, Optometry Board of Australia, GPO Box 9958, Melbourne, VIC 3001.