

Optometry regulation at work in Australia

2014/15

Regulating optometrists in the National
Registration and Accreditation Scheme

Managing risk to the public
Regulating optometrists



Optometry
Board of Australia | AHPRA

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Optometry Board in 2014/15
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Highlights



Revised guideline for the use of scheduled medicines that now enables optometrists to diagnose, initiate, treat and monitor glaucoma patients

Optometry Australia appointed to manage continuing professional development accreditation functions for the optometry profession

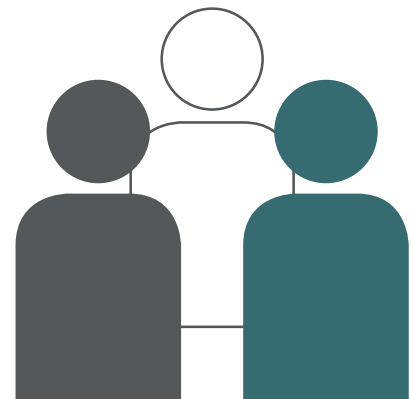
4,915

registered optometrists in Australia on 30 June 2015

New general registration for initial applications came into effect

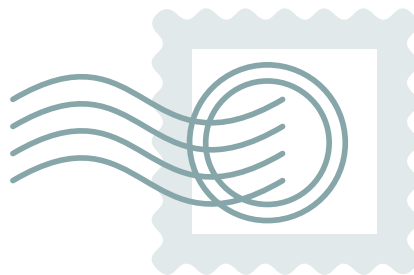
34% of optometrists based in New South Wales, **25%** based in Victoria

2.65% increase in number of registered optometrists compared to 2013/14



33% of optometrists are aged under 35

Notifications made about **1.1%** of the registrant base



55 notifications received about optometrists

63% of notifications closed in 2014/15 (excluding New South Wales) were closed following assessment

16 registered optometrists under active monitoring – **56%** due to suitability/eligibility

About this report

This report provides a profession-specific view of the Optometry Board of Australia's work to manage risk to the public and regulate the profession in the public interest.

The Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to bring out the best of the National Registration and Accreditation Scheme (National Scheme) for all Australians.

The data in this report are drawn from data published in the 2014/15 [annual report](#) of AHPRA and the National Boards, reporting on the National Scheme.

This report looks at these data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with 2014/15 [annual report](#) of AHPRA and the National Boards.

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Message from the Chair, Optometry Board of Australia

On behalf of the Optometry Board of Australia (the Board), I would like to thank Colin Waldron, the immediate past inaugural Chair of the Optometry Board, for his leadership and his significant contribution to the regulation of optometrists since the commencement of the National Scheme in September 2009 until August 2015. The contribution of Colin was crucial to the Board's achievements since its inception and the remaining Board members are grateful for his stewardship, guidance and tenacity.

During 2014/15 the Board revised its guidelines for the use of scheduled medicines which were published in December 2014 (these were a revised version of guidelines published in 2013). These guidelines enable optometrists to diagnose, initiate, treat and monitor glaucoma patients. The revised guidelines enhance the early diagnosis and treatment of glaucoma in the best interest of the public, and clarify the timelines for information exchange between treating optometrists and ophthalmologists.

The Board also implemented a registration standard for general registration for initial applicants, which acknowledges that the current undergraduate Board-approved programs leading to general registration incorporate ocular therapeutics as part of the undergraduate degree. This enables graduates to be automatically eligible for the scheduled medicines endorsement upon application for registration.

Also, Optometry Australia was appointed to manage the continuing professional development (CPD) accreditation functions for the optometry profession on behalf of the Board.

I would like to thank the board and committee members for their significant support of the Board and the National Scheme.



Mr Ian Bluntish
Chair, Optometry Board of Australia

Message from the Agency Management Committee Chair and the AHPRA CEO

The National Boards, with the support of AHPRA, maintain professional standards for practitioners and manage risk to patients. This past year we have seen huge steps taken to ensure we are fulfilling our core purpose of protecting the public in the most effective and efficient ways possible.

We have seen the introduction of new co-regulatory arrangements in Queensland this year, and the National Boards and AHPRA have built positive working relationships with the Office of the Health Ombudsman to ensure the protection of the health and safety of the Queensland public.

The National Boards have worked to help improve the experience of notifiers, and to ensure timely outcomes for notifiers and practitioners. This has resulted in a significant reduction in the time it takes AHPRA and the National Boards to assess notifications.

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

A key strength of the National Scheme has been the regular interaction between all National Boards, particularly through their Chairs. This has facilitated cross-profession approaches to common regulatory issues, and cross-profession consultation and collaboration. The National Boards and AHPRA have continued to work closely together this year to test and implement new ways of doing things.

We have had some significant achievements during the past year, through the hard work and dedication of board and committee members, and AHPRA staff. More information is detailed in the 2014/15 [annual report](#) of AHPRA and the National Boards.



Mr Martin Fletcher
Chief Executive Officer,
AHPRA



Mr Michael Gorton AM
Chair, Agency
Management
Committee

Major outcomes/achievements 2014/15

Registration standards

In 2014/15, the following registration standards were approved and published:

- ▶ English language skills registration standard
(revised standard)
- ▶ Criminal history registration standard
(revised standard)

In 2014/15, the following registration standard came into effect:

- ▶ General registration for initial applications
(new standard)

Guidelines

In November 2014, the Board approved Guidelines for scheduled medicines and these were published in December 2014.

Priorities for the coming year

- ▶ Review the Board's registration standards, codes and guidelines to ensure the competence of the optometric workforce, including:
 - optometry guidelines on CPD for endorsed and non-endorsed optometrists, and
 - endorsement scheduled medication registration standard and guideline.
- ▶ Increase public awareness, and understanding, of the role of the Board.
- ▶ Harness synergies with AHPRA that lead to greater efficiencies and effectiveness in regulation through increased cross-professional work and a review of the configuration of Board committee structures.
- ▶ Support Board succession planning and orientation for new members, as the term of current members expires in August 2015.
- ▶ Focus on high-quality risk-based decision-making about matters relating to optometrists.
- ▶ Implement best practice regulatory governance.

Board-specific registration, notifications, and monitoring and compliance data 2014/15

Registration

On 30 June 2015, there were 4,915 registered optometrists across Australia, with the largest number of optometrists in New South Wales (NSW) (1,663 practitioners), followed by Victoria (1,251 practitioners). There has been a 2.65% increase in the total number of practitioners compared with the previous 12 months. One-third of practitioners (33%) are aged under 35.

Notifications

In 2014/15, there were 55 notifications about optometrists received across Australia, with NSW receiving more notifications (29) than any other state or territory. Twenty-six of the notifications received in 2014/15 were made outside of NSW. Notifications are made about 1.1% of the registrant base nationally.

It is important to note that for matters considered jointly by health complaints entities and AHPRA, only matters within the National Boards' jurisdiction have been included in this report. Note also that Queensland became a co-regulatory jurisdiction on 1 July in 2014, with the commencement of the Health Ombudsman Act. AHPRA only has access to data relating to matters referred by the Office of the Health Ombudsman. We are unable to report on all complaints about registered health practitioners in Queensland.

Of the 53 notifications closed in 2014/15, 27 were notifications lodged outside NSW. Of these, 17 were closed after assessment, eight after investigation, and two were closed after a health or performance assessment.

In 17 cases, the Board determined that no further action was required (12) or that the notification should be handled by the health complaints entity that had received the notification (five cases). In six cases, the practitioner received a caution, and in another four cases conditions were imposed on the practitioner's registration (two) or undertakings given by the practitioner (two).

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 55 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

Monitoring and compliance

AHPRA, on behalf of the National Boards, monitors health practitioners and students with restrictions placed on their registration, or with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports Boards to manage risk to public safety.

At 30 June 2015, there were 16 registered optometrists under active monitoring.

Optometrist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
2014/15	73	1,663	29	985	259	80	1,251	403	172	4,915
2013/14	74	1,632	29	950	246	86	1,224	386	161	4,788
% change from prior year	-1.35%	1.90%	0.00%	3.68%	5.28%	-6.98%	2.21%	4.40%	6.83%	2.65%

*Principal place of practice

Optometrist	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Total
2014/15	227	733	682	631	611	606	478	538	262	84	47	15	1	4,915
2013/14	190	699	653	625	631	583	501	518	238	84	44	16	6	4,788

Optometrist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15			6	3	1	13	3	26	29	55
2013/14	1	1	15	6		15	3	41	25	66

Optometrist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	0.0%	0.0%	0.6%	1.2%	1.3%	1.0%	0.7%	0.8%	1.7%	1.1%
2013/14	1.4%	3.4%	1.4%	2.4%	0.0%	1.2%	0.8%	1.2%	1.5%	1.3%

Optometrist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	1	0	7	3	1	13	2	27	26	53
2013/14	1	1	13	7		19	2	43	23	66

Stage at closure	Total 2014/15	Total 2013/14
Assessment	17	30
Health or performance assessment	2	2
Investigation	8	11
Panel hearing		
Total	27	43

Outcome at closure	Total 2014/15	Total 2013/14
No further action	12	22
Health complaints entity to retain	5	15
Caution	6	3
Accept undertaking	2	2
Impose conditions	2	1
Total	27	43

Profession	Conduct	Health	Performance	Suitability / eligibility ¹	Total 2014/15
Optometrist	2	2	3	9	16

Note:

1. AHPRA performs monitoring of compliance cases for 'suitability/eligibility' stream matters for NSW registrations.

Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons including as a result of a notification, the assessment of an application for registration or a renewal of registration, or after an appeal lodged with a tribunal. Types of restrictions being monitored include:

Drug and alcohol screening – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.

Health – requirements to attend treating health practitioner(s) for the management of identified health issues (including physical and psychological/psychiatric issues).

Supervision – restrictions that allow the practice of a health profession to occur only under the supervision of another health practitioner (usually registered in the same profession).

Mentoring – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.

Chaperoning – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.

Audit – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.

Assessment – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.

Practice and employment – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

Education and upskilling – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

Character – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

Statutory offences: advertising, practice and title protection

Concerns raised about advertising, title and practice protection during the year were managed by AHPRA's statutory compliance team.

More detail about our approach to managing statutory offences is reported from page 54 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration must disclose any criminal history information when they apply for registration, and practitioners renewing

their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which the Board may take health, conduct or performance action. The criminal record check is undertaken by an independent agency, which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

More detailed information about criminal record checks is published from page 32 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

Working across the professions

A key strength of the National Scheme is the regular interaction between National Boards. This has facilitated cross-profession approaches to common regulatory issues and supported joint consultation and collaboration.

While the National Scheme is a multi-profession scheme operating within a single statutory framework and with one supporting organisation (AHPRA), a range of regulatory approaches – which are tailored to professions with different risk profiles and professional characteristics – are being explored with National Boards.

Policy development to address the objectives and guiding principles of the National Law is an important part of AHPRA's support for National Boards, including development and review of registration standards, codes and guidelines, and the coordination of cross-profession policy projects such as a revised approach to international criminal history checks.

Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and CPD) required under the National Law, together with each Board's code of conduct or equivalent, are the main way National Boards define the minimum national standards they expect of practitioners, regardless of where they practise in Australia.

Five core registration standards for all 14 health professions regulated under the National Scheme

- ▶ Continuing professional development
- ▶ Criminal history
- ▶ English language skills
- ▶ Professional indemnity insurance arrangements
- ▶ Recency of practice.

National Boards have developed common guidelines for advertising regulated health services and for mandatory notifications. Most National Boards have a similar code of conduct. This commonality facilitates the National Law's guiding principles of efficiency, effectiveness and fairness. It also helps consumers to understand what they can expect from their health practitioners.

The standards, together with the code of conduct and guidelines developed by National Boards to provide guidance to the professions, bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and help inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. An approved registration standard, code or guideline may be used in disciplinary proceedings as evidence of what constitutes appropriate professional conduct for the profession.

Our work on professional standards in 2014/15

During 2014/15, there were 15 public consultations undertaken by National Boards on 17 registration standards and 13 guidelines.

All National Boards consulted on draft guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses. The consultation was open from July to September 2014. A Twitter chat was held on this consultation.

A number of registration standards for the 14 currently regulated health professions were submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) during 2014/15, in accordance with the National Law.

The revised criminal history registration standard for all 14 Boards and the revised English language skills registration standard for 13 Boards were approved by the AHWMC in March 2015, as well as standards and guidelines for some of the individual Boards.

This work has focused on continuing to build the evidence base for National Board policy and reviewing the structure and format of registration standards, guidelines and codes consistent with good practice.

See Appendix 3 of the 2014/15 [annual report](#) of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2014/15.

Stakeholder engagement and improving our communications

The National Boards and AHPRA continue to work closely with two external advisory groups, the Community Reference Group and the Professions Reference Group. Communiqués from both groups are published on the AHPRA website after each meeting. Both groups provide feedback on how we can continue improving the way we communicate so that we can engage more effectively with our stakeholders.

AHPRA refreshed the homepages across all 15 National Board and AHPRA websites to make important information easier to find, and included new information for employers and practitioners as tabs on the login window. Following feedback from the Community Reference Group, AHPRA included the *Register of practitioners* search on the homepage, and introduced brightly coloured 'tiles' to highlight important topics.

The National Boards and AHPRA continue to strengthen work with governments on matters of shared interest relevant to the National Scheme. The work with governments covers a broad spectrum of activities, including contributing to public and regulatory policy development through making joint AHPRA and National Board submissions as much as possible to government consultations, including the independent review of the operation of the National Scheme. We also brief health ministers on local and national issues relevant to the regulation of health practitioners in Australia, and raise issues with, and receive the collective views of, the Australian Health Ministers' Advisory Council's (AHMAC) Health Workforce Principal Committee (HWPC) on draft regulatory policies, guidelines and standards, and other matters to inform advice to health ministers.

This year the National Boards and AHPRA have strengthened partnerships with regulatory counterparts, including health complaints entities, co-regulatory bodies and accreditation councils, to ensure more consistent and effective regulatory decision-making and outcomes that are responsive to the national and local environment, and we learn from and share our experience with international regulators.

Establishing a shared set of regulatory principles

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

We invited feedback on the principles in a formal consultation, which included surveying members of the public and practitioners, as well as board and committee members, and AHPRA staff. The response to the surveys was overwhelming, with more than 800 members of the public providing feedback to the online survey, in addition to more than 140 board/committee members and AHPRA staff members. The vast majority of respondents supported the principles. In the coming year we will continue to work to embed the regulatory principles in all that we do.

The regulatory principles are set out in Appendix 1 of the 2014/15 annual report of AHPRA and the National Boards.

Collaboration to improve accreditation

The National Boards, AHPRA and the accreditation authorities have worked collaboratively to identify opportunities for improvement, aspects of accreditation that need greater consistency of approach (such as reporting of accreditation decisions), as well as areas within accreditation that lend themselves to cross-professional approaches. Steady progress continues and further cross-profession initiatives – such as work on inter-professional learning and embedding models for simulated learning environments in clinical training – are being implemented or are planned, with the aim of further demonstrating good practice in accreditation of health profession education. The Accreditation Liaison Group (ALG) is the primary vehicle for collaboration on accreditation.

Managing risk through improved international criminal history checks

In February 2015, a new procedure for checking international criminal history, which provides greater public protection, was introduced.

Under the National Law, National Boards must consider the criminal history of an applicant who applies for registration, including any overseas criminal history. The new approach requires certain applicants and practitioners to apply for an international criminal history check from an AHPRA-approved supplier.

More than 4,200 international criminal history checks across the 14 health professions were undertaken since the procedure changed. From these, 10 positive criminal history results were identified. When a positive criminal history is identified, the National Board or its delegate considers whether the health practitioner's criminal history is relevant to the practice of their profession.

Members of the Optometry Board of Australia in 2014/15

Mr Colin Waldron (Chair)
Mr Ian Bluntish
Mr John Davis
Ms Jane Duffy OAM
Mr Derek Fails
Ms Adrienne Farago
Mr Garry Fitzpatrick
Ms Peta Frampton
Mr Lawson Lobb

During 2014/15, the Board was supported by Executive Officer Ms Sarah Fagan and Board Support Officer Ms Katrina Xanthos.

More information about the work of the Board is available at: www.optometryboard.gov.au

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www.ahpra.gov.au

Annual report and summaries online:

www.ahpra.gov.au/annualreport

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