

Contents

Chair's report	1	National Scheme news	4
Latest Optometry Board of Australia registrant data	1	National Boards approve policy for removing reprimands from the national register	4
Board to co-host Early Career Optometrists networking event before SA Blue Sky Conference 2017	1	COAG Health Council meeting communiqué: progressing amendments to the National Law	5
Get to know your Board member	2	Working together to ensure Aboriginal and Torres Strait Islander patient safety	5
Scheduled Medicines Advisory Committee member vacancy	3	Co-Chairs announced to help lead the way for the first ever National Scheme Aboriginal and Torres Strait Islander health strategy	5
Registration renewal: Updating the national register	3	Keep in touch with the Board	6
Meeting your legal and professional advertising obligations	3		
Mandatory notifications guidance and case study	4		

Chair's report

Welcome to the September 2017 newsletter of the Optometry Board of Australia (the Board). This newsletter provides an overview of the Board's activities.

In particular, the Board has identified that it is a strategic priority for the Board to engage more directly with optometrists who are in the early stages of their career. As the future of the optometry profession, the Board views early career optometrists as important stakeholders in Australian optometry regulation.

The Board is co-hosting a networking event with Early Career Optometrists SA on 9 November 2017 and this will be an opportunity for optometrists and optometry students to meet the Board, learn how to shape the future of optometry regulation and how to become a Board or Committee member.

As always, I encourage you to continue to keep in touch with the Board's work by regularly viewing our website, through our consultations and your feedback on our newsletters.

Ian Bluntish
Chair, Optometry Board of Australia

Latest Optometry Board of Australia registrant data

The Board has analysed its registration data and produced a number of statistical breakdowns about registrants to share with the profession and community. The 1 April 2017 to 30 June 2017 registrant data is available [online](#).

Board to co-host Early Career Optometrists networking event before SA Blue Sky Conference 2017

The Board will co-host an Early Career Optometrists networking event on 9 November 2017, which is the night before the SA Blue Sky Conference 2017.

Early career optometrists, final year university students, other interested SA Blue Sky Congress delegates and local Optometry SA members are invited to attend the Early Career Optometrists SA networking event: Meet the Board.

The Board is co-hosting a free networking event with Early Career Optometrists SA to engage more directly with optometrists who are in the early stages of their career and have graduated within the last ten years. This has been identified as a strategic priority for the Board. As the future of the optometry profession, the Board views early career optometrists as important stakeholders in Australian optometry regulation.

The event offers attendees the opportunity to:

- meet the Board, including community Board members
- learn the difference between the role of the Board and the role of Optometry Australia (OA)
- learn how the Board, optometrists, OA, the public and other key stakeholders can shape the future of optometry regulation
- ask the Board questions, and
- learn how to become a Board or Committee member.

The Board Chair also will be providing a short presentation on the current work of the Board at the SA Blue Sky Conference. There will also be ample opportunity for delegates to ask questions and meet Board members, including community Board members at their exhibit space.

Places are limited and registration is confirmed on a first-in-first-served basis. More information and information on how to RSVP is found in the Board's news item.

Get to know your Board member



Dr Ann Webber (Optometrist)
Health practitioner from Queensland

Qualifications:
PhD MS FAAO, BAppSc(Optom) (Hons), GradCertOptTher

Dr Webber is a primary eye care practitioner with clinical and research interest in paediatric optometry. She began independent private practice in 1991 and currently practices in Bulimba, an inner eastern suburb of Brisbane. She also holds a part-time Senior Lecturer position in the School of Optometry and Vision Science, Queensland University of Technology (QUT).

Dr Webber served for more than a decade on the Optometry Australia Queensland Division Council, including two terms as State President and Chair of the Education sub-committee. She was first appointed to the Queensland Optometry Registration Board in 2000 and served as Deputy Chair of the Queensland Board from 2009. From the inception of AHPRA she has served as a member of the Registration and Notification Committee (RNC) of the Optometry Board of Australia, taking on the role of Board member in August 2015.

What do you do in your role with the Optometry Board of Australia?

The primary purpose of national registration is to ensure that health services are provided safely and are of appropriate quality. National legislation replaced separate state-based registers and has created a unified National Registration and Accreditation Scheme (the National Scheme) to manage practitioner registration. The management of complaints against health practitioners has also become standardised and predominantly nationalised. My activity on the Board has principally been as a member of the RNC, which considers

appropriate registration of optometrists and also manages complaints that may arise about the practice of optometry. I was nominated to serve on the RNC committee when the National Scheme was established in 2010, bringing prior experience from nine years on the Queensland Registration Board. I remain a member of the RNC, and also represent the Board on cross-professional working groups currently reviewing supervised practice arrangements.

My role involves attending monthly teleconference meetings to consider registration and complaints matters, in addition to attending face-to-face full Optometry Board meetings that are usually held in the AHPRA National office in Melbourne (nine to ten meetings per year). During its first two terms, the Board set initial policy and standards. These are now under review to determine what areas of common policy exist across various health practitioner boards, such as supervised practice, versus what areas required profession specific policy, such as use of scheduled medicines. Although the National Scheme is less than eight years old, it has had a number of major evaluations, with recommendations put forward to evolve and improve the scheme. It is highly rewarding to be part of this evolutionary process governing health care delivery in Australia.

Why did you want to become a Board member?

I served six years on the RNC committee, providing advice to the Board, before being appointed to the Optometry Board of Australia in August 2016. This afforded me the opportunity to understand the evolution of the National Scheme, and to come to understand the guiding principles that underpin Board decision-making. Through service on the RNC I gained a broad understanding and knowledge of the Health Practitioner Regulation National Law and its guiding principles. I sometimes feel incredibly fortunate that I made an early career decision to embrace optometry as my professional pathway. I am passionate about optometry and the unique and highly valuable role we play in ensuring that the delivery of eye care services in Australia is to the highest possible standard. It is highly rewarding to be part of this scheme that has quality assurance to graduate entry and rigorous practitioner registration standards.

What was the process of becoming a Board member like?

Board member application was not particularly onerous. It required clear articulation of prior experience in practice and professional service, and identification of referees who could attest to the potential skill-set that I could bring to the role of Board member. Following my appointment, I was allocated a current Board member as a mentor, and was inducted with facilitated Board member training. Understanding Board governance and Board member responsibility were key learning objectives of the initial training.

What would you recommend to other optometrists interested in becoming a practitioner Board member?

I find my Board member activity highly rewarding. It has afforded the opportunity to develop leadership skills and to influence the setting of registration standards that ensure

public safety. As private practitioners, we are not necessarily practiced in shaping our curriculum vitae to present the broad range of skills that we develop. Seeking mentor advice from a current Board or committee member on how to put together an expression of interest for a Board member nomination is useful, as is gaining professional advocacy experience through your state division of Optometry Australia.

More information about other Board members can be found on the Board's [website](#).

Scheduled Medicines Advisory Committee member vacancy

The Board thanks Professor Lisa Nissen for her contributions to the Scheduled Medicines Advisory Committee (the Committee). Professor Nissen resigned from the Committee following her appointment to the recently established AHPRA Scheduled Medicines Expert Committee (SMEC). More information about the role can be found on AHPRA's [website](#).

The Board invites applications from registered pharmacists seeking appointment to the Scheduled Medicines Advisory Committee (the Committee) to fill the vacancy for the pharmacist member of the Committee.

The multi-professional committee advises the Board on the following matters with respect to the administration or prescribing of scheduled medicines by optometrists for diagnostic or therapeutic purposes:

- the scheduled medicines or classes of medicines that are suitable for optometrists to administer or prescribe
- any guidelines that might be required to support safe, competent and effective prescribing or administration practice by optometrists, and
- any other matters that the Board may refer from time to time.

The committee terms of reference have recently been reviewed and can be found on the Board's [website](#).

More information about the role, eligibility requirements and the application process, is found on the AHPRA Committee member recruitment [website](#). Applications close on 9 October 2017.

If you would like to receive notice of any Board, Committee or Panel member vacancies when they are advertised, please contact [Statutory Appointments](#) from your preferred email address, advising which roles you are interested in.

Registration renewal: Updating the national register

Registration renewal for optometrists will open soon and we want to let you know that this year it will include an extra step.

When completing your renewal online, you will be asked to check that your qualification(s) are recorded correctly on the national [Register of practitioners](#).

We are including this as part of online renewal to make it easy for you to confirm and update these details if required. You will

be helping us to maintain the integrity of the national register, which helps to protect the public.

The national register keeps the public safe in the knowledge that its health practitioners are registered and qualified. Under the Health Practitioner Regulation National Law, as in force in each state and territory, the national register should include details of any qualification relied on by you to obtain registration.

Look out for an email from AHPRA soon inviting you to renew online.

Meeting your legal and professional advertising obligations

Registered optometrists who advertise health services need to check, correct and comply with their professional and legal advertising obligations.

Under the National Law a regulated health service or a business providing a regulated health service must not advertise in a way that:

- is false, misleading or deceptive
- uses gifts, discounts or inducements without explaining the terms and conditions of the offer
- uses a testimonial or a purported testimonial
- creates an unreasonable expectation of beneficial treatment, or
- directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.

There are also restrictions on advertising in a way that identifies a health practitioner as a specialist when they do not hold registration as a specialist or as an endorsed practitioner in a health profession.

The National Boards and AHPRA have published a strategy for the National Scheme aimed at keeping health service consumers safe from misleading advertising.

The [Advertising compliance and enforcement strategy](#) explains how National Boards and AHPRA will manage advertising complaints and compliance, including the regulatory powers available to deal with breaches of the National Law.

The strategy is designed to keep improving how regulated health services are advertised so healthcare consumers can be better informed. When preparing advertising, you should always put the consumer first and ensure that your advertising is not false, misleading or deceptive in any way.

This strategy builds on the previous education and enforcement work from National Boards and AHPRA.

More information is available on the [Advertising resources](#) section of the AHPRA website and more information will be published in coming months.

Mandatory notifications guidance and case study

As mentioned in the May 2017 newsletter, health practitioners and their employers, as well as education providers have mandatory reporting responsibilities under the National Law.

Education providers have an obligation to make a mandatory complaint or concern about a student if the student has an impairment or health issue that may, either in the course of study or clinical training, place the public at substantial risk of harm.

Registered health practitioners and their employers must tell AHPRA if they have formed a 'reasonable belief' that a registered health practitioner has behaved in a way that may affect the safety of the public.

This means you must have reasonable grounds to believe a health practitioner is performing or behaving in a way that constitutes notifiable conduct and your belief must be based on reasonable grounds.

The concerns identified under the National Law that may require a mandatory notification include:

- practising while intoxicated by alcohol or drugs
- sexual misconduct in the practice of the profession
- placing the public at risk of substantial harm because of an impairment (health issue), or
- placing the public at risk because of a significant departure from accepted professional standards.

We appreciate it can be difficult to always define what concerns might need to be reported to AHPRA and health practitioners are always encouraged to contact AHPRA to discuss their concerns. You can contact AHPRA on 1300 419 495 for further information to make general enquiries about notifications. You may also choose to speak with your indemnity insurer or professional association who may also be able to provide you with further information or guidance.

Please note that in Western Australia there is no legal obligation for treating health practitioners to make mandatory notifications (complaints) about patients (or clients) who are also health practitioners in one of the regulated health professions.

Making a mandatory complaint or raising a concern about a student

Education providers have an obligation to make a mandatory complaint or concern about a student if the student has an impairment or health issue that may, either in the course of study or clinical training, place the public at substantial risk of harm.

Case study

You are a health practitioner employed in a suburban optometry clinic. On 1 September 2017 a client named Rosemary attends your clinic. This is the first time you have seen Rosemary and you begin taking her background and reasons for her visit.

When describing her reasons for visiting you she advises you she changed which optometrist she saw because the optometrist she saw last time made her feel uncomfortable. She advises that the optometrist was asking her odd questions. When you asked her for further details she responded by saying that he asked if her breasts were real, if she had a boyfriend, if she liked the Gold Coast, and whether she liked to swim in bathers or naked.

She said that when she had to undergo testing and the room was dark she was 'put off' by how close he was to her.

You ask Rosemary if she has reported her concerns to anybody. She said that she told her partner when she got home, that she preferred to just leave it and not go back to that optometrist again. Rosemary tells you that she really didn't want to go through the embarrassment of having to tell anyone else about it.

This behaviour is notifiable conduct and should be reported to AHPRA. Consideration should also be given to reporting this conduct to the police.

National Scheme news

National Boards approve policy for removing reprimands from the national register

A policy to ensure consistent removal of reprimands from the national register of practitioners has been approved by all National Boards.

Reprimands on a practitioner's registration can be imposed under the National Law by a performance or professional standards panel, professional standards committee (New South Wales), and a relevant tribunal or court.

The policy will ensure that reprimands are removed from the national register in a consistent and effective way. It also allows for the removal of reprimands imposed under previous legislation to be considered on an individual basis, consistent with removal powers under that legislation.

A reprimand imposed under the National Law will be removed from the national register on the publication end date set by the relevant panel, committee, court or tribunal. Where a panel or tribunal has not set a publication end date, or where the reprimand was imposed under previous legislation, the reprimand will be removed no earlier than five years from the date of initial publication.

This is subject to:

- the practitioner making an application for removal of the reprimand
- no relevant event having occurred in the five-year period of publication of the reprimand, and
- legal advice confirming the power to remove a reprimand imposed under previous legislation.

A relevant event is any health, performance or conduct notification, action taken against the practitioner in relation

to an adverse disclosure on renewal of registration, new information returned on a criminal history check or a confirmed breach of restrictions. It also includes when action has been taken against a practitioner regarding their conduct, health or performance. New notifications, irrespective of whether action was taken, will also be taken into account if an application for removal of a reprimand is received after the five-year period of publication.

The policy will take effect from 2 October 2017 and will be reviewed annually. An application form for removal of a reprimand from the national register will be published under [Common forms](#) on the AHPRA website.

COAG Health Council meeting communiqué: progressing amendments to the National Law

The federal and state and territory health ministers met in Brisbane on 4 August 2017 at the [COAG Health Council](#) to discuss a range of national health issues. The meeting was chaired by the Victorian Minister for Health, the Hon. Jill Hennessy. AHPRA CEO Martin Fletcher attended the Australian Health Workforce Ministerial Council (the Ministerial Council) meeting which brings together all health ministers throughout Australia to provide oversight for the work of the National Scheme. AHPRA and the National Boards provide a regular update to the Ministerial Council on our work.

The meeting included an agreement by health ministers to proceed with amendments to the National Law to strengthen penalties for offences committed by people who hold themselves out to be a registered health practitioner, including those who use reserved professional titles or carry out restricted practices when not registered. Ministers also agreed to proceed with an amendment to introduce a custodial sentence with a maximum term of up to three years for these offences. These important reforms will be fast tracked to strengthen public protection under the National Law. Preparation will now begin on a draft amendment bill, with a view to being introduced to the Queensland Parliament in 2018.

Ministers also discussed mandatory reporting provisions for treating health practitioners, agreeing that protecting the public from harm is of paramount importance as is supporting practitioners to seek help and treatment for their health concerns, including for their mental health and well-being. They agreed practitioners should be able to confidentially seek treatment for health issues while preserving the requirement for patient safety. It was agreed that the Australian Health Ministers' Advisory Council will recommend a nationally consistent approach to mandatory reporting following a consultation process with consumer and practitioner groups. A proposal on mandatory reporting is expected to be considered at the November 2017 meeting of the COAG Health Council.

The Council produces a communiqué from its meeting which can be accessed on the [AHPRA website](#).

Working together to ensure Aboriginal and Torres Strait Islander patient safety

NAIDOC (National Aboriginal and Islander Day Observance Committee) week is a celebration of the history, culture and achievements of Aboriginal and Torres Strait Islander peoples. It is an important week for all Australians, with celebrations

held across Australia each July. This year NAIDOC week's theme was 'our languages matter'.

AHPRA and National Boards marked NAIDOC week (2-9 July) by reaffirming their commitment to an Australia-wide National Scheme Aboriginal and Torres Strait Islander health strategy.

AHPRA and the National Boards have been working with Aboriginal and Torres Strait Islander health sector leaders and regulatory partners to get this important work started. As regulators of over 657,000 health practitioners in 14 different health professions, the opportunity to improve patient safety for Aboriginal and Torres Strait Islander peoples in Australia's health system is an important one. This commitment will be achieved through a [National Scheme Aboriginal and Torres Strait Islander health strategy](#).

This work is about strong partnerships with Aboriginal and Torres Strait Islander people and communities, not about AHPRA or the National Boards acting in isolation. The National Boards are working actively towards influencing cultural safety, equity and justice in healthcare for patients. A strategy group is in place which includes Aboriginal and Torres Strait Islander health sector leaders and representatives from accreditation entities, National Boards, AHPRA, and the Chair of AHPRA's Agency Management Committee.

Co-Chairs announced to help lead the way for the first ever National Scheme Aboriginal and Torres Strait Islander health strategy

The National Scheme is pleased to announce the appointment of co-Chairs for the Aboriginal and Torres Strait Islander health strategy group.

Associate Professor Gregory Phillips, CEO of ABSTARR Consulting and Dr Joanna Flynn AM, Chair of the Medical Board of Australia have been appointed as co-Chairs of the group.

The strategy group has been brought together to develop the National Scheme's first ever Aboriginal and Torres Strait Islander health strategy.

AHPRA, the 14 National Boards responsible for regulating the health professions, accreditation authorities and Aboriginal and Torres Strait Islander health sector leaders and organisations have committed to an Aboriginal and Torres Strait Islander health strategy with the vision of: Patient safety for Aboriginal and Torres Strait Islander peoples in Australia's health system is the norm, as defined by Aboriginal and Torres Strait Islander peoples.

Associate Professor Gregory Phillips was nominated by Aboriginal and Torres Strait Islander health sector leaders and organisations to be co-Chair. Gregory Phillips is from the Waanyi and Jaru peoples, and comes from Cloncurry and Mount Isa in North-West Queensland. Dr Joanna Flynn was nominated by leaders of the National Scheme to be co-Chair.

Associate Professor Gregory Phillips and Dr Flynn agree that partnerships are fundamental in this work.

'With more than 700,000 Australians registered by the National Boards and a commitment from Aboriginal and Torres Strait Islander leaders and the National Scheme to work collaboratively there is a unique opportunity for real change

to the health outcomes of all Australians,' said Associate Professor Phillips.

'We are grateful for the strong relationships we have with our partners in this work, particularly the expert guidance we have received from Aboriginal and Torres Strait Islander health sector leaders. This work cannot be done with National Boards acting in isolation and I am looking forward to making this new strategy a reality through my role as co-Chair,' said Dr Flynn.

Further information

The Aboriginal and Torres Strait Islander health strategy group publish communiqués of its work. These are available on the [Advisory group page](#) of the AHPRA website.

The next meeting of the strategy group will be held in November 2017.

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.

Follow AHPRA on social media



Australian Health Practitioner Regulation Agency
ABN: 78 685 433 429

