

REGULATING OPTOMETRISTS -
MANAGING RISK TO THE PUBLIC

OPTOMETRY REGULATION
AT WORK IN AUSTRALIA,
2013/14

Regulating optometrists in the National
Registration and Accreditation Scheme



Optometry
Board of Australia | AHPRA

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About this report

For the first time this year, the Optometry Board of Australia is publishing this profile of its work in regulating optometry in the National Registration and Accreditation Scheme during 2013/14.

The report aims to provide a profession-specific view of the Board's work to manage risk to the public and regulate the profession in the public interest.

As ever, this year the National Board has worked in close partnership with the Australian Health Practitioners Regulation Agency (AHPRA) to bring out the best of the National Scheme for all Australians.

The data in this report are drawn from data published in the 2013/14 annual report of AHPRA and the National Boards, reporting on the National Registration and Accreditation Scheme.

This report looks at these national 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. In future years, we will provide more detailed analysis to deepen our understanding of trends.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with the [2013/14 annual report of AHPRA and the National Boards](#).

Message from the Chair, Optometry Board of Australia

Over the last year, the Board has worked with the other National Boards and AHPRA to consolidate and refine the policies and processes in place under the National Scheme. The Board has been engaged in working collaboratively with other National Boards to improve consistency and integrate common policy themes that affect all regulated health professionals and assist in the delivery of safe and quality healthcare for the public.

Managing an ongoing legal case has been a primary focus for the Board and has taken considerable time and attention.

The Board is keen to ensure that optometry practitioners have access to high-quality continuing professional development opportunities. The Board has continued its plan to support the CPD registration standard by carrying out an expression-of-interest process for an accreditation and auditing administrative entity to manage this. An appointment should be confirmed in the next year.

An audit of compliance with some of our registration standards conducted this year showed that the clear majority of optometrists are complying with the requirements. The audit process informs and assures the Board that suitable optometrists are providing eye healthcare that is contemporary and current.

To remain contemporary in the area of regulation, the Board became the 65th member of the Association of Regulatory Boards of Optometry. This will assist in responding to the many challenges of regulation and in keeping abreast of international developments in the regulation of optometrists.

Effective communication with all our stakeholders continues to be a high priority and the Board continues to publish newsletters and Communiqués at regular intervals.

I would like to thank the Board and all our committee members for their significant and wholehearted support of the Board and the National Scheme. We have an excellent distribution of talent which has enhanced our collaborative decision-making process, with a primary goal of public benefit. The new Executive Officer of the Optometry Board, Sarah Fagan, has seamlessly taken over the management of the Board and its committees, and with Katrina Xanthos, Support Officer, is providing excellent administrative support.

It has been a privilege as Chair to work with the professional AHPRA team led by Martin Fletcher. Their continuing support and contributions have ensured effective, fair and efficient regulation of the profession.



Mr Colin Waldron, Chair, Optometry Board of Australia

Message from the AHPRA Chair and CEO

Patient safety lies at the heart of our health system. Maintaining standards and ensuring we have a safe, competent and patient-centred health workforce is a vital part of our work as a regulator. We can be proud of the quality and dedication of the health practitioners who provide our health services on a daily basis, and we have good systems in place to address the occasional few who do not meet expected standards. This is the work of the National Boards, with the support of AHPRA.

It has been a year of consolidation and improvement across the National Scheme. We have had three main areas of focus during the year: improving the experience of all involved in the notifications process; measuring and improving our performance; and participating in and preparing for the review of the National Registration and Accreditation Scheme.

Over the past four years there has been a consistent increase in the number of notifications we receive. This trend appears well established and consistent across Australia, and in line with the experience of overseas regulators. Managing this increase in volume poses considerable challenges for the National Boards and AHPRA. We need to make sure our people and our systems are well equipped to deal with current challenges while we plan for future demands.

We have developed and implemented a set of key performance indicators (KPIs) for the timeliness of notifications management. This work followed our strengthening last year of nationally consistent systems and processes in notifications management. More information on our approach to KPIs is detailed in the 2013/14 annual report of AHPRA and the National Boards. Developing and then applying these KPIs has had a significant impact on our management of notifications. We can see more clearly where the pressure points in our systems are, and as a result are able to target our efforts and resources to address them.

We now set international benchmarks for online registration renewals, matched by high (96%) rates for submission of the workforce survey. The results of this survey, which is completed voluntarily at renewal by registered practitioners, provide invaluable health workforce data that can be used for planning purposes. Such data reflect the importance of the workforce objectives of our work. The accuracy, completeness and accessibility of the national registers is at the heart of our work.

One of the significant events of the year was the inquiry by the Legal and Social Issues Legislation Committee of the Victorian Parliament into the performance of AHPRA. The committee handed down

its findings in March 2014 and we welcomed its call for increased transparency, accountability and reporting to parliament.

This year AHPRA and National Boards have worked closely with the newly appointed health ombudsman in Queensland to make sure the new complaints management system there is effective and efficient when it takes effect on 1 July 2014. At that time, there will be two different co-regulatory models for notifications within the National Scheme. This will establish three different models of health complaints management in Australia, all underpinned by the same set of nationally consistent professional standards for practitioners, with information feeding into the national registers. We are committed to making these models work, but recognise the challenges they may pose for national consistency in decision-making.

After four years, AHPRA is continuing to mature rapidly, but on any international and national regulatory comparison, it is still a relatively young organisation. We are not complacent and continue to identify and act on opportunities to improve the performance of the National Scheme in partnership with National Boards.



Michael Gorton AM, AHPRA Chair



Martin Fletcher, AHPRA CEO

Major outcomes/ achievements 2013/14

- The main areas of focus for the Board in the last year have been:
- developing the process for accreditation of CPD activities
- finalisation of an audit for compliance with registration standards, and
 - consulting on registration standards for
 - criminal history
 - recency of practice
 - English language competency.

The Optometry Board Health Profession Agreement is available for review on the Optometry Board of Australia website under the [About>Health Profession Agreements tab](#).

Registration standards

In 2013/14, the Board published a new registration standard on limited registration for teaching or research.

Priorities for the coming year

- Implementation of the new registration standard for initial registrants that will affect the majority of existing registrants and future applicants.
- Review of registration standards, codes and guidelines to ensure the competence of the optometric workforce.
- Increase public awareness and understanding of our role.
- Continue to develop and evolve professional development in optometry, with a particular focus on CPD accreditation.

- Develop a consistent approach to return-to-practice competence assessment for optometrists.
- Harness synergies with AHPRA that lead to greater efficiencies and effectiveness in regulation.
- Focus on Board succession planning as the term of current members expires in August 2015.

Optometry Board registration and notifications data 2013/14

On 30 June 2014, there were 4,788 registered optometrists across Australia, with the largest number of optometrists in NSW (1,632 practitioners), followed by Victoria with 1,224 practitioners. There has been a 3.3% increase in the total number of practitioners compared with the previous 12 months. Almost one third of practitioners (32%) are aged under 35.

In 2013/14, there were 66 notifications about optometrists received across Australia, with NSW receiving more notifications (25) than any other state or territory. Notifications were up by more than 50% from the 42 notifications received in 2012/13. Forty-one of the notifications received in 2013/14 were made outside of NSW, with Queensland and Victoria each receiving 15 notifications. Notifications are made about 1.3% of the registrant base nationally.

Of the 66 notifications closed in 2013/14, 43 were notifications lodged outside NSW. Of these, 30 were closed after assessment, 11 after investigation and two were closed after a health or performance assessment. In 37 cases, the Board determined that no further action was required (22) or that the notification should be handled by the health complaints entity that had received the notification (15). In three cases, the practitioner received a caution, and in another three cases conditions were imposed on the practitioner's registration (1) or undertakings given by the practitioner (2).

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 119 of the 2013/14 annual report of AHPRA and the National Boards.

Table 1: Registrant numbers at 30 June 2014

Optometrist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
2013/14	74	1,632	29	950	246	86	1,224	386	161	4,788	3.30%
2012/13	74	1,589	27	916	240	81	1,199	375	134	4,635	1.47%
2011/12	71	1,553	28	929	234	84	1,163	366	140	4,568	2.84%
% change from prior year	0.00%	2.71%	7.41%	3.71%	2.50%	6.17%	2.09%	2.93%	20.15%		

*Principal place of practice

Table 2: Registered practitioners by age

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 +	Not available	Total
2013/14	190	699	653	625	631	583	501	518	238	84	44	16	6		4,788
2012/13	176	648	680	599	623	557	540	478	196	71	44	14	8	1	4,635
2011/12	186	659	655	606	627	532	550	426	184	75	41	13	5	9	4,568

Table 3: Notifications received by state or territory

Optometrist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	1	1	15	6		15	3	41	25	66
2012/13	2		10	3		15		30	12	42
2011/12	1		6	3	1	14	3	28	26	54

Table 4: Per cent of registrant base with notifications received by state or territory

Optometrist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	1.4%	3.4%	1.4%	2.4%		1.2%	0.8%	1.2%	1.5%	1.3%
2012/13	2.7%		1.1%	1.3%		1.1%		1.0%	0.8%	0.9%
2011/12	1.4%		0.6%	1.3%	1.2%	1.0%	0.8%	0.9%	1.7%	1.2%

Table 5: Notifications closed by state or territory

Optometrist	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal	NSW	2014 Total	2013 Total	2012 Total
2013/14	1	1	13	7		19	2	43	23	66	44	50

Table 6: Stage at closure for notifications closed (excluding NSW)

Stage at closure	
Assessment	30
Health or performance assessment	2
Investigation	11
Total	43

Table 7: Outcome at closure for notifications closed (excluding NSW)

Outcome at closure	
No further action	22
Health complaints entity to retain	15
Caution	3
Accept undertaking	2
Impose conditions	1
Total	43

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.

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 require a health practitioner to practise only if they are being supervised by another health practitioner (usually registered in the same profession). The restrictions detail the form of supervision.

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.

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 119 of the 2013/14 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 115 2013/14 of the 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 continuing professional development (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.

The standards bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. National Boards hold practitioners to account against these standards in disciplinary processes.

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.

Our work on professional standards in 2013/14

In 2013/14, the National Boards (supported by AHPRA) reviewed, finalised and implemented common guidelines (advertising and mandatory notifications), the common social media policy and the shared code of conduct. Revised documents came into effect in March 2014 and updates to the guidelines for advertising were published in May 2014.

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.

These changes aimed to support clear communication and understanding of National Board requirements by practitioners, the public and other stakeholders. The common guidelines explain the requirements of the National Law. The wording was refined and clarified to assist practitioners to understand their obligations and to communicate more clearly with other stakeholders. A scheduled four-week lead-time in 2014 gave practitioners and stakeholders time to become familiar with the new content and structure before the revised standards took effect in March 2014.

The National Boards' codes of conduct set out the Boards' expectations of each registered health practitioner. Revisions published in 2014 to the shared code clarify to practitioners what is expected of them.

During the year, the National Boards coordinated the review of the common criminal history registration standard and the largely common English language skills registration standards. To prepare, AHPRA commissioned research about English language skills in the regulatory context to inform the review.¹

¹ 2013 Optometry Board of Australia public consultation: Review of criminal history registration standard and English language skills registration standard. Available at: www.optometryboard.gov.au/News/Past-Consultations.aspx

The research was combined with National Boards' experience in administering their English language skills registration standards and was supplemented with further information, including discussions with other regulators and language test providers. National Boards consulted stakeholders through a single consultation paper and proposals for largely common standards. This work ensured that final recommendations to National Boards would be based on the best available evidence and address the objectives and guiding principles of the National Law.

Similarly, the National Boards for the first 10 professions to be regulated under the National Scheme and the Medical Radiation Practice Board of Australia reviewed their registration standards for recency of practice, CPD and professional indemnity insurance arrangements. AHPRA coordinated these reviews across professions. This enabled multi-profession research to be commissioned, and facilitated National Boards considering issues of consistency and examples of good practice across the professions in the National Scheme.

Several Boards have developed, and the Ministerial Council has approved, additional registration standards beyond the five essential standards required by the National Law. See Appendix 3 of the 2013/14 annual report of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2013/14.

Common standards, codes and guidelines issued in 2013/14

- Revised *Guidelines for advertising* (March 2014, updated in May 2014)
- Revised *Guidelines for mandatory notifications* (March 2014)
- Revised *Code of conduct* shared by the Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Dental, Occupational Therapy, Osteopathy, Physiotherapy and Podiatry Boards of Australia, with profession-specific changes for the Chiropractic, Medical Radiation Practice and Pharmacy Boards of Australia.

Common National Board consultations completed

- International criminal history checks (released 1 October 2013; closed 31 October 2013)
- Common registration standards (English language skills registration standards [except Aboriginal and Torres Strait Islander Health Practice Board] and criminal history) (released 25 October 2013; closed 23 December 2013).

Stakeholder engagement

AHPRA and the National Boards engage daily with a large number and variety of stakeholders across the professions, community, government and statutory agencies, education providers and employers. The needs and interests of these groups sometimes overlap and sometimes are profession- or jurisdiction-specific.

National Boards and AHPRA continue to work closely with all our many stakeholders. AHPRA's state and territory managers play an important role in fostering relationships with local stakeholders.

Individually, each National Board works with the stakeholders specific to their profession, including practitioners, in a range of ways.

Across the scheme, we have developed a stakeholder engagement framework to help us engage more effectively with our stakeholders and members of the community, to build confidence in the National Scheme and make it more accessible. We want to make it easier to interact with and to understand. The framework maps the network of relationships and stakeholders in the National Scheme and identifies how these should take effect and who is responsible for making them work.

Our approach to stakeholder engagement is shaped by a commitment to being proactive, transparent, accessible and accountable.

Proactive

- Actively engage, inform and educate stakeholders
- Encourage stakeholders to provide feedback
- Listen to how we can engage more effectively with our stakeholders
- Support greater awareness of the scheme and its benefits

Transparent

- Be clear about what we do
- Look for ways to improve
- Take a 'no surprises' approach to how we engage

Accessible

- Actively develop a public voice and face of the scheme
- Make it easy to engage with us
- Speak and write plainly
- Be clear

Accountable

- Report on what we do
- Be transparent and up front

Stakeholder engagement across the National Scheme

AHPRA's Community Reference Group (CRG) continues to advise AHPRA and the National Boards on ways in which community understanding and

involvement in our work can be strengthened. The Professions Reference Group (PRG) is made up of members of professional associations for practitioners registered in the National Scheme. It provides feedback, information and advice on strategies for building better knowledge from within the professions about health practitioner regulation, and advising AHPRA on operational issues affecting the professions. The group includes national professional associations. It does not discuss individual registration or notifications matters.

We continue to work closely with governments, education providers and other agencies interested in or involved with health practitioner regulation. We have established partnerships, consistent with privacy law and confidentiality requirements, with a range of data partners such as Medicare Australia, the National eHealth Transition Authority (NEHTA) and Health Workforce Australia

We have established services for employers who employ registered health practitioners so they have access to our online services for bulk registration checks, and can check the registration status of their employees in real time. We work with education providers on student enrolments and, in most cases, through accreditation authorities or committees, to ensure high-quality education.

Routinely, AHPRA keeps governments informed about the National Scheme, seeks feedback and provides briefs on jurisdiction-specific issues.

National Registration and Accreditation Scheme Review

In May 2014, Health Ministers published the terms of reference for the independent review of the National Registration and Accreditation Scheme. Mandated initially by the inter-government agreement that underpins the scheme, the review is focused on:

- identifying the achievements of the National Scheme against its objectives and guiding principles
- assessing the extent to which National Scheme meets its aims and objectives
- the operational performance of the National Scheme
- the National Law, including the impact of mandatory reporting provisions; the role of the Australian Health Workforce Advisory Council, advertising, and mechanisms for new professions entering the scheme; and
- the future sustainability of the National Scheme, with a specific focus on the addition of other professions in the scheme and funding arrangements for smaller regulated professions.

AHPRA and the National Boards have engaged thoughtfully with the review, which is being led by

Mr Kim Snowball. It provides both an important opportunity to identify what is working well and opportunities to improve and strengthen our work to protect the public and facilitate access to health services.

Members of the Optometry Board of Australia

- 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

Optometry Board national committees

- Mr Mitchell Anjou
- Mrs Nancy Atkinson
- Ms Stephanie Bahler
- Mr Joe Chakman
- Dr Alex Gentle
- Associate Professor Peter Hendicott
- Professor Peter McIntyre
- Adjunct Associate Professor Stephen Marty
- Dr Lisa Nissen
- Associate Professor Mark Roth
- Mr Jared Slater
- Professor Fiona Stapleton
- Mr Ken Thomas
- Dr Ann Webber
- Dr Diane Webster

During 2013/14, the Board was supported by Executive Officers Ms Debra Gillett, Ms Rebecca Lamb and present incumbent Ms Sarah Fagan.

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

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