

2017/18

**Optometry
Board of Australia**

Annual report summary

Our National Scheme: For safer healthcare



Optometry
Board of Australia | AHPRA

Contents

At a glance: The optometry profession	3
Message from the Chair	4
Optometry Board of Australia	4
About us	5
About this report	5
Our regulatory principles	5
Optometry Board of Australia: Year in review	6
Administering the National Law	6
Taking a multi-profession approach to regulation	6
Engaging and working with stakeholders and the profession	6
Communication and engagement	7
Planning and research	7
Approved registration standards, codes and guidelines	7
Future work	7
Policy updates	8
Registering the optometry workforce	8
In brief	8
Registration	8
Applications for registration	8
Renewals	9
<i>Register of practitioners</i>	9
Practitioner audits	10
Regulating the optometry workforce	11
In brief: Notifications, monitoring and offences	11
An important note about our data	11
What is a notification?	11
Notifications received	12
Notifications closed	12
Mandatory notifications	13
Taking immediate action	13
Tribunals, panels and appeals	13
Compliance	14
Statutory offences	14
Appendix: National committee members	17

Tables

Table 1: Number of registered optometrists as at 30 June 2018	10
Table 2: Registered optometrists, by age	10
Table 3: Registered optometrists, by principal place of practice and gender	10
Table 4: Notifications received by AHPRA about optometrists, by state or territory (including HPCA)	15
Table 5: Percentage of the profession with notifications received, by state or territory (including HPCA)	15
Table 6: Immediate action cases by state or territory (excluding HPCA)	15
Table 7: Outcomes of immediate actions (excluding HPCA)	15
Table 8: Notifications closed, by state or territory (including HPCA)	15
Table 9: Notifications closed, by stage at closure (excluding HPCA)	16
Table 10: Notifications closed, by outcome at closure (excluding HPCA)	16
Table 11: Active monitoring cases at 30 June 2018, by stream (excluding HPCA)	16
Table 12: Statutory offence complaints about optometrists, received and closed, by type of offence and jurisdiction	16

Figures

Figure 1: Registration numbers for optometrists, year by year, since the National Scheme began	8
Figure 2: Number and percentage of optometrists with a principal place of practice in each state and territory	9
Figure 3: Audit outcomes for the optometry profession	10
Figure 4: Total notifications received by AHPRA about optometrists, year by year, since the National Scheme began	12
Figure 5: How AHPRA and the Board manage notifications	12
Figure 6: The most common sources of notifications lodged with AHPRA about optometrists	12
Figure 7: The most common types of complaint lodged with AHPRA about optometrists	13

At a glance: The optometry profession



5,532 optometrists,
up **3.5%** from 2016/17

That's **0.8%** of the all registered health practitioners

Female: **54.0%**

Male: **46.0%**



35 notifications lodged with AHPRA about optometrists

1.2% of optometrists had notifications made about them



32 notifications closed this year:

- **21.9%** resulted in accepting an undertaking or conditions being imposed on an optometrist's registration
- **12.5%** resulted in an optometrist receiving a caution or reprimand by the Board
- **65.6%** resulted in no further action being taken



No immediate action was taken¹



14 optometrists were monitored by AHPRA for health, performance and/or conduct during the year



22 cases were being monitored for compliance with restrictions on their registration² by AHPRA as at 30 June 2018:

- **2** on the grounds of conduct
- **1** for health reasons
- **6** for performance
- **1** prohibited practitioner/student
- **12** for suitability/eligibility



6 statutory offence complaints were made; **7** were closed

- **3** of the new matters related to title protection
- **3** related to advertising breaches

¹ Immediate action is an interim step the Board can take to suspend or cancel an optometrist's registration while a complaint is being considered. Refer to the [2017/18 annual report](#) by the Australian Health Practitioner Regulation Agency (AHPRA) for more data on immediate action.

² See Table 11 for data about monitoring cases relating to compliance with restrictions on registration for optometrists.

Message from the Chair

This report summarises activities and data relating to the optometry profession in Australia, which have been drawn from the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2017/18 annual report. It offers a unique insight into the regulatory landscape.

In 2017/18 the number of optometrists registered under the National Registration and Accreditation Scheme (the National Scheme) totalled 5,532, representing a 3.5% increase over 2016/17 and a 24.5% increase since the National Scheme began in 2010.

The Optometry Board of Australia (the Board)'s primary role is to protect the public, by ensuring only optometrists who are suitably trained and qualified and who continue to practise in a safe, competent and ethical manner are registered. To achieve its role, the Board conducts timely and necessary regulatory action when needed, to ensure that the profession's integrity and standards, in the eyes of the community, are protected.

The Board hosted its annual Optometry Regulatory Reference Group meeting in October 2017, covering topics of mutual interest between education providers, accreditation bodies and regulators in both Australia and New Zealand.

The proposed revised registration standard and guidelines for scheduled medicines were approved by the Ministerial Council on 31 May 2018. In June 2018, the Board published the revised Endorsement for scheduled medicines registration standard and Guidelines for use of scheduled medicines, which came into effect on 10 September 2018 following a transition period.

To ensure that practitioners are not unduly burdened, the Board has frozen the general registration fee at \$300 to apply for the 2017 and 2018 renewal periods.

Many initiatives on a multi-profession approach were considered by the Board together with other National Boards to ensure that processes and regulatory actions are nationally consistent with regulation of all Australian health practitioners. These initiatives are detailed in our 'Year in Review'.

Various data and information relating to the regulation of optometrists during the year can also be found in this publication. I would like to take this opportunity to thank all Board and committee members for their ongoing commitment and diligence this year to help protect the interests of the public. I would also like to thank the AHPRA executive team and staff for their professionalism and dedicated support to the Board. Finally, I would like to thank Optometry Australia and the Optometry Council of Australia and New Zealand for their valued contributions to the profession.



Mr Ian Bluntish

Chair, Optometry Board of Australia

Optometry Board of Australia

Members of the Board

Mr Ian Bluntish (Chair)

Ms Jane Duffy

Mr Anthony Evans

Mr Derek Fails

Ms Adrienne Farago

Mr Garry Fitzpatrick

Associate Professor Daryl Guest

Associate Professor Rosemary Knight

Dr Ann Webber

Committees

The following national committees support the Optometry Board of Australia:

- Finance and Risk Committee
- Immediate Action Committee
- Policy and Education Committee
- Registration and Notifications Committee
- Scheduled Medicines Advisory Committee, and
- Statutory Offences Unit Liaison Group.

Executive and policy support



Ms Lynda Pham

Executive Officer, Optometry

Executive Officers provide a vital link between the National Boards and AHPRA.

For more information about the Board, visit the [Board's website](#).

About us

The Board has worked in partnership with AHPRA to protect the public since the inception of the National Registration and Accreditation Scheme (the National Scheme) in July 2010. Together, we regulate the profession by ensuring that only those optometrists who are suitably trained and qualified can practise in Australia.

Protecting the public by ensuring access to a safe, competent and qualified healthcare workforce is always our priority. Every decision we make is guided by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory, and by the regulatory principles.

Visit the [Board's website](#).

For more information about the National Scheme and AHPRA, visit the [AHPRA website](#).

About this report

This annual report summary provides a profession-specific view of AHPRA and the Board's work to manage risk to the public in 2017/18. Information provided in this report is drawn from data published in the 2017/18 annual report published by AHPRA and the National Boards. All data are correct as at 30 June 2018.

Whenever possible, historical data are provided to show trends over time.

For information about our data please read 'An important note about our data' in *Regulating the workforce*.

Profession-specific summaries for 14 National Boards are available to download from the [AHPRA website](#).

Our regulatory principles

Eight [regulatory principles](#) underpin our work, and guide our decision-making in the public interest. These principles foster a responsive, risk-based approach to regulation. In brief, they are to:

Protect the public

Take timely and necessary action

Administer the National Law

Ensure registrants are qualified

Work with stakeholders

Uphold professional standards

Identify and respond to risk

Use appropriate regulatory force

For more information, download AHPRA's [2017/18 annual report](#).

Optometry Board of Australia: Year in review

A number of major initiatives were actioned by Board in 2017/18. Here are the highlights:

Administering the National Law

Of the 35 notifications lodged with AHPRA about optometrists during the year and considered by the Board, 32 notifications were closed, with 21.9% resulted in undertakings being accepted or conditions imposed, 12.5% resulted in a caution or reprimand and 65.6% resulted in no further action being taken. During 2017/18, 14 optometrists were monitored by AHPRA for health, performance and/or conduct.

Taking a multi-profession approach to regulation

National Boards and AHPRA consulted on future accreditation arrangements anticipated to apply in 2019, when the current term of assignment of accreditation functions ends. In April 2018, we invited feedback from practitioners, stakeholders and the community

The National Law sets out the accreditation functions in the National Scheme; these include developing accreditation standards, accrediting programs of study against approved accreditation standards and assessing overseas qualified practitioners.

The Board published a consultation paper on the draft guideline for informing a National Board about where an optometrist practises. In September 2017, the Queensland Parliament passed the *Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2017*. The Bill contained a set of amendments to the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory except Western Australia. Corresponding legislation has also been passed in Western Australia. These amendments include changes to the information a registered health practitioner is required to provide about their practice arrangements when requested by the National Board (referred to as 'practice information'). The draft guideline has been developed to help optometrists and other health practitioners to provide practice information in a way that meets their obligations under the National Law.

National Boards and AHPRA have also launched a self-assessment tool to help health practitioners, including optometrists, and other advertisers check and correct their advertising. The tool is easy to use and asks users to consider questions about their advertising which can help them understand if it is in breach of the *Guidelines for advertising regulated health services*, and in turn the National Law. The self-assessment tool is the latest of a series of advertising resources for practitioners, healthcare providers and other advertisers of regulated health services to use. The self-assessment tool is now available to use on the check, correct and comply section in [resources and support materials](#) on the AHPRA website.

National Boards and AHPRA published a strategy for the National Scheme which informs health services consumers about misleading advertising in relation to regulated health services. The [Advertising compliance and enforcement strategy for the National Scheme](#) 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. This strategy builds on the previous education and enforcement work from National Boards and AHPRA.

During 2017/18 the Board participated on the Multi-Profession Immediate Action Committee (MPIAC). Nominees to the MPIAC were the Chair, Mr Ian Bluntish, alternately with Board member, Dr Ann Webber.

The Board endorsed the [Statement of Intent](#) for the National Scheme's Aboriginal and Torres Strait Islander Health Strategy. The Board is committed to working with AHPRA, other National Boards and the Aboriginal and Torres Strait Islander health strategy group about cultural safety, improved accessibility and equity in healthcare for Aboriginal and Torres Strait Islander Peoples.

The Board progressed its cross-profession collaboration with the Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Occupational Therapy and Psychology Boards of Australia. The Board worked on the review of the *Registration standard for continuing professional development and Guidelines for continuing professional development for endorsed and non-endorsed optometrists*, to ensure their readiness for consideration by the Ministerial Council in 2018/19.

Engaging and working with stakeholders and the profession

The Board hosted its annual Optometry Regulatory Reference Group meeting in October 2017, covering topics of mutual interest between education providers, accreditation bodies and regulators in both Australia and New Zealand.

In November 2017, the Board's Chair presented at the South Australia Blue Sky Congress 2017 on the current work of the Board. During the event, optometrists took the opportunity to meet Board members, asking them questions at their exhibition space.

In March 2018, the Board facilitated an information and consultation forum with relevant stakeholders including the professional association, accreditation body and education providers on proposed revisions to the *Registration standard for continuing professional development* (CPD) developed by National Boards. It is anticipated that if the revised registration standard is approved by the Ministerial Council, a two-year implementation period will apply to the optometry profession.

The Chair attended the Optometrist and Dispensing Opticians Board of New Zealand's meeting in May 2018 in Wellington, New Zealand. This was an opportunity to share information and strengthen Trans-Tasman relationships. In June, the Chair also attended the Association of Regulatory Boards of Optometry's (ARBO) Annual Meeting in Denver, Colorado, USA, providing an overview of Board activity and exchanging global ideas with other regulators.

Communication and engagement

The Board publishes a communiqué after each monthly Board meeting, which provides highlights of relevance to our stakeholders.

It also publishes three newsletters a year, which aim to provide more in-depth information on topics relevant to the profession about the regulatory environment.

Find out more about regulatory matters concerning the optometry profession in Board communiqués, media releases and newsletters, which are available to download from the [Board's website](#).

Planning and research

The Board continues to align its regulatory planning work with the National Scheme's strategic objectives. The Board's focus this year has been on long-term planning, which has identified future projects for the Board over 2016–2020. The Board has championed risk-based methodologies to determine priorities for its regulatory projects.

The Board and AHPRA hosted a research summit in August 2016 to discuss evidence-based risk research to improve regulatory processes, and how it would contribute to safer care for patients and health consumers.

Approved registration standards, codes and guidelines

The Board undertook a wide-ranging public consultation in October 2017 with peak eye healthcare professional bodies and the community on the review of the current *Endorsement for scheduled medicines registration standard* (the standard) and *Guidelines for use of scheduled medicines* (the guidelines). The Board clarified aspects of potential patient safety issues and the process for future changes to the list of medications that endorsed optometrists are qualified to prescribe. The Board received helpful feedback from the profession, stakeholders and the community on its proposed changes and has helped the Board in finalising the proposed revised standard and guidelines.

The proposed revised registration standard and guidelines was approved by the Ministerial Council on 31 May 2018. In June 2018, the Board published the revised *Endorsement for scheduled medicines registration standard* and *Guidelines for use of scheduled medicines*, which came into effect on 10 September 2018 following a transition period.

Future work

The Board will continue to provide priority focus on projects that align with the National Scheme's strategic objectives. These projects encompass:

- revisions to its *Endorsement for scheduled medicines registration standard* and guidelines to account for emerging scopes of better practice including the international sphere
- progressing revised registration standard in relation to Continuing Professional Development (CPD) including self-assessment guidance materials. Input will be sought from a cross-profession reference group and focus group including to address barriers to reflective practice
- updates to Return to Practice explanatory materials, including consultation input from key stakeholders

Other foreseeable projects include scoping initiatives for Aboriginal and Torres Islander Peoples following the attainment of cross-profession understanding about the definition of 'cultural safety', and, a review of the Board's communications strategy.

The Board is committed to on-going initiatives in the following areas:

- increasing public understanding of regulatory provisions and standards relevant to the optometrist and client relationship
- information sessions for final year optometry students in universities, and
- cross-professional implementation of the new risk-based system for managing notifications including a webinar.

Policy updates

It is anticipated that revisions to the *Registration standard for continuing professional development (CPD)* and related guidelines will be considered by the Ministerial Council in early 2019. If approved, the guidelines including a CPD self-assessment tool and an implementation roll-out, will be developed in consultation with practitioner Board members on a CPD reference group. A CPD focus group will also be convened in 2019.

In June 2018, the Board published the revised *Endorsement for scheduled medicines registration standard* and *Guidelines for use of scheduled medicines*, which came into effect on 10 September 2018. The registration standard and guidelines were updated as a result of a scheduled review, following wide-ranging public consultation in 2017. As part of the review, the Chair consulted with the peak eye healthcare professional bodies, Optometry Australia and the Royal Australian and New Zealand College of Ophthalmologists in October 2017. At this meeting, the Board clarified aspects of potential patient safety issues and the process for future changes to the list of medications that endorsed optometrists are qualified to prescribe.

More information about the Board's work in 2017/18 is available at [AHPRA Annual Report 2017/18](#).

Registering the optometry workforce

In brief

5,532 registered optometrists in 2017/18; up from 5,343 in 2016/17.

Optometrists comprise 0.8% of the total registrant base.

0.2% of the profession identified as being Aboriginal and/or Torres Strait Islander in a workforce survey filled out on renewal of registration (11 optometrists nationally).

Women comprised 54.0% of the profession.

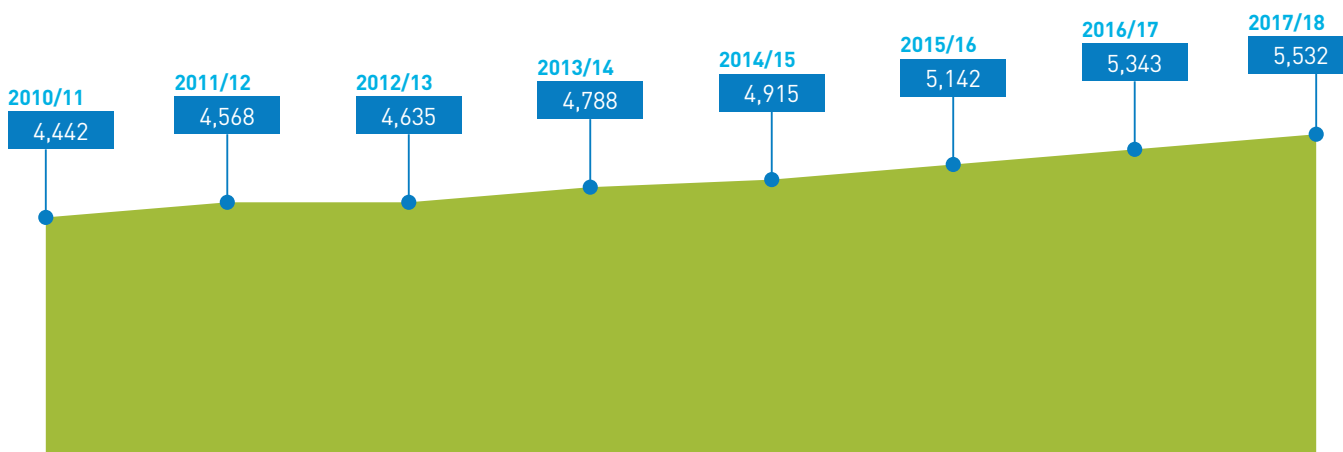
Under the National Law, as in force in each state and territory, there is a range of registration categories. Optometry registration types are:

- General registration
- Limited registration
- Non-practising registration, and
- Student registration (students undertaking an approved program of study).

Before a practitioner can practise and use a title protected under the National Law, applicants must provide evidence that they are eligible to hold registration, and registration must be granted.

Find out more about [registration](#) with the Optometry Board of Australia.

Figure 1: Registration numbers for optometrists, year by year, since the National Scheme began



Registration

As at 30 June 2018, there were 5,532 optometrists registered under the National Scheme. This represents a 3.5% increase from the previous year. All jurisdictions saw an increase in registrant numbers this year, with New South Wales (NSW), Victoria and Queensland being the principal place of practice for almost 80% of all registered optometrists.

Of the 702,741 registered health practitioners across the 15 professions, 0.8% were optometrists.

Of the registrant base, 96.9% of all optometrists held some form of practising registration this represents a 3.7% increase from the previous year.

Tables 1–3 show data relating to the registration of optometrists in 2017/18.

Applications for registration

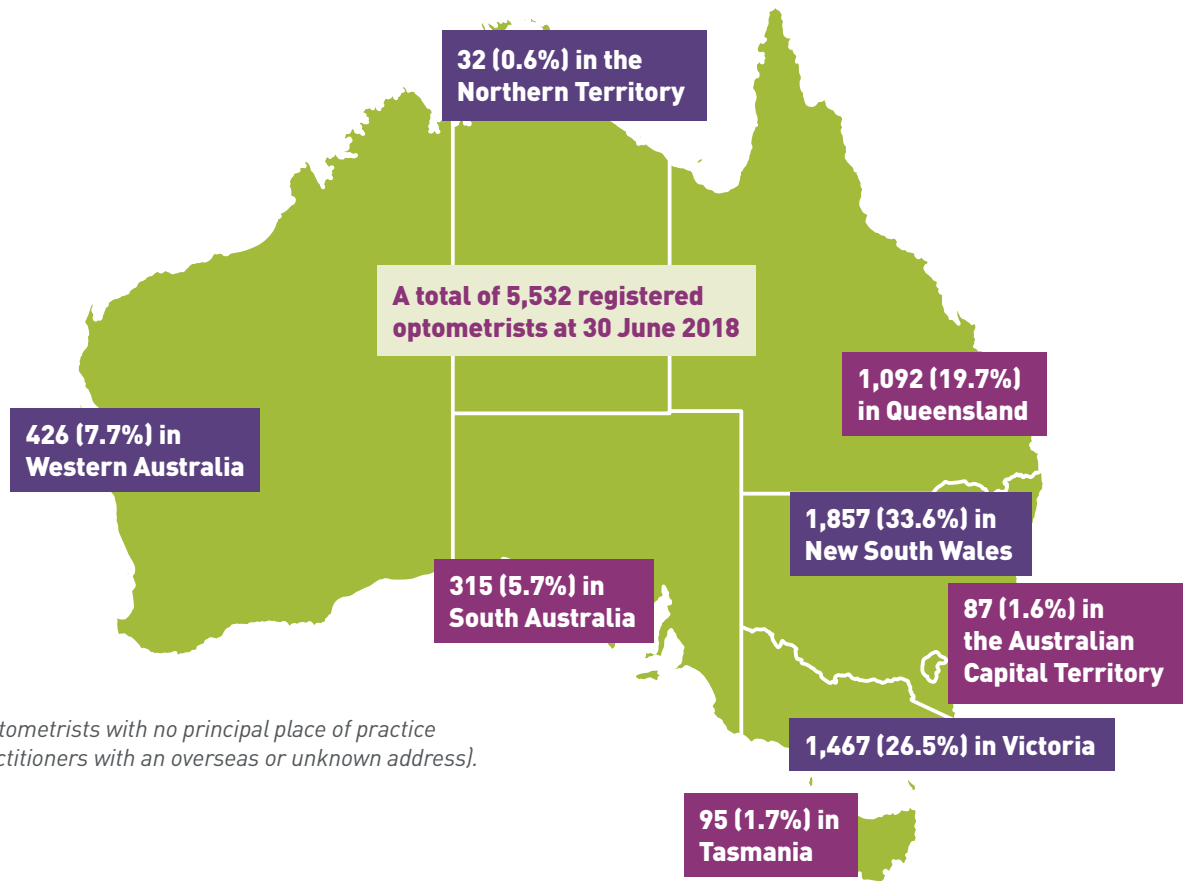
AHPRA received 333 new applications for registration as an optometrist in 2017/18. In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including qualifications, English language proficiency and checking whether the applicant has a relevant criminal history.

Only those optometrists who are suitably trained and qualified to practise in a competent and ethical manner are registered. Where appropriate to protect the public, and in accordance with the [regulatory principles](#) of the National Scheme, the Board may decide to impose conditions on a practitioner's registration or to refuse the application.

Of 349 applications finalised during the year, 0.6% resulted in conditions being imposed on registration in order to protect the public. One application for registration was refused.

For more information, download the [2017/18 annual report](#) by AHPRA and the National Boards.

Figure 2: Number and percentage of optometrists with a principal place of practice in each state and territory



Renewals

Once on the register, optometrists must apply to renew their registration each year and make declarations on the relevant registration requirements. As with new applications for registration, the Board may impose conditions on registration or refuse renewal.

A total of 5,277 optometrists renewed their registration in 2017/18, with 99.4% of practitioners renewing online; an increase of 0.6% from 2016/17.

Register of practitioners

According to the National Law, AHPRA is required to maintain and publish a publicly accessible *Register of practitioners* (Register) so that information about the registration of any health practitioner is easy to find.

The online [Register](#) has accurate, up-to-date information about the registration status of all registered health practitioners in Australia. When decisions are made in relation to a practitioner's registration/renewal or disciplinary proceedings, the [Register](#) is updated to inform the public about the current status of individual health practitioners and any restrictions placed upon their practice.

Tribunal decisions that result in the cancellation of a practitioner's registration due to health, performance or conduct issues result in the individual appearing on a [Register of cancelled practitioners](#).

Practitioner audits

AHPRA conducts regular audits of random samples of health practitioners across all professions on behalf of the National Boards. Audits provide assurance that practitioners are meeting the registration requirements for their profession. During an audit, a practitioner is required to provide evidence in support of the declarations they made in their previous year's registration renewal application.

In 2017/18, AHPRA audited 7,193 practitioners across all 15 regulated health professions. Of the audited optometrists, 95.4% were found to be in full compliance, or required minor education to comply with the registration standards being audited. Practitioners who have not quite met, but are very close to meeting, their registration standard are given the chance to achieve full compliance by undertaking education during the audit period. These practitioners are recorded as being 'compliant (education)'. The remaining 4.6% had changed registration to non-practising or surrendered their registration during the audit.

See AHPRA's [2017/18 annual report](#) for more information about the audit process.

Find out more about practitioner audits on the [Board's website](#).

Figure 3: Audit outcomes for the optometry profession

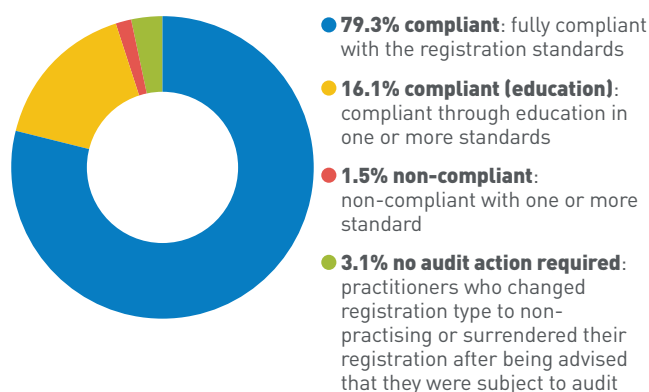


Table 1: Number of registered optometrists as at 30 June 2018

Registrants	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
2017/18 total registered optometrists	87	1,857	32	1,092	315	95	1,467	426	161	5,532
2016/17 total registered optometrists	76	1,807	29	1,061	294	93	1,396	422	165	5,343
% change 2016/17 to 2017/18	14.5%	2.8%	10.3%	2.9%	7.1%	2.2%	5.1%	0.9%	-2.4%	3.5%
All registered health practitioners in 2017/18	12,297	202,033	7,419	139,056	55,060	15,188	182,674	70,859	18,155	702,741

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 2: Registered optometrists, by age

Optometrists	<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
2017/18	224	944	731	689	605	612	546	515	428	160	47	27	4	5,532
2016/17	236	830	721	664	612	616	521	527	391	146	53	21	5	5,343

Table 3: Registered optometrists, by principal place of practice and gender

Optometrists	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
Total 2017/18	87	1,857	32	1,092	315	95	1,467	426	161	5,532
Female	48	1,043	17	574	165	40	816	202	82	2,987
Male	39	814	15	518	150	55	651	224	79	2,545
Total 2016/17	76	1,807	29	1,061	294	93	1,396	422	165	5,343
Female	41	997	14	545	144	36	762	196	84	2,819
Male	35	810	15	516	150	57	634	226	81	2,524

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Regulating the optometry workforce

In brief: Notifications, monitoring and offences

35 notifications (complaints or concerns) were lodged with AHPRA about optometrists in 2017/18.¹

1.2% of registered optometrists were the subject of a notification (compared with 1.6% of all registered health practitioners).²

There were no immediate action cases taken in 2017/18.

2 mandatory notifications were lodged with AHPRA optometrists in 2017/18.

32 notifications were closed.

22 optometrists were being monitored for compliance with restrictions on their registration as at 30 June 2018. Most monitoring cases related to suitability/eligibility for registration.

6 statutory offence complaints were made about the profession; 3 related to title protection; 3 related to advertising breaches.

An important note about our data

AHPRA and the National Boards do not manage all complaints made about health practitioners in Australia and the data reflect this. In the pages that follow, we are reporting mainly on matters received and managed by AHPRA and the Optometry Board of Australia, unless otherwise stated.

The notification process is different in NSW and Queensland:

- ➔ In NSW, AHPRA does not manage notifications. They are managed by 14 professional councils (supported by the Health Professional Councils Authority, or HPCA) and the Health Care Complaints Commission (HCCC).
- ➔ In Queensland, the Office of the Health Ombudsman (OHO) receives all complaints about health practitioners and determines which of those complaints are referred to the Board/AHPRA to manage.

Wherever possible in the tables in this report, HPCA data are given in separate columns and the data have been checked by the HPCA (correct as at time of publication). Please refer to the HPCA's 2017/18 annual report on their [website](#), as data may have been subsequently reconciled.

Queensland became a co-regulatory jurisdiction on 1 July 2014 with the commencement of the Health Ombudsman Act. OHO receives all health complaints in Queensland, including those about registered optometrists, and decides whether the complaint:

- ➔ is serious, in which case it must be retained by OHO for investigation
- ➔ should be referred to AHPRA and the relevant National Board for management, or
- ➔ can be closed, or managed by way of conciliation or local resolution.

This means that we only have access to the data relating to matters referred to us by OHO. AHPRA does not report on all complaints about registered health practitioners in Queensland.

What is a notification?

In the National Scheme, a complaint or concern about a registered health practitioner or student is called a notification. They are called notifications because AHPRA is notified of a concern or complaint about a practitioner, which AHPRA then manages in partnership with the relevant National Board. Most of the notifications received about individual optometrists are managed through Part 8 of the National Law, which can lead to decisions that affect a practitioner's registration.

Some complaints are treated differently under the National Law, as they are considered 'statutory offences'. AHPRA and the Board can prosecute individuals who commit these offences. For information about statutory offences concerning optometrists in 2017/18, see *Statutory offences*.

Keeping the public safe is the primary focus when the Board makes decisions about notifications.

Anyone can notify AHPRA about an optometrist's health, performance or conduct. While registered optometrists and employers have mandatory reporting obligations under the National Law, most of the complaints or concerns we receive are made voluntarily by patients or their families (see Figure 6).

We may also receive notifications about students who are studying to become optometrists. Usually, notifications about students are lodged by education providers. However, no such complaints were received about optometry students in 2016/17 and 2017/18. See the [2017/18 annual report](#) for data relating to notifications about students across all regulated health professions.

For more information about the notifications process, visit the [AHPRA website](#).

¹ Note that 63 complaints were received about optometrists in 2017/18, when data from the HPCA are included. This total does not include complaints retained by OHO in Queensland. In this report, we mainly report on matters managed by AHPRA.

² Includes complaints managed by the HPCA in NSW and OHO in Queensland. Refer to Table 5.

Notifications received

This year, AHPRA received the highest number of notifications (7,276) about health practitioners in any single reporting year since the National Scheme began. Just 0.5% of all notifications received in 2017/18 related to optometrists (35 notifications in total).

Of all jurisdictions, Victoria (10 notifications) and Queensland (12 notifications) accounted for almost two-thirds of all notifications relating to optometrists in 2017/18.

Of the registrant base, 1.2% of the optometry workforce had notifications made about them in 2017/18; up from 1.1% in 2016/17.¹

See Tables 4–10 for data about notifications in 2017/18.

Figure 4: Total notifications received by AHPRA about optometrists, year by year, since the National Scheme began

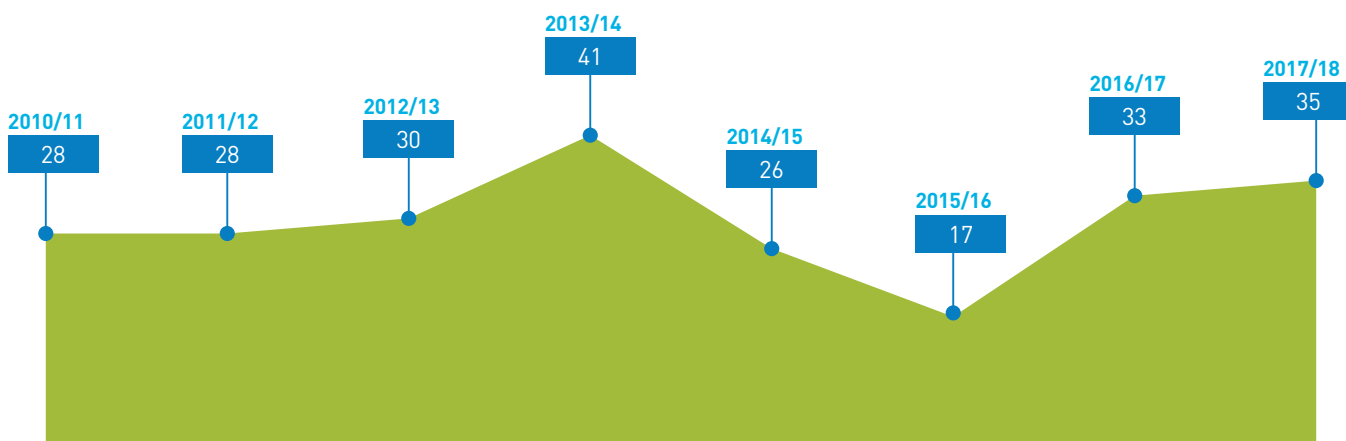
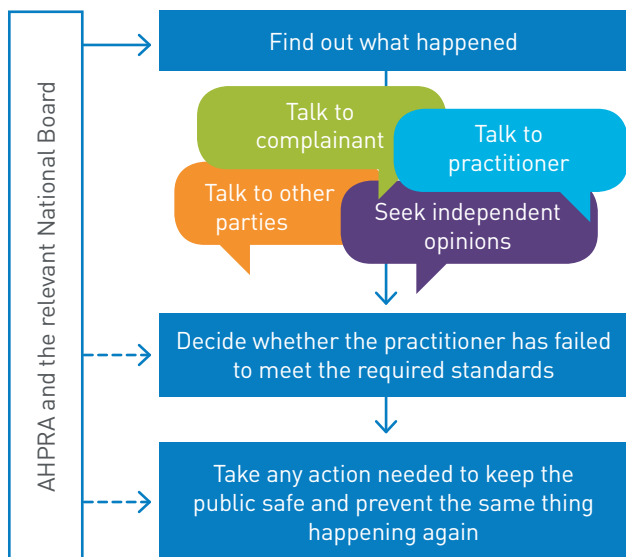


Figure 5: How AHPRA and the Board manage notifications



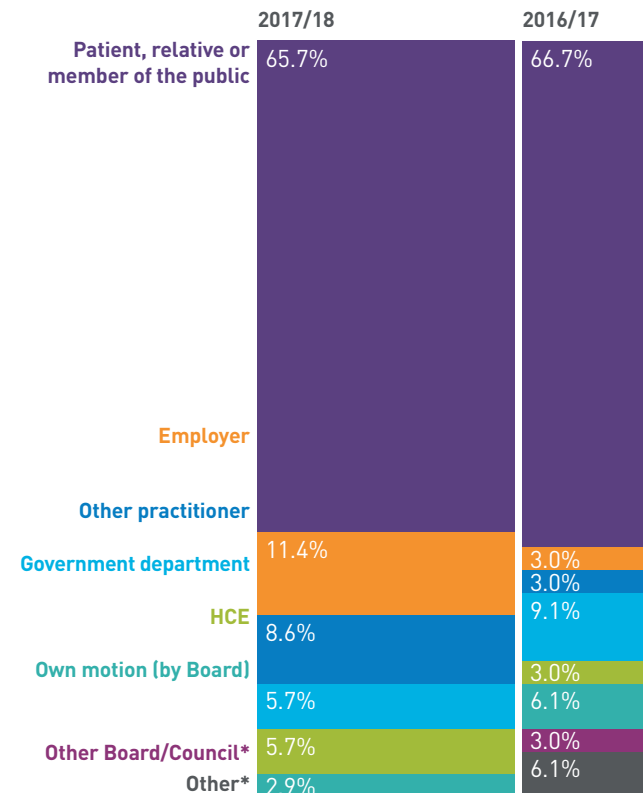
Notifications closed

The Board assessed and closed 32 notifications about optometrists during the year; 18.5% more than in 2016/17. These closures accounted for 0.5% of all closed notifications nationally across all professions. Of the optometry notifications closed, 34.4% resulted in some form of regulatory action being taken by the Board.

As at 30 June 2018, there were 20 open notifications about optometrists being managed by AHPRA and the Board.

Tables 8–10 show data about notifications closed in 2017/18.

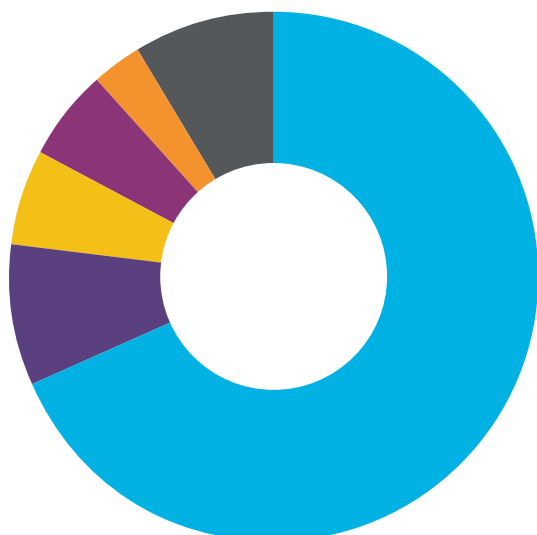
Figure 6: The most common sources of notifications lodged with AHPRA about optometrists



* 0% in 2017/18.

¹ Includes complaints managed by the HPCA in NSW and OHO in Queensland. Refer to Table 7.

Figure 7: The most common types of complaint lodged with AHPRA about optometrists



- **Clinical care** 68.6%
- **Behaviour** 8.6%
- **Boundary violation** 5.7%
- **Communication** 5.7%
- **Statutory offence** 2.9%
- **Other** 8.6%

Mandatory notifications

All health practitioners, their employers and education providers have mandatory reporting obligations under the National Law. This means that they must tell AHPRA if they have formed a reasonable belief that a registered optometrist or student has behaved in a way that constitutes notifiable conduct.

Notifiable conduct by registered health practitioners is defined as:

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

AHPRA received 908 mandatory notifications across all regulated health professions in 2017/18. Of those, two concerned alleged notifiable conduct by an optometrist. This related to a significant departure from accepted professional standards.

For the *Guidelines for mandatory notifications*, visit the [AHPRA website](#).

Taking immediate action

Immediate action is a serious step that the Board can take when it believes it is necessary to limit an optometrist's registration in some way to keep the public safe. It is an interim measure that the Board may take only in high-risk cases while it seeks further information.

In 2017/18, the Board did not consider or take immediate action. In 2016/17 immediate action was considered twice and taken once.

See [AHPRA's annual report](#) for more information about immediate actions in 2017/18 across all professions, and Table 6 in this report for immediate action cases about optometrists by state and territory.

Tribunals, panels and appeals

Tribunals

The Board can refer a matter to a tribunal for hearing. Usually, this happens when the allegations involve the most serious of matters, such as when the Board believes an optometrist has behaved in a way that constitutes professional misconduct.

Tribunals in each state and territory:

- ➔ **Australian Capital Territory** Civil and Administrative Tribunal
- ➔ **New South Wales** Civil and Administrative Tribunal
- ➔ **Northern Territory** Civil and Administrative Tribunal
- ➔ **Queensland** Civil and Administrative Tribunal
- ➔ **South Australia** Health Practitioners Tribunal
- ➔ **Tasmania** Health Practitioners Tribunal
- ➔ **Victorian** Civil and Administrative Tribunal
- ➔ **Western Australia** State Administrative Tribunal

Taking into account the relatively low numbers of notifications received about the profession in 2017/18, no optometry matters were decided by a tribunal, which is consistent with the previous year.

Panels

The Board has the power to establish two types of panel depending on the type of notification:

- ➔ **Health panels**, for issues relating to a practitioner's health and performance, or
- ➔ **Professional standard panels**, for conduct and performance issues.

Under the National Law, panels must include members from the relevant health profession as well as community members. All health panels about optometrists must include an optometrist. Each National Board has a list of approved people who may be called upon to sit on a panel.

In 2017/18, no matters about optometrists were decided by panel, consistent with the previous year.

Appeals

All regulatory decisions are evidence-based and guided by the regulatory principles of the National Scheme. The National Law provides a mechanism of appeal against a decision by a National Board in certain circumstances, including decisions to:

- ➔ refuse an application for registration or endorsement of registration, or to refuse renewal of registration or renewal of an endorsement of registration
- ➔ impose or change a condition placed on registration, or to refuse to change or remove a condition imposed on registration or an undertaking given by a registrant, or
- ➔ suspend registration or to reprimand a practitioner.

There is also a mechanism of appeal by judicial review if the appeal relates to a perceived flaw in the administrative decision-making process, as opposed to the merits of the individual decision itself.

No decision by the Board relating to optometrists in 2017/18 was the subject of an appeal.

Please refer to [AHPRA's annual report](#) for data relating to appeals in 2017/18.

Compliance

On behalf of the Board, AHPRA monitors optometrists and students who have restrictions (conditions or undertakings) placed on their registration, and those with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports the Board to manage risk to public safety.

Monitoring can be for one or more of the following reasons:

- ➔ suitability/eligibility to be registered to practise
- ➔ compliance with restrictions on their registration – health, conduct, performance, and/or
- ➔ to make sure that any practitioner who was cancelled from the register did not practise.

As at 30 June 2018, there were 22 active monitoring cases, which related to 22 individual optometrists.¹

The 22 monitoring cases of optometrists represent 0.4% of all monitoring cases managed by AHPRA across all regulated health professions. The majority of these cases were being monitored for suitability/eligibility.

It should be noted that despite increasing volumes of notifications received and high closure rates, this has not translated into a peak in active monitoring cases for the Board.

For more information on monitoring and compliance, visit the [AHPRA website](#).

See Table 11 for active monitoring cases by stream.

Statutory offences

The National Law sets out four types of statutory offences:

- ➔ Unlawful use of protected titles
- ➔ Unlawful claims by individuals or organisations as to registration
- ➔ Performing a restricted act, and
- ➔ Unlawful advertising.

Breaches of the National Law that constitute a statutory offence can put individuals and the community at risk. These offences may be committed by registered health practitioners, unregistered individuals or corporate entities and are covered under Part 7 of the National Law.

AHPRA received six new statutory offence complaints about optometrists in 2017/18, which is a decrease of 73.9% when compared to the 23 received in 2016/17.

In 2016/17 the increase in statutory offences was largely due to a series of bulk complaints that were made by a number of external organisations about alleged advertising breaches.

Concerns about unlawful advertising are now managed in two ways: serious-risk advertising complaints, advertising complaints by corporate entities and unregistered persons are managed as statutory offences, and low- to moderate-risk advertising offences by registrants are managed under the *Advertising compliance and enforcement strategy*. Data for low- to moderate-risk advertising offences are not included here.

Half of the offence complaints received about the profession during the year related to possible breaches in the advertising of optometry services and the other half related to title protection. Complaints about the profession accounted for 1% of all statutory offence complaints received by AHPRA nationally across all regulated health professions during the year.

This year, there was a corresponding 70.8% decrease in the number of statutory offence complaints closed relating to optometry [7; down from 24 in 2016/17].

See Table 12 for data about statutory offences relating to optometrists in 2017/18.

¹ A practitioner who has restrictions on their registration for more than one reason may be allocated more than one 'monitoring case'. For example, if an optometrist has conditions imposed as a result of health concerns and conduct, they may be allocated two monitoring cases.

Table 4: Notifications received by AHPRA about optometrists, by state or territory (including HPCA)

Optometrists ¹	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Subtotal	HPCA ⁵	Total
Total 2017/18	2	2	0	12	2	1	10	4	2	35	28	63
Total 2016/17	2	1	0	8	4	1	14	2	1	33	27	60

- ¹ Data relating to notifications (complaints or concerns) are based on the state or territory of the practitioner's principal place of practice (PPP).
² Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.
³ Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman (OHO) in Queensland.
⁴ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
⁵ Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

Table 5: Percentage of the profession with notifications received, by state or territory (including HPCA)

Registrants	ACT	NSW (including HPCA complaints)	NT	QLD (including OHO complaints)	SA	TAS	VIC	WA	No PPP ¹	Total ²
Optometrists in 2017/18	2.3%	1.4%	0.0%	1.6%	0.6%	1.1%	0.6%	0.9%	1.9%	1.2%
Optometrists in 2016/17	2.6%	1.4%	0.0%	1.1%	1.0%	1.1%	0.9%	0.5%	0.0%	1.1%
All registered practitioners 2017/18	1.6%	1.8%	1.8%	2.1%	1.6%	1.5%	1.1%	1.2%	0.3%	1.6%
All registered practitioners 2016/17	1.9%	1.7%	2.2%	2.2%	1.3%	1.9%	1.1%	1.2%	0.5%	1.6%

- ¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
² Total includes matters managed by AHPRA, OHO in Queensland and the HPCA in NSW.

Table 6: Immediate action cases by state or territory (excluding HPCA)

Immediate action cases	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ³	Total
Total 2017/18	0	0	0	0	0	0	0	0	0	0
Total 2016/17	0	0	0	1	0	0	1	0	0	2

- ¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 7: Outcomes of immediate actions (excluding HPCA)

Outcome	2017/18		2016/17	
	Optometrists	All practitioners	Optometrists	All practitioners
Not take immediate action	0	173	1	76
Accept undertaking	0	113	0	69
Impose conditions	0	174	0	147
Accept surrender of registration	0	1	0	1
Suspend registration	0	126	1	103
Decision pending	0	22	0	23
Total	0	609	2	419

Table 8: Notifications closed, by state or territory (including HPCA)

Optometrists	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Subtotal	HPCA ⁴	Total
Total 2017/18	3	0	0	9	4	2	11	3	0	32	29	61
Total 2016/17	1	1	0	10	4	1	8	2	0	27	23	50

- ¹ Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.
² Matters referred to AHPRA and the National Board by OHO in Queensland.
³ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
⁴ Matters managed by the HPCA in NSW.

Table 9: Notifications closed, by stage at closure (excluding HPCA)

Stage at closure	Total 2017/18	Total 2016/17
Assessment ¹	22	18
Health or performance assessment ²	1	
Investigation	9	9
Total	32	27

¹ Closed after initial assessment of the matter.

² Performance assessments are carried out by a Board-selected assessor whose scope of practice is similar to that of the practitioner being assessed (assessors are not Board members or AHPRA staff).

Table 10: Notifications closed, by outcome at closure (excluding HPCA)

Stage at closure	Total 2017/18	Total 2016/17
No further action ¹	21	15
Health complaints entity to retain	0	1
Caution	4	5
Accept undertaking	2	0
Impose conditions	5	6
Total²	32	27

¹ No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

² Excludes matters managed by the HPCA in NSW.

Table 11: Active monitoring cases at 30 June 2018, by stream (excluding HPCA)

Stream ¹	Total 2017/18	Total 2016/17
Conduct	2	1
Health	1	1
Performance	6	2
Prohibited practitioner/student	1	1
Suitability/eligibility	12	10
Total²	22	15

¹ AHPRA reports on monitoring cases established rather than by individual registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. As at 30 June 2018, there were 22 cases about optometrists, which relate to 22 individual registrants.

² These cases also may include cases that are to be transitioned from AHPRA to the HPCA for conduct, health and performance streams. They do not include HPCA-managed monitoring cases.

Table 12: Statutory offence complaints about optometrists, received and closed, by type of offence and jurisdiction

Type of offence ¹		ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Total 2017/18	Total 2016/17
Title protections (s. 113–120)	Received	0	1	0	1	0	0	0	0	1	3	1
	Closed	0	0	0	1	0	0	0	0	1	2	3
Advertising breach (s. 133)	Received	0	0	0	0	0	0	1		2	3	22
	Closed	0	0	0	0	0	0	1	0	4	5	20
Other offence	Received	0	0	0	0	0	0	0	0	0	0	0
	Closed	0	0	0	0	0	0	0	0	0	0	1
Total 2017/18	Received	0	1	0	1	0	0	1	0	3	6	
	Closed	0	0	0	1	0	0	1	0	5	7	
Total 2016/17	Received	0	7	0	2	0	0	3	1	10		23
	Closed	0	9	0	3	0	0	2	0	10		24

¹ This table captures offence complaints by principal place of practice (PPP) and includes all offences from sections 113–116 of the National Law, not only offences about advertising, title and practice protection.

² Excludes matters managed by the HPCA in NSW.

³ Matters referred to AHPRA and the National Board by OHO in Queensland.

⁴ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address. AHPRA also receives offence complaints about unregistered persons where a PPP is not recorded.

Appendix: National committee members

The Optometry Board of Australia values the contribution of its Board and committee members across Australia. Together, we make decisions to protect the public, Australia-wide. In 2017/18, we held 12 National Board and 27 national committee meetings. Committee members were:

Finance and Risk Committee

Mr Garry Fitzpatrick (Chair)

Mr Anthony Evans

Mr Derek Fails

Policy and Education Committee

Associate Professor Daryl Guest (Chair)

Mr Derek Fails

Ms Adrienne Farago

Mr Garry Fitzpatrick

Associate Professor Rosemary Knight

Registration and Notification Committee

Mr Ian Bluntish (Chair)

Mrs Nancy Atkinson

Ms Adrienne Farago

Ms Surabhi Payne

Mr Neville Turner

Dr Ann Webber

Scheduled Medicines Advisory Committee

Ms Jane Duffy OAM (Chair)

Mr Hamlyn Benjamin (from 1 June 2018)

Professor Alex Gentle (from 1 June 2018)

Associate Professor Daryl Guest

Dr Graham Lakkis

Professor Danny Liew

Dr Lisa Nissen (to 30 June 2017)

Ms Angela Stathopoulos (from 14 December 2017)

Associate Professor Andrew Symons (from 1 June 2018)

Associate Professor James Ziogas

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For more information about AHPRA and the National Boards' work in 2017/18, please see the [annual report](#).

Useful links

[Register of practitioners](#)

[Complaints portal](#)


[Court and tribunal outcomes](#)

[National restrictions library](#)

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