

NEW ZEALAND ASSOCIATION OF OPTOMETRISTS



THE 2016- 2017

Annual Report

87TH ANNUAL REPORT AND ANNUAL FINANCIAL STATEMENTS

2016 - 2017

REPORT OF PROCEEDINGS OF 2016 ANNUAL GENERAL MEETING



OUR VISION

Our vision is that optometry will be accepted by the public, government, kindred organisations and professions, and by practitioners themselves as the profession most competent at providing primary eye and vision care to the community.

OUR MISSION

The mission of the NZAO is to promote our members as the source of primary eye health and vision care in New Zealand; to hold fast to the ideals of high quality clinical practice; and to educate others about the roles and skills of optometrists. In achieving this purpose the NZAO will enhance the vision and eye health of New Zealanders; enable the public to make informed eye health choices; and provide our members with a creative, dynamic and affirmative organisation.

OUR STRATEGIC GOALS

- To be recognised as the foremost authority on primary eye health and vision care
- To be recognised as the primary authority on matters related to standards of vision
- For members to achieve the highest clinical standards
- For Optometrists to be recognised as the first choice providers for eye health and vision care
- To have a dynamic (enthusiastic, motivated and active) membership
- To achieve an effective and efficient administration
- To expand the domain of Optometry

NZAO COUNCIL 2016 - 2017

President:	Mr Callum Milburn	Dunedin
Vice President:	Ms Rochelle van Eysden	Christchurch
Past President:	Mr Andrew Sangster	Wellington
Councillors:	Mr Wilson Sue	Upper Hutt
	Mr Geoff Sargent	Wellington
	Mr Jack Crawford	Dunedin
	Ms Annette Morgan	Waikanae Beach
	Ms Chelsey Wood	Auckland
National Director:	Dr Lesley Frederikson	Wellington

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Message from the President

The last twelve months in council have energised and strengthened my enthusiasm for the profession.

In our Association, we have many talented and wise health practitioners and we are all supported by the talent and dedication of our staff at national office. This underpins the sense of pride I feel in our profession and the dedication, strength and skill set that we collectively possess.

The services that we currently provide in ocular health care and the recognition by the Ministry of Health and our colleagues across the health sector that we have the potential to extend those services even further is a testament to the efforts of the Association. The foundation and foresight provided to the Association over the years has positioned optometry to effectively service the primary care role that we now enjoy and we face the prospect of an even wider role in the future.

I wish to continue to encourage our members, our council, our committees and all the advisory groups to continue the pursuit to extend the recognition of our abilities and value. It is paramount that the Association remains the combined voice for the optometry being solely focussed on our profession and disparate from external influences. Optometry can only progress if we all work to extend ourselves and whatever our own scope of practice be, we continue to practice to its fullest extent. This drive over the life of the Association has allowed our mode of practice to include services in the private, and public health sectors alongside ophthalmology and nurse specialists, in universities and in governance roles.

I hope to see many of our members at conference this year and invite members to attend this year's AGM in Hamilton on Saturday 14 October 2017. The conference is an important time for colleagues to participate in quality learning opportunities, to network with colleagues, and to collectively strengthen and extend the profession.

Callum Milburn

President

To be recognised as the foremost authority on primary eye health and vision care

Government Health Policies

WHOLE OF OPHTHALMOLOGY WORKING GROUP

NZAO was represented on this group by Geoff Sargent, Wilson Sue and Eleisha Dudson. The work of the group is now completed and the whole of ophthalmology prioritisation tool has been released for testing in the DHB environment. The clinicians initially felt the patient derived impact on life score should be lower than that adopted for the cataract CPAC. However, this weakened the correlations between perceived priority and scored priority so it was necessary to substantially increase the weighting of the impact on life score to achieve a good match. Evidence was presented to confirm that patients are much less likely to 'game' scores than are the clinicians; this makes it imperative that the patient completes the impact on life questions themselves without 'help' from the clinicians. Early reports are that the whole of ophthalmology CPAC tool has the highest correlation to clinical grading (0.8) of any of the specialities the Ministry of Health is assessing.

When fully implemented the whole of specialty tool will sit alongside the cataract tool which will retain the same form while all other conditions will be scored on the general ophthalmology tool. Scores will mesh in a way that ensures the other conditions ranked on the specialty tool will yield priority scores that are consistent with the CPAC priority scores. Thus, cataract patients will be neither advantaged nor disadvantaged relative to other patients.

By year end most DHBs were still resisting the idea of adding community optometrists to the priority ranking systems so the NZAO system remains the only option for many optometrists wanting to score online. There are indications that a workaround might possibly be found which would allow optometrist patients to receive a score and an outcome when the patient data is loaded.

DISTRICT HEALTH BOARDS

This year National Office repeated a review of DHB threshold scores for cataract. Average threshold for treatment for the 14 DHBs that responded before December 2016 was 51 points. By March 2017 all had responded and the top scores were 65 for Canterbury and Southern DHBs. This demonstrates the dynamic nature of cataract thresholds and highlights the need for optometrists to have timely information for referrals. The NZAO Council view is that 45 is an acceptable national threshold as at that level people will be failing the 6/12 current driving standard and will not feel safe to drive. Once patients are scoring over 54 on the cataract tool people will have a level of disability which would greatly affect their quality of life.

Following the publicity surrounding the Southern DHB failure to provide timely follow-up appointments to patients retained within the ophthalmology department the Association was able to advise the DHB, the Ministry of Health and the Minister of Health that the optometry workforce can readily augment the ophthalmic workforce both in hospitals and in the community. Key issues discussed included funding, RANZCO, training (undergraduate and post-registration), and cooperation. The results were that an optometrist (TPA) position was created within Southern DHB and the DHB engaged in discussions with community based optometrists about potential capacity for DHB patients who have not yet received timely follow-up appointments to be seen in the community or alternatively to have optometry led clinics within the eye department staffed by community optometrists. While the situation was not ideal it did create an opportunity to educate stakeholders about the contemporary scope of practice of optometry.

In June 2017 Southern District Health Board and Well South PHO began work on a primary and community strategy and action plan. As Callum Milburn and Lesley Frederikson had met and spoken with the PHO earlier in the year about the necessity of providing eye health services in the community contact was made with the PHO to note our interest in being involved to ensure that eye health is considered within the primary and community health plan. Consultation is expected towards the end of 2017.

ADDITIONAL FUNDING FOR DHB EYE HEALTH CARE SERVICE IMPROVEMENT

In December 2016 the Ministry of Health announced funding of up to \$100,000 to be made available for each DHB to deliver an agreed service improvement plan, where required. This could include improved capacity and demand planning, improved referral management, consistent prioritisation for access, or using alternative workforce such as optometrists or nurse specialists. DHBs were asked to submit applications by the beginning of February 2017. It is understood that at least 10 of the 18 final applications included optometry services as part of service improvement. The Ministry set up a clinical reference group to continue to meet and confer on eye services and have appointed Geoff Sargent, Andrew Sangster and Wilson Sue to represent optometry.

SOUTH ISLAND EYE HEALTH PROJECT

NZAO President, Callum Milburn, and Vice President, Rochelle van Eysden this year participated in the South Island Alliance, eye health project which aims to provide consistency in ophthalmology services throughout the South Island DHBs. There is huge demand for DHBs to provide Avastin treatments with some urgency to prevent people going blind and this places pressure on needs of other eye department patients including the failure to provide follow-up appointments for patients being recalled for follow-up care and monitoring of progression, especially in the case of glaucoma.

Two impediments to resolving these problems are apparent. Firstly, DHBs do not code patients by diagnosis so they are not able to count the numbers of patients who might be waiting for glaucoma follow-ups as distinct from those that might need other care (for example). Thus it is not possible to prioritise follow-up urgency based on diagnosis or to send out diagnosis based information such as telling glaucoma patients that they should see their optometrist for a further assessment to identify any disease progression. Nelson Marlborough DHB has taken the step of employing optometrists to review the patient files and code each patient with a diagnosis and it is to be hoped that this data is added routinely from now on.

Secondly, DHBs do not record data on the referring optometrist so they are not able to write to the optometrist of any patient identified as 'overdue' for follow-up to trigger a recall and review by the optometrist. In addition, there is no consistent definition of 'overdue' across all DHBs. Some adopt a review at a particular date, others use review in a number of months (3, 6 or whatever) and others note that the patient is not to be seen within a particular period. This latter system means that technically no one is ever 'overdue'.

It seems referring out from public system is problematic as this involves moving patients from the publicly-funded system to the private system creating cost implications. The Association perspective on this is that funding from PHOs flows to general practice even though these practices are generally privately owned enterprises. Council feels that perhaps the Ministry of Health should consider whether DHBs should be required to provide for the eye healthcare needs of their communities in places other than hospital eye departments.

ERNST YOUNG REVIEW OF AMD

Ernst Young was engaged by the Ministry of Health to review the model of care for age-related macular degeneration (AMD) in the New Zealand public health system. Intravitreal anti-VEGF treatments have increased markedly and there is some variation as to how much treatment is being delivered across DHBs. National Director, Lesley Frederikson, was interviewed as part of the initial gathering of background information on the eye health sector. Dr Frederikson along with President Callum Milburn and Vice-President Rochelle van Eysden participated in a workshop to discuss old and new roles and to consider new ways of working across hospital and community care. Other participants included retinal specialists, nurses, a general practitioner, DHB provider managers, a DHB funding manager, consumer representatives, Pharmac staff, Ministry staff, and the team from Ernst Young.

It was clear that the RANZCO position that optometrists are not able to administer Avastin injections had been drilled into the attending ophthalmologists and had also been well communicated to the Ernst Young team by the DHB clinical directors. During the course of discussion Callum, Rochelle and Lesley argued strongly against that position and there was some softening of the statements made regarding the possibility of optometrists being able to be safe 'with additional training'. The key roadblock put up by ophthalmology and nursing was that optometrists have not had a medical training. A consultation document is expected to be released by October 2017.

HEALTH WORKFORCE NEW ZEALAND (HWNZ)

In April 2017 Health Workforce NZ and the Ministry of Health issued a consultation document on purchasing post-entry workforce training. The aim is to start addressing training needs post-entry for the wider health workforce. HWNZ funding of post-entry workforce training is an important means of giving the health workforce the essential knowledge, skills, experience and qualifications to provide care that meets changing population health needs in a changing world. To ensure the health workforce can help achieve the best outcomes for all New Zealanders in the future, HWNZ needs to adapt its funding model from one that passively subsidises training costs to meet current service needs to one that strategically invests in training to meet future health needs.

If HWNZ is to ensure the future health workforce can meet the changing needs of New Zealanders, changing models of care and changing practice attitudes, it must consider the whole of the workforce including all regulated health professionals, and some unregulated health professions, rather than just the medical workforce. If future investment must become more flexible, given the changing nature of models of care, then there are likely to be opportunities for enhanced investment in optometry training post-graduation. The Association submission to HWNZ promoted greater utilisation of optometrists in both hospital and community settings. We called for investment in optometrist post-entry training and highlighted the 2010 recommendation of the Eye Health Workforce Service Review to develop an eye health community model that includes an increase in the role of optometrists including making six-month post-graduate fellowships available for optometrist post-entry training.

Regulatory Reform

STANDING ORDERS

This year saw further change to the Medicines Act and its regulations following which TPA optometrists can now issue standing orders. The relevant information was placed on the NZAO website for members to access. This material includes a direct link to the Ministry of Health Guidelines which are both comprehensive and binding. Although the ODOB have provided a summary guideline for optometrists, NZAO Council is of the view that the Ministry Guideline for Standing Orders is the primary authority. The Ministry's guidelines are not practitioner specific and apply to doctors, dentists, nurse practitioners and TPA optometrists alike.

THERAPEUTIC PRODUCTS BILL

A draft of the Therapeutic Products Bill that will replace the Medicines Act is expected to be released for consultation in 2017. At the last stakeholder meeting in the 2016-2017 year the Ministry indicated that the Bill will include a new regime for pharmacy licencing. The initial proposal removed the requirement for pharmacist ownership and made no restriction on the number of pharmacies that can be owned by an individual. Instead, pharmacy licence holders will be required to appoint qualified pharmacists to ensure that professional standards are met. The prohibition on prescribers having an interest in a pharmacy will be retained, but with amendments to ensure integrated health services are not restricted. Licences will also no longer be restricted to physical premises. Interestingly, ownership is an issue that was considered at the time of the HPCA Act for both optometry and pharmacy. As at 30 June 2017 there was nothing more released but we will be watching to see how the draft Bill deals with the conflicting issues arising from sections 23, 25, and 29.

Optometry will want to see a solution that avoids problems with Pharmac substitution of unapproved medicines to fill supply shortages and other issues such as compounded Atropine (0.01%), and Avastin which is being used off label in the public system which limits its use to medical practitioners only.

CHANGES TO HEALTH PRACTITIONER STATUS

Important legislative changes have been made that mean suitably qualified health practitioners will be able to carry out some activities that could previously only be done by medical practitioners. Eight separate Acts have been amended to recognise new terminology, replacing the term medical practitioner with health practitioner as defined by the Health Practitioners Competence Assurance Act. The Ministries of Health; Transport; Business, Innovation and Employment; and Social Development are responsible for the affected legislation. Other agencies, including ACC and the New Zealand Police, will also need to implement the changes. The aim of the changes is to make health services more flexible and available when people need them. It also acknowledges and makes better use of advanced knowledge and skills in the health workforce.

The eight Acts were given the Royal Assent on 7 November 2016, including the Accident Compensation Amendment Act 2016 which spells out changes to the Accident Compensation Act 2001. The ACC changes mean that to the extent that health practitioners are willing and able to do so, health practitioners providing treatment to a client will be given the opportunity to participate in the preparation of the client's individual rehabilitation plans. Suitably qualified health practitioners will also be able to prescribe aids and appliances. NZAO participated in the working group which recommended these changes and members will be pleased that the requirement for reports by a medical practitioner will now be extended to include reports from a health practitioner with an appropriate scope of practice. The amendment Acts must all commence on 7 November 2018, if not commenced sooner.

NZAO COMPLAINT AGAINST NATURAL HEALTH SPECIALISTS – CLEAR VISION

Last year the Association made complaint to the Advertising Standards Authority about the Clear Vision food supplement which was being advertised by direct mail by Natural Health Specialists. The ASA determined that the advertiser was in breach of the Code. Natural Health Specialists did not respond.

Ophthalmology and related Clinical Groups

OPHTHALMOLOGY

During the year RANZCO and Specsavers announced the joint development of guidelines for referral of glaucoma, diabetic retinopathy and AMD. For the first of these, the RANZCO Referral Pathway for Glaucoma Management, it was confirmed that none of the following was consulted: NZ Association of Optometrists, the Optometrists & Dispensing Opticians Board, Optometry Australian, and the Australian Optometry Board. From a New Zealand perspective the Association view on the glaucoma pathway is that it is not consistent with the ODOB guidelines for glaucoma prescribers and may not be appropriate in terms of the limited available capacity of the District Health Boards.

The RANZCO guideline on macular degeneration appears to be more workable although the Association is concerned that the guidelines do not seem to encompass New Zealand scope of practice for optometry (TPA) nor consider emergence of new competences for optometrists such as injecting.

Council's view on the RANZCO Diabetes guideline is that since it is not appropriate to New Zealand the NZAO does not recognise this guideline. In New Zealand we know the number of people with diabetes in each DHB region. Therefore we can use the published percentages of people in each level of grading to obtain the number of people in each region who need to be referred into the hospital for treatment (3%) and the number of people who can be monitored in the community (97%). Referral to hospital is not a rational step for people not likely to meet the threshold for treatment and government would see its money better spent on ensuring systems for safe monitoring in the community.

Council re-affirmed its view that optometrists can safely, efficiently, and cost-effectively provide primary eye health services in the community and can extend those services to provide equivalent care to hospital care for a large group of people now required to attend a hospital site for outpatient services.

ADHB ADVANCED GLAUCOMA TRAINING

The ADHB advanced training course in glaucoma management for optometrists has proved popular with Auckland DHB region members. To year end eight optometrist members have completed the 80 hour programme in advanced glaucoma management with the DHB; a further two members are enrolled and due to complete later in 2017.

Auckland DHB signalled an intention to run glaucoma outreach clinics at the rooms of community optometrists credentialed by ADHB. These are expected to be for diagnosed and stable glaucoma patients. In Wellington, the initial use of optometrists for community diabetic retinopathy screening in 2002 followed a similar conservative approach on the part of ophthalmology.

It is the view of Council that the public health clinical and funding models will continue to evolve. The credentialing requirements should not be further extended and the costs of optometrist training should be provided from the post-entry workforce training fund of HWNZ. A schedule of payments for services will need to be agreed with the DHBs.

Key points for Council include:

- Post-entry training must be available across the country for consistency of training, consistency of credentials, and transferability between DHBs
- Avoiding ad hoc / piecemeal arrangements is important to ensure that consumers universally know what to expect of credentialed optometrist practitioners
- Being clear about health legislation, scopes of practice, and areas of responsibility
- Acknowledging the need for trust and collegiality to implement apprentice model training for optometrist authorised prescribers building on the competencies of optometry scope of practice
- RANZCO NZ Branch endorsing the credentials at a national level for NZ
- HWNZ support for training programs
- Paid optometry roles requiring these credentials must be financially viable

While these are the views of Council it is acknowledged that optometry is likely to encounter roadblocks along the way. These have the potential to delay progress but the aim is to keep advancing optometry wherever possible.

EYE HEALTH COALITION

Representatives of the University of Auckland, School of Optometry and Vision Science, the Blind Foundation, NZ Association of Optometrists and RANZCO and consumer groups met to discuss the common issues facing the eye health and care sector in New Zealand, across the full continuum of vision health, from awareness and prevention, through to diagnosis, treatment, rehabilitation and support. Concerns were expressed that eye health and vision care has the lowest priority in health. Participants discussed the need to elevate the priority given to eye health and vision care planning and funding. As a next step, it was agreed to focus on three priorities, these being:

1. Developing the understanding and perception of eye health in the public and political sectors.
2. Committing to research that will support an evidence base for progressing eye health initiatives.
3. Developing the continuum of eye health for the New Zealand market to ensure there is a clear understanding of the pathway the public should follow as they progress through the system.

During the year there have been three meetings to develop the continuum of eye health and two flowcharts were considered, a simplistic one for health consumers and a more complex version for health practitioners.

Use of Medicines

Council supported TPA optometrist prescribing of Latisse in treating eyelash insufficiency (subjectively defined) and noted that the restricted task for prescribing an optical appliance particularly includes prescribing for remedial or cosmetic purposes. From a medicines perspective an optometrist scope is suitable for prescribing any topical solution which has the potential to affect intraocular pressure as optometrists are well placed to have appropriate recall systems in place to enable them to monitor any changes in intraocular pressure and not just issue repeat prescriptions unless appropriate to do so.

Given that many people are now buying off the shelf and imported products which have unregistered ingredients, including analogue prostaglandins, it would seem that enabling optometrists to prescribe is a safer alternative for the public. The ODOB agreed and has issued a decision that prescribing Latisse for cosmetic purposes falls within the scope of practice for optometry.

School Children's Vision

NZAO members are participating in the vision screening at low decile schools organised by the Essilor Vision Foundation. National Director, Lesley Frederikson was invited to attend a screening day at Finlayson Park School, Manurewa which was very useful in terms of enabling discussions with Louisa Wall (MP for Manurewa) and also key people in the Manurewa community who are supporting this optometrist led initiative. On this screening day optometrists Heather Laird, Hadyn Treanor, Robert Ng, Adrian Paterson, Kim Steadman, Sara Stevens and David Joe were in attendance. They were ably assisted by a bevy of optometry student volunteers from the School of Optometry and Vision Science. The schools participating are Manurewa West, Manurewa South, and Manurewa East along with Finlayson Park School. Essilor Vision Foundation is a registered NZ charity and to year end more than 1900 students from low decile schools throughout NZ had been screened by NZAO optometrists. More than 500 children were referred for a full eye exam and more than 200 prescription glasses have been given to students with vision issues.

Low Vision

This year the Parliamentary Friends of Eye Health group was launched with the support of the Blind Foundation, New Zealand Association of Optometrists, Retina NZ, Sight Loss Services, and RANZCO. At the launch Blind Foundation speakers introduced research to quantify the scale of blindness and low vision in the country. Their research findings are that the number of people estimated with low vision, defined as being between 6/12 and 6/24, is 14,000. A definition of blindness defined as greater than or equal to 6/24 captures 30,356 people. These numbers have implication for addressing the greater amount of government funding that is directed to hearing related services and appliances compared to vision and visual aids. New and emerging technologies for both vision and hearing impaired people are coming into the mainstream. Examples include large screen televisions, readers where the text size can be enlarged to suit and blue tooth headphones which allow those needing louder sound to listen in the same room as the rest of the family without raising the general TV sound to an uncomfortable level for those with normal hearing.

Optometrists Board

This year the ODOB published its proposal to merge all existing optometry scopes in a single scope of practice for optometry. The Association strongly supported the proposal to require all new overseas registrants to have a time limited registration dependent on achieving a TPA qualification within three years. The change of scope to a single scope of practice for optometry was gazetted by the Optometrists and Dispensing Opticians Board on 9 March 2017.

Optometrist Scope of Practice from April 2017

An optometrist registered in the optometrist scope of practice provides evidence-based comprehensive eye health and vision care in a professional and ethical manner, in accordance with the HPCA Act.

The “practice of optometry” includes:

- prescribing any ophthalmic appliance, optical appliance, or ophthalmic medical device intended for remedial or cosmetic purposes or for the correction of a defect of sight;
- assessing, diagnosing, treating and managing conditions affecting the eye and its appendages;
- prescribing medicines whose sale and supply is restricted by law to prescription by authorised prescribers;
- reporting or giving advice in an ophthalmic capacity, using the knowledge, skills, attitudes and competence initially attained for the primary optometry qualification and built upon in postgraduate and continuing clinical education, wherever there could be an issue of patient health or wellbeing;
- signing any certificate required for statutory purposes, such as driver licensing eyesight certificates; and
- holding out to the public or representing in any manner that one is authorised to practise optometry in New Zealand.

The practice of optometry goes wider than clinical optometry, and includes teaching, research, optometric or eye health management, in hospitals, clinics, general optometric practices and community and institutional contexts, whether paid or voluntary. Additionally, clinical practice is defined as any work undertaken by an optometrist that relates to the care of an individual patient. Non-clinical practice is defined as any work undertaken by an optometrist that does not relate to the care of an individual patient.

International

OPTOMETRY BOARD OF AUSTRALIA (OBA)

Council receives regular communiques from the Optometry Board of Australia and together with the Optometrists and Dispensing Opticians Board of NZ and the Heads of Schools, the Association participates in the Optometry Regulatory Review Group hosted annually by the OBA. Australia has 4800 registrants as at August 2016 compared with 704 in New Zealand at the same date. The OBA reported that it now has four new Board members appointed by Ministerial Council. Policy issues noted by OBA were: the guidelines on the prescription of optical appliances are in effect, the CPD guidelines are under review, and the endorsement for scheduled medicines standard and guidelines are under review and will be available for public consultation.

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND (OCANZ)

Annette Morgan, who has done a sterling job of representing the Association as its OCANZ Member Representative, left Council in February 2017 to take up a position on the Optometrists and Dispensing Opticians Board. Wilson Sue was appointed Member Representative to OCANZ to replace Annette. The Association thanks Annette for her contribution. During the year OCANZ consulted on its Accreditation Standards and Evidence Guide for Programs of Study in Ocular Therapeutics. Council noted concerns at the manner in which OCANZ examines and accredits in terms of the lack of direct linkage between assessment of educational processes and the required output of graduates with full competence for diagnostic and treatment outcomes for consumers of their eye health services. Council was pleased that following the intensive lobbying of the Association, OCANZ included more emphasis on diagnostic elements of optometry practice in TPA competencies.

OPTOMETRY AUSTRALIA (OA)

The Association continues to enjoy a good working relationship with our Australian colleagues in Optometry Australia (OA). The two associations share information on political, regulatory, and professional matters and mutually support the development of optometry in both countries. OA and NZAO are core partners in the Journal of Clinical and Experimental Optometry, jointly working to ensure the journal has quality content and remains accessible to members. Optometry Australia has faced a number of changes during the year with the resignation of Kate Gifford as President and later Genevieve Quilty stepping down as CEO. The new President of Optometry Australia is Andrew Hogan, an optometrist from Tasmania, and Kirsty Machon took on the role of acting CEO. Professor Nathan Effron became Editor of Clinical and Experimental Optometry in May 2017 and Professor Barry Collin moved to Editor in Chief until March 2018 to ensure a smooth transition. Professor Collin was Editor of the journal for 23 years and he will continue as member of the Editorial Board.

WORLD COUNCIL OF OPTOMETRY (WCO)

Annette Morgan, who represented the Association as General Delegate to the WCO, left Council in February 2017 to take up a position on the Optometrists and Dispensing Opticians Board. Andrew Sangster was appointed General Delegate to replace Annette. The Association thanks Annette for her contribution to this role for the last six years and also for her work on the Legislation Registration and Standards committee of the WCO. 2017 marks the World Council of Optometry 90-Year Anniversary. The WCO is the only global optometric body in official relationship with the World Health Organization (WHO) and partners with many eye care organisations which share the same goal of high quality eye health and vision care being accessible to all people. Today, the WCO's mission is to facilitate the development of optometry around the world and support optometrists in promoting eye health and vision care as a human right through advocacy, education, policy development and humanitarian outreach. Currently, WCO represents the interests of optometry around the world with a membership of 55 national optometry associations, including our association, and 51 affiliates including universities and schools of optometry.

To be recognised as the primary authority on matters related to standards of vision

Standards

Council considered some guidance was needed for members completing the DL12 driver licensing eyesight report as regarding licence conditions. While people under successful and continuous ortho-k therapy may be considered fit to drive without correcting lenses it is also true that they need correcting lenses (ortho-k lenses) in order to meet the visual standards for driving. Councillors approved the following statement for insertion in the 'Fit with Limitations' section of the DL12 for an applicant meeting the visual standards as a result of ortho-k therapy (in which case the form summary section must be ticked for both Fit to drive without correcting lenses AND Fit with limitations): "The applicant may drive without correcting lenses provided that the visual standard is maintained with the support of orthokeratology therapy, otherwise must drive with correcting lenses."

The Association is represented on the following committees for joint Australian and New Zealand standards:

CS-053 Sunglasses	Participating Member
MS-024 Measurement of Optical Power	Information Only Committee Member
MS-024 Spectacles Functions	Participating Member
MS-063 Intraocular Lenses Functions	Information Only Committee Member
MS-063 Contact Lenses Functions	Participating Member
SF-006 Strategy	Information Only Committee Member
SF-006 Measurement of optical power	Information Only Committee Member
SF-006 Eye and Face Protection	Participating Member

As part of this representation the year saw NZAO involved in a lot of activity with Standards Australia in work to align local standards to ISO standards where possible. In general the technical issues are well covered by the Australian committee members and usually there is a consensus over what decision each committee will reach.

For members to achieve the highest clinical standards

Accreditation

AUTHORISED PRESCRIBERS

As at 30 June the majority of NZAO members (457) are authorised prescribers, legally equivalent to medical practitioners under the Medicines Act 1981, and are able to prescribe any medicine appropriate to the optometrist scope of practice.

GLAUCOMA PRESCRIBING

Sixty-three NZAO members had advanced endorsement for treating glaucoma in accordance with the ODOB guidelines as at 30 June 2017.

CLINICAL PRIORITY ASSESSMENT OF CATARACT

As at 30 June there were 236 NZAO member optometrists who have registered with the NZAO virtual DHB to complete the online CPAC Tool. The Association policy is for the full CPAC form to be printed showing vision findings and Impact on Life responses as well as the priority points calculated from the criteria. This printed form may be forwarded to the relevant DHB with the optometrist referral letter containing any further information that the optometrist wishes to provide.

LOW VISION ACCREDITATION

As at 30 June six members were certificated Low Vision providers. A low Vision web page has been set up for public look-up of LV credentialed optometrists and other relevant resources for LV consumers.

CIVIL AVIATION AUTHORITY

As at 30 June the Association had 66 members credentialed to provide eye and vision reports for CAA. With increasing confidence in the record audit process for quality assurance it has been possible to extend the period of validity for credentials and the present distribution is 26% of CAA eye examiners are credentialed for five years; 57% for three years; 11% for two years; and 6% have credentials for only one year.

Continuing Professional Development

CPD ONLINE

As at 30 June there were 10 NZAO online CPD modules posted on the website and another 4 were made available to members via the WCO–NZAO partnership. We have also offered further 14 case studies in the Learning for Vision series. A new initiative introduced in partnership with the Centre for Eye Health at the University of New South Wales is the provision of ‘Condition Spotlights and Chair-side References’ on the NZAO website. For the year to 30 June 2017 NZAO issued 5 Chair-side References and 4 Condition Spotlights.

Complaints

The complaints committee has resolved one complaint during the year. They found the core issue was communication about goods and services and recommended the member make a refund of charges paid by the consumer for services that were provided ancillary to a ‘free’ contact lens trial.

NZAO Education and Research Fund and NZOT

The main objective of the Trusts is to assist optometric education and research for the benefit of the public of New Zealand. Rather than duplicate the work of other providers, the Trusts aim to strategically fund the education and research gaps along the optometrist career development pathway from undergraduate to postgraduate. NZOT mainly assists undergraduates, while NERF mainly assists academics and practitioners at the postgraduate level. Instead of awarding one large grant to one person for one project, the general principle is to make several smaller grants to assist several people on several projects. The combined financial resources of the two NZAO Trusts are not yet enough to fully support one full time equivalent postgraduate vocational or applied research position at professorial level. During this year NERF committed to supporting additional clinical training scholarships for practitioners and educational scholarships for early career postdoctorals.

New Awards and grants for 2016-2017:

2016 NZAO Clinical Training Scholarship	Kristine Jensen	\$6,000
2016 NZAO Clinical Training Scholarship	Robert Ng	\$6,000
NZAO Post-Graduate Completion Award (MSc)	Jason Dhana	\$2,000
2016 NZAO Summer Studentship Award	Louisa Howse	\$6,000
NZAO Academic Travel Grant	Peter Stevenson	\$2,500
NZAO Post-Graduate Completion Award (MSc)	Varny Ganesalingam	\$2,000
2017 NZAO Clinical Training Scholarship	Frank Snell	\$6,000
2017 NZAO Post-Doctoral Fellowship	Akilesh Gokul	\$16,504
2017 NZAO Clinical Training Scholarship	Hadyn Treanor	\$6,000
2017 Maori Pacific Island Scholarship	Aimee Lloyd-Parangi	\$1,000
2017 Top Student Entering BOptom Pt III	Winne Ye	\$1,000
2017 Most Improved Student Entering BOptom Pt IV	Leila Zhyang	\$1,000
2017 Top Student Entering BOptom Pt IV	So Yon Shin	\$1,000
2017 Most Improved Student Entering BOptom Pt V	Ernest Oh	\$1,000
2017 2nd to Top Student Entering BOptom Pt V	Carla Sy	\$1,000
2017 Top Student Entering BOptom Pt V	Bianca Davidson	\$1,000
2017 Peg Wood Award	Bianca Davidson	\$500
2017 H C Russell Post-Graduate Scholarship	Renita Martis	\$10,000
NZAO Student Externship Scholarship	(Multiple x 7)	\$4,650
2017 Optometry Development Grant	New Graduates	\$3,000

In the 10 years (2008 – 2017) since the inception of NERF and Council's confirmed commitment to supporting optometry education and research, grants totalling \$1,189,257 have been awarded from the combined resources of NERF, NZOT and NZOVRF.

- Undergraduates \$181,536
- Masters candidates \$4,000
- PhD candidates \$161,800
- Postdoctorals \$428,014
- Practitioners \$76,145
- NZ Optometric Vision Research Foundation \$337,762

This can be compared to the 10 year total 1998 to 2007 of approximately \$343,079

- Undergraduates \$71,000
- PhD candidates \$33,000
- NZ Optometric Vision Research Foundation \$239,079

University

SCHOOL OF OPTOMETRY BOARD OF STUDIES

The School of Optometry Board of Studies is chaired by the Dean of the Medical and Health Sciences Faculty. The profession is represented by Dr Frederikson, National Director of the NZ Association of Optometrists. The meeting, held each February, provides a forum for SOVS to present its performance in terms of pass rates for the previous year, student appraisals of courses for the previous year, set out any changes to address areas of weakness, and present any program changes planned for the future. It is a large group with representatives from the other schools and departments within the Faculty. Discussion with and perspectives of the other health professional groups within the faculty are always interesting and useful when considering the development of optometry within the university and in the wider field of health service provision.

OPTOMETRY ADVISORY MEETING

The 2017 Optometry Advisory Meeting between the School of Optometry and Vision Science, the NZ Association of Optometrists, and the Optometrists and Dispensing Opticians Board, was held on 6 April. This meeting provides a forum for discussion of matters pertinent to the training, continuing education and professional scope of optometry practice. This year the group reviewed and discussed the changes occurring within the B.Optom. programme, the upcoming accreditation process with OCANZ, optometry glaucoma prescribing and myopia control.

Implementation of recommendations arising from the 2015 University of Auckland (UoA) review of the School was noted. The Part V research project is to be brought forward a year (to allow for more clinical experience in the final year) and allowance for students to be exposed to clinical practice earlier in the programme has led to a significant reworking of the curriculum. A new course (OPTOM 216) has been introduced which saw 2017's intake of Part II students measuring acuity in the first week of the course. There are a further series of course adjustments still to come on-stream in Parts III and IV that will accommodate the knock-on effects of current Part II students performing their research project in Part IV. The school also noted it is emphasizing better communication to students, and across the faculty, and it has updated its mission statement to read: Creating New Zealand's next generation of optometrists, preparing them to provide high quality clinical care through innovative teaching informed by our own world-class research.

The undergraduate student profile for this year is:

- Part 2 56 students (21% graduate entries and the remainder are undergraduate, 1 UTAS student (disability category) and 1 Māori student).
- Part 3 58 students
- Part 4 53 students
- Part 5 54 students

STUDENT ACTIVITIES

The annual Student Transition to Work evening was held in September 2016 for Optometry students in their final years of study. The group were welcomed by Lesley Frederikson and invited to sit back and enjoy the presentations designed to give them insight into the many avenues available in this wonderful profession. It was a great opportunity to present a potted history of what the Association has managed to achieve over recent years.

Two recent graduates, Emilie Langley of Mortimer Hirst Optometrists, and Robyn Stirling of the Ophthalmology Department UOA shared their experiences of the first few years in the workforce. Their stories highlighted their transition from the final few months of study, to the first days, months and then years of work. Following this, a number of optometrists with special interests covering a variety of different areas of expertise presented the pathways which led them to their present vocation.

Varny Ganesalingam of Mortimer Hirst Optometrists discussed the multifaceted specialty that is contact lens practice. Jason Dhana, who supervises final year students along with working at Greenlane Clinical Centre, discussed the many pathways he has already explored in his time as an Optometrist. Both Varny and Jason discussed their continued education in the form of Master's degrees, in addition to shedding some light on the many conferences they have attended. Finally, Ryan O'Connor of Patterson Burn Optometrists explained his experiences in both corporate and private optometry, and his recently found commitment to children's vision. The feedback to the 2016 Transition to Work evening from all students was very positive.

In April a special welcome orientation was held for the new 2017 Part II class entering the Optometry degree. Students were treated to a lunch with NZAO councillors giving them an opportunity to discuss what optometry is, life after graduation, and to hear more about the profession.

Council also hosted around 80 students and staff from SOVS at the annual NZAO Student Awards function held at the Langham hotel to celebrate the successes and achievements of this year's award winners. National Director, Dr Lesley Frederikson, opened the evening with a brief history of the optometry profession and the achievements that have made optometry what it is today. Post graduate students Jason Dhana and Hans Vellara gave insights into their fields of studies and provided some words of wisdom to the students. Recipient of the Masters Completion award, Jason discussed his post-graduate research in glaucoma. Hans, who was awarded the NZAO post-graduate scholarship for his doctoral studies, talked about how important research is for the optometry profession. Recipient of this year's HC Russell Award, Renita Martis, gave a special thanks to the NZAO for helping her in her own professional development. The students were vocal in their support of the Association and welcomed the opportunity to talk with the councillors about being in practice and opportunities for the future.

For Optometrists to be recognised as the first choice providers for eye health and vision care

Public Relations

SAVE OUR SIGHT

Save our Sight was concentrated on member practices and GP practices via Mediboard this year. The Mediboard presence continued over 12 months for the Save our Sight brochures with the digital and printed posters on display on alternating months. SOS Posters and pamphlets were sent out to members with the August Total Vision Care (TVC) newsletter. Promotional materials were also sent to the university.

A total of 2000 posters and 20,000 pamphlets were printed and the new digital poster was created to animate the information about eye disease and threats to sight. During the 2016-2017 year the digital poster was shown for a total of 15,500 hours reaching over 90,000 people a month. A total of 17,231 pamphlets were uplifted.

PRIMARY EYECARE QUARTERLY

The 50th issue of Primary Eyecare Quarterly was distributed to general practitioners in June 2017. There were four issues during the year: Early detection and referral to optometry; Food, Fats, Weight and Eyes; Low Vision goes Hi-Tech; and OCT – a window to the central nervous system.

MEDIA PAGE

The Media page added to the NZAO website has been expanded and a section with 'Save Our Sight Promotional Material' has been included to allow members and the public to download and view our poster and pamphlet.

MEDIA ACTIVITIES

A media release was published at the beginning of the 2016-2017 year for the launch of the Save our Sight Campaign. In September 2016 National Office provided information on blue light in response to a suite of media enquiries, providing a balanced scientific background article which was later posted to the NZAO website media page. The office also provided a written comment to the Otago Daily Times in response to the waiting times crisis; this pointed out the availability of optometrists in the Otago region and the common sense approach of having people seen by an optometrist rather than have them go blind.

In January of 2017 the office responded to a question on Irlen syndrome to the health reporter of the NZ Herald. During the year Councillors also responded to requests for comment or interview by the media including the following: Callum Milburn spoke to TVNZ about eye injuries, Andrew Sangster spoke to TV3.

To have a dynamic (enthusiastic, motivated and active) membership

Membership

The New Zealand Association of Optometrists supports the educational, research, legislative, and co-operative activities that will make the profession of optometry in New Zealand better over the course of our member's careers.

Member Category 2017

Honorary	4
Life	6
Ordinary	593
Associate	2
University	30
University Post graduates	8
Overseas	25
Retired	23
Total	691

OPTOMETRY EDUCATION

The NZAO helps its members by supporting NZ optometric education:

- The NZAO Annual Conference provides opportunity for members to achieve their continuing professional development (CPD) credits for the year. The educational programme includes international and local speakers, and a blend of clinical lectures, clinical workshops, clinical science and vision science lectures.
- NZAO Branches and National Office organise local opportunities for peer support, vocational education (lectures, peer review, online CPD, clinical placements), and opportunities for interaction with kindred professions.
- The Association initiated the process that resulted in structured peer review becoming a recognised activity for practitioner CPD credits.
- The Association provided the seed funding and encouragement to enable The University of Auckland to establish an optometry course for NZ in 1965. This course has since grown into the School of Optometry and Vision Science (SOVS). Although the NZAO has no direct influence on University affairs or policy decisions, the NZAO and SOVS maintain an important and ongoing working relationship.

- New Zealand Optometrical Trust (NZOT) and NZAO Education and Research Fund (NERF) are the charitable trusts of the NZAO that provide scholarships and awards for undergraduates, postgraduates and practitioners. A range of educational and continuing professional development activities are now able to be supported.

OPTOMETRY FUTURES - CPD EVENT FOR RECENT GRADUATES

This initiative was introduced last year to provide an introduction to NZAO events for the recent graduates who have joined the Association. The aim is to connect the NZAO with a wider range of younger optometrists and encourage their participation in intra-professional events. This year the event was again based on CPD content but had a social component as well. Thanks to Nicky Lim from Bruce Little Associates in Levin for organising this event. Council hopes that involving our younger members in events that they feel are relevant to them will encourage them to have greater involvement in the affairs of the Association now and in the future. Feedback from attendees was positive and highlighted the value placed by new graduates on optometry events which feature interaction with university peers from the School of Optometry and Vision Science.

LEGISLATIVE ISSUES

The NZAO helps its members by working with the Government on the legislative issues that affect NZ optometrists:

- Optometry in NZ was unregulated when the predecessor of the NZAO was formed in 1912. The Association actively lobbied Government for optometry to become a legislated and regulated occupation. This eventually happened in 1928.
- The aspiration and desire of members at that time and to this day is for optometrists to be legally recognised and regulated as professionals rather than as retailers.
- The NZAO represented the collective views of members when the Government introduced the Health Practitioners Competence Assurance Act 2003 (HPCAA). This is the current legislation that regulates optometry in NZ.
- Under the HPCAA “optometrist” is a legal title, and the prescribing of ophthalmic appliances is a “restricted task” only to be performed by suitably trained and qualified health practitioners – optometrists and ophthalmologists.
- The restricted task makes it illegal for “refraction only sight tests” to be conducted in NZ because of the significant risk to public eye health and safety from undiagnosed eye disease. The restricted task means the clinical education and training required for a person wanting to use the title of “optometrist” in NZ is high by international standards.
- The restricted task is a direct result of the work undertaken by the NZAO and the Optometrists Board (the Board is the regulatory authority appointed by Government). Without this combined and concerted approach there is no doubt the restricted task for prescribing ophthalmic appliances would not exist.
- The prescribing of medicines by optometrists happened because the NZAO actively applied to the Ministry of Health for optometrists to be designated prescribers when the Government passed the Medicines Amendment Bill into law in 1999. The NZAO worked with SOVS, the Optometrists Board, and other groups, so the TPA scope of practice for optometry came into effect in 2005. NZ optometrists who graduate from SOVS 2006 onwards are TPA-endorsed.
- In 2006 NZAO started working with Pharmac to ensure optometrist prescriptions were eligible for pharmacy subsidies. As a result the system of subsidies was reviewed to focus on patient characteristics rather than who prescribes the medicines. This means optometrist scripts for medicines are eligible for government subsidies just like ophthalmologist scripts for medicines.
- As a direct result of the efforts of NZAO, in 2014 NZ optometrists became “authorised prescribers” and, as such, equal under the law to other authorised prescribers such as registered

medical practitioners and dentists. This has public health benefits for conditions such as glaucoma and diabetic retinopathy, and professional career benefits for optometrist health practitioners.

- In 2016 optometrists were included in regulations to the Medicines Act which allow them to issue standing orders. Previously, this privilege was restricted to medical practitioners.
- The Association made representations to ACC about the need for reports to be written by Medical Practitioners and made the case for optometrist reports to be accepted in the same way as medical practitioner reports for matters appropriate to the scope of practice for optometry. In November 2016 the Accident Compensation Amendment Act 2016 made these changes to the Accident Compensation Act 2001.

DISPUTES RESOLUTION SERVICE

The NZAO Complaints Committee is often the first port of call if a patient were to make a complaint against an optometrist. The alternative is a direct complaint made to the Optometrists Board and/or the Health & Disability Commissioner.

PUBLICATIONS

Members are kept informed about NZAO affairs, regulatory issues, items of interest, and CPD opportunities through monthly mail outs that include our newsletter Total Vision Care, a regular E-newsletter and other relevant brochures or news sheets. Members also receive online access to the quarterly Journal of Clinical and Experimental Optometry and hard copies of Pharma magazine. The NZAO website also contains a range of reference material and informational resources including guidelines, standards, position papers, and links to external sources of information.

PRESCRIBING RESOURCES

Members have free access to MIMS online reference of medicines, doses, interactions, and contraindications via the NZAO institutional subscription.

CORNEA AND CONTACT LENS SOCIETY OF NZ MEMBERSHIP

Membership of NZAO is a pre-requisite for optometrists wishing to join the CCLS. This Society has a membership of optometrists and ophthalmologists, and holds a biennial NZ conference.

PROFESSIONAL INDEMNITY INSURANCE

Insurances including professional indemnity, public liability, and business cover are available to members as group schemes. This means a significant saving in premiums than are available through individual policies. For the 2016-2017 period 515 individual member policies were purchased with 123 taking 'business entity' liability insurance. During the year there was only one reported notification.

PROFESSIONAL APPOINTMENTS LISTING

NZAO provides information to local and overseas optometrists seeking employment, and to NZAO practitioners looking to employ optometrists, including locums.

PRACTICE FOR SALE SERVICE

NZAO provides a confidential service for practitioners wanting to let other practitioners know about the potential sale/partnership-buy-in of their practice.

PRACTICE CONSUMABLES

National Office has a range of items available to members at a modest cost, such as patient information pamphlets, display stands for use in practices, carrier bags printed with our logo, posters,

and prescription cards for travellers. During the 2016-2017 year National Office shipped to member practices a total of 320,460 pamphlets, 398,700 carrier bags, 12,000 balloons, and 2470 travel cards.

SAVE OUR SIGHT (SOS)

Each year since 2002 the NZAO has promoted the sight saving benefits of regular comprehensive eye exams to the public of New Zealand. The 2016 campaign extended a strong presence on Mediboard which featured Save our Sight posters and 'Don't get Blindsided' brochures from the months of August 2016 to June 2017. A total of 17,231 Save our Sight 'Don't get Blindsided' pamphlets were uplifted from GP rooms and medical centres around the country.

NZAO NEWS (E-NEWSLETTER)

National Office continues to send the E-newsletter to our members on a fortnightly basis. Council noted with appreciation the unsolicited positive comments from members about the e-news since its inception and the E-News Report shows a minimum of 66% of members are opening each E-news sent. The Learning for Vision case studies series was the most popular regular item, with a total of 16 cases sent between 31 October 2016 (initiation) and 30 June 2017.

HEALTH AND SAFETY GUIDE

A Health and Safety Quick Reference guide, outlining the new Health and Safety Work Act 2015, was distributed to members with the March 2017 member newsletter. This provided an overview of terms used in the new Act and highlighted the important core responsibilities under the Act for practices to be aware of.

ONLINE CATARACT ASSESSMENT TOOL

NZAO is now a virtual DHB, meaning members can register to access a secure portal to complete online CPAC assessments. These can be printed for the patient record and also sent with referrals. Work started this year to scope the possibility of having a score checker so optometrists can have greater certainty over referrals.

To achieve an effective and efficient administration

The NZAO National Office provides full administrative service to Council and the Association from its headquarters in Wellington. During the period 1 July 2016 to 30 June 2017 Council met six times in September, October, December, February, April, and June.

The work of National Office includes:

Regular meetings; ad hoc briefings; consultation on specific issues with a variety of stakeholders including government and consumer groups; arranging Council representation on specific issues (e.g. media interviews, meetings with external agencies);

NZAO committees including: Complaints, Investigation, Discipline, and various other ad hoc working groups;

NZAO financial administration and audit; management of NZAO information technology; NZAO projects; administration services to VOSO, NZOT, and NERF; management of NZAO scholarships;

Management of NERF processes and grants; management of membership processes & records; student membership and services; support to Branches;

Management and administration of CPD and events, including Annual Conference, CPD online, and CPD recording services;

Total Vision Care newsletter; E-news; member resources and member services including Professional Indemnity scheme; development and provision of health information including pamphlets and short articles; NZAO website;

Processes for the AGM & production of the Annual Report; proposals for Council; general correspondence;

Communications and submissions to Ministers, Select Committees or government departments; communication with external agencies; environment scanning; strategic development; projects, advice, and representation; relationship management;

Save our Sight campaign; GP Quarterly; community representation; handling 0800 calls and dealing with the public; responding to media enquiries; and providing a strong lobby force for the profession.

To expand the domain of Optometry

An important issue for Council is looking for opportunities to extend the scope of practice for optometry and enable a broader range of employment options within the health service. Councillors take every opportunity to raise awareness of the part optometry could play if more roles were opened for optometrists within the DHBs and has discussed with the Ministry of Health contributions that optometry can make to diagnosis and management of ARMD, glaucoma, and diabetic eye disease.

Council is also working with the School of Optometry and Vision Science to ensure that in the future injecting can become part of the optometry curriculum.

During the year Council discussed the potential for optometry to provide more services for post-cataract follow-ups and the issues around ethical referrals. There was also consideration of how to advance the prospects of optometrists being considered willing providers for services that Southern Cross funds under some of its policies for medical ophthalmology and imaging.

Council responded in the affirmative to the enquiry from PHARMAC about the availability of optometrists to provide hydroxychloroquine toxicity screening. It was noted that ophthalmologists do not understand that optometrists are doing this for rheumatologists already and the ophthalmologists are calling for patients to be directed to the hospital eye departments for toxicity screening.

SUBMISSIONS

- Response to ODOB on consultation proposing a single scope of practice for optometry
- Submission to ODOB on proposal to prescribe a new qualification (Deakin) for registration in the optometrist scope of practice
- Response to PHARMAC on proposal to list Dexamethasone and Tobramycin combined formulation on the community schedule
- Submission to Ministry of Health on Health of Older People Strategy
- Response to PHARMAC consultation supporting PHARMAC's proposal to fund 2nd and 3rd line anti-VEGF treatments for hospital use
- Letter to Simon O'Connor, Chair Health Select Committee, promoting Save our Sight messages and highlighting the importance of regular eye exams and need to deliver quality eye care to the New Zealand public
- Submission to ODOB supporting proposal to amend FBDO qualification for registration in the optical dispensing scope of practice
- Feedback to OBA on preliminary consultation on review of the registration standard for CPD and guidelines for CPD for TPA endorsed and non-endorsed optometrists
- Comment to OCANZ on proposed OCANZ accreditation standards and evidence guide for programs of study in ocular therapeutics
- Advice to Pharmacovigilance unit of PHARMAC on ophthalmological monitoring relating to use of hydroxychloroquine
- Submission to ODOB requesting they review opinion on TPA optometrists prescribing Latisse
- Information pack provided to Simon O'Connor, Chair of Health Select Committee, and Louisa Wall, MP for Manurewa, to explain the scope of practice of optometry as background for their role as Chairs of the Parliamentary Friends of the Eye Health Sector group
- Comment to OCANZ on the optometry program at the School of Optometry and Vision Science, University of Auckland, supporting re-accreditation of the School
- Consultation response to Ministry of Business, Innovation, and Employment re proposals for new practitioners for Registered Health Professional and Treatment Provider Definitions in the ACC Act
- Submission to Health Workforce New Zealand on consultation paper: Investing in New Zealand's Future Health Workforce – An Investment Approach to Post-Entry training
- Submission to NZ Transport Agency in support of the proposed changes to the Land Transport Rule: Setting of Speed Limits (2017)

Independent auditor's report

To the Members of New Zealand Association of Optometrists Incorporated

Opinion

We have audited the attached accompanying performance report of New Zealand Association of Optometrists Incorporated, which comprises the entity information, the statement of service performance, the statement of financial performance and statement of cash flows for the year ended 30 June 2017, the statement of financial position as at 30 June 2017, and the statement of accounting policies and notes to the performance report.

In our opinion:

- a) the reported outcomes and outputs, and quantification of the outputs to the extent practicable, in the statement of service performance are suitable
- b) the accompanying performance report presents fairly, in all material respects:
 - the entity information for the year then ended
 - the service performance for the year then ended, and
 - the financial position of New Zealand Association of Optometrists Incorporated as at 30 June 2017, and its financial performance, and cash flows for the year then ended

in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Not-For-Profit) issued by the New Zealand Accounting Standards Board.

Basis for Opinion

We conducted our audit of the statement of financial performance, statement of financial position, statement of cash flows, statement of accounting policies and notes to the performance report in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)), and the audit of the entity information and statement of service performance in accordance with the International Standard on Assurance Engagements (New Zealand) ISAE (NZ) 3000 (Revised). Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the performance report' section of our report.

We are independent of New Zealand Association of Optometrists Incorporated in accordance with Professional and Ethical Standard 1 (Revised) 'Code of ethics for assurance practitioners' issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other than our capacity as auditor we have no relationship with, or interests in, New Zealand Association of Optometrists Incorporated.

Other Information

The Council are responsible for the other information. The other information comprises the information included in the annual report, but does not include the performance report of the New Zealand Association of Optometrists Incorporated and our auditor's report thereon.

Our opinion on the performance report does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the performance report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Council's responsibilities for the performance report

The Council are responsible for:

- a) Identifying outcomes and outputs, and quantifying the outputs to the extent practicable, that are relevant, reliable, comparable and understandable, to report in the statement of service performance

- b) the preparation and fair presentation of the performance report on behalf of New Zealand Association of Optometrists Incorporated which comprises:
- the entity information
 - the statement of service performance; and
 - the statement of financial performance, statement of financial position, statement of cash flows, statement of accounting policies and notes to the performance report in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Not-For-Profit) issued by the New Zealand Accounting Standards Board, and
- c) for such internal control as the Council determine is necessary to enable the preparation of the performance report that is free from material misstatement, whether due to fraud or error.

In preparing the performance report, the Council are responsible on behalf of New Zealand Association of Optometrists Incorporated's for assessing New Zealand Association of Optometrists Incorporated's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council either intend to liquidate New Zealand Association of Optometrists Incorporated or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the performance report

Our objectives are to obtain reasonable assurance about whether the performance report is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) and ISAE (NZ) 3000 (Revised) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of the performance report.

As part of an audit in accordance with ISAs (NZ) and ISAE (NZ) 3000 (Revised), we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the performance report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of New Zealand Association of Optometrists Incorporated's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of the use of the going concern basis of accounting by the Council and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on New Zealand Association of Optometrists Incorporated's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the performance report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause New Zealand Association of Optometrists Incorporated to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the performance report, including the disclosures, and whether the performance report represents the underlying transactions and events in a manner that achieves fair presentation.
- Perform procedures to obtain evidence about and evaluate whether the reported outcomes and outputs, and quantification of the outputs to the extent practicable, are relevant, reliable, comparable and understandable.

We communicate with the Council regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

This report is made solely to the members of New Zealand Association of Optometrists Incorporated. Our audit has been undertaken so that we might state to the members those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the members, for our audit work, for this report, or for the opinions we have formed.



Moore Stephens Wellington Audit | Qualified Auditors, Wellington, New Zealand
8 September 2017

New Zealand Association of Optometrists Inc Performance Report For the year ended 30 June 2017	
Entity Information who we are and why we exist	<i>Legal Name of Entity:</i> New Zealand Association of Optometrists Inc <i>Short Name of Entity:</i> NZAO <i>Type of Entity and Legal Basis:</i> The New Zealand Association of Optometrists is an Incorporated Society <i>Registration Number:</i> WNIS 215610 <i>Entity's Purpose or Mission:</i> The mission of the New Zealand Association of Optometrists is to promote our members as the source of primary eye health and vision care in New Zealand; to hold fast to the ideals of high quality clinical practice; and to educate others about the roles and skills of optometrists. In achieving this purpose the NZAO will enhance the vision and eye health of New Zealanders; enable the public to make informed eye health choices; and provide our members with a creative, dynamic and affirmative organisation. <i>Entity Structure:</i> A Council of seven elected members provides governance for the Association while day to day management is delegated to the National Director and staff at National Office <i>Main Sources of the Entity's Cash and Resources:</i> Subscriptions from members of the New Zealand Association of Optometrists <i>Main Methods Used by the Entity to Raise Funds:</i> Promoting membership among registered optometrists in New Zealand <i>Entity's Reliance on Volunteers and Donated Goods or Services:</i> The work of the Association is assisted by the provision of expertise and voluntary participation of members on committees, working groups and advisory groups for the benefit of improved eye health and vision services.
Statement of Service Performance	<i>Description of the Entity's Outcomes:</i> Greater recognition of the enhanced eye health and vision services which optometrists provide in communities large and small throughout New Zealand. Greater recognition and acceptance of the full extent of the optometry scope of practice and authorised prescribing by Government Ministries, District Health Boards, and the general public. Achievement of an enthusiastic, motivated and active membership. Continued progress in enhancing optometry services to the public. Output activities included National Conference, addition of Standing Orders, credentialing of 66 CAA examiners, distribution of 32,460 consumer information pamphlets on eye health to member practices plus 17,231 supplied direct to the public, 4 GP newsletters, and 16 submissions to external bodies on eye health matters. The text of the Annual Report to Members provides a comprehensive description of the activities, outcomes, and outputs of the Association for the year ended 30 June 2017

MOORE
STEPHENS

New Zealand Association of Optometrists Inc
Statement of Financial Performance
For the year ended 30 June 2017

Revenue	Note	2017 \$	2016 \$
Fees, subscriptions and other revenue from members		735,789	739,436
Revenue from providing goods or services to others		75,000	75,000
Interest, dividends and other investment revenue		18,340	27,543
Other revenue		6,855	1,355
Total Revenue		835,984	843,334
Expenses			
Volunteer and employee related costs		373,411	361,654
Costs related to providing goods or services		452,960	479,178
Grants and donations made		60	5,000
Total Expenses		826,431	845,832
Surplus/(Deficit) for the Year	3	9,553	(2,498)
Taxation Expense		\$ 6,775	\$ 7,811
Surplus/(Deficit) for the Year After Tax		2,778	(10,309)

Statement of Financial Position

"What the entity owns?" and "What the entity owes?"
As at 30 June 2017

Current Assets	Note	2017 \$	2016 \$
Bank accounts and cash		31,542	93,415
Term Deposits Maturing Before 30 June 2018		362,421	315,127
Debtors and prepayments		8,681	10,269
Inventory		10,550	12,309
Accrued Interest		6,855	1,355
Net GST Receivable		1,596	2,220
Tax Refund Due		-	690
Total Current Assets		421,645	435,385
Non-Current Assets			
Property, plant and equipment	1	11,996	17,547
Term Deposits Maturing After 30 June 2018		266,866	213,911
Total Non-Current Assets		278,862	231,458
Total Assets		700,507	666,843
Current Liabilities			
Creditors, prepayments and accrued expenses		45,577	15,557
Employee costs payable		8,554	8,554
Tax Payment Due		866	-
Total Current Liabilities		54,997	24,111
Total Liabilities		54,997	24,111
Total Assets less Total Liabilities (Net Assets)		645,510	642,732
Accumulated Funds	2		
Accumulated surpluses or (deficits)		-	-
Reserves		645,510	642,732
Total Accumulated Funds		645,510	642,732

Approval of Performance Report

Mr Callum Milburn	President		8/9/2017
Dr Lesley Frederikson	National Director		8/9/2017

New Zealand Association of Optometrists Inc
Statement of Cash Flows
For the year ended 30 June 2017

Cash Flows from Operating Activities	2017 \$	2016 \$
Cash was received from:		
Fees, subscriptions and other receipts from members	739,622	684,047
Receipts from providing goods or services	75,000	75,000
Interest, dividends and other investment receipts	19,695	28,339
Other Income	2,924	1,857
Cash was applied to:		
Payments to suppliers and employees	798,806	921,127
Donations or grants paid	60	5,000
Other Payments		
Net Cash Flows from Operating Activities	38,375	(136,884)
Cash flows from Investing and Financing Activities		
Cash was received from:		
Receipts from the sale of property, plant and equipment		
Receipts from the sale of investments		240,265
Proceeds from loans borrowed from other parties		
Cash was applied to:		
Payments to acquire property, plant and equipment		17,164
Payments to purchase investments	100,248	
Repayments of loans borrowed from other parties		
Net Cash Flows from Investing and Financing Activities	(100,248)	223,101
Net Increase / (Decrease) in Cash	(61,873)	86,217
Opening Cash	93,415	7,198
Closing Cash	31,542	93,415
This is represented by:		
Bank Accounts and Cash	31,542	93,415

New Zealand Association of Optometrists Inc
Statement of Accounting Policies
"How did we do our accounting?"
For the year ended 30 June 2017

Basis of Preparation

New Zealand Association of Optometrists Inc has elected to apply PBE SFR-A (NFP) Public Benefit Entity Simple Format Reporting - Accrual (Not-For-Profit) on the basis that it does not have public accountability and has total annual expenses of equal to or less than \$2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

Goods and Services Tax (GST)

New Zealand Association of Optometrists Inc is registered for GST. Therefore amounts recorded in the Performance Report are exclusive of GST (if any), except Debtors and Creditors which are GST inclusive

Income Tax

New Zealand Association of Optometrists Inc is liable for income tax only on income received from outside its membership. Income tax expense recognises current obligations payable to Inland Revenue. No account is taken of deferred income.

Bank Accounts and Cash

Bank accounts and cash in the Statement of Cash Flows comprise cash balances and bank balances (including short term deposits) with original maturities of 90 days or less.

Interest

Interest has been accounted for on an accrued basis.

Investments

Investments, including shares and interest debt instruments are recorded at cost.

Revenue from Sale of Goods

Revenue is recorded when goods are sold. If the purchaser pays before receiving goods a liability is recorded. If the purchaser does not pay on receipt of goods, the association records a debtor.

Revenue from Sale of Services

Revenue is recorded based on the stage of service completion at balance date. Grants are recorded as revenue as received unless there is an explicit 'use or return' condition attached, in which case unspent amounts are recorded as liabilities and released to income as the funds are spent.

Changes in Accounting Policies

There have been no changes in accounting policies during the financial year, however this Performance Report has been completed in accordance with Public Benefit Entity Simple Reporting -Accrual.

Depreciation

Depreciation is on a straight line basis charging the cost of assets over their estimated useful lives: Computers and Software - 3 years; Office Equipment, Display Stands, Furniture and Fittings - all 5 years.

New Zealand Association of Optometrists Inc
Notes to the Performance Report

Note 1 : Property, Plant and Equipment

This Year	Opening Carrying Amount	Purchases	Sales/ Disposals	Current Year Depreciation & Impairment	Closing Carrying Amount
Asset Class					
Furniture and fixtures	750	-	-	248	502
Office equipment	6,500	-	-	1,500	5,000
Computers (incl software)	10,297	-	-	3,803	6,494
Display Cases	-	-	-	-	-
Total	17,547	-	-	5,551	11,996

Last Year	Opening Carrying Amount	Purchases	Sales/ Disposals	Current Year Depreciation & Impairment	Closing Carrying Amount
Asset Class					
Furniture and fixtures	426	600	-	276	750
Office equipment	-	7,500	-	1,000	6,500
Computers (incl software)	2,392	9,065	-	1,160	10,297
Display Cases	-	-	-	-	-
Total	2,818	17,165	-	2,436	17,547

Significant Donated Assets Recorded - Source and Date of Valuation

None

Significant Donated Assets - Not Recorded

None

Note 2: Accumulated Funds

This Year	Accumulated Surpluses or Deficits	Reserves	Total
Description			
Opening Balance	-	642,732	642,732
Surplus/(Deficit)	2,778	-	2,778
Transfer to Reserves	(2,778)	2,778	-
Transfer from Reserves	-	-	-
Closing Balance	-	645,510	645,510

Last Year	Accumulated Surpluses or Deficits	Reserves	Total
Description			
Opening Balance	-	653,041	653,041
Surplus/(Deficit)	(10,309)	-	(10,309)
Transfer to Reserves	-	-	-
Transfer from Reserves	10,309	(10,309)	-
Closing Balance	-	642,732	642,732

Breakdown of reserves

	2017 \$	2016 \$
New Zealand Association of Optometrists holds reserves to enable it to continue to operate for up to two years in the event of the entity being deprived of income	645,510	642,732
	645,510	642,732

New Zealand Association of Optometrists Inc
Notes to the Performance Report

Note 3 : Financial Performance

Revenue	2017 \$	2016 \$
Fees, subscriptions and other revenue from members		
Membership Fees	504,569	483,396
Members Professional Indemnity & Other Services	165,295	153,599
Practice Resources	11,166	15,167
Conference	54,759	87,274
Revenue from providing goods or services to others	75,000	75,000
Interest, dividends and other investment revenue	18,340	27,543
Other revenue - Accrued Interest	6,855	1,355
Total Revenue	835,984	843,334
Expenses		
Volunteer and employee related costs	373,411	361,654
Premises	41,279	34,986
Post, Print, Phone, and other consumables	27,626	30,065
Domestic Activities	26,484	20,444
International Activities	3,114	3,234
Public Relations	77,060	105,203
Accounting, Legal and Other Fees	4,428	15,205
Audit Fees	5,126	4,500
Projects & Development (incl CPD & Journals)	68,057	69,373
Conference	51,265	63,050
Practice Resources	7,687	4,206
Members Professional Indemnity & Other Services	135,093	125,785
Donation - Science Fair Prize	60	5,000
Depreciation	5,551	2,436
Sundry items	190	691
Total Expenses	826,431	845,832
Surplus/(Deficit) for the Year	9,553	(2,498)
Income Tax	6,775	7,811
Surplus/(Deficit) for the Year After Tax	2,778	(10,309)

Note 4 : Commitments and Contingencies**Commitments**

The Association holds two non-cancellable leases as from 1 July 2015 and 9 January 2017 respectively

	2017	2016
Not more than one year	\$47,615	\$25,615
More than one year	\$33,000	\$25,615
Before 31 January 2020	\$80,615	\$51,230

Contingent Liabilities and Guarantees

There are no contingent liabilities or guarantees as at balance date (Last Year - nil)

New Zealand Association of Optometrists Inc
Notes to the Performance Report

Note 5: Other**Significant Grants and Donations with Conditions which have not been Recorded as a Liability**

None

Goods or Services Provided to the Entity in Kind

None

Assets Used as Security for Liabilities

None

Note 6: Assets Held on Behalf of Others

None

Note 7: Related Party Transactions**Description of Relationship**

The Association provides administrative services to the New Zealand Optometrical Trust, and Volunteer Ophthalmic Services Overseas Charitable Trust (VOSO) at no charge. The Association provides financial assistance to VOSO by way of an annual grant of \$5,000 plus GST. The Association provides administrative services to the NZAO Education and Research Fund (NERF) at no charge. Donations are received by NZAO and some expenses may be paid out by NZAO on behalf of NERF. One of the Trustees of NERF and NZOT is also a member of the NZAO Council. There were no other transactions with related parties.

Description of Transaction Cash or Kind

Grant to Volunteer Ophthalmic Services Overseas

2017 Value of Transactions	2016 Value of Transactions	2017 Amount Outstanding	2016 Amount Outstanding
-	\$5,000	-	-

Note 8: Events After the Balance Date

There were no events that have occurred after the balance date that would have a material impact on the Performance Report. (Last Year Nil)

Note 9: Correction of Errors

There were no corrections of errors at balance date (2016:nil)

Note 10: Effect of first time adoption of PBE standards on accounting policies and disclosures

This is the first performance report of the Association that is presented in accordance with PBE standards. The Association has previously reported in accordance with the accounting policies. This performance report has been restated to reflect PBE SFR-A (NFP). All adjustments were reclassifications within the current and comparative year.

NZAO Education and Research Fund
Statement of Service Performance
"What did we do?", When did we do it?"
For the year ended
30 June 2017

Description of the Entity's Outcomes:

This year NERF has made a total of 21 awards: 7 undergraduate student Externships in optometry clinical practice, 4 Clinical Training Scholarships for practitioner specialist training in glaucoma, 2 Master's Completion awards, 1 award for PhD studies, 1 award for Post-Doctoral research, 1 Academic Travel Grant, 1 Summer Research Studentship, 1 young optometrists development award, and 3 undergraduate student awards.

Description and Quantification (to the extent practicable) of the Entity's Outputs:

		Actual This Year	Actual Last Year
Payments for Grants and Awards		\$108,983	\$79,769

NZAO Education and Research Fund
Statement of Financial Performance
"How was it funded?" and "What did it cost?"
For the year ended
30 June 2017

	Note	Actual This Year	Actual Last Year
Revenue		\$	\$
Donations, fundraising and other similar revenue		116,260	131,182
Fees, subscriptions and other revenue from members		-	-
Revenue from providing goods or services		-	-
Interest, dividends and other investment revenue		51,573	59,891
Other revenue - Accrued Interest		3,014	
Total Revenue		170,847	191,073
Expenses			
Expenses related to public fundraising		-	-
Volunteer and employee related costs		-	-
Costs related to providing goods or services		-	-
Grants and donations made		108,983	79,769
Other expenses		3,156	180
Total Expenses		112,139	79,949
Surplus/(Deficit) for the Year		58,708	111,124

Financial Statements and Notes for NERF in this Financial Report are summarised from the full PBE SFR_A (NFP) Public Benefit Entity Simple Format Reporting-Accrual (Not-For-Profit) Financial Reports which are provided to Charities NZ and accessible on the Charities NZ website.

NZAO Education and Research Fund
Statement of Financial Position
"What the entity owns?" and "What the entity owes?"
As at
30 June 2017

	Note	Actual This Year \$	Actual Last Year \$
Assets			
Current Assets			
Bank accounts and cash		68,015	40,530
Deposits Maturing Before June 2018		75,279	134,538
Debtors and prepayments		56,260	35,000
Inventory		-	-
Accrued Interest		3,014	3,486
Total Current Assets		202,568	213,554
Non-Current Assets			
Property, plant and equipment		-	-
Investments		443,117	501,564
Term Deposits		641,796	513,655
Total Non-Current Assets		1,084,913	1,015,219
Total Assets		1,287,481	1,228,773
Liabilities			
Current Liabilities			
Bank overdraft		-	-
Creditors and accrued expenses		-	-
Employee costs payable		-	-
Unused donations and grants with conditions		-	-
Total Current Liabilities		-	-
Non-Current Liabilities			
Loans		-	-
Total Non-Current liabilities		-	-
Total Liabilities		-	-
Total Assets less Total Liabilities (Net Assets)		1,287,481	1,228,773
Accumulated Funds			
Capital contributed by owners or members		-	-
Accumulated surpluses or (deficits)		-	-
Reserves		1,287,481	1,228,773
Total Accumulated Funds		1,287,481	1,228,773

NZAO Education and Research Fund**Statement of Accounting Policies****“How did we do our accounting?”****For the year ended****30 June 2017****1. STATEMENT OF ACCOUNTING POLICIES****1a) Reporting Entity**

The NZAO Education and Research Fund is a Trust established by Trust Deed dated 1 July 2008. It provides financial assistance for optometric education, learning and research for the benefit of the community.

1b) General Accounting Policies

NZAO Education and Research Fund has elected to apply PBE SFR-A (NFP) Public Benefit Entity Simple Format Reporting - Accrual (Not-For-Profit) on the basis that it does not have public accountability and has total annual expenses of equal to or less than \$2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting with the exception of Scholarship and Awards payments. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

1c) Measurement Base

The accounting principles recognised as appropriate for the measurement and reporting of financial performance and financial position on a historical cost basis are followed by the Trust.

1d) Specific Accounting Policies

- (i) **Goods and Services Tax** - The Trust is not registered for Goods and Services tax.
- (ii) **Income Tax** - NZAO Education and Research Fund is wholly exempt from New Zealand income tax having fully complied with all statutory conditions for these exemptions.
- (iii) **Interest** - Interest has been accounted for on an accrued basis.
- (iv) **Investments** - Investments, including shares and interest debt instruments are recorded at cost.
- (v) **Scholarships and Awards** - Scholarships and awards are accounted for on a cash basis.

1e) Changes in Accounting Policies

Specific Accounting Policies: Scholarships and awards – These are recorded as they are approved and payments (many of which are dependent on progress of projects or studies) are recorded on a cash basis .

2. INVESTMENTS

The book values of quoted investments at balance date are:	2017	2016
Listed Investments	\$340,506	\$296,634
Unlisted Investments	\$102,611	\$204,930
Total Investments	\$443,117	\$501,564
The market values of quoted investments at balance date are:	2017	2016
Listed Investments	\$414,421	\$297,000
Unlisted Investments	\$102,611	\$204,930
Total Investments	\$517,032	\$501,930

3. RELATED PARTIES

The NZAO provides administrative services to the Trust at no charge. The NZAO is also the Settlor for the Trust and in 2009 made a contribution of \$385,000 from its reserves and it also collects donations from its members on behalf of the Trust. One of the Trustees of NERF is also a member of the NZAO Council. There were no other transactions with related parties.

4. CONTINGENT LIABILITIES AND COMMITMENTS**4a) Contingencies**

There were no contingent liabilities at balance date (2016: \$nil)

4b) Commitments	2017	2016
Current	\$40,000	\$4525
Non-Current:	\$20,000	\$60,000

(These commitments related to a funding arrangement started in 2015 under the Postdoctoral Research Plan Seed Funding to provide a total allocation of up to \$100,000 over a 5 year period.)

5. EVENTS OCCURRING AFTER BALANCE DATE

There were no events that have occurred after balance date that would have a material impact on the financial reports (2016: nil).

NZ Optometrical Association Trust
Statement of Service Performance
"What did we do?", When did we do it?"
For the year ended
30 June 2017

Description of the Entity's Outcomes:

This year Awards were made to the highest achieving Maori / Pacific student in the first year of clinical training and to the student most proficient in binocular vision assessment and therapy in the Bachelor of Optometry Course at University of Auckland. A further 3 Awards were made to optometry students entering Parts 3, 4, & 5 of the optometry course having gained the highest overall marks the previous year.

Description and Quantification (to the extent practicable) of the Entity's Outputs:

		Actual 2017	Actual 2016
Payments for Grants and Awards		\$4,500	\$7,500

NZ Optometrical Association Trust
Statement of Financial Performance
"How was it funded?" and "What did it cost?"
For the year ended
30 June 2017

	Note	Actual 2017 \$	Actual 2016 \$
Revenue			
Donations, fundraising and other similar revenue		-	-
Fees, subscriptions and other revenue from members		-	-
Revenue from providing goods or services		-	-
Interest, dividends and other investment revenue		32,637	36,119
Other revenue			
Total Revenue		32,637	36,119
Expenses			
Expenses related to public fundraising		-	-
Volunteer and employee related costs		-	-
Costs related to providing goods or services		-	-
Grants and donations made		7,500	7,500
Other expenses		2,985	-
Total Expenses		10,485	7,500
Surplus/(Deficit) for the Year		22,152	28,619

Financial Statements and Notes for NZOT in this Financial Report are summarised from the full PBE SFR_A (NFP) Public Benefit Entity Simple Format Reporting-Accrual (Not-For-Profit) Financial Reports which are provided to Charities NZ and accessible on the Charities NZ website.

NZ Optometrical Association Trust
Statement of Financial Position
"What the entity owns?" and "What the entity owes?"
As at
30 June 2017

	Note	Actual This Year \$	Actual Last Year \$
Assets			
Current Assets			
Bank accounts and cash		9,782	16,463
Deposits Maturing Before June 2018		-	80,715
Debtors and prepayments		-	-
Inventory		-	-
Accrued Interest		2,014	2,338
Total Current Assets		11,796	99,516
Non-Current Assets			
Property, plant and equipment		-	-
Investments		478,617	459,745
Term Deposits		189,681	139,681
Total Non-Current Assets		668,298	599,426
Total Assets		680,094	698,942
Liabilities			
Current Liabilities			
Bank overdraft		-	-
Creditors and accrued expenses		-	41,000
Employee costs payable		-	-
Unused donations and grants with conditions		-	-
Total Current Liabilities		-	41,000
Non-Current Liabilities			
Loans		-	-
Total Non-Current liabilities		-	-
Total Liabilities		-	41,000
Total Assets less Total Liabilities (Net Assets)		680,094	657,942
Accumulated Funds			
Capital contributed by owners or members		200	200
Accumulated surpluses or (deficits)		-	-
Reserves		679,894	657,742
Total Accumulated Funds		680,094	657,942

NZ Optometrical Association Trust
Statement of Accounting Policies
“How did we do our accounting?”
For the year ended
30 June 2017

1. STATEMENT OF ACCOUNTING POLICIES

1a) Reporting Entity

The NZ Optometrical Association Trust is a Trust established by Trust Deed dated 14 December 1966. It provides financial assistance for optometric education, learning and research for the benefit of the community.

1b) General Accounting Policies

NZ Optometrical Association Trust has elected to apply PBE SFR-A (NFP) Public Benefit Entity Simple Format Reporting - Accrual (Not-For-Profit) on the basis that it does not have public accountability and has total annual expenses of equal to or less than \$2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting with the exception of Scholarship and Awards payments. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

1c) Measurement Base

The accounting principles recognised as appropriate for the measurement and reporting of financial performance and financial position on a historical cost basis are followed by the Trust.

1d) Specific Accounting Policies

- (i) **Goods and Services Tax** - The Trust is not registered for Goods and Services tax.
- (ii) **Income Tax** - NZ Optometrical Association Trust is wholly exempt from New Zealand income tax having fully complied with all statutory conditions for these exemptions.
- (iii) **Interest** - Interest has been accounted for on an accrued basis.
- (iv) **Investments** - Investments, including shares and interest debt instruments are recorded at cost.
- (v) **Scholarships and Awards** - Scholarships and awards are accounted for on a cash basis.

1e) Changes in Accounting Policies

Specific Accounting Policy: Scholarships and awards - These are recorded as they are approved and payments (many of which are dependent on progress of projects or studies) are recorded on a cash basis .

2. INVESTMENTS

The book values of quoted investments at balance date are:	2017	2016
Listed Investments	\$340,506	\$296,634
Unlisted Investments	<u>\$138,111</u>	<u>\$163,111</u>
Total Investments	<u>\$478,617</u>	<u>\$459,745</u>
The market values of quoted investments at balance date are:	2017	2016
Listed Investments	\$414,421	\$297,000
Unlisted Investments	<u>\$138,111</u>	<u>\$163,111</u>
Total Investments	<u>\$552,532</u>	<u>\$460,111</u>

3. RELATED PARTIES

The NZAO provides administrative services to the Trust at no charge. Two of the Trustees of the NZ Optometrical Association Trust are also members of the NZAO Council. There were no other transactions with related parties.

4. CONTINGENT LIABILITIES AND COMMITMENTS

4a) Contingencies

There were no contingent liabilities at balance date (2016: \$nil)

4b) Commitments

There were no commitments at balance date (2016: \$nil)

5. EVENTS OCCURRING AFTER BALANCE DATE

There were no events that have occurred after balance date that would have a material impact on the financial reports (2016: nil).

PROCEEDINGS OF 86TH ANNUAL CONFERENCE

Report of the proceedings of the 86th Annual General Meeting of the New Zealand Association of Optometrists Inc. held at the Novotel, New Plymouth, 14 – 16 October 2016.

OPENING

The Conference was opened by NZAO President, Callum Milburn

PRESIDENTIAL ADDRESS (Callum Milburn)

Good Morning and Welcome

I am sure the last thing that anyone wants to listen to at this point in time is another 'presidential' speech. So to avoid this, I intend to keep this address short, truthful and civil. I have already approved the microphone so there are no excuses!

So once more, welcome to the annual national conference of the NZ association of optometrists. In this instalment we have endeavoured to bring a balanced programme of local, current and optometry derived content. We have plucked the fruits of our NERF and NZOT investments in research and optometrist study.

This year we again wish to plant the seed of inspiration, enthusiasm and inspire excellence in your chosen profession. I encourage you to aim for the snowy caps of modern evidence based knowledge as well as engage in fruitful conversations with colleagues, friends, and past classmates. We hope our educational program will drive your independent thought and skills steering you away from minimum standards and guidelines of lowest common denominators.

On that note I would like to welcome our key note speakers, Dr Mitchell Dul, Professor Konrad Pesudovs and Dr Kathleen Watt, who will bestow upon us their world class knowledge over the course of this weekend. We will also finish the conference with several workshop options for attendees and all of this creating a sandwich with a meaty AGM in the middle.

So I think I may have Trumped my goals, that is I may have slightly overstated my intentions of civility, I am obviously no politician, and hey, two out of three is not bad!

On that note, I would like to officially declare the 86th annual conference open, do enjoy.

ANNUAL GENERAL MEETING

The 2016 Annual General Meeting of the New Zealand Association of Optometrists Inc. commenced at 2.58 pm on Friday 14 October 2016. It was attended by the President, Mr. Callum Milburn, the Vice President, Ms. Rochelle van Eysden, members of the NZAO Council and approximately 60 members.

WELCOME

The meeting was chaired by Callum Milburn who welcomed all delegates to the meeting.

APOLOGIES

Brett Hooker	Frederick Swain	Tim Eagle	Alistair Thompson
Peter Giles	Bob Kinnear	Jayesh Chouhan	Heather O'Hagan
Peter O'Hagan	Alice Ku		

PROXIES

MOVED that the following proxies be accepted:

Callum Milburn	for	Brett Hooker
Callum Milburn	for	Tim Eagle
Jack Crawford	for	Alistair Thompson

Bill McClellan for Frederick Swain
Melissa Lamb for Peter Giles

Callum Milburn / Geoff Sargent **CARRIED**

OBITUARIES

The meeting was advised that the following people had passed away during the preceding year: Phil Ansley; Lyn Coker; and Leon Garner.
The meeting stood in silence in their memory.

OFFICERS FOR ENSUING YEAR

Mr. Milburn advised that Council had met prior to the AGM and that the following officers had been elected for 2016/2017:

President: Callum Milburn
Vice President: Rochelle van Eysden

This was greeted with applause.

HONORARY MEMBERS FOR ENSUING YEAR

Mr. Milburn also advised that the following honorary members had been nominated for re-appointment:
Professor Alwyn Stockley; Associate Professor Gordon Sanderson; Associate Professor Rob Jacobs; and Professor Michael Kalloniatis

This was greeted with applause.

PROCEEDINGS OF THE 85th ANNUAL GENERAL MEETING:

Noted that the minutes of the 2015 Annual General Meeting of the New Zealand Association of Optometrists Inc. held at Scenic Hotel, Dunedin, 9 – 11 October 2015, had been circulated to all members.

MOVED that the minutes of the 2015 Annual General Meeting be approved as a true and accurate record.

Callum Milburn / Andrew Sangster **CARRIED**

Matters Arising

None

ANNUAL REPORT:

Noted that the Annual Report for the year ended 30 June 2016, had been circulated to all members.

Matters Arising

Naomi Meltzer provided an update on the current status of the Low Vision Rehabilitation Services Strategic Direction Group and advised that she had been in receipt of a copy of the report from Allen + Clark to the Ministry of Health. One of the NZAO representatives to the group, Brian Gifford, confirmed that he still has not been advised that he is released from the requirement to keep matters relating to the group confidential and noted he has not received a report. NZAO national office has not received a report at the time of the AGM. Naomi went on to highlight the importance of low vision and the need for optometry to take the lead in this area of vision care. She shared her view that more could be done to promote this area of practice to NZAO members and to the public. It was suggested that a low vision pamphlet could be added to the suite of pamphlets provided by the Association and Associate Professor Rob Jacobs kindly agreed to write the text for a new low vision pamphlet. Naomi

also commented that the Association website information for low vision could benefit from a large type feature and better contrast. Naomi was concerned that low vision did not feature in the report on matters relating to expanding the domain of optometry and it was explained to her that low vision is a core part of the domain of optometry not a new area and it has its own entry in the section of the report relating to optometry being recognised as the foremost authority on primary eye health and vision care

There were no further matters arising for discussion.

MOVED that the Annual Report for the year ended 30 June 2016 be approved and adopted.

Callum Milburn / Steven Macredie **CARRIED**

ANNUAL FINANCIAL STATEMENTS:

Noted that the Annual Financial Statements for the year ended 30 June 2016, had been circulated to all members.

The Chair opened the meeting to discussion on the Annual Financial Statements. Anne Matheson asked if the figures in the budget outline were final figures or estimates and was advised that the 2015-2016 figures are rounded final figures and those for 2016-2017 are estimates.

MOVED that the Annual Financial Statements for the year ended 30 June, 2016 be approved and adopted.

Andrew Sangster / Annette Morgan **CARRIED**

APPOINTMENT OF AUDITORS

MOVED that Moore Stephens Markham be appointed as the Association's auditors for the ensuing year.

Callum Milburn / Wilson Sue **CARRIED**

BUDGET AND SETTING OF SUBSCRIPTIONS:

The expense Budget for the year ended 30 June 2016 had been circulated to all members and Callum Milburn invited any comment from members.

Roger Apperley asked if the member subs are factored into the budget and he was assured that this is the case. Greg Nel enquired as to the proportion of optometrists who were members of the Association. Lesley Frederikson noted that it is difficult to be exact as not all optometrists with an APC are resident or working in New Zealand but as far as can be ascertained from CPD numbers the proportion remains at the 64-66% level. Dr Frederikson noted that in 1998 the number of members was a little over 300 and this had grown to around 600 so membership is still popular among graduate optometrist in the intervening years.

As no further discussion was offered the motion for subscriptions was put.

MOVED that the subscriptions for the 2015/2016 year be set at \$1185 (excluding GST) for ordinary members with appropriate reductions for other classes of membership.

Wilson Sue / Murray Rogers **CARRIED**

GENERAL BUSINESS:

The Chair invited members to raise any items of general business.

Eleisha Dudson commented that she thought the Association website is looking good since the new site was launched. Andrew Sangster noted the good work by both Walter Ruzvidzo and Tayla Gaskin in keeping the website and the E-news communications looking fresh and providing updated information.

Bill McClellan and Roger Apperley thanked Council for organising the reunion of early DOVS graduates.

Greg Nel put forward his view that having conferences for ADONZ and NZAO at the same time should be avoided as it is difficult for practices having staff away from work in the same weekend. The constraints on the NZAO in respect of finding an available date were noted. The Association rules require an AGM each year to be held in either September or October. The rules also require a yearly audit and with a balance date of 30 June it is not prudent to plan for a meeting in September. NZAO has little flexibility and it is not known whether the dispensers association has similar constraints.

Philippa Charteris noted that as a time-poor parent she felt that it made much better use of the limited time she could spend away from family/practice life if there was access to trade exhibits as well as NZAO conference. She believed that a significant majority of conference attendees are not there as a direct requirement of CPD points and so there are other drivers for attendance. Access to trade exhibit could be seen as such a driver. She made the point that the alternative is travelling off-shore to see large ticket items and that this is not feasible for many practitioners.

It was suggested that some negotiation between the two associations might be necessary and if unresolvable then a change of rules might need to be considered. John Tarbutt suggested that perhaps the Association AGM need no longer be part of conference and the two events might be separated. There was discussion on the merits of this, avoidance of conflicts with other events, and also the disadvantages including costs to members of attending two national events for the NZAO.

Wilson Sue raised the issue of costs to the Association and noted that early discussion with the NZOWA about costs and requirements for this year's Visionz conference created the potential for a loss of \$30,000 for the NZAO part of the event and Council had to consider if that contribution from general subscription funds was appropriate or fair to the members who derive no benefit from a trade display.

Greg Nel and Robert Dong reiterated that separate meetings was preferred option for their practice and Bill McClellan stated firmly that he feels the NZAO conference should be combined with the wholesalers display and conference. Bill referred to emails he had been sent by NZOWA and asserted that the previous failure to reach that outcome for 2016 was the fault of Council. Councillors and the National Director rejected that assertion noting that it was a difficult decision by Council as to the best choice for delivering what was most beneficial to most members with the best financial outcome for most members.

Wilson Sue referred to the responses from members to the 2015 survey about what factors they thought most important in attending conference – on the league table of 9 factors a trade display ranked 9th.

Both Wilson Sue and Annette Morgan clarified that majority of feedback to the NZAO survey on this matter and the feeling of some members in the meeting is that ADONZ and NZAO needed to plan meetings for separate days. However, there is interest among other members for something that includes the wholesalers. A solution was not reached at the meeting.

Knox Laird pointed out to Council that it is some time since the Association logo was adopted and suggested that it may need an update. Council agreed that the version with only the letters NZAO was not meaningful to the public and it is possible to change the logo to match the one currently being used informally which has the full name of the Association instead.

Richard Johnson, John Tarbutt and Michael Brown gave members a brief update on the activities of VOSO including the rebranding as Visionz and the new website. There were two trips during the year to 30 June 2016; one to each of Tonga and Samoa and there was a trip to Tonga in August 2016 as well.

There being no further business, Callum Milburn closed the meeting at 4.05 pm.

Objects of the New Zealand Association of Optometrists

To represent the collective views of members and to promote the role of optometry in the provision of the highest standard of primary vision care.

To promote the highest standard of optometric education through the provision of undergraduate and graduate scholarship, continuing education and vision research.

To support the international community through participation in international and regional organisations and the voluntary provision of optometric services in developing countries.

