

NEW ZEALAND ASSOCIATION OF OPTOMETRISTS



THE 2017- 2018

Annual Report

88TH ANNUAL REPORT AND ANNUAL FINANCIAL STATEMENTS

2017 - 2018

REPORT OF PROCEEDINGS OF 2017 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 2017 - 2018

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

Contents

Message from the President	
To be recognised as the foremost authority on primary eye health and vision care	
Government Health Policies	3
Review of New Zealand Health and Disability System	
Ophthalmology Expert Advisory Group (OEAG)	
District Health Boards	
Ernst Young Review Of AMD	
Health Workforce New Zealand (HWNZ)	
Regulatory Reform	7
Health Practitioners Competence Assurance Act	
Therapeutic Products Bill	
ACC	
Minus Power Ready Mades	
Medsafe Consultation	
Ophthalmology and Related Clinical Groups	10
Ophthalmology	
Eye Health Coalition	
Parliamentary Friends of Eye Health	
Use of Medicines	12
Low Vision	13
Optometrists Board	13
International	13
To be recognised as the primary authority on matters related to standards of vision	
Standards	15
For members to achieve the highest clinical standards	
Accreditation	17
Continuing Professional Development	17
Complaints	18
NZAO Education and Research Fund and NZOT	18
University	20
Optometrists to be recognised as the first choice providers for eye health and vision care	
Public Relations	22
To have a dynamic (enthusiastic, motivated and active) membership	
Membership	23
To achieve an effective and efficient administration	26
To expand the domain of Optometry	27
Submissions	29
Financial Reports	30
Proceedings of the 87th Annual General Meeting	45

Message from the President

As my first year as President of the Association comes to a close, I have to begin by acknowledging my fellow councillors and the incredible wisdom and support they bring to the table. For more than two decades Dr Lesley Frederikson has shepherded us through huge growth, not only in membership numbers, but also in the profession as a whole and the role she took on many years ago has expanded with this evolution.

The decision has been made to have Lesley move into a role as Clinical Services Director. Since year end we have engaged in a recruitment process for a person to fill the newly created role as Executive Officer to work at national office to run the operational aspects. In the interim Dr Frederikson is managing both roles.

Our exceedingly hard working national office staff has had some changes this year with Karthikeyan Ilangovan taking over from Walter Ruzvidzo as IT Administrator and CPD Manager. Jo Lucre has joined us as Communications Officer recently to replace Tayla Gaskin.

During the year we have strengthened our ties with primary health by joining the Primary Health Alliance and with it the Federation of Primary Health. This allows us to be proactive in cementing our place as the primary health providers for eye health in New Zealand.

Once again it has been a year of change and progress highlighting that as a collective force the strength of our future lies in having a profession that is adaptive to the environment around us and that allows opportunities to expand our roles to meet the needs of the public. Practitioners with motivation and interest, being able to extend into advanced areas of practice is of paramount importance.

I trust that you will find this year's Annual Report provides an interesting and useful insight into the work and achievements of the Association during 2017-2018.

Rochelle van Eysden

President

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

Government Health Policies

REVIEW OF NEW ZEALAND'S HEALTH AND DISABILITY SYSTEM

This year Health Minister Dr David Clark announced a wide-ranging review of New Zealand's Health and Disability System intended to identify opportunities to improve the performance, structure, and sustainability of the system with a goal of achieving equity of outcomes, and contributing to wellness for all, particularly Māori and Pacific peoples. The system is under pressure, facing significant contextual change, and will need to operate very differently if it is to continue to deliver for New Zealanders. The Minister of Health has noted that the current devolved Health and Disability System has a complex mix of governance, ownership, business and accountability arrangements. This complexity can get in the way of ensuring public money is spent, and invested, in a manner that provides health care to the public in a coherent and smart way. He believes this review is a once in a generation opportunity to improve equity and outcomes for New Zealanders. It will chart a course for a fairer, more sustainable health and disability system. NZAO Council hopes that the review will lead to some opportunities for optometry and it intends to advocate strongly for the skills and expertise the profession offers.

The Labour Government has set the following priorities for health:

- achieving equity
- child wellbeing
- mental health
- primary health care.

OPHTHALMOLOGY EXPERT ADVISORY GROUP (OEAG)

Following the completion of the work of the Whole of Ophthalmology working group the Ministry of Health set up a new advisory body called the Ophthalmology Expert Advisory Group. The work of this group is to advise the Ministry on innovation in the provision and delivery of ophthalmic services provided under public funding pathways. NZAO Councillors Geoff Sargent and Wilson Sue are foundation members of the group which includes Ministry of Health representatives and ophthalmology specialists from a variety of DHB services.

The initial task of the group was to assess and advise on applications for innovation projects for ophthalmology services and to agree on funding. Wilson reported that 10 of the 18 proposals received included optometry in some way. The Ministry specifically noted that the OEAG is tasked with trying to improve the provision of ophthalmic services through the hospital system in New Zealand.

A number of areas where the group suggested improvement would be useful include

- adoption of national guidelines for treatments
- enabling patient focused booking process
- improving patient priorities station process
- improve services demand forecasting and production planning
- improve standard of referrals
- address hospital employment process for optometrists
- educate patients to improve self-management

Each of these is to be rated according to the contribution it would make to four criteria: improving Patient Flow; improving Patient Centricity; Time to Implement; and Cost to Implement.

The group was then tasked with developing national guidelines for the service to ensure nationally consistent care for: glaucoma, MD, diabetes, cataract (already in place), and Amblyopia.

Geoff and Wilson conveyed to the Ministry the NZAO position: that it is the NZ Optometrists and Dispensing Opticians Board (ODOB) which sets the NZ optometrist scope of practice and by extension clinical standards for NZ optometrists, not RANZCO. The Ministry intent was that guidelines development would involve a multi-disciplinary team to include Ministry of Health, RANZCO, NZAO, Nurses Association, orthoptists, Glaucoma New Zealand and Macular Degeneration New Zealand. It turned out that, while these groups were consulted, the guidelines taken back to the OEAG were essentially driven by RANZCO policy rather than being applicable to other professions. MDNZ was supportive of optometrists being trained to inject Avastin, RANZCO was not supportive. GNZ was supportive of optometrists diagnosing and treating glaucoma within the ODOB guidelines, RANZCO was not supportive.

Standard of referrals was also addressed by the OEAG and the guidelines committee suggested that improvements in the standard of referral will come out of the guidelines once developed. Council reviewed the existing glaucoma referral form that ADHB and CMDHB were already developing and noted that optometrist authorized prescribers are quite capable of making a diagnosis of glaucoma and non-TPA have been reviewing and monitoring glaucoma suspects for many years with little difficulty in knowing when to refer for treatment. The idea that the hospital must get data and make a referral decision when the decision could have been made by the referrer seems a waste of time and money. Geoff and Wilson took these comments back to the OEAG.

Production planning and patient focused booking were also considered by the group with little progress being achieved in this area. The Ministry of Health section leading production planning were to analyze DHB capacity and review the current rationing of first special assessment versus follow-ups. Further work on patient focused booking was proposed for the future. As part of consideration of this topic the group was asked to comment on the opportunities to incorporate the use of optometrists within the guidelines, but in the community. It was proposed that this would alleviate some of the workload in the hospital where assessment for cataracts and screening and so forth was not good use of ophthalmology time. Concerns were raised within the group about using public funding in private practice, however; this does not accord with the existing practice of DHBs awarding contracts to private health providers. A major problem for optometry, it seems, is the lack of funding for eye health care within primary care funding streams and the disadvantage that places on people needing optometry services. This is especially true for people who may have conditions which would be treated within the publicly funded secondary care system but the GP is not able to make a diagnosis and a referral to optometry is available within the public primary care system.

By November 2017 work had progressed on updating national guidelines for age-related macular degeneration and glaucoma. The OEAG also continued the development and testing of an updated non-cataract ophthalmology clinical prioritisation tool. However, Council received with some disappointment the news that despite the Ministry of Health suggestion that the work of the group and the guidelines produced be branded as endorsed by both NZ Association of Optometrists and RANZCO, this was not to be. RANZCO ultimately circulated the guidelines developed by ophthalmology for consultation under the auspices of the OEAG. Councillors considered the AMD guideline seemed appropriate enough for the current situation and ultimately did create a pathway for optometry practice to include injecting under the "or suitably trained" descriptor which encompassed nurses and optometrists and GPs. Feedback from membership on the draft glaucoma guideline however was unanimously negative – all respondents commented they thought the draft guidelines meant they would no longer be allowed to diagnose or manage glaucoma within their scope of practice, and that all glaucoma suspects and positives had to be referred to ophthalmology.

Council sent a strongly worded response to RANZCO which suggested amendments to the flowchart to more adequately reflect the NZ optometrist scope of practice. In addition and to its credit, ODOB told RANZCO in no uncertain terms that it would use all legal remedies at its disposal to assert its right as Responsible Authority under the Act to define the NZ optometrist scope of practice and set clinical standards for glaucoma services provided by optometrists.

The ODOB subsequently advised that RANZCO had not 'launched' their 'final' glaucoma guidelines. Despite not being 'launched' the RANZCO guidelines were circulated within ophthalmology and NZAO has found it necessary to clarify that there will always be some patients in the community who are under the management of an Optometrist who is glaucoma endorsed. It is important all parties understand that these patients' medication will be prescribed by the appropriately trained and Board approved optometrist prescriber.

DISTRICT HEALTH BOARDS

Southern Regional DHB Alliance

Both Callum Milburn and Rochelle van Eysden are participants in this initiative and at the beginning of the year Council was asked to review the draft proposal for the Southern Regional DHBs model of care for glaucoma. Several improvements were suggested and the model of care was updated to reflect the 2017 scope of practice for optometrist and to recognise that optometrist authorised prescribers have the same legislative rights to prescribe medicines to treat eye disease within their scope of practice as do medical practitioners.

Rochelle van Eysden followed up on the reference made by ophthalmologists at the Southern Regional Alliance meeting to 'opportunistic' screening in relation to the Wellington Diabetic Retinal Screening program. Both Geoff Sargent and Wilson Sue were able to confirm that there is no 'opportunistic' screening in the Wellington Program. Screening intervals are set by the national guidelines and if a patient comes at any other time for an eye exam or other services it is at their own cost. Similarly, if people attending for a scheduled screening appointment wish to make an appointment at the same time for an eye exam or other service they pay themselves for the additional appointment. Wilson Sue pointed out that there had been two papers published which documented the superior performance of the Wellington Program so anyone wishing to make comparisons should do so only on the basis of published data from other programs. Rochelle reported this back to the Southern group.

Canterbury DHB

This year CDHB made progress on implementing its Electronic Referral Management System (ERMS) in a stage wise fashion. All GP practices have now been enrolled and for eye service referrals to optometry the GP logs the referral online and the referral is redirected to the optometrist by fax. Optometrists are only able to be included and ultimately moved to full online integration due to the fact that NZAO worked to ensure all members are registered with the Health Provider Index (HPI) and have a Common Person Number (CPN). Stage 2 will enable the addition of attachments and at Stage 3 patient details will auto-populate the referral. The DHB is working with both Optomate and Vision to ensure that the data is able to be extracted from Optometry PMS. A useful feature of the new system is automatic NHI lookup. While Healthline has a similar system for NHI lookup there was initially a problem at the Ministry of Health end as MoH needed to approve each application for set up of any new digital certificate. They then advised Healthline who distributed the physical disc to the approved applicant. Healthline needed to work with MoH in order that Healthline can approve and distribute the CDs and advise MoH the details of each certificate and owner.

As part of the Canterbury Initiative Rochelle van Eysden is assisting the DHB write pathways for eye care suitable for inclusion in the Allied Health web portal. She was surprised at the limited knowledge and exposure of allied health in general to eye disease and the difficulty in describing patient pathways for eye disease within that sector. Rochelle noted that the silo mentality that exists in health does not well accommodate optometry and its role at the interface of primary and secondary care. The primary care pathways for eye care are designed for general practice and eye conditions are ordered by surgical procedure with the assumption that a diagnosis has already been made.

Southern DHB

This year SDHB started working on an IT solution to enable a generic OCT viewer which would allow them to utilise community sourced OCT output rather than repeat the procedure in the eye clinic. Councillor Callum Milburn has been working closely with the DHB on issues like waiting times and service improvements within the eye department. He has advocated strongly on behalf of optometry and has ensured that both hospital management and clinical staff are aware of the current scope of practice for optometry and the ability of optometrist glaucoma prescribers. As a result, the DHB this year established more glaucoma clinics on Saturdays involving optometrists completing their 20 hour practicums for ODOB endorsement as glaucoma prescribers. In another development at Southern, Well South PHO is looking at sourcing funding for patients to be referred for pharmacy and optometry services.

ERNST YOUNG REVIEW OF AMD

In 2017, 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. A consultation document was expected to be released by October 2017 but the only document produced to date is a draft report which prompted very negative feedback from the NZAO. A further consultation draft was expected to be sent out for public comment but at the time of this report nothing further had been received from Ernst Young or the Ministry of Health.

HEALTH WORKFORCE NEW ZEALAND (HWNZ)

This year saw the launch of Health Workforce New Zealand's new Health Workforce Development Fund. This was of interest to NZAO because of the need for funding for post-entry optometry training. Council is of the view that progress in achieving new workforce opportunities for optometrists will be dependent on extended scopes of practice and hospital-based training programs. The Minister of Health has confirmed that priority areas for the HWNZ investment under this new scheme are to be for workforce development initiatives which:

- Focus on equity and need.
- Enable more innovative and participatory models of care.
- Are founded on professional and service collaboration; and inform practice development and intelligence in more than one area.

Funding decisions for this new fund will be underpinned by the Quadruple Aim of improving the quality, safety and patient experience of care, improving the health and equity for all populations, obtaining the best value for public health system resources and a healthy and productive workforce.

Importantly for eye health and optometry the aim is not about competition, and HWNZ will be seeking to foster greater collaboration across the sector. HWNZ states that 'it's not just about the numbers of trainees, but changing our approach to planning the workforce and responding to future needs'. This signals a need for greater collaboration and cooperation between ophthalmology and optometry which the NZAO has been seeking for some time.

Any organisation can start the process to apply for funding by simply submitting a short Registration of Interest (ROI) that will outline how the proposal will be able to provide training or workforce development in the outlined priority areas. The first round of submissions opened at the end of May 2018 with submissions closing at end of June. The School of Optometry and Vision Science, University of Auckland (SOVS) in conjunction with Department of Ophthalmology and with input from NZAO submitted an ROI for a practitioner micro-credentialing course. Future work for the NZAO will be to facilitate a multidisciplinary approach and seek to find ways for other organisations to join together to make a joint submission in a future funding round.

Regulatory Reform

HEALTH PRACTITIONERS COMPETENCE ASSURANCE ACT

The Health Practitioners Competence Assurance Amendment Bill 25-1 was introduced to Parliament on 15 February 2018. Council addressed the wording of the Bill and noted that it is intended to implement recommendations arising from both the 2009 and 2012 reviews; clarify interpretation of the Act and improve its operation.

In particular, the Bill—

- amends provisions in the Act to clarify that responsible authorities can receive and act on information from members of the public about the practice, conduct, or competence of health practitioners; and
- amends provisions in the Act to make information about orders made by an authority under sections 38, 39, 48, 50, and 51 more easily available; and
- amends provisions in the Act to improve the efficiency of processes, including allowing responsible authorities to delegate to a committee their power to appoint a professional conduct committee and giving responsible authorities discretion as to whether to refer notice of minor offences to a professional conduct committee; and
- amends provisions in the Act to improve the efficiency of processes for operating the Health Practitioners Disciplinary Tribunal (the *Tribunal*), including allowing the chairperson of the Tribunal to issue at any time before a charge is heard an order for the non-publication of names where all parties consent, enabling the Tribunal to set a minimum period within which a health practitioner whose registration has been cancelled cannot apply for reregistration, and enabling the Tribunal to notify any employer of orders made by the Tribunal; and
- amends provisions in the Act so that if a practitioner is involved in a criminal proceeding or an investigation, a responsible authority may order the suspension of the practitioner's practising certificate or registration only if the authority believes the practitioner's alleged conduct poses a risk of serious harm to the public; and
- amends provisions relating to quality assurance activities by reducing the administrative burden of reporting requirements for quality assurance activities; and
- amends provisions relating to scopes of practice and registration to clarify that provisions relating to unpaid fines, costs, or expenses include those imposed under former legislation and to allow a responsible authority to require a health practitioner to be examined by an appropriate health practitioner (other than a medical practitioner, which is already allowed) where the authority considers the health practitioner is unable to perform the functions required for his or her profession because of some mental or physical condition; and
- gives the Governor-General, on the recommendation of the Minister of Health, the power by Order in Council to amalgamate existing authorities when it is in the public interest; and
- requires an authority to promote and facilitate interdisciplinary collaboration and co-operation in the delivery of health services; and
- introduces regular performance reviews of authorities; and
- requires authorities to provide to the Director-General of Health information that will assist with workplace planning and development.

Council approved a submission which addressed the following points:

With regard to *Clause 6* which amends section 36 to require an authority to inform a person from whom it has received a notice under section 34(1) or (2) whether it is going to review the competence of the health practitioner, Councillors questioned what might be available to the authorities in cases where the 'lack of competence' is triggered by health problems or mental health problems. (A notice under section 34(1) or (2) may be received by the Registrar of an authority from a health practitioner, the Health and Disability Commissioner, or the Director of Proceedings who believes that a practitioner is posing a risk of harm to the public by practising below the required standard of competence). Concerns were raised as to what information might be shared and what responses might be available to the practitioner to remedy underlying issues.

It was noted that although *Clause 7* inserts *new section 38(3A)* to provide that an order made under section 38(1) may require a health practitioner to undertake a competence programme, to sit an examination or undertake an assessment, or be counselled or assisted, or the order may impose any conditions on a health practitioner's scope of practice. Council questioned what actual support the authority (in the case of optometry - the ODOB) can provide in a professional sense.

Councillors welcomed *Clause 28* which provides for authorities to be subject to regular performance reviews. The first performance review of an authority is to be conducted within 3 years of the commencement of *new section 122A*, and subsequent reviews are to be conducted at 5-yearly intervals. For each review, the Ministry of Health must, in consultation with the relevant authority, appoint a reviewer and set the terms of reference. A copy of the report prepared by a reviewer after conducting a review of an authority's performance must be given to the Minister and to the authority, and be published on the authority's Internet site. Council did note that the utility of this new provision will depend on what is considered 'good performance' and what is reviewed. NZAO would support an outcomes based review rather than a process based review.

Clause 31 amends the regulation-making power in section 170 to allow regulations to be made declaring the responsible authorities appointed by or under the Act and specifying the health professions in respect of which each authority is appointed. This will ensure that responsible authorities are easily identifiable. Council noted the latent desire of government to join together authorities as consolidation could be seen as a way to reduce costs. Also, there is the Australian example with one general health registration body with boards for individual professions sitting underneath the umbrella administration that could be adopted for New Zealand. Having no evidence of one system working better than another, NZAO did not comment on this particular amendment.

The final point noted was that the Bill includes a requirement for an authority to promote and facilitate interdisciplinary collaboration and co-operation in the delivery of health services and NZAO supported this in principle.

THERAPEUTIC PRODUCTS BILL

A draft of the Therapeutic Products Bill that will replace the Medicines Act had been 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 licensing. 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, it was proposed that 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 was likely to be retained, but with amendments to ensure integrated health services are not restricted. As at 30 June 2018 there was nothing further released and Council remains concerned to see how the draft Bill ultimately 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. The intent remains that prescribing rights and limitations for each health profession will come under the jurisdiction of the responsible authority and that is a concern as the members of an authority may not have the expertise required to assess the addition of new treatments or extended prescribing rights for those appropriately trained for extended scopes of practice. The final decision on that will be made by the Minister of Health; but it should be noted that the Ministry of Health has already highlighted the need to protect against the risk that responsible authorities seek to advance their own profession in respect of prescribing.

ACC

A meeting was held with Dr Peter Robinson, Chief Clinical Advisor for ACC to discuss the emergence of a decision to refuse funding to an optometrist because the treatment did not fall into any of the three read codes which some ACC case worker believed were the only ones funded by ACC for optometry treatment. Dr Robinson agreed that any read code treatment appropriate to the 2017 optometrist scope of practice should be funded. He agreed to send the ophthalmology read codes for NZAO to create a list of those appropriate to optometry and these were edited and the list returned to him. Dr Robinson also noted that ACC will be changing to SNOMED coding in the future but at present did not have the capacity to use these within its current IT systems.

During the year discussions were also held between NZAO and ACC regarding concussion services. The Association was able to achieve confirmation that optometry is viewed as an important option for concussion rehabilitation and that concussion service providers can refer to any optometrist for an assessment (up to 1.5 hours of time) of visual function related to the claimants injury. For this service the optometrist may charge their normal fee for the assessment; if optometric treatment is indicated the concussion service provider can request that be provided and again the optometrist charges their normal fee. Should specialist optometric assessment/treatment be needed then the concussion service provider can also request that be provided and funded by ACC.

NZAO received an enquiry from a member regarding ACC cover for optometry services in respect of OCT or follow ups for serious eye injuries. The experience of optometrists in some areas is that if ACC is contacted they are reasonable about approving payment for these services provided they are clinically indicated. As NZAO has meetings with the ACC Chief Medical Advisor a couple of times a year, this will be discussed with him to clarify the procedures within ACC that would cover these kinds of claims. It is possible that the particular case noted is a result of local interpretation by ACC officers or case workers.

MINUS POWER READY MADE

This year it emerged that stores around the country are selling minus power ready made alongside the long established plus power options. This does not appear to be illegal but the symptom of needing a minus power correction is more likely to be an indication of pathology than needing a magnification to read. Council feel serious thought needs to be given as to how to address this development and intends raising it at the next meeting of the Eye Health Coalition. Councillors were agreed that in the interests of consumer safety, a warning should be appended to OTC optical corrections along the lines of those accompanying OTC medicines - 'if problem persists you may have a condition which causes blindness – see your optometrist'.

MEDSAFE CONSULTATION

This year Medsafe consulted on an update to the guidance document 'How to change the legal classification of a medicine in New Zealand. The main changes are:

- a template form for reclassification applications
- communal harm has been added to the value-tree framework of benefits and risks
- parameters considered by the MCC when reviewing a medicine for reclassification have been more clearly defined
- complete applications will be published on the Medsafe website unless a request is made under the Official Information Act 1982
- objections will be published on the Medsafe website
- the proposed process from the Pharmacy Council has been included.

Council noted that the proposal seemed reasonable and it needs nothing specific submitted from an optometry perspective.

Ophthalmology and related Clinical Groups

OPHTHALMOLOGY

Representatives from RANZCO attended the September 2017 Council Meeting to discuss how NZAO and RANZCO might work together on Choosing Wisely in eye health. Derek Sherwood, Stephen Ng and the Executive Officer of RANZCO NZ Branch were present. Derek outlined the principles of Choosing Wisely and noted that screening tests were not always a positive and sometimes patients might suffer harm as a result of the tests. This included anxiety from a false-positive screen, and physical harm from an investigation. The NZAO view was that for eye health in New Zealand it would be useful to frame Choosing Wisely information within the NZ context of The HDC Code of Rights. Particularly Right 5: the right to effective communication; Right 6: the right to be fully informed; and Right 7: the right to make an informed choice and give informed consent. Council felt this would be very relevant as practitioners can use the HDC Code to provide for more of an interactive consultation. Andrew Sangster agreed to act as the optometry champion for Choosing Wisely and it was underlined that both professions would speak jointly on the campaign on behalf of eye health. It was emphasized that patients should be given full information about conditions and be encouraged to review / monitor where appropriate rather than investigate every potential case. However, patient choice remains an important factor, particularly in the case of those seeking privately funded care. The final Choosing Wisely consumer card was presented to members at the 2017 conference:

- Do I really need this test/procedure?
- What are the risks?
- Are there simpler/safer options
- What happens if I do nothing?

Other topics discussed included what has changed since 2010 HWNZ eye workforce review noting that there are still a large number of optometrists (around 700) compared with approx. 122 ophthalmologists and 2 nurse specialists. Council asked why so few optometrists were utilised in hospital eye departments or in the community when the blame for delays in follow-up of patients was being put down to insufficient workforce in the eye health area. It was noted that there were now 12 optometrists working in DHB eye departments and that while the nurse and ophthalmology workforce is getting older, the optometry workforce is getting younger. Regarding the possibility of postgraduate education opportunities for optometrists in DHBs (such as those that ADHB and CMDHB have started with glaucoma clinical training schemes for optometrists) being extended to other DHBs there was some enthusiasm from ophthalmology. However, the sticking point was the absence of a nationally agreed system which seemingly prevent further progress in that area.

EYE HEALTH COALITION

The Eye Health Coalition membership now includes NZAO, the Blind Foundation, MDNZ, Glaucoma NZ, Low Vision Services, RANZCO, and SOVS.

The group has identified 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 the group has developed concepts for the continuum of eye health and two flowcharts were completed, a simplistic one to publish and circulate for health consumers and a more complex version for health practitioners. Planning work has started on research into eye service locations and feedback was prepared for the Health Minister regarding National Health Survey questions on vision. At the March meeting the free eye 'testing' for seniors was raised and NZAO noted its concerns that the benefit must provide a comprehensive eye exam rather than a sight test. Helen Danesh-Meyer agreed and noted that Glaucoma New Zealand were similarly concerned. A letter to Tracy Martin – Minister for Seniors was approved by the group as follows:

Dear Minister

We believe it is critical that this process is clearly established up front and screening clients can be clear on what the pathway is for treatment, something that is currently not always clear for people with newly diagnosed vision health issues.

We would welcome the opportunity to meet with you and discuss the proposed implementation process for the over 65's eye examinations programme. Of particular interest for us is to understand the examination content, referral process, procurement processes and promotion plans for the initiative.

I am writing on behalf of the Eye Health Coalition, a voluntary coalition of eye health professionals, service providers and consumer organisations.

Darren Ward
Convenor

PARLIAMENTARY FRIENDS OF EYE HEALTH (PFEH)

As part of the Eye Health Coalition, NZAO was keen to progress the idea of establishing a Parliamentary Friends of Eye Health network along the lines of that established in Australia. This has been achieved with the assistance MP Simon O'Connor, former Chair of the Health Select Committee and Louisa Wall MP who is the current Chair of the Health Select Committee on behalf of the Labour government. Benefits from the establishment of PFEH include being able to engage with members of parliament and to the greatest extent possible to present a unified sector that has eye health care as a central focus. The plan is to build relationships with various members of parliament and give a sense of ongoing dialogue rather than going to individual MPs with our requests.

Since its inception we have seen a small but steady increase in MPs attending the meetings and both Louisa Wall and Simon O'Connor have been extremely supportive.

Use of Medicines

This year Council welcomed the news that PHARMAC has made a decision to amend the current Special Authority for preservative free prednisolone sodium phosphate 0.5% single use minims (Minims Prednisolone), which from 1 March 2018, adds optometrists alongside ophthalmologists, as clinicians who may apply for the Special Authority to initiate the prescribing of this medicine.

A number of representations have been made during the year to Medsafe and Pharmac about access to products not already registered in New Zealand and specific mention has been made of Atropine 0.01%. Council is hopeful that the Ophthalmology PTAC will take up the cause and start a discussion on myopia control. The Ophthalmology PTAC is a subcommittee of PHARMAC which provides advice on ophthalmic pharmaceuticals; optometrist Peter Grimmer is a member of the ophthalmology PTAC

With the increased uptake of myopia control as an optometry service and the increasing demand from the public the issue of access to supplies of 0.01% atropine has indeed become an issue for members. The following information was obtained from Medsafe regarding both optometry and pharmacy supply.

On Atropine 0.01% - Compounding

The relevant part of the Medicines Act (1981) is section 25 BUT there are practical problems with how this old legislation is worded that cause problems for optometrist prescribers.

Section 25(1)(a) appears to permit an authorised prescriber to manufacture, pack, label etc. a medicine specially prepared for his / her patient. However, section 25(2)(a) appears to prohibit this. This is because the specially made medicine would be a 'new' unapproved medicine.

It seems quite odd that something would be permitted, and then prohibited. The bottom line is what a Court might decide the legislation actually meant. Medsafe warns that any authorised prescriber compounding atropine themselves this course would need to be aware that:

1. The legal situation is not entirely clear. An authorised prescriber may wish to seek independent legal advice.
2. The authorised prescriber would be professionally responsible for the process and product.
3. Medsafe's expectation would be that the authorised prescriber would only compound a product for a patient that was known to have a requirement for the product at the time of compounding. In other words, could not make products in advance of need.
4. The authorised prescriber would need to ensure that the product was compounded in an acceptable way. For instance, sterility issues would need to be addressed and also measures taken to ensure the product was the correct strength, labelled in accordance with the legislative requirements and so on.

Medsafe says it may be that a pharmacy would be better set up to compound products, but sterility issues are paramount.

On Atropine 0.01% - Ordering Compounded Drops from Pharmacy

If an optometrist writes a prescription for a particular patient and transmits this to a pharmacy (or the patient takes it there) and the pharmacy then compounds / prepares that product (whatever that might involve) for that particular patient and labels it as such, then that is permissible. It is not permissible for the pharmacy to compound/ prepare (say) a batch and provide it to optometrist for dispensing to patients as needed as the pharmacy is not entitled to do that. It is important to note that this is about providing unapproved medicines. As the pharmacist would have to alter (maybe dilute) a commercial product that act creates what is called a new medicine (that is, an unapproved medicine) and section 26 places restrictions on this. There are also issues around the capabilities of pharmacies in regard to making or manipulating sterile products (eye drops) and the difficulties in ensuring this was carried out correctly / safely. Medsafe advises that a pharmacy wishing to offer an eye drop compounding service would need to talk to the Ministry's Medicines Control Team before embarking on plans in this regard. The Medicines Control Team regulates pharmacies.

Low Vision

Low vision work this year has been directed into activities supporting the Eye Health Coalition which has a strong focus on low vision as part of the journey for some people who experience eye disease. While optometry has an obligation to diagnose and treat eye disease with the aim of reducing vision loss, for some loss of vision is progressive and unpreventable. This means low vision care is a part of the continuum of eye health and vision pathway and as such involves a wider multidisciplinary group to provide full and effective care.

Optometrists Board

During the year it came to Council's attention that clarification is required with the ODOB about the process for the development of health services that in the view of Council are within the optometrist scope of practice but that are not specifically described on the ODOB Standards of Clinical Competence at present. This list of performance criteria and indicators was last updated in 2010. The HPCA Act provides for practitioners to receive additional training and then be credentialed within an existing scope to provide that service. Health services that could be newly performed by optometrists for example in hospitals include ocular injecting (some NZ hospitals have trained nurses to do this since 2013) and YAG laser capsulotomy (some UK hospitals have trained optometrists to do this since 2009).

This year the ODOB issued two new treatment guidelines for Meibomian Gland Dysfunction, and Pain Relief.

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. The annual ORRG meeting was held in Melbourne on October 2017; the NZAO was represented by our President, Rochelle van Eysden. Agenda items relevant to New Zealand were discussed as follows: RANZCO guidelines for referral of glaucoma, diabetic retinopathy and AMD for Australia/New Zealand; mechanisms for regulatory authorities to enable scope flexibility, and; the RANZCO Australian Choosing Wisely point 1 *"In the absence of relevant history, symptoms and signs, 'routine' automated visual fields and optical coherence tomography are not indicated"* and the possible implications for optometry. [NB: RANZCO New Zealand Branch chose to work with the NZAO to develop consumer advice better suited to the New Zealand environment].

The OBA reported that their supervised practice guidelines is currently under a cross-profession review; that the development of guidance materials for practitioners in the area of return to practice has been identified on the Board's workplan; and the recruitment of a Senior Policy and Project Officer, Optometry, to progress the Board's workplan is underway

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND (OCANZ)

The main role of OCANZ is to assess the university optometry programs that produce graduates for registration as optometrists in Australia and NZ. Council reviewed the minutes of the OCANZ Members meeting which are provided as a courtesy under confidentiality to Members. Wilson Sue provided additional feedback from his attendance as the new NZAO Member Representative. He felt attendance at the meeting had given him a better understanding of the structure and processes of OCANZ. The

other new Members are Colin Waldron (for OBA) and Damian Koppens (for ODOB). Wendy Hill has been appointed by OCANZ as the new NZ Director following the retirement of John McLennan.

Rochelle and Wilson were invited to meet with OCANZ Chair and Executive Officer while they were in New Zealand. Challenges facing OCANZ were discussed; firstly, an uncertain future given the likelihood that the Australian government may opt for a single accreditation body for all the regulated health professions, and secondly the changing requirements of students for courses where attendance at a university is not required and is replaced by online content.

Dr Andrew Collins of the School of Optometry and Vision Science at the University of Auckland was this year appointed as director of OCANZ following the retirement of Associate Professor Rob Jacobs.

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. This year OA appointed a new Chief Executive Officer, Ms Lyn Brodie who has brought a fresh approach to the Australian National Office. During the year NZAO and OA signed an arrangement to give New Zealand members access to online CPD credits from the Pharma Magazine clinical quizzes.

WORLD COUNCIL OF OPTOMETRY (WCO)

Andrew Sangster currently represents the Association as General Delegate to the WCO which is the only global optometric body in official relationship with the World Health Organization (WHO). Celebrating its 90-year anniversary in 2017, the WCO now collectively represents more than 200,000 optometrists in more than 60 countries through almost 300 affiliate, country, corporate and individual memberships across six world regions: Africa, Asia Pacific, Eastern Mediterranean, Europe, Latin America and North America. The WCO is the only optometric body in official relations with the World Health Organization.

Recent and ongoing WCO activities include:

- Appointed a new Managing Director – Sue Chiles – previously with the American Optometric Association (AOA) Affiliate Relations & Membership Group.
- Improved and streamlined WCO processes and procedures.
- Launched new website with continual updates.
- Celebrated 90-year anniversary through press releases, web postings, articles, a special logo and presentation.
- Improved member, board and committee communication and engagement.
- Crafted new member certificates, welcome and thank you emails.
- Created new member benefits list and presentation.
- Launched new bi-monthly member e-newsletter, the WCO E-News.
- Established full Governance Review process and developed new WCO Constitution and By-Laws.
- Continued to provide letters of support for developing countries in response to various regulatory issues in Brazil, Colombia, France, India, Italy, Lebanon, Malawi, Mexico and others.

- Continued to build World Health Organization (WHO) relationship through ongoing support of the WHO's Global Plan of Action for 2014-2019, including the Vision 2020 Global Initiative for the Elimination of Avoidable Blindness and the Right to Sight.
- Hosted the 2nd World Congress of Optometry in September 2017 in Hyderabad, India, attracting almost 2,000 local and international delegates.
- Created and distributed WCO World Focus magazine.
- Hosted the second President's Forum in Hyderabad, India to enable wider engagement with the profession, and building on the message of the 2015 Medellin Declaration—a blueprint for the future of world optometry.
- Established new WCO leadership (president, president-elect, board of directors) and WCO committee structure (Legislation, Regulation & Standards, Public Health, Education and Membership).
- Expanded Advocacy Training Program by continuing advocacy training in Hyderabad, India.
- Worked with and supported our partners in improving lives through quality eye and vision care worldwide.
- Worked with the India Vision Institute, Asia Pacific Council of Optometry and American Optometric Student Association (AOSA) National Liaison to build student memberships.
- Continued to expand WCO online and social media presence.
- Continued to promote regional optometry conferences worldwide while addressing the issue of predatory optometric meetings and conferences.
- Worked with members and regional organizations in support of World Optometry Day, World Sight Day, Diabetes Month and other optometry observances to increase awareness of the importance of vision to overall health.
- Collaborated with strategic partners including Optometry Giving Sight, the International Agency for the Prevention of Blindness, the World Health Organization, and the Brien Holden Vision Institute, to advance the provision of eye and vision care worldwide.
- Continued to work with Our Children's Vision, a worldwide initiative whose initial target is to provide eye care services to 50 million children by 2020.
- Developed optometry practitioner mapping to determine manpower and education needs.

ASIA PACIFIC OF OPTOMETRY

Peter Hendicott of QUT is taking responsibility for moving the APCO secretariat to Australia. The responsibility for the main revenue stream – the biennial Asia Pacific Congress – remains under the control of Professor Woo at the Hong Kong Polytechnic.

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

Standards

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.

NZTA – DRIVER LICENSING REVIEW

Early in the year NZAO was advised that a timeline for progressing this review is to be established. The review started in 2014 but it was not until the end of 2017 that the 2016 Cost Benefit analysis was made publicly available. Council reviewed this together with the three-page eyesight crash analysis and were not able to change their opinion that the idea of removing vision standards is simply dangerous. A further approach was made to NZTA by National Office to discuss Council's view that the crash research lacks rigour and the cost of road crash injuries shown in the cost-benefit papers far outweighs the actual cost to most people renewing licenses. Council supports the ability to upload an eyesight screening report (or full examination report) which may be valid for up to 6 months. Council noted that there are hugely less screen fails with optometrist screening as the spurious test for stereopsis is not introduced (as is the case with automated screening) and for all people under regular care of an optometrist the eyesight report can be completed at a regular visit instead of requiring an additional expense. The representations on this part of the review have so far been effective and it is noted that when the consultation on the Omnibus legislative changes was circulated in August 2018 the vision requirements within the driver licensing rule remained unchanged while the legislation was amended to enable online applications.

MARITIME NZ

NZAO discussed with Maritime NZ the list of equipment acceptable to Maritime NZ for testing colour vision to the Maritime NZ standards. These are:

- Holmes-Wright Type A
- Optec 900
- Byene lantern
- Medmont C100
- Spectral Anomaloscopy

National Office surveyed members to update information on availability of the equipment on the list at member practices around the country. We were able to inform MNZ that a reasonable number of practices had the Farnsworth Sat D15 for initial testing but there were only 6 practices with Holmes-Wright B Lanterns and 10 which held Medmont C100 equipment. No-one has indicated they have any of the following: Holmes-Wright Type A, Optec 900, Byene lantern

WORKSAFE PROSECUTION

The investigation that NZAO helped with, in regards to a worker losing his eye when a blade shattered whilst he was using an angle grinder, reached a conclusion this year. The worker suffered serious cuts to his cheek, eye region and forehead and subsequently had his left eye removed and a prosthetic eye fitted. The worker has completed a return to work programme and is fully integrated within the team. The employer will provide financial reparation to the victim and deploy a higher qualified Health, Safety, Quality and Environment Co-ordinator to oversee implementation of commitments to improvements in Health and Safety systems and terms of the undertaking. The victim is prepared to assist to raise awareness of health and safety within the industry going forward.

For members to achieve the highest clinical standards

Accreditation

AUTHORISED PRESCRIBERS

As at 30 June the majority of NZAO members (480) 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

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

ADHB Glaucoma Prescribing

There are currently 16 NZAO members who have been approved for ADHB Glaucoma Prescribing.

CLINICAL PRIORITY ASSESSMENT OF CATARACT

As at 30 June there were 272 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; 48% for three years; 9% for two years; and 17% 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. In partnership with the Centre for Eye Health at the University of New South Wales the NZAO provided a further 6 Chair-side References during the year.

Complaints

Thanks to the great work by National Office all complaints enquiries were resolved without them being formalised to the Complaints Committee. The policy for complaints is that NZAO has jurisdiction only to receive complaints about member optometrists, not optometry practices; to be formalised the complainant must make the complaint in writing and allow release of their clinical notes in order that the committee may review the care provided. The NZAO will not accept complaints already before the ODOB or the HDC but at Council's discretion may consider complaints in light of findings made by these external bodies.

NZAO Education and Research Funding

The charitable trusts established by NZAO are:

- NZ Optometrical Trust (NZOT) established 1966 for “the purpose of assisting persons in the study of optometry in Universities and other educational institutions in New Zealand”
- NZ Optometric Vision Research Foundation (NZOVRF) established 1985 “to foster research in Optometry and visual science at the School of Optometry, The University of Auckland”
- NZAO Education & Research Fund (NERF) established 2008 “to develop and provide financial assistance for optometric education, learning and research for the benefit of the community” in response to a need for more resources to support postgraduate education and research

The main objective of the Trusts is to assist optometric education and research for the benefit of the public of New Zealand. To best do this, the principle strategy currently adopted is to identify and fund education and research gaps along the optometrist career development pathway from undergraduate to postgraduate. NZOT mainly assists undergraduates, NZOVRF mainly provides research seed funding, while NERF mainly assists academics and practitioners at the postgraduate level.

These charitable trusts are very cost effective, pay no fundraising fees, and donations are not used to pay administration costs or salaries. NZAO membership annual subscription includes a donation to NERF. 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.

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

NEW AWARDS FOR 2017-2018

2017 NZAO Clinical Training Scholarship	Claire McDonald	\$6,000
2017 NZAO Clinical Training Scholarship	Maria Pais	\$6,000
2017 NZAO Clinical Training Scholarship	Jyotika Lal	\$6,000
2017 NZAO Clinical Training Scholarship	Nawras Nabhani	\$6,000
2017 NZAO Post-Graduate Completion Award (MSc)	Jagrut Lallu	\$2,000
2017 NZAO Clinical Training Scholarship	Jason Dhana	\$6,000
2017 Paul Dunlop Memorial Research Scholarship	Aimee Aitken	\$6,000
2017 NZAO Post-Graduate Completion Award (MSc)	Rebecca Findlay	\$2,000

2017 NZAO Higher Degree Research Write Up Scholarship	Myra Leung	\$3,600
2017 NZAO Higher Degree Research Write Up Scholarship	Tina Gao	\$3,600
2018 H C Russell Post-Graduate Scholarship	Alyssa Lie	\$10,000
2018 NZAO Post-Graduate Scholarship	Rebecca Findlay	\$10,000
2018 Maori Pacific Island Scholarship	Jessica Corrigan	\$1,000
2018 Top Student Entering BOptom. Pt III	Jessie Ye	\$1,000
2018 Most Improved Student Entering BOptom Pt IV	Michael Croft	\$1,000
2018 Top Student Entering BOptom. Pt IV	Muthana Noori	\$1,000
2018 Most Improved Student Entering BOptom Pt V	Ran Jing	\$1,000
2018 2nd to Top Student Entering BOptom. Pt V	Alice Jackson	\$1,000
2018 Top Student Entering BOptom. Pt V	Jennifer Lee	\$1,000
2018 Peg Wood Award	Jennifer Lee	\$500
NZAO Student Externship Scholarships		\$1,510
2018 Snow Vision (NZAO) Scholarship	Robert Ng	\$7,000
2018 NZAO Research Grant	Jo Black	\$10,000
2018 NZAO Research Grant (4 th payment of 5)	Jennifer Craig	\$20,000

Undergraduate Awards:

This year Council decided to retain the current regulations for the NZAO Student Undergraduate Awards and change the names of the top student awards part 3, 4, and 5 to recognise previous staff members (and Association members) who have made an outstanding contribution to the development of the profession – Leon Garner, Michael Kalloniatis, and Rob Jacobs; Council reviewed and approved the new format certificates of award which bear a photograph and short biographical note.

Postgraduate Awards:

Feedback indicated that most PhD candidates had run out of funding at the end of 3.5 years of full-time PhD study. Lack of time during their thesis write up stage meant stopping any part time employment (hence reduced or nil income) with UoA postdoctoral funding by definition not available until their PhD conferred. NERF Trustees intend amending the payment schedule for the HC Russell Memorial and NZAO Postgraduate Scholarships to better match when funding is required by PhD candidates. In addition, a new award, the Higher Degree Research Write Up Scholarship, has been developed to assist these early career postdoctoral optometrists write up their research for publication.

Practitioners:

A number of Clinical Training Scholarships were awarded to practitioners taking part in the Auckland DHB glaucoma credentialing. This program supported by UoA Department of Ophthalmology and School of Optometry was a first. There have been no other one-to-one-optometrist-ophthalmologist clinical training opportunities for practitioners in the other 19 DHBs, even though the idea was first suggested by Health Workforce NZ in 2010. NERF Trustees thought it important to support the Auckland program while it existed.

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 2018 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

20 April 2018. 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 successful results of the accreditation process with OCANZ, optometry glaucoma prescribing and myopia control. New initiatives at SOVS include the development of new mission statement: 'Producing New Zealand's next generation of optometrists, preparing them to provide clinical care of the highest professional standards through innovative teaching informed by our own world-class research'. The school also embarked on a program for improving student communication and understanding of curriculum structure and of the school's new mission. The school's website has had an extensive update which will continue in 2018, particularly in regard to developing research lab pages, to enable clearer communication of purpose and activities.

Evidence based practice (flipped classrooms / problem-based learning) has been introduced in the new introductory course OPTOM 216. A similar programme is to be developed for the new optics course OPTOM 263. PTF staff are continuing to undertake the Certificate in Academic Practice. Two BIO simulators were installed in the pre-clinical teaching laboratory and are available for formal scheduled teaching and ad-hoc self-directed learning. A mentoring programme has begun to support research-active staff. Operations of the UoA Optometry Clinic were terminated at the Tamaki campus on 15 February 2018. All optometry services are now running from the Grafton site. The School also welcomed 39 new honorary optometry staff to its ranks during the year. These individuals are representatives of the various practices around New Zealand who host BOptom students for externships during their final year. The arrangement of honorary contracts gives the recipient access to the UoA's considerable library resources (including eResources) and is a small token of SOVS' gratitude for the work that supervisors put in when hosting our students.

This year SOVS hosted eight summer studentships, six of which were funded by the faculty, one by the school, and one generously by NZAO. The purpose of these scholarships is to engage bright undergraduate students in research with a view to encouraging them to continue to higher degrees. Projects spanned a range of themes including eye tracking to study amblyopia and participant attention, MRI of the eye, sports vision and myopia control.

The undergraduate student profile reported for this year is:

- Part 2 59 students (14% graduate entries and the remainder are undergraduate-including 2 repeating the year).
- Part 3 55 students
- Part 4 53 students
- Part 5 54 students

STUDENT ACTIVITIES

Transition to Work Event for Part 4 and Part 5 Students

Our annual Student Transition to Work evening was held in September 2017. The yearly event continues to guide students in their transition from study to employment while promoting the NZAO to students. The event hosted by NZAO Council was attended by 60 students and staff from the School of Optometry and Vision Science. Council President Rochelle van Eysden welcomed everyone to the event and introduced the Councillors and National Director for the Association. Rochelle spoke about the important link and ongoing relationship between the Association and the Optometry School and touched on some of the ways the NZAO can help new graduates as they start their life as a registered health practitioner. Vice President Chelsey Wood provided a power point presentation of the last five years experience she has enjoyed working as a graduate optometrist and highlighted some of the achievements of NZAO on behalf of the profession during that time. Recent graduate Ricky Lee (Ping) spoke about his experiences of moving from graduation to employment, working in Australia, and his big step into practice ownership. During the discussion that ensued, Councillors treated the group to a series of memories of their first day at work after graduation, which provoked a mix of laughter tempered with some degree of reassurance that the transition to work can be rewarding.

Part 2 orientation Event

In April a special welcome orientation was held for the new 2018 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.

New Zealand Association of Optometrists Student Awards Event

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. President Rochelle van Eysden welcomed guests to the occasion and opened with a brief history of the Association and the achievements that have made optometry what it is today.

This year three of the student awards were renamed in honour of present and past members of the Association for their dedication to the advancement of Optometry education and research.

Awards in the names of Leon Garner, Robert Jacobs and Michael Kalloniatis now recognise the success of our Top Students entering Parts III, IV and V, of the B.Optom program respectively.

During the presentations Councillors explained the renaming of the awards and provided a brief outline of the memorable contributions made by each of those being remembered and recognised.

Anecdotes and incidents were recounted as members of the NZAO Council remembered being taught by Leon and Rob, and Andrew Sangster spoke warmly of working with Rob and Michael through the long and tortuous process of achieving therapeutic prescribing rights for optometry.

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

Public Relations

The work within the area of Public Relations includes campaigns and communications directed at both external and internal audiences. Advocacy with Government is generally reported under the Health Policy section of our report and there is a strong emphasis on this aspect of work but there are a number of supporting initiatives which serve to remind the public and other health sector stakeholders that optometry is indeed the first choice for eye health and vision care.

SAVE OUR SIGHT

Save our Sight was concentrated on member practices and GP practices via Mediboard again this year. Save our Sight continued with Mediboard this year. The Mediboard presence continued over a full 12 months for the Save our Sight brochures with the digital and printed posters on display on alternating months. In November 7,500 pamphlets were reprinted to a different size to fit the new Mediboard display shelving. In April this year 17,500 pamphlets were printed as more were required. As at 30 June 2018 a grand total of 27,852 brochures have been uplifted by the public as part of the 'Don't get Blindsided' campaign. Throughout the 2017-2018 Save our Sight promotion digital posters screened in 42 GP clinics and medical centres each repeated 7298 times per day.

PRIMARY EYECARE QUARTERLY

The 53th issue of Primary Eyecare Quarterly was distributed to general practitioners in March 2017. There were three issues during the year: A Save Our Sight issue highlighting the 'Don't get Blindsided by Eye Disease' campaign; an issue reviewing the threats of Blue Light – How scared should we be; and a thorough review of Post-Concussion Vision Syndrome.

MEDIA ACTIVITIES

NZAO received four enquiries this year. The first was a request for comment regarding pink and orange designer glasses that had low sun protection. The Association was asked to comment on the concern this raised for eye health from unintended exposure to UV when the wearer thought they were protected, the minimum standards for adequate protection, and what information people should look for when purchasing sunglasses. There was also a request to comment on how NZ health system compares to the best countries around the world after the Minister of Health stated NZ's health system is the "envy of the world" despite problems with waiting lists and issues with eye departments. There was a specific request for information about optometrist glaucoma prescribing and general glaucoma care available from community optometrists which arose from publicity about DHB failures to provide follow-up appointments and the harm that some patients suffered as a result. Lastly Council was asked to respond to media enquiries relating to the HDC case involving an Optometrist who prescribed glasses to child who was later found to have a brain tumour. The HDC found the optometrist to be in breach of the patient's rights.

UPDATE FOR MEMBERS ON VULNERABLE CHILDREN'S ACT

An important summary on the Vulnerable Children's Act was published in the April 2018 member newsletter. The Vulnerable Children's Act was passed on 1 July 2014 to provide protection for children in their homes and in the community. Under the Act, practices providing government-funded health services to children are required to undertake safety checks. Any optometrist receiving funding for Contact Lens Subsidy or Children's Glasses subsidy will be subject to the reporting and worker safety checks. The checks phased in from 1 July 2015 required all existing core children's members to be safety checked by 1 July 2018 and all existing non-core children's members to be safety checked by 1 July 2019. Employers are responsible for ensuring safety checks are carried out according to the regulations. Self-employed and sole practitioners can be safety checked by a Cross Agency Independent Safety Checking Service.

MEMBER PUBLICATIONS

TVC : Members continue to receive our monthly Total Vision Care newsletter informing them on topical items of interest, regulatory changes and events including CPD opportunities.

E-NEWS : 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 the average open rate for members opening E-news is 61.3%. The Learning for Vision case studies series was the most popular regular item, with a total of 33 cases sent between 31 October 2016 (initiation) and 30 June 2018.

NZAO NEW GRADUATES EVENING 2017

This year, NZAO hosted its second New Graduate Evening in Wellington. Recent graduates from years 2016 & 2017 were treated to a night of note-worthy CPD presentations followed by dinner and a chance to catch up with fellow classmates.

Speakers were:

Greg Nel who discussed RGP contact lenses and what good principles to follow when first fitting patients, using a few of his own cases as examples. Greg also gave tips on Binocular Vision, reviewing the steps he takes with BV patients and showcased a few of his tools he uses in practice.

Ophthalmologist, Dr Jesse Gale, from Wellington hospital and Senior Clinical Lecturer at the University of Otago, Wellington, who discussed how optometrists could communicate more effectively to ophthalmologists and the key points to make when composing referrals. He also spoke about the grey areas of glaucoma management and how shared care and collaboration between optometrists and ophthalmologists is currently a topic of discussion.

Jacob Benefield, from Naylor Palmer in Palmerston North, who talked about his experience working in the Stable Glaucoma Clinic at Palmerston North Hospital. Jacob explained his role as an optometrist working in the newly created clinic and provided a few of his own cases with supporting statistics of how the clinic is benefiting patients.

Inhae Park of Upper Hutt practice, Bentley and Sue, presented last and provided a run-down of the new optometry Glaucoma Prescribing certification process.

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 2018

Honorary	3
Life	6
Ordinary	590
Associate	2
University	34
University Post graduates	8
Overseas	27
Retired	28
Total	698

The Association had a total of 698 member optometrists as at 30 June 2018. A further 141 non-members (both local and overseas registered) are associated with the NZAO CPD Recording Program to get their CPD recorded.

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 held in Wellington and was again based on CPD content with a well-attended social component as well.

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.
- During the past year National Office has continued to engage with the Ministry of Health as the new Therapeutic Products Regime was being further developed and has advocated strongly for the new legislation to enable optometrists to prescribe new and unregistered products for patients in appropriate circumstances such as when PHARMAC lists a replacement medicine to fill product shortages. Much effort has also been expended in bringing to the attention of MEDSAFE and PHARMAC the need for listing of low dose atropine for myopia control.

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.

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 2017-2018 period 528 individual member policies were purchased with 109 taking 'business entity' liability insurance. Claims made during the year came to a total of \$54,000 and included one Cyber Insurance claim for \$31,000. During the year there was a significant increase in Employment Dispute claims. The increase of claims within the year resulted in higher premiums at renewal.

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 2017-2018 year National Office shipped to member practices a total of 21,950 pamphlets, 22,000 carrier bags (note: numbers of bags shipped has dropped due to move away from plastic. The small bags are no longer in stock), and 2000 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 2017 campaign extended a strong presence on Mediboard which featured Save our Sight posters and 'Don't get Blindsided' brochures from the months of August 2017 to June 2018. By 30 June 2018 a total of 27,852 Save our Sight 'Don't get Blindsided' pamphlets had been uplifted from GP rooms and medical centres around the country.

To achieve an effective and efficient administration

The NZAO National Office provides full administrative service to Council and the Association from its headquarters in Tawa, Wellington. During the period 1 July 2017 to 30 June 2018 Council met six times in September, October, December, March, 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.

New initiatives during the year include:

PI Renewal System: The new online application / renewal system for PI & Business Liability Insurance was development. Our ambition for the system is to eliminate poorly scanned forms; hard to read hand writing; corrupted PDF files and make the form easier for members to step through selection options. It also saves time for National Office by collecting data in a centralised table which can then import directly into the member database system (rather than manual entry). The online system is ready to run for this 2018/19 cycle, however it is still pending final acceptance and adjustments by the insurers.

CPD Credits Report: The CPD Credit Report summary was modified (in IMIS and in NZAO website) to make it simple and more understandable. Especially the excess points from the previous cycle that was brought forward to the current cycle was not clear, the summary layout was changed and comments added to make it easy to understand.

IMIS data validation: Data in IMIS database will be verified based on below rules and exceptions will be sent as an email every. This helps to keep the data clean in the database, any issues can be fixed then and there.

- Incorrect APC registration dates, e.g. APC end date is before the start date
- Invalid country code for the country in which the optometrist got qualified
- Invalid or missing date of birth
- Incorrect DHB

CPD Credit Reminders: Emails will be sent to optometrists automatically if they haven't submitted the individual attendance forms for the events they attended. Email will be sent four times fortnightly.

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 has advocated strongly during the year for the development of injecting roles in DHBs for appropriately trained optometrists. While there has been little support for this initiative from organised ophthalmology, Council has continued 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 National Office engaged with several DHBs to offer assistance with improved transfer of information about cataract assessments as part of the prioritisation of process. Members were provided with information and assistance in the set-up of electronic referrals for the Auckland DHBs.

Councillors discussed at all meetings issues relating to glaucoma referrals and capacity limits within the DHBs which are affecting referral criteria. It was noted that Canterbury DHB keeps changing the criteria for access for glaucoma patients/suspects which changes the referral decision. When it is harder to gain access to the hospital eye department for glaucoma assessment/treatment the DHB has suggested that optometrist authorised prescribers (not yet glaucoma endorsed) and even non-prescriber optometrists will need to take greater responsibility for monitoring glaucoma progression and treatment in collaboration with GPs who are able to prescribe glaucoma medicines. NZAO has continued to engage during the year on advancing opportunities for community optometrists to develop enhanced roles in glaucoma care.

Councillors note that any optometrists participating in expanded roles need to be aware that the DHB may approve or credential but that does not indemnify the optometrist from the risk of action by ODOB relating to scope. Optometrists are advised to follow the Board guidelines for collaborative care.

In what appears to be a change to the concept of generalist optometry care Council noted that that in South Auckland some people with keratoconus were not receiving care and management by community optometrists and were instead being referred to the hospital for assessment and treatment in order to access the contact lens subsidy. Council recognises that the profession is in an age of sub-specialisation, where a general qualification with an area of special interest results in practitioners developing specific skills and expertise; it is unremarkable that not everyone has confidence and ability to manage keratoconus. It was suggested that the solution to the immediate problem of inappropriate referral of people with keratoconus lies in the hands of the DHB. If the DHB considers it is not appropriate for optometrists to send these patients to the hospital, given they will not meet priority criteria for appointments, then the DHB needs to advise optometrists that these patients need to be seen by a practitioner who is capable of fitting lenses under the subsidy as appropriate and who can provide a detailed referral if the condition requires it.

SUBMISSIONS

- Comment on the draft report from Ernst Young review of age-related macular degeneration services in New Zealand.
- Letter to Hon. Winston Peters, Deputy Prime Minister, regarding free annual eye 'tests' for Supergold Card holders. (This was referred on to the Minister for Seniors – Tracey Martin).
- Letter to Hon. David Clark, Minister of Health, regarding opportunities for optometrists to augment DHB eye services workforce and thus reduce backlogs and increase capacity.
- Letter to Chris Hipkins, Minister of Education, regarding the need for Tertiary Funding through DHBs and Health Workforce NZ to be available for post-registration clinical training of optometrists, and for the university funding level per undergraduate optometry student to match the funding level per undergraduate medical student.
- Response to Ministry of Health regarding proposed review of Contact Lens Subsidy. This represented collected member comments and NZAO Council further submitted that there is a case to be made for higher fees for complex cases. Council also offered to assist with an expert advisory group should the Ministry of Health require one.
- Submission to RANZCO urging amendments to DHB glaucoma guideline so that it more appropriately recognises the optometry scope of practice and extended practice for glaucoma prescribers.
- Submission to Health Select Committee on the Health Practitioners Competence Amendment Bill.
- Submission to the Optometrists and Dispensing Opticians Board on proposals to amend the Dispensing Optician scope of practice and the recertification requirements for Dispensing Opticians.

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 2018, the statement of financial position as at 30 June 2018, 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 2018, 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

Moore Stephens Wellington Audit | Qualified Auditors, Wellington, New Zealand
7 September 2018

New Zealand Association of Optometrists Inc. Performance Report <i>For the year ended 30 June 2018</i>	
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.
	<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, participation in the Expert Advisory Group on Ophthalmology Services, formation of the Parliamentary Friends of Eye Health group as part of the national Eye Health Coalition, credentialing of 66 CAA examiners, distribution of 28,311 consumer information pamphlets on eye health, 3 GP newsletters, and 8 submissions to
	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 2018
Statement of Service Performance	

NEW ZEALAND ASSOCIATION OF OPTOMETRISTS INC.**Statement of Financial Performance***For the Year Ended 30 June 2018*

Revenue	Note	2018 \$	2017 \$
Fees, subscriptions and other revenue from members		752,527	735,789
Revenue from providing goods or services to others		75,000	75,000
Interest, dividends and other investment revenue		24,528	25,195
Total Revenue		852,055	835,984
Expenses			
Volunteer and employee related costs		366,486	373,411
Costs related to providing goods or services		477,715	452,960
Grants and donations made		104	60
Total Expenses		844,305	826,431
Surplus/(Deficit) for the Year	3	7,750	9,553
Taxation Expense		6,588	6,775
Surplus/(Deficit) for the Year After Tax		1,162	2,778

Statement of Financial Position*"What the entity owns?" and "What the entity owes?"**As at 30 June 2018*

Current Assets	Note	2018 \$	2017 \$
Bank accounts and cash		121,244	31,542
Term Deposits Maturing Before 30 June 2019		373,314	362,421
Debtors and prepayments		13,710	8,681
Inventory		14,812	10,550
Accrued Interest		7,223	6,855
Net GST Receivable		4,724	1,596
Tax Refund Due		660	-
Total Current Assets		535,687	421,645
Non-Current Assets			
Property, plant and equipment	1	6,545	11,996
Term Deposits Maturing After 30 June 2019		208,247	266,866
Total Non-Current Assets		214,792	278,862
Total Assets		750,479	700,507
Current Liabilities			
Creditors, prepayments and accrued expenses		91,555	45,577
Employee costs payable		12,252	8,554
Tax Payment Due		-	866
Total Current Liabilities		103,807	54,997
Non-Current Liabilities			
Total Non-Current liabilities		-	-
Total Liabilities		10,3807	54,997
Total Assets less Total Liabilities (Net Assets)		646,672	645,510
Accumulated Funds	2		
Accumulated surpluses or (deficits)		-	-
Reserves		646,672	645,510
Total Accumulated Funds		\$646,672	\$645,510

Approval of Performance Report

Geoff Sargent: Councillor & Acting Executive Officer

Chelsey Wood:

Vice President

07/09/2018

07/09/2018

*To be read in conjunction with the Notes to the Performance Report*MOORE
STEPHENS

NEW ZEALAND ASSOCIATION OF OPTOMETRISTS INC.**Statement of Cash Flows***For the Year Ended 30 June 2018*

Cash Flows from Operating Activities	2018 \$	2017 \$
Cash was received from:		
Fees, subscriptions and other receipts from members	746,739	739,622
Receipts from providing goods or services	75,000	75,000
Interest, dividends and other investment receipts	24,160	19,695
Other Income	-	2,924
Cash was applied to:		
Payments to suppliers and employees	803,818	798,806
Donations or grants paid	104	60
Other Payments		
Net Cash Flows from Operating Activities	41,977	38,375
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	314,490	213,139
Proceeds from loans borrowed from other parties		
Cash was applied to:		
Payments to acquire property, plant and equipment		
Payments to purchase investments	266,765	313,387
Repayments of loans borrowed from other parties		
Net Cash Flows from Investing and Financing Activities	47,725	(100,248)
Net Increase / (Decrease) in Cash	89,702	(61,873)
Opening Cash	31,542	93,415
Closing Cash	121,244	31,542
This is represented by:		
Bank Accounts and Cash	121,244	31,542

To be read in conjunction with the Notes to the Performance Report

NEW ZEALAND ASSOCIATION OF OPTOMETRISTS INC.

Statement of Accounting Policies

"How did we do our accounting?"

For the year ended 30 June 2018

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.

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 Financial Statements

Note 1 : Property, Plant and Equipment

This Year Asset Class	Opening Carrying Amount	Purchases	Sales/ Disposals	Current Year Depreciation & Impairment	Closing Carrying Amount
Furniture and fixtures	502	-	-	191	311
Office equipment	5,000	-	-	1,500	3,500
Computers (incl software)	6,494	-	-	3,760	2,734
Display Cases	-	-	-	-	-
Total	11,996	-	-	5,451	6,545

Last Year Asset Class	Opening Carrying Amount	Purchases	Sales/ Disposals	Current Year Depreciation & Impairment	Closing Carrying Amount
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

Significant Donated Assets Recorded - Source and Date of Valuation

None

Significant Donated Assets - Not Recorded

None

Note 2: Accumulated Funds

This Year Description	Accumulated Surpluses or Deficits	Reserves	Total
Opening Balance	-	645,510	645,510
Surplus/(Deficit)	1,162	-	1,162
Transfer to Reserves	(1,162)	1,162	-
Transfer from Reserves	-	-	-
Closing Balance	-	646,672	646,672

Last Year Description	Accumulated Surpluses or Deficits	Reserves	Total
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

Breakdown of reserves

	2018 \$	2017 \$
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	646,672	\$645,510
	\$646,672	\$645,510

NEW ZEALAND ASSOCIATION OF OPTOMETRISTS INC.
Notes to the Financial Statements

Note 3 : Financial Performance

Revenue	2018 \$	2017 \$
Fees, subscriptions and other revenue from members		
Membership Fees	504,394	504,569
Members Professional Indemnity & Other Services	169,506	165,295
Practice Resources	10,014	11,166
Conference	68,613	54,759
Revenue from providing goods or services to others	75,000	75,000
Interest, dividends and other investment revenue	24,528	25,195
Total Revenue	852,055	835,984
Expenses		
Volunteer and employee related costs	366,486	373,411
Premises	57,789	41,279
Post, Print, Phone, and other consumables	22,823	27,626
Domestic Activities	28,851	26,484
International Activities	4,407	3,114
Public Relations	66,595	77,060
Accounting, Legal and Other Fees	4,822	4,428
Audit Fees	5,245	5,126
Projects & Development (incl CPD & Journals)	74,321	68,057
Conference	50,121	51,265
Practice Resources	6,261	7,687
Members Professional Indemnity & Other Services	149,827	135,093
Donation - Science Fair Prize	104	60
Depreciation	5,451	5,551
Sundry items	1,202	190
Total Expenses	844,305	826,431
Surplus/(Deficit) for the Year	7,750	9,553
Income Tax	6,588	6,775
Surplus/Deficit for the Year After Tax	1,162	2,778

NEW ZEALAND ASSOCIATION OF OPTOMETRISTS INC.
Notes to the Financial Statements

Note 4 : Commitments and Contingencies**Commitments**

The Association holds one non-cancellable premises lease as from 9 January 2017.

	2018	2017
Not more than one year	\$22,000	\$47,615
More than one year	\$11,000	\$33,000
Financial Commitments are:		
Before 31 January 2020	\$33,000	\$80,615

Contingent Liabilities and Guarantees

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

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 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. NZAO holds shares in a non-trading company, Total Vision Care Limited.

Description of Transaction Cash or Kind

Nil

2018	2017	2018	2017
Value of Transactions	Value of Transactions	Amount Outstanding	Amount Outstanding
-	-	-	-

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 (2017:nil)

NZAO Education and Research Fund
Statement of Service Performance
"What did we do?", When did we do it?"
For the year ended
30 June 2018

Description of the Entity's Outcomes:*

This year NERF has made a total of 15 awards: 2 undergraduate student Externships in optometry clinical practice, 5 Clinical Training Scholarships for practitioner specialist training, 2 Master's Completion awards, 2 awards for PhD studies, 2 awards for Post-Doctoral research, 1 award for Higher Degree Research Write Up, and sponsored 1 Practitioner SnowVision Scholarship.

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

		Actual This Year	Actual Last Year
Payments for Grants and Awards		\$102,908	\$108,983

NZAO Education and Research Fund
Statement of Financial Performance
"How was it funded?" and "What did it cost?"
For the year ended
30 June 2018

	Note	Actual This Year	Actual Last Year
Revenue		\$	\$
Donations, fundraising and other similar revenue		118,701	116,260
Fees, subscriptions and other revenue from members		-	-
Revenue from providing goods or services		-	-
Interest, dividends and other investment revenue		57,136	51,573
Other revenue - Accrued Interest		3,280	3,014
Total Revenue		179,117	170,847
Expenses			
Expenses related to public fundraising		-	-
Volunteer and employee related costs		-	-
Costs related to providing goods or services		-	-
Grants and donations made		102,908	108,983
Other expenses		2,607	3,156
Total Expenses		105,515	112,139
Surplus/(Deficit) for the Year		73,602	58,708

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 2018

	Note	Actual This Year \$	Actual Last Year \$
Assets			
Current Assets			
Bank accounts and cash		24,437	68,015
Deposits Maturing Before June 2019		25,675	75,279
Debtors and prepayments		78,701	56,260
Inventory		-	-
Accrued Interest		3,280	3,014
Total Current Assets		132,093	202,568
Non-Current Assets			
Property, plant and equipment		-	-
Investments		458,897	443,117
Term Deposits		770,093	641,796
Total Non-Current Assets		1,228,990	1,084,913
Total Assets		1,361,083	1,287,481
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)		1,361,083	1,287,481
Accumulated Funds			
Capital contributed by owners or members		-	-
Accumulated surpluses or (deficits)		-	-
Reserves		1,361,083	1,287,481
Total Accumulated Funds		1,361,083	1,287,481

NZAO Education and Research Fund
Statement of Accounting Policies
“How did we do our accounting?”
For the year ended
30 June 2018

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

There have been no changes in accounting policies during the financial year.

2. INVESTMENTS

The book values of quoted investments at balance date are:	2018	2017
Listed Investments	\$356,286	\$340,506
Unlisted Investments	<u>\$102,611</u>	<u>\$102,611</u>
Total Investments	<u>\$458,897</u>	<u>\$443,117</u>
The market values of quoted investments at balance date are:	2018	2017
Listed Investments	\$455,637	\$390,886
Unlisted Investments	<u>\$102,611</u>	<u>\$102,611</u>
Total Investments	<u>\$558,248</u>	<u>\$493,497</u>

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 (2017: \$nil).

4b) Commitments	2018	2017
Current	\$20,000	\$40,000
Non-Current:	\$0	\$20,000

(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 (2017: \$nil).

6. CORRECTION OF ERRORS

A correction has been made to *Note 2: Investments* to restate the market value of listed investments at 30 June 2017 to \$390,886. These were incorrectly stated in last year's Performance Report at \$414,421. As the Trust records investments at cost, this has had no effect on Accumulated Funds.

NZ Optometrical Association Trust
Statement of Service Performance
"What did we do?", When did we do it?"
For the year ended
30 June 2018

Description of the Entity's Outcomes:*

Awards made to undergraduate students enrolled in Bachelor of Optometry at The University of Auckland. Two awards for the most improved students in Parts 4 and 5. Four awards were made to students entering Parts 3, 4, & 5 of the optometry course having gained the highest overall marks the previous year, one to the highest achieving Maori / Pacific student in the first year of clinical training, and one to the student most proficient in binocular vision assessment and therapy.

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

		Actual This Year	Actual Last Year
Payments for Grants and Awards		\$6,500	\$4,500

NZ Optometrical Association Trust
Statement of Financial Performance
"How was it funded?" and "What did it cost?"
For the year ended
30 June 2018

	Note	Actual This Year	Actual Last Year
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		33,852	30,623
Other revenue		1,744	2,014
Total Revenue		35,596	32,637
Expenses			
Expenses related to public fundraising		-	-
Volunteer and employee related costs		-	-
Costs related to providing goods or services		-	-
Grants and donations made		6,500	7,500
Other expenses		2,545	2,985
Total Expenses		9,045	10,485
Surplus/(Deficit) for the Year		26,551	22,152

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.

NZ Optometrical Association Trust
Statement of Financial Position
"What the entity owns?" and "What the entity owes?"
As at
30 June 2018

	Note	Actual This Year \$	Actual Last Year \$
Assets			
Current Assets			
Bank accounts and cash		43,992	9,782
Deposits Maturing Before June 2019			
Debtors and prepayments			
Inventory			
Accrued Interest		1,744	2,014
Total Current Assets		45,736	11,796
Non-Current Assets			
Property, plant and equipment		-	-
Investments		487,397	478,617
Term Deposits		173,512	189,681
Total Non-Current Assets		660,909	668,298
Total Assets		706,645	680,094
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)		706,645	680,094
Accumulated Funds			
Capital contributed by owners or members		200	200
Accumulated surpluses or (deficits)		-	-
Reserves		706,445	679,894
Total Accumulated Funds		706,645	680,094

NZ Optometrical Association Trust
Statement of Accounting Policies
“How did we do our accounting?”
For the year ended
30 June 2018

STATEMENT OF ACCOUNTING POLICIES

1a) Reporting Entity

The NZ Optometrical Association Trust was established by Trust Deed dated 14 December 1966 for the purpose of assisting persons in the study of optometry in Universities and other educational institutions in New Zealand.

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

There have been no changes in accounting policies during the financial year.

2. INVESTMENTS

The book values of quoted investments at balance date are:	2018	2017
Listed Investments	\$356,286	\$340,506
Unlisted Investments	<u>\$131,111</u>	<u>\$138,311</u>
Total Investments	<u>\$487,397</u>	<u>\$478,617</u>
The market values of quoted investments at balance date are:	2018	2017
Listed Investments	\$455,637	\$390,886
Unlisted Investments	<u>\$131,111</u>	<u>\$138,111</u>
Total Investments	<u>\$586,748</u>	<u>\$528,997</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 (2017: \$nil).

4b) Commitments

There were no commitments at balance date (2017: \$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 (2017: \$nil).

6. CORRECTION OF ERRORS

A correction has been made to *Note 2: Investments* to restate the market value of listed investments at 30 June 2017 to \$390,886. These were incorrectly stated in last year's Performance Report at \$414,421. As the Trust records investments at cost, this has had no effect on Accumulated Funds.

PROCEEDINGS OF 87TH ANNUAL CONFERENCE

Report of the proceedings of the 87th Annual General Meeting of the New Zealand Association of Optometrists Inc. held at the Novotel Tainui, Hamilton, 13 – 15 October 2017.

OPENING

The Conference was opened by NZAO President, Callum Milburn

PRESIDENTIAL ADDRESS Good morning and welcome all to the lovely Hamilton for the 87th Annual NZAO conference. My name is Callum Milburn, I am the current NZAO president. I practice in Dunedin and I have travelled to Hamilton with my family for this fun filled conference.

As in past years the national office and conference committee has strived to put together a conference with a good balance of professional development. As we all know conferences are also more than just the lectures. They are an opportunity to catch up with past class mates and colleagues around the country. They are an opportunity to network and to discuss some of those tricky cases that your colleagues may have already encountered. These pearls and of course the social interactions are a key aspect of any successful conference. We have two key note speakers this year. They are Michael Yapp from the Centre for Eye Health and Associate Professor Sharon Bentley from the Australian College of Optometry. I will leave our Session Chairs to introduce each speaker.

I would also like to encourage all members to attend the AGM on Saturday as I am sure there will be some interesting topics to discuss.

Well in the interest of keeping my welcome speech in under five minutes, all I have left to do is to declare the 87th Annual Conference of the NZAO open.

Callum Milburn
President, NZAO

ANNUAL GENERAL MEETING

The 2017 Annual General Meeting of the New Zealand Association of Optometrists Inc. commenced at 2.20 pm on Saturday 14 October 2017. It was attended by the President, Mr. Callum Milburn, the Vice President, Ms. Rochelle van Eysden, members of the NZAO Council and approximately 56 members.

WELCOME

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

APOLOGIES

John McLennan	Hadyn Treanor	Rob Jacobs	Alan Greenwell
Richard Palmer	Eleisha Dudson		

PROXIES

MOVED that the following proxies be accepted:

Jack Crawford	for	John McLennan
Heather Laird	for	Hadyn Treanor

Callum Milburn / Geoff Sargent **CARRIED**

OBITUARIES

The meeting was advised that the following people had passed away during the preceding year:

Michael Hopley and Gordon Sanderson

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 2017/2018:

President: Rochelle van Eysden
Vice President: Chelsey Wood

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 Rob Jacobs
Professor Michael Kalloniatis

This was greeted with applause.

PROCEEDINGS OF THE 86th ANNUAL GENERAL MEETING:

Noted that the minutes of the 2016 Annual General Meeting of the New Zealand Association of Optometrists Inc. held at the Novotel Hotel, New Plymouth 14-16 October 2016, had been circulated to all members.

MOVED that the minutes of the 2016 Annual General Meeting be approved as a true and accurate record.

Callum Milburn / Annette Morgan **CARRIED**

Matters Arising

None

ANNUAL REPORT:

Noted that the Annual Report for the year ended 30 June 2017, had been circulated to all members.

Matters Arising

None.

MOVED that the Annual Report for the year ended 30 June 2017 be approved and adopted.

Callum Milburn / Rochelle van Eysden **CARRIED**

ANNUAL FINANCIAL STATEMENTS:

Noted that the Annual Financial Statements for the year ended 30 June 2017, had been circulated to all members.

The Chair opened the meeting to discussion on the Annual Financial Statements.
There were no discussion points raised.

MOVED that the Annual Financial Statements for the year ended 30 June, 2017 be approved and adopted.

Callum Milburn / Francis Hassan **CARRIED**

APPOINTMENT OF AUDITORS

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

Callum Milburn / Geoff Sargent **CARRIED**

BUDGET AND SETTING OF SUBSCRIPTIONS:

The expense Budget for the year ended 30 June 2017 had been circulated to all members and Callum Milburn invited any comment from members.

Naomi Meltzer asked if this was the same amount as the previous year and Callum Milburn informed the meeting that the subscription amount would remain the same.

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

MOVED that the subscriptions for the 2017/2018 year be set at \$1185 (excluding GST) for ordinary members with appropriate reductions for other classes of membership.

Callum Milburn / Wilson Sue **CARRIED**

GENERAL BUSINESS:

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

Dianne Pearson asked if the funding for glaucoma training was only being given to people in Auckland, expressed her concern as to how much was being given and questioned if it is going to advance the profession. Wilson Sue responded on behalf of NERF and noted that prior to the 2008 AGM there was no funding at all which was the main reason that the proposal for NERF was put to the meeting and members voted to establish the fund. People who want to prescribe and treat glaucoma are able to complete the required 20 hours in their own region and gain endorsement from the ODOB. In Auckland the DHB is offering advanced clinical training in glaucoma with the aim of credentialing community optometrists to manage a range of DHB glaucoma patients. The ADHB credentialing is not currently transferrable to other DHBs.

While the NERF funding for clinical training is more general and can be accessed for other training, the ADHB has made 8 places available per year and NERF has set aside a total of \$48,000 for that. Funding could be made available for courses run by other DHBs but at present there do not seem to be any other DHBs offering training. Of note is that the funding is not available to members who would normally receive advanced training as part of their employment and funding is limited to training that has a recognised qualification or leads to recognised credentialing. The benefit of credentialing does not only benefit the credentialed practitioner but also benefits the patients and the recognition of optometrists achieving advanced skills indirectly advances the entire profession.

Wilson noted that sometimes the time frames for advancement are slow and the ADHB initiative was first proposed in 2010 as part of the Health Workforce NZ review of eye health services. At the end of the day NERF encourages people with good ideas for qualifications and/or credentials that are recognised as the idea is to be in a position to fund opportunities as they arise rather than have to fundraise for each opportunity.

Francis Hassan asked if other DHBs might be offering training in the future and Wilson responded that readiness and willingness is variable with the final decision resting with each individual eye department. Callum Milburn noted that SDHB is providing clinic time for optometrists in Southern region to complete 20 hours in the glaucoma clinic and Rochelle van Eysden added that CDHB is looking at doing something similar.

Wilson Sue made the point that clinic hands-on time is the preferred choice over on-line or didactic learning as the interaction with the ophthalmologist or ophthalmologists is an opportunity that might not be there in the future. Andrew Sangster added that clinical teaching was more likely to be happening in larger DHBs as they have the clinic space and other resources for teaching that might not be available in the smaller DHBs.

Frances Misich said that in Victoria, Australia, there was a big political push that resulted in the Victoria hospital take on optometrists and provide training so as to provide community services to assist with meeting demand for eye services in the area. Andrew Sangster added that the current Ministry of Health Expert Advisory group for ophthalmology includes optometrists and is working to provide a political incentive to develop new initiatives in service delivery. Rochelle van Eysden pointed to the new additional funding that was provided to DHBs where each was offered \$100,000 to fund plans for

innovations in service delivery that would lead to sustainable improvements in patient service flow which would avoid the current backlogs occurring in the future. She advised that 50% of the funded plans involve optometry; some in community settings and others taking a different approach.

Dianne Pearson noted that the HBDHB has received funding and the glaucoma specialist is working with optometrists to enable involvement of optometry but within strict guidelines. John Grylls added that CCDHB is taking a similar approach but there are some problems and he asked if there were any independent guidelines on co-management. Lesley Frederikson noted that the ODOB has developed guidelines for co-management by optometrists who have not completed their 20 hours for endorsement in glaucoma but for advanced clinical practice in glaucoma the relationships are mainly managed by ophthalmology so tend to be quite varied across regions and also among different ophthalmologists.

Geoff Sargent suggested that things might be on the move as the Ministry of Health has told the DHBs and the Ophthalmology Expert Advisory Group that eye departments must find a new way of working and not just keep on with the same formula. He also noted that the DHBs have to resolve the problem that there is no MECA that covers optometrists so there is no agreed pay scale and each employed optometrist has to negotiate an individual employment agreement.

Frances Misich said she felt the DHBs are not always putting in the framework for sustainable change. Rochelle van Eysden talked about the push for standardisation and also that the Ministry of Health appears to have realised that it has been treating ophthalmology as an acute service and has now acknowledged that eye services have a large component of chronic conditions so the funding model has to incorporate that.

Jagrut Lallu thanked the council for all the work that councillors have done and asked if the Ernst Young final report on AMD had been published yet. Geoff Sargent noted that the report was circulated in draft form to the working group and Wilson Sue confirmed that the final report had not yet been published for wider comment. Jagrut then asked if ADONZ and NZAO had any sort of relationship and did they ever talk together. Lesley Frederikson noted that ADONZ had a very small administration support but that the Presidents had spoken with her from time to time in relation to matters the groups had in common. Lesley described the relationship as cordial but noted that in terms of National Office the overlap of work by the two groups is relatively small. She said she felt that just as many members recognise the particular skills of dispensers and value the role of a qualified dispensing optician in their practice so too does the NZAO in general. Mark Humphreys asked if conferences of ADONZ and NZAO might be held together and Geoff Sargent noted that practice owners, optometrist, dispenser, or other, found it almost impossible to have both optometrists and dispensers out of the practice at the same time. Lesley Frederikson was able to confirm that in her last conversation with the President of ADONZ the same concerns were expressed such that ADONZ preferred to have a different weekend for their conference if possible.

Murray Rogers referred to the earlier appointment of Alwyn Stockley as an honorary member and asked if Council had checked that Prof. Stockley was still alive. Councillors noted that every effort had been made to confirm that fact and it seems that he is still alive and living in the USA.

Jagrut Lallu asked what NERF is all about and Wilson Sue explained that it is an endowment fund where the trust is growing the investment capital of the fund and will then use the interest or other investment earnings to sustain education and research grants. Rather than have a specific large fund raising effort for one off initiatives members had agreed to the establishment of NERF with small amounts being added from membership subs each year. He said the idea goes back to a question asked at the Wellington AGM early 2000s about whether or not funding was available from NZAO to assist people train for DPAs. The answer was “no”. Wilson noted that there is a 30 year horizon for growing the fund to the level needed and growth is not rapid since most of the investments are conservative. However, with the annual boost from membership it has been and will continue to be possible to provide seed funding in these early years.

There being no further business, Callum Milburn closed the meeting at 3.15 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.

