

NEW ZEALAND ASSOCIATION OF OPTOMETRISTS



THE 2018- 2019

Annual Report

89TH ANNUAL REPORT AND ANNUAL FINANCIAL STATEMENTS

2018 - 2019

REPORT OF PROCEEDINGS OF 2018 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 2018 – 2019

President:	Ms Rochelle van Eysden	Christchurch
Vice President:	Ms Chelsey Alexander	Kerikeri
Past President:	Mr Callum Milburn	Dunedin
Councillors:	Mr Wilson Sue	Upper Hutt
	Mr Geoff Sargent	Wellington
	Ms Sita Thakersi	Lower Hutt
	Mr Andrew Sangster	Wellington
Executive Officer:	Siobhan Molloy	Wellington

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Message from the President

When I graduated as an optometrist many years ago, I was not aware of what an emerging and developing profession I was joining.

There has been constant evolution in the way we practice, the tests we perform, the diagnostic knowledge we all develop on an ongoing basis and the scope of optometry practice. It seems that this rate of change is not going to slow in the foreseeable future as the demands of our aging population grow and the need for more diverse scopes of optometry practice emerge.

Over the last twelve months we have been involved in significant submissions, particularly the Therapeutic Product's Bill, which has the ability to impact on the way we practice in many areas. As an association we have been working very hard to ensure that we respond to these challenges to protect the future of optometry and therefore our individual members.

Some of our more recent alliances with a variety of groups outlined in this report are serving to strengthen our position in the primary health sector and this is something we are committed to continuing.

Over the coming year we will be putting into action the changes we have identified, as part of our strategic planning, to being vital in improving the way we engage with our individual members and ensure that our focus on the future of optometry also takes into account member's needs.

I hope that in reading this years' annual report you will see that the hard work of the NZAO council and our dedicated staff at our national office has continued unabated in 2018-2019.

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

The review of New Zealand's health and disability system was established by the Minister of Health in August 2018 with the aim of 'future-proofing' NZ's health and disability services. Ms Heather Simpson was appointed as chair and the review panel have been engaged in wide ranging consultation including seeking independent advice and analysis as well as engaging with DHBs, primary care, health professionals and the public in developing its recommendations. In launching the wider call for submissions the Review Team noted they had already seen many examples of the current system working well. However, they had also seen many instances where barriers to access seem insurmountable and where the system is not easy to navigate and is not meeting people's needs. The focus of the review is to ensure recommendations for changes which will improve the equity of outcomes. Additionally, the review panel are charged with looking to the future to ensure that the system is able to meet the technological, demographic, workforce and other challenges that will confront the system over the coming years.

NZAO's submission set out a view of an ideal future health and disability system that would operate across community and hospital locations. NZAO recommended that hospitals are for inpatient and specialist care and where possible outpatient services are moved to community based locations. Referral for specialist hospital services would be made by community providers. We said optometrists are a greatly underutilised resource for diagnosis, treatment, and management of eye disease and other conditions of the eye and surrounding tissues. By extending optometrists scope of practice, hospital eye clinics would have more appointments available for those who actually need to be seen at a hospital eye clinic.

The NZAO believes the public and the system are best served by a health and disability service all New Zealanders can access, appropriate to their health and disability needs and where all service providers are adequately funded. The Tier 1 community health service would fully integrate a person's care across all independent practice partners – individual care plans would be drawn from a mix of partner health and disability services.

It is expected the review panel will provide an interim report by August 2019 and a final report by 31 March 2020.

OPHTHALMOLOGY EXPERT ADVISORY GROUP (OEAG)

The Ophthalmology Expert Advisory Group set up by the Ministry of Health, has a role advising 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. Last year NZAO reported that, despite a suggestion by the Ministry of Health that the updated guidelines for age-related macular degeneration and glaucoma be branded as endorsed by both NZ Association of Optometrists and RANZCO, this was not to be. NZAO considered the resultant 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. However, we strongly raised concerns about the glaucoma guidelines as it did not appear that optometrists would 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.

A further iteration of the RANZCO DHB Glaucoma Referral Pathways was published in September and Council note that this latest iteration aligns much more satisfactorily with the ODOB guidelines.

DISTRICT HEALTH BOARDS

This year's focus has been predominantly on working with the Ministry of Health and the ODOB to move forward on processes for optometrists to train for and be recognised in extended scopes of practice. We recognise that each DHB will be having particular pressure points for managing and maintaining adequate service levels in the face of increasing demand for eye health care. DHBs that have employed optometrists continue to see the value and importance of incorporating more optometrists into their clinics in a full scope capacity. We also see this in the increase in numbers of optometrists being employed by DHBs. Assistance to these employed optometrists has included education and awareness of scopes that has resulted in an increase in service provisions and levels of autonomy. The current range of possibilities is being examined including optometrist credentialed injector roles for AMD treatments, optometrist credentialed roles for YAG laser capsulotomy, and optometrist credentialed scope for collagen cross-linking. Several DHBs have started looking at these potential developments and while change and advancement of scopes will take time the NZAO continues to maintain communication with all relevant stakeholders in order to be best able to assist in future developments.

HEALTH WORKFORCE NEW ZEALAND (HWNZ)

Health Workforce New Zealand's aim is to lead the development of a workforce that can respond to changes in how health services are accessed. A key way to do this is to support demonstration sites where new workforce roles, new models of care and new training programmes can be tested to find those with the potential to:

- boost workforce productivity and efficiency
- improve patient outcomes
- offer value for money.

Priority will be given to demonstrations in aged care, mental health and rehabilitation, and those that align to government priorities. The aim is to:

- improve recruitment, retention and repatriation
- devise new postgraduate training programmes and career pathways
- share successful innovations with others in the health sector
- reduce workforce expenditure with no compromise on patient safety or quality of care.

However, in the information from HWNZ about new workforce roles and other initiatives that have been adopted across the health sector after successful demonstrations, there are only two:

- Dietitian prescriber extended role (three prescription medicines - high-dose vitamin D, high-dose zinc and high-dose pancreatic enzymes; for the management of chronic illnesses after diagnosis by a medical practitioner).
- Pharmacist prescriber: specialist pharmacists working in a multi-disciplinary clinical health team trained to prescribe medicines. Diagnosis and overall patient management remains the role of the medical practitioner.

Optometry initiatives that have been proposed but not adopted due to regulatory and DHB implementation barriers include YAG laser capsulotomies and PIs, anti-VEGF ocular injections, and corneal cross-linking procedures.

NZAO met with HWNZ and shared some data on optometrists and reinforced the possibilities for optometry initiatives.

HWNZ released 18 workforce priority areas and sought feedback from the sector. NZAO forwarded their top ten – the final outcome is yet to be published.

MINISTRY OF HEALTH OUTPUT PLAN 2018/19 PUBLISHED 30 OCTOBER 2018

The output plan is a performance agreement between the Minister of Health (the Minister) and the director-general of health and includes the work programme for the Associate Ministers of Health. It covers the financial year ending 30 June 2019.

The plan is designed to show the Ministry of Health's commitment to deliver a range of 'outputs' to the Minister and Associate Ministers of Health, encompassing:

- a portfolio of strategic priorities including medium-term flagship priorities that the Government has identified for the health and disability sector
- other supporting priorities projects currently being undertaken
- the delivery of the Ministry's core functions, with accompanying key performance measures
- the ministry's performance improvement work programme to lift their core capabilities to address the findings of the 2017 Performance Improvement Framework (PIF) review.

The plan is designed to demonstrate that New Zealanders will have access to strongly and strategically provide public health services which are well funded by the Government and that will deliver high-quality health outcomes.

A key point from the document includes that primary health care is a medium term priority.

CONTACT LENS SUBSIDY REVIEW

The contact lens subsidy review was flagged last year with the aim to make the clinical criteria easier to understand and better reflect current lens technology, as much as possible, now and into the future. NZAO provided feedback both from Association and from members. NZAO understands this review is currently on hold and our feedback will be considered when resources are available for this project.

Regulatory Reform

HEALTH PRACTITIONERS COMPETENCE ASSURANCE ACT

The Health Practitioners Competence Assurance Amendment Act 2019 was passed on 9 April, 2019. Some of these changes will impact on optometrists, on employers and on our patients. NZAO made an earlier submission addressing the wording of the Bill, noting that the new Act intended to implement recommendations arising from both the 2009 and 2012 reviews; clarify interpretation of the Act and improve its operation. NZAO supported many of the points in principle given that the key purpose of the Act is to protect public health and safety.

Some of the major changes include:

- Extra functions for the Optometrists and Dispensing Opticians Board of New Zealand (ODOB) to administer e.g. promote and facilitate interdisciplinary collaboration and co-operation in the delivery of health services
- More discretion and ability to act quickly for public protection such as the ability to receive and act on information from members of the public about the practice, conduct, or competence of optometrists.
- Performance reviews of health regulators every five years, the first to be undertaken within three years.
- Recognition of electronic communications to replace hard copy items being posted.
- An amendment to section 118 requires the ODOB to specifically ensure cultural competencies will enable effective and respectful interaction with Māori
- It is now mandatory for the Board to provide data to the director-general of health including an optometrists' name, date of birth, ethnicity, gender, employer, place or places of work, and the average weekly hours of work.

- Optometrists who have a health condition which may affect their practice can now be assessed by a health practitioner whereas previously this had to be a medical practitioner.
- The ODOB now has discretion to refer practitioners with minor convictions to a professional conduct committee. Previously this was a mandatory referral.
- The ODOB is required to develop a naming policy to enhance public confidence in the professions (i.e. specifying under what circumstances and how a health practitioner will be named when they've been disciplined).
- If a practitioner is involved in a criminal proceeding or an investigation and the ODOB has reason to believe the practitioner's alleged conduct poses a risk of serious harm to the public, the ODOB may order the suspension of the practitioner's practising certificate without first giving the practitioner notice of its intention to suspend their APC.

THERAPEUTIC PRODUCTS BILL

The Therapeutic Products Bill that would replace the Medicines Act 1981 and establish a new regulatory scheme for therapeutic products was published in December.

NZAO participated in a series of information forums and provided an extensive submission.

The NZAO said it would like provision in the new Act that ensures access to new medicines relevant to the scope of practice for all current professions, defined as authorised prescribers in the Medicines Act. In the case of optometry, NZAO want regulations that include any new medicines in scope if they are relevant to treating eye disease.

While the Association supports the intent and direction of the new legislation we identified a number of areas in which the draft Bill appears to threaten the ability of the optometry profession to properly carry out its role in appropriately providing specialist Tier 1 eye health services in the community as registered health practitioners and authorised prescribers. Depending on how parts of the new Act are implemented there could be barriers which limit or prevent the profession from developing extended roles within DHBs, most immediately, and in the community setting, which is already on the horizon. The association considers that the unique role that optometry plays in terms of Tier 1 eye health services means that it needs to be able to access eye health medicines on the same basis as a general medical practitioner.

[NZAO would like to thank the School of Optometry and Vision Science, UOA, for assistance in the preparation of the extensive submission]

INCORPORATED SOCIETIES ACT 1908

NZAO has noted that a number of changes have been instigated in the current draft of the bill, designed to replace the Incorporated Societies Act 1908, in anticipation of the bill being introduced to the House later this year. This bill change may impact on the NZAO in terms of potential rule changes so the plan is to keep a watching brief on any proposals.

ACC

NZAO has set up an ACC working party to develop a referral guidance document for post-concussion rehabilitation services provided by optometrists. As part of that process NZAO is scheduled early in the new financial year to meet with ACC's new chief clinical officer, Dr John Robson.

NZAO acknowledges the departure of Dr Peter Robinson, chief clinical advisor for ACC, with whom NZAO has had a long and fruitful relationship.

UPDATE FOR MEMBERS ON THE CHILDREN'S ACT

On 1 July 2014 the Vulnerable Children's Act, now called the Children's Act passed into law. The Act introduced measures to ensure children are better protected from abuse and neglect both in their homes and in the community. Under the Act, optometry practices that provide government-funded health services to children (up to the age of 17) are required to undertake safety checks (checks involve gathering a range of key information about a person and evaluating this information to determine whether they pose any risk in being employed working with children including police checks).

Members were reminded about an important deadline that all workers who meet the definition of children's worker were 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.

Related Clinical Groups

EYE HEALTH COALITION

The Eye Health Coalition (EHC) membership includes the Blind Foundation, the New Zealand Association of Optometrists (NZAO), Macular Degeneration New Zealand (MDNZ), Glaucoma NZ (GNZ), Retina NZ, the Royal Australia and New Zealand College of Ophthalmologists (RANZCO), and the School of Optometry and Vision Science (SOVS), with future expansion to include other eye health groups on the horizon.

Over this past year, the EHC has made a decision to merge with the historic Vision 2020 initiative. This decision was made as it:

- provides a formal link to the International Association for the Prevention of Blindness (IAPB) and the World Health Organisation (WHO)
- enables the formalisation of the EHC under an existing (and aligned) structure
- gives the EHC a platform to build a more sustainable organisation.

This group has undergone a strategic planning day which resulted in the creation of a coalition objective and four work streams.

Objective: Access to quality eye health care for all New Zealanders

Strategy Work Streams:

1. Data and Evidence – providing insight and evidence for change
2. Advocacy – advocating for the needed change based on the evidence found
3. Client Pathways – client centred focus on improving the eye health pathway
4. Organisational Sustainability – building a sustainable organisation that can deliver the ongoing support for change

PARLIAMENTARY FRIENDS OF EYE HEALTH

As part of the Eye Health Coalition, the NZAO was keen to continue the involvement of the Parliamentary Friends of Eye Health (PFEH) network along the lines of that established in Australia. Benefits remain to include being able to engage with members of parliament and, to the greatest extent possible, present a unified sector that has eye health care as a central focus. The

ongoing plan is to build relationships with various members of parliament and give a sense of ongoing dialogue.

In November 2018, the EHC travelled down to parliament to present the collective stance regarding the proposed Super Gold Card free health check, which includes a free eye check. Chelsey Alexander, vice president of the NZAO, presented and led the discussion that followed. There were four members of parliament in attendance and their interest seemed genuine. The main points discussed were:

- that the eye health sector appreciates the recognition of eye health in this proposed health check for the at-risk group of over 65 year olds
- the importance of creating a safe definition of what constitutes an eye health check
- our willingness as a collection of eye health specialists/advocators to be involved in that planning process to make sure the New Zealand public and the providers are safe

PRIMARY HEALTH ALLIANCE (PHA)

NZAO is an associate member of the Primary Health Alliance (previously known as the PHO Alliance) which provides national leadership on key issues affecting the primary health care strategy and primary health organisations in New Zealand. The PHA's objectives are to:

- Advocate, with regards to health and wellbeing, on behalf of members for the benefit of the population of New Zealand
- Promote primary and community health through integrated multi-agency and multi-professional partnerships
- Foster effective partnerships between providers and communities
- Foster and nurture key strategic relationships at a local and national level
- Encourage collaboration and the sharing of resources, good practice and information across members and the wider sector
- Contribute to the development and implementation of health policy at a national level
- Promote and support enrolled list-based primary and community care
- Promote general practitioners as overarching clinical guardians for patient level primary and community care supported where appropriate by nominated care co-ordinators

NZAO benefits through information sharing and ability to participate in some key discussions that have the potential to impact on optometrists and the provision of primary eye care to New Zealanders.

FEDERATION OF PRIMARY HEALTH AOTEAROA NEW ZEALAND (FPH)

Through our membership of the PHA, NZAO has also become a member of the newly launched Federation of Primary Health Aotearoa New Zealand. The FPH is a sector wide multi-professional membership association providing an inclusive platform for health and care integration with the people of New Zealand at the heart of our objectives.

The purpose of the Federation is to provide national leadership on key issues affecting primary health in New Zealand. In particular the Federation aims to:

- Be the voice of primary health care for the health, well-being and benefit of all New Zealanders
- Promote primary health to be the central function and main focus of New Zealand's health system
- Promote, protect and improve the sustainability and interests of the primary health sector
- Contribute to the development of health strategy, policy and implementations
- Foster effective partnerships and collaborations
- Pursue meaningful responses to the differences in health access and outcomes between different populations in New Zealand and to tackling these inequities

- Promote primary health as being practical, scientifically sound, socially acceptable and enabled by technology
- Embrace the principles of the Treaty of Waitangi by working in partnership, ensuring participation and, protecting the health of Maori
- Ensure a consumer focus is applied to primary health policy and provision, with the inclusion of the consumer voice and being responsive to consumer needs
- Acknowledge the specific needs and differences of our communities and the services required to support them
- Undertake such acts or matters as may be necessary or expedient for the purposes of the Federation or identical or conducive to the attainment of the purpose of the Federation

Use of Medicines

Members continue to access the New Zealand Formulary, a vital online tool encouraging better and more consistent decision making for medicines prescribed by health professionals, and Council noted it has recorded 200 million page views since its launch six years ago as of November, 2018. Intended as a one-stop shop for all things medicines related relevant to New Zealand, it has medicine clinical information, classification, subsidy status (regarding government funding), interactions and best practice use.

Low Vision

Low vision work continues to be 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.

NZAO continues to offer members an opportunity to be credentialed in low vision but there is only a small uptake.

Optometrists and Dispensing Opticians Board (ODOB)

On behalf of the Board, NZAO continues to manage the recording of an individual optometrists continuing professional development (CPD). This year saw the additional reporting requirements for optometrists with the glaucoma scope of practice. This has meant glaucoma specific CPD and peer reviews are to be identified in NZAO database for reporting purposes. We have adjusted the CPD reports to add clarity for glaucoma prescribers.

The Board's Standards of Clinical Competence for Optometrists was reviewed and, following consultation and minor amendments, the revised standards were approved. Members were alerted to changes to the glaucoma prescriber CPD programme which now means those who attend a peer review event will gain general glaucoma credits. There is no change to glaucoma prescribers who present a case.

With the passing of the Health Practitioners Competence Assurance Amendment Act (2019) there are some changed functions and processes for ODOB.

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 (ORRG) hosted annually by the OBA. The annual ORRG meeting was held in Melbourne in October 2018; the NZAO was represented by our president, Rochelle van Eysden. Agenda items relevant to New Zealand were discussed as follows: what the future of optometry might look like, taking into account the challenges posed by internet sales, other business models, as well as the development of AI tools. There was also a presentation on cultural safety and the initiatives to improve equity in health for Aboriginal and Torres SI populations.

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND (OCANZ)

The main roles of OCANZ are: to accredit the university optometry programmes that produce graduates for registration as optometrists in Australia and New Zealand; and to examine overseas optometrists who wish to work in Australia or New Zealand for equivalence of training to local graduates. There are now seven optometry schools - Auckland, New South Wales, Melbourne, Queensland, Deakin, Flinders, and Canberra. The views of the NZ profession, responsible authority, and optometry school were represented by Wilson Sue (Member, NZAO nominee), Damian Koppens (Member, ODOB nominee), and Dr Andrew Collins (Director). Council reviewed the minutes of the OCANZ Members meeting which are provided as a courtesy under confidentiality to Members. OCANZ continues to be supportive of maintaining high standards of education and training, and the developing role of optometrists as recognised health professionals.

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 (JCXO), jointly working to ensure the journal has quality content and remains accessible to members. The JCXO is considered one of the top three journals internationally and maintains a respectable impact factor of 1.335 with published papers highly sourced and referenced. NZAO members can access six issues annually. Additionally, NZAO members continue to benefit from the NZAO/OA agreement to circulate the PHARMA magazine and give New Zealand members access to online CPD credits from the related clinical quizzes. NZAO members receive four issues a year.

At its 100th anniversary celebration in December, OA launched a significant initiative aimed at identifying likely and preferred futures for optometry, optometrists, and community eye health which culminated in the report, *Optometry 2040 taking control of your future*. The report aims to provide an agenda and strategy to guide the sector towards a sustainable future over the next two decades. Seven key trends were highlighted that OA believes will shape the future of the profession and eye care, including the prospect of broadening the optometric scope of practice.

WORLD COUNCIL OF OPTOMETRY (WCO)

Andrew Sangster has acted as liaison to the WCO, which is the only global optometric body in official relationship with the World Health Organization (WHO). However, Andrew Sangster has been unable to attend any of the congresses or meetings this past year.

Having celebrated 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 vision is of a world where optometry makes high quality eye health and vision care accessible to all people. Whereas in order to achieve [their] vision, [their] mission is to facilitate the development of optometry around the world and support optometrists in promoting eye health and vision care as a human right through advocacy, education, policy development and humanitarian outreach.

According to the World Health Organisation, globally it is estimated that approximately 1.3 billion people live with some form of vision impairment. The leading causes of vision impairment are considered to be uncorrected refractive errors and cataracts. However, there is some variation in the causes across countries. For example, the proportion of vision impairment attributable to cataract is higher in low- and middle-income countries than high-income countries. In high income countries, diseases such as diabetic retinopathy, glaucoma and age-related macular degeneration are more common. Approximately 80% of all vision impairment globally is considered avoidable.

Plans are underway for the 3rd World Congress of Optometry to be hosted in Orlando, Florida, USA (23 – 28th October, 2019). Attendees will enjoy over 200 hours of lectures and workshops.

ASIA PACIFIC COUNCIL OF OPTOMETRY

The 22nd APCO congress was held in June in Manila, Philippines. The conference theme was technology's impact on our profession and included clinical and diagnostic technology and also technology that supports the retail side of optometry. The issues discussed included those affecting optometry, both in the Asia Pacific region and also internationally. NZAO did not have a representative at this event.

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

NZAO has agreed that it is important for New Zealand to participate jointly with Australia because practitioners and consumers need confidence that what is being provided is to an appropriate standard. Whether it is for prescription lenses, UV protection, or for solutions for storing contact lens; and for consumer protection – products must be fit for purpose. 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 – LAND TRANSPORT DRIVER AMENDMENT RULE 2019:

Last year, NZAO made representations on the driver licensing review and observed that this was largely effective. It is noted that when the consultation on the Omnibus legislative changes was circulated in August 2018 the vision standards within the Medical Fitness to Drive remained unchanged while the legislation was amended to enable online applications. In a later update of Driver Licensing legislation the NZ Transport Agency (NZTA) sought comment on the draft Land Transport (Driver Licensing) Amendment (2019), which, amongst other proposals, included removing the requirements of repeated eyesight testing.

While NZAO accepted that there is a degree of repetition in vision testing in the current graduated driver licensing system, we strongly disagreed that testing only at the learner licence stage, at or after the age of 45 with no testing thereafter until age 75 was either acceptable or safe. We objected to the suggestion it is necessary to remove requirements for repeated eyesight testing to apply for or renew driver licenses online. We cited passport renewals as an example where pictures and documents are successfully uploaded in a digital licensing environment.

The NZAO's view in light of a significant amount of feedback from optometrists was that the *only* problem with current testing was the use of automated screening machines. Effectively the NZTA screening applies a monocular measure to a binocular standard.

It is the view of the NZAO that it would be an error to remove vision testing on the basis of the rather contestable analysis of crash statistics and suggest crash propensities have very little to do with vision. The submission suggested that *if* the regularity of driver vision tests is to be reduced in favour of signing a 'declaration' that will fit with LTNZ's proposed online licensing regime then it is *imperative* to concurrently introduce a police roadside vision check. At the very least the omnipresent threat of roadside vision testing would provide an important signal to drivers that maintaining good vision does matter.

The NZAO believes vision testing at initial application and every 10 years thereafter is safe and workable for the new online system. NZAO sees no sense in extending the period between testing and continuing with machine screening - the stats will remain the same – of those failing 60%, will be passed by an optometrist. In a worse scenario many will be driving with truly defective vision.

[Thanks to member and past counsellor, Jack Crawford, for assistance in drafting this submission.]

For members to achieve the highest clinical standards

Accreditation

AUTHORISED PRESCRIBERS

As at 30 June the majority of NZAO members (505) 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

As at 30 June, 89 NZAO members have advanced endorsement for treating glaucoma in accordance with the ODOB guidelines.

CLINICAL PRIORITY ASSESSMENT OF CATARACT

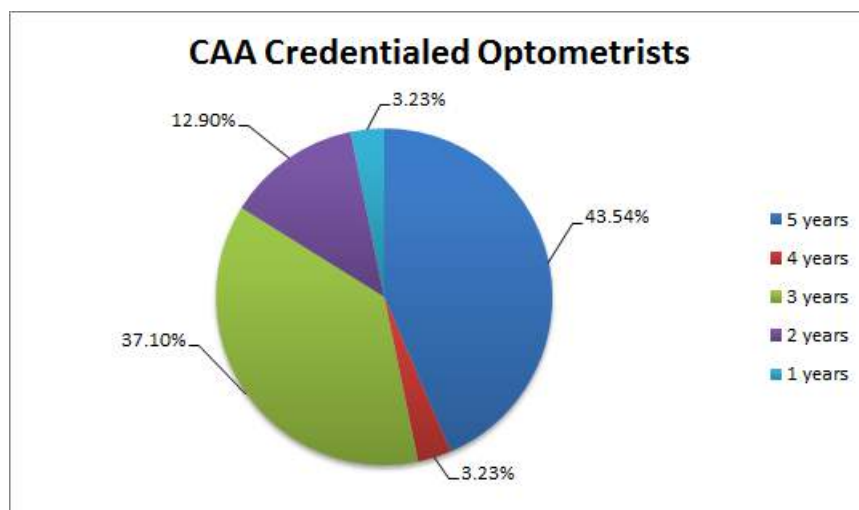
As at 30 June, 302 NZAO member optometrists are registered with the NZAO virtual DHB to complete the online Clinical Priority Assessment -of Cataract (CPAC) Tool. The Association policy is for the full CPAC form to be printed showing vision findings and Impact on Life responses as well as the priority 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 are certificated as 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, 62 members are credentialed to provide eye and vision reports for the Civil Aviation Authority (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 illustrated in the figure below.



Continuing Professional Development

CPD ONLINE

As at 30 June, there are 14 NZAO online CPD modules posted on the website. We have also offered further 10 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 has provided members with free access to an additional 76 online courses.

Complaints

There has been a low level of complaints again this year although two were referred to the NZAO complaints committee. The first where the patient had regularly visited a practice group for ten years and been examined by several optometrists, but the glasses prescribed had failed to provide comfortable vision until an optometrist finally determined what the problem was. The complaints committee found that patient records lacked information; only one of the optometrists concerned was an association member so the matter was referred to the Optometrists and Dispensing Opticians Board. The Board in turn referred matters to the health and disability commissioner. Support was offered to the NZAO member.

The second complaint arose when the patient believed loss in their vision was due to a delay in the optometrist's referral reaching the ophthalmologist. Delay was caused by the referral letter going missing in the post. Although the complaints committee considered that patient notes appeared to confirm minimal visual change, the manual practice systems, written records that were difficult to read and reliance on postal service is outmoded when compared to the standard of care provided by most up to date New Zealand practices.

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"
- 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, while NERF mainly assists academics and practitioners at the postgraduate level. Instead of awarding one large grant to one person for one project, the general principle is to make several smaller grants to assist several people on several projects.

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.

2018 NZAO Summer Studentship <u>Topic:</u> Measuring binocular fusional reserves with eye tracking	Joyce Wong	\$7,000
2018 Paul Dunlop Memorial Research Scholarship: <u>Topic:</u> Simulation of Orientation-Dependent Amblyopic Suppression Mechanisms Using Neutral Density Filters	Linda Zhou	\$7,000
2018 Masters Completion Award	Robert Ng	\$2,000
2018 PhD Completion Award	Samantha Simkin	\$2,000
2019 NZAO Higher Degree Research Write Up Scholarship <u>Topic:</u> Basic and clinical myopia research	Safal Khanal	\$3,600
2019 NZAO Academic Travel Grant To present on retinopathy of prematurity in New Zealand at the European Society of Ophthalmology 2019 Congress.	Samantha Simkin	\$2,400
2019 NZAO Post Graduate Scholarship <u>Topic:</u> Keratoconus in Down syndrome: prevalence, avoiding visual disability and improving quality of life	Joyce Mathan	10,000
2019 Maori Pacific Island Scholarship	Tiana Williamson	\$1,000
2019 Leon Garner Award for top student entering BOptom Pt III	Luke Oliver	\$1,000
2019 Most Improved Student Entering BOptom Pt IV	Tanisha Kumar	\$1,000
2019 Rob Jacobs Award for top student entering BOptom Pt IV	Tiffany Ong	\$1,000
2019 Most Improved Student Entering BOptom Pt V	Jocelyn Cheng	\$1,000
2019 Michael Kalloniatis Award for top student entering BOptom Pt V	Muthana Noori	\$1,000
2019 Peg Wood Award for the student gaining the highest combined grade course OPTOM 441 binocular vision	Steve Yoo	\$500
2019 NZAO Student Externship Scholarships Four students were supported to travel to a range of rural/small urban centre clinics in the North and South Island.	Althea Lim Anna Chen Kamaldeep Kaur Ciela San Luis	\$4,500
2019 NZAO Educational Event Award To support speaker Richard Johnson, optometrist to present on management of complex cases.	Wellington NZAO Branch	\$ 927
2019 NZAO Research Grant (5 th payment of 5)	Jennifer Craig	\$20,000

University

SCHOOL OF OPTOMETRY AND VISION SCIENCE BOARD OF STUDIES

The School of Optometry and Vision Science Board of Studies (SOVS) meets annually in February and is chaired by the Dean of the Medical and Health Sciences Faculty. The profession is represented by Dr Frederikson, NZAO clinical services director. The meeting provides strategic advice and 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 programme 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 2019 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 11 April 2019. 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 BOptom programme including the successful curriculum development which has had a beneficial impact on the ability to schedule and support students with projects in part V. New initiatives at SOVS include the development of cultural competency and safety components which are happening across Australasia. Initiatives to maintain student clinical exposures in the wake of the Tamaki clinic closure have been successful, with new initiatives continuing to be developed. A key focus for research is in community eye health.

This year SOVS hosted six summer studentships, four of which were funded by the faculty, one by the SOVS, 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 measuring binocular fusional reserves with eye tracking; simulating orientation-dependent amblyopic suppression using neural density filters; the role of circadian clocks in glutathione regulation of the lens; the role of the 'diving reflex' in controlling the thickness of the ocular choroid; the effect of Atropine on the full field electroretinogram; non-modifiable risk factors for dry eye and anti-cataract therapies.

The undergraduate student profile reported for this year is:

- Part II 61 students (includes one repeating and one deferred student).
- Part III 58 students
- Part IV 53 students
- Part V 54 students

STUDENT ACTIVITIES

Transition to Work Event for Part IV and Part V Students

Our annual student transition to work evening was held in September 2018. The annual event continues to guide students in their transition from study to employment while promoting the NZAO to students. The event hosted by the NZAO Council was attended by over 40 students and staff from the School of Optometry and Vision Science.

The evening was an informative forum for students to interact with a panel of recent graduates and a panel of employers to ask the relevant questions before transitioning from student status to 'real-life' optometrist. Thanks to Shannon Boy, Oliver Munro and Dr Samantha Simkin for volunteering their time to share their experiences with the students.

Part II student's orientation lunch

In April a special welcome orientation was held for the new 2019 Part II class entering the optometry degree. Students were treated to a lunch with NZAO councillors and staff giving them a unique opportunity to meet and mingle. Students had an opportunity to discuss what optometry is, life after graduation, and to hear more about the association and how it supports optometrists on their journey from student to professional.

The NZAO award for the top Māori or Pacific Island student entering BOptom Part II was awarded to Tiana Williamson in front of her peers.

New Zealand Association of Optometrists Student Awards Event

Council hosted over 50 students and staff from SOVS at the annual NZAO Student Awards function held at the Cordis hotel to celebrate the successes and achievements of this year's award winners. Rochelle van Eysden, NZAO president welcomed guests to the occasion and opened with a brief history of NZAO and the achievements that have made optometry what it is today.

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 BOptom program respectively. During the award presentations councillors provided a brief outline of the memorable contributions made by each of those being remembered and recognised.

The most improved student entering BOptom Pt IV and V were also recognised plus the Peg Wood award which is for the student gaining the highest combined grade in clinical optometry (binocular vision).

This event provides another opportunity for part IV and V students to mix and mingle with NZAO councillors and staff and find out more about the association and the profession of 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 is NZAO's flagship public awareness campaign for eye health. Each year since 2002, the NZAO has headed the month-long eye health promotion campaign. The aims of this campaign are to:

- improve the eye health of New Zealanders by letting people know a regular eye examination by an optometrist can save their sight.
- improve understanding among New Zealanders that eye health is an essential part of maintaining personal health and wellbeing and they can take action by scheduling an eye examination every 2 years
- educate people about the realities of living with impaired vision and the importance of vision for performance at school, at work, and at play.



This year NZAO continued its focus on member practices, hospitals and GP practices via MediBoard which offers a contemporary poster board (see image) and brochure displays boards. This year, the A3 poster, 'Don't get blindsided', was displayed on 366 nationwide MediPoster boards for the 9 months from October 2018 to June 2019. The Save our Site brochures could be found in 732 sites across New Zealand throughout the year with a total of 18,402 uplifted.

The estimated views of the MediBoards over the 12 month period are 8 million. The estimated views of the MediPoster boards over the 9 month period are 3 million.

The past year has seen a significant increase in uptake of our brochure compared to the previous 12 months. This was considered due to our campaign in MediPoster and the design of our latest poster which was considered very eye catching.

In March, an additional 17,500 brochures were reprinted due to demand.

PRIMARY EYECARE QUARTERLY

Two issues of the Primary Eyecare Quarterly were distributed to general practitioners. The 54th edition (September 2018) focussed on our Save our Sight campaign and how GPs can help to save people's sight. The 55th edition in March 2019 was a research roundup and included study summaries related to the association between obstructive sleep apnoea and optic neuropathy; mortality after a CVA in age related macular degeneration patients treated with Bevacizumab (Avastin) ocular injections; orbital fractures in children; customised spectacles using 3-D printing technology; and a systematic review, meta-analysis and modelling of the prevalence of presbyopia and vision impairment.

MEDIA ACTIVITIES

NZAO responded to eight media enquiries this year:

- A media enquiry was received from the Herald regarding the varying thresholds for cataract surgery across New Zealand district health boards. The journalist was interested in how CPAC thresholds for surgery vary across DHBs, and wished to profile some patients who were declined despite having vision loss significant enough to stop them driving. He requested NZAO's perspective on this issue, including whether optometrists are noticing the problem of needy patients being declined, and whether the CPAC system is working well, and if a national threshold is needed.
- NZAO received two media enquiries from Consumer NZ. The first regarding standard eye tests and whether additional tests are worthwhile, and/or necessary. The second enquiry was about choosing lenses, and information about different coatings and what these do.
- Altura Learning who make educational content for aged and disability care workers, were making a programme about the code of rights and sought to use an optometrist practice as a backdrop with a scene involving a young girl having an eye exam. Member, Evan Brown was happy to facilitate the request.
- Rochelle van Eysden, president of NZAO spoke with the developers of a government funded publication for parents. The publication will be a communications tool to engage parents in seeking support for any issues relating to raising healthy children including a one page story on eyesight/vision.
- A Stuff journalist asked about blue light filtering glasses; how they work and whether there has been a spike in sales/prescriptions of these glasses
- From a Herald on Sunday journalist there was a query about cell phone hazards. Andrew Sangster responded with a one pager summarising issues.
- From Radio NZ's pre-panel for their one quick question segment, Andrew Sangster was interviewed to answer the question: 'Our eyes can detect a small band of the electro-magnetic spectrum. We can even distinguish between the long wave lengths in this band (red) all the way through to the short wave lengths (violet). How come there are so many other colours we can 'see'? Andrew Sangster, NZAO media spokesperson was interviewed.
- NZ Optics sought NZAO comment on blue light lenses, a topic that seems to court much controversy. Andrew Sangster, NZAO media spokesperson provided comment including that there are no studies in a real world setting that blue light is more or less harmful and that blue light blocking lenses can be useful in cutting the glare from fluorescents.

MEMBER PUBLICATIONS

TVC: Members continue to receive 11 issues of the Total Vision Care newsletter informing them on topical items of interest, NZAO happenings, regulatory changes and events including CPD opportunities. A new column, 'spotlight on member benefits' highlights to members, the benefits of their NZAO subscription. The addition of a 'letter to the editor' section encourages a reciprocal member-centric approach for members to communicate with their NZAO peers.

E-NEWS: The E-News continues to be distributed to our members on a fortnightly basis. The E-News has a significantly high open rate of over 75% with updates on professional indemnity insurance and the Children's Act proving the most clicked on links. The Learning for Vision case studies series was the most popular regular item, with a total of 55 cases published between 31 October 2016 (initiation) and 30 June 2019.

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

Membership

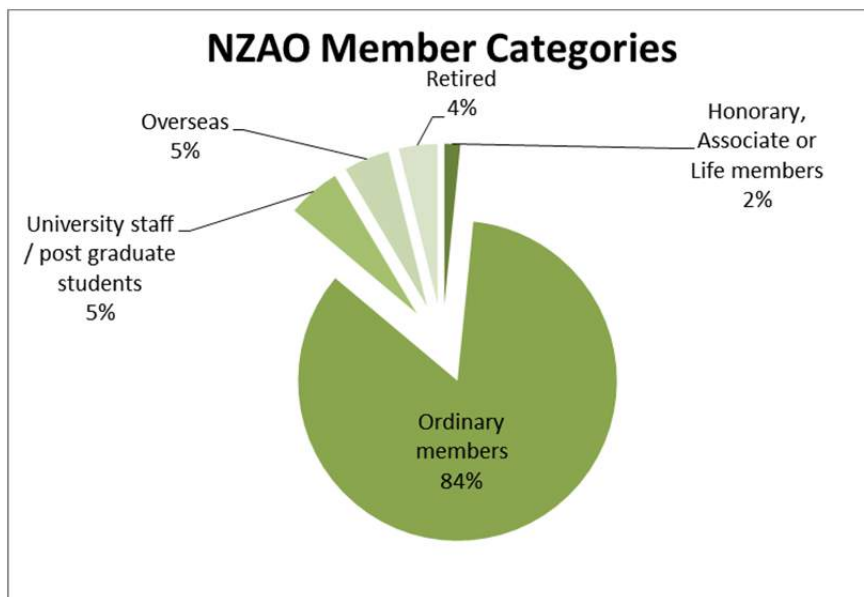
A warm thank you to all NZAO members, many of you give up your time, energy and expertise to contribute as Council members, committee members, branch members, conference presenters, editors, reviewers and contributors to our publications, and to NZAO submissions.

The role of the Association is to support the educational, research, legislative, and co-operative activities that will make the profession of optometry in New Zealand better over the course of our members' careers.

The Association had a total of 710 members as at 30 June 2019 plus an additional 108 student members.

NZAO boasts an excellent retention rate of 95% with a slight membership increase of 2%.

At the AGM, an honorary membership was conferred on Dr Lesley Frederikson for her leadership over the last 20 years. Professor Alwyn Stockley, Associate Professor Rob Jacobs and Professor Michael Kalloniatis were also nominated for re-appointment as honorary members.



Member Categories	At year end
Ordinary	583
Honorary, Associate or Life	11
University staff and post graduate students	37
Overseas	32
Retired	27
TOTAL	710

OPTOMETRY EDUCATION

The NZAO helps its members by supporting NZ optometric education:

- 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. Of note, 13 members participated in a CAA seminar in July – an essential first step to becoming CAA credentialed to perform CAA pilot licence eye examinations. A NZAO and Centre for Eye Health collaboration now enables NZAO members to have free access to a significant catalogue of CPD material through the CFEH online portal: Learning for Vision.
- 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.
- The 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.
- The NZAO annual conference provides a key opportunity for members to deepen their knowledge, and achieve their continuing professional development (CPD) credits for the year. This year the conference was hosted in Paihia with around 90 registrants plus speakers, sponsors, NZAO personnel, and partners in attendance.



Paihia Conference 2018

Odes to the ocular

ODE TO GLAUCOMA TREATMENT

*When the pressure starts high and the treated
drop great,
Likely a good outcome is to be the fate.
Compliance, exfoliation and disc
haemorrhage must be watched,
So the case doesn't get botched.
Most patients can be predicted,
And your Zen won't be afflicted
But some patients will surprise,
And cause your blood pressure to rise.
Lowering 22 down to 18 is not enough,
Go for 50% so they don't snuff.*

ODE TO AN ARTERY OCCLUSION

*When the vision is poor and the fundus is
pale,
A branch or laminar emboli has caused the
fail.
Heroic measures are rarely helpful,
And vision return is doubtful.
In an Oldie, always remember giant cell it
may be.
Hurry and get an ESR and CRP.
The retina is infarcted and dead,
So neo you should not dread.
But here is where you must not choke,
Send them to the ER because they are
having a stroke.*

ODE TO A FISTULA

*Beware the chronic red eye
It isn't infected, inflamed, or dry.
When corkscrew vessels makes the eye red
And the patient has bag-o-med.
The problem is deep
And arterial blood has begun to seep.
Your first fistula you will always miss
But on your second case you will never be
remiss.*

Odes courtesy of Joseph Sowka

Wilson Sue managed to splice together a wonderful programme of speakers, with every session featuring contemporary optometric and ophthalmological knowledge. Keynote speakers, Professor Joseph Sowka of Nova Southeastern University College of Optometry, Florida, and his partner Associate Professor Lori Vollmer, did not disappoint. Joseph's lectures were concerned mostly with critical differential diagnoses of a variety of ocular conditions, with particular reference to how diligent and appropriate the use of the OCT is, and now pretty much mandatory. This too was a recurrent theme in the presentations of others. Joseph's lecturing style was engaging, and further embellished by his quirky odes, summarising the main take-home lessons. Lori's sphere of interest lies in ocular disease and nutrition; she teaches a course in ocular nutrition and the eye. She is a candid speaker, well in tune with her audience.

The third keynote speaker was Paula Katalinic who is currently on the clinical staff of the Centre for Eye Health UNSW. Again, an impressive speaker; the take-home memory is just how innovative some of the diagnostic uses of the OCT are becoming.

A cohort of younger optometrists each delivered a lecture; Ally Xue on the matter of IPL treatment for MGD, Samantha Simkin on the topic of optometry involvement in the Blind and Low Vision Education Network of NZ (BLENNZ), Danielle Ross of Central Otago on the matter of optometrists working with local schools to improve outcomes for children with learning difficulties, Richard Johnson of the Ophthalmology Department at Greenlane Hospital, describing some riveting case histories, and Hans Vellara with again some clever use of the OCT looking at the biomechanics of the eye in health and disease.

Finally, but certainly not least, we owe thanks to ophthalmologists, Drs Trevor Gray, Dean Corbett and Brian Kent-Smith each of whom delivered papers of stark candour and of great interest.

To quote Jack Crawford, 'As conferences go, this one offered a consistent and memorable learning experience across each session, with no yawny bits; those of you who did not attend, missed something pretty special.'

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 and Dispensing Opticians Board of New Zealand (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.
- This year, NZAO has continued to engage with the Ministry of Health as the new Therapeutic Products Bill 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 and Dispensing Opticians Board of New Zealand 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 fortnightly 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 Gateway online that includes access to MIMS Quick Reference and MIMS Drug alert. It is the medicines information resource used and trusted by health professionals throughout the country in an electronic reference platform. The new platform is updated monthly and incorporates MIMS Online and the free New Zealand Formulary, as well as other sources of online information users asked to have added, such as Medsafe's Prescriber Update, the Hospital Medicines list and hospital policies and guidelines.

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 2018-2019 period 530 individual member policies were purchased with 111 taking 'business entity' liability insurance. Only 14 practices opted for cyber insurance.

Claims made during the year came to a total of \$1,153.

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

NZAO 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 2018 – 2019, 20,850 pamphlets, 6,100 bags (this includes plastic med, large and paper) and 1,100 travel cards were distributed. As of 30 June, all plastic bags have been phased out and replaced with a one size paper bag.

To achieve an effective and efficient administration

The NZAO national office located in Tawa, Wellington provides full administrative services to Council and the Association. During the period 1 July 2018 to 30 June 2019 Council met six times in September, October, December, February, April, and June.

The national office staffing has undergone some changes. The office staffing is now comprised of 3.8FTE which includes an executive officer, Siobhan Molloy; officer manager, Grant Firth; CPD manager, Karthi Ilangovan; and communications coordinator, Jo Lucre complemented by Dr Lesley Frederikson who works part time as NZAO's clinical services director. Together their work 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; and 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 the annual conference, CPD online, and CPD recording services;
- Publications including the Total Vision Care newsletter; GP Quarterly; fortnightly E-news; member resources and member services including the NZAO professional indemnity scheme; development and provision of health information including pamphlets and short articles; and a comprehensive NZAO website.
- Processes for the AGM and production of the annual report; proposals for Council; and general correspondence.
- Communications and submissions to ministers, select committees or government departments; communication with external agencies; environment scanning; strategic development; projects, advice, and representation; and relationship management.
- Save our Sight campaign; 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:

- **Strategic Planning:** Members views were sought in preparation of the Council and some members coming together to consider the future directions for NZAO. The NZAO Council were mindful of members' views in relation to our vision and mission; the relevancy of NZAO to its members and the general public; what the big issues and challenges are; what could NZAO be doing differently; and members' current perceptions of member benefit opportunities. Council are currently working on the final wording of the strategic plan. The outcome includes a revised vision and mission statement – both designed to be more succinct and include a focus on both member optometrists and optometry. The number of strategic goals has been reduced from seven to three which were considered more appropriate and still enable us to have clarity about what our focus areas are.
- **PI Renewal System:** The new online system developed by the team at national office for application / renewal of PI & business liability insurance has proven to be a success at gathering and tracking the forms.

To expand the domain of Optometry

Council is always looking for opportunities to extend the optometrist scope of practice where this is of both benefit to the public and of professional interest to members. In practical terms this means fewer people might go blind and enables a broader range of employment options for optometrists within the health service.

NZAO POSITION ON NZ OPTOMETRISTS PERFORMING EYE SURGERY

NZ optometrists are not currently trained to provide eye surgery. If a NZ optometrist wanted to provide “major” eye surgery as a health service then they would need to meet the training standard that has been well established by ophthalmology and that is accepted as competent by the Responsible Authority. The NZ optometrists who have done this have undertaken the 10-12 year process of first going to medical school and then completing the training pathway to become vocationally registered surgeons.

However, GPs and dentists working within their experience and competence provide “minor” surgery and refer to the appropriate surgeon for “major” surgery as required. GPs, dentists (and optometrists) as authorised prescribers are also able to prescribe medicines such as steroids and antimicrobials that might be required as part of surgical care.

When more NZ optometrists who are authorised prescribers are trained and can provide eye surgery, it will likely begin with “minor” laser eye surgery as part of an ophthalmology-led team in a hospital setting.

Some UK hospitals have trained ophthalmic nurses (since 1997) and optometrists (since 2009) to provide YAG laser capsulotomy. This happened before UK nurses and optometrists were able to prescribe steroids. The training of UK hospital nurses and optometrists has since extended to include YAG peripheral iridotomy (PI) and selective laser trabeculoplasty (SLT).

In the early 2000s when optometry TPA was not universally supported, one argument put forward was that an optometrist with only an additional 50 hours of clinical training was not suitable to manage or treat severe herpetic eye disease requiring hospital care. This ignored the obvious, that an optometrist TPA working within their experience and competence would actually refer severe herpetic eye disease requiring hospital care to an ophthalmologist, or that an optometrist treating severe herpetic eye disease would likely be working in a hospital as part of an ophthalmology-led team. 12+ years of TPA in practice has shown this is what happened.

In practice then, when it comes to NZ optometrists performing eye surgery, “minor” eye surgery provided by appropriately trained optometrists will likely happen in hospitals, but “major” eye surgery provided by appropriately trained NZ optometrists will not happen (the optometrists who have retrained as eye surgeons have not maintained their optometry registration). Changes to technology and training and work environment will shift the accepted definition of “minor” eye surgery in time.

SUBMISSIONS

- Submission to the Ministry of Health on the **Therapeutic Products Bill** which stated that NZAO would like provision in the new Act that ensures access to new medicines relevant to the scope of practice for all current professions, defined as authorised prescribers in the Medicines Act. In the case of optometry, NZAO want regulations that include any new medicines in scope if they are relevant to treating eye disease.
- Submission to the Ministry of Health on the **New Zealand Health and Disability Systems review** setting out a view of an ideal future health and disability system that would operate across community and hospital locations and recommends hospitals are for inpatient and specialist care and where possible outpatient services are moved to community based locations.
- Submission to the NZTA on the **Land Transport Driver Amendment Rule 2019** contending that vision testing at initial application and every 10 years thereafter is safe and workable for the new online system.
- Submission to Ministry of Business, Innovation and Employment on the draft **supplier code of conduct** where NZAO suggested an addition regarding corporate social responsibility in relation to engaging in our local economy by contributing to their share of the tax burden and social responsibility.
- Submission to Ministry of Business, Innovation and Employment on proposed **Government Procurement Rules 4th Edition** where our focus was to encourage a more level playing field to the benefit of both NZ health consumers and NZ businesses. NZAO suggested that monitoring of professional standards, enforcement of those standards, and measurement of health consumer outcomes should carry equal or higher weighting than price alone in the procurement process.
- Submission to the Ministry of Health on the **national strategic health and disability workforce priorities 2019-2024** where NZAO was asked to select and order the top ten of pre-prescribed priorities.
- Submission to the Optometrists and Dispensing Opticians Board of New Zealand on a **proposal to amend APC fee & impose discipline levy for optometrists**.

Financial Reports

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2019

NZ ASSOCIATION OF OPTOMETRISTS INC

	Note	2019	2018
MEMBERS FUNDS		\$ 693,883.30	\$ 646,672.72
These funds are represented by:			
CURRENT ASSETS			
Cash on Hand		86.50	105.10
Bank Accounts		170,430.39	121,138.62
Term Investments Maturing Within 12 Months		152,991.72	373,313.95
Debtors and Prepayments		14,200.02	13,710.43
Accrued Interest		1,360.93	7,222.88
Stock on Hand		14,474.45	14,811.51
Net GST Receivable		7,203.37	4,724.11
Tax Refund Due		9,956.08	660.35
		<u>370,703.46</u>	<u>535,686.95</u>
Less:			
CURRENT LIABILITIES			
Creditors and Payments in Advance		79,942.73	98,562.31
Accruals		22,968.07	5,245.00
Net GST Payable		-	-
		<u>102,910.80</u>	<u>103,807.31</u>
		<u>267,792.66</u>	<u>431,879.64</u>
NON CURRENT ASSETS			
Term Investments Maturing After 12 Months		423,149.35	208,247.87
Property Plant and Equipment at Cost	2	95,425.30	94,418.01
Less Accumulated Depreciation		(92,484.01)	(87,872.80)
		<u>426,090.64</u>	<u>214,793.08</u>
		\$ 693,883.30	\$ 646,672.72

For and on behalf of NZAO Council:

President:

Executive Officer:

Date:

Date:

The following notes numbered from 1 to 6 form part of these financial statements

**MOORE
MARKHAMS**

**STATEMENT OF MOVEMENTS IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2019**

NEW ZEALAND ASSOCIATION OF OPTOMETRISTS INC

	2019	2018
TOTAL FUNDS		
Balance at beginning of year	646,672.72	645,510.32
Total recognised income and expenses	<u>47,210.58</u>	<u>1,162.40</u>
Balance at end of year	<u>\$ 693,883.30</u>	<u>\$ 646,672.72</u>

The following notes numbered from 1 to 6 form part of these financial statements

**STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2019**

NZ ASSOCIATION OF OPTOMETRISTS INC

INCOME RECEIVED	Note	2019	2018
Membership Fees		513,163.15	504,393.63
Interest Received		27,323.08	24,527.95
Insurance Premiums Received		249,480.15	169,506.13
Sales of Pamphlets & Accessories		8,683.12	10,013.50
Conference Fees		39,708.78	68,613.36
CPD Recording		75,000.00	75,000.00
Member Services incl CPD		4,296.56	0.00
		<u>917,654.84</u>	<u>852,054.57</u>
LESS EXPENDITURE FOR THE YEAR			
Insurance Premiums		224,519.75	149,826.88
Cost of Sales		5,576.29	6,261.44
Conference Expenses		46,137.11	50,120.77
Personnel		334,086.50	366,485.45
Remuneration	327,339.58		360,468.85
Other	6,746.92		6,016.60
Occupancy		27,600.06	57,788.92
Rent	23,154.92		47,914.30
Other	4,445.14		9,874.62
Office & Stationery		9,658.22	7,737.69
Information Systems		5,513.71	4,009.81
Domestic Activities		25,893.85	28,851.03
International Activities		3,382.31	4,406.85
Communications		14,095.18	12,466.13
Public Relations		73,393.14	65,204.40
Save Our Sight	64,613.67		55,265.22
Primary EyeCare Quarterly	2,330.95		4,236.15
Printing & Publishing etc.	6,448.52		5,703.03
Sponsorship		0.00	104.45
External Fees		18,326.73	10,067.18
Audit	6,676.73		5,245.00
Accounting Fees	6,200.00		2,500.00
Legal	5,450.00		0.00
Other	0.00		2,322.18
Special Projects		77,389.78	74,320.80
Optometry Development	0.00		435.35
Pharmacy Liaison	200.00		400.00
Optometry Student Development	12,806.10		7,110.25
Pharma	6,959.65		7,051.35
MIMS Online	0.00		5,950.00
Journal Clin & Exp Optometry	47,879.72		48,466.17
Centre For Eye Health CPD	9,544.31		4,907.68
Bank Charges		260.42	1,202.06
Depreciation	2	4,611.21	5,450.75
Income Tax		0.00	6,587.56
		<u>870,444.26</u>	<u>850,892.17</u>
SURPLUS (DEFICIT) AFTER TAX		<u>47,210.58</u>	<u>1,162.40</u>

The following notes numbered from 1 to 6 form part of these financial statements

**NZ ASSOCIATION OF OPTOMETRISTS INC
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019**

1. STATEMENT OF ACCOUNTING POLICIES

a) Reporting Entity

The Association is incorporated under the Incorporated Societies Act 1908. It operates as a professional association.

b) Basis of Preparation

The financial statements of the Association have been prepared as Special Purpose financial reports intended to inform members of the financial position and financial performance of the Association and should not be relied upon for any other purpose.

These special purpose financial reports have been prepared in accordance with the accounting policies set out below.

c) 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 Association. All transactions in the performance report are reported using the accrual basis of accounting.

d) Specific Accounting Policies

(i) Goods and Services Tax

These financial statements have been prepared on a GST exclusive basis, except Debtors and Creditors which are GST inclusive.

(ii) Income Tax

The Association 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 tax.

(iii) Bank Accounts and Cash

Bank accounts and cash comprise cash balances and bank balances.

(iv) Debtors

Debtors are shown at net realisable value after providing for debts where collection is doubtful.

(v) Stock

Stock is shown at the lesser of cost or realisable value.

(vi) Property Plant and Equipment

Property, plant and equipment are stated at cost less accumulated depreciation. Depreciation has been provided on a straight-line basis so as to charge the net cost of assets over their estimated useful lives, assessed as follows:

Furniture and Fittings	5 Years
Office Equipment	5 Years
Display Stands	5 Years
Computers (incl. software)	3 Years

(vii) Investments

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

(viii) Interest

Interest has been accounted for on an accrual basis.

(ix) 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.

(x) 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.

e) Changes in Accounting Policies

This is the first set of financial statements of the Association prepared as special purpose financial reports in accordance with the Association's accounting policies. Prior year financial statements were prepared under Public Benefit Entity Simple Reporting – Accrual (Not-For-Profit). There have been no material changes in accounting policies from those adopted in the previous year.

2. PROPERTY PLANT AND EQUIPMENT

This Year	Depreciation	Cost Price	Accumulated Depreciation	Book Value 30.06.2019
Furniture & Fittings	206.51	17,871.54	17,534.84	336.70
Office Equipment	1,500.00	7,500.00	5,500.00	2,000.00
Display Stands	-	8,965.05	8,965.05	-
Computers (+ software)	2,904.70	61,088.71	60,484.12	604.59
	<u>\$4,611.21</u>	<u>\$95,425.30</u>	<u>\$92,484.01</u>	<u>\$2,941.29</u>
Last Year	Depreciation	Cost Price	Accumulated Depreciation	Book Value 30.06.2018
Furniture & Fittings	191.03	17,639.36	17,328.33	311.03
Office Equipment	1,500.00	7,500.00	4,000.00	3,500.00
Display Stands	-	8,965.05	8,965.05	-
Computers (+ software)	3,759.72	60,313.60	57,579.42	2,734.18
	<u>\$5,450.75</u>	<u>\$94,418.01</u>	<u>\$87,872.80</u>	<u>\$6,545.21</u>

3. RELATED PARTIES

The Association provides administrative services to the New Zealand Optometrical Trust (NZOT), the NZAO Education and Research Fund (NERF) and Volunteer Ophthalmic Services Overseas Charitable Trust (VOSO) at no charge. Donations are received by NZAO and some expenses may be paid out by NZAO on behalf of NERF. Both Trustees of NERF and NZOT are also members of the NZAO Council. There were no other transactions with related parties. NZAO holds shares in a non-trading company, Total Vision Care Limited.

4. CONTINGENT LIABILITIES

There are no contingent liabilities or guarantees as at balance date (Last Year – \$Nil).

5. EVENTS OCCURRING AFTER BALANCE DATE

No adjustable or non-adjustable events (as defined in the applicable financial reporting standard) occurred after balance date but prior to completion of the financial statements.

6. FINANCIAL COMMITMENTS

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

Financial commitments are:	2019	2018
Not more than one year	\$11,000	\$22,000
More than one year	<u>\$0</u>	<u>\$11,000</u>
	<u>\$11,000</u>	<u>\$33,000</u>

There were no material capital commitments at balance date (Last Year - \$Nil).

**MOORE
MARKHAMS**

Independent auditor's report

To the Members of New Zealand Association of Optometrists Incorporated

Opinion

We have audited the special purpose financial statements of New Zealand Association of Optometrists Incorporated on pages 1 to 5, which comprise the statement of financial position as at 30 June 2019 and statement of financial performance, and statement of movements in equity for the year then ended, and notes to the special purpose financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying special purpose financial statements of New Zealand Association of Optometrists Incorporated for the year ended 30 June 2019 are prepared, in all material respects, in accordance with the accounting policies set out in the statement of accounting policies of the special purpose financial statements.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)). Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the special purpose financial statements' 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.

Emphasis of Matter: Basis of Accounting and Restriction on Distribution and Use

Without modifying our opinion, we draw attention to Note 1 to the special purpose financial statements, which describes that the special purpose financial reports are to inform members of the financial position and financial performance of New Zealand Association of Optometrists Incorporated. As a result, the special purpose financial statements may not be suitable for another purpose. Our report is intended solely for New Zealand Association of Optometrists Incorporated and its Council and should not be distributed to parties other than New Zealand Association of Optometrists Incorporated.

Council's responsibilities for the special purpose financial statements

The Council are responsible on behalf of New Zealand Association of Optometrists Incorporated for the preparation of these special purpose financial statements in accordance with the accounting policies set out in the statement of accounting policies of the special purpose financial statements and for such internal control the Council determine is necessary to enable the preparation of special purpose financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Council are responsible on behalf of New Zealand Association of Optometrists Incorporated 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 special purpose financial statements

Our objectives are to obtain reasonable assurance about whether the special purpose financial statements are 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) 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 these special purpose financial statements.

A further description of the auditor's responsibilities for the audit of the special purpose financial statements is located at the XRB's website at <http://www.xrb.govt.nz/standards-for-assurance-practitioners/auditors-responsibilities/audit-report-8/>

A handwritten signature in blue ink that reads "Moore Markhams".

Moore Markhams Wellington Audit | Qualified Auditors, Wellington, New Zealand
1 October 2019

NZAO Education and Research Fund
Statement of Service Performance
"What did we do?", When did we do it?"
For the year ended
30 June 2019

Description of the Entity's Outcomes:*

This year NERF has made a total of 11 awards:

Summer studentship	1
Undergraduate student externship in clinical optometry practice	4
Higher degree write up scholarship	1
Postgraduate scholarship	1
Travel grant	1
Completion award for masters/PhD	2
Educational event	1

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

	Actual This Year	Actual Last Year
Payments for Grants and Awards	\$55,457	\$102,908

NZAO Education and Research Fund
Statement of Financial Performance
"How was it funded?" and "What did it cost?"
For the year ended
30 June 2019

	Note	Actual This Year	Actual Last Year
Revenue		\$	\$
Donations, fundraising and other similar revenue		123,708	118,701
Fees, subscriptions and other revenue from members		-	-
Revenue from providing goods or services		-	-
Interest, dividends and other investment revenue		66,966	57,136
Other revenue - Accrued Interest		2,701	3,280
Total Revenue		193,375	179,117
Expenses			
Expenses related to public fundraising		-	-
Volunteer and employee related costs		-	-
Costs related to providing goods or services		-	-
Grants and donations made		55,457	102,908
Other expenses		3,901	2,607
Total Expenses		59,358	105,515
Surplus/(Deficit) for the Year		134,017	73,602

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 2019

	Note	Actual This Year \$	Actual Last Year \$
Assets			
Current Assets			
Bank accounts and cash		63,889	24,437
Deposits Maturing Before June 2020		287,573	25,675
Debtors and prepayments		-	78,701
Loan to Related Party		5,000	
Inventory		-	-
Accrued Interest		2,701	3,280
Total Current Assets		359,163	132,093
Non-Current Assets			
Property, plant and equipment		-	-
Investments		454,712	458,897
Term Deposits		681,225	770,093
Total Non-Current Assets		1,135,937	1,228,990
Total Assets		1,495,100	1,361,083
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)		1,495,100	1,361,083
Accumulated Funds			
Capital contributed by owners or members		-	-
Accumulated surpluses or (deficits)		-	-
Reserves		1,495,100	1,361,083
Total Accumulated Funds		1,495,100	1,361,083

1. STATEMENT OF ACCOUNTING POLICIES

NZAO Education and Research Fund
Statement of Accounting Policies
“How did we do our accounting?”
For the year ended
30 June 2019

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:	2019	2018
Listed Investments	\$377,101	\$356,286
Unlisted Investments	<u>\$77,611</u>	<u>\$102,611</u>
Total Investments	<u>\$454,712</u>	<u>\$458,897</u>
The market values of quoted investments at balance date are:	2019	2018
Listed Investments	\$508,063	\$455,637
Unlisted Investments	<u>\$77,611</u>	<u>\$102,611</u>
Total Investments	<u>\$585,674</u>	<u>\$558,248</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. NERF lent NZOT \$5,000, interest-free and repayable in full by 30 June 2020.

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

There were no contingent liabilities at balance date (2018: \$nil).

4b) Commitments	2019	2018
Current	\$36,200	\$20,000
Non-Current:	\$10,600	\$0

(These commitments relate to Research Plan Seed Funding).

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 (2018: \$nil).

NZ Optometrical Association Trust
Statement of Service Performance
"What did we do?", When did we do it?"
For the year ended
30 June 2019

Description of the Entity's Outcomes:*

Seven awards were made to undergraduate students enrolled in Bachelor of Optometry at The University of Auckland.

Two awards for the most improved students in Parts IV and V. Three awards, one each to students who were entering Parts III, IV, & V of the optometry course having gained the highest overall marks the previous year; one award to the highest achieving Maori / Pacific student in the first year of clinical training, and one to the student with the highest combined grade in Optom 441 Clinical Optometry 2019.

*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	\$6,500

NZ Optometrical Association Trust
Statement of Financial Performance
"How was it funded?" and "What did it cost?"
For the year ended
30 June 2019

	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		40,829	33,852
Other revenue		1,800	1,744
Total Revenue		42,629	35,596
Expenses			
Expenses related to public fundraising		-	-
Volunteer and employee related costs		-	-
Costs related to providing goods or services		-	-
Grants and donations made		6,500	6,500
Other expenses		3,861	2,545
Total Expenses		10,361	9,045
Surplus/(Deficit) for the Year		32,268	26,551

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 2019			
	Note	Actual This Year \$	Actual Last Year \$
Assets			
Current Assets			
Bank accounts and cash		15,587	43,992
Deposits Maturing Before June 2020		71,260	
Debtors and prepayments			
Inventory			
Accrued Interest		1,800	1,744
Total Current Assets		88,647	45,736
Non-Current Assets			
Property, plant and equipment		-	-
Investments		508,212	487,397
Term Deposits		147,054	173,512
Total Non-Current Assets		655,266	660,909
Total Assets		743,913	706,645
Liabilities			
Current Liabilities			
Bank overdraft		-	-
Creditors and accrued expenses		-	-
Employee costs payable		-	-
Loan from Related Party		5,000	
Unused donations and grants with conditions		-	-
Total Current Liabilities		5,000	-
Non-Current Liabilities			
Loans		-	-
Total Non-Current liabilities		-	-
Total Liabilities		5,000	-
Total Assets less Total Liabilities (Net Assets)		738,913	706,645
Accumulated Funds			
Capital contributed by owners or members		200	200
Accumulated surpluses or (deficits)		-	-
Reserves		738,713	706,445
Total Accumulated Funds		738,913	706,645

STATEMENT OF ACCOUNTING POLICIES

NZ Optometrical Association Trust
Statement of Accounting Policies
“How did we do our accounting?”
For the year ended
30 June 2019

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:	2019	2018
Listed Investments	\$377,101	\$356,286
Unlisted Investments	<u>\$131,111</u>	<u>\$131,111</u>
Total Investments	<u>\$508,212</u>	<u>\$487,397</u>
The market values of quoted investments at balance date are:	2019	2018
Listed Investments	\$508,063	\$455,637
Unlisted Investments	<u>\$131,111</u>	<u>\$131,111</u>
Total Investments	<u>\$639,174</u>	<u>\$586,748</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. NZOT borrowed \$5,000 from NERF, interest-free and repayable in full by 30 June 2020.

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

There were no contingent liabilities at balance date (2018: \$nil).

4b) Commitments

There were no commitments at balance date (2018: \$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 (2018: \$nil).

PROCEEDINGS OF THE 88TH ANNUAL GENERAL MEETING – 13 OCTOBER 2018

Report of the proceedings of the 88th annual general meeting of the New Zealand Association of Optometrists Inc. held at the Copthorne Bay of Islands, 13 October 2017.

The meeting commenced at 9.52am.

It was attended by the president, Ms Rochelle van Eysden, members of the NZAO Council and approximately 45 members.

1. WELCOME

The meeting was chaired by Rochelle van Eysden who welcomed members to the meeting.

2. APOLOGIES

John Veale, Annette Morgan, and Richard Palmer

3. PROXIES

MOVED that the following be accepted:

Geoff Sargent for Peter Grimmer and Richard Newson

Callum Milburn for Brett Hooker

Geoff Sargent/Callum Milburn CARRIED

4. OBITUARIES

The meeting was advised that no members have been noted as having passed away during the preceding year:

5. OFFICERS FOR ENSUING YEAR

There was a round of applause for Jack Crawford who is stepping down from the Council.

Two nominations were received: Geoff Sargent and Sita Thakersi. As the nominations were equal to the number of vacancies, the chair declared Geoff and Sita duly appointed.

This was greeted with applause.

6. HONORARY MEMBERS FOR THE ENSUING YEAR

The chair advised that the following honorary members had been nominated for re-appointment:

Professor Alwyn Stockley

Associate Professor Rob Jacobs

Professor Michael Kalloniatis

The chair confirmed that an honorary membership will also be offered to Dr Lesley Frederikson.

7. Minutes of the 87th annual general meeting

Noted that the minutes of the 2017 annual general meeting of the New Zealand Association of Optometrists Inc. held at the Novotel Tainui, Hamilton, 14th October 2017, had been circulated to all

members.

Emendation to 2017 minutes: it was the 2018 budget that was circulated and not the 2017 budget.

MOVED that the minutes of the 87th annual general meeting be approved as a true and accurate record.

Eleisha Dudson/Geoff Sargent **CARRIED**

Matters arising

Nil

8. ANNUAL REPORT

Noted that the annual report for the year ended 30th June, 2018, had been circulated to all members.

Matters Arising

Nil

MOVED that the annual report for the year ended 30th June 2018 be approved and adopted.

Chelsey Wood/Samantha Simkin **CARRIED**

9. ANNUAL FINANCIAL STATEMENTS

Noted that the annual financial statements for the year ended 30th June 2018, had been circulated to all members.

Nil discussion points were raised.

MOVED that the audited annual financial reports for the year ended 30th June, 2018 be approved and adopted.

Rochelle van Eysden/Andrew Sangster **CARRIED**

10. Appointment of auditors.

MOVED that Moore Stevens Audit be appointed for the ensuing year.

Callum Milburn/Murray Rogers **CARRIED**

11. Setting of subscription fees for 2018/2019

The expense budget for the year ended 30th June 2019 had been circulated to all members.

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

MOVED that the subscriptions for the 2018/2019 year be set at \$1185 (excluding GST) for ordinary members with appropriate reductions for other classes of membership.

Wilson Sue/Callum Milburn **CARRIED**

General Business

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

Murray Rogers raised concerns about the stated NZAO goals not including supporting members. Discussion ensued concerning some ex members having felt unsupported while undergoing a complaints process. The said members then resigned due to a perceived lack of support. Murray reinforced that 'support of members' should be an NZAO goal.

Andrew Sangster described the NZAO process for complaints. Usually the complaint is first received as a phone call to the national office. In most cases the issue is resolved with this call. However, the complainant is counselled as to their options for complaining, be it through the NZAO complaints process, ODOB or HDC. For a complaint to proceed through NZAO processes, the complaint needs to be in writing with permission for release of personal information from the optometrist. The optometrist involved with the complaint is notified of the complaint and is asked for their version of events and the relevant documentation pertaining to the complaint. This information is then forwarded to the NZAO Complaints Committee who then determines if a complaint was justified, facilitate a satisfactory outcome for all concerned and recommend a course of action to remediate the situation. Depending on their findings that may be discharging the complaint in favour of the optometrist, finding in favour of the complainant or (as is more common) helping navigate a way through miscommunication on both sides.

The role of the NZAO complaints committee is to help sort complaints before they go to a higher level. It is very rare that any complaint is referred to the NZAO investigation committee for further investigation. Andrew could not recall a situation in recent times.

Richard Johnson stated he was aware of a member subject to external complaints process who felt very supported by NZAO.

Rochelle van Eysden agreed that NZAO should be putting members at the centre of what we do.

Andrew Sangster agreed it is a concern that some people have felt the association has not been there for them, but it is difficult to comment as the details were unknown.

Wilson Sue noted it would be helpful to know the specifics as to why people felt unsupported – otherwise it is difficult to come up with a solution. Wilson invited people to talk with the Council afterwards if there were specific details.

Points raised are duly noted.

Michael Stevens affirmed that 'supporting members' should be a stated NZAO goal.

The chair welcomed the new executive officer, Siobhan Molloy to the meeting. The members greeted this with applause.

The meeting closed at 10.10am

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 optometric organisations, and [support] the voluntary provision of optometric services in developing countries.

