





Contents Ngā ihirangi

Tables
Acronyms and Abbreviations Kupu rāpoto me ngā kupu tīporo4
Introduction Kupu Whakataki5
Key data at a glance He tirohanga ki ngā raraunga matua
Chair's foreword Ngā kupu whakataki a te Heamana6
Registrar's foreword Ngā kupu whakataki a te Kairēhita
About us Ko wai mātou 11 Our vision 11 Our mission 11 Our values 11 Our functions 12 Our performance review 13 Our strategic plan 15
Our Board Te Poari19Our Board's membership20Meet our Board20Board meetings22
Education and accreditation Mātauranga me te whakamanatanga
providers for optometrists
development activities

Registrations, annual practising certificates and
the workforce Rēhitatanga, ngā tiwhikete
whakawai ā-tau me te rōpū mahi31
Scopes of practice for optometrists
Optometrists with therapeutic
prescribing rights
Ongoing monitoring prescribing of optometrists
Scope of practice for dispensing opticians 33
Registration
Registration by registration pathways
New registration from NZ and
Australian-based applicants
Registration applications from overseas
applicants
Registrations by qualification – optometrists 35
Registrations by qualification - dispensing opticians36
·
Annual practising certificates
Workforce and registration trends
Current registration trends 39
Complaints, competence, fitness to practise, and conduct Ngā amuamu, ngā aheinga,
e tika ana te whakawaime te arataki41
Complaints

Tables and Figures Ngā tūtohi me ngā nama

Tables

No	Table Description	Page			
1	Lists the recommendations of our performance review and notes our progress in the right-hand column	12			
2	A list of accredited education institutions and their programmes for optometrists with the ODOB				
3	A list of accredited education institutions and their programmes for dispensing opticians with the ODOB	27			
4	A summary of the number of health practitioners (both optometrists and dispensing opticians) requested to do self-audits in the reporting year, and their outcomes	29			
5	The number of optometrists registered by scope of practice	31			
6	The number of optometrists with therapeutic prescribing rights, independent glaucoma prescribing rights, and approved COVID-19 vaccinators (as on 31 March 2023)	31			
7	The total number of prescriptions processed by the ODOB in the 12 months from 1 April 2022 – 31 March 2023	32			
8	The number of dispensing opticians registered in the scope of practice	33			
9	The total number of practitioners holding an annual practising certificates for each profession	33			
10	A summary of total new complaints and notifications received in the reporting year	35			
11	A breakdown of new complaints/notifications received and the alleged concern	36			
12	The number of competence related decisions made in this reporting year	38			
13	A summary of outcomes related to practitioners' fitness to practise (health-related)	39			
14	The number of conduct related decisions made in this reporting year	40			

Figures

No	Figure Description	Page
1	Key data at a glance for the reporting year (1 April 2021 to 31 March 2023)	5
2	Number of practitioners with complaint/notifications about them over past 5 years	37

Acronyms and Abbreviations Kupu rāpoto me ngā kupu tīporo

Association of British Dispensing Opticians	ABDO
Accident Compensation Corporation	ACC
Aotearoa New Zealand	NZ
Annual practising certificate	APC
Association of Regulatory Boards of Optometry	ARBO
Association of Dispensing Opticians of New Zealand	ADONZ
Australasian College of Behavioural Optometrists (ACBO)	ACBO
Australasian College of Optical Dispensing	ACOD
Cardiopulmonary resuscitation	CPR
Chief Allied Health Professions Officer	САНРО
Continuing professional development	CPD
Competency in Optometry Examination	COE
Competence review committee	CRC
Cornea and Contact Lens Society	CCLSNZ
Council of Optometry Regulatory Authorities	CORA
Council for Licensure, Enforcement and Regulation	CLEAR
District health board	DHB
General Optical Council	GOC
Health and Disability Commissioner	HDC
Health Practitioners Competence Assurance Act 2003	HPCA Act
Health Practitioners Disciplinary Tribunal	HPDT
Industry training organisation	ITO
New Zealand Association of Optometrists	NZAO
New Zealand Qualifications Framework	NZQF
Nursing Council of New Zealand	NCNZ
Multiple choice questions	MCQs
Optometry Council of Australia and New Zealand	OCANZ
Optometrists and Dispensing Opticians Board	(the) ODOB, the Board
Professional Conduct Committee	PCC
Professional Standards Committee	PSC
Responsible authority	RA
Royal Melbourne Institute of Technology	RMIT
School of Vision Science	SOVZ
Technical and further education	TAFE
The Auckland Programme In Ocular Therapeutics	TAPOIT
Therapeutic Pharmaceutical Agent endorsement ¹	TPA endorsement
Trans-Tasman Mutual Recognition Act	TTMRA
United Kingdom	UK
United States or America	USA
Workforce development council	WDC

¹ No longer in use

Introduction Kupu Whakataki

The Optometrists and Dispensing Opticians Board (ODOB, the Board) / Te Poari o ngā Kaimātai Whatu me ngā Kaiwahakarato Mōhiti is pleased to submit this report to the Minister of Health for the year ended 31 March 2023. This report is presented in accordance with section 134(1) of the Health Practitioners Competence Assurance Act 2003 (HPCA Act).

Key data at a glance He tirohanga ki ngā raraunga matua

1295 1070 Optometrists and 225 Dispensing Opticians Registered at 31 March 2023

910 Optometrists and 910 Optometrists and 187 Dispensing Opticians Practising at 31 March 20 Practising at 31 March 2023²

> **69** Optometrists and 9 Dispensing Opticians Added to the Register during 2022/232

27 Optometrists and 12 Dispensing Opticians Removed off the Register during 2022/233

Figure 1: Key data at a glance for the reporting year (1 April 2022 to 31 March 2023)

 $^{^2\,\,}$ New Registrations between 1 April 2022 and 31 March 2023

Practitioners exiting the profession. They were removed from the register (either by choice or through the section144 of the HPCA Act process) between 1 April 2022 and 31 March 2023



Chair's foreword Ngā kupu whakataki a te Heamana

Hurihia to aroaro ki te ra, tukuna to ātārangi ki muri i a koe

Turn and face the sun and let the shadows fall behind you.

Our transformation programme

To ready ourselves for the future, the ODOB commenced a major transformation programme in 2022. This programme will help ensure that the ODOB's processes and systems are fit for purpose, and help support the increasing requirements for our Board. This was planned to be implemented over a 2-year period and required change management in our governance structures, a full policy review, an improved risk management system, staff restructure, and transformational digitisation of all our processes.

While we initially progressed well through this programme, the ODOB was significantly impacted by the 30 November 2022 cyber incident. This was a multi-agency cyber-attack on an external IT provider we all shared. While this was an extremely stressful experience for the ODOB and for practitioners, we can report that there is no evidence of a privacy breach of health practitioners registered with the ODOB. We wish to thank the practitioners for their patience in working with us as we continue to journey on our pathway to recovery. We anticipate this will go well into the new reporting year.

Breaking new ground

In May 2022, the Board approved and published the Specialist optometrist in ophthalmic laser surgeries scope (Specialist optometrist scope) with the aim of improving access to care.

This was challenged by the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) who made a complaint against the scope to the Regulations Review Committee (RRC) at Parliament. The complaint came after the ODOB developed a scope of practice over 2 years, that permits specially qualified optometrists to perform two types of simple laser surgeries. In a nutshell, one of the surgeries involves removing a film that can build up after cataract operations, while the other creates a small opening at the edge of the iris to reduce pressure in the eye. Both take a matter of minutes and are considered low risk and minor surgeries.

The complaint was not upheld, with the RRC finding that the substantive evidence did not show that patient safety was compromised, as asserted by RANZCO, and that the proper process had been followed by ODOB. We hope that we can work constructively with RANZCO and all our stakeholders as we find safe and equitable pathways for patients needing eye healthcare in Aotearoa New Zealand (NZ).

Kind regulation

Overall, we purposefully worked on changing our language and how we engage with practitioners and the public. As a modern regulator, and through right-touch regulation, we are focussed on getting clear and easily accessible information (using plain language), advice and guidance out to practitioners so that they know what is expected and willing to do the right thing.

This goes hand in hand with our policy review programme as part of the transformation programme. When practitioners are subject to any competence or conduct procedures, we aim to treat them with respect and ensure the practitioner's mana is protected.

I want to thank our Board members, co-opted committee members and CPD assessors, Board advisors, supervisors and mentors, our Competence review committee (CRC), Professional conduct committee (PCC), Health practitioner disciplinary tribunal (HPDT, the tribunal) and Accreditation review team panel members for all their hard work and dedication throughout the year. Without their ongoing support and input we would not be able to do the good work.

Also, a heartfelt thank you to all the Board staff, so ably led by our CE and Registrar - Elmarie Stander. A special thanks to all the office staff for their dedication and hard work in what was a very stressful year as they had to deal with the ongoing impacts of the cyber incident.

Lastly, we thank all the practitioners for continuing to deliver high quality eye healthcare services to the New Zealand public.

Jamond.

Nāku, nā

Kristine Hammond

Chair Heamana





Chief Executive and Registrar's foreword Ngā kupu whakataki a te Tumu Whakarea me te Kairehita

Ma whero ma pango ka oti ai te mahi.

With red and black the work will be complete.

This year was a year of regrouping, transformation, and preparation as we closed off the COVID-19 pandemic and responded to the health reform and additional legislative requirements including the Therapeutics Products Act 2023.

At the beginning of this reporting year, the COVID-19 pandemic was still looming - mask wearing, vaccine mandates, and mandatory isolation were part of our everyday lives. By May 2022, public health orders fell away, and by the end of July 2022 our international border opened for the first time since it closed in the pandemic. By August 2022, life went back to normal, and the COVID-19 pandemic seemed like a distant memory.

During this time, the Board changed its governance model, increased its staff complement (with an additional 0.6 FTE), and the rest of the year was planned for 'housekeeping' to prepare for our next phase of digital transformation and positioning ourselves for further modern regulation practises as required by the health reforms. On 24 November 2022 the Board approved to implement a new online platform, and on 30 November 2022 ODOB was impacted by a cyber incident. This not only impacted our systems and registrants (practitioners), but also our ability to progress many of the planned transformation and strategic projects.

This report includes a summary of our achievements under our 2019-2022 Strategic Plan, but also marks the launch of our 2023-2026 Strategic Plan. This transition presents a timely opportunity for reflection and strategic foresight, allowing us to assess our current standing and set a clear direction for our future endeavours.

Even though the cyber incident was yet another curveball post-COVID, looking back, it was a busy but successful year. We took every opportunity and used it optimally to see how to best progress and consider improvements to how we do things.

I want to thank each and every practitioner for their patience in working with us this year. I realise this was not easy. I also want to thank the Board, and the wonderful leadership of Kristine Hammond as Chair. It is a privilege to be part of this work.

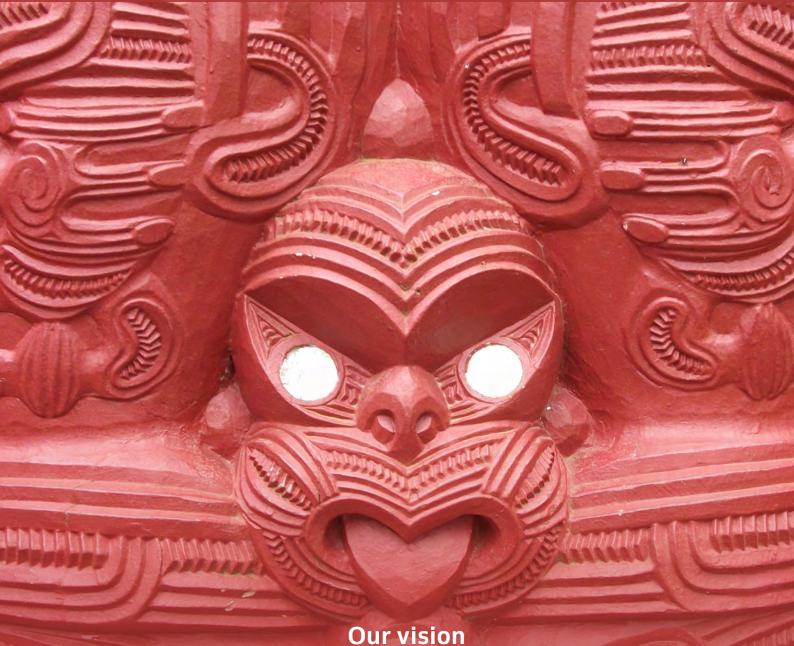
Noho ora mai,

Elmarie Stander

Chief Executive and Registrar Kairēhita

atander

About us Ko wai mātou



Tō mātou tirohanga

To ensure safe and effective vision care for all members of the public.

Te whakaū i te haumaru me te whai hua o te tautiaki kitenga mō te taupori whānui.

Our purpose | Tō mātou aronga

To protect the health and safety of the public of Aotearoa New Zealand by ensuring optometrist and dispensing opticians are competent and fit to practise.

Tiakina te hauora me te marutau o te marea nā te whakarite i ngā Kaimātai Whatu me ngā Kaiwhakarato Mōhiti e matatau ana, ā, e kaha hoki ana ki te whakawai.

Our values | Ngā mātāpono o te Poari

When carrying out its functions and activities the Board has many values. Some of its key values are:

- Transparency | Kia pono
- Accountability | Kia tika
- Agility | Kia hiwa
- Fairness | Whakaute
- Integrity | Ngākau pono
- Respect | Matatika

Our functions | Ā mātou mahi

The functions of the Board are set out under section 118 of the HPCA Act. As they relate to the Optometrists and Dispensing Opticians Board, the Board's functions are:

- (a) to prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes:
- (b) to authorise the registration of health practitioners under this Act, and to maintain registers:
- (c) to consider applications for annual practising certificates:
- (d) to review and promote the competence of health practitioners:
- (e) to recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners:
- (f) to receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information:
- (g) to notify employers, the Accident Compensation Corporation (ACC), the Director-General of Health, and the Health and Disability Commissioner (HDC) that the practice of a health practitioner may pose a risk of harm to the public:

- (h) to consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession:
- (i) to set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession:
- (j) to liaise with other authorities appointed under this Act about matters of common interest:
- (ja) to promote and facilitate inter-disciplinary collaboration and co-operation in the delivery of health services:
- (k) to promote education and training in the profession:
- (l) to promote public awareness of the responsibilities of the authority:
- (m) to exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment.



Our performance review | Te arotake i ā mātou mahi

Section 122A of the Health Practitioners Competence Assurance Act of 2003 (HPCA Act) requires all Responsible Authorities (RAs) to undergo a performance review.

A full performance review of the ODOB was undertaken in December 2021 and finalised in February 2022. An independent reviewer (BSI New Zealand) was appointed by the Ministry of Health, as required by the HPCA Act. Its purpose was to assess the Board's performance against the full set of the Ministry of Health's Core Performance Standards. These standards have been set by the Ministry of Health for all heath practitioner RAs under the HPCA Act and reflect the functions for these RAs set out in section 118 the HPCA Act.

As reported in our previous 2022 Annual Report, the review confirmed that we were complying with all our functions as set out in the HPCA Act and that the ODOB meets the Core Performance Standards. Four recommendations were listed. The full independent report documents with findings from the review is available on our website (odob.health.nz).

Section 122B of the HPCA Act sets out the parameters for reporting on this report in the annual report. This is the second year we are reporting on this, even though it was only required from this reporting year onwards. While we have addressed most of the recommendations since 2022, a few remained outstanding due to the impact of the multiagency cyber incident on 30 November (refer to page 22 for more information).

Table 1 lists the recommendations of our performance review and notes our progress in the right-hand column below.

Ref No	Related core performance standards	Rating	Risk Level	Recommendation	Timeframe (months / date)	Board reporting as at 31 March 2023
1.3	The RA has timely, proportionate, and transparent accreditation and monitoring mechanisms to assure itself that the education providers and programmes it accredits deliver graduates who are competent to practise the relevant profession	PA ⁴	Low	To complete the review of its accreditation process intended in early 2022 including the implementation of the new Accreditation standards for Optical Dispensing education programmes. Also, could include considering if the Board should have greater input into the annual reporting process and monitoring of the sole education provider for the course to study to be an optometrist, and including a New Zealand member on the accreditation team (potentially a Māori cultural advisor or a Māori lay member).	6-12 months (up to 31 December 2022) and ongoing	In January 2022, the Board published its Accreditation standards for Optical Dispensing programmes (2022) and Guidelines for accreditation of education and training programmes for Dispensing Opticians (2022). The Board had its first accreditation visit in August 2022 using the new Accreditation standards for Optical Dispensing programmes (2022). The accreditation team had a Māori lay member in its membership.
4.1	The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for: • Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner	PA	Low	That the Board revises the wording on their website to ensure members of the public understand that they can make a complaint to the Board and that the process is clear. The review of the Complaints Policy needs to focus on notifications regarding each profession the Board regulates, rather than the service the Board provides. Ensure the framework for the complaints database is correct and explore whether (for ongoing monitoring of cases) a single database could be established for complaints, PSC, and health notifications.	3 - 6 months (30 June 2022)	In 2022, the Board contracted a digital consulting firm to advise the Board on a new website and copywriting for 2023. Due to the cyber incident, this project was split into two. In December 2022, the Board had to develop an interim (minimum viable product) to ensure it remains compliant with the requirements of the HPCA Act. The full website will be published in the next reporting year. This will include a special focus on the complaints process on the Board's website. By end of 2022, the Board commenced on major policy review programme updating and reviewing all its policies. This was significantly impacted due to the cyber incident. As a result, the updated complaints and notifications policy and processes will be completed in the next reporting year. While the Board created singular monitoring database for all complaints and case management work relating to competence, conduct, and fitness to practise, this will be further refined with the Board's new online platform that will be fully operational in the next financial year. It will include an online workflow for case management.

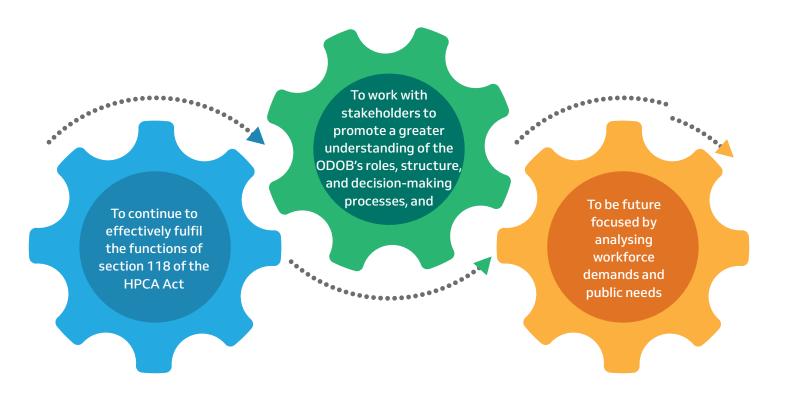
⁴ Partially achieved

Ref No	Related core performance standards	Rating	Risk Level	Recommendation	Timeframe (months / date)	Board reporting as at 31 March 2023
9.2	Provides clear, accurate, and publicly accessible information about its purpose, functions and core regulatory processes	PA	Low	To confirm and implement expanding the gender categories of male / female to also include the ability to select gender diverse (or similar) and establish and complete an annual workforce survey.	3 - 6 months (30 June 2022)	This was immediately implemented in the Board's new online platforms, and practitioners can update this data if and when they desire.
10.1	The RA: • Ensures that the principles of equity and of Te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in Whakamaua: Māori Health Action Plan 2020-2025) are followed in the implementation of all its functions	PA	Low	To complete the planned appointment of a Māori Cultural Advisor and continue the journey for improvement of health equity and cultural safety working as a Tiriti engaged organisation applying the principles of a Te Tiriti framework, particularly as it relates to its functions as a RA and its role within regulation of eye healthcare in New Zealand.	6-12 months (up to 31 December 2022) and ongoing	The Board's 3-year strategic plan plan came to an end in 2022. This was reprioritised and included in the Board's next strategic plan for 2023 – 2026 and will report on it in the next reporting year.



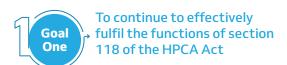
Our strategic plan | Te mahere rautaki

The ODOB's 2019 - 2022 Strategic plan was effective from 1 April 2019 to 31 March 2023. The 2019-2022 strategic goals were:



Progress on meeting these goals were reviewed regularly. The 2019 – 2022 Strategic Business plan was based on these strategic goals and were noted at each of the four planned in-person meetings. Progress was also regularly communicated with practitioners and key stakeholders regarding the larger pieces of work associated with these goals as appropriate.

Progress on each of the 2019 – 2023 Strategic goals are detailed below.



In meeting Goal 1 for the year, we completed the following actions in this reporting year:

We commenced with a major transformation programme, starting with the governance structure as recommended by the 2021 Ministry of Health's Performance review. The goal was to seek better ways of doing things, and to streamline processes throughout the ODOB. This set off a series of actions and required change management in our governance processes and procedures, a full policy review, staff restructure, and transformational digitisation of all our processes. While we commenced with a major policy review, it had to be pivoted to the next reporting year due to the cyber incident in November 2022. Yet, we still completed updating the Clinical standards for dispensing opticians, our Statement on internet and electronic communications, developed new Telehealth standards, and a new Oral medicine guideline for episcleritis. We underwent an IT review of our systems and approved the transition to a new system. Immediately thereafter we were impacted by a cyber incident.

- We continue to monitor the established processes and policies to ensure the efficient functioning of the ODOB under the HPCA Act (section 118 of the HPCA Act). This includes the registration of practitioners and the issuing of practicing certificates. We also monitor whether practitioners meet their recertification programme requirements.
- We better defined the recertification programme to include the CPD requirements for each profession (every 2 years), the annual cardio-pulmonary resuscitation CPR/ first aid requirement, and the regular selfaudit requirement (every 4-8 years).
- Due to the impact of the COVID-19 pandemic, many CPR/first aid courses were delayed, and the Board delayed introducing this as a compulsory requirement from 1 April 2022 until 1 April 2023. It was then checked as part of the APC renewal process. We expanded our CPR/ first aid guidelines for the practitioners and introduced an alternative pathway (through the recognition of prior learning), for example for those practitioners who volunteer in Land Search and Rescue teams who do not hold the specific NZQA standards, but who can provide sufficient evidence to meet this requirement. We also evaluated the Australian CPR/first aid requirements for practitioners seeking registration through the Trans-Tasman Mutual Recognition Act 1997.
- We consulted and gazetted the revocation of the RMIT University qualification leading to registration in the Dispensing optician scope of practice, as this programme is no longer being offered.

- In the previous reporting year, we consulted on a new scope of practice, the Specialist optometrist scope of practice - Ophthalmic laser surgeries, as well as its associated prescribed qualification. This also meant a small fee amendment to our existing Fees schedule. In May 2022, all three were gazetted.
- In October 2022, we consulted on the updated Fees for 2022/2023, and by December 2022 it was gazetted.
- We continue to monitor monthly prescribing reports from the Ministry of Health, now Te Whatu Ora, for optometrists who have prescribed medicines.

Apart from completing the policy review, we have met all the actions planned for its 2019 -2022 Strategic plan.



To work with stakeholders to promote a greater understanding of the Board's roles, structure, and decisionmaking processes

In meeting Goal 2 for the year, we completed the following actions in this reporting year:

We continued to be focused on increased engagement with key stakeholders within the industry. They are defined and listed, and for some we have a memorandum of understanding, while others have regularly scheduled meetings. For instance, we have regular dialogue and engagement with the New Zealand Association of Optometry (NZAO) and the Association of Dispensing Opticians of New Zealand (ADONZ) and have a memorandum of understanding in place with both. Our Chief Executive and Registrar also have regular meetings with all our stakeholders, including our Australian stakeholders, Optometry Board of Australia OptomBA), OCANZ and others. In 2022, OptomBA (their Board Chair and CE) attended our Board meeting as observers. The ODOB (the Board Chair, and CE and Registrar) will do the same at an OptomBA meeting in the next reporting year.

- Every year we meet with the School of Vision Science (SOVS) at the University of Auckland. This includes being part of the Optometry Advisory Committee. We also give a presentation to the final year Bachelor of Optometry students, mostly focussed on the registration process. We also send SOVS targeted or public consultations.
- We also engage with other education institutions, such as Australasian College of Optical Dispensing (ACOD). We gave two presentations to ACOD students, focussing on the registration process with the ODOB.
- Every year a Board member or delegate (such as the ODOB Advisor and Researcher) is invited to give a presentation at the annual conferences of the New Zealand Association of Optometrists (NZAO) and the Association of Dispensing Opticians of New Zealand (ADONZ). This reporting year, the Board Advisor and Researcher gave a presentation on the mental wellbeing of optometry students at the University of Auckland and talked about workplace, and responsibilities under the HPCA Act.
- As part of the Ministry of Health's COVID-19 pandemic response, the Ministry established a series of Allied Health Responsible Authorities hui. Post pandemic, this became the Allied Health Responsible Authorities Group (AHRAG), and all Chairs, Deputy Chair and CE/Registrars are invited from regulated allied health groups. Later in 2022, unregulated health groups also started joining these meetings. This group is often the vehicle for several other working groups since the enactment of the Pae Ora Act 2022 and the ODOB is an active member on most workstreams or working groups. This often includes working and connecting with Te Whatu Ora and Te Aka Whai Ora, which is always valued. For instance, in February 2022, Te Aka Whai Ora did a presentation on their Ao Mai te Rā Anti-Racism campaign, including their podcasts. We immediately got the ten Ao Mai te Rā podcasts accredited and available on our events' listing on our website for practitioners to gain cultural CPD credits.

- As the multi-agency cyber incident also affected Te Whatu Ora, we started working with them around cyber security training and preparedness. They also assisted us when we had to work through the impact of the cyber incident. This relationship has continued since the incident and we regularly attend working groups with them on this topic.
- We meet with the other responsible authorities (RAs) on a quarterly basis. This involves all 18 RAs, and we do several joint. For instance, the ODOB is also one of seven responsible authorities that regulate practitioners who may prescribe medicines. These RAs developed "Principles for quality and safe prescribing practice" statement, led by the Pharmacy Council. This work will progress in the next reporting year.
- We met with the Royal Australasian College of Ophthalmologists (RANZCO) to discuss joint work.
- We have representative Board members on several committees:
 - One Board member on the OCANZ Membership, and therefor sit on several working committees/groups within OCANZ. (There is also one ODOB non-Board member nominated on the OCANZ Board of Directors).
 - One Board member on the NZ Telehealth Forum Leadership Group.
 - One Board member sits on the MS-024 Optics and Ophthalmic Joint Australian Standards (AS)/New Zealand Standards (NZS) Committee.
- We are members of the Association of Regulatory Boards of Optometry (ARBO) and attend their conferences each year. Within this reporting year, our Board Chair attended a conference in Chicago, Illinois, United States of America.
- Our newsletter is published and available on the website for the public to view. They are scheduled monthly, but several additional ecommunications were additionally sent. The latter mostly focussed on advice on the COVID-19 Protection Framework and Vaccinations orders, and its impact on optometrists and dispensing opticians.

Consultations or important messages are also sent separately to ensure the messages are clear and do not get lost with other information.

- Due to the cyber incident, we have not completed our Communication and engagement strategy document or finalised the development of ODOB profiles on social media platforms (Facebook and LinkedIn) to increase its connection and awareness with the public. This was coupled with the policy review process to ensure the Board has sufficient policies to support its strategies. This will be completed in the next reporting year.
- We also continue to work closely with its NZ/ Australian joint examination and accreditation body, OCANZ. They also attend our Board meetings each year - either via Zoom or in person.
- The Board has two standing items on its quarterly Board meetings: "Stakeholder engagement" where we invite key stakeholders to provide feedback or do presentations at its Board meeting. A second is under "Strategic and policy directions" where all stakeholder engagement meetings with Board members and staff are listed and noted by the Board.
- We regularly invite executive/senior staff of the Ministry of Health, Te Whatu Ora, and Health Quality and Safety Commission (HQSC) to our Board meetings, as well as other key stakeholders in the health sector.
- We regularly respond to several consultations, in NZ, Australia, and through ARBO.

Overall, we acknowledge that we can increase our footprint and representation at more relevant public interest group meetings where possible. Apart from completing our Communication and engagement strategy document, as well as our social media platforms and associated platforms, we have completed all actions listed on our 2019 - 2022 Strategic Plan. These unmet items were carried over to our new strategic plan.



In meeting Goal 3 for the year, we completed the following actions in this reporting year:

- We published our first 2022 Workforce Survey. This is available on our website and will be an annual publication from here on.
- We held regular meetings with the Minister of Health and the Ministry of Health and Te Whatu Ora regarding scope expansion for optometrists to address unmet public needs.
- In May 2022, we introduced a specialist optometrist scope of practice - Ophthalmic laser surgeries and associated prescribed qualification. To help improve rural access to anti-vascular endothelial growth factor medications (anti-VEGF, e.g., Avastin, Lucentis, and Eylea), we are working with the sector to see if the optometrist scope could expand to include the administration of intravitreal injections.
- As mentioned earlier, we completed the Clinical standards for dispensing opticians. This is to mirror those for optometrists.
- We also made written and oral submissions to the Therapeutics Products Bill, and considered how its enactment will impact on us, and the professions we regulate.
- Following the 2022 cyber incident, the ODOB worked closely with Te Whatu Ora's National Security Incident Response team, providing cyber incident advice as they prepared resources for the primary healthcare, Strengthen Your Digital Defence.

Apart from appointing a permanent Māori Advisor/ Māori Advisory company to assist with cultural organisational change, to support and train the Board and staff, and the development of a cultural resource toolkit for our practitioners which was prioritised for the next strategic plan, we have met all our actions planned for the 2019 - 2022 Strategic Plan.

The Board now has an updated 2023-2024 strategic plan, published on 31 March 2023 (effective 1 April 2023 to 31 March 2025).



Our Board's membership | Ngā mema o te Poari

Board membership as at 31 March 2023 was as follows:

Kristine Hammond (Dispensing optician)

Deputy Chair

Annette Morgan (Optometrist)

Dispensing optician members Zoe Ross

Optometrist members

Jayesh Chouhan Ravi Dass Sophie Woodburn

Lay members

Farib Sos Julia Hunter

Board membership has changed significantly in the reporting year between 31 March 2022 and 1 April 2023.

Planning for business continuity, sufficient seniority and a mix of relevant skills on the Board remains a challenge. The past few years the Ministerial appointment processes of Board members were often delayed - sometimes for up to a year. Board membership terms have become unpredictable and no longer staggered

Five Board members' current terms have been completed. Two Board members were re-appointed (Mrs Hammond and Ms Morgan) and three new Board members were appointed (Mr Sos, Ms Woodburn and Ms Hunter).

The next reporting year will see another three members change.

This means, the Board will only have two longstanding members who have served on the Board for more than a term (3 years). Additionally, these two longstanding Board members are scheduled to conclude their final terms in 2024 and 2025, respectively.

















From top L-R: Kristine Hammond; Annette Morgan; Jayesh Chouhan; Sophie Woodburn; Ravi Dass; Zoe Ross; Farib Sos; Iulia Hunter.

Meet our Board | Tūtaki mai ki te Poari

Kristine Hammond

Health practitioner (Dispensing optician) and Chair

Kristine has been a Board member since 2015. While she has held the Deputy Chair role since 2019, she became the Chair in 2022. She is a dispensing optician and a professional teaching fellow at the University of Auckland, School of Optometry and Vision Science (SOVS). Kristine teaches optical dispensing to optometry students in part III, part IV, and part V. She also supervises dispensing at the University of Auckland Eye Clinic.

In 1997, Kristine completed her Certificate IV in Optical Dispensing (with distinction) from TAFE Digital (previously OTEN/TAFE). In 2014, she graduated with the fellowship diploma at the Association of British Dispensing Opticians (ABDO). She is one of the first in Aotearoa New Zealand to attain this bachelor-level qualification. Amongst others, she also holds a certificate in "Train the Trainer" at the NZ Institute of Management, a national certificate at the retail industry training organisation (ITO), and a national certificate in public sector services (Level 4).

Prior to her work at the university, Kristine spent 5 years working for the Ministry of Social Development, primarily as a programme co-ordinator and work broker. From 1993 to 2004, she was employed by OPSM, working as a dispensing optician, store manager, and area manager.

In 2021, Kristine was awarded the prestigious Robert Maher award recognising her contribution to the dispensing optician profession. She is a current member of the Association of Dispensing Opticians of New Zealand (ADONZ).

Annette Morgan Health practitioner (Optometrist) and Deputy Chair

Annette has been a Board member since 2016 and became the Deputy Chair in 2022. Annette was in the first class to commence with the Bachelor of Optometry in 1982 and qualified in 1985. Annette also completed The Auckland Programme In Ocular Therapeutics (TAPIOT) at the University of Auckland in 2004. She was employed in Wellington from graduation until she bought her own practice in Paraparaumu in 1990. She now works for Grylls and Matthews in Paraparaumu. Annette was a councillor of the New Zealand Association of Optometrists (NZAO) from 1992 until her appointment to the Board. She has also been a member of the Council of Optometry Regulatory Authorities (CORA), and its successor the Optometry Council of Australia and New Zealand (OCANZ). She has a keen passion for legislation works to govern patient safety and enjoys balancing the application of her knowledge as an optometrist, with the consumer perspective and ensuring the protection of the public.

Jayesh Chouhan Health practitioner (Optometrist)

Jayesh has been an optometrist Board member since 2015. He was Deputy Chair in 2016 and 2017, and Chair from 2018 to 2021. In 2022 he made the decision to step back and allow for new leadership to emerge, as the Board prepares for the transition of longstanding Board members. He is a member of the Optometry Council of Australia and New Zealand (OCANZ), sits on the Board of Studies for the School of Vision Science (SOVS) and is a previous Professional Conduct Committee member. Jayesh graduated from the University of Auckland in 1996 and completed his postgraduate ocular therapeutics qualification in 2013. He is currently working at Clear Vision Optometrists in Wellington which is an independent practice that he has owned for the last 17 years. He previously worked in various roles and organisations across New Zealand,

Australia and the UK, as well as voluntary work in the Pacific Islands. He is a current member of the New Zealand Association of Optometrists (NZAO), Cornea and Contact Lens Society (CCLSNZ), the Australasian College of Behavioural Optometrists (ACBO), and EyePro, as well as a Paralympics NZ VI Classifier.

Sophie Woodburn Health practitioner (Optometrist)

Sophie was appointed to the Board as a practitioner member in August 2022 and is a therapeutically qualified optometrist who graduated from University of Auckland in 2017. Living in Queenstown, Sophie is a co-owner of the Queenstown Specsavers franchise. With a passion for tackling inequities in healthcare, Sophie is currently undertaking a Master of Public Health at the University of Auckland. She has also completed a Certificate in a Public Health and Leadership in Eye Care from Australian College of Optometry (ACO). She is a current member of Australian College of Behavioural Optometry (ACBO). Through all avenues of her work, she hopes to see eye healthcare becoming accessible, affordable, and safe for all members of the public.

Ravi Dass Health practitioner (Optometrist)

Ravi has been a Board member since 2020. He is an optometrist specialising in children's vision. He graduated from the University of Auckland with a Bachelor of Optometry in 2005. He is also the co-founder of Mr Foureyes and the Mr Foureyes Foundation. He is passionate about solving undetected eyesight problems in youth and has over 15 years' experience working across Aotearoa New Zealand and overseas. This includes work in the Pacific with volunteer organisations such as the Fred Hollows Foundation, and others.

Zoe Ross Health practitioner (Dispensing optician)

Zoe has been a Board member since May 2020. Since her appointment, she has served as convenor for several Board Committees, currently being the Professional Standards Committee convenor. She is a dispensing optician and graduated from the University of Auckland with a Bachelor of Science in 2010. While working in Wellington, she completed her Certificate IV in Optical Dispensing through TAFE Digital (previously OTEN/TAFE) in 2011. Now based in Auckland, she works for Mortimer Hirst Eyecare and Eyewear. She is also involved in training students completing the Certificate IV in Optical Dispensing through Australasian College of Optical Dispensing (ACOD). Zoe is a current member of the Association of Dispensing Opticians of New Zealand (ADONZ).

Farib Sos Lay member

Farib was appointed to the Board as a lay member in August 2022. He has substantial educational and business experience in both the private and public sectors as well as numerous community and international appointments spanning education, energy, environment, health, and resources. He has served as a member of several government and non-government committees and other groups with an interest in South-East Asia. He currently holds several roles including Deputy Chair of the Board of the NZ Amateur Sport Association, Member of the Expert Advisory Panel of Open Government Partnership NZ, Executive Chair of Asia Forum Wellington, and Trustee of the Asia Pacific Research Institute of New Zealand.

Julia Hunter Lay member

Julia was appointed to the Board as a lay member in August 2022. She works in an executive advisory role at South Seas Healthcare Trust. This is Ōtara's largest Pasifika health provider which delivers a range of primary care, community and social services throughout South Auckland. In previous roles in Aotearoa New Zealand and overseas, Julia has dealt extensively with consumers of health care services and a variety of health care professionals. Julia has worked as a legal advisor to NZ's Health and Disability Commissioner. She was a research assistant at the Harvard School of Public Health and has also worked in Boston over the same period for a health care consumer advocacy group. In London she worked as a policy advisor in the Registration Directorate at the General Medical Council.

Board meetings | Ngā hui a te Poari

The Board met six times in the reporting year:

- 19 and 20 May 2022 (in-person meeting)
- 6 June 2022 (meeting via Zoom)
- 25 July 2022 (meeting via Zoom)
- 24-25 November 2022 (in-person meeting)
- 22 December 2022 (meeting via Zoom)
- 17 February 2023 (meeting via Zoom).



During this reporting period, we were impacted by two significant events. In September 2022, we received a complaint by the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) to the Regulations Review Committee (RRC). The second was a cyber incident in November 2022, and our pathway to recovery was not completed by 31 March 2023. The next annual report will have a full update on this process. These are discussed below.

Complaint to Regulations Review Committee | Te tuku amuamu ki te Komiti Arotake Waeture

Summary of the events

- 1. On 28 July 2022, RANZCO made a complaint about the Board's Specialist Optometrist Scope of Practice - Ophthalmic laser surgeries and related prescribed qualification with the Regulations Review Committee (RRC). The RRC is a committee of the House of Representatives which can consider complaints about regulations and whether or not they have been made fairly and consistently with the powers granted by legislation. Scopes of practice and prescribed qualifications are regulations under the HPCA Act.
- 2. The complaint alleged that the Board's decision to introduce the specialist scope of practice and prescribed qualification was made without proper consultation, that the expansion of optometry practice posed a risk to public health and safety, and therefore the scope of practice was an unusual and unexpected exercise of the Board's statutory powers.
- 3. The Board responded to the RRC in writing, and provided further written submissions in response to RANZCO's complaint and submissions filed by RANZCO. There was a hearing before the RRC, where both RANZCO and the Board made oral submissions. On 13 December 2022, the RRC made a decision not to uphold RANZCO's complaint.

Steps taken by the Board / outcome

- 1. The Board sought legal advice on the complaint to the RRC and promptly responded to it and to each submission made by RANZCO. This included written submissions and an oral submission between 12 September and 28 October 2022. The Board's responses set out its statutory functions and responsibilities, and the 2-year background of research, a pilot study and extensive consultation which led up to the specialist scope of practice being introduced. This included reference to international literature which supported the safe expansion of optometry practice into limited laser surgery procedures. The Board also informed the RRC that RANZCO had been expressly invited to make a submission during the consultation process, and that its submission was taken into account as part of the Board's decision-making.
- 2. On 13 December 2022, the RRC informed the Board of its decision not to uphold RANZCO's complaint.5 The RRC stated that "we do not consider that it is clear that the expanded scope of practice is a risk to patient safety so that the regulations appear to make some unusual or unexpected use of the powers conferred by the Act", and "We consider that the consultation that ODOB undertook fulfils the statutory requirement in the Act."

Cyber incident | Mōreareatanga ā-ipurangi

Summary of Events

- 1. On 30 November 2022, the Board's external IT provider, Mercury IT, suffered a ransomware attack. Mercury IT's network was compromised, with back-ups also affected and unusable.
- 2. At the time of the compromise, Mercury IT hosted the Board's website and the Practitioner portal. These were rendered inaccessible because of the ransomware attack.

- 3. On 12 January 2023, the data taken from Mercury IT was published on the dark web. To access the dark web, a specialist browser and virtual private network (VPN) is required. This means the data was not available to the publicly facing internet.
- 4. The data posted on the Mercury IT data leak website appeared to only contain information Mercury IT held for the purpose of providing various services to its clients.

This included information regarding:

- 4.1 Contractual arrangements between Mercury IT and the Board
- 4.2 Technical configurations
- 4.3 Scopes of works, and
- 4.4 Specific technical projects.
- 5. Importantly, this did not include information held by Mercury IT on behalf of its clients.
- 6. The data leak website is now inactive, though it is being monitored daily for signs of any further activity.

Steps taken by the Board

- 1. The Board has engaged with the following advisors throughout the course of this incident to ensure that our response is thorough, mitigates any risk to the Board and its stakeholders, and in line with regulatory requirements:
 - 1.1 Forensic IT specialists
 - 1.2 Public relations and communications advisors, and
 - 1.3 Data and privacy lawyers.
- 2. As some of the compromised information related to the Board's IT security, we have taken steps to ensure the Board's IT infrastructure is secure.
- 3. The advice received is that because the data published on the dark web did not relate to any personal information, no formal notification process is required under the Privacy Act. We have however kept our stakeholders updated throughout the process and informed them of these conclusions.

Committee" and "Complaint about two Specialist Optometrist Scopes of Practice made under the Health Practitioners Competence Assurance Act 2003" between 8 September 2022 to 23 November 2022; and their Facebook page: https://www.facebook.com/regulationsreviewnz/ (see post on 28 September 2022).



Accreditation and ongoing monitoring of education institutions | Whakamanatanga me te aroturuki tonu i ngā whare mātauranga

Accreditation of education institutions for optometrists

The accreditation and monitoring activities of prescribed qualifications for optometrists have been delegated to the Optometry Council of Australia and New Zealand (OCANZ https:// ocanz.org/). While the accreditation and monitoring services of OCANZ are contracted, ODOB ultimately remains responsible for the accreditation of these programmes. ODOB has a member and director on OCANZ. The member role however is representative and a Board member, while the director is independent (a non-Board member). OCANZ will make their accreditation recommendations to the Board, while we make the accreditation decision.

This is an historic arrangement that pre-dates the HPCA Act 2003. OCANZ was established in 1996 with support of the optometrist registration boards in Australia and NZ, the Heads of the Optometry Schools, Optometry Australia, and the NZOA. Due to our organisational size and internal capacity, as well as the number of ODOB practitioners, and in light of a right-touch approach to its accreditation responsibilities, ODOB signed a 5-yearly memorandum of understanding with OCANZ in 2021. This will be renewed again in 2026.

The list of accredited education providers and their programmes, as well as an accreditation report summary, and their accreditation and approval dates are listed on OCANZ's accreditation webpage⁶. There are nine providers offering nine prescribed qualifications, being one more than the last reporting year, with the University of Western Australia introduced a new optometry programme. Only one is based in NZ.

Table 2 provides the list of accredited education institutions and their programmes for optometrists with the ODOB.

Education provider	Qualification	Programme status	Approval end date
Education provider	Qualification	Status	end date
1. Deakin University	Bachelor of Vision Science / Master of Optometry (3.5 years)	Accredited	31/07/2027
2. Flinders University	Bachelor of Medical Science (Vision Science) / Master of Optometry (3 years + 2 years)	Accredited with conditions	30/06/2030
3. Queensland University of Technology	Bachelor of Vision Science / Master of Optometry (5 years)	Accredited	31/12/2030
4. University of Auckland	Bachelor of Optometry (5 years)	Accredited with conditions	31/12/2025
5. University of Canberra	Bachelor of Vision Science / Master of Optometry Program (5 years (3+2 years))	Accredited with conditions	30/04/2031
6. University of Melbourne	Doctor of Optometry (OD) (4 years)	Accredited	31/12/2023
7. University of New South Wales	Bachelor of Vision Science / Masters of Clinical Optometry (5 years)	Accredited with one Condition	31/12/2027
8. University of Western Australia	Doctor of Optometry (OD) (3 years)	Accredited	30/06/2024
9. University of New South Wales*	Graduate Certificate in Ocular Therapeutics (1 year)	Accredited	31/12/2024
10. Australian College of Optometry *	Certificate in Ocular Therapeutics (1 year)	Accredited with conditions	31/12/2029

^{*} Australian College of Optometry and the UNSW are accredited by OCANZ to offer the therapeutics course for international optometry graduates who have passed the OCANZ Competence in Optometry Examination (COE) and needs to "upskill" to register in Australia and New Zealand. The ODOB also accredits each of the other Australian College of Optometry courses.

 $^{^{6} \}quad \text{https://ocanz.org/accreditation/programs-of-study-accreditation-details/} \\$

While the 5-year NZ Bachelor of Optometry still sits uneasily on the New Zealand Qualifications Framework (NZQF) at Level 7, the Australian optometry programmes are Level 9 qualifications (at Masters degree level) on the Australia Qualifications Framework (AQF). The University of Auckland is currently reviewing its curriculum as part of a wider qualifications reform in the Faculty of Medical and Health Sciences.

ODOB regularly participates in OCANZ consultations and have regular meetings. ODOB also attends the annual Optometry Regulatory Review Group (ORRG) meeting arranged by OptomBA at the Australian Health Practitioner Regulation Agency (Ahpra) Melbourne office. This is represented by all the Optometry Heads of School in Australia and NZ, as well as the Australian College of Optometry, OCANZ, OptomBA, NZAO and Optometry Australia. Every 2-years we attend the National Scheme Combined Meeting at Ahpra. The next one will be held in Melbourne in 2023. We also contact NZ and Australian education institutions ourselves if we believe there is a need to, or to continue to build that personal relationship, not just though OCANZ.

New prescribed qualification leading to registration in the Specialist optometrist scope of practice - Ophthalmic laser surgeries

As mentioned, we introduced the new Specialist optometrist scope of practice - Ophthalmic laser surgeries. Optometrists registered in this scope are authorised to perform specified ophthalmic surgical procedures below the mucous membrane or surface of the skin. Specifically, they are authorised to perform:

- neodymium:yttrium-aluminum-garnet (Nd:YAG) laser capsulotomy; and/or
- neodymium:yttrium-aluminum-garnet (Nd:YAG) laser peripheral iridotomy.

We also introduced a new prescribed qualification, based on an internship model. We approved the following types of clinics suitable for training:

YAG capsulotomy: any slit lamp-based inperson clinic, such as for anterior segment, uveitis, medical retina, surgical retina, glaucoma, acutes; and/or

YAG laser peripheral iridotomy (LPI): clinics treating glaucoma, and acutes related to glaucoma.

Any other clinical setting will need Boardapproval.

The Board-approved surgical procedures have a four-step graduated training process. This begins with theory-based components, before observational then supervised skillsbased practical components, before ongoing competency assurance requirements. Together, the process has an acronym DOSE:

- Declaring competence in pre-training requirements and obtaining the theoretical and procedural aspects of the surgery
- Observing the surgery being performed
- Supervised surgery, and
- Ensuring ongoing competence in annual audits.

Practitioners need to apply to the Board to commence their training programme, and each step of the DOSE process is individually approved. Optometrists must be approved for each procedure separately. Throughout the implementation of this process, we have had a conservative approach to ensure public health and safety is achieved. We have registered the first optometrist in this new scope and continue to monitor their progress. To date there has been no risk identified and will publish further results on this in the next reporting year.

Accreditation of education institutions for dispensing opticians

There are three education providers and programmes for dispensing opticians accredited by ODOB. At this stage, none of them are located in NZ. However, the Australasian College of Optical Dispensing (ACOD) has a NZ pathway. While the coursework is done online, they have face-to-face workshops for NZ students in Auckland.

Table 3 provides the list of accredited education institutions and their programmes for dispensing opticians with the ODOB.

Education Institutions*	Qualification/Programme	Accredited until
Australasian College of Optical Dispensing (ACOD) (Sydney, NSW; Australia)	Certificate IV in Optical Dispensing ⁷	25/11/2026
TAFE Digital (Previously TAFE NSW, Strathfield, NSW; Australia) (Programme offered through OTEN8)	Certificate IV in Optical Dispensing	31/12/2024
3. Association of British Dispensing Opticians (ABDO) College (London; United Kingdom)	Level 6 ⁹ Diploma in Ophthalmic Dispensing (Graduates are awarded the Fellowship of British Dispensing Opticians (FBDO)	31/12/2024**

^{*} The RMIT¹⁰ University (Melbourne, Australia) programme was revoked in 2022¹¹.

While most programmes leading to registration in the dispensing optician scope of practice current sit at Level 4 of the NZQA, we are considering lifting this to a higher level, with the enactment of the Therapeutics Products Act 2023 (TPA). We have already met with a few providers and ADONZ to discuss this. We will consider this formally in the next reporting year, once the secondary legislation and the impact of the TPA on our professions are known.

As mentioned in our previous report, we introduced our new Accreditation standard and for Optical Dispensing Programmes and its associated guidelines. The first education institution has been assessed using these standards. The other two will go through accreditation in 2024. We also introduced a Māori member on the accreditation review team, as recommended by the Ministry of Health performance review report and will continue to do so. We also included the requirement for a Māori and/or Pasifika member on our Education, Accreditation and Research Committee (EARC)

in its terms of references and are committed to see organisational and sector change, starting with us.

Recertification programmes Ngā hōtaka whakapūmau anō i ngā tiwhikete

The recertification programme for each professional regulated by the Board is different:

- Dispensing opticians are required to meet 20 CPD credits (checked every 2-years), a valid CPR/first aid certificate (checked annually), and a self-audit (conducted every 4-8 years). Their current recertification cycle runs from 1 December 2022 to 30 November 2024.
- Optometrists are required to meet 40 CPD credits (checked every 2-years), a valid CPR/ first aid certificate (checked annually), and a self-audit (conducted every 4-8 years). Their current recertification cycle runs for 1 November 2021 to 31 October 2023. Their next recertification cycle ends 31 October 2025.

^{**} Accreditation period extended by a year.

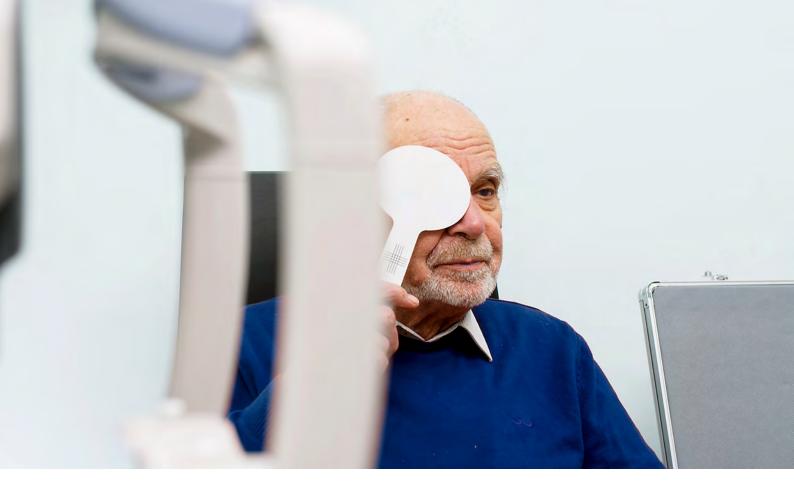
Australian Certificate IV qualifications are recognised as Level 4 qualifications on the New Zealand Qualifications Framework (NZQF).

Open Technical Education Network (OTEN), their distance education provider.

The ABDO programme is mapped at Level 6 on the Regulated Qualifications Framework (RQF) (England/Northern Ireland), and is recognised by the General Optical Council (GOC). A Level 6 qualification on the RQF may be recognised as a Level 7 qualification on the NZQF, but this would require an assessment by NZQA (https://www.nzqa.govt.nz/).

¹⁰ Previously the "Royal Melbourne Institute of Technology" (RMIT) (Melbourne, Australia)

¹¹ Please note, on 20 July 2022, the ODOB has revoked this prescribed qualification. It came into force on 15 September 2022. Available at: https://gazette.govt.nz/notice/id/2022-gs2983.



- Optometrists with an independent glaucoma prescribing (IGP) endorsement must complete 8 CPD credits (4 glaucoma event (GE) credits and 2 glaucoma peer review (GPR) sessions per year, included in the 40 CPD required for optometrist). The recertification requirements for IGPs are annual. If the requirements are not met, their IGP endorsement may be relinquished. The IGP recertification cycle has been amended from 2023 onwards and will be reported on next year.
- Specialist optometrists must meet an annual recertification requirement. In addition to their recertification requirements for optometrists, Specialist optometrists are required to maintain a collegial relationship with a registered ophthalmologist working at the Board-approved location where they are performing the laser surgery, maintain competence in laser safety skills by completing a Board-approved laser safety course (checked annually, but valid for two years), and submit an annual continuing competency declaration for ophthalmic laser surgeries for the surgeries performed (checked annually). They may also be subject to a clinical audit.

All CPD events and activities are accredited to ensure they meet the purpose of CPD, and that they are aligned to the ODOB's clinical, ethical conduct and cultural safety standards. Event organisers and individual practitioners may apply to the ODOB for accreditation for their CPD events and activities, and accredited events are listed on our website, and practitioners can log and view CPD credits on their MyODOB portal.

At the end of each cycle, we ensure that each practitioner has met their recertification requirements. Practitioners who are unable to satisfy the requirements of the recertification programme by the end of the cycle may get a condition on their scope of practice, are required to provide ODOB with a proposed plan for addressing the deficit in their CPD, and must complete a CPD Deficit self-audit, usually before the next practising year. If wider competence concerns are noted following the CPD deficit self-audit, the Board may take one or more of the following steps:

Altering the practitioner's scope of practice by limiting the health services they are permitted to perform or imposing appropriate conditions on their scope of practice to protect the public.

Table 4 provides a summary of the number of health practitioners (both optometrists and dispensing opticians) requested to do self-audits in the reporting year, and their outcomes.

Health practitioners	Sample size	Assessment outcomes
Optometrists	72 (of 910 registered with practising certificates, 7.9%)	 50 Pass 21 Pass with comment (s) 1 Referral to the Professional Standards Committee (PSC) 7 Required submissions of additional material
Dispensing Opticians 10* (of 187 registered with practising certificates, 5.3%)		 7 Pass 3 Pass with comment (s) 0 Referral to the PSC 2 Required submissions of additional material

- There were additional dispensing opticians who finished their CPD deficit self-audit after the reporting date. They were not included.
- Suspending the practitioner's registration.
- Referring the practitioner for a performance assessment/competence review.

Additionally, ODOB's recertification policy requires randomly selecting up to 15% of optometrists and 40% of dispensing opticians each year for a self-audit, ensuring all practitioners complete one every 4 to 8 years. However, due to the COVID-19 pandemic (2020) to 2021), as well as the impact of the cyber incident (2022), we have assessed far fewer selfaudits than in previous years. At the time of this report, the self-audit processes were still being developed and will resume in the next reporting year. We will aim to resume our self-audit programme as soon as these system processes are fully restored.

In the reporting year, we were able to select 7.9% of the optometrists registered with practising certificates, and 5.3% of the dispensing opticians. Of the 82 health practitioners who completed self-audits, only 1.2 % raised significant concerns around their competence (in terms of section 36 of the HPCA Act). For optometrists, most of the comments related to proper recording of test results so that they could be referred to at future appointments, especially the interpretation of ancillary tests like

optical coherence tomography (OCT) or visual fields. Several comments were also regarding the need to record a clear management plan. For dispensing opticians, comments related to recording all interactions with patients in the clinical records.

Research and evidence-based regulation | Ngā rangahau me ngā waeture ā-taunakitanga

Our strategic and policy decisions are supported by valid and reliable evidence, utilising evaluation outcome data where possible, with public health and safety at the centre.

This has been achieved by:

- using our data to inform all our work, including strategic, policy and operational work completed in the reporting year.
- working with the Te Whatu Ora's Data and Data Analysis team and contracting a reputable researcher and optometrist in the sector, Dr Phil Turnbull, to write our annual Workforce survey reports. This is a valuable resource to inform the sector on workforce trends within both optometry and optical dispensing.



Registration in the Optometrists scopes of practice | Rehitatanga i te hōkaitanga mahi o ngā kaimātai whatu

Scopes of practice for optometrists

For the year to 31 March 2023, there were three optometrist scopes of practice - the Provisional optometrist scope of practice, Optometrist scope of practice and, Specialist optometrist - Ophthalmic laser surgeries. The latter is a new gazetted scope, published 16 May 202212, as well as its associated prescribed qualification, published 25 May 2023¹³. The optometry scope may be reviewed in the next two years to explore whether intravitreal injections fall within the existing optometry scope, to help address the urgent population health need for the treatment of Age-related Macular Degeneration (AMD).

The Board has also received several requests to clarify when the removal of conjunctival concretions is part of the Optometry scope of practice. This will be further investigated, including the risk and issues around public health and safety, and the Board wants to provide guidance on this in the next reporting year. Due to the enactment of the Therapeutics Products Act 2023 (coming into effect 1 September 2026), the ODOB will also need to review its scope once secondary legislation will be published.

https://gazette.govt.nz/notice/id/2022-gs1932

¹² Specialist Optometrist Scope of Practice - Ophthalmic Laser Surgeries for the Optometrists and Dispensing Opticians Board in 2022, Gazette notice number: 2022-gs1720. Available: https://gazette.govt.nz/notice/id/2022-gs1720

¹³ Prescribed Qualification for the Specialist Optometrist Scope of Practice-Ophthalmic Laser Surgeries for the Optometrists and Dispensing Opticians Board in 2022, Gazette notice number: 2022-gs1720. Available:

Table 5: indicates the number of optometrists registered by scope of practice.

	As at 31 March 2022 ¹⁴			As at 31 March 2023			
Scope of practice	Total registered	Total practising	Total identified Māori**	Total registered	Total practising	Total identified Māori	
Provisional Optometrist	5	1	Unknown	6	3	0	
Optometrist	1027	858	Unknown	1063*	885*	26	
Specialist optometrist scope of practice	_	_	_	1*	1*	0	

^{*}One optometrist has registration in the Optometrists scope of practice and Specialist optometrist scope of practice

Optometrists with therapeutic prescribing rights

Eighty-seven per cent (%) of practising optometrists are trained to prescribe medicines within their scope of practice. Those who may not prescribe have a condition on their scope, available on our public record stating that: "Under section 22(1) of the Health Practitioners Competence Assurance Act 2003, this practitioner is not authorised to prescribe medicines." One of the key impacts of this change for these optometrists, was the extension of optometric care of glaucoma beyond the monitoring and detection stage, but into medical management. In 2014, the Board developed glaucoma management guidelines.

These guidelines are updated regularly, and the next review is scheduled for July 2023. There are 101 glaucoma prescribers registered with ODOB, and currently practising. A total of 11 practitioners (optometrists only) have been approved by the Ministry of Health as Provisional Vaccinators. Within the reporting period, there were no further pathways for vaccinators practitioners. This authorisation was only available for a 2-year period, and most will expire by the next reporting year. Te Whatu Ora and the Ministry of Health may reconsider further vaccination pathways for registered health practitioners.

Table 6 provides the number of optometrists with therapeutic prescribing rights, independent glaucoma prescribing (IGP) endorsement, and approved COVID-19 vaccinators (as on 31 March 2023).

Scope of practice	Practising as at 31 March 2022 ¹⁵	Practitioners practising as at 31 March 2023
Optometrists with therapeutic prescribing rights	713 practising out of 858 (83%)	788 registered out of the 910 (87%)
Optometrists with independent glaucoma prescribing rights (glaucoma endorsement on their scope of practice)	97	101
Provisional vaccinators	11	11

¹⁴ As published in the 2022 Annual Report.

^{**} Unable to accurately report due to workforce ethnicity data being incomplete.

¹⁵ As published in the 2022 Annual Report.

Ongoing monitoring prescribing of optometrists

Every month, ODOB receives detailed reports of optometrist prescribing from Te Whatu Ora. These are checked to ensure that all optometrist prescribing is as expected for the Optometrist scope of practice, and to ensure that the volume of prescribing per optometrist is reasonable. Table 7 shows the total number of prescriptions processed by the Board in the 12 months from 1 April 2022 to 31 March 2023, and the relatively small number of scripts that were identified as being either unusually high or potentially out of scope.

For each of these cases, the prescription is matched to an optometrist and their known working environments, and usually result in no further follow up. In cases where the circumstances are unclear, the prescriptions are first followed up with the dispensing pharmacy to confirm the details of the prescription. Most out of scope prescriptions are due to pharmacy errors. However, if the details of the prescription are correct, and there are still some uncertainties, the Board contacts the optometrist to better understand the circumstances behind

the individual prescription or high prescribing rate. In this reporting period, all prescriptions had adequate justification or explanations, and no optometrist has been found to have been prescribing inappropriately. Therefore, we remain confident that optometrists are prescribing safely.

Eye drops made up 85.8% of all prescriptions, with ointments making up another 9.3%. Oral medications made up 3.9% of medications, which was similar to that seen in 2019 and supports the idea of a saturation at this level 16. The balance of the prescriptions (<1%) are for less common modalities such as creams, gels, injections, and patches, which shows that optometrists are using a range of medication modalities as permitted by their authorised prescriber designation. At the time of writing, the range of medications that optometrists have prescribed has expanded from the original list of 24 drugs from when optometrists were designated prescribers¹⁷, to now well over 100 different medications as prescribing behaviour and confidence has naturally matured over time.

Table 7 provides the total number of prescriptions processed by the ODOB in the 12 months from 1 April 2022 - 31 March 2023.

Prescriptions reviewed	84,333
Prescriptions identified for unusually high prescribing trends	41 (0.04%)
Prescriptions identified for possible 'out-of-scope prescribing'	95 (0.11%)
Prescriptions identified as being inappropriate after investigation	0 (0%)

¹⁶ https://doi.org/10.1111/cxo.13089

¹⁷ https://www.legislation.govt.nz/regulation/public/2005/0256/latest/whole.html

Registration in the Dispensing optician's scope of practice Rēhitatanga i te hōkaitanga mahi o ngā kairato mōhiti

There is currently one scope of practice for dispensing opticians. There were no changes to the scope, since it was reviewed and amended in December 2020. Following the enactment of the Therapeutics Products Act 2023 (coming into effect 1 September 2026), the dispensing

optician scope will be reviewed in the next two years. As mentioned, in early 2023 we published the revised Standards of clinical competence for dispensing opticians. This aligned the clinical standards for both professions regulated by the Board.

Table 8 indicates the number of dispensing opticians registered in the scope of practice.

Scope of practice	As at 31 March 2022 ¹⁸		As at 31 March 2023			
	Total registered	Total practising	Total identified Māori	Total registered	Total practising	Total identified Māori
Dispensing opticians	230	193	Unknown*	225	187	6

^{*} Unable to accurately report due to workforce ethnicity data being incomplete.

Annual practising certificates | Ngā tiwhikete mātanga ā-tau

While registration is usually done once, the application for an annual practising certificate (APC) is done annually. It provides assurance that an optometrist or dispensing optician has maintained their professional competence and remains fit to practise.

In comparison to the previous year ending 31 March 2022, the number of practitioners holding an APC have increased by 72 for optometrists, but only three more dispensing opticians held APCs in this reporting year. This is the second year of reporting seeing a decrease or very little growth in the number of practising dispensing opticians since its peak in 2021.

Table 9 indicates the total number of practitioners holding an annual practising certificates for each profession.

Practitioners from each profession			Practitioners practising as at 31 March 2023
Optometrists	821	838	910
Dispensing Opticians	201	184	187

Workforce and registration trends | Ngā tāera a te hunga mahi me te rēhitatanga

This annual report should be read in conjunction with our 2023 Workforce survey, published on our website. It contains all our workforce and registration trends of practitioners practising in NZ.

¹⁸ As published in the 2022 Annual Report.

¹⁹ As published in the 2022 Annual Report. 20 As published in the 2022 Annual Report.



Overview | Tirohanga whānui

The ODOB may receive complaints or notifications about an optometrist's or dispensing optician's competence, conduct or fitness to practice (health).

- Competence The standard of competence expected of a health practitioner; the knowledge, skills, attitudes, and judgement to practise within their scope to a standard acceptable to reasonable peers.
- Conduct Conduct relates to the behaviour or choices a registered health practitioner made that may be questionable, illegal or in breach/may be in breach of the ODOB's standards and guidelines. Conduct related concerns may also include competence concerns related to the practitioner's behaviour or choices.
- Fitness to practise (health) A health practitioner is considered not fit to practise if they are unable to perform the duties and functions required within their scope of practice safely and competently because of a physical or mental condition.

We may be made aware of concerns around a practitioner from various sources. This can include consumers (patients), other optometrists/DOs, other health practitioners (doctors, nurses, social worker etc), other health agencies (ACC, HDC), or other organisations (e.g., Courts). Concerns can also be raised through our own internal quality assurance tools, like self-audits, through a practitioner's selfdisclosure or from staff identifying information through existing processes/interactions with the practitioner.

Our usual protocol for consideration of any concerns about the practice of a practitioner is to seek the practitioner's response to the concerns, as well as any other information relevant to the matter. Once all information is received, ODOB's Professional Standards Committee (PSC) will consider all information, which could include consultation with ODOB's Professional Standards Advisor, before determining an appropriate course of action.



Complaints and notifications received | Ngā amuamu me ngā whakamōhiotanga kua tae mai

Fifteen complaints and notifications were received by the ODOB this reporting year from various sources.

One notification related to a dispensing optician.

Fourteen of the complaints/notifications related to nine optometrists. Six of the fourteen complaints/ notifications were received about the same optometrist, raising the same concern.

Table 10 provides a summary of total new complaints and notifications received in the reporting year.

Source	HPCA Act Section	Number of complaints from this source
Consumers/patients	S 36 (4)	4**
Member of the public	S 36 (4)	1*
Office of the Health and Disability Commissioner (HDC)	S 34 (2)	1
Health Practitioner (registered with ODOB)	S 34(1), S 45(1)(b)	3*
Employer	S 34 (3), S 45(1)(c)	1
Notice of conviction (District Courts)	S 67(1)	1
Self-disclosure	S36(4), S 45(3)	1
ODOB - internal	S36(4), S 45(3)	3**
Total number of complaints received		15
Number of practitioners complaints were raised about		Optometrists- 9 Dispensing optician - 1

^{*}These complaints are about one (the same) practitioner and raise the same concern

^{**} One of these complaints is about the same practitioner (as mentioned above) raising same concern

Table 11 provides a breakdown of **new** complaints/notifications received and the alleged concern.

Case	Area of concern	Nature of alleged concern	Closed in same period	Referred on to HDC under s64
1	Competence	Clinical care – failure to diagnose	Yes	N/A
2	Competence	Clinical care – failure to refer in timely manner	Yes	No
3	Competence & Conduct	Clinical care – incorrect prescription of lens, attitude	Yes	No
4	Competence	Clinical care – incorrect prescription and poor service	Yes	Yes
5	Conduct	Practising without a practising certificate*	No	No
6	Conduct	Potentially doing non-clinical practise without practising certificate	Yes	N/A
7	Conduct	Notice of conviction from Courts	No	N/A
8	Health	Mental condition potentially impacting practice	Yes	N/A
9	Health	Physical condition potentially impacting practice	Yes	N/A
10	Conduct	Practising without a practising certificate	Yes	N/A

^{*}One practitioner, multiple complaints from different sources about same matter

The ODOB is required under section 64 of the HPCA Act to refer complaints we receive from consumers to the HDC. Of the four complaints received from consumers, one was referred. In the other 3 instances the HDC were already aware of the concern, so a referral was not made.

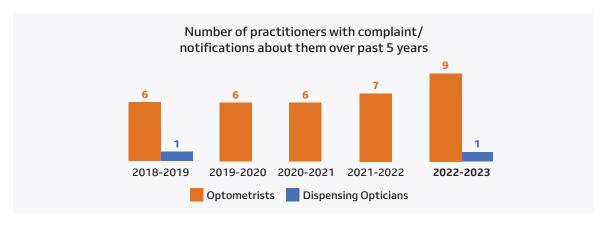


Figure 2: Comparison of number of complaints received over last five reporting years*

*Past data from previous annual reports

Figure 2 shows an increase in the number of complaints/notifications received compared with the last reporting year. The overall increase in the number of complaints/notifications received may indicate that the professions and the ODOB are providing appropriate and accessible information to consumers about their rights and how they can raise concerns.

Proportionally more complaints/notifications were received about optometrists compared with dispensing opticians. Averaging over the last 5 years, 0.4 dispensing opticians have had complaint/notification about them per year, compared to 6.8 optometrists. One explanation may be the higher complexity and risk, and more clinical nature, of the optometrist scope of practice.

Competence | Mātau

Once the Board has one or more concerns around the competence of a practitioner, the case will be referred to the Board's Professional Standards Committee (PSC). The PSC has various options to respond, as set out in the HPCA Act under sections 34 to 43.

Where the PSC (or the Board) considers further action is not warranted, it may take no further action (NFA), or send the practitioner an educational letter. If further action is warranted, the practitioner may be requested to complete a targeted self-audit that focusses on the area of concern. This can provide the PSC with more information about the practitioner's wider practice. If the result of a self-audit does not

assure the PSC around the concerns, it may lead to a full competence review. Another option is for the PSC to require the practitioner to undergo a competence review without the first step of a self-audit.

A standard competence review is undertaken by a competence review committee (CRC) which reviews the practitioner's full practice. The ODOB may also utilise, in some circumstances, an alternative competence review which may focus on reviewing a particular area of practice or not involve the full remit of a CRC style review. The purpose of a competence review is to identify any deficiencies within a practitioners practise. A competence review may then be followed by a competence programme to remedy any deficient (if any). A follow up competence review is commonly required to enable the Board to assess whether the competence programme was effective, and/or whether further remediation or intervention is needed.

During the period 1 April 2022 to 31 March 2023, 11 cases relating to the competence of individual optometrists were being monitored. Ten of these 11 cases received decisions, the case that did not receive a decision was awaiting a HDC report.

Of the 10 cases with decisions, four were new complaint/notifications received in this reporting year (2022-2023). These four new cases were closed, no further action (NFA) in this reporting year.

Six on-going competence cases from previous reporting years received new decisions in the current reporting year.

- One case has been closed NFA.
- Four cases received decisions in this reporting year. The conclusion of their cases with NFA will be reported in the next reporting year.
- One case had decisions in this reporting year and will likely have more in the next.

A practitioner may get multiple decisions about their case. One practitioner received two decisions in the reporting year, therefore the 10 cases have 11 decisions.

Of the five NFA decisions:

- Three were new complaints received in this reporting period and they received NFA as their first decision and are closed in the same period.
- One was a new complaint received in this reporting period, which first received a selfaudit decision and later a NFA on satisfactory result of the audit. This is now also closed in the same period.
- The other case received NFA on satisfactory result of a self-audit arising from a competence review in a previous year.

Of the decisions relating to competence reviews:

- The two competence review decisions relate to two practitioners who were required to do follow up competence reviews with CRCs following completion of competence programmes.
- The alternative competence review relates to a practitioner who underwent a bespoke review spanning over 6 months focussed on the area of concern.
- These three reviews were ordered and completed in this reporting year. The outcomes were positive and will be reported on in next year's report.
- One practitioner was previously ordered to do a competence review. That review was completed and received an outcome in this reporting year. They were required to provide a reflective statement and the outcome will be reported next year.
- One practitioner was required to undergo a competence programme this year. The outcome of the competence programme will be reported on in future reports.

Table 12 indicates the number of competence related decisions made in this reporting year.

Decision	HPCA Act Section	Total number
No further action (NFA)		5
Self-audit (initial)	S 36(1)	1*
Competence review (CRC)	S36(4)	2
Alternative competence review	S36(4)	1
Meets standard of competence following review	S 36 (5)	1
Competence programme	S 38(1)(a)	1

^{*} This case subsequently received NFA decision and is also counted under NFA figures.



Fitness to practise | Te pakari ki te mahi

The Board's governance structure was updated in 2022. The previous Health Committee was disestablished and the Professional Standards Committee now overseas all cases where a registered health practitioner's fitness to practise (health) may be questioned. There were no formal notifications to ODOB under section 45(1) of the Act for the period 1 April 2022 to 31 March 2023, from persons who must make notifications. However, there was information received (section 45(3)), through self-disclosure and information available to the ODOB which raised concerns about the health of two practitioners.

One practitioner, following review of the information available, received a no further action decision. The other, following review of the information provided, was requested to update the ODOB in 6 months' time to advise if there had been any change in their condition or circumstances. No other action on these health referrals were required.

Table 13 provides a summary of outcomes related to practitioners' fitness to practise (health-related).

Outcomes	HPCA Act Section	Total number
No further action	N/A	1
Other – Alternative review or monitoring, such as the request for voluntary provisions of information to assess matter, 'light' monitoring, request for updates, etc.	N/A	1

Conduct | Kawenga

Between 1 April 2022 and 31 March 2023, four cases received decisions on conduct relation matters. These were all new complaints/ notifications received in this reporting period. Three cases relate to optometrists and one related to a dispensing optician.

The one dispensing optician decision fell just outside the reporting period, and so will be reported on in the next reporting year. This also applies to one optometrist case.

Of the remaining two optometrist cases, one received a decision for an educational letter in this period and is closed. The other optometrist had multiple complaints made against them for the same matter. They had multiple decisions in this reporting year and further outcomes will be reported in the next reporting period.

Health Practitioners Disciplinary Tribunal | Taraipiunara Whiu mō ngā Mātanga Hauora

The Tribunal is a statutory disciplinary organisation separate from ODOB. It hears and determines charges brought by PCCs against health practitioners registered under the HPCA Act. A disciplinary levy charged to practitioners funds the work of the Tribunal. Members of the Tribunal are appointed by the Minister of Health for each profession and include practitioners, laypersons, a chairperson and two deputy chairpersons. For each hearing, the Tribunal consists of a chairperson or deputy chairperson, three relevant practitioners (optometrists or dispensing opticians) and a layperson.

For the period 1 April 2022 to 31 March 2023, charges were laid against one optometrist by a PCC. This case is yet to be heard by the Tribunal and will likely be reported on in the next reporting year. The ODOB last had a case heard by the Tribunal in 2016.

Appeals and judicial reviews | Ngā pīra me ngā arotakenga ā-whakawā

There have been no appeals or judicial reviews against decisions made by ODOB in this financial year.

Table 16 indicates the number of conduct related decisions made in this reporting year.

Outcomes	HPCA Act Section	Total number
Education letter	N/A	1
Referral to Professional conduct committee (PCC) for investigation	S 65(2), S 68 (2), S67A(6)(c)	1*
Notice of risk of harm to the public	S 35 (1) & (2)	2*
Other – public notice of publicly available information in line with purpose of HPCA Act to protect the public	N/A	2*
Other – referral to another agency like Ministry of Health	N/A	5*

^{*}These ten decisions refer to a single practitioner



General comments | Ngā kōrero whānui

We again prudently managed our finances. Due to the COVID-19 pandemic and its ingoing impacts including the rise of living costs and inflation, the Board decided to take a more conservative approach and ended with spending \$166,548 less than budgeted for.

Our projects

Several major planned projects, such as to review both recertification programmes, the development of a cultural competence and cultural safety tool for practitioners, and the review of some non-urgent scheduled policies and guidelines were put on hold. This was mostly due to the ongoing impacts of the COVID-19 pandemic, our response to the health reform, the complaint laid at the RRC, as well as the cyber incident. Nonetheless, many short to medium projects were completed as part of the transformation programme within the reporting year. This included the implementation of a new online platform and interim website that was moved forward to this financial year, the review of the governance structure, several key policy reviews, and the improvement and digitalisation of the majority of our processes. The quality assurance these processes required additional IT and cyber security, finance, legal and clinical expertise. This will continue in the next financial reporting year.

As a result, this was an extraordinarily busy year compared to the previous year when our project costs were \$16 663 in 2022, to \$122 893 in 2023. A large percentage of this was allocated to our response to the cyber incident, that will mostly be recovered by our cyber insurance policy in the next financial year.

Our Board member fees

For the same factors above meant that the Board Chair and members were more involved in projects and Board work than usual, however reduced significantly towards the end of the reporting year. The Board is also considering moving to a monthly honorarium remuneration model in the next reporting year.

The shift in the governance structure led to the disestablishment of all existing committees. Committee members were re-appointed as assessors, particularly for CPD accreditation. The Board made the decision to include two co-opted PSC members who are not part of the Board -

one being a senior optometrist (with therapeutic prescribing), and the other, a lay member. Financial reporting on "Fees paid to Board and Committee members" only includes fees paid to Board members who serve on the various committees. Non-Board member fees (i.e. for CPD assessors and PSC co-opted members) are costed accordingly, in relation to their specific regulatory function.

Our fees

Since April 2017, the Board's APC fees have only increased marginally. During this time, the Board had to meet all increases in expenses from reserves and other income. The Board's primary income is from APCs and had to increase its fees to ensure it has the necessary resources to continue to meet its statutory obligations as set out by the HPCA Act and to be able to respond to the current health reform.

Grant Thornton was commissioned to develop a quality assured costing model and forecasting budget, as well as to consider practitioner affordability and workforce trends, and focus on the disciplinary levy. The latter two were key themes from submissions to the 2022 APC Fees consultation paper.

In December 2022, the Board resolved to increase its APC fees by \$150 for both professions - i.e., for optometrists and dispensing opticians alike. The 2022 APC consultations paper also signalled that a further staggered fees increase may be likely. The Board may consider further fees increases in the next reporting year.

It is important to highlight that the effects of the 2022 APC fees increase will only become apparent in the next financial year.

Our financial statements | Ā mātou tauākī ahumoni

Our financial statements include the following:

Non financial information

Entity Information

Financial information

Statement of Financial Performance Statement of Movement in Equity Statement of Financial Position Statement of Cash Flows Statement of Accounting Policies Notes to the Performance Report Auditor's Report

OPTOMETRISTS AND DISPENSING OPTICIANS BOARD **Entity Information** FOR THE YEAR ENDED 31 MARCH 2023

OPTOMETRISTS AND DISPENSING OPTICIANS BOARD Legal Name of Entity:

Type of entity and Legal Basis: The Optometrists and Dispensing Opticians Board (the Board) is a body corporate

established by the Health Practitioners Competence Assurance Act 2003 (HPCA Act) and is

a Responsible Authority under the HPCA Act.

Entity's Purpose or Mission:

The Board is established under the HPCA Act that enables self-regulation of various health professions - the principle purpose of the HPCA Act being to protect the health and safety of members of the public through an effective framework of regulation that ensure Optometrists and Dispensing Opticians are competent and fit to practise their profession.

The functions of the Board are to:

- 1. Prescribe the qualifications required for scopes of practice within the professions, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes:
- 2. Authorise the registration of Optometrists and Dispensing Opticians under the HPCA Act, and to maintain registers:
- 3. Consider applications for annual practising certificates (APCs):
- 4. Review and promote the competence of Optometrists and Dispensing Opticians:
- 5. Recognise, accredit, and set programmes to ensure the ongoing competence of Optometrists and Dispensing Opticians:
- 6. Receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of Optometrists and Dispensing Opticians:
- 7. Notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of an optometrist or dispensing optician may pose a risk of harm to the public:
- 8. Consider the case of Optometrists and Dispensing Opticians who may be unable to perform the functions required for the practice of their profession:
- 9. Set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession:
- 10. Liaise with other authorities appointed under the HPCA Act about matters of common interest:
- 11. Promote and facilitate inter-disciplinary collaboration and co-operation in the delivery of health services:
- 12. Promote education and training in the profession:
- 13. Promote public awareness of the responsibilities of the authority:
- 14. Exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment.

Entity Structure:

The Board has eight (8) members. Four (4) Optometrists, two (2) Dispensing Opticians and two (2) Lay members to represent public interests. There are no vacant positions. Board Members are appointed by the Minister of Health.

Main Sources of the entity's cash and Resources:

The Board has received its main income from APC fees paid by registered Optometrists and Dispensing Opticians.

General Description of the Entity's Outputs

Safe and effective vision care for all members of the public.

Contact details

Physical Address: Level 5, 22 Willeston Street, Wellington 6011

04 - 474 0705 Phone:

Email: Elmarie.stander@odob.health.nz

Website: www.odob.health.nz

OPTOMETRISTS AND DISPENSING OPTICIANS BOARD STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 31 MARCH 2023

	NOTE	2023 \$	2022
Revenue		Φ	\$
APC fees		716,878	699,494
Registration fees		22,090	17,273
Non-practising fee		24,828	23,687
Other income and cost recoveries		63,356	2,344
Interest		15,718	7,847
Disciplinary levy and recovery	_	22,355	22,026
Total Revenue	_	865,226	772,670
Expenditure			
Board and committees	1	308,302	146,588
ODOB Operational	2	782,831	585,508
Conduct and disciplinary	3	30,914	26,288
Total Expenditure	_	1,122,047	758,384
Net (Deficit)/Surplus		(256,822)	14,286

OPTOMETRISTS AND DISPENSING OPTICIANS BOARD STATEMENT OF MOVEMENT IN EQUITY

FOR THE YEAR ENDED 31 MARCH 2023

	2023	2022
	\$	\$
Accumulated funds at the beginning of period	622,221	607,935
Net (deficit)/surplus for the period	(256,822)	14,286
Accumulated funds at the end of period	365,399	622,221

The accompanying notes form part of these financial statements



OPTOMETRISTS AND DISPENSING OPTICIANS BOARD STATEMENT OF FINANCIAL POSITION **AS OF 31 MARCH 2023**

	NOTE	2023	2022
		\$	\$
Equity	7	365,399	622,221
Current Assets			
Cash and cash equivalents		687,218	876,298
Investments		750,000	610,000
Accounts receivable	5	6,289	978
Prepayments		11,174	6,813
Other asset		235	5,115
Total Current Assets		1,454,916	1,499,204
Non-Current Assets			
Fixed assets	4	25,810	4,999
Intangible assets	4	<u>-</u>	1,053
Total Assets		1,480,726	1,505,256
Current Liabilities			
Accounts payable and provisions	8	81,270	58,092
Employee costs payable	9	30,758	23,602
Income in advance	6	866,107	701,812
Goods and services tax		124,708	94,685
WHT payable		12,484	4,845
Total Current Liabilities		1,115,327	883,035
Total Liabilities		1,115,327	883,035
Net Assets		365,399	622,221

For and on behalf of the Board.

Kristine Hammond Board

Chair

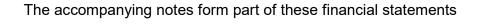
Dated: 8 December 2023

Annette Morgan Deputy

Annelte Morge

Chair

Dated: 8 December 2023





OPTOMETRISTS AND DISPENSING OPTICIANS BOARD STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2023

	2023 \$	2022 \$
Cash flows from Operating Activities	•	•
Cash was received from:		
Statutory fees (APC)	903,529	729,605
Registration income	46,918	40,960
Other fees	63,025	2,013
Interest revenue	20,598	3,876
Cash was applied to:		
Payments to suppliers and employees	(1,083,056)	(713,661)
GST	30,023	(6,607)
Net cash flows from operating activities	(18,963)	56,186
Cash flows from Investing and Financing Activities		
Cash was received from:		
Short-term investments	1,560,000	830,000
Cash was applied to:		
Purchase of fixed assets	(30,118)	(3,268)
Short-term investments	(1,700,000)	(1,020,000)
Net Cash Flows from Investing and Financing Activities	(170,118)	(193,268)
Net Increase / (Decrease) in Cash	(189,080)	(137,082)
Opening Cash Brought Forward	876,298	1,013,381
Closing Cash Carried Forward	687,218	876,298
Represented by:		
Cash and cash equivalents	687,218	876,298



OPTOMETRISTS AND DISPENSING OPTICIANS BOARD STATEMENT OF ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2023

BASIS OF PREPARATION

The Board is a body corporate established by the Health Practitioners Competence Assurance Act 2003 and is a Responsible Authority under that Act.

The financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand (NZ GAAP) and have been prepared on the basis of historical cost.

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

SPECIFIC ACCOUNTING POLICIES

Income recognition

Fees received for the issue of APCs and register maintenance are recognised in the year to which the fees relate. All other fees are recognised on receipt.

Receivables

Receivables are stated at estimated realisable values.

Property, plant and equipment

Initially stated at cost and depreciated as outlined below. Initial cost includes the purchase consideration plus any costs directly attributable to bringing the asset to the location and condition required for its intended use.

Assets are written down immediately if any impairment in the value of the asset causes its recoverable amount to fall below its carrying value.

Intangible Assets

Intangible Assets comprise non-physical assets which have a benefit to the Board for periods extending beyond the year the costs are incurred.

Fixed Assets are shown at original cost less accumulated depreciation. Depreciation has been calculated over the expected useful life of the assets at the following rates:

Fixtures and Fittings 5 years straight line Computer Equipment 2 to 2.5 years straight line Office Refit 5 years straight line

Intangible assets are amortised over the period of benefit to the Board at the following rate:

Taxation

The Board is registered as a charitable entity under the Charities Act 2005. The Board is exempt from Income Tax.

Investments

Investments are recognised at cost. Investment income is recognised on an accruals basis where appropriate.

Goods and Services Tax

The board is registered for Goods and Services Tax (GST), and all amounts are stated exclusive of GST, except for receivables and payables that are stated inclusive of GST.

Payments made under operating leases are recognised in the statement of financial performance on a basis representative of the pattern of benefits expected to be derived from the leased asset.

Cash and cash equivalents

Cash and cash equivalents includes petty cash, deposits at cheque account and saving account with banks.

Employee entitlements

Provision is made in respect of the Board's liability for annual leave at balance date. Annual leave has been calculated on an actual entitlement basis at current rates of pay. No provision is made for sick leave entitlement as this does not accumulate

Changes in accounting policies

Accounting policies for cash and cash equivalents have been added in. All other policies have been applied on a consistent basis with those used in previous years.

Some prior year comparative figures have been reclassified to match current year disclosure.



	NOTE	2023	2022
1. BOARD & COMMITTEES		\$	\$
Fees		127,487	110,590
Meeting expenses, training, travel & others		57,922	19,366
Projects		122,893	16,633
		308,302	146,588
Fees paid to Board and Committee members			
Kristine Hammond (Board Chairperson)		43,875	14,314
Annette Morgan (Board Deputy Chair)		14,382	11,018
Jayesh Chouhan (Board Member)		18,666	33,613
Zoe Ross (Board Member)		12,118	9,538
Sophie Woodburn (Board Member)-Commenced Aug 22		6,123	0
Ravi Dass (Board Member)		10,135	4,460
Julia Hunter (Lay Member)-Commenced Aug 22		4,146	0
Farib Sos (Lay Member)-Commenced Aug 22		5,558	0
Joanna Black (CPD Accreditation Committee, Optometrists)-F	•	3,825	4,050
Irene Durham (Board Member)-Finished Aug 22, now Co-opte		4,279	10,110
Adele Jefferies(CPD Accreditation Committee, Optometrists)-	Finished Sep 2022	319	1,393
Sean McKinley (Board Member)-Finished Aug 22		600	9,822
Ross Tayler (Board Member)-Finished Aug 22, now Co-opted	PSC members	3,460	12,273
		127,487	110,590
2. ODOB OPERATIONAL COSTS			
Audit fees		7,829	7,925
Depreciation and amortisation	4	8,726	15,095
Legal costs	·	34,321	25,194
Occupancy costs		36,898	32,161
Other costs		125,197	105,936
Personnel costs		458,374	324,139
Professional fees		107,872	70,101
Telephone, Postage and Printing and Stationery		3,615	4,956
		782,831	585,508
3. CONDUCT AND DISCIPLINARY EXPENSES			
PCC Investigation Expenses		30,614	26,288
HPDT Hearing Expenses		30,614	20,200 N
5 1		30,914	26,288



4. PROPERTY, PLANT & EQUIPMENT AND INTANGIBLE ASSETS

	Opening value	Current year additions	Disposals & sales	Depreciation & amortisation	Closing Value
At 31 March 2023					
Furniture and fittings	0	10,713	(594)	(1,071)	9,048
Computer equipment	4,333	19,405	(1,041)	(6,342)	16,355
Office Equipment	667		-	(259)	407
	4,999	30,118	(1,635)	(7,673)	25,810
Database and Website					
software	1,053	-	-	(1,053)	-
	1,053	-	-	(1,053)	-
	Opening value	Current year additions	Disposals & sales	Depreciation & amortisation	Closing Value
At 31 March 2022					
Computer equipment	6,126	2,602	-	(4,395)	4,333
Office equipment	0	667	-	-	667
	6,126	3,268	-	(4,395)	4,999
Database and Website					
software	11,754	-	-	(10,700)	1,053
	11,754	-	-	(10,700)	1,053



	2023	2022
	\$	\$
5. ACCOUNTS RECEIVABLE		
Accounts receivable	1,351	978
Less provision for doubtful debts	0	0
Accrued income	4,938	0
	6,289	978
	2023	2022
6. INCOME IN ADVANCE	\$	\$
Fees received relating to next year		
APC fees	823,524	660,044
Disciplinary levy	21,024	20,511
Non-practising fee	21,558	21,258
	866,107	701,812
7. EQUITY	2000	2222
	2023	2022
General Reserve	\$	\$
Accumulated surpluses with unrestricted use		
Balance at 1 April	548,385	529,837
Surplus/(deficit) for year	(248,884)	18,548
Balance at 31 March	299,502	548,385
Dissipling December		
Discipline Reserve	70.005	70.007
Opening balance	73,835	78,097
Levies received	22,355	22,026
Conduct and discipline expenses	(30,292)	(26,288)
Balance at 31 March	65,898	73,835
Total Basanias	265 200	622 224
Total Reserves	365,399	622,221

General reserve is used for operating expenses.

Discipline reserve is used for the Professional Conduct Committees and Health Practitioners Disciplinary Tribunal costs.

	2023	2022
8. ACCOUNTS PAYABLE & ACCRUALS	\$	\$
Accounts payable	34,668	31,689
Accruals	46,601	26,403
	81,270	58,092



	2023	2022
9. EMPLOYEE COST PAYABLE	\$	\$
PAYE owing	7,510	5,897
Holiday pay accrual	11,411	11,782
Kiwisaver contributions owing	1,842	1,443
Salary accrual	9,995	4,480
	30,758	23,602

10. COMMITMENTS

There are no contractual commitments as at 31 March 2022. (2022: NIL)

The Board has entered into a Service Level Agreement (SLA) with the Nursing Council of New Zealand for the provision of back office corporate services. This SLA was for an initial term of 5 years and was renewed for a further five year term. The future estimated commitments based on the expected costs included in this agreement as at 31 March 2022 are: Property \$17,484; Corporate Services \$31,341, Total \$48,825 per annum.

	2023 \$	2022 \$
Due in 1 year	48,825	48,825
Due between 1-2 years	48,825	48,825
Due between 2-5 years	40,687	89,512
•	138,337	187,162

The lease agreement is in the name of Nursing Council of New Zealand.

11. CREDIT CARD FACILITY

A MasterCard credit card with a limit of \$5,000 is held with Westpac.



12. RELATED PARTY TRANSACTIONS

Total remuneration paid to the Board Members and Committees during the year are disclosed in Note 1.

Balances owing to Board Members and Committee Members as at 31 March 2023 are included in Accounts payable and are as follows: The Board restructured its governance structure in May 2022, no committee members since then.

alon.	2023	2022
	\$	\$
Kristine Hammond (Chairperson)	2,264	1,384
Annette Morgan (Deputy Chairperson)	713	443
Jayesh Chouhan (Board Member)	364	854
Zoe Ross (Board Member)	1,559	674
Sofie Woodburn (Board Member)	-	-
Julia Hunter (Lay Member)	563	-
Farib Sos (Lay Member)	71	-
Ravi Dass (Board Member)	3,015	-
Ross Tayler (Board Member)	89	-
Joanna Black (CPD Accreditation Committee, Optometrists)	302	-
Irene Durham (Board Member)	-	307
Adele Jefferies (CPD Accreditation Committee, Optometrists)		135
	6,675	1,971

13. CONTINGENT LIABILITIES

There are no contingent liabilities at balance date. (2022: \$Nil)

14. CAPITAL COMMITMENTS

There are no capital commitments at balance date. (2022: \$Nil)

15. ASSETS HELD ON BEHALF OF OTHERS

There were no assets held on behalf of others during the financial year. (2022: \$Nil)

16. EVENTS AFTER BALANCE DATE

There were no events that have occurred after the balance date that would have a material impact on the

17. SHARED SERVICES - LEASE AGREEMENT

In 2015/16, Nursing Council of New Zealand, Occupational Therapy Board of New Zealand, Podiatrists Board of New Zealand, Dietitians Board, Midwifery Council of New Zealand, Psychotherapists Board of Aotearoa New Zealand, Osteopathic Council of New Zealand, Chiropractic Board, Psychologist Board, and Optometrists & Dispensing Opticians Board entered into an agreement to co-locate to 22 Willeston Street, Wellington. The lease agreement for 22 Willeston Street (signed solely by Nursing Council of New Zealand) is for five years taking effect from 1st February 2021 and expiring on 1st February 2026.

To facilitate the management of shared resources, including a joint lease agreement for office rental purposes and corporate support, the ten RAs entered into an agreement for the provision of corporate services.



2023

2022

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INDEPENDENT AUDITOR'S REPORT TO THE READERS OF THE OPTOMETRISTS AND DISPENSING OPTICIANS BOARD'S FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2023

The Auditor-General is the auditor of the Optometrists and Dispensing Opticians Board. The Auditor-General has appointed me, Chrissie Murray, using the staff and resources of Baker Tilly Staples Rodway Audit Limited, to carry out the audit of the financial statements of the Board of New Zealand on his behalf

Opinion

We have audited the financial statements of the Optometrists and Dispensing Opticians Board that comprise the statement of financial position as at 31 March 2023, the statement of financial performance, the statement of movement in equity and statement of cash flows for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

In our opinion, the financial statements of Optometrists and Dispensing Opticians Board:

- present fairly, in all material respects:
 - its entity information and financial position as at 31 March 2023; and
 - its financial performance and cash flows for the year then ended; and
- comply with generally accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Simple Format Reporting - Accrual (Public Sector)

Our audit was completed on 8 December 2023. This is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Optometrists and Dispensing Opticians Board and our responsibilities relating to the financial statements and we explain our independence.

Basis of opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the Professional and Ethical Standards and International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the Auditor section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General's Auditing Standards.

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

Baker Tilly Staples Rodway Audit Limited, incorporating the audit practices of Christchurch, Hawkes Bay, Taranaki, Tauranga, Waikato and Wellington. Baker Tilly Staples Rodway Audit Limited is a member of the global network of Baker Tilly International Limited, the members of which are separate and independent legal entities



Responsibilities of the Board for the financial statements

The Board is responsible for preparing financial statements that are fairly presented and that comply with generally accepted accounting practice in New Zealand.

The Board is responsible for such internal control as it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Board is responsible on behalf of Optometrists and Dispensing Opticians Board for assessing Optometrists and Dispensing Opticians Board's ability to continue as a going concern. The Board is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to liquidate Optometrists and Dispensing Opticians Board or to cease operations, or there is no realistic alternative but to do so.

The Board's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

Responsibilities of the auditor for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements, as a whole, 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 carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers taken on the basis of these financial statements.

We did not evaluate the security and controls over the electronic publication of the financial statements.

As part of an audit in accordance with the Auditor-General's Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control.
- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the governing body.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the governing body and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on Optometrists and Dispensing



Opticians Board's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause Optometrists and Dispensing Opticians Board to cease to continue as a going concern.

We evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

Our responsibility arises from the Public Audit Act 2001.

Independence

We are independent of Optometrists and Dispensing Opticians Board in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1(Revised): Code of Ethics for Assurance Practitioners issued by the New Zealand Auditing and Assurance Standards Board.

Other than the audit, we have no relationship with, or interests in Optometrists and Dispensing Opticians Board.

Chrissie Murray

Baker Tilly Staples Rodway Audit Limited

On behalf of the Auditor-General

Wellington, New Zealand

Contact details Whakapā mai

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