

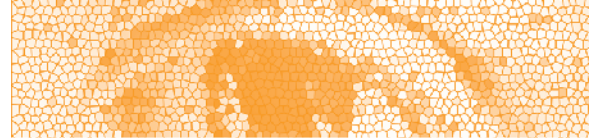
Annual Report

1 April 2011 to 31 March 2012



Optometrists and
Dispensing Opticians Board

Te Poari o ngā Kaimātai Whatu me ngā Kaiwhakarato Mōhiti



The Optometrists and Dispensing Opticians Board (the Board) is pleased to submit this report to the Minister of Health for the year ended 31 March 2012. This report is presented in accordance with section 134(1) of the Health Practitioners Competence Assurance Act 2003 (HPCAA).

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Our Vision

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

Our Mission

To protect the health and safety of members of the public through an effective framework of regulation that ensures optometrists and dispensing opticians are competent and fit to practise their professions.

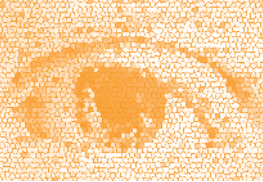
Our Values

- Integrity
- Respect
- Cooperation: finding cooperative ways of working
- Efficiency
- Effectiveness
- Accountability
- Consistency
- Transparency
- Fairness

Our Duties and Functions

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

- to 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:
- to authorise the registration of optometrists and dispensing opticians under the HPCAA, and to maintain registers:
- to consider applications for annual practising certificates:
- to review and promote the competence of optometrists and dispensing opticians:
- to recognise, accredit, and set programmes to ensure the ongoing competence of optometrists and dispensing opticians:
- to receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of optometrists and dispensing opticians:
- to 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:
- to consider the case of optometrists and dispensing opticians who may be unable to perform the functions required for the practice of their profession:
- to set standards of clinical competence, cultural competence, and ethical conduct to be observed by optometrists and dispensing opticians:
- to liaise with other authorities appointed under the HPCAA about matters of common interest:
- to promote education and training in the professions:
- to promote public awareness of the responsibilities of the authority:
- to exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under the HPCAA or any other enactment.



Our Strategic Plan

The Board undertook a comprehensive strategic planning session during the year, to identify its key areas of focus for 2012 to 2015. This work was completed in late 2011, and the Board's confirmed strategic objectives for the coming 3 years have now been confirmed as follows:

1. To continue to fulfill the Board's functions as required under section 118 of the HPCAA;
2. To continue to function efficiently and effectively by transitioning to a governance model of operation;
3. To ensure the Board remains well positioned within the health regulation sector, while maintaining high quality service and public health and safety;
4. To work with the professions and relevant stakeholders to ensure optometrists and dispensing opticians are providing optimal vision care; and
5. To improve communication and engagement with the public, professions and relevant stakeholders.

The Board has planned and prioritised the deliverables associated with the above objectives, to ensure the work is achievable within the 3 year period and does not interfere with the day-to-day operational activities of the Board. The Board reviews progress towards meeting each of these objectives at every Board meeting. The Board will communicate with practitioners and stakeholders regarding the larger pieces of work associated with these objectives as appropriate.

In relation to objectives two and three mentioned above, during 2011 and on into 2012, the Board has continued to work with the other 15 health regulatory authorities to look at advancing the Minister of Health's directive that health regulatory authority secretariats combine to form one single shared secretariat. Such an undertaking requires extensive analysis of the potential benefits and risks, including the impact such an amalgamation could have on practitioner fees, so the Board has been performing due diligence and considering all options ahead of proceeding to consult with practitioners and stakeholders.

Analysis of the options available has involved a lot of collaboration with the other 15 health regulatory authorities, and while this has served to strengthen the Board's connections with its fellow regulators, much of the Board's attention has been diverted to these activities over the past 12 months, which has resulted in the Board not making as much initial progress on some of its strategic objectives as it would have liked. The Board hopes, however, that investigations into the shared secretariat proposal will come to fruition shortly, so that the Board can refocus its attention to other equally important initiatives.

Report from Board Chairperson

It is a pleasure to present this Annual Report covering the period 1 April 2011 through 31 March 2012. It covers the following key issues involving both the structure and functioning of the Board.

Board membership

At the first meeting of 2012, Ruth Spelman and I were re-elected for second terms as Deputy Chair and Chair respectively. We consider it a privilege to serve in this capacity and to work with a constructive and cohesive group of Board members. I would like to recognise their commitment and ability at the outset.

On 1 September 2011, the Minister of Health gazetted changes to the Board's membership. Although four positions on our Board had been advertised, only one appointment was made – a second term for optometrist, Andrew Black. The Minister's decision has meant that the Board's membership was reduced from 11 to 8 members. The new composition is 4 optometrists, 2 dispensing opticians and 2 lay members (a reduction of one of each member type) and sees the Board membership at a size that is consistent with other regulatory authorities. This decision marked the end of Board membership for optometrist, John McLennan, and lay member, Caryl Blomkvist. The fourth position was an already vacant dispensing optician position. Both John and Caryl made a strong contribution to Board committee work. John also served as an astute and capable Chairman.

Changes to staffing

In November 2011, the Board bid farewell to its Registrar, Rachael Thorn, and Deputy Registrar, Brooke Matthews, to pursue their careers overseas. We were delighted to be able to appoint Lindsey Riley and Chris McKeown to the Registrar and Deputy Registrar positions respectively shortly afterward and greatly appreciate their enthusiasm and industry in their respective roles.

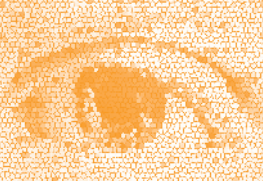
Accreditation

At the close of this reporting period, the Board approved the Royal Melbourne Institute of Technology Certificate IV in Optical Dispensing as a qualification for registration in the scope of practice for optical dispensing under section 12 of the HPCAA. This approval brought to a conclusion a 2 year assessment of this qualification, and subject to the conditions attached to this approval, the Board is confident that registrants with this qualification will be able to practise safely within the scope of practice.

At its October 2011 meeting, the Board resolved to endorse the Optometry Council of Australia and New Zealand's decision to reaccredit the Bachelor of Optometry Bachelor of Science Program at the University of New South Wales for a period of 8 years (provided there are no major changes to the programme during this period).

Consultations on the Optometrist Scopes of Practice, a revision to the Standards of Ethical Conduct for Optometrists and a Statement on Internet Medicine

In December 2011, the Board released a consultation document that presented options for a review of the optometrist scopes of practice. This followed an initial call for views about the future of the optometrist scopes of practice in June 2011. The Board was pleased to receive submissions from a wide range of stakeholders and will continue to consider possible changes to the scopes during the next 12 months.



Work on revisions to the standards of ethical conduct for optometrists continued during 2011, in collaboration with the New Zealand Association of Optometrists. The Board has now adopted the revised standards and these are published on our website located at www.odob.health.nz.

In December 2011, the Board consulted the professions on a draft Statement on Internet Medicine. No submissions were received and the Statement was subsequently confirmed. This is also available on the Board's website.

Submission on the review of the Medicines Act and optometrist prescribing

The Board made a submission supporting proposed changes to the Medicines Act that would alter the classification of optometrists from designated prescribers working from a limited list of medications to authorised prescribers with access to the full range of available medicines. This review brings optometrist prescribing into line with other healthcare professions and will improve patient care by giving optometrists access to a wider range of medications to better manage eye diseases within their scope of practice. The change will also open the opportunity for optometrist management of some forms of glaucoma. The Board has begun the development of prescribing guidelines for safe practice in this area.

The Board has continued its quarterly review of all dispensed subsidised medicines prescribed by optometrists and contacting practitioners who have unusually high prescribing rates for particular medicines. Responses to date have found them to be practising safely and within their scope of practice.

Stakeholder meetings

The Board continues to develop relationships with the Optometry Board of Australia (OBA) and with the Optometry Council of Australia and New Zealand (OCANZ). In June 2011, the Chair and Registrar met members of the OBA to discuss registration standards and policy development for managing the competence assessment of practitioners. In November, the Chair represented the Board at the AGM of OCANZ. OCANZ provides accreditation recommendations for optometry training programmes in Australia and New Zealand and examinations for overseas trained optometrists applying for registration in New Zealand and Australia. The meetings were helpful in improving our understanding of the challenges and priorities of our Australian colleagues and ensuring that our perspective is not neglected in their policy work. Two face to face meetings were held with the New Zealand Association of Optometrists during the year and Board representatives also attended a briefing from Health Workforce New Zealand regarding optometry's role in facing healthcare needs in the next decade.

Performance Assessment Committee (PAC) member training day

In August 2011, the Board hosted a training day for practitioners and laypeople that assist the Board in carrying out performance assessments of practitioners (known as 'competence reviews' under the HPCAA). PAC members who assist other health regulatory authorities with this type of work also attended. Presentations were given by Dr Steven Lillis, general practitioner and medical adviser to the Medical Council, on conducting robust assessments and international competence concern trends, and Anita Miller of Buddle Findlay Lawyers, on writing robust assessment reports. Feedback to the Board was positive and it is our intention to repeat the training day every 2 years.

Practitioner prosecution

In June 2011, the Health Practitioners Disciplinary Tribunal (Tribunal) considered charges against an optometrist laid by a Professional Conduct Committee (PCC) appointed by the Board. Two charges related to practising as an optometrist without holding a current practising certificate and the third charge related to making an incorrect and careless declaration on an application for an annual practising certificate (APC). The Tribunal found the charges established and the practitioner was censured, fined and ordered to pay a portion of the PCC and Tribunal costs.

The Board's response to the Minister's initiative to consolidate health regulatory authorities into a single secretariat

At the time of writing, there are two proposals for advancing the Minister's directive which differ particularly in their governance structure and scope. The Board is already part of a small shared secretariat with two other regulatory authorities and our practical experience in this area has been helpful in evaluating the strengths of each. The work, in cooperation with the 15 other health regulatory authorities in developing a single model will continue during the year, alongside the review of the HPCAA being conducted by the Ministry of Health.



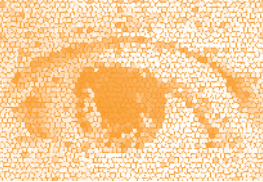
Richard Lobb
Chairman

Board members

Board membership as at 31 March 2012 was as follows:

Chair	Richard Lobb (<i>optometrist</i>)
Deputy Chair	Ruth Spelman (<i>lay member</i>)
Dispensing optician members	John Billings, Lorraine Helson
Optometrist members	Andrew Black, Kylie Dreaver, Damian Koppens
Lay members	Kiri Rikihana

As mentioned above, Board membership was reduced from 11 to 8 during the year, which saw the departure of optometrist, John McLennan, and lay member, Caryl Blomkvist. Andrew Black, optometrist, was reappointed for a further term.



Report from Board Registrar

It was a challenging year for the Board's secretariat, with a 100 percent change in secretariat staff half way through the year. Handover for the Registrar and Deputy Registrar roles while swift was comprehensive, and this enabled Board operations to continue with minimal disruption. We thank practitioners and stakeholders for their patience and understanding during this transition period.

The management of competence and conduct cases, both ongoing and new, continues to be an area requiring a lot of the Board's attention. The Board is grateful for the valuable contributions it receives from both lay and practitioner members of its professional conduct and performance assessment committees. As mentioned by the Chair, the Board will ensure committee members undertake regular training on assessment and investigation processes, to ensure their skills remain current and their decision-making robust and consistent. In addition, the Board is continuing to develop its operational policies and processes to streamline committee work and ensure clear information is available for practitioners about the two processes and what they can expect if concerns are raised about their competence or conduct.

The Board continues to receive efficient support from Health Regulatory Authorities Secretariat (HRAS) staff in relation to finance and general office operations. As indicated in the Board's previous Annual Report, secretariat support changed slightly during the year with the departure of two of the five regulatory authorities from the secretariat. The Board now shares the secretariat with the Dietitian and Chiropractic Boards only. The three remaining authorities continue to be committed to working cooperatively together in the interests of cost containment and sharing of knowledge.

A major ongoing project for the Board this year has been the review of the optometrist scopes of practice. The Board consulted with practitioners and stakeholders on this subject on two occasions, in June and December 2011. At this time, the Board is still considering the outcome of these consultations and has not yet made any final decisions regarding changes to the optometrist scopes of practice.

I would like to thank Chris McKeown for her hard work and dedication in getting to grips with the Deputy Registrar role, and the Board members for their support of the secretariat staff as well as their unwavering commitment and energy to their roles on the Board.

Lindsey Riley
Registrar

Registration of, and practising certificates for, health practitioners

Scopes of practice – optometrists

There are currently four optometrist scopes of practice. During the year, the Board identified a technical issue with the wording of two currently prescribed qualifications for registration in the optometrist scopes of practice. This related to the Board's relationship with OCANZ and OCANZ's role in accrediting and reaccrediting training institutions and making recommendations to the Board on whether qualifications should be accredited or reaccredited for the purposes of registration. The

Board consulted on proposed changes to the wording and the wording now clearly reflects the true position with regard to OCANZ's role as an advisory body to the Board, and the Board's role as the decision maker on the prescribing or otherwise of qualifications.

No further amendments were made to the scopes of practice during the year; however, as previously mentioned, the Board is currently in the process of reviewing the optometrist scopes of practice in consultation with practitioners and stakeholders and changes are likely during the next year.

The Board continues to monitor optometrist prescribing of medicines to ensure optometrists registered in the Optometrist (TPA Endorsement) scope of practice are prescribing safely within their scope, and that optometrists not registered in that scope are not prescribing. The Board receives quarterly reports on optometrist prescribing from HealthPAC, a business unit within the Ministry of Health, and the Board makes enquiries with any optometrist who has prescribed 20 percent or more of the total volume of any scheduled medicine for the quarter or to any optometrist who is alleged to have prescribed a medicine that is not on the schedule of medicines optometrists may prescribe. Through this reporting and enquiry process, the Board remains confident that optometrists are prescribing safely.

Scopes of practice – dispensing opticians

There is currently one scope of practice for optical dispensing. During the year, the Board approved the addition of the Royal Melbourne Institute of Technology Certificate IV in Optical Dispensing as a qualification for registration in the scope of practice for optical dispensing under section 12 of the HPCAA. No further amendments were made to the scope of practice during the year.

Accreditation and qualifications – optometrists

No new training institutions or qualifications were accredited for the optometrist scopes of practice during the year; however, the Board did endorse OCANZ's decision to reaccredit the Bachelor of Optometry Bachelor of Science Program at the University of New South Wales for a period of 8 years (provided there are no major changes to the program during this period).

Accreditation and qualifications – dispensing opticians

In December 2009, as noted above, the Board received an application from the Royal Melbourne Institute of Technology (RMIT) to have its Certificate IV in Optical Dispensing prescribed as a qualification for registration in the optical dispensing scope of practice. During the year, the Board continued its comprehensive review of the qualification and at the close of the year approved the qualification to be gazetted as a prescribed qualification for registration as a dispensing optician. The Board is now receiving applications for registration from RMIT graduates.

Registration

Registration provides assurance to the public that an optometrist or dispensing optician has attained the standard of qualification prescribed by the Board. The names, qualifications and dates of registration of all optometrists and dispensing opticians appear in the publically available Register of Optometrists and Register of Dispensing Opticians located on the Board's website: www.odob.health.nz.

Applications for registration

HPCAA Section	Number	Outcomes		
		Registered	Registered with Conditions	Not Registered
15 Optometrists	28	28	–	–
Dispensing Opticians	19	19	–	–

Applications for registration from both professions for the period to 31 March 2012 reduced by a small number in comparison to the previous year where there were 37 applications for registration from optometrists and 26 applications for registration from dispensing opticians.

Registrations by qualification – optometrists

Qualification	Applications approved 2011-2012	Applications approved 2010-2011
BOptom, Auckland University	21	28
Pass in the OCANZ examination	0	4
Trans Tasman Mutual Recognition Act	7	4
Other (educator scopes)	0	1
Total new registrations	28	37
Change in scope of practice from optometrist to optometrist (TPA endorsement)	18	27

Registrations by qualification – dispensing opticians

Qualification	Applications approved 2011-2012	Applications approved 2010-2011
OTEN/TAFE NSW Certificate IV in Optical Dispensing	15	22
FBDO	2	4
Trans Tasman Mutual Recognition Act	0*	0*
Other (section 15(2)) assessment	2	–
Total	19	26

*Optical dispensing was deregulated in Australia on 1 July 2010 so the TTMRA no longer applies to this profession.

Annual practising certificates

An annual practising certificate provides assurance that an optometrist or dispensing optician has maintained their professional competence and is fit to practise.

The Board managed a number of applications for practising certificates during the year in relation to practitioners who failed to meet the required standard of competence, and one practitioner who was returning to the workforce after 3 years or more. The results of these cases are expressed below.

In comparison to the previous year ending 31 March 2011, the number of applications for practising certificates has increased by 22 for optometrists and 2 for dispensing opticians.

Applications for an annual practising certificate

	HPCAA Section	Number	Outcomes			
			APC	APC with Conditions	Interim	No APC
Total applications	26	Optoms 696 DOs 213	682 212	13 1	1 –	1 –
Reasons for non-issue						
Competence	27 (1) a	Optoms 13 DOs 1		12 1	1 –	1 –
Failed to comply with a condition	27 (1) b	–	–	–	–	–
Not completed required competence programme satisfactorily	27 (1) c	–	–	–	–	–
Recency of practice	27 (1) d	Optoms 1 DOs –	–	1 –	–	–
Mental or physical condition	27 (1) e	–	–	–	–	–
Not lawfully practising within 3 years	27 (1) f	–	–	–	–	–
False or misleading application	27 (3)	–	–	–	–	–

Competence, fitness to practise, and quality assurance

Performance

In addition to continuing to manage some competence referrals initiated in previous years, the Board initiated a small number of performance assessments (also known as ‘competence reviews’) for optometrists during the period 1 April 2011 to 31 March 2012. No performance assessments were initiated for dispensing opticians for the period 1 April 2011 to 31 March 2012.

The Board continues to utilise practitioner recertification programmes and self audits as competence assurance tools for both of the professions. Poor results in a self audit and Health and Disability Commissioner referrals were the source of referrals for performance assessments for the period 1 April 2011 to 31 March 2012.

Competence referrals

Source	HPCAA Section	Number
Health Practitioner (Under RA)	34 (1)	
Health and Disability Commissioner	34 (2)	2
Employer	34 (3)	
Other (Board self audit process)	36 (4)	1
Total		3

Outcomes of competence referrals

Outcomes	HPCAA Section	Number			
		Existing	New	Closed	Still Active
(Total number)	36	Optoms 6	Optoms 3	Optoms 7	Optoms 2
Initial inquiries		DOs 1	DOs –	DOs 1	DOs –
No further action		Optoms 5	Optoms 1		
		DOs 1	DOs –		
Notification of risk of harm to public	35	–	–	–	–
Orders concerning competence	38	–	Optoms 1*	–	–
			DOs –		
Interim/suspension conditions	39	–	–	–	–
Competence programme	40	–	Optoms 1*	–	–
			DOs –		
Recertification programme	41	–	–	–	–
Unsatisfactory results of competence or recertification programme	43		–	–	–

* Practitioners may be represented under both "orders concerning competence" and "competence programme."

Quality assurance

Continuing professional development (CPD) recertification programmes

The Board believes that one of the key elements contributing to the maintenance of an individual practitioner's competence is participation in CPD activities.

CPD is a career long process which has become increasingly important for practitioners as knowledge and new areas of expertise develop. The Board requires practitioners' participation in CPD activities to assure the public and the Board that practitioners are up to date and have appropriately developed their knowledge and skills on an ongoing basis. To ensure ongoing participation in CPD activities the Board has set a recertification programme, under section 41 of the Act, for continuing professional development of optometrists and dispensing opticians.

On 1 April 2010, the Board introduced a CPD recertification programme for dispensing opticians. All practising dispensing opticians are required to obtain 20 CPD credits every 2 years, and up to 40 percent will also be asked to complete a random self audit of their practice during that time. The first recertification cycle for dispensing opticians concluded on 30 November 2011, with only a small number of dispensing opticians unable to achieve the requirements of the programme by the end of the cycle.

On 1 November 2010, a similar programme was introduced for optometrists. All optometrists are required to obtain 20 general CPD credits and 20 clinical diagnostic CPD credits in a 2 year period, and up to 40 percent will also be asked to complete a random self audit of their practice during that time. The first recertification cycle for optometrists is due to conclude on 31 October 2012.

Practitioners unable to meet the requirements of the recertification programme by the end of the cycle are required to provide the Board with a proposed plan for addressing the deficit, and to complete a CPD Deficit Audit. Practitioners required to complete a CPD Deficit Audit are asked by the Board to complete a questionnaire about their practice, to provide examples of cases they have managed, and to demonstrate their understanding of and compliance with the Board's:

- Standards of Clinical Competence
- Standards of Cultural Competence
- Standards of Ethical Conduct.

The questionnaire information in the CPD Deficit Audit is assessed by the Board to identify whether there are any areas of practice indicating wider competence concerns, and/or to assure the Board of the practitioner's competence. If wider competence concerns are noted following assessment of the CPD Deficit Audit information, 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;
- Suspending the practitioner's registration;
- Referring the practitioner for a performance assessment.

As well as CPD Deficit Audits, the Board also asks up to 20 percent of practising practitioners to complete a random self audit of their practice to ensure that optometrists and dispensing opticians are competent to practise their professions.

Health/Fitness to practise

There were no referrals to the Board under section 45 of the HPCAA for the period 1 April 2011 to 31 March 2012.

Complaints and discipline

Complaints

Complaints from various sources and outcomes

Source	Number	Outcome			
		No Further Action	Referred to Professional Conduct Committee	Referred for Performance Assessment	Referred to the Health and Disability Commissioner
Consumers					
Health and Disability Commissioner	3	1	1	2*	Not applicable
Health Practitioner (Under RA)					
Other Health Practitioner					
Courts notice of conviction					
Employer					
Other					

* One complaint was referred to a Professional Conduct Committee for investigation and was also the grounds on which a Performance Assessment was ordered.

Professional Conduct Committees (PCCs)

This year was the second year that matters were referred to PCCs by the Board. Two cases were referred; one relating to a patient complaint about the standard of care provided by an optometrist, and the other relating to an optometrist not making patient records available for access/transfer after the closure of a practice. Both cases were still under investigation at 31 March 2012.

In addition, one case already under investigation by a PCC at the start of the year concluded, and as previously mentioned in the report, resulted in charges being laid against an optometrist before the Tribunal.

Professional Conduct Committee cases

Nature of Issue	Source	Existing	New	Outcome
Fraudulent claiming				
Concerns about standards of practice	HDC		1	Outcome pending
Notification of conviction				
Theft				
Conduct				
	Board		1	Outcome pending
Practising outside scope				
Practising without annual practising certificate	Board	1		Referral to Tribunal
Other				

Health Practitioners Disciplinary Tribunal (Tribunal)

The Tribunal is a statutory disciplinary organisation separate from the Board. It hears and determines charges brought by PCCs against health practitioners registered under the HPCAA. A disciplinary levy charged of 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 practitioners (optometrists or dispensing opticians) and a layperson.

For the period 1 April 2011 to 31 March 2012, the Tribunal considered three charges laid by a PCC appointed by the Board. Two charges related to an optometrist practising without holding a current practising certificate and the third charge related to the optometrist making an incorrect and careless declaration on an application for an annual practising certificate (APC). The Tribunal found the charges established and the practitioner was censured, fined and ordered to pay a portion of the PCC and Tribunal costs.

Appeals and judicial reviews

One appeal was lodged of a Board decision during the year; however, this appeal was subsequently withdrawn before it proceeded to a formal hearing. No judicial reviews were lodged during the year.

Linking with stakeholders

The Board has the responsibility to:

- Communicate with the optometrist and dispensing optician professions;
- Liaise with health regulatory authorities and other stakeholders over matters of mutual interest; and
- Promote public awareness of the Board's role.

The Board regularly communicates with the public, stakeholders and with members of the profession via the Board's website, quarterly newsletters, the Annual Report, and via meetings with stakeholder groups.

The Board has contracts with both the Association of Dispensing Opticians New Zealand (ADONZ) and the New Zealand Association of Optometrists (NZAO) for the facilitation of CPD recording for its recertification programmes, so the Board is in constant liaison with both associations. In addition, as both associations represent a large majority of registered optometrists and dispensing opticians, the Board receives valuable feedback from the associations on its consultations during the year to inform decision-making.

The Board is continuing to build its relationship with the Optometry Board of Australia (OBA) in the interests of confirming closer links between the two Boards in the development of standards for the statutory regulation of optometrists; facilitating the free exchange of professional knowledge that contributes to the development of standards; and better facilitating cooperative activities. At the time of writing, a meeting had been set between the two Boards to discuss the entering into of a Memorandum of Understanding to strengthen this relationship.

In addition, the Board continues to work closely with its New Zealand/Australian joint examination and accreditation body, the Optometry Council of Australia and New Zealand (OCANZ). At the time of writing, the Board was in preliminary talks with OCANZ to establish a formal Memorandum of Understanding to document the relationship between OCANZ and the Board.

HRANZ collaborations

Health Regulatory Authorities New Zealand (HRANZ) is an organisation made up of all the health regulatory authorities of New Zealand. It meets periodically to discuss matters of common interest, both at an operational and a strategic level. The Board is an active participant in HRANZ work, and considers it an important vehicle for improving regulation across the health professions. One of its key projects during the year was the development of an intranet so that the regulatory authorities can share policies, general legal advice obtained, and other helpful documents. This project was completed during the year and is now operating successfully.

In addition, the regular HRANZ meetings during the year served as a valuable forum for the regulatory authorities to discuss the Minister's initiative to consolidate health regulatory authorities into a single secretariat, mentioned earlier in the report.

Contacting the Board

All correspondence should be addressed to:

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Opticians Board
P O Box 10-140
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Chris McKeown (Deputy
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PKF Martin Jarvie
Chartered Accountants



Accountants &
Business Advisers

INDEPENDENT AUDITOR'S REPORT
TO THE READERS OF OPTOMETRISTS AND DISPENSING OPTICIANS BOARD'S
FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2012

The Auditor-General is the auditor of the Optometrists and Dispensing Opticians Board (the Board). The Auditor-General has appointed me, Robert Elms, using the staff and resources of PKF Martin Jarvie, to carry out the audit of the financial statements of the Board on her behalf.

We have audited the financial statements of the Board on pages 16 to 20, that comprise the statement of financial position as at 31 March 2012, the statement of financial performance, and statement of movements in equity for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

Opinion

In our opinion the financial statements of the Board on pages 16 to 20:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Board's:
 - financial position as at 31 March 2012; and
 - financial performance for the year ended on that date.

Uncertainty about the delivery of office functions in future

Without modifying our opinion, we draw your attention to the disclosure in note 9 on page 20 regarding a proposal for combining the secretariat and office functions of the Board with other health-related regulatory authorities. We considered the disclosure to be adequate.

Our audit was completed on 24 August 2012. 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 Board and our responsibilities, 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 International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and carry out our audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

Material misstatements are differences or omissions of amounts and disclosures that would affect a reader's overall understanding of the financial statements. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

An audit involves carrying out procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgement, including our assessment of risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Board's preparation of financial statements that fairly reflect the matters to which they relate. We consider internal control 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.

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Accountants &
Business Advisers

An audit also involves evaluating:

- the appropriateness of accounting policies used and whether they have been consistently applied;
- the reasonableness of the significant accounting estimates and judgements made by the Board;
- the adequacy of all disclosures in the financial statements; and
- the overall presentation of the financial statements.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements. We have obtained all the information and explanations we have required and we believe we have obtained sufficient and appropriate audit evidence to provide a basis for our audit opinion.

Responsibilities of the Board

The Board is responsible for preparing financial statements that:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Board's financial position and financial performance.

The Board is also 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.

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

Responsibilities of the Auditor

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you based on our audit. Our responsibility arises from section 15 of the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.

Independence

When carrying out the audit, we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the New Zealand Institute of Chartered Accountants.

Other than the audit, we have no relationship with or interests in the Board.

Robert Elms
PKF Martin Jarvie
On behalf of the Auditor-General
Wellington, New Zealand

Matters relating to the electronic presentation of the audited financial statements

This audit report relates to the financial statements of the Optometrists and Dispensing Opticians Board (the Board) for the year ended 31 March 2012 included on the Board's website. The Board is responsible for the maintenance and integrity of the Board's website. We have not been engaged to report on the integrity of the Board's website. We accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.

The audit report refers only to the financial statements named above. It does not provide an opinion on any other information which may have been hyperlinked to or from the financial statements. If readers of this report are concerned with the inherent risks arising from electronic data communication they should refer to the published hard copy of the audited financial statements as well as the related audit report dated 24 August 2012 to confirm the information included in the audited financial statements presented on this website.

Legislation in New Zealand governing the preparation and dissemination of financial information may differ from legislation in other jurisdictions.

OPTOMETRISTS AND
DISPENSING OPTICIANS
BOARD

STATEMENT
OF FINANCIAL
PERFORMANCE
for the year ended
31 March 2012

	Note	2012 \$	2011 \$
REVENUE			
Practising Certificates		505,720	513,181
Registration		14,738	15,452
Interest Income		15,811	18,800
Other Income		23,812	17,363
Total Income		\$560,081	\$564,796
Less Expenses			
Accident Compensation Levy		-34	888
Archive & Data Storage		831	624
Audit Fees		4,224	4,000
Authority Member Fees		57,448	42,175
Bank Charges		7,338	9,386
Capitation Fees		37,988	43,585
Catering		2,858	2,288
Chair Expenses		2,040	168
Cleaning		1,252	1,266
Committee Fees		52,088	63,490
Computer Software & Support		4,118	6,789
Contract Fees		104,645	108,015
Disciplinary Costs		23,303	0
Hire of Plant & Equipment		3,897	2,580
Insurance		4,314	3,897
Legal Expenses		36,782	64,263
Miscellaneous Expenses		1,829	414
Postage		3,619	4,924
Printing & Stationery		3,939	3,467
Professional Fees		13,291	14,666
Projects		22,645	0
Publications		2,298	1,225
Rent		13,967	15,286
Repairs & Maintenance		189	145
Recruitment Costs		10,868	0
Secretariat Operating Costs		46,789	31,997
Service Charges		0	1,554
Subscriptions		318	740
Telephone & Teleconferencing		4,365	7,296
Travel & Accommodation		39,071	34,338
Utilities		525	424
Venue Hire		930	711
Salaries		131,208	121,361
Website Expenses		600	858
Total Expenses		\$639,543	\$592,820
Net Surplus/(Deficit) Before Depreciation & Amortisation		(79,462)	(28,024)
Depreciation		1,233	3,662
Amortisation		4,721	0
NET SURPLUS/(DEFICIT)		(\$85,416)	(\$31,686)

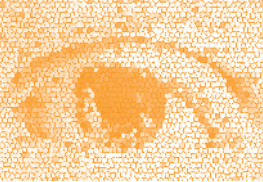
To be read in conjunction with the Notes to the Financial Statements.

**OPTOMETRISTS AND
DISPENSING OPTICIANS
BOARD**

**STATEMENT
OF MOVEMENTS
IN EQUITY
for the year ended
31 March 2012**

	Note	2012 \$	2011 \$
EQUITY AT START OF PERIOD		245,285	276,971
Net Surplus/(Deficit) for the year		(85,416)	(31,686)
Total recognised revenues & expenses		(85,416)	(31,686)
EQUITY AT END OF PERIOD		\$159,869	\$245,285

To be read in conjunction with the Notes to the Financial Statements.



**OPTOMETRISTS AND
DISPENSING OPTICIANS
BOARD**

**STATEMENT
OF FINANCIAL
POSITION**
as at 31 March 2012

	Note	2012 \$	2011 \$
CURRENT ASSETS			
Westpac Cheque Account		62,800	266,780
Westpac Bank Disciplinary Fund		18,941	19,453
Westpac Term Deposits		142,421	328,387
Westpac OnLine Saver		528,879	200,436
Accounts Receivable		4,091	1,766
Accrued Income		1,052	2,361
Total Current Assets		758,184	819,183
NON-CURRENT ASSETS			
Fixed Assets	5	2,297	2,320
Intangible Asset – Website	6	7,203	11,923
Loan to Health Regulatory Authorities Secretariat Ltd	4	6,528	5,000
Investments			
Investment in Health Regulatory Authorities Secretariat Ltd	3	20	20
Total Non-Current Assets		16,048	19,263
TOTAL ASSETS		774,232	838,446
CURRENT LIABILITIES			
GST due for payment	1(e)	64,686	59,353
Accounts Payable		54,283	60,690
Income in Advance		485,902	465,290
KiwiSaver Deductions Payable		459	546
PAYE/Student Loan Payable		2,104	3,373
WHT Payable		6,929	3,909
Total Current Liabilities		614,363	593,161
TOTAL LIABILITIES		614,363	593,161
NET ASSETS		\$159,869	\$245,285
EQUITY			
Retained Earnings		159,869	245,285
TOTAL EQUITY		\$159,869	\$245,285

Chairperson: 

Registrar: 

Date: 24/08/12

To be read in conjunction with the Notes to the Financial Statements.

1. STATEMENT OF ACCOUNTING POLICIES

REPORTING ENTITY

The Optometrists and Dispensing Opticians Board is constituted under the Health Practitioners Competence Assurance Act 2003. These financial statements have been prepared in accordance with the Financial Reporting Act 1993.

The Board qualifies for differential reporting as it is not publicly accountable and is not large. The Board has taken advantage of all differential reporting exemptions.

GENERAL ACCOUNTING POLICIES

These financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand on the basis of historical cost. Reliance is placed on the fact that the entity is a going concern.

SPECIFIC ACCOUNTING POLICIES

(a) Annual Practising Certificate Income

Annual Practising Certificate Income, which includes a disciplinary levy, is recorded only upon receipt. Receipts for Annual Practising Certificates issued for future years are shown as Income Received in Advance.

(b) Changes in Accounting Policies

There have been no changes in accounting policies. All policies have been applied on bases consistent with those used in previous years.

(c) Fixed Assets & Depreciation

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:

Office Equipment	20% – 100% Straight Line
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(d) Intangible Assets & Amortisation

Websites have a finite useful life. Websites are capitalised and amortised over their currently estimated useful life of 3 years on a straight line basis.

Costs associated with maintaining websites are recognised as expenses when incurred.

(e) Goods & Services Tax

The Statement of Financial Performance has been prepared so that all components are stated exclusive of GST. All items in the Statement of Financial Position are stated net of GST, with the exception of accounts receivable and payable.

(f) Income Tax

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

(g) Investments

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

2. CONTINGENT LIABILITIES AND COMMITMENTS

There were contractual commitments to New Zealand Association of Optometrists of \$75,000 per annum. The contract expires on 31 October 2013. A three month notice period is required to terminate the contract. As at balance date the contract had not been terminated.

There were contractual commitments to Association of Dispensing Opticians of New Zealand of \$22,080 per annum to November 2012. A three month notice period is required to terminate the contract. As at balance date the contract had not been terminated.

At balance date there are no contingent liabilities.

3. INVESTMENT

The Board has an undivided 1/5th share in the issued share capital of Health Regulatory Authorities Secretariat Limited (HRAS). The consideration of \$20 is not yet paid.

OPTOMETRISTS AND DISPENSING OPTICIANS BOARD
NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 March 2012

4. RELATED PARTIES

HRAS provides administrative services to the Board on a non-profit cost recovery basis. The cost of those services for the year was \$46,788 (2011 \$31,997)

The five shareholding boards in HRAS have each advanced \$6,528 to that company to provide it with working capital.

5. FIXED ASSETS

	2012 \$	2011 \$
Office Equipment		
At cost	13,230	12,020
Less Accumulated Depreciation	10,933	9,700
Total	2,297	2,320

6. INTANGIBLE ASSETS

	2012 \$	2011 \$
Website		
At cost	13,890	13,890
Less Accumulated Amortisation	6,687	1,967
Total	7,203	11,923

7. FINANCIAL MANAGEMENT AGREEMENT

Health Regulatory Authorities Secretariat Limited (HRAS) was established to provide business management support to the Optometrists and Dispensing Opticians Board, the Dietitians Board, the Podiatrists Board of New Zealand, the New Zealand Chiropractic Board and the Osteopathic Council of New Zealand (collectively 'the entities'). HRAS provided financial management support to each entity according to a number of conditions:

1. Each of the entities holds an undivided share in HRAS; that company was formed to provide management support to those entities.
 2. Each of the entities contributed an equal sum to the working capital of HRAS. This amount has been set initially at \$5,000 each.
 3. HRAS is not to make a profit from its business partnership with the entities.
 4. Each board will be invoiced monthly for an equal amount equivalent to the expenses incurred by HRAS in managing its own business.
 5. Each board will be invoiced monthly for those direct costs and expenses that HRAS has incurred on its behalf.
 6. At the end of each month and financial year HRAS will show a nil financial balance on all its operations.
- At 31st March 2012 the HRAS Statement of Financial Position showed net assets of \$100.

8. CHANGE IN RELATIONSHIP WITH HRAS

The entities agreed that with effect from 1st April 2011 the Podiatrists Board and the Osteopathic Council would withdraw from the arrangement, although certain limited services were provided by HRAS until mid July 2011. The shareholding held by the two withdrawing entities is to be transferred in equal proportions to the remaining entities.

9. UNCERTAINTY ABOUT THE DELIVERY OF OFFICE FUNCTIONS IN FUTURE

In February 2011, Health Workforce New Zealand, on behalf of the Minister of Health (the Minister), issued a consultation document proposing a single shared secretariat and office function for all 16 health-related regulatory authorities.

Following consultation, the 16 health-related regulatory authorities were given the opportunity to submit proposals for a single shared secretariat. The Optometrists and Dispensing Opticians Board, along with the other 15 health-related regulatory authorities, is working on the development of a business case and implementation plan for progressing to a single shared secretariat.

Such an undertaking is likely to have a significant effect on the Board, but we have not yet quantified the possible effect. Until a final decision is made about what the single shared secretariat will look like and how it will function, there is uncertainty about the form in which our office functions will be delivered in future.