

**MEETING OF THE OPTOMETRISTS & DISPENSING OPTICIANS BOARD  
HELD AT LEVEL 7, 22 WILLESTON STREET, WELLINGTON  
AT 9.00 AM ON 15 February 2019**

**Meeting Attendees:**

**Chairperson:** Jayesh Chouhan

**Optometrist Members:** Jennifer Craig, Jayesh Chouhan, Ross Tayler, Annette Morgan

**Dispensing Optician Members:** Kristine Hammond, Lorraine Helson

**Lay Members:** Irene Durham and Sean McKinley

**Board Staff in attendance:**

**Registrar:** Lindsey Pine (except for item 6.2)

**Minute taker:** Jacqui Devery (except for items 6.2 and 6.3)

**Visitors:**

11:30am- 12:30pm, Umbrella (Mental Health Talk)

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**Summary of key meeting decisions/matters discussed:**

A number of practitioner cases were considered at this Board meeting, limiting time spent on other general Board business. As indicated on the Board's website, decisions relating to individual practitioners discussed at Board meetings are confidential between the Board and the practitioner under the Privacy Act 1993 and are therefore not included or referenced in these summaries.

**Glaucoma Prescribing – CPD Enforcement**

The Board discussed whether a glaucoma prescriber that attends, but doesn't present at peer review, should still achieve CPD points for attendance, and whether these guidelines need clarifying. It was noted that CPD Accreditation Policies indicate that different points apply for attending versus presenting at peer review. There have been peer reviews where all were expected to present, yet some didn't have time, or bring a case. However, it was noted that there is value in just attending, but for glaucoma, would just be classified as general glaucoma CPD, not peer review.

In resolution, the registrar will modify the ongoing CPD requirement in the Glaucoma Guidelines document to confirm that glaucoma prescribers are required to complete a minimum of one, two-hour structured peer review session including a presentation of a case. Further, that general glaucoma CPD points will apply where no case is presented.

## **Presentation by Umbrella (Mental Health Talk)**

Gaynor Parkin highlighted the navigation of red flags of mental health as they apply to the Board's work.

The following points were noted:

- One in two New Zealanders will experience poor mental health in their lifetime.
- 20% of the New Zealander population experience poor mental health of varying degrees at any given time.
- It is a mandatory requirement for health practitioners to notify concerns around a practitioner's health or wellbeing that may impact on their practice.
- Indications of poor mental health at first glance resemble signs of stress; difficulty concentrating and making decisions, procrastinating and taking longer to complete jobs, struggling to multitask and juggle complex work, more emotionally-intolerant or reactive, not as calm and more errors made within the workplace.
- These signs may stay, or they may improve dependent on the support provided. As their health deteriorates there may be increased absenteeism or presentism with a higher risk of burnout and alcohol consumption.
- Utilizing your relationship with the person (or someone else's) to approach them. The best way is to be direct, for example, 'I've noticed that over the last few weeks you don't seem to be yourself and I just wanted to see how you are.'
- Be mindful of where that conversation is held and be discreet. If the person is open to talk, you could have an informal meeting over coffee.
- Psychological research suggests the cause is usually a complex combination of factors.
- Workplace factors that impact mental health include unreasonable demands, lack of support, lack of clarity and autonomy, poorly managed change, bullying and harassment, lack of recognition and reward and organisational injustice. The difficult thing as an employer is the perception of these factors.
- The top three home factors that can impact stress are financial, family/children and commuting.
- Generally, if the person has been struggling for more than two weeks then the stress becomes a concern (pervasive). Alongside that, the stress can have a significant impact so that they are unable to function/cope.
- To tell a practitioner is stressed without meeting them or knowing behind the scenes, we can use cues and assumptions. Assume there is some element of stress/mental illness when a practitioner is under investigation/disciplinary action. What support should be offered/how much information do we need to find out? Offer support to the practitioner at the point of contact. Employers should ask at the initial point of employment if there are any mental health or wellness issues – perhaps as a statement on employment documentation. Be mindful that it is not perceived as moving from a disciplinary function to investigating a person's mental wellness.
- Communication with practitioners – what is the best way to approach practitioners and communicate with them to make them more comfortable. Let the person have autonomy – give them options. They could either email, write or phone - let them choose. Try and take the 'fear' away from being approached by the Board, have the 'right touch'.
- If there is an unexpected outcome after the Board has come to a decision, is there anything the Board could have in place to support its own Board members and staff? As part of good practice, some sort of mechanism

for review/debrief consultation support should be implemented when something difficult or adverse arises; such as an automatic process that kicks in on either a group or individual basis.

- Check the impact on members and follow that through. Best practice is to undertake this during the process, so while going through the process there were some mechanisms in place.
- If the Board is aware of a particularly difficult case arising, it is recommended to seek advice from a psychologist.

### **Board Committee Memberships**

The Board reviewed the current Board Committee Memberships and whether any changes were necessary. The Board approved minor changes to its committee memberships. These can be reviewed on the 'Board Committees' page on the Board's website.

### **Elections**

It was resolved to re-elect Jayesh Chouhan as Chairperson, commencing 16 February 2019. Furthermore, to elect Kristine Hammond as Deputy Chairperson, commencing 16 February 2019.

### **Revised Policy on CPD Accreditation for Dispensing Opticians**

It was received that revisions to this given policy were to be undertaken to bring it into line with the policy for optometrists for review and approval. It Board resolved to accept the revisions to the Policy on CPD accreditation for Dispensing Opticians with the suggested changes.

### **Association Annual Conference Presentations**

Invitations from both associations to present at their annual conferences in the Hawkes Bay in 2019 were received. The Board has accepted these invitations and will consider appropriate topics for presentation.