

Responsible Authority Core Performance Standards Review Report

Authority Name	Optometrists and Dispensing Opticians Board Te Poari o ngā Kaimātai Whatu me ngā Kaiwahakarato Mōhiti
Date of Review Report	2 February 2022
Name of reviewing Designated Auditing Agency	BSI Group New Zealand Limited

Executive Summary

The Optometrists and Dispensing Opticians Board is the responsible authority (RA) under the Health Practitioners Competence Assurance Act (the HPCA Act), for the regulation of two professions – Optometrists and Dispensing Opticians.

As reported in the *2021 Annual Report*, the Board has 990 Optometrists and 242 Dispensing Opticians on its register.

In plain language, Optometrists are the health practitioners that patients see when they seek professional healthcare related to their eyes and sight, and amongst other things prescribe optical appliances such as glasses or contact lenses, or any ophthalmic appliances or devices. Dispensing Opticians interpret the prescriptions from Optometrists and Ophthalmologists (Eye Specialists) for glasses or contact lenses, assemble and fit glasses, and sell customers frames and lenses.

The Secretariat consists of four staff consisting of the Registrar, Deputy Registrar, Recertification Officer and a part-time Administrator.

The Board is made up of eight Board members: four Optometrists, two Dispensing Opticians and two lay members. There are five Board committees: the Finance, Risk and Audit Committee, Legislation Committee, Health Committee, Registration Committee, and the Professional Standards Committee.

The Board currently has three gazetted scopes of practice that have competencies and prescribed qualifications. Optometry has two scopes of practice: Optometrist and Provisional Optometrist, and there is one scope of practice for Dispensing Opticians.

Processes and systems are established to register applicants, issue practicing certificates, review and improve competence, and conduct and health notifications. The website is not clear about how consumers can make a complaint to the Board.

There is a public website that contains key information for the public and practitioners on its role, functions, and core regulatory processes. This includes policies, standards, statements, guidelines, newsletters, annual reports and the Board's current strategic plan. The website is updated weekly, and includes all communiques sent out to the Board's practitioners and interested stakeholders. The website allows for anyone to subscribe to the newsletters. The website is to be redeveloped in 2022 to make it a more user-friendly site for both the public and practitioners.

The Board demonstrates principles of right-touch regulation through its policies, processes, systems, consultations, governance and how it works with its practitioners and stakeholders. This underpins all the Board's regulatory work that is proportionate to the risk.

The Board's Strategic Plan 2019 - 2021 has been implemented and the Board is preparing its next plan for 2022-2024.

Key initiatives that are underway include:

- implementing the Accreditation standards for Optical Dispensing education programmes and Standards of cultural competence and cultural safety for Optometrists and Dispensing Opticians,
- currently consulting on a proposal to include Ophthalmic laser surgeries as a new Specialist Optometrist scope of practice,
- having a succession plan in place for 2022 for Board members expected to depart,
- the further development of cultural competence and cultural safety work. This also includes further work to ensure that the principles of equity and of Te Tiriti o Waitangi, as articulated in the Ministry of Health's Whakamaua: Māori Health Action Plan 2020-2025, are followed in the implementation of all the Board's strategic work and functions, and
- the policy review project.

The recommendations for improvement identified from this performance review include building on the current initiatives. These are:

- completing the review of its accreditation process intended in early 2022 including the implementation of the new Accreditation standards for Optical Dispensing education programmes,
- 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),
- 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,
- review of the Complaints Policy needs to focus on notifications regarding each profession the Board regulates, rather than the service the Board provides,
- that the framework for the complaints register is correct and explore whether (for ongoing monitoring of cases) a single register could be established for complaints, PSC, and health notifications,
- 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,
- completing 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.

This performance review also identified the following:

- that the Board could review the website to be clearer for the registration of overseas applicants, and to consider whether a New Zealand cultural requirement is needed for Trans-Tasman Mutual Recognition Act 1997 (TTMR) registration pathway,
- a singular risk register approach could be considered that better shows when reviews of all risk are completed on an ongoing basis.
- a need to update references to privacy legislation in identified policies to refer to the Privacy Act 2020, implementing the planned policy review, starting on critical policies to prioritise, and
- the Board could also consider establishing an overarching governance policy.

Recommendations

The below table summarises the areas for improvement identified from this review with associated timeframes. Refer to the next section of the report for the full reviewer's comments associated with the recommendation.

Ref #	Related core performance standards	Rating	Risk Level	Recommendation	Timeframe (months / date)
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	L	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
4.1	The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for: <ul style="list-style-type: none"> Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner 	PA	L	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)
9.2	Provides clear, accurate, and publicly accessible information about its purpose, functions and core regulatory processes	PA	L	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)
10.1	The RA: <ul style="list-style-type: none"> 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	L	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

Functions under section 118 HPCA Act 2003 and their related core performance standards

Purpose and requirements

Responsible Authorities are designated under the Health Practitioners Competence Assurance Act 2003 (the Act) to fulfil certain functions. An amendment in 2019 to the Act adding section 122A, required a performance review of all Responsible Authorities be conducted within three years of enactment. The Ministry of Health (the Ministry) is responsible for the facilitation of these reviews.

Performance reviews provide assurance to the Crown and the public that responsible authorities are performing their functions efficiently and effectively. This includes the assurance that: the responsible authorities are carrying out their required functions in the interests of public safety, their activities focus on protecting the public without being compromised by professional self-interest, and their overall performance supports high public confidence in the regulatory system.

This initial performance review will assess a responsible authority's performance against the full set of Core Performance Standards. These standards are aligned with the functions under section 118 of the HCPA Act.

Risk management

Identify the degree of risk to patient safety and/or public confidence that is associated with the level of attainment the responsible authority achieves for each criterion. Review the 'risk' in relation to its possible impact based on the consequence and likelihood of harm occurring if the responsible authority does not fully attain the criterion. Use the risk management matrix when the audit result for any criterion is partially attained or unattained.

To use the risk management matrix, you need to:

1. consider what consequences for consumer safety might follow from the responsible authority achieving partially attained or unattained for a criterion, within a range from extreme/actual harm to negligible risk of harm occurring
2. consider how likely it is that this adverse event will occur due to the provider achieving partially attained or unattained for a criterion, within a range from being almost certain to occur to rare
3. plot the findings on the risk assessment matrix to identify the level of risk, and prioritise risks in relation to severity
4. approve the appropriate action the provider must take to eliminate or minimise risk within the timeframe. Note that timeframes are set based on full resolution of the requirement, which may include a systems change or staff training programme. Anything requiring urgent attention is identified in the report, along with any longer timeframe needed to make sustainable change.

The Risk management matrix uses a probability versus impact quadrant with the following risk categories: low, low-med, medium and high.

Function 1: Section 118a) 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

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
1.1	The RA has defined clear and coherent competencies for each scope of practice	<p>The Optometrists and Dispensing Opticians Board of Aotearoa New Zealand (ODOB, the Board) regulates two professions: Optometrists and Dispensing Opticians.</p> <p>The gazette notice of 10/12/20 confirms the scopes of practice for Optometrists and Dispensing Opticians:</p> <ul style="list-style-type: none"> • Optometry has two scopes of practice: Optometrist and Provisional Optometrist. • There is one scope of practice for Dispensing Opticians. <p><u>Optometrists</u></p> <p>The Board made a decision to amend the Optometrist scopes of practices on 1 April 2017. This change included the amalgamation of the "Optometrist" scope of practice (practitioners who did not hold a therapeutic qualification and therefore could not prescribe medicines) and the "Optometrist (TPA)" scope of practice (practitioners who held a therapeutic qualification and who were able to prescribe medicines).</p> <p>These two scopes were combined into one Optometrist scope.</p>	FA			

		<ul style="list-style-type: none"> • According to the 2020/2021 Annual Report, of the current 819 registered practitioners in this scope, there are 755 practitioners who hold a therapeutic qualification (and are able to prescribe medicines) and 64 practitioners that do not hold a therapeutic qualification (and cannot prescribe medicines). They account for only 8 per cent (%) of the Board's practising Optometrists, and this number is expected to decline as these practitioners gradually retire from the optometry industry in the next two decades. • Those practitioners who cannot prescribe medicines have a condition on their scope which confirms that they are not permitted to prescribe medicines. • Those practitioners who held the Optometrist scope at the time of the scope change, were not required to upskill and obtain a therapeutics qualification (although the Board does encourage them to do so). If they do wish to upskill to prescribe, they must complete a Board approved therapeutics course, and must submit a REG2 application form to apply for prescribing rights. • Additionally, those practitioners who are able to prescribe can also apply to become Interdependent Glaucoma Prescribers (IGP). They must meet the Board's requirements by either completing a Board approved Glaucoma course or submit a logbook of 20 hours of attendance in a clinical setting which has been signed off by a supervisor. 				
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		<p>There are four registration pathways available for optometrists – i.e., registration for the Optometrist scope (pathway 1), registration for the Provisional Optometrist scope of practice (pathway 4), registration as an Optometrist Educator (pathway 2), and registration as an Optometrist Educator – prescribing (pathway 3). Each pathway has a list of prescribed qualifications which are required in order to be eligible for registration with the Board. They are as follows:</p> <p><u>Pathway 1: Optometrists</u></p> <ul style="list-style-type: none"> • All optometrists that wish to practice (with prescribing) in New Zealand, register under this scope of practice. • Once an Optometrist is registered with the Board, and a recognised prescriber, they receive confirmation from the Board that they may apply for their prescription pads, or use specific software. <p><u>Pathway 4: Provisional scope of practice</u></p> <ul style="list-style-type: none"> • This scope requires the practitioner to work under supervision, whilst undertaking a Board-accredited therapeutics course in order to upskill to enable them to prescribe therapeutic medicines. • This scope is time-limited, and these practitioners must successfully complete the therapeutics course within three years from the date of their registration with the Board and this scope will end at the end of the three year term. • Upon successful completion of the Board-accredited therapeutics course the practitioner will be eligible to apply 				
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		<p>for the Optometrist scope of practice. There are currently three Board-accredited therapeutic courses which are run by Australian education providers (Australian College of Optometry (ACO), The University of Melbourne and The University of New South Wales). There are currently no therapeutic courses available in New Zealand.</p> <ul style="list-style-type: none"> As of 29 November 2021, there are two practising optometrists with provisional scope of practice. <p><u>Pathway 2: Optometrist Educator</u></p> <ul style="list-style-type: none"> This registration pathway is for applicants who do not hold a prescribed qualification to register under the Optometrist scope of practice, or the Provisional Optometrist scope of practice. They must work solely in an education institution, and they will not have completed post-graduate education in ocular therapeutics at the time of the application. This registration pathway requires them to register under the Optometrist scope of practice and will have a condition placed on their scope that states, the practitioner may only practise in an educational institution and is prohibited from prescribing medicines. As of 29 November 2021, there are no practitioners registered under this registration pathway. 				
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		<p><u>Pathway 3: Optometrist Educator – Prescriber</u></p> <ul style="list-style-type: none"> • This registration pathway is for applicants that do not hold a prescribed qualification to register under the Optometrist scope of practice, or the Provisional Optometrist scope of practice. They must work solely in an education institution, but they will have completed their post-graduate education in ocular therapeutics. • While they register under the Optometrist scope of practice, they will have a condition on their scope that states, the practitioner may only practise in an educational institution. • They may prescribe in settings that are owned by or accredited by an educational provider, as part of their work in the associated education institution. • As of 29 November 2021, there are no practitioners registered under this registration pathway. <p><u>Dispensing Opticians</u></p> <p>There is one registration pathway for a Dispensing optician, and the prescribed qualifications are clearly defined:</p> <p><u>Pathway 5: Dispensing Optician</u></p> <ul style="list-style-type: none"> • Registration with the Board as a Dispensing Optician is voluntary within the industry. A Dispensing Optician can practise under a number of different titles (e.g., optical assistant) and these roles are not regulated by the Board. They cannot use the “Dispensing Optician” title unless they 				
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		<p>have been registered with the Board as described in section 8 of the Health Practitioners Competence Assurance Act of 2003 (HPCA) Act.</p> <p>Practitioners who are registered with the Board as a Dispensing Optician must use this title and if they wish to change to another title, they must request removal from the Board's Register.</p> <ul style="list-style-type: none"> • This scope requires the applicant to hold a prescribed qualification. Some of the prescribed qualifications listed must include a record of training book as evidence that they have completed 800 practising hours within two years of their course completion date. • If an applicant provides a training log that is outside of the two-year requirement, their application would be referred to the Registration Committee, as delegated by the Board, for approval. • As of 29 November 2021, the Board had 244 Dispensing Opticians registered for this scope of practice and 205 currently practising. <p>The three scopes of practices across all five registration pathways are supported by clear and coherent competencies for both professions.</p>				
1.2	the RA has prescribed qualifications aligned to those competencies for each scope of practice	<p>Each scope of practice, and its associated registration pathway has a prescribed qualification aligned to the required competencies needed for each profession.</p> <p>All relevant prescribed qualifications are aligned with the minimum required competencies set out in each scope of practice. The Optometrist scope of practice</p>	FA			

		<p>has restricted tasks and the registration for Dispensing Opticians is voluntary.</p> <p>The Board is also in the process of consulting on a new additional registration pathway – Pathway 6, for the “ Specialist Optometrist scope of practice in Ophthalmic laser surgeries”. The Board wishes to support the Government and Ministry of Health in the current Health Reforms by increasing community-based primary eye care delivery. The consultation is closed on 22 December 2021.</p>				
1.3	<p>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</p>	<p>The Board has three different accreditation processes to assure itself that the education providers and their programmes will deliver the quality graduates who are competent to practice as Optometrists and Dispensing Opticians in New Zealand. They are:</p> <ul style="list-style-type: none"> • Accreditation of education programmes for Optometrists • Accreditation of education programmes for Dispensing Opticians • Accreditation of continuing professional development events (activities) for both Optometrists and Dispensing Opticians. <p><u>Accreditation of education programmes for Optometrists</u></p> <p>The accreditation and monitoring activities of the educational programmes (not prescribed qualifications) for Optometrists have been contracted to the Optometry Council of Australia and New Zealand (OCANZ), based in Australia. This is an historic arrangement that pre-dates the HPCA Act when it came into effect in 2003.</p>	PA	L	<p>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.</p> <p>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).</p>	6 – 12 months (up to 31 December 2022) and ongoing

		<p>Due to the size of the organisation, the number of the Board's practitioners, and in light of a right-touch approach to its accreditation responsibilities, the Board signed a five-yearly Memorandum of Understanding (MoU) with OCANZ. The last one was signed in 2020.</p> <p>While the accreditation and monitoring services of OCANZ are contracted, the Board remains responsible for the accreditation of these programmes.</p> <p>There are eight providers offering nine prescribed qualifications. Only one Optometrist education programme is based in New Zealand.</p> <ul style="list-style-type: none"> • The OCANZ Accreditation standards and their processes are available on their website. • When OCANZ accredits an education provider and their programme/s, they send the Board a copy of the draft report and final report, respectively. The Board only considers the final report, and are asked to accept and approve the report. Generally, the Board accepts the report as is, but from time-to-time, it may wish to add additional recommendations or comments and usually pertains to the New Zealand context, and in particular cultural competence and cultural safety. This would only be discussed with OCANZ, not with the education provider/s themselves. • The list of accredited education providers and their programmes, as well as an Accreditation Report Summary and their accreditation and 				
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		<p>approval dates are listed on the OCANZ website.</p> <ul style="list-style-type: none"> • OCANZ have published the consulted Accreditation Standards and Evidence Guide for Entry-Level Optometry Programs effective 1 January 2023. It shows revision marks and includes domain 2 for cultural safety that references first nations peoples. The guidance includes that “Programs are expected to take account of prevailing policies concerning culturally safe health care and related matters, including the Te Tiriti o Waitangi (the Treaty of Waitangi) and its associated obligations in New Zealand and the Aboriginal and the Torres Strait Islander Health Plan in Australia.” The guidance also identifies that an OCANZ Optometry Māori Health Curriculum Framework is in development. <p>Monitoring:</p> <ul style="list-style-type: none"> • Due to the rapid changing environment of the COVID-19 pandemic, OCANZ published a six-monthly report to both the Optometry Board of Australia (OBA) and the New Zealand Board. The report advised on material change to student assessments due to the COVID-19 pandemic. This is captured in the following reports: the OCANZ Report to OBA and ODOB -Covid-19 Accreditation Monitoring 2020 - final year all programs (November 2020); and the OCANZ Report to OBA and ODOB -Covid-19 Accreditation Monitoring 2020 - final year all programs (October 2021). 				
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		<ul style="list-style-type: none"> • OCANZ and the Board meets two to three times per year – which also includes meeting with the Board during one of the Board’s quarterly board meetings to discuss their accreditation schedule, and concerns the Board may have. • OCANZ shares all relevant consultations with the Board, and in 2021 the Board provided feedback on the following two: <ul style="list-style-type: none"> • Proposed OCANZ Accreditation Standards and Guidance for the accreditation of entry-level optometry programmes (September 2021). • OCANZ’ Updated Accreditation process and procedures manual (September 2021). • Every year OCANZ publish an annual report. This report is considered by the Board, and may provide feedback through to OCANZ, if necessary. <p><u>Accreditation of education programmes for Dispensing Opticians:</u></p> <p>To date, there are no educational institutions in New Zealand that have formally applied to the Board for accreditation of an Optical Dispensing qualification, and to the Board’s knowledge, there are none in existence.</p> <ul style="list-style-type: none"> • There are three accredited providers in Australia and one in London, United Kingdom (UK) that offer qualifications in Optical Dispensing. • The next cycle of accreditation for education providers and their prescribed qualifications for Dispensing 				
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		<p>Opticians will commence in 2022 to 2024.</p> <p>Early 2022, the Board will review its accreditation process. All education providers will be notified in the second semester of 2022 of the review process and the Australasian College of Optical Dispensing (ACOD) will be scheduled for accreditation towards the end of 2022. They have a satellite office in Auckland.</p> <p><u>New Accreditation standards for Optical Dispensing education programmes:</u></p> <p>In applying for and achieving accreditation, these overseas educational institutions/associations were required to submit a set of prescribed information through which the Board could establish whether their programme would ensure graduates had the required knowledge and skills to deliver safe optical care to consumers in New Zealand. The submitted information was assessed against the prescribed scope of practice and the Board's standards of clinical and cultural competence and ethical conduct, but not against any formal accreditation criterion or standards as such. In addition, accredited programmes were compared against each other, to ensure consistency of the approval of programmes delivering the required minimum level of safe care to ensure public protection.</p> <p>The development of formal accreditation standards and criterion for Optical Dispensing education programmes has been on the Board's agenda for many years but has been lower down the priority list due to the anticipated cost of development, the declining number of</p>				
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		<p>registered Dispensing Opticians (to share the cost of development) and the fact that there are currently no New Zealand-based educational institutions delivering Optical Dispensing qualifications.</p> <p>While some of these issues are still to be traversed, the Board recognises that with the changing face of tertiary training in New Zealand it may not be long before a New Zealand-based educational institution emerges, and it is timely and appropriate to consider implementing formal accreditation standards.</p> <ul style="list-style-type: none"> • Given the limitations of the Board's resources the most cost-effective and robust solution for the implementation of accreditation standards appears to be adopting the standards and guidelines of another New Zealand health regulator and modifying them to suit the profession. • Following review of a number of accreditation standards for the different professions one set stood out as being general enough to readily convert and these standards are those developed by the Australian and New Zealand Dental Councils, who were granted permission for the Board to adopt and modify them for its use. • In August 2021, the Board consulted on its Accreditation standards for Optical Dispensing education programmes. At its Board meeting in November 2021, these were approved and will be published January 2022 and come into effect in January 2022. This will also include the Guidelines for 				
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		<p>accreditation of education and training programmes for dispensing opticians.</p> <p><u>OptiBlocks and the Association of Dispensing Opticians of New Zealand (ADONZ):</u></p> <p>OptiBlocks assesses whether overseas applicants meet a certain minimum standard (i.e., pre-assessment). They determine equivalence to the Board's accredited prescribed qualifications, as required by section 15 of the HPCA Act. This is outlined in the Board's pathway for overseas Dispensing Opticians who which to register with the Board in New Zealand.</p> <p>In 2021, OptiBlocks disbanded as a separate entity, and became part of ADONZ. Even though OptiBlocks has always been connected with ADONZ, they were previously more at an arm's length. Now they are part of ADONZ and essentially the OptiBlocks Education Committee of ADONZ.</p> <p>Due to this change, the Board is in the process of renegotiating its MoU with the ADONZ. This will be reviewed as part of the 2022 Policy review project.</p>				
1.4	the RA takes appropriate actions where concerns are identified	<p><u>Monitoring of Optometrist Programmes</u></p> <p>OCANZ requires an annual report to be completed by each education provider. Where concerns are identified, follow-up processes are put in place.</p> <p>The Board became aware that some students enrolled in the Bachelor of Optometry at the University of Auckland were unable to complete their qualifications at the end of 2020. This was due to ongoing lockdowns across Australia and</p>	FA			

		<p>particularly Auckland. The Board Chair raised this with OCANZ who worked with the University of Auckland and arranged for those students to be able to write their examinations.</p> <p><u>Dispensing opticians</u></p> <p>The Board has been actively working to develop this scope and to provide clearer and more rigorous processes in place to regulate and quality assure this profession.</p>				
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Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	<p>The Board has two registers of practitioners – one for Optometrists and one for Dispensing Opticians. These registers are available to the public and can be accessed on the Board's website.</p> <p>The information shown on the public Registers confirm the practitioner's date of registration, qualifications held, scope of practice, current workplace and confirms if any conditions are on the practitioner's scope, if applicable. The register is updated in 'real time' as changes are made to the practitioner's NERS database profile.</p> <p>The register is reviewed and cleaned up annually as per Section 144 of the Act.</p>	FA			
2.2	<p>The RA has clear, transparent, and timely mechanisms to consider applications and to:</p> <ul style="list-style-type: none"> • Register applicants who meet all statutory requirements for registration • Issue practicing certificates to applicants in a timely manner • Manage any requests for reviews of decisions made under delegation 	<p><u>Registration</u></p> <p>The website identifies the registration information and there are five registration pathways to registration. The Deputy Registrar administers the registration process.</p> <p>There are standard registration application processes for both professions and include character references, relevant personal information, ethnicity, fitness, qualifications, criminal convictions, any outstanding disciplinary matters with other relevant</p>	FA			

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers.

Section 118c) To consider applications for annual practicing certificates

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		<p>agencies, and English language competency.</p> <ul style="list-style-type: none"> • Applicants who have completed their studies in New Zealand complete the REG1 application. This form is available on the Board's website. • The application form is processed manually, requesting applicants to complete the form and mail this to the Board along with relevant certified copies of supporting documentation. The Board has recently started a programme of work which will allow all of its application forms to be completed online. <p>Registration application process with the Board through the TTMR registration application (REG4)</p> <ul style="list-style-type: none"> • Optometrists that hold registration in Australia with the Optometrists Board of Australia, of the Australian Health Practitioners Regulation Agency (Ahpra), and who wish to register in New Zealand, are eligible to apply for registration with the Board through the TTMR registration application process. • The TTMR application process is simpler and does not require all of the supporting evidence that is required for the standard New Zealand registration 				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers.

Section 118c) To consider applications for annual practicing certificates

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		<p>application (REG1) process. The Board does, however, submit a verification request to Ahpra to confirm the applicant's registration their practising history,' and to confirm whether the applicant is eligible to prescribe medicines. The applicant must also provide a Certificate of Good Standing from Ahpra which provides information regarding any conduct or disciplinary matters either during their registration or any pending matters.</p> <p>Application for the restoration to the Register</p> <ul style="list-style-type: none"> • Practitioners can apply for restoration to the Register by completing the REG3 form. • If the practitioner submits an annual practising certificate (APC) 1 application in order to practise, the application must be referred to the Professional Standards Committee (PSC) if they have not practised in New Zealand three years or more. • A practitioner who was removed from the Register prior to 18 September 2004 must submit a new application (REG1). 				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers.

Section 118c) To consider applications for annual practicing certificates

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p><u>Annual Practising Certificates</u></p> <p>Once registered, practitioners can apply to hold an APC, hold a non-practising status, or be removed from the register.</p> <p>A practitioner who wishes to practise in their relevant profession after registration with the Board must submit an APC application form in order to apply for an APC.</p> <p>The registration and APC application forms can also be submitted together and would be processed at the same time.</p> <p>Once a practitioner has been issued with an APC, they will receive information in the Board's 'Welcome pack' which contains important Board information to assist them in meeting the obligations of a registered health practitioner in New Zealand. This is updated regularly as required.</p> <p>The annual renewal of APCs is conducted online which the practitioner can access via their Board Practitioner Portal. The Board sends out an APC renewal email in early February each year and the email contains the link for the practitioners to use.</p> <ul style="list-style-type: none"> ▪ APC1 – this form is the general application form to be used by all applicants (except for new Australian or New Zealand graduates). 				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<ul style="list-style-type: none"> APC2 – this form is to be used by new Australian or New Zealand graduates only (this is for graduates who have completed their qualification within the past 12 months). <p><u>Reviewing Decisions Made Under Delegation</u></p> <p>Any applicant can request to have this decision reviewed by the Board and there is a Policy for Reconsideration of decisions.</p> <p>Opportunity for Improvement</p> <p>This performance review identified that the Board could review the website to be clearer for the registration of overseas applicants and to consider whether a New Zealand cultural requirement is needed for TTMR registration.</p>				

Function 3: Section 118d) To review and promote the competence of health practitioners.

Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.

Section 118k) To promote education and training in the profession

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
3.1	<p>The RA has proportionate, appropriate, transparent and standards-based mechanisms to:</p> <ul style="list-style-type: none"> Assure itself that applicants seeking registration or the issuing of a practicing certificate meet, and are actively maintaining, the required standard Review a health practitioner's competence and practice against the required standard of competence Improve and remediate the competence of practitioners found to be below the required standard Promote the competence of health practitioners 	<p><u>Recertification programme</u></p> <p>Previously the Board's recertification programmes for Optometrists and Dispensing Opticians were outsourced to the New Zealand Association of Optometrist (NZAO). NZAO administered the recertification process with the Board having overall responsibility. By 2019, the Board decided to take over the full management of the recertification programme and appointed its first fulltime Recertification officer.</p> <ul style="list-style-type: none"> Once a practitioner has been issued with an APC, the information they receive in the Board's welcome pack includes information regarding their obligations for CPD recording and requirements. The Recertification Officer will also email the practitioner and provide a detailed overview of the process to access their portal to record their CPD points. <p>CPD Cycles for Optometrists and Dispensing Opticians:</p> <ul style="list-style-type: none"> CPD is administered on a biennial basis (every two years). 	FA			

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		<ul style="list-style-type: none"> • Optometrists and Dispensing Opticians both have separate cycles for their start and end dates. They alternate annually to ensure the workload around closing each cycle is manageable. • Due to COVID-19, both Optometrists and Dispensing Opticians were given a 12 month-extension to their cycle to reflect the impact that lockdowns had on the ability for attendance at CPD events. Currently the cycle dates are: Optometrists: <ul style="list-style-type: none"> • 01/11/2021 to 31/10/2023. A new cycle has just commenced. The COVID-19 extension formed part of the previous cycle, from 01/11/2018 to 31/10/2021. This was also the end of the first cycle managed by ODOB, since it was taken over mid-way by NZAO in 2019. Many lessons were learned from this process, and these have been captured and used to develop an action plan to improve this process before the end of the next CPD cycle for dispensing opticians (October 2022). • For Optometrists who hold an Independent Glaucoma Prescribing 				

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		<p>(IGP) endorsement, the Glaucoma component of their CPD requirements is assessed annually, with the cycle currently being 01/11/2021 to 31/10/2022. The Board has 102 Independent Glaucoma Prescribers registered.</p> <p>Dispensing Opticians: from 01/12/2019 to 30/11/2022.</p> <p>Recertification requirements over a two-year cycle for both professions include that practitioners can achieve points by attending conferences, presenting at conferences, presenting in teaching settings, case presentation at peer review or completing online courses. Online courses require multiple choice questions (MCQs), and a practitioner is required to achieve a minimum pass rate of 70%.</p> <p>Optometrists:</p> <ul style="list-style-type: none"> ▪ Optometrists are required to achieve a minimum of 40 General (GEN) credits. ▪ For the cycle 01/11/2018 to 30/10/2021 Optometrists were required to achieve 20 Clinical Diagnostic credits and 20 General credits. 				

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		<ul style="list-style-type: none"> ▪ Glaucoma endorsed Optometrists are required to achieve a minimum of four Glaucoma credits comprised of the following Glaucoma specific CPD credits on a yearly basis: A minimum two Glaucoma Peer Review (GPR) credits and one two-hour Glaucoma event makes up two GPR credits. The Glaucoma specific credits are not on top of the 40 GEN points. They are part of the 40 minimum needed each cycle, but needs to be obtained annually. Two points per year can comprise of either a further Glaucoma Peer Review session or an alternative Glaucoma specific event or course, known as a Glaucoma event (GE) credit. <p>In December 2020 Optometrist practitioners were advised of the CPD change:</p> <ul style="list-style-type: none"> • The Board has resolved to change the Continuing Professional Development (CPD) programme for Optometrists for the recertification cycle commencing 1 November 2021. The change is to replace the two classes of CPD, Clinical Diagnostic (CD) and General (GEN), with one class to be known as General (GEN) CPD credits 				

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		<ul style="list-style-type: none"> The Board has changed its CPD recertification requirements to acknowledge that every APC holder requires exposure to current practice and knowledge via continuing education at the current standard of care which is the "therapeutic" standard of care, whether a practitioner can prescribe medications or not, as all APC holders are required to diagnose the condition appropriately. All practitioners are required to achieve in a two-year cycle one Cultural and one Ethical CPD credit. For Optometrists, this commenced on 1 November 2021. <p>As of 1 April 2023, all registered health practitioners – i.e. Optometrists and Dispensing Opticians – are required to hold valid Cardiopulmonary Resuscitation (CPR) qualifications. It was originally effective as from 1 April 2022. At its Board meeting in November 2021, the Board resolved to postpone this deadline with a year, as a result of the ongoing interruptions and impact of the COVID-19 pandemic.</p>				

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		<p>Dispensing Opticians:</p> <ul style="list-style-type: none"> ▪ Dispensing Opticians are required to achieve a minimum of 20 CPD credits. <p>As mentioned above, all practitioners are required to achieve in a two-year cycle one Cultural and one Ethical CPD credit. For Dispensing Opticians, this will only commence 1 November 2022 when their next cycle starts.</p> <p>As mentioned above, Dispensing Opticians also require a valid CPR qualification by 1 April 2023.</p> <p>There is an accreditation process of CPD events (activities) for both professions. In 2022, the Board aims to have a workflow for online applications for these events.</p> <p>The CPD Accreditation Committee for Optometrists process an average of 170 applications for CPD events per quarter. A very low percentage are declined, often due to incomplete processes or instances where the event does not meet the Board's threshold.</p> <p>The CPD Accreditation Committee for dispensing opticians process an average 15 applications for CPD events per quarter.</p>				

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		<p>CPD administration process:</p> <ul style="list-style-type: none"> • The Board monitors that 100% of practitioners participate in the required CPD programme. • There is an accreditation process for a CPD-accredited course. • The last six months of the end of cycle process requires a lot of follow-up and regular and clear communication to ensure all practitioners are aware of the requirements, and the consequences if they do not meet the requirements. • Non-compliance of CPD: If at the end of each respective cycle, a practitioner is in deficit, the Board is advised formally and steps are followed as per the flowchart available on the Board's website. <p><u>Self-Audits</u></p> <p>The Board has implemented practitioner self-audits as a way to fulfil its obligations to ensure that practitioners are competent to practice in their profession. They have proven to be an effective mechanism to review the practitioner's competence and</p>				

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		<p>practice against the required standard of competence. The Board has several types of self-audits.</p> <ul style="list-style-type: none"> ▪ Random self-audits: The Board generates a random selection of practitioners (from the Board's NERS database) which can be up to 15% of practitioners in each profession in one year. Those selected practitioners must complete their self-audit on-line through their Board practitioner portal within a six-week timeframe. The self-audit is then assessed by the Board's (contracted) Professional Standards Advisor at Auckland University who will provide a response within 6-8 weeks. The outcomes are; Pass, Pass (with comments), Conflict of interest – the self-audit will be referred to a Professional Standards Screener to complete, or Referral to Professional Standards Committee (PSC). The PSC can provide a number of outcomes which include a request for further information, a self-reflection, recommend improvements/changes in practice, mentoring, supervision, a redirection to a non-traditional self-audit form be completed, or a follow up self-audit within 12 months. 				

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		<ul style="list-style-type: none"> Non-traditional self-audit: To assist a few practitioners who are unable to complete a random self-audit, the Board devised a non-traditional self-audit form. This is mostly due to some practitioner's working environment, or not seeing a wide enough range of patients within their scope, and the like. This self-audit does not require the practitioner to provide specific practitioner cases but asks them for answers to specific questions instead. <p><u>Monthly review of the Ministry of Health (MOH) Prescribing Reports</u></p> <ul style="list-style-type: none"> The Ministry of Health emails the Board a monthly prescribing report and this is usually received the first or second day of the following month that is being reported on. This report highlights two specific areas within Optometry prescribing - 'out of scope' prescribing and 'high' prescribing numbers. The Board's Professional Standards Advisor (PSA) reviews the report and sends the Deputy Registrar a breakdown of any prescribing issues to be followed up. 				

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		<ul style="list-style-type: none"> For the "out of scope" queries an email is sent to the named pharmacy to request /clarification as to whether the medication was issued by the named practitioner or if this is a pharmacy error for any identified prescribing anomalies. If the practitioner is confirmed as the prescriber they will be contacted and requested to provide an explanation. The explanation is then forwarded to the PSA and if the explanation is satisfactory, the matter is closed. If the explanation identifies a concern, the matter is referred to PSC. For the 'high' prescribing volume practitioners, the Deputy Registrar will email the practitioner for an explanation and the explanation will be forwarded to the PSA for review. If the explanation is satisfactory, the matter is closed. If the explanation identifies a concern, the matter is referred to PSC. <p>The PSA provides a quarterly report to the Board on this process.</p> <p><u>Competency review and competence programmes</u></p> <ul style="list-style-type: none"> Both Competence review and Competence programmes are effective mechanisms the Board use to improve 				

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		<p>and remediate the competence of practitioners relevant to their scope found to be below the required standard.</p> <ul style="list-style-type: none"> • A competence review is not a disciplinary process. It is an assessment of a practitioner's competence taking into account any relevant standards of practice. • A competence review involves a one day visit to the practitioner's practice by a competence review committee (CRC) which comprises of a team of three people, one lay person and two peers. This team conducts a range of assessments depending on the identified issues which have triggered the need for the review. This may include conducting relevant interviews and evaluating any factors that may be impacting on the practitioners' work e.g., practice systems, equipment, and record-keeping that may have led to the review. It may also include examination observations of a range of patients. Other assessments may also be included depending on the nature of the concerns raised. 				

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		<ul style="list-style-type: none"> The report will detail one of the following three outcomes: Category 1 – practising at an acceptable standard of competence and no recommendations for improvement, Category 2 – practising at an acceptable standard with some recommendations for improvement, Category 3 – not practising at an acceptable standard and a competence programme is recommended. The result of a competency review may result in a competence programme that may include supervision or mentoring for a set time, targeted problem-based learning (PBL) activities, and/or, a self-audit and reflection statements. <p><u>Promote the competence of health practitioners</u></p> <p>Several mechanisms are used to promote the competence of practitioners:</p> <ul style="list-style-type: none"> The Board's recertification programme and associated CPD requirements are monitored for 100% submission. Optometrists - the profession was recognised as an "Authorised Prescriber" in the Medicines Amendment Act (2013). Prior to this, 				

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		<p>they were recognised as "Designated Prescribers." The Board's CPD programme specifically monitors prescribing competence, as discussed above.</p> <ul style="list-style-type: none"> • The Board's most recent consultation on the proposed Specialist scope of practice for Optometrists would enable them to do specified laser surgeries (broadening the scope of Optometrists who meet the proposed prescribed qualifications and experience). • The past two years, the Board have set the same ethical standards for both professions to ensure there is equity across both, as they often share the same workplace and provide care for the same patients. • The Board regularly updates its information to Optometrist prescribers. • The Glaucoma prescribing guidelines were updated in 2021. • The Oral Medicine guidelines have been reviewed and will be updated early 2022. 				

Function 4: Section 118f) 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.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
4.1	<p>The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for:</p> <ul style="list-style-type: none"> Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner 	<p>The Board's website has a complaints section - Do you have a complaint about an optometrist or dispensing optician?</p> <ul style="list-style-type: none"> It states that "the Board does not have authority to investigate consumer complaints in the first instance. If you have a complaint about an optometrist or dispensing optician, you should contact the Health and Disability Commissioner, which is the authority responsible for managing these complaints." This statement is not fully informing the public, and needs to be modified so that the public know they can make a complaint to the Board at any time (in any way that works for them e.g., written and/or verbal as per Right 10 in the Code of Rights 2004) regarding a practitioner's conduct or competence. The Board will promptly refer any matters that involve a health consumer to the HDC (Section 64(1) of the Act). <p>The Complaints policy (2017) requires review as part of the Board's wider 2022 Policy review project.</p>	PA	L	<p>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.</p> <p>The review of the Complaints Policy needs to focus on notifications regarding each profession the Board regulates, rather than the service the Board provides.</p> <p>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.</p>	3 - 6 months (30 June 2022)

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		There are separate databases registers for complaints, PSC, and health notifications. The complaints database column C title complainant has the practitioner's name.				
4.2	<ul style="list-style-type: none"> Identifying and responding in a timely way to any complaint or notification about a health practitioner Considering information related to a health practitioner's conduct or the safety of the practitioner's practice Ensuring all parties to a complaint are supported to fully inform the authority's consideration process 	<p>For the 2020/21 financial year, the Board received six complaints regarding Optometrists and none for Dispensing Opticians. Only written complaints and notifications are accepted and received by the Registrar. When complaints are made verbally, complainants are asked to submit their complaint in writing, as per the Board's Complaints policy. There is currently no process for secretariat staff to document a verbal complaint and then validate this with the complainant.</p> <p>All complaints are logged on the Complaints register. Every year, the previous Complaints register is saved and a new one started, aligned to the financial year (1 April to 31 March).</p> <p>All complaints are assessed and triaged immediately by the Registrar, who may involve the Chair. The Registrar and/or Chair may also consult with the Professional Standards Advisor, or Professional Standards Committee (PSC)</p>				

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		<p>Convenor for advice. The triage process decides if immediate action should be taken or not and if so, it will be referred to the PSC for urgent processing.</p> <p>Once complaints are referred to PSC, this is logged on the PSC Referral Register, that is monitored weekly. The PSC can then decide on the next steps that can include: Take no further action, or take further action, dependent upon the type of complaint/concern.</p> <p>Competence: For the 2020/21 financial year, one complaint was referred for a competence review. If a complaint is related to the competence of a health practitioner, it may be referred to the CRC by the PSC. The CRC's recommendation will be considered by the PSC who will decide to accept the CRC's recommendation, who will make the decision on next steps.</p> <p>Fitness to Practice (FTP): For the 2020/21 financial year, there were no notifications. A FTP notification will be referred to a Health Committee.</p> <p>Conduct: For the 2020/21 financial year, one Professional Conduct Committee</p>				

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		<p>(PCC) was established for two matters relating to a single practitioner. A professional conduct notification of a health practitioner will be referred to a PCC if further investigation is required. PCCs are appointed by the Board to investigate information that raises questions about the appropriateness of a practitioner's conduct, or the safety of their practice should the need arise. A PCC is a statutory committee that regulates its own procedure.</p> <p>The PCC can make recommendations to the Board to:</p> <ul style="list-style-type: none"> • counsel the practitioner • review the competence of the health practitioner • review the practitioner's scope of practice • have a charge be brought against the health practitioner in the Health Practitioners' Disciplinary Tribunal • take no further steps. <p>The Board has not had many Health Practitioner Disability Tribunal (HPDT) cases (four in total since the HPCA Act has</p>				

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		<p>been in place), and none for the 2020/21 financial year.</p> <p>The Board's process regarding notification of convictions (Section 67) are as follows:</p> <ul style="list-style-type: none"> • If a conviction is received via the courts, it is an automatic referral to PSC, if Section 67(a) applies and if actioned. Otherwise, it is a referral to PCC, as approved by the Board. • If it is stated on the initial registration application, the Board will request further information. The application is forwarded to Registration Committee for review. • If noted on an APC declaration (at APC renewal time), further details are requested, and this information is referred to PSC for review. <p>All relevant parties are kept up to date with the progress of their complaint/case. For instance, in all cases, health practitioners that have received a notification have the opportunity to respond to the Board regarding the matter (principle of natural justice). All draft reports are sent to affected health practitioners who have an opportunity to respond before the relevant</p>				

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		<p>committee and/or the Board makes a recommendation or decision.</p> <p>Health practitioners are also informed if the Board will send notifications to an employer, to the Health and Disability Commissioner (HDC), and Accident Compensation Corporation (ACC).</p> <p>Under the HPCA Act, the Board has no obligation to inform the health regulators in Australia. However, the MoU with the OBA (Aphra) allows for such notifications in the event of a practitioner practising in Australia.</p>				
4.3	Enabling action, such as informing appropriate parties (including those specified in section 118(g)) that a practitioner may pose a risk of harm to the public	<p>The Board has a Naming Policy that applies where the Board is considering whether to publish the name of the practitioner who is the subject of an order or direction made by the Board. The policy sets out the circumstances in which a practitioner may be named.</p> <p>The Board's Risk of Harm policy (updated in 2017) is in the process of being reviewed.</p> <p>All parties are kept informed as required and this includes where identified;</p>	FA			

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		<p>employers, the ACC, the Director General of Health, and the HDC.</p> <p>A summary of all HPDT cases relevant to both professions are published on the website.</p>				

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
5.1	<p>The RA has clear and transparent mechanisms to:</p> <ul style="list-style-type: none"> Receive, review, and make decisions regarding notifications about health practitioners who may be unable to perform the functions required for the practice of the profession Take appropriate, timely, and proportionate action to minimise risk 	<p>FTP notifications include either a physical or mental condition (Section 45). These health notifications can occur at registration, renewal of APC or during the year, and will be referred to the Health Committee.</p> <p>If the Committee (under delegation) decides that some sort of medical examination or testing is necessary (Section 49), the Registrar will contact the practitioner to discuss the medical practitioner who is to provide the report and the date of assessment. Generally, the Board requires an examination from a practitioner who specialises in a particular area relevant to the suspected health condition and will not accept a report from the practitioner's general practitioner.</p> <p>Committee decision following medical examination.</p> <p>The Committee will consider the practitioner's fitness to practise as soon as practicable, and has the following options available to it:</p> <ul style="list-style-type: none"> take no further action defer a decision pending further information ask the practitioner to enter into a voluntary undertaking which would 	FA			

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>require the practitioner to conform to requirements and limitations on their scope of practice relevant to their health condition</p> <ul style="list-style-type: none"> allow the practitioner to practise with conditions included in their scope of practice (s 50(4)) suspend the practitioner's registration (s 50(3)). <p>These processes are documented and followed up weekly. Every Monday, the convenors of the PSC and Health Committee are asked for feedback on ongoing cases to ensure decisions are received within the expected timeframes.</p>				

Function 6: Section 118i) 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.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
6.1	<p>The RA sets standards of clinical and cultural competence and ethical conduct that are:</p> <ul style="list-style-type: none"> • Informed by relevant evidence • Clearly articulated and accessible 	<p>The Board sets standards of Clinical competence, cultural competence and cultural safety and ethical conduct for Optometrists and Dispensing Opticians.</p> <ul style="list-style-type: none"> • Standards of clinical competence for Optometrists (2018). They are planned to be reviewed towards the end of 2022. • Standards of clinical competence for Dispensing Opticians (2016). This has been updated in November 2021, and will go out for consultation in early 2022. • Standards of cultural competency and cultural safety (2021). These standards apply to both professions and will be effective 1 January 2022. • Standards of ethical conduct for Optometrists and Dispensing Opticians (2020). • Guidelines on the maintenance of professional boundaries for Optometrists and Dispensing Opticians (2019). This is planned to be reviewed again towards the end of 2022. • Statement on release and receipt of patient information (2020). 	FA			

Function 6: Section 118i) 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.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		All the clinical, ethical and cultural competence and cultural safety standards are available on the Board's website, and available to the public and all health practitioners.				
6.2	Developed in consultation with the profession and other stakeholders	<p>The Board has established processes for consultation so that all relevant stakeholders are consulted.</p> <p>In addition to the Board's own dissemination of the Board's consultation to key and other stakeholders, NZ Optics (a website for eye health professionals) will often cover key consultations and will interview the Board Chair to provide background and to further invite submissions. Over the years, the Board has established a great working relationship with them.</p> <p>Standards for cultural competence were revised in 2018 and were due to be reviewed by November 2021. Subsequent to this, the HCPA Act was reviewed in 2019 and Section 118 (j) was amended by adding the phrase "including competencies that will enable effective and respectful interaction with Māori". The timeliness and the need to ensure the standards include competencies for effective and respectful interaction with Māori have led to the review of these standards in 2021.</p>	FA			

Function 6: Section 118i) 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.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>The Board invited a key person from the Faculty of Education, Te Herenga Waka Victoria University to lead this review. Consultation occurred with relevant stakeholders including practitioners that identify as Māori and the OCANZ, who have an Indigenous Strategy Taskforce.</p> <p>Feedback was collated and for Board consideration at its meeting 10 and 11 November 2021. The changes to the 2021 draft standards were to enhance the Board's approach to cultural competency and safety. At this meeting, the Board also contracted a key person from Kawea Law and Consultancy Ltd to do a half day workshop on Te Tiriti o Waitangi.</p> <p>In December 2021, the Standards for cultural competence and cultural safety has been published and are available on the Board's website.</p>				
6.3	Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori	The revised <i>Standards for cultural competence and cultural safety</i> include the following and each standard identifies the requirements and skills: 1) The ability to demonstrate and apply the principles of Te Tiriti o Waitangi, 2) The ability to establish and maintain a level of self-awareness and 3) The ability to incorporate cultural knowledge into practice and values, to positively impact on patients.	FA			

Function 6: Section 118i) 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.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>At its November 2021 Board meeting, the Board resolved to:</p> <ul style="list-style-type: none"> • Approve the revised <i>Standards for cultural competence and cultural safety</i>, and that it be reviewed within a year to reflect the changes to legislation following the <i>Pae Ora (Healthy Futures) Bill</i>, currently out for consultation (as well as other changes to come). • Add guidelines with practical examples and more information to support practitioners as they embark on this journey too. 				

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
7.1	The RA understands the environment in which it works and has effective and collaborative relationships with other authorities.	<p>All 17 Regulatory Authorities (RAs) meet to discuss common matters of interest. The meetings are looking at developing common issues to work on together.</p> <p>The Board sits in the same building as ten other RAs and meets regularly, and often invites other RAs too. These meetings are a valuable resource to consider joint work/projects. The Ministry of Health's Allied Health's Chief Allied Health Professions Officer often arranges combined/collaborate meetings on various levels – for both Board Chairs and Registrars/Chief Executive Officers, and some separate, depending on the related work.</p> <p>During the day, the Board often share information and resources to help align the Board's processes. The Board often shares policies and process too and is a great way to benchmark with one another.</p>	FA			

Function 8: Section 118ja) To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
8.1	The RA uses mechanisms within the HPCA Act such as competence standards, accreditation standards, and communications to promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.	<p>The Board also meets in various forums, like in the Safer prescribing and dispensing work with all RAs on various, joint projects with the Ministry of Health, Health Quality and Safety Commission (HQSC), and others.</p> <p>The Board has a good working relationship with the School of Visual Science (SOVs) at the University of Auckland and others.</p> <p>Another example is that Optometrists are required to work closely with Ophthalmologists, particularly when they are Glaucoma prescribers, and guidelines have been developed.</p>	FA			

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
9.1	<p>The RA:</p> <ul style="list-style-type: none"> Demonstrates its understanding of that the principal purpose of the HPCA Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions 	<p>The Board is clear about the principal purpose of the HPCA Act for its role in protecting the health and safety of the public.</p> <p>This is reiterated as standard text in most of the Board's formal correspondence (such as letters, emails, eCommunicues), policies, statements, consultations, and referenced throughout the Board's website.</p> <p>The Board's website has a section "About the Board" that outlines the functions of the Board. The section for "making a Complaint" also outlines the role of the Board. Both sections include information about practitioners being competent and fit to practice.</p>	FA			
9.2	<ul style="list-style-type: none"> Provides clear, accurate, and publicly accessible information about its purpose, functions and core regulatory processes 	<p>The Board has a public website that contains key information on its role and functions and processes that regulate practitioners.</p> <p>The website is updated weekly, and includes all communiques sent out to the Board's practitioners and interested stakeholders. The website allows for anyone to subscribe to the newsletters. They are regularly updated and match with changes on the NERS database.</p> <p>The different types of communiques include:</p> <ul style="list-style-type: none"> All COVID-19 Special updates. 	PA	L	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)

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<ul style="list-style-type: none"> All general communiques. <p>Annual Reports are also available on the website, including the 2020/21 Annual Report.</p> <p>The registration process includes gender categories that are only male / female. The workforce survey is planned to be completed.</p> <p>The website is to be completely redeveloped in 2022 to better reflect the Board's role – to protect the public and to make it a more user-friendly site for the public and practitioners.</p>				

Function 10: Section 118m) 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

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
10.1	<p>The RA:</p> <ul style="list-style-type: none"> 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 	<p>The Board recently continued on its journey to further strengthen, demonstrate and enact the principles of the Te Tiriti, as articulated in Whakamaua: Māori Health Action Plan 2020-2025</p> <p>At the November 2021 meeting, the Board contacted:</p> <ul style="list-style-type: none"> Kawea Law and Consultancy to do a half day workshop to teach the Board members and staff more about Te Tiriti o Waitangi and what this means for the Board's work, and Claro Law to do a presentation on case law founded on Te Tiriti principles and what it legally means for the Board as a RA to state the Board's support for Te Tiriti and its principles. as articulated in Whakamaua: Māori Health Action Plan 2020-2025. <p>There has been a greater focus on iwi and Māori development, giving fuller recognition of Te Tiriti responsibilities.</p> <p>To further strengthen the Board's response, the Board plan to appoint a Māori Cultural Advisor early in 2022. One of the Board's goals is to improve competencies in te reo Māori, and to better understand te reo Māori perspectives and relevant tikanga (customs) and kawa (protocol) for the Board members and staff.</p>	PA	L	<p>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.</p>	6 – 12 months (up to 31 December 2022) and ongoing

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		<p>Once the Board has a better understanding of this, it will be included in the Board's 2022-2024 Strategic Plan.</p> <p>The Board considers that it must align its 2022-2024 Strategic plan with that of the Whakamaua: Māori Health Action Plan 2020-2025.</p>				
10.2	<ul style="list-style-type: none"> Ensure the principles of Right-touch regulation are followed in the implementation of all its functions 	<p>The six principles of right-touch regulation are proportionate, consistent, targeted, transparent, accountable, and agile.</p> <p>This approach guides the Board's decision making processes and underpins all the Board's regulatory work. Board regulation is proportionate to the risk and is outcome focused.</p> <p>The Board's Strategic Plan 2019 to 2022 has been implemented with a comprehensive business plan. It has reached its end date and the Board is preparing its next plan for 2022-2024.</p> <p>Many aspects of the 2019 – 2021 Strategic Plan were put on hold. Nonetheless, the Board remained focused on its mandate – to protect the health and safety of the New Zealand public by providing for mechanisms to ensure Optometrists and Dispensing Opticians are competent and fit to practice.</p>	FA			

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10.3	<ul style="list-style-type: none"> Identifies and addresses emerging areas of risk and prioritises any areas of public safety concern 	<p>The Board has a Risk Management Analysis and Plan that is comprehensive and uses a heat map approach for rating the risks. The Board's Finance, Risk and Audit Committee (FRAC) updated this Risk management plan, and it was approved by the Board at its November 2021 meeting.</p> <p>There is a separate overview document summary of FRAC Updates to the Risk register that only includes some of the risks and is considered and (ideally) updated at each Board meeting.</p> <p>The overall Risk management plan is stated as being updated regularly (a minimum of twice a year), and noted each Board meeting.</p> <p>Both documents are actively managed by the Registrar and Chair. In addition to this, they meet fortnightly to discuss any immediate concerns. Pressing matters where there may be public safety concerns are handled immediately with relevant persons involved.</p> <p>Optometrists: In 2020, with the emergence of COVID-19 pandemic reaching our shores, the Board was very pro-active in managing ongoing risks:</p> <ul style="list-style-type: none"> The Board partnered with the Ministry of Health's Allied Health team and motivated the Board's practitioners to 	FA			

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		<p>apply to become COVID-19 vaccinators.</p> <p>Opportunity for Improvement</p> <p>This performance review identified that a singular risk register approach could be considered that better shows when reviews of all risk are completed on an ongoing basis.</p>				
10.4	<ul style="list-style-type: none"> Consults and works effectively with all relevant stakeholders across all its functions to identify and manage risk to the public in respect of its practitioners 	<p>All the Board's consultations are put on the Board's website and go out for six weeks public consultation. In some instances, will first contact key stakeholders for feedback before it goes out for public consultation.</p> <p>The Board's key stakeholders are:</p> <ul style="list-style-type: none"> Optometrists Dispensing Opticians the general public professional associations the Ministry of Health Health New Zealand (HNZ) Māori Health Authority (MHA) District Health Boards (DHBs)/hospitals/localities Health Quality and Safety Commission (HQSC) School of Visual Science (SOVS) at the University of Auckland, and SOVSs in Australia the Optometry Council of Australia and New Zealand (OCANZ) 	FA			

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		<ul style="list-style-type: none"> the Health and Disability Commissioner (HDC) the Accident Compensation Corporation (ACC) other health regulators employers, the Privacy Commissioner, and the media (where relevant). <p>The Board works collectively with most of these stakeholders, depending on matter and who they pertain to.</p>				
10.5	<ul style="list-style-type: none"> Consistently fulfils all other duties that are imposed on it under the HPCA Act or any other enactment 	<p>There is a Governance framework that consist of a structure diagram, delegations and terms of reference for all the committees.</p> <p>The Board meets four times per year for one to two days. The next one is scheduled for February 2022.</p> <p>All Board members and staff are sent for HPCA Act Training.</p> <p>The Board's Induction Board pack and training for all new Board members focussing on this, to ensure they understand their regulatory role. This includes:</p> <ul style="list-style-type: none"> a copy of the HPCA Act a list of abbreviations and acronyms often used within the Board 	FA			

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		<ul style="list-style-type: none"> the Board's Code of Conduct the current Business Plan the current Business Continuity Plan for Partnering the current annual budget Board minutes of the previous 12 months, and the terms of references for all the Board Committees. <p>The Board identifies that it fulfils its obligations as an employer and as a public, administrative and regulatory body. The Board is also a registered Charity, and details are available on the Charities Services website.</p> <p>In 2019, the Board received some enquiries from Optometry practices seeking clarification on how far the children's worker safety checks extend under The Children's Act 2014. On 8 October 2019, the Board provided guidance on this matter.</p> <p>There is a succession plan in place for 2022 for some longstanding Board members expected to depart. Also, the Board has indicated that it intends to be less operational, and more governance focused moving forward.</p>				

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		<p>Opportunity for Improvement</p> <p>This performance review identified a need to update references to privacy legislation in identified policies to refer to the Privacy Act 2020. Implementing the planned policy review could start on critical policies to prioritise. The Board could also consider establishing an overarching governance policy for its framework.</p>				