

VISION

>> **OPTOMETRY WESTERN AUSTRALIA NEWSLETTER - SEPTEMBER 2020 EDITION** <<



**EXECUTIVE
OFFICER'S
REPORT:
EVAN
MACRAE**

Hello and welcome to the latest OWA Vision publication

Firstly a call out to all of our members and their families to check in and make sure everybody is travelling ok. There is no doubt we are travelling better than the Eastern States and we can only hope that a new normal is slightly less restrictive in the next few months. These unusual circumstances still contribute to isolation and separation. I encourage members to

shout out if you need to. We can assist with Employee Assistance Programs, simply an ear at the end of the phone or the soon to be promoted OA Mentoring program. Keep an eye out for this initiative shortly.

Since last updating you on activities within OWA I can most definitely report that it has remained incredibly busy. The OWA board has been actively working on forward planning and strategic initiatives along with aligning with National to ensure continuity and an amplified voice for optometry. Regular meetings are scheduled for the next few months to create a new long term strategic plan that will ensure a nimble organisation responsive to our members needs and able to adapt to the future.

The OWA board has been extremely active and supportive of the organisation and my activities. I have been known to say we are not quite staffed to the levels of BHP or Rio Tinto however with a



cohesive and enthusiastic board backed very professionally by Jude, liaison with the Public Hospital Sector; public speaking engagements, ECO group functions, Reconciliation Action Planning, Governance and profile building initiatives are all part of board member regular contributions. Thanks to you all.

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**PRESIDENT'S
REPORT:
ROBERT
HOWIE**

The COVID-19 Pandemic is still with us and will be with us for possibly at least another several years. I understand the Spanish flu Pandemic of 1919/1920, after several waves, finally subsided into history about 1924. There was no vaccine for the Spanish flu and whether a vaccine can be developed for COVID-19 will be a moot point until one with proven efficacy exists. What we have now is the new reality; we work in new conditions where hygiene and social distancing are emphasised and travel external to WA is restricted. This could go on for years. Fortunately in WA we have little or no COVID-19; let's hope it stays that way!

Of course OWA continues to work to support and help our members adapt to the new reality. For some people, things are back to normal, except for the extra cleaning and patient triaging. For others these are still difficult times and if this is you, please don't hesitate to give OWA a call and we will do whatever we can to help.

CPD

CPD has changed forever. Attendances at our virtual CPD events are approximately double those at the physical FJ Clarke events, so even if COVID-19 disappeared tomorrow a virtual CPD offering will remain. OWA is now pleased to offer quality, enjoyable CPD to our regional members and to our metro members in the convenience of their own homes, workplaces and, in fact, wherever. I have not forgotten the friendly banter and networking before CPD events at the FJ Clarke lecture theatre and I believe these will be reinstated in the future as well.

We all know that OBA has changed the CPD regimen beginning December of this year. Evan, Hui-Lin and OA are working hard to adjust our CPD offerings to the new paradigm. I expect this change will be easy to adapt to, virtually seamless and the resultant CPD both interesting and satisfying professionally.

Plaquenil and Reporting to our Medical Colleagues

Late last year, members will recall an initiative investigating the possibility of private optometry working with the public health system to perform screenings for patients who were taking Plaquenil. The initiative was based on the necessity of timely and appropriate screenings for these patients and the capacity of the public health system to perform these screenings in a timely manner. At this stage this initiative has not proceeded. I understand this is partly due to the

Continued page 13

I live and work on the traditional land of the Whadjuk people of the Noongar nation and wish to acknowledge their custodianship of country and pay my respects to their Elders past, present and emerging.

Optometry WA CPD@home 2020

Thank you to all that have attended our OWA CPD@home evenings this year.

We have had a superb line up of speakers, many familiar faces such as Dr Dimitri Yellachich, Dr Chandra Bala, Dr Vignesh Raja and some new to OWA CPD evenings such as Dr Xia Ni Wu. CPD@home has given us the opportunity to reach to many more members than our usual face to face meetings have ever allowed and we appreciate the support these evenings have received with well over 100, 150 and sometimes over 200 registrations for the night. We will continue to offer CPD@home in the future.

The next CPD@home is Tuesday 24th November 2020 with Dr Chris Kennedy and Dr Charlotte McKnight.

The previously advertised 5th October CPD has unfortunately been cancelled. If you are seeking additional CPD points then take a look at WAVE@home recorded CPD's for additional

Independent Learning, see links below.

WAVE@home

- AMD - Imaging, Classification and Advanced Therapeutics
- Infection and Pain Management in Eye Care
- Myopia Management - Kids, Contacts and the Visual Environment
- How to Mix the Perfect Dry Eye Cocktail

Alternatively, there is a whole host of CPD available online at the Optometry Australia Institute of Excellence and the recent Optometry Virtually Connected conference

2020 Pharma:

- Pharma - September 2020
- Pharma - June 2020
- Pharma - March 2020
- Pharma - December 2019

Optometry Virtually Connected:

- Contacts for Kids - Never too young!
- OCT Masterclass
- Myopia management with orthokeratology and multifocal contact lenses

• Vascular Myths: Busted

Whilst you may be keen to continue your education and increase your CPD points for this year, please be aware that there is some leniency from the Optometry Board of Australia with regard to meeting the points requirement for this year.

Optometry Australia recently issued this statement that 'the *Optometry Board of Australia* advised that, in recognition of the difficulties in meeting CPD requirements during the pandemic period, they "will not take action if you cannot meet the CPD registration standard due to the pandemic when your registration is renewed at the end of 2020." They advised that optometrists state on their declaration that they were unable to meet CPD requirements due to the impact of COVID-19.'

The new CPD requirements come into effect on 1st December 2020 and any points scored up to 30th November 2020, do NOT roll round into the new period. They will be void and the new system will be Hours not Points. See the article on page 5 for further confirmation of the new requirements.



The graphic features a large blue eye logo with a sun-like center at the top left. Below it, the text 'BLUE SKY' is written in large, white, spaced-out letters. To the right, the text 'STREAMING LIVE AND FACE-TO-FACE EVENT' is displayed in white, followed by '20 - 21 NOVEMBER 2020' in a larger font. At the bottom, there are four cartoon eyes (blue, yellow, green, and red) with faces and limbs, appearing to be in motion. The background is dark blue with white clouds. In the bottom right corner, there is a logo for 'Optometry VICTORIA SOUTH AUSTRALIA' and a small blue box with the text '37.5 21T PENDING APPROVAL'.

REGISTER YOUR PLACE TO THE FIRST HYBRID BLUE SKY 2020! bluesky.optometry.org.au

The Optometry WA Reconciliation Action Plan (RAP)

Photography © Rafael Ben-Ari

I live and work on the traditional land of the Whadjuk people of the Noongar nation and wish to acknowledge their custodianship of country and pay my respects to their Elders past, present and emerging.

We acknowledge the traditional custodians of the land in which we live and work here in WA, we pay our respects to their Elders past, present and emerging.

This is a statement (or similar) often heard and repeated but, stated without understanding and sincerity, it is worthless.

We have a strong history in OWA of engaging with and providing services for the Aboriginal and Torres Strait Islander communities. Individual optometrists also do so through the Visiting Optometrist Scheme (VOS) run by Rural Health West for the Commonwealth Department of Health and through outreach services from or in our own practices.

The board of Optometry WA has agreed to explore a Reconciliation Action Plan (RAP) to become more inclusive and supportive of our Aboriginal communities. We understand that it will take generations for true healing and acceptance to occur. It is our belief that all people and communities in WA will benefit from a process of



cultural awareness, acceptance of the past, awareness of present unconscious bias and racism and a mutual path forward for better futures.

To this end Optometry WA has formed a committee to investigate the Reconciliation Action Plan (RAP) process and we hope to bring along as many practitioners, staff and family with us as feel comfortable with the journey.

My name is Gary Cerie and along with Andrew Nguyen and Christine Baker we form the OWA RAP committee. We hope as an organisation to have

completed an Innovate RAP in the next two years. With your indulgence over future months we will provide some ongoing cultural awareness information that may help you in your practices and in your communities.

Please feel free to contact Gary Cerie (g.cerie@optometry.org.au), Christine Baker (christine@eyesonoxford.com.au) or Andrew Nguyen (a.nguyen@optometry.org.au) to discuss any issues in relation to the proposed Reconciliation Action Plan or providing services to the Aboriginal and Torres Strait Islander.

Locum List 2020

The locum list has been requested quite regularly in the latter part of this year, so if you are a locum and are not on the list, then you can sign up here.

[Join Locum List](#)

If you are a business and are looking to hire a locum, please contact the

OWA office on admin@optometry-wa.org.au for assistance.

Don't forget the Optometry Australia Jobs Board if you wish to place an advert or look at what's out there in terms of jobs full or part time. You can also place free adverts in this Vision newsletter in the Classifieds section by emailing admin@optometrywa.org.au

[View job listings here](#)



Need your CPR Certificate?

If anyone is wanting to do a CPR course, please see below for Time Critical's courses – you don't have to use this provider, there are many others available, but the courses are run on Sundays to hopefully suit our members who can't get out of the office during the week or Saturday's.



RTO: 51503

CPR + FIRST AID
TRAINING

- 18 October [BOOK HERE](#)
- 29 November [BOOK HERE](#)

All are at the following address:

Stirling Regional Business Centre
45 Delawney Street, Balcatta WA 6021

9am to 12.30 pm – \$65

T: 08 9207 2900

E: info@timecritical.com.au



**SAVE
THE DATE!**
20-21 March 2021
Further information
coming soon!

**Optometry
WESTERN AUSTRALIA**

FACE TO FACE WAVE IS BACK FOR 2021*
*SUBJECT TO FUTURE PANDEMIC RESTRICTIONS

Wave 2021

SATURDAY & SUNDAY 20-21.03.21

ESPLANADE HOTEL FREMANTLE, WA

WAVE 2021 promises delegates an extensive education program that will meet the new CPD requirements and can be delivered in person and virtually. Watch this space for further information on topics and speakers for the WAVE program. We look forward to welcoming you back to our Western Australian Vision Education event, WAVE 2021.

**OPTOMETRY WA DELIVERING MEMBER CPD
REQUIREMENTS VIRTUALLY AND IN PERSON**

CPD Changes – Starting 1st December 2020

The OBA made the decision to change the CPD requirements in order to bring optometry into closer alignment with other regulated health professions, the majority of which have annual, time-based, CPD requirements.

The Optometry Board of Australia (OBA)

The OBA performs a number of key regulatory functions, including registering optometrists, developing key standards and guidelines for the profession, and handling

notifications and complaints against optometrists.

What does 'interactive' CPD content mean?

The OBA has specified that interactive CPD activities are those where there is a two-way flow of information between the presenter/facilitator and the audience/attendees. Under the new guidelines, optometrists must ensure that at least five (5) hours of their annual total are 'interactive.' Examples of interactive CPD include: workshops (where there is direct engagement between facilitator and attendees) and structured, evidence-based clinical discussions with colleagues

(with appropriate note-taking/recording of discussions).

There seems to be a renewed emphasis by the OBA on optometrists developing personal learning needs, planning on how these are to be met and reflecting/evaluating this process. Why is this important?

The OBA requires optometrists to develop their own individual CPD portfolio, which identifies individual learning needs, considers how they will meet these needs, and reflects on how education undertaken has met this need and will shape their future practice.

OA recognises this process is in accord with principles for effective adult learning and is developing resources to support members to effectively engage in the processes of identifying learning needs, planning to meet them, and reflecting on the learning that has been undertaken. Central to this will be an interactive, online learning plan, where members can record identified needs, upload planned and completed CPD activity details and record appropriate reflection/evaluation.

What is a Learning Plan (CPD portfolio)? How do I do one?

Your CPD portfolio will soon feature a Learning Plan which includes:

1. learning needs
2. planned activities (with description, date and time taken to complete activities)
3. reflection/evaluation

(access to this Learning Plan area will be launched by Optometry Australia soon)

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Below is effective as of 1st December 2020 and operates on a 1-year CPD cycle.

Hours cannot be carried over into the next year, 2021 but will be reset to zero at 1st Dec each year.

CPD Year	1 year cycle
Units	Hours
Minimum CPD required	20 (non-T) or 30 (T-endorsed)
Minimum Interactive* Units	5 hours per year
Minimum units of clinical activities	15 hours (non-T) or 25 hours (T-endorsed)
Maximum non-scientific units	5 hours
Minimum therapeutic units	10 hours of the 30 hours
Learning Plan	Required
Period of time evidence is required to be kept	5 years
CPR Training	Every 3 years

Where you're at

CPD hours in plan:

32.50

CPD hours still to complete:

16.25

CPD hours completed:

13.75

Completed activities

To see the CPD activity details, please click **Q** to expand the CPD activity record. You can add reflection notes for an item once it is expanded. Items shown in **green** already have reflection notes saved.

Show 10 entries

Search:



Introducing **THE NEW EYLEA® (aflibercept)** **PRE-FILLED SYRINGE**



**IT'S EYLEA
MADE EASY*¹**

*Preparation of the EYLEA pre-filled syringe requires fewer steps than the EYLEA vial

PBS Information: Authority required for the treatment of wet age-related macular degeneration, diabetic macular oedema, central retinal vein occlusion and branch retinal vein occlusion. Refer to PBS schedule for full Authority Required information. EYLEA is not listed on the PBS for myopic choroidal neovascularisation. The EYLEA Pre-Filled Syringe is not listed on the PBS.

Approved PI available at <https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2012-PI-01387-3> or upon request from Bayer Australia Ltd, ABN 22 000 138 714, 875 Pacific Highway, Pymble NSW 2073.

MINIMUM PRODUCT INFORMATION EYLEA® [aflibercept (rch)] INDICATIONS: EYLEA (aflibercept) is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (wet AMD); visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO); visual impairment due to macular oedema secondary to branch retinal vein occlusion (BRVO); diabetic macular oedema (DME), visual impairment due to myopic choroidal neovascularisation (myopic CNV). **CONTRAINDICATIONS:** Known hypersensitivity to aflibercept or excipients; ocular or periorbital infection; active severe intraocular inflammation. **PRECAUTIONS:** Endophthalmitis, increase in intraocular pressure; immunogenicity; arterial thromboembolic events; bilateral treatment; risk factors for retinal pigment epithelial tears; treatment should be withheld in case of rhegmatogenous retinal detachment, stage 3 or 4 macular holes, retinal break, decrease in best-corrected visual acuity of ≥ 30 letters, subretinal haemorrhage or intraocular surgery; treatment not recommended in patients with irreversible ischemic visual function loss; population with limited data (diabetic macular oedema due to type 1 diabetes, diabetic patients with HbA1c $> 12\%$, proliferative diabetic retinopathy, active systemic infections, concurrent eye conditions, uncontrolled hypertension, myopic CNV: no experience in the treatment of non-Asian patients, previous treatment for myopic CNV and extrafoveal lesions); see full PI for effects on fertility, pregnancy, lactation, effects on ability to drive or use machines. **ADVERSE EFFECTS:** Very common: visual acuity reduced, conjunctival haemorrhage, eye pain. Common: retinal pigment epithelial tear, detachment of retinal pigment epithelium, retinal degeneration, vitreous haemorrhage, cataract, cataract cortical, cataract nuclear, cataract subcapsular, corneal erosion, corneal abrasion, intraocular pressure increased, vision blurred, vitreous floaters, vitreous detachment, injection site pain, foreign body sensation in eyes, lacrimation increased, eyelid oedema, injection site haemorrhage, punctate keratitis, conjunctival hyperaemia, ocular hyperaemia. Others: see full PI. **DOSAGE AND ADMINISTRATION:** 2 mg aflibercept (equivalent to injection volume of 50 μ L). EYLEA is for intravitreal injection only. The interval between doses injected into the same eye should not be shorter than one month. Advice on treatment initiation and maintenance of therapy specific to each patient population is described in the section below. Once optimal visual acuity is achieved and/or there are no signs of disease activity, treatment may then be continued with a treat-and-extend regimen with gradually increased treatment intervals to maintain stable visual and/or anatomic outcomes. If disease activity persists or recurs, the treatment interval may be shortened accordingly. Monitoring should be done at injection visits. The monitoring and treatment schedule should be determined by the treating ophthalmologist based on the individual patient's response. If visual and anatomic outcomes indicate that the patient is not benefiting from continued treatment, EYLEA should be discontinued. *For wet AMD:* Treatment is initiated with one injection per month for three consecutive months, followed by one injection every two months. Treatment interval may be maintained at 2 months or further extended using a treat-and-extend dosing regimen, by increasing injection intervals in 2- or 4-weekly increments. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened to a minimum of 4 weeks. Generally, once optimal visual acuity is achieved and/or there are no signs of disease activity, the treatment interval may be adjusted based on visual and/or anatomic outcomes. The dosing interval can be extended up to every 4 months. *For CRVO:* Treatment is initiated with one injection per month for three consecutive months. After the first three monthly injections, the treatment interval may be adjusted based on visual and/or anatomic outcomes. *For BRVO:* Treatment is initiated with one injection per month for three consecutive months. After the first three monthly injections, the treatment interval may be adjusted based on visual and/or anatomic outcomes. *For DME:* Treatment is initiated with one injection per month for five consecutive months followed by one injection every two months. After the first 12 months, the treatment interval may be adjusted based on visual and/or anatomic outcomes. *For myopic CNV:* EYLEA treatment is initiated with one injection of 2 mg aflibercept (equivalent to 50 μ L). Additional doses should be administered only if visual and/or anatomic outcomes indicate that the disease persists. Recurrences are treated like a new manifestation of the disease. **DATE OF PREPARATION:** Based on PI dated 31 July 2020.

Reference. 1. EYLEA Approved Product Information, 22 June 2020.

EYLEA® is a registered trademark of Bayer Group, Germany. Bayer Australia Limited, ABN 22 000 138 714, 875 Pacific Highway, Pymble, NSW 2073. BRA264 | August 2020 | PP-EYL-AU-0276-1

Rheumatology and Optometry/Ophthalmology Working Together

by Robert Howie

Optometry has an opportunity to help our patients and work together more effectively with rheumatology and ophthalmology.

This is about Plaquenil (and chloroquine) and communicating the results of screening and baseline tests for Bull's eye maculopathy with rheumatology. Essentially, best practice suggests that full results should be communicated back to the patient and their rheumatologist.

Plaquenil is a very effective treatment for inflammatory and skin disorders with relatively few side effects compared to alternative treatments. However, after some years of use it can cause Bull's eye maculopathy, a potentially debilitating visual loss.

Bull's eye maculopathy is untreatable except for the cessation of Plaquenil use and even then the condition can progress from a relatively minor to a severe loss of visual function.

Baseline test should be performed within the first year of treatment and screenings at yearly intervals after five years of treatment unless there is an increased risk of toxicity, when more frequent screenings are indicated. Ideally, all data and an opinion should be included in the report to help the rheumatologist's assessment and also assist with interpreting your report with other future reports, which may be generated elsewhere.

Members will of course use their discretion and clinical acumen but I would suggest the report include the Humphry Visual Field Analyser 30-2 (the 10-2 test is adequate in most cases but may fail with losses of a peri-central nature) test or Medmont central visual field test (with paracentral points added) and an assessment of posterior pole retinal thickness and retinal layer integrity with an SD-OCT

Optometry and ophthalmology's role in preventing Bull's eye maculopathy is to alert rheumatology when there is any reasonable suspicion that Bull's eye maculopathy may be possibly developing. I use the words reasonable and possibly because once the development of Bull's eye maculopathy is certain the potentially insidious progression of this condition means it may be too late.

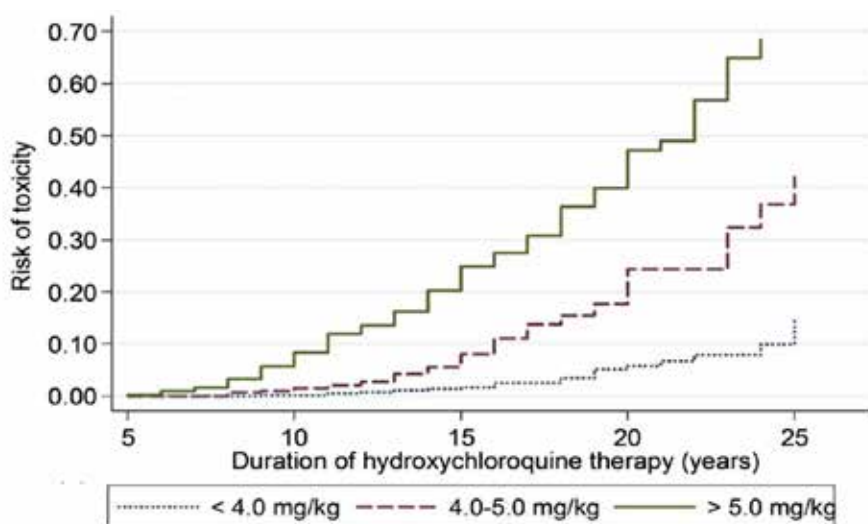
Bull's eye maculopathy begins as a para-fixation (within 6° of fixation point) or peri-fixation (extending to 8°) loss of visual function characterised by damage to the outer retinal layers and retinal pigment epithelium. In most cases losses are para-central but in some cases and especially in Asian races the losses can be peri-central. As members know, the signs consist of subtle pigment hypo and hyper changes near the maculae but also possibly in the region of the arcades in peri-central loss with similar hypo and hyper fluorescent changes in auto-fluorescent imagery. Similarly, SD-OCT images show damage and thinning of the outer retinal layers.

As members know, the risk of Bull's eye maculopathy developing is dependent on dose as a function of body weight, time taken and other factors, for example, such as impaired renal/liver function, tamoxifen use and pre-existing macula conditions.

The following charts indicate the risk of Bull's eye maculopathy as a function of dose and time. For normal doses, less than 5mg/kg of body weight, risk is small within the first 5 years with the risk increasing with dose and time taken.

Rheumatology requests that we provide a full report when we screen patients for Bull's eye maculopathy. The report should include visual field data and an SD-OCT assessment of retinal thickness and retinal layer integrity to provide a baseline and allow assessment of change, which may occur up to a decade or more into the future. Since clients may change location in this time frame a copy of the report should be sent to the client. Given that Rheumatologists (and/or other medical practitioners) may not be clear on the interpretation of these results, a summary of the findings may also assist in a patient's management.

In cases where there is any suspicion of Bull's eye maculopathy, it is recommended that referral to ophthalmology is initiated for an mf-ERG assessment of macular function. In WA this is performed at SCGH and for Medicare reasons needs to be arranged by the rheumatologist or ophthalmology.



Rheumatology and Optometry/Ophthalmology Working Together

Continued from previous page...

For more information I suggest:

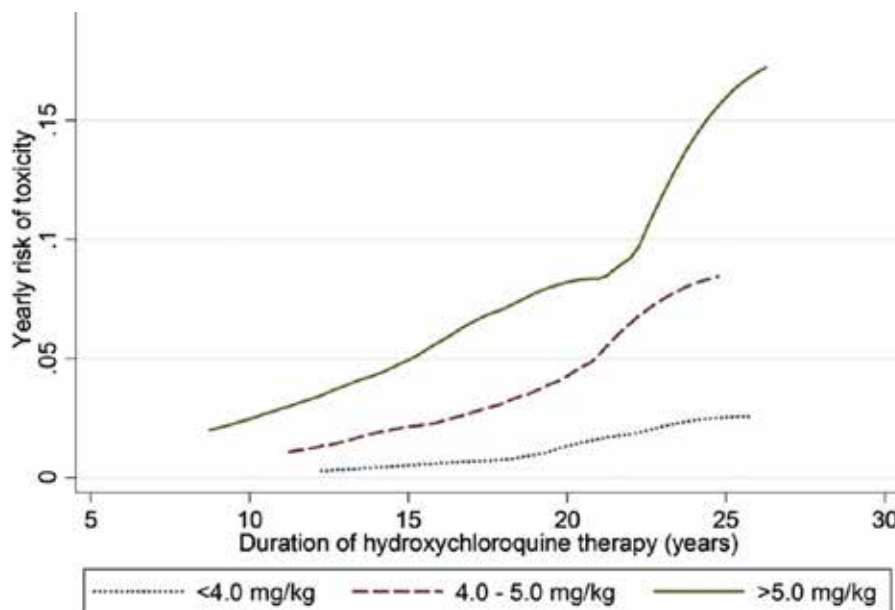
Hydroxychloroquine and Chloroquine Retinopathy: Recommendations on Screening, Royal College of Ophthalmology 2018

Recommendations on Screening for Chloroquine and Hydroxychloroquine Retinopathy (2016 Revision), American Academy of Ophthalmology Statement

Melles RB, Marmor MF. The risk of toxic retinopathy in patients on long-term hydroxychloroquine therapy. JAMA Ophthalmol 2014;132:1453e60.2

Xu P. Demystifying Bull's Eye Maculopathy, Pharma, March 2020

The cumulative risk of retinopathy over time, as a function of different levels of hydroxychloroquine (HCQ) use. When use is between 4.0 and 5.0 mg/kg, the risk is very low within the first 5 to 10 years, but it increases markedly afterwards. From: Melles RB, Marmor MF. The risk of toxic retinopathy in patients on long-



term hydroxychloroquine therapy. JAMA Ophthalmol 2014;132:1453e60.2

The incremental annual risk of toxicity for a patient at different levels of hydroxychloroquine (HCQ) use who is found to be free of retinopathy at a

given point in time. The annual risk is low within the first 10 years of use, but increases with longer durations of therapy. From: Melles RB, Marmor MF. The risk of toxic retinopathy in patients on long-term hydroxychloroquine therapy. JAMA Ophthalmol 2014;132:1453e60.2

Optometry WA Annual General Meeting – 21st Oct 2020



Optometry WA Annual General Meeting will be held on Wednesday 21st October 2020 at the OWA office. Attendance can be in person at 2/62 Ord Street, West Perth or via a Zoom link.

Please email admin@optometry-wa.org.au to RSVP if you wish to attend and express your preference in using Zoom or attending in person.

[RSVP HERE](#)

Homeless Connect 2020

We are sorry to advise that the City of Perth made the decision earlier this year to cancel the 2020 City of Perth Homeless Connect.

The Optometry WA St Pat's Monthly Homeless Eye Clinic is still operating and we have the last two clinics of the year on 20th October and 17th November 2020.

Thank you to everyone that has volunteered for St Pat's this year and if you want to get involved for 2021, look out for the Call for Volunteers in December 2021 from the OWA office.

Optometry WA Pay Later Membership Renewals

Back in June this year, we had the offer available to either pay your Optometry WA Membership renewal fee by 30th June 2020, or defer your payment until October 2020.

Category	Description	2019 Fee	Discounted Fee for 2020
Full time	Over 16hrs a week	\$2195	\$1097.50
Part time	Under 16hrs a week	\$1760	\$880.00
Minimal Practice	Up to 4hrs a week	\$1195	\$597.00
Recent Graduate	Full or Part Time	\$1755	\$877.50
Academic	Under 16hrs a week	\$1760	\$880.00

We were also pleased to offer all members a 50% discount across all categories of membership fees for the 2020-2021 renewal.

As October is just around the corner, for those that selected the Pay Later option, the membership renewal button will reappear as of the 1st October in your My Membership area of the Optometry Australia website. You will also be contacted by the OWA office to remind you to make your payment choice by the 31st October 2020.

For all that opted to Pay Later, during the month of October you are invited to renew your membership and select from the two payment options on offer:

- 1) Pay in Full now at the 50% discounted rate for your correct membership category.
- 2) Select to pay the 50% discounted rate for your correct membership category over 9 monthly instalments via an automated debit to your nominated credit card.

If you are familiar with your OA Membership Hub and wish to renew online, then please logon during October to renew. At this time, you can reconfirm your correct and current membership category. If you have had any significant changes in your membership category since making your selection back in June and wish to talk to the OWA office, email admin@optometrywa.org.au to arrange a call back to discuss.

Alcon

SEE BRILLIANTLY

JOIN US AT

ALCON VIRTUAL EVENT: Protecting and Hydrating the Ocular Surface

Alcon is proud to host its first multidisciplinary virtual event on **Wednesday 14 October, 7-8pm AEDT**.

Optometrists, pharmacists, orthoptists and ophthalmologists are all invited to learn about the effect dry eye has on the ocular surface. Topics for discussion include the importance of optimising surgical outcomes with Dr Ben LaHood, supporting corneal healing in dry eye disease with Mark Koszek and the launch of Systane® HYDRATION UD in Australia with Helen Gleave.

Register **HERE** for the event and receive your Systane Hydration® welcome pack.

CPD points have been applied for. Any questions please contact professional.affairs@alcon.com

ANZ-SYH-2000023 Alcon Laboratories Pty Ltd AUS: 1800 224 153, NZ: 0800 101 106

September ECO Update



Early Career
Optometrists

Optometry Western Australia



CooperVision™

ECO WA SOCIAL REPORT:

SUN-YOUNG LEE

ECO WA Committee Member

**Greetings from the ECO team!
We can't believe it's September
already and we're sure you're
all in the same boat.**

As WA cautiously moves back into the world of face-to-face interactions, we have also been looking to bring you some offline events to get out of your pj's for. Zoom conferences are great for attending in your comfiest loungewear, but we're sure you all miss the opportunity to dress up and network with the best of them. So, without further ado: here's what we have been up to since our last update in June.

On Wednesday 9th of September we held our annual trivia night, sponsored kindly as always by Coopervision. This was our first face-to-face social event of the year. Despite the times, turnout was strong and the energy in the room was unparalleled. Congratulations to the winners of the night, Quizlottica, who won a gift voucher to a restaurant! If you missed out on attending this year, keep a look out next year— we're sure it'll be back better than ever in 2021.

Next, on Tuesday 15th September, we had a zoom Webinar with a talk by Dr. Charlotte McKnight on ocular and orbital trauma. This had originally been scheduled for April, but due to COVID restrictions we have had to postpone it several times. Moving to a virtual platform for our events has allowed us to reach a far greater audience, and there were almost 100 people attend-

ing. Our thanks to Dr. McKnight, who presented an engaging and relevant talk.

In October, ECO WA will be having their AGM. There may be several changes to the structure of the committee, but as always, we will keep everyone updated on all the relevant details through our facebook page.

To look forward to in November: we are in the planning stages for our joint CPD event with the Early Career Pharmacy Working Group WA! Again, we remind you that last year's event was a sell-out affair, so keep an eye on your emails and be sure to sign up quick when the invitations go out. This

year's topic will be on glaucoma drugs, and all things being the same, we expect it to be a face-to-face event.

Lastly, we have started a new whatsapp group for all early career optometrists to share their experiences, ask advice of each other, and just chat! In an increasingly stressful environment with so many changes and not enough opportunity for real-life interactions, we feel it's more important than ever to stay connected as best we can. To join, download whatsapp and enquire through our facebook page, and one of our friendly admins will add you to the group. It's a great way to pick everyone's collective brains, so give us a shout out any time.

It's early days yet, but things are definitely looking up. There are still several things to look forward to on the ECO calendar, and we hope to see you all at one of our events before the year is out, whether they be virtual or face-to-face. Wishing everybody a very happy and successful final quarter of the year!



CPD @home

TUESDAY 24TH NOVEMBER

Dr Chris Kennedy & Dr Charlotte McKnight

LIVE WEBCAST

clariti® 1 day has evolved

Prescribe better everyday eyecare for more of your patients.

2014

2020



• Redesigned edge for optimised comfort¹

• More than \$US200m investment in advanced, sustainable manufacturing

• Optimised and aligned to CooperVision quality standards for excellent accuracy and repeatability

• Complete range of sphere, toric and multifocal 1 day lenses

Silicone Hydrogel Technology at a Hydrogel price.²

Here at CooperVision, we're always looking at ways to make our contact lenses even better. Which is why we've invested over \$US200m on advances to the clariti® 1 day manufacturing platform. It's why we introduced a redesigned edge for optimised comfort.¹ It's why we've optimised the moulding process. And it's why we apply the same strict quality management standards of CooperVision to every clariti® 1 day lens we make.

It's why clariti® 1 day is now better than ever.



clariti® 1 day

1. Sphere only. clariti® 1 day's new optimised comfort edge provides improved comfort at insertion vs. the original edge design. CooperVision data on file 2015. Non-dispensing, double-masked, randomised study n=20. 2. Based on Eyetalk, July-September 2019, issue 161, 90 pack retail pricing. CooperVision soft contact lenses for vision correction. Read the instructions for use (<https://coopervision.net.au/patient-instruction>) and follow the instructions.

CPD Changes – Starting 1st December 2020

Continuing From page 5

Accessible online, this dynamic tool will help you plan your year of CPD by enabling you to add new CPD activities or remove previously-selected CPD activities as required. In case of an OBA audit, your individual learning plan can be easily printed and presented as evidence. OA will also provide you with a CPD certificate in case of an audit.

The information above has been taken from the Optometry Australia Q&A PDF document, you can download this document here. If you wish to watch the short online video with the OBA chair Ian Bluntish and OA's Simon Hanna, please click on this link to access the 25 minute Q&A video.

Click in the link below to download the relevant publication....

OBA CPD REQUIREMENTS

CPD CHANGES



Wave@home DR LAUREN AYTON

Recorded for Independent Learning
with optional assessment:

AMD - IMAGING, CLASSIFICATION & ADVANCED THERAPEUTICS

**WATCH
THIS
PRESENTATION**



3



Wave@home DR ALEX HUI

Recorded for Independent Learning
with optional assessment:

INFECTION AND PAIN MANAGEMENT IN EYE CARE

**WATCH
THIS
PRESENTATION**



3T



Wave@home DR KATE GIFFORD

Recorded for Independent Learning
with optional assessment:

MYOPIA MANAGEMENT - KIDS, CONTACTS AND THE VISUAL ENVIRONMENT

**WATCH
THIS
PRESENTATION**



3T



Wave@home JASON HOLLAND

Recorded for Independent Learning
with optional assessment:

HOW TO MIX THE PERFECT DRY EYE COCKTAIL

**WATCH
THIS
PRESENTATION**



2T

Executive Officer's Report

Continued from page 1

A word from me would not be complete without the mention of WAVE 2021. Save the date! It is scheduled for Saturday and Sunday March 20 and 21 and will take place no matter what happens between then and now. WAVE will be delivered both face to face and virtually with trade support face to face and online, a host of stellar speakers and topics delivered in a way only WAVE knows how to. WAVE CPD will align not

only to the new OBA requirements and assist members on their learning plan journey it will also be part of multiple events during the year offering year long learning opportunities in a structured way that will be supported and augmented by the OA Institute of Excellence.

We aim to make the CPD transition a simple and painless one for members.

Lastly from me for this edition, thanks to each and every member for your renewals this year. We are strong because of you. Your support has exceeded our previous expectations making this organisation extremely representative of the profession across all levels. Also, a friendly reminder, don't forget the OWA AGM Wednesday 21 October either at Suite 2 62 Ord Street West Perth or via Zoom meeting link.

Our President's Report

Continued from page 1

public/private philosophical argument related to public patients incurring a fee when referred to a private provider. An additional concern raised at the time was the quality and variability of optometry reporting to rheumatology.

Bull's eye maculopathy para/peri macula and visual field changes can occur up to a few decades after patients begin a course of Plaquenil, but possibly much earlier if a high dose is taken (possibly unwittingly!). Our rheumatology colleagues may also be uncomfortable interpreting visual field and SD-OCT data. Rheumatology simply requests that after performing a Plaquenil related screening we provide the visual field and SD-OCT data with our interpretation and that we also copy in the patient and their GP. The importance of copying in the patient is that patients may relocate and/or change practitioners in the possible decade or two timeline of Plaquenil treatment.

The writing of these reports promotes optometrists as astute, caring, competent health care practitioners to our patients and medical colleagues.

Governance

Over the past few months your Board has reviewed our Governance Manual. Working within our constitution (the Rules), the governance manual provides a framework for how the Board works and how the directors, members and the operations team work together. There is an opportunity for members to work with our Development Committees: Advocacy and Communications, Education, Early Career Optometrists (ECO) and Rural and Remote. If you are interested in working with any of these committees



please give Evan a call and in the case of ECO, please have a chat with the ECO committee members too.

Additionally, the Board has included in the Governance Manual the appointment of the ECO chair to the Board. This uses one of the two allowed appointed director positions in our Rules and is to ensure our Board always has a vibrant, "listening" connection with our younger optometrists.

Reconciliation Action Plan (RAP)

Along with Optometry Australia, OWA is working on a Reconciliation Action Plan. A RAP is about improving the connections and understandings with our Indigenous Australians and ultimately their desired life outcomes. Members may have recently noticed on the OWA website "Optometry WA acknowledges the traditional owners of country throughout Western Australia and recognises their continuing connection to land, waters and community. We pay our respect to them and their cultures; and to Elders past and present and emerging". This is one of the leading edges of the OWA RAP.

OWA is requesting that optometrists who identify as Aboriginal Australians contact us since their combined understanding of Aboriginal cultures and Optometry will help our RAP process. One part of the RAP process is the development and implementation of culturally safe and inviting practices when engaging with Aboriginal and Torres Strait Islanders. The ultimate aim of the RAP is the reconciliation and development of trust with Aboriginal and Torres Strait Islanders and, working together with our other health profession colleagues, to improve their health and life outcomes.

The RAP is an opportunity for all us to connect and work together with each other, other professions and the community.

Finally, I will be retiring as OWA President at this year's AGM. I wish to thank everyone for their support and, especially Evan, Jude, Tony and all the OWA Directors I have had the pleasure to work with in my three years as President. In these difficult times I hope everyone is staying well.

Take care,

Rob

Robert Howie
President 2019/2020

World Sight Day – 8 October 2020

The year 2020 marks 20 years of World Sight Day, which was established by the World Health Organization (WHO) in 2000 as an annual day of awareness to focus global attention on blindness and vision impairment.

This year World Sight Day is on Thursday 8 October, and Vision 2020 Australia will be using social media and the #WorldSightDayAU hashtag to share information about eye health and vision care, and highlight the important work of the sector and our members.



We have also partnered with Optometry Australia's Good vision for life campaign to promote World Sight Day across radio and other media, featuring Dr Jessica Gallagher, Australia's first dual Summer and Winter Paralympic medallist and Vision 2020 Australia Board Director.

How to get involved

- Post on social media on Thursday 8 October in support of World Sight Day, using the hashtag #WorldSightDayAU

- Add the World Sight Day frame to your Facebook profile picture by clicking [here](#).
- Share a World Sight Day image on social media

Social media images and key messages are available to download on the Vision 2020 Australia website

If you have any queries about our World Sight Day campaign please contact our Communications team at comms@vision2020australia.org.au



Classified

Mandurah Optometry practice for sale

Established in 2000 with a very loyal database, situated in a well-established community shopping centre and with the city's population expansion, this practice has huge growth potential. Located just 1 hour from Perth CBD in the beautiful seaside resort city of Mandurah.

If you are looking for a change of lifestyle and scenery coupled with a sound, well recognised practice, this opportunity will not disappoint.

The local community is strongly supportive providing a friendly environment surrounded by stunning beaches and history throughout.

For further information contact **ProVision Business Services** quoting reference PV 0075

Email address:
business@provision.com.au

Phone: 1800 035 618



Optometry WA Locum List

Locum list here in WA for those that want to work metro, regional or interstate.

Want to join the Locum List?

Please register yourself here by completing this **short online form**. Your information will then be made available to those that request access to the OWA Locum List.

You will be required to update / confirm your continued presence on the list from time to time. If you have any queries, please contact the OWA office on admin@optometrywa.org.au

Want to access the Locum List?

Please email the Optometry WA on admin@optometrywa.org.au to request a copy of the list be emailed to you. You must be an optometrist practice and adhere to our t&c's for using the list.