



SAOA

South African Optometric Association

# SAOA 2019 Year End Report

## INTRODUCTION

The theme for the Year 2019 adopted by the SAOA Board was ‘Together Towards, Tomorrow’ which placed emphasis on the necessity for greater cohesiveness for the professions of optometry and dispensing opticianry as well as the importance of embracing technical advances in accordance with the principles of the 4<sup>th</sup> industrial Revolution.

In this regard, the various SAOA portfolios and committees adopted the theme as the driving force for their activities for the year, which also gave rise to specific projects.

The Annual Report is a reflection of the performance of the SAOA for the 2018/2019 financial year in accordance with predetermined objectives and budgetary guidelines.

## PRESIDENT’S REPORT



**Dollars Boloka** (Feb 2019 - current) and  
**Audience Maluleke** (Oct 2018 - Feb 2019)

### 1. INTRODUCTION

These **this report** marks the first report of this **the** new Board term, it covers time period from **October 2018 to activities end September 2019**.

### 2. OBJECTIVES AND PERFORMANCE OVERVIEW

In simplistic terms the primary responsibilities of the SAOA Board include strategic direction, policy formulation, oversight of managerial effectiveness and performance.

To this end, the key aims of the Board is to enhance Board oversight, updates, accountability, togetherness and efficiency. To also highlight overall challenges and achievements.

## 1.1 Performance Measurement and Monitoring

The Board has adopted an output oriented performance management system portrayed in the form of Key Performance Areas. To this end, the KPA's were adopted for the 2018/2019 financial period, which incorporated predetermined objectives as stated below.

### 2.1 KPA: Turnover

Of particular relevance is revenue received for codes listing (from suppliers), driver certificate sales and conference sponsorship in addition to membership subscriptions. Membership subscription, however, continues to represent approximately 80% of total turnover received.

### 3.1 KPA: Membership

**Objective:** 70% of total practicing optometrists

To achieve this important objective, targets have been introduced on a phased basis (per year).

In 2018/ 2019, the objective for Full Practicing Members was 700 members. It is pleasing to note that the objective was exceeded by 54 members, **it is of course the intended aim to have all Optometrists belonging to the Association.**

### 4.1 KPA: Image

The SAOA held a survey to both practitioners and supplier's industry during the Conference 2019, and the overall rating was 4/5.

### 5.1 KPA: Stakeholder Engagement

**Objective:** as the custodian of the Profession, it is party of core business for the SAOA to engage with all relevant stakeholders, from schemes, to suppliers to regulators. The report shows that the Board has engaged and continue to engage.

## 6.1 Marketing

**Objectives:** lead by Marketing Chairperson Leané Cilliers, there has been a tremendous improvement in the communications of the SAOA to the industry. The SAOA has also contracted a specialised creative design studio, to assist and enhance the marketing aspect of the Association. This will enhance the communications outlook as well as present attractive, eye catch, reader friendly messages that are paramount for member awareness, activation, involvement and update.

Importantly, the SAOA introduced a much awaited Member Handbook which includes practical information. The Handbooks were distributed at the 2019 Conference in the form of memory sticks.

The intent is to add sections to the handbook on a bimonthly basis.

## 7.1 Education and Clinical Standards

**Objectives:** Chaired by Dr Casandra Seethal, Protocols summaries have been a priority issue as resolved by the Board. The SAOA has adopted the American Protocols, and the South African based summaries have been outsourced to Prof Paul Ramkissoo on adult examination and Dr Ingrid Metsing on Paediatric examinations. The process is estimated to be finalised during 2020. The Committee also lead the papers committee during the Conference 2019 and their efforts are acknowledged and hugely appreciated.

## 8.1 Private Practice

**Objectives:** co-chaired by Audience Maluleke and Marna Pieterse Core mandate remains engaging with schemes and with subcommittee of Coding, the importance of a good and efficient Coding system cannot be overemphasized. The SAOA Board has resolved during 2018/19 to take back total control of communications with schemes and suppliers with regard to codes, the process is in motion and very soon there will be an appointment of a Coding specialist Optometrist who will be part of the SAOA office team that drives the Coding process.

## 9.1 Special Projects

**Objectives:** Chaired by Marna Pieterse, The SAOA Board in 2017/18 resolved to introduce a new portfolio, named Special Project, which in the main is specialised to deal with time specific projects, as of now, Dispensing Opticians, CPD activity 2020 and Together Towards Tomorrow ( Strategic) Task Team form part of Special Projects.

### 10.1 Public Health

**Objectives:** Co-chaired by Emmah Mahlangu and Dollars Boloka, Public health worked very closely with Marketing to deliver an effective ECAM in the past year as well as LNMBA. Public Health has also championed the formation of an Eye care Forum that includes all stakeholders in eye care, ranging from Ophthalmology society, the NDOH, Retina SA amongst others.

## 3. SAOA DELIVERABLES

For the purposes of the report it important to reiterate the key services provided to members. In simplistic terms, the SAOA represents the eyes, ears, voice and conscience of the professions of Optometry and Dispensing Opticianry.

### 1.1 Advocacy

The greatest amount of time and effort by SAOA Office Bearers is dedicated to representing the professions at the highest levels across a wide spectrum of stakeholders which include Government Departments (National and Regional), Regulatory Bodies (HPCSA, CMS), Medical Schemes, Administrators, Networks, other professions, amongst others.

### 2.1 Membership Hotline

On a daily basis, members call into the office for assistance and/or advice pertaining to challenges experienced in practice. Most of which are of an ethical nature.

Importantly, many practitioners are supported when audited by schemes or networks to ensure that their rights are protected.

### 3.1 Marketing

Marketing initiatives are introduced to highlight the importance of eye care and regular eye examinations.

During this past year, the Let's Not Meet by Accident campaign continued from the previous year with some success. Pleasingly, the SAOA continues to receive support from the Department of Health and Metro Police Departments.

#### **4.1 CPD Activities**

The conference held in August 2018 yielded 25 CPD points. Importantly, in addition, the SAOA were able to receive CPD accreditation status for all community orientated events held during the year and will continue to do so for future events.

#### **5.1 Official Address**

It has always been the ambition for the SAOA to be perceived as the 'Go to Destination' for all optometrically related matters. There is no doubt that this has been achieved with continuous requests being received by medical schemes, the public, the media and others for information and/or advice.

#### **6.1 Portfolio Performance Updates**

The Board has adopted weekly update culture, where each Portfolio is allocated 1 update every 7 weeks to make uniform understanding and approach as a collective. Post the Conference it has been a little easier even though challenges remain, it is however acknowledged that the "Conference after effects and fatigue had to be gotten over, and the updates shall resume".

There weekly meetings and updates from CEO President Engagements that aims to address current issues, though at times it has been difficult to stick to weekly meetings, more often than not there has been consistency in meetings as well as reporting back. It is also acknowledged that the Board receives the updates and are appreciative of the notes.

There are new portfolio committees have been composed and chairs elected. There has been a concern of committees like Private Practice not having a real committee other than the Co-Chairs, but rather a subcommittee of Coding, with

the planning of the New Year We hope to see the matter freshly addressed with a view that Private Practice is one of the busiest committees.

## 7.1 Performance Comment

- CMS
- Managed care
- Schemes engagements
- TTT Task Team
- Patron
- Office Restructure
- Service Providers
- PMBs submission
- Protocols
- Membership in good standing
- Conference 2019
- ECAM
- Board members Profiling
- PBODO
- Dispensing Opticians
- Presidential theme

## 4. ACTIVITIES

As expected, almost all the performance comments are housed within various portfolios, therefore more details will be contained within various reports. It is, **however**, worth noting the **following, presented in bullet form** (with similar bulleting order as follows).

### 1.1 New Directors

It was with great pleasure to welcome **Nivien Subramany** and **Leané Cilliers** into the Board of 2019, as of February 2019. They have been massive additions to a hardworking, selfless and dedicated team.

### 2.1 Audit

- The Audit Process for 2018/19 was long and intensive. Mainly due to the bookkeeping status the Association was in.

- There has been a resolution to reappoint Geyser and Du Plessis for Auditing of 2018/2019 year after the many challenges we have had with the Modern Firm.
- There have been engagements with regards to fees.
- Financially, there was a surplus which resulted from the Conference. Stability in general remains solid.
- Audit process of 2018/19 has started.

### 3.1 Council of Medical Schemes

- At their request, a dossier was submitted to the CMS on the 11/03/2019, with the request made to CMS for a presentation. There had been responses that the submission is too voluminous, and CMS needs more time to go through the document and ready themselves for a meeting.
- CMS responded on via Danie Kolver on the 07/07/2019 by forwarding a PPN response, which barely addressed issues raised by the SAOA.
- A following meeting has taken place on the 21/08/2019 whereby the SAOA made it unambiguously clear that the forwarded PPN response was not even recognised as a response and that CMS should make a comprehensive response to the dossier as agreed on the meeting held on 24/01/2019, CMS agreed with the view and committed to come back with date estimates for response.
- There had been two complaints officially lodged against Bonitas and Bestmed, CMS has not yet responded.
- The President, IPP and the CEO met with the CMS Registrar on the 25/10/2019, escalated the issues raised to his office, with the Registrar requesting for and already submitted, a submission with supportive reasons why the Registrar should look into the matter. Currently all the SAOA CMS related issues are being dealt with at the office of the Registrar Dr Kabane. The logical last step of this process if the Registrar fails to intervene or assist, is to engage the DOH with a view of finding favour and address from the Minister.

### 4.1 Section 59 Panel

- There were also written submissions to the Section 59 inquiry into the Racial Profiling of schemes. This was then followed by an Oral submission on the 25/08/2019, which the SAOA also used to raise many of the issues contained in the Dossier (<https://youtu.be/XgCK69sFvCM>).



- The Panel has requested and submitted, for further supportive information, to both the written and oral submissions, which focussed on but not restricted to, Tariff codes, The Mpumalanga Optometrist video, Gems complaint and other schemes.
- A report has been released which does not support a view of racial profiling by schemes, however expressed a view that there is a racial based outcomes post investigations.

## 5.1 Medical Schemes Engagements

- There had been request to Opticlear, Iso Ieso and PPN to meet with the SAOA for the purpose of addressing managed care related matters as well as the Dossier submission which include issues raised against them. PPN as well had direct payments challenges raised and Opticlear in particular with motivations rejections.
- Iso Ieso met with members of EXCO Vice President Marna Pieterse and CEO Harry Rosen, a foundation of further engagement was established and to be followed up
- Opticlear have done well to ignore the SAOA requests for a meeting and a formal complaint to Gems about that behaviour has been initiated. A meeting with Gems happened on the 25/10/2019, which raised the issue of rejections and motivations. Gems committed to resolving- We call on all members with Opticlear related challenges to contact the office
- PPN introduced barriers to meet by requesting conditions to be met including an apology for the references to PPN made to the HMI Panel by the SAOA in our submissions. The references were considered to be inaccurate by PPP.
- The SAOA is in talks with Discovery and Medscheme challenging their single handed approach of “Frame mark ups” or “excessive profiteering” as they allege.

## 6.1 Patron

- Former Justice Zak Yacoob is the SAOA Patron and he is very supportive to the SAOA and Optometry at large.

## 7.1 Office

- 8 staff members are involved on daily basis for the running of the SAOA office.
- There has been a restructure for service providers as well as follows:
  - Change of security company from Axon to ADT
  - Change of IT Company
  - Shift of email hosting and domain to Microsoft
  - Appointment of creative agency

## 8.1 Protocols

- The Board has intensified a process of prioritising protocol approach, where direct lines of communications and processes to be part of a natural culture.

## 9.1 Conference 2019 and 2020

- A successful “Together towards Tomorrow Conference 2019” was held on the 16-18 August 2019 at eh beautiful CSIR.
- 325 delegates, supported by 40 delegates, attended the event.
- We thank the supply industry and entire membership as well as non-members for their support.

## 10.1 Submissions

- There have been submissions in the year 2019 as follows
  1. Low Cost Benefit
  2. Written and Oral Section 59 Investigation
  3. Post seminar HMI submission
  4. PMBs
  5. CMS Dossier
  6. Section 59 supportive documents
  7. NHI draft Bill response
  8. CMS Registrar dossier
  9. Medical Schemes Amendment Bill
- There has also been clarity requested from the PBODO
  1. PBODO Online sale of optical devices
  2. Mobile Practice
  3. 4+1 follow up
  4. Expanded Medicine list as per Optometry scope expansion
  5. Assistance to DOs submission

In addition, the PBODO was requested to intervene regarding the delays experienced with the issue of permits for the procurement and storage of pharmaceuticals by the National Department of Health.

### **11.1 Prescribed Minimum Benefits**

Prescribed Minimum Benefits (PMB) is a set of defined benefits to ensure that all medical scheme members have access to certain minimum health services, regardless of the benefit option they have selected. The aim is to provide people with continuous care to improve their health and well-being and to make healthcare more affordable.

PMBs are a feature of the Medical Schemes Act, in terms of which medical schemes have to cover the costs related to the diagnosis, treatment and care of:

- any emergency medical condition;
- a limited set of 270 medical conditions
- 25 chronic conditions The PMB's is under review to ensure alignment with the NHI. In this regard, there has been a shift from conditions to a basket of services.

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The SAOA have a dedicated committee formed to address optometrically related professional services and to advocate for such services to be incorporated within the PMB's. A proposal has been submitted to the relevant regulatory authority (Council for Medical Schemes). Of relevance:

- PMBs submission has been made, led by Chairperson Haseena Majid, supported by Private Practice CO Chair Audience Maluleke, Prof Paul Ramkissoo and Johannette Fraser. We thank them for their massive efforts.
- There has been a release of Circular 79/2019, which is expected to be led by PMBs committee working together with other Portfolio Committees.

### **12.1 Therapeutics**

- The Optometry Scope of Practice has been expanded to include therapeutics for those practitioners who have undergone the required

education and training. Of particular interest, practitioners who have undergone the course are required to undergo 600 hours of practicals under supervision in a public sector facility.

- The Ophthalmology Society of South Africa (OSSA) have raised issues pertaining to their role and capacity challenges at hospitals.
- Nevertheless, a pathway has been established to find solutions which has involved all key role players including the Department of Health, The Ophthalmology Society of South Africa (OSSA) and the SAOA.

### **13.1 Health Market Inquiry**

- The Competition Commission instituted an inquiry into the SA Private Health Care sector to assess anti-competitive conduct, access by the public to care, pricing models etc.
- The SAOA has also participated in the process from the outset highlighting the importance of the profession to determine its own fees, amongst other issues.
- The inquiry was initiated in 2014 with a final report has been made available at the end of September 2019. The 5 years taken to complete the project is indicative of the complexities involved across the spectrum role players ranging from private hospital to optometry practice.
- The SAOA Board has released position statements on the points raised in the submission as well as simplifying the intricacies of the report in a form of a 5 releases newsflashes.
- The SAOA has released a summary bullet point form of the summary report.

### **14.1 Dot Glasses**

- The NDOH through France invited the SAOA to a meeting with DOT Glasses, where basically there is an intention to outsource from government the dispensing of readymade adjustable spectacles, The SAOA raised objections and concerns against the suggestion.

### **15.1 Communication**

- Outward communications have tremendously improved under Marketing and Membership, with social media such as Facebook looking far better than where we were.

- There has also been an appointment of a creative design company (G Studio) to work on and improve the SAOA outlook.

### **16.1 Eye Care Awareness Month (ECAM) and Let's Not Meet By Accident (LNMBA)**

- As per tradition, September and October marks the Eye Care Awareness Month (ECAM), which includes the World Sight Day (every second Thursday of October). 2019 has seen a successful event highlighted by the Grace Bible Church which saw a SAOA lead partnership amongst the Grace Bible Church, Zeiss, University of Johannesburg, Brien Holden Vision Institute and Gauteng Department of Health. Over a 1000 patients had been seen and assisted.
- The SAOA has in the past 2 years ran an awareness campaign themed "Let's Not Meet By Accident" (LNMBA), that sees the activation of local Optometrists to do screenings and awareness campaigns in conjunction with local traffic departments, as well as giving out stickers and information pamphlets on the day { 'Educational Road Blocks' }.

### **17.1 HPCSA Charges**

- The SAOA has held member meetings in Gauteng, Western Cape, KwaZulu Natal and Eastern Cape, led by all our regional representatives. The charges were the big agenda item with the indemnity Insurance representative attending all the sessions and giving clarity. Maria Philippides has been appointed as the lawyer for SAOA members. There has been an engagement with the PBODO on the matter. The SAOA position remains resolute that there are only two Optometrists who were supposed to be charged because in essence they are responsible for the charges.

### **18.1 NHI**

- The SAOA is counted amongst #Friends of NHI, the Board support the principle of Universal Healthcare coverage with cautious outlook in the format of the process. The SAOA reiterate its position that there should be maximum involvement of practitioners.

### **19.1 Dispensing Opticianry**

- The PBODO has resolved not to expand the scope, however, there has been certain modified proposals made and a commitment to address other issues raised in the submission.
- The SAOA continues to engage the PBODO.

## 20.1 PBODO

The relationship with the regulator is always a challenging one as naturally expected, however the Board is pleased to report that their communication channels with the current PBODO have been engaging towards the SAOA Board.

### 4.20.1. Current Issues

- 5 Provincial meetings held, 2 in Gauteng, 1 Cape Town, 1 Durban and Port Elizabeth.
- Indemnity Insurance demystification and simplification, what is covered and not has happened the above venues.
- Discovery Health meeting- The SAOA EXCO met with DH high level delegation that included Risk, Forensic and Optometry benefit, this was in response to SAOA objections the published communication by DH to somehow retrospectively audit Frame mark ups.
- PlusOptix requested the meeting, seeking collaboration from the SAOA to communicate with optometrists regarding the use of their screening devices.
- The SAOA met with DOT to establish the status of the new screening procedure for driver licences as this would impact significantly on the sale of driver certificates, a significant revenue generator for the SAOA and also address unreasonable demands of licencing centres regarding certificates which include requests for the certificates to be stamped, ID numbers of practitioners etc.
- A meeting was held with CPUT to address the possibility of the ABDO course being made available in South Africa and as well Obtain clarity as to why ABDO graduates were obligated to register with CPUT for a year before being able to register with the HPCSA.
- HPCSA complaints responses have been sent and in the main indicates Individual Practitioners are not responsible, nor did they approve the sending of SMS on their behalf.

## 21.1 Conclusion.

The Financial Year started with a huge challenge brought on by PPN manual in **December 2018**. The revolt of Optometrists that culminated into resignations, and formations of OFSA posed a huge challenge to the SAOA, CMS processes from dossier to Section 598 offered the SAOA an opportunity to lead the profession and represent as it is intended to be.

HPCSA complaints against Optoms, DOs submission, NHI, Summits, 4+1, PMBs have as well been part of a very hectic year. Conference 2019 is by far the highlight of the year and brand SAOA has not been higher than where it is in so many years. Supplier confidence has improved as well as members.

In a nutshell, the year 2018/19 has presented massive challenges that have been embraced as opportunities to lead the professions of Optometry and Dispensing Opticianry into greater and better heights.

As a Board, we have strived towards unity. As much as challenging the year has been, there is a deep rooted sense of confidence and sanity, that as a united Board, we can, we will make and leave Optometry of tomorrow in a better place. As with Our theme of 2019, may we continue to be Together towards Tomorrow?

I would like to take this opportunity to thank the SAOA Board, Staff and Regional Representatives for their untiring efforts and greatly appreciated support during this past year.

# FINANCE REPORT



**Nivien Subramany** (Oct 2018 - Feb 2019)

## 1. INTRODUCTION

***“Financial freedom is a mental, emotional and educational process”.***

This expression has been particularly true for the 2018/2019 financial year as evidenced by the challenges and activities addressed in this report below.

In particular, the year was characterised by significant change which included the relinquishing of an outsourced bookkeeping service replaced by the appointment of a new bookkeeper, the appointment of a new auditing firm and the election of a new Finance Director by the SAOA Board who replaced the previous Finance Director who is the current SAOA President.

## 2. COMMITTEE TERMS OF REFERENCE

In practical terms, the Finance Committee is mandated to:

- Ensure the provision of accurate Monthly Management Accounts.
- Present and recommend the Annual Budget...
- Produce the Cashflow Budget with monthly analysis and projections.
- Identify financial risk, if any.
- Maintain Debtors book Management. Including monthly follow through on outstanding accounts.
- Maintain Creditors book Management.



- Identify other alternative sources of income or revenue streams.
- Continuously mitigate the identified risks.
- Continue to develop and maintain sound finance policies that ensures compliance with GAAP leading to unqualified audits.
- Assess and report to Exco and Board on appointment of auditors.
- Test the protocol that are in place for potential shortcomings.
- Maintain and enforce agreed procurement policies.
- Monitoring of performance of the third-party agents and consultants.
- Recommend membership fees to Exco and Board.
- Recommend remuneration of staff and office bearers to Exco and Board.
- Identify and implement cost cutting measures.

***It is important to note that comprehensive financial controls have been implemented to the satisfaction of the SAOA Auditors.***

### **3. COMMITTEE COMPOSITION**

The Finance Committee comprises of:

- **Nivien Subramany** (Director)
- **Harry Rosen** (CEO)
- **Maserame Khesa** (Bookkeeper)
- **Mildred Ubombo** (Admin Officer)

### **4. GOALS 2019**

The goals for the 2018/2019 financial year included:

- Responsible management of the agreed budge. This includes realisation of the projected turnover.
- To effectively manage supplier debtors with particular reference to outstanding monies owed for codes incorporated within the SAOA coding structure.
- To effectively manage Membership debtors
- To ensure an accurate Membership – In -Good -Standing Database
- To ensure monthly monitoring of the financial health status of the SAOA.
- To effectively introduce the SAGE One Finance software for implementation on 1 October 2019.

## 5. CHALLENGES

It is important to note that the SAOA bookkeeper, Maserame Khesa, was appointed at the tail end of the previous financial year and thus had to quickly familiarise herself with the SAOA operations, not only to be intimately involved in the year-end responsibilities, but had to contend with a newly appointed auditing firm.

The 2019/2019 Financial Year was particularly difficult primarily due to inadequate outsourced bookkeeping the previous year. This was compounded by an inexperienced Auditing firm, The Modern Firm, which resulted in the audit of the 2017/2018 Financial Year only concluded in July 2019.

The Financial admin staff were thus dedicated to finalising the audit for a period of 8 months.

It was due to the challenges described that some latitude was permitted to ensure backlogs could effectively be accommodated and that preparations for the year-end audit would be professionally and effectively executed.

## 6. FINANCIAL PERFORMANCE/ACHIEVEMENTS

**It is to be noted that the comments pertaining to performance are based on information provided by the SAOA Senior Bookkeeper.**

The liquidity of the SAOA is indeed to be regarded as a major achievement, evidenced by cash on hand at end of the financial year ( R2,6 million) as well as the property in Midrand, Gauteng owned by the SAOA, valued at R2,4 million.

The following is a breakdown of the SAOA financial performance for the 2018/2019 financial year:

### 1.1 SAOA Conference 2019

**| See Conference Report |**

The SAOA Conference was held at the CSIR International Convention Centre, Gauteng from 16 to 18 August 2019.

230 delegates attended the event supported by 40 sponsors who contributed an amount of R 1 297 800.00.

*Total Conference Income:* R 1 714 785.00

*Total Expenditure:* R 1 536 276.00

*Conference surplus:* R 178 508.00

## **2.1 Financial Overview: Statement of Comprehensive Income: R'000**

*Total Turnover:* R8 363.00

*Total Expenditure:* R6 554.00

*Surplus:* R1 809.00

Please note that the above stated income is 'invoice generated' and does not reflect the actual performance which is summarised below.

## **3.1 Cash Flow Report: 'R000**

*Total Income Received:* R7 646.00

*Total Expenditure:* R6 554.00

*Surplus:* R1 092.00

The following points are to be noted:

- Membership subscriptions represent 60 % of total income received. This is substantially lower than previous years (usually in the region of 75%) due primarily due to the following factors:
  - Membership numbers in general are lower.
  - Income received from other areas such as driver certificates as well as sponsorships are significantly higher.
- The income received, in general, including sponsorships impacted accordingly.

## **4.1 Debtors**

### **| Membership |**

*Opening balance:* R 457 382.16

*Invoiced:* R 5 370 347.90

*Closing balance:* R 1 180 063.00

*Cash inflow:* R 4 648 153.78

Members in Good Standing gave rise to an inflow of R4 648 153.00 against a budget of R 4 900 000.00, representing 94% of budget.

### **| Suppliers |**

Invoices at supplier were generated primarily for two reasons:

- Listings within the SAOA coding structure
- Sponsorships

### **| Coding |**

In 2019, a total amount of R957 033.00 was invoiced for listing within the SAOA coding structure. Payments of R855 327.00 were received.

Of concern, an amount of R840 000.00 is still outstanding from previous years. It is to be noted that the following companies are no longer in existence which translates into an amount of R to be written off.

- Harmony
- Hins
- Lens Cape
- Maxvue
- Nanko

## **7. ACTIVITIES 2019**

From the perspective of the Finance Committee, the 2018/2019 financial year was particularly busy, characterised by the following:

- Reallocation of income and expenses to correct cost centres for the previous financial period
- Providing input and support to the auditing firm, to accommodate an audit that took 8 months
- Management of income and expenditure relating to the SAOA Conference 2019. This included:

- Invoicing of sponsors
- Invoicing of delegates
- Payments to service provider creditors
- Payments to speakers
- Management of finances for 2018/2019 financial year including debtors
- Preparation to ensure successful implementation of SAGE One software programme
- Review of all service provider contracts
- Review of Finance policies with particular reference to local and international travel

## **8. CONCLUDING COMMENTS**

A proposal has been received from the Senior Bookkeeper to increase the staff complement with another staff member dedicated to Finances (forwarded to EXCO). From the CEO perspective, this proposal cannot be entertained. However, it is proposed that a formalised analysis of the finance structure be conducted to facilitate objective decision-making regarding the way forward, following conclusion of the audit process.

## EDUCATION AND CLINICAL STANDARDS REPORT



**Dr Casandra Helen Seethal**

**Designation:** Chair of Education and Clinical Standards

### 1. BACKGROUND:

The SAOA Educational and Clinical Standards Committee is a technical body with members who serve based on their expertise and leadership in the education field that reports directly to the Board via the Committee Chairperson. The mandate of the committee while open ended is to:

- “Deliberate, advice and/or recommend to the Board on matters of professional competency and clinical standards in optometry and dispensing Opticianry.
- Align institutional curricula with the needs of the profession.
- Provide continuing professional development in all its forms including, (conferences, mini symposia, articles, etc) by defining the content.
- Engage with Academic Institutions and students.
- Evaluate, Monitor and Recommend on the Scope of Practice.

- Identify Clinical Standards and Protocols.
- Advise on no traditional procedures.
- Motivate for registrable qualifications including subspecialties.

## 2. COMPOSITION OF THE EDUCATION AND CLINICAL STANDARDS COMMITTEE: JAN 2018 – AUG 2018

**The Chairperson:** Dr Casandra H Seethal (Director SAOA; Chairperson EDCS; **SAOA Conference 2019:** Member Of Steering Committee; Chair of Papers Committee and Chair Education Programme; SAOA rep on HPCSA 4+1; Member of SAOA Coding Committee; Patrick Mawila (Past Chair of the Education and Clinical Standards Committee, Past Financial Director SAOA; Past President AFCA); Dr Raymond Mabaso (Private Practice; SAOA Ombudsman) Prof Tuwane Rasengane (HOD Dept of Optometry, UFS, WCO Chair of Education Committee Member), Prof Solane Mathibula (Dept Of Optometry, UL); Harry Rosen (CEO, SAOA; AFCA Secretariat), Nkosi Lucky (SAOA Marketing and Member Liaison Officer). Michelle Naidoo (SAOA: Operations Administrator)

## 3. CLINICAL STANDARDS

- Received the summaries within a SA context from Dr. Metsing ( Paediatric Vision and Eye Examinations in Feb 2019.
- Received summaries within a SA Context from Prof. Paul Ramkissoo (Adult Vision and Eye Health examination) in July 2019.
- Draft document by Patrick Mawila received South African Optometric Association Position Statement and Proposal On Regulation 102 Of The South African National Road Traffic Act 93 Of 1996.
- Request from SAOA Private Practice Committee to provide Guidelines or Protocols on:
  - Drivers Vision Test for Renewal of Licence
  - Driven Machinery
  - Pre Employment
  - Aviation
  - Skipper Licence
  - Glaucoma and Diabetic Retinopathy

These are to be reviewed by the EDCS then work with the Special Task Teams of Special Interest then with the Coding Committee

## 4. CONTINUING PROFESSIONAL DEVELOPMENT

### 4.1 SAOA 2019 NATIONAL CONFERENCE

The aim of the Programme for the 2019 SAOA Conference was to bring vision and eye health care professionals and stakeholders together to a stimulating educational event for purposes of maintaining, improving and broadening knowledge, skills and ethical attitudes, earning CPD points, gaining insight from colleagues who understand some of the challenges, networking and creating new friendships.

The 2019 SAOA Conference was a mandated priority for the Papers Committee which included Dr Casandra Seethal (Chair), Dr Raymond Mabaso, Prof Tuwani Rasengane and Prof Solane Mathebula, all of whom serve on the Education and Clinical Standards Committee of the SAOA. This was the first SAOA Conference that placed a call for abstracts to initiate a conference to meet the standards of an international conference.

#### PROCESS:

##### 4.1.1 DRAFT PROGRAMME:

**June 2019:** A draft programme for 2019 SAOA Conference was developed by the Education and Clinical Standards Committee to include a 3 day programme with 3 tracks running concurrently on each day. Two of these tracks were allocated to lectures, the third track to workshops with poster space availability. The draft was adopted by the Board.

##### 4.1.2 THE CALL FOR ABSTRACTS

**Nov 2018:** The call for abstracts were developed with criteria detailing requirements for lecture presentation, research paper presentation, workshops and poster presentation and the various track categories topic could be allocated to. This was accepted by the Board.

**End Feb 2019:** The first call for abstracts which included the speaker agreement was released by SB Media with continued calls.



#### 4.1.3 **ABSTRACTS:** **April to August 2019**

- **OFFICE:**

Abstracts were received by the Office of Nkosi and Ntombi. Excel Spread sheets were created by Ntombi to track incoming abstracts by speaker name, topic category type, presentation type and status regarding submission to the papers committee or a re-request for the abstract to meet the entrance requirements (e.g. max 300 words, title purpose method results and conclusion).

The response from presenters was initially very slow. Of the initial abstracts received, two potential speakers indicated some difficulty with filling in the abstract requirement online. The office had on several occasions the need to request abstracts to be resubmitted according to the entry criteria defined in the call for abstracts. Abstracts were then forwarded to the papers committee. Letters to speakers written by the Papers Committee Chair were sent officially by Ntombi and tracked for receipt of final abstracts or amended abstracts for re-review and acceptance. Telephonic meetings between the Office and the Programme Chair happened weekly and then daily on the status of the abstracts and speaker requirements for presentation.

- **PAPERS COMMITTEE:**

**March 2019:** Procedures for the office and the papers committee pertaining to abstracts to be received from potential presenters at the SAOA Conference 2019 were defined.

The Papers Committee members, individually with a keen eye read and reviewed abstracts received and where needed supporting articles around the abstract topic were referenced. The team then together, reviewed the abstracts by a process of discussion, debate and submitted a unified recommendation to ensure a publishable standard and quality presentation. When required feedback from an independent reviewer was recommended this was followed through.

Collaboration with the potential speakers took the form of a letter and or telephonic communication. Recommendations made were that of acceptance of the abstract, acceptance of the abstract with minor amendments or amendments required for the committee to re-review the abstract. For the latter 2 the committee had to review the resubmitted abstracts.

A total of 83 abstracts were vetted by the committee of which 3 potential speakers withdrew their abstract submission for the following reasons: 1. No time to make the recommended changes; 2. Presenter could not demonstrate equipment from various companies that she is not familiar with; 3. Could not meet the criteria for the abstract requirement.

There were no abstracts received nor allocated to a poster session.

- **FEEDBACK FROM A PRESENTER TO THE PAPERS COMMITTEE:**

“ Good day all. Thank you for reviewing the abstract, I do think it has value. Thank you for your input so far. Much appreciated. Attached Revised Abstract”.

2 Calls were received by the CEO expressing concern about why the need for the abstract and the detail as per criteria.

#### 4.1.4 **CHAIR OF THE PAPERS COMMITTEE:**

The Chair of The Papers Committee tracked the abstracts, speakers, categories, presentation type; developed separate spreadsheets for the various presentation types then categorised them into subject content; set the agenda for the papers committee meetings, which became as frequent as 5 days a week from 6 to 10.30pm, besides vetting the abstracts and concluding collectively with the committee, wrote 54 letter to speakers indicating recommendations of the committee, followed up with speakers for abstracts promised; communicated telephonically with speakers and potential speakers; international (US x2 , UK x 3; Singapore x 1) and local to assist with abstract requirements and their follow up, communicated daily with the office with Ntombi, Nkosi and Harry, assisted with equipment requirements for workshops, finalised the CPD allocation with Prof Solani, developed the Chair Persons Guideline forwarded to the CEO for Conference Chair Briefing and Developed the Conference Survey.

Minutes of recommendations were recorded by the Chairperson of all Papers Committee Meetings until the arrival of Michelle who meticulously recorded the recommendations, communicated with Speakers and assisted with all editorial changes where possible.

#### **4.1.5 DRAFT PROGRAMME:**

##### **22 July 2019: Released for comment**

The draft programme was built and based on many variables: date of abstracts received, abstracts reviewed and accepted with recommended changes, the various presentation types, the categories, hot topics, request for religious considerations, stakeholder updates and topics with a common thread. It was presented as a 3 day programme with 3 tracks running concurrently (2 tracks of lectures and the 3<sup>rd</sup> with workshops and lectures). Recommended changes were made to the programme almost on a daily basis in consultation with the CEO and the President regarding recommended reallocation of the myopia control sessions, the dispensing workshop, time allocations, allocation of the chair persons, topic amendments, time amendments... Feedback was provided weekly on the status of the programme to the conference steering committee which the Papers Committee and Programme Chair was a member of. Finalising the CPD allocation with Prof Solanl Mathebula. Confirmation of the Keynote Speaker from the National Department of Health took place a week and a Half before the conference. A request was made 2 weeks before the conference to include the PBODO chairperson into the opening session which was accommodated for 10 mins however the day before the conference the acceptance of such was withdrawn by the speaker (Refer to the Steering Committee report and that of The Presidents Report)

#### **4.1.6 FINAL PROGRAMME and ITS OUTCOME:**

The high powered and well packed programme facilitated 80 presentations in the 3 tracks across 3 days, in addition there were 2 presentations in the opening session (by the keynote and guest speakers) and 3 short presentations (from Presidents generating a total of 85 presentations). Refer to Table 1.

The programme allowed for a diversity of speakers (male and female, seasoned to the introduction of young researchers who made their debut presentation, from local, the region of Africa (Nigeria) and International (US=1; UK=3, Singapore=1). All 5 academic institutions in South Africa were represented as presenters. The profession of Dispensing Opticianry was represented by 9 dispensing opticians who participated as presenters (2 International and 6 local).

Ophthalmology shared the stage of the programme with 6 ophthalmologists (Private, public, SAGS, OSSA, WCO).

The range and allocation of topics were relevant and topical. The Programme of the SAOA Conference 2019 has allowed delegates to be stimulated by a range of relevant topics from the 4th Industrial Revolution, Artificial Intelligence, Ethics versus Medical Aid Regulations, Boundaries and Multidisciplinary team work, The National Health Insurance, Prescribed Minimum Benefits, Manage Health Care, Practice Management, Dispensing, Billing and Coding, Myopia Control, Alternates to the Search for 20/20 visual acuity, Contact Lenses, Binocular Vision, Sports Vision, Low Vision, Aviation Vision, Neuro-Ophthalmology, Ocular Pathology, Technology, Mobile Touch Screens, Vision and Driving, Current Research that is likely to redirect Clinical Practice and kindle the flame for local research in Low to Middle Income Countries and more.

**Table 1:** *Number of Lectures, Cases, Papers, Workshops, Panel Discussion Allocated to the Programme of The SAOA Conference 2019; Together Towards Tomorrow:*

<b>Presentation Type</b>	<b>DAY1</b>	<b>DAY 2</b>	<b>DAY 3</b>	
<b>Opening Session</b>	2 (Key note and Guest Speaker) + 3 (Short Presentations)			
<b>Lectures</b>	11	16	16	
<b>Ethics Lectures</b>	2	1	2	
<b>Papers</b>	2	8	4	
<b>Workshops</b>	4	5	7	

<b>Panel Discussion</b>	1	0	0	
<b>TOTAL</b>	21 + 5	30	29	80

**Table 2:** CPD Point Allocation at the SAOA Conference 2019, Together Towards Tomorrow.

DAY 1			DAY 2			DAY 3		
Track			Track			Track		
Opening Session = 2								
1	2	3	1	2	3	1	2	3
7	7	7	9	9	8	9	9	9

*A total of 27 CPD points was made possible by the programme (Table 2)*

#### 4.1.7 FEEDBACK:

The surveys were compiled by Michelle and feedback on the programme has been a resounding success. The overall rating from the survey of "4,5 indicates the overwhelming positive response to the total conference experience"

"Report on Optometry Conference 2019"

I was honoured to be invited to present at your conference on 17 august 2019 at the CSIR Conference centre in Pretoria.

My association with the profession dates back to 1979 when I developed the first Pharmacology for Optometry course for undergraduates. This was the forerunner of my involvement in the CAS programme with which I was closely associated since its inception. I also presented at the Vision 2000 conference where I argued for the use of pharmaceutical by optometrists after completion of the CAS programme.

May I congratulate you and your team on a successful conference held on the 16-17 August 2019. I was impressed by the overall conference with included specific issues pertaining to the practice of optometry and the educational aspects therein.

The organization of the conference was professional, orderly and structured. This is a compliment to the organisers who took meticulous care of the proceedings. The mixture of professional and academic topics ensured interest of both participants and the audience. Congratulations on achieving this mix. I trust that your future conference will build on this success.

I wish to conclude by reiterating my congratulations and wishing you well and every success in the future.

Kind regards

Viren Rambiritch (Professor)"

".. Thank you once again for the invitation. I would be glad to assist again in the future and well done on a fantastic programme" Phillip Phatudi (ophthalmologist)

"It was good to connect with Optoms again..It was very well organized" Hailey

"Thank you, I have learnt from you" Ntombi

#### 4.1.8 **POST EVENT EVALUATION AND RECOMMENDATIONS:**

While the successes have been recorded "post-event learning is essential to continuously improve event management and increase the likelihood of events being successful in the future."

A website dedicated to the conference and an experienced web designer to be confirmed early to allow for the early call for abstracts to be advertised, to attract a greater pool of potential speakers and delegates and to allow for professional marketing of the programme on the website.

Workshops/an article on how to write an abstract is to be placed on our website to limit time on amendments and re-reviewing and difficult task of sending out recommendations for amendment which may not be well received.

A dedicated office administrator to support future Papers Committee at its meetings for purposes of recording all recommendations and processing them to potential speakers with frequent follow ups.

All speakers Bios are to be made available in the show guide.

All abstracts and Speaker Bios area still to be placed on the conference website as these were all available at the time of the conference.

#### **4.1.9 ACKNOWLEDGEMENTS**

Hours, weeks and late nights and early mornings were invested by the effort of a great team The Papers Committee in particular. To the SAOA Office Staff; Ntombi, Nkosi, Noko and Michelle, The CEO and the President, The Steering Committee, and all others who provided assistance with ensuring that the programme was finalised, thank you all for your commitment, dedication, patience and attention to detail to collectively allow the final programme to be realized as a world class event: SAOA Conference 2019 Together Towards Tomorrow.

To Prof Solani Mathebula who closely monitored the topics and abstracts for the CPD Accreditation of the Programme.

To all our presenters thank you for contributing to the success of the programme.

To Dollars and Audience our Board Members who presented and all office bearers who chaired the programme session thank you for being a part of the programme team. Congratulations to every committee member of the Education and Clinical Standards Committee (Harry, Raymond, Solani, Patrick, Tuwani and the Chair) as you each presented at the conference. "The Education and Clinical Standards Committee led by example". Patrick Mawila

May the success of future events of the SAOA Conference and Education Programmes continue to grow.

#### **4.2 PROVINCIAL CPD EVENTS**

KZN: Glaucoma by Prof Paul Ramkisson

Gauteng: Ethics by Mr Harry Rosen

#### **4.3 CPD EVENT 2020: Back to the Basics vs National Conference 2020**

A decision was taken by the Board to adopt the proposal put forward by The KZN Regional Rep. In light of the success of the SAOA National Conference 2019, A re commendation from the EDCS was to host a National Conference



2020 with a strategic forum and if the proposed screening event is considered it needs to be well coordinated.

Feedback provided by Harry on the CPD stakeholder meeting for a combined National Conference. Other stakeholders were not in support of this for 2020 but a National Event e.g. Screening at a Venue.

#### **4.4 WCO**

##### **4.4.1 Scholarships notification received from WCO for:**

The World Council of Optometry circulated applications for scholarships towards a MSc in Primary Care Ophthalmology through the University of Edinburgh to the SAOA. This was circulated to HODS of Optometry Departments to share with academic staff, postgraduate or potential postgraduate students and requested to be placed as a newsflash.

**SA Applicant:** Ramonyai Masego G

##### **4.4.2 WCO Education Committees**

**AFCO Education Committee:** Congratulations to Prof Solani: EDCS member SAOA rep.

**WCO Education Committee:** Congratulations to Prof Tuwani Rasengane SAOA and AFCO who nominated Prof Rasengane for the position of Chair of this Committee who takes on this new role: Feedback from Prof Rasengane who served on this committee as member: WCO Education Committee

- a. A new way of describing the scope is to be considered
- b. A move away from the different levels are to be considered
- c. Different curriculum of different countries are to be looked at

**WCO3 and American Academy Conference:** Mr Patrick Mawila IPP of AFCO attended on behalf of SAOA

**WCO CPD Courses:** The WCO Education portal offers 308 courses which are accredited by COPE, To inform our Membership

**WCO4:** To be held in Australia

#### **4.5 SECO**

SAOA is a member of SECO (South Eastern College of Optometry). Regarding the Annual SECO Conference 3 invitations are sent to the SAOA to attend the SECO Conference with 1 VIP invitation (accommodation and Registration

Fees) and 2 with registration fees paid. This year no representative was sent by SAOA (Board Decision). As per office no university responded to the invitation with free registration.

Collaboration with SECO ( Elizabeth Taylor) Contact was made with SECO To provide a speaker for our National Conference and Dr. Keisher Elder was Identified however due to the delays in communication she was not able to attend.

#### **SECO CPD:**

At the time of communication on the speaker SECO University offered to provide the SAOA with complimentary access for our membership to their year-round online education portal. The only requirement for complimentary access is membership to our association, and that the SAOA member reside in South Africa. An alternative is a joint revenue share program in which the SAOA would receive 50% of any revenue derived from its members. A link was created for the Chair of EDCS to have access the system – to be followed up on. SECO have offered to create a landing page just for SAOA members. This is to be followed up with the EDCS and the Office regarding the logistics.

#### **4.6 Articles for Special Days for the Profession and the Public: World Health Day, Glaucoma and Myopia Control Week Articles/Information**

EDSC requested an article on **World Health Day , Glaucoma** and a Video for **Myopia Control** week from Prof Paul Ramkisson. The following Information was sourced for myopia control week by the Portfolio Chair and sent to the Marketing Committee: The international Myopia Institute (IMI) has a website <https://www.myopiainstitute.org/imi-white-papers.html> and the office can create a link for membership to access a host of current peer reviewed papers by experts in the field. Papers on myopia: Myopia Control Reports, Defining and classifying myopia, Experimental models of emmetropisation and myopia, Myopia Genetics. Sessions on Myopia included: Interventions for Myopia Onset and Progression, Clinical Myopia Control Trials and Instrumentation Report, Industry Guidelines and Ethical Considerations for Myopia Control, Clinical Management Myopia Guidelines Report. Further a request was made to Brien Vision Holden to offer the Myopia Control online Lectures to SA and the Region of Africa. No follow up as no feedback has been received as BVHI are going through some changes.

To identify the topics allocate to authors.

#### **4.7 Website**

To accommodate articles and Educational Information.

#### **5. The Academic Forum:**

The Academic Forum was to be scheduled with the PBODO dates.

To follow up with the Universities for their Curriculum on the Adult and Peaditric Vision And Eye Health Examinations.

To source feedback on how we could assist students and staff.

Encouraging to have University Faculty from all 5 Departments (UKZN, UL FS, UL and CPUT) present a paper/participate at the National Conference 2019 inlcuding postgraduate students and student delegates attend and provide support in a workshop session (UJ)

SAOA sponsored R10000 to UL students who had to exntend their undergraduate programme by 6 months.

#### **6. Research and Ethics Committee.**

A process has been instituted by the office to resurrect the Research and Ethics Committee. Office to provide feedback as to where we are.

#### **7. DOCTOR TITLE**

Initially, a proposal was put forward to phase in the doctor title, once the therapeutics issues had been resolved. This proposal has been revised as the doctor title does not need the permission for implementation. The profession can decide via the PBODO and the NDOH. SAOA is to drive the process in collaboration with Paul Ramkissoon. A draft letter has been circulated to the Committee members in this regard. To reconsider in light of the request of profession, what is current ( B. OPTOM, those who have completed the therapeutics Course) and the HPCSA Plan for the Therapeutics into the Programme as a 4+1, 5 year or alternate.

#### **8. HWSETA**

It was noted that a learnership has been registered with SAQA for lab technicians. The Committee was advised that the learnership took the form of a collaboration agreement between the HWSETA and MERSETA (Manufacturing SETA). The Committee was of the view that the SAOA needs to facilitate the provision of the training and engage with the SETAS to facilitate a way forward. Office to follow up on the process.

## **9. OCULARISTS**

The intention of the Ocularists to introduce a 5-year curriculum was noted. The Ocularists Society serves as the Professional Body. Concern was expressed regarding the practicalities and the curriculum. Await curriculum.

## **10. 4 +1 CURRICULUM**

A letter was circulated to all academic institutions as well as the Department of Health regarding the proposed 4 +1 curriculum from PBODO. Official feedback is still awaited.

The EDCS expressed concerns regarding the 600 hours, qualified supervisors for the new programme and the concurrent running of the Masters with a clinical programme.

A meeting of the 4 + 1 task team resumed in Oct 2019. Unfortunately communication on the workings of the task team cannot be shared unless it is officially released by the PBODO (HPCSA).

## **11. THERAPEUTICS**

The National Department of Health has orchestrated a meeting with all key stakeholders to address challenges relating to the implementation of the course with particular reference to the clinical training of students. The SAOA was represented by Audience Maluleke. Official feedback is still awaited.

## **12. COST STUDY**

The importance of such a study, but to be driven by the SAOA was highlighted.

## **13. PRODUCT ENDORSMENT**

### **Spectrum**

Spectrum had requested some form of endorsement for their equipment from the SAOA as to the value within a clinical setting. The Committee was of

the view that product endorsement is not the function of the SAOA. Spectrum needs to assume responsibility for their own marketing. Product endorsement is characterised by a number of complexities and challenges.

**PlusOptix:**

Trained agents are using the product in preschools for vision screening. EDCS to provide opinion. Concern raised by private optometrists

**14. RESEARCH PROJECTS**

A list of research topics from the University of Limpopo was received and is to be posted on the website. Other Universities are encouraged to submit their completed research topics.

**15. PMB'S (PRESCRIBED MINIMUM BENEFIT)**

Update to be provided by Harry after confusion around this at the last meeting.

**16. RVUS: RELATIVE VALUE UNIT**

EDCS represented on the committee: Harry Provided feedback on Coding Committee.

RVUs and coding are relevant to the AOA guidelines and summaries: The Comprehensive vision and Eye examination for the Adult and Paediatric Vision Examinations. A milestone plan is to be forward to the EDCS committee by the Office.

Thank you to the EDCS Committee members for the invaluable expertise and time in strengthening the Education of the Profession of Optometry.

**Chair of the Education and Clinical Standards Committee:**

**Dr Casandra Helen Seethal**

***"Education is the kindling of a flame, not the filling of a vessel." - Socrates***

## MARKETING AND MEMBERSHIP PORTFOLIO



**Leané Cilliers** (Sept - Dec 2019)

**Designation:** Director for Marketing and Membership

### **Marketing and Membership Portfolio**

#### **2019 Annual Report**

Name: Leané Cilliers

Director for Marketing and Membership Portfolio

Period: October 2018 to September 2019

### **INTRODUCTION**

The Membership/Marketing portfolio is one that permeates all other portfolios. For this reason, the Portfolio Director attends all portfolio planning sessions.

The portfolio, in general, encompasses responsibility for all communication, internal and external, the image and reputation of the SAOA, membership engagement the management of relationships and publicity, where required

This report provides an overview of the portfolio activities and achievements for the 2018/2019 financial period.

### **COMMITTEE TERMS OF REFERENCE**

#### **MEMBERSHIP**

- To establish annual membership growth and retention strategy
- To ensure high standard membership database

- To determine membership related materials for practice use
- To present a membership report to the board on a monthly basis

## **MARKETING**

- To develop an annual marketing plan with the proposed budgets
- To determine effective communication strategies – both internally and externally
- To ensure comprehensive public relations and publicity plan
- To ensure the implementation of the marketing strategy
- To be responsible for the SAOA's corporate identity and branding

## **COMMITTEE COMPOSITION**

- Leané Cilliers (Director)
- Sandy Govender ( Director Committee member)
- Harry Rosen (CEO)
- Noko (Membership Liaison Manager)
- Nkosi (Marketing Admin)

The search is ongoing to increase the committee members to a minimum of 5 committee members from outside the office structure.

## **GOALS 2019**

### **MEMBERSHIP:**

Goal for 2020: We aim to have 70% of practicing optometrists and dispensing opticians as members of the SAOA.

### **MARKETING:**

According to the 2020 Strategic plan the SAOA aim for the following:

- Effective communication through various platforms

- Education to the public (Eye Care Awareness)
- Educating optometrists and dispensing opticians on information relating to general regulations pertaining to optometry
- Transfer of knowledge to optometrists, dispensing opticians and to the public
- Target group to include all optometrists and dispensing opticians and focused to be placed on the Public Sector optometrists and Dispensing Opticians
- Use of Technology to embrace the 4<sup>th</sup> Industrial Revolution

## **CHALLENGES**

To increase the effectiveness and the number of projects the membership and marketing committee can do, the committee membership needs to grow to include an additional 3 optometrists or dispensing opticians from different regions in South Africa.

## **MEMBERSHIP**

Currently 2 regions in SA do not have Regional Representations. Regional Reps need to be instituted for the North West and Northern Cape Provinces

The membership growth is slow and to reach the 70% membership goal for 2020 the SAOA needs to implement an active recruitment plan.

The office structure has been relooked at and the following changes can impact positively on effective membership retention and growth.

1. The Membership Liaison Manager's duties will be focused on membership to aim to increase membership numbers.
2. With the changeover of the financial software to SAGE, finance department will be able to produce more the accurate information for Monthly reports. The accurate membership statistics will be a good guidance on targeting members and non-members on a monthly basis.
3. This also impact on a more accurate database and "find an optom" search engine.



Although the membership numbers have been growing slowly the SAOA still have seen some resignations. The membership benefits need to be communicated to members and grown to include practical benefits to include extra value to membership.

## **MARKETING**

Through the 2019 year the challenges to the marketing committee can be classified under design, structure and technology. With plans put in place these aspects have been addressed and will be improved on for the following year.

Website: The SAOA website is a challenge due to the costs and impracticality of making changes on a daily basis through E2 the website hosts. This has caused the website to be outdated with information and images being changed infrequently.

Database: The database forms part of the website and with the changeover to SAGE, the database information can be corrected

Creative Design agency: The SAOA has appointed a creative design agency during September 2019 to assist with the design and implementation of marketing material. Without a creative designer the communications to optometrists and the public did not form part of a marketing strategy. Different aspect of communication will be reassessed to improve communications and to launce effective marketing plans. The restructure of the office staff will further assist with this task. The SAOA need to use all platforms (Facebook, Instagram, emailers, WhatsApp groups, media releases) to increase the reach of communications to optometrists and the public.

Other areas that seems to be a challenge during the year was implementation of the Communication Tree. The purpose of the communication tree is to institute an intensive personal communication contact programme with members and non-members.

Patron Zak Yacoob: to better spread the message of Eye Health that patron Zak wants to share and increase of marketing of his message needs to be investigated on how we can reach the public.

Office training on effective communication and marketing is ongoing to improve the contact experience members and non-members, the public and stakeholders have with the SAOA.

## **ACHIEVEMENTS**

## **MEMBERSHIP:**

### **Statistics:**

New Members: 113

Resignations: 9

### **Image rating:**

A dipstick survey conducted at membership level during the course of the year gave rise to an overall satisfaction rating of 3, 6 (see legend below), indicating that satisfaction levels are satisfactory (more than adequate) but in need of further improvement. The objective for 2018/2019 was 4.

(Survey Legend: 1 = extremely poor, 2 = Poor, 3 = Satisfactory, 4 = Very Good, 5 = Excellent)

**Regional Representative** Communications has improved over all regions in SA with the use of WhatsApp groups to share important information. The visibility of the SAOA increased in the regions and assistance offered by the regional reps helps to build relationships between members and regional reps.

## **MARKETING**

**Conference 2019:** The marketing committee was actively involved in the SAOA Academic Conference 2019 marketing strategy as of February 2019. This was done with the assistance of a creative design artists that was appointed specifically for the Conference 2019. Weekly advertisements started slow and was emphasised closer to the conference with weekly and later 2 weekly adverts. Conference advertisements were distributed via emailers, SB media, Eye site, Facebook, Instagram and Whatsup groups. A dedicated Conference website was Launched in June 2019 ([www.saoaconference.co.za](http://www.saoaconference.co.za)) and links within the adverts took participants to the conference website for information. Other marketing tools used to promote the conferences consisted of: Website banners, Facebook banners and specialised email signatures.

**Marketing materials:** Patient education pamphlets were launched at the conference. The purpose of the pamphlets is a hand-out optometric practices can

use to inform patients regarding certain eye conditions and facts. The first 5 pamphlets designed had the following topics: Vision conditions, Dry eyes, A driver's guide to vision, Digital devices and Spectacle care. The information used is obtained from the American Optometric Association with their consent and includes the branding of the SAOA. Additional pamphlets to be created and advertised to members and non-members.

The **SAOA brand** was successfully promoted to the industry during the year with different Eye Care observances. Please read more under activities.

## **ACTIVITIES 2019**

### **MEMBERSHIP**

Regional Representatives stay in close contact with members with the use of Whatsup groups. This enabled the regional reps to build relationships with optometrists and dispensing opticians through providing relevant information from time to time during the year.

Surveys: 3 surveys were conducted through the year:

1. Myopia awareness Week

This survey was done on facebook. The reach was to 645 followers and 46 followers engaged.

OUTCOME: The overall result, in terms of myopia awareness, was '3' indicating adequate awareness but awareness needs to be significantly increased.

2. SAOA service level rating (August 2019)

OUTCOME: As per above, satisfaction rating of 3, 6 indicating satisfaction levels are acceptable but in need of improvement to reach perception levels of excellent.

This rating pertains to both values received from the SAOA as well as efficiency and effectiveness of the SAOA staff.

### 3. SAOA 2020 events

The overall result of the survey conducted amongst Conference 2019 delegates of 4,5 indicates that the SAOA had produced the appropriate formula to ensure, in general, happy delegates and happy sponsors ( considering that a rating 4,6 is out of a ceiling rating of 5 )

## MARKETING

The following clinical days were marketed to the Optometry industry using a variety of platforms for distribution: Emailers, Facebook, Instagram and WhatsApp. During the different Eye Care Observances dates the artwork advertising the specific day was used as a Facebook and a website header.

### Glaucoma Week (10-16 March 2019):

A glaucoma pamphlet was designed and distributed during Glaucoma Week. 2 different pamphlets with different information was created with the aim to reach the public and the optometry profession.

2 regional meetings happened during this time: KZN Glaucoma week CPD event (17/03/2019) and EC Optometry Get Together (26/02/2019)

### World Optometry Day (23 March 2019)

2 different pamphlets were designed and distributed. 1 aimed with information to the public and the second was send to the optometry profession to use to promote their practices.

### World Optometry Week (26-30 March 2019)

Interviews with different persons in the optometry professions was shared with the wider optometry profession every day during World Optometry Week. The interviews were with Dr Ingrid Metsing, Haseena Majid, Sydney Saks, Yacob Goga and Rajeshree Budhoo.

### World Health Day (7 April 2019)

Prof Paul Ramkissoo assisted with information that was shared with the optometry profession during World Health Day.

Let's not meet by accident campaign (Easter 2019 and during Eye Care Awareness Month 2019)

The Board resolved to extend the LNMBA campaign, introduced in 2018, into 2019.

The campaign was thus intensified in 2019 with the involvement of optometrist in collaboration with both the national and provincial departments of Transport and municipalities.

Pamphlets were issued to educate motorists on the importance of having regular eye exams. Provinces that were involved with LNMBA were the Western Cape, Eastern Cape, Limpopo, Mpumalanga, Kwazulu Natal and Gauteng.

Myopia Week (14-18 May 2019)

The SAOA was assisted by the BHVI by using the Myopia Control guidelines of the BHVI as communications to the optometry profession during Myopia week. Dr Paul Ramkissoo created 2 videos, one on Myopia control and the second on orthokeratology that was shared with members and added to our website database. Further links to the IMI website was share, with the aim to educate members on various white papers on myopia control.

The myopia survey was launched on the SAOA Facebook page.

Mandela Day (18 July 2019)

Regional reps promoted the Mandela Day campaign in different provinces. Optometrists were requested to contact schools to arrange educational talks to parents and teachers. The aim was to target parents and teachers and educate them on the importance of eye health for children by showing them the 10 min Eye Care Video with Patron Zak Yacoob and optometrists Johanette and Ntombi on Eye Health.

The video was loaded on the SAOA website

SAOA Conference 2019 (16-18 August 2019): An intensive campaign was launched with the assistance of a creative designer – Conference Website, professional mailers (via SAOA member base and SB media and Eyesite), posters, Email signatures, Website banners, Facebook engagements, Instagram posts, new banner designs including the benefits of being a SAOA member, SAOA membership benefit video, sms's, professional show guide, holding presentation at the CSIR venue in between speaker lectures

Post Conference communications took the form of:

- Thank you to the Sponsors
- Congratulations to the awards participants
- CPD point notification

Retina Week (23 - 29 September 2019)

The SAOA promoted Retina SA's Vision First – Patients First Workshop. The Workshop was live in Johannesburg and via webinar in certain sites in the country

Eye Care Awareness Month with World Sight Day (10/10/2019) – 22 September to 18 October 2019

Various artistic artwork was created with the assistance of a creative designer and distributed during the extend of ECAM. The aim of these adverts was to create awareness toward the public on the importance of Eye Care. The regions had active involvement and regional reps promoted different campaigns to the optometrists in the areas to become involved in a screening project, CPD events and educational roadblocks during ECAM. Radio coverage was reach in many regions with interviews on Eye Health.

Informative correspondence was distributed to the optometry profession during the year:

- SAOA new board introduction
- Earlybird SAOA fees
- Advertising/touting/canvassing by Third parties

- Update: Advertising/touting/canvassing by Third parties regarding insurance policy
- HPCSA fees reminder
- Mandates Risks and Considerations
- SAOA First quarter update
- Optoms with Therapeutics (not an image)
- HMI Seminars (not an image)
- SAOA complaint instituted against Schemes
- Section 59 Investigation -SAOA Submission
- Medical Schemes consolidation and Low-cost benefit option
- HPCSA Inspectorate
- Health Classification unit - follow up Questionnaire re ICD-10 coding
- Various religious holidays

## CONCLUDING COMMENTS

Marketing is the communication tool the SAOA to connect between members, non-members, the public, and the wider eye care industry. This needs to be in accordance with a strong effective strategic plan to include specific outcomes linked to predetermined aims.

In 2020 an emphasis is to be placed on marketing to the general public to increase the awareness of the importance on eye health. Promoting Eye Health as part of primary health care and to mobilise the public to make optometry a priority for the family will benefit the optometric professions by encouraging visitations to optometry practices.

**“Either write something worth reading or do something worth writing.” ~ Benjamin Franklin**

# WORLD GLAUCOMA WEEK

10-16 MARCH 2019



## What is Glaucoma?

Glaucoma is a condition that causes damage to your eye's optic nerve and worsens over time. It's often linked to a build up of pressure inside your eye. Most people with glaucoma have no early symptoms or pain.

**Who has a higher risk of Glaucoma?**  
 African's  
 Diabetics  
 Family History

**Can Glaucoma be cured?**  
 No, glaucoma cannot be cured but it can be controlled with treatment.

**How can Glaucoma be detected?**  
 A comprehensive eye examination by an optometrist can detect if you have glaucoma

## Did you know?

- Glaucoma is the 2nd leading cause of blindness globally
- Prevalance of Open Angle Glaucoma is the highest in Africa at 4.2%
- Estimated 111.8 mil people will have glaucoma in 2040

Scan me





**saoa**  
 South African Optometric Association  
*Optim. Evaluation of the Profession*  
 Contact: Lucky Nkosi  
 Membership Liaison Manager  
 Tel: 011 - 805 4517  
 info@saoa.co.za

Abstracts from American Academy of Ophthalmology and  
 ICO (International Council of Ophthalmology)



# WORLD GLAUCOMA WEEK



10-16 MARCH 2019

Glaucoma should be ruled out as part of every regular eye examination, since complaints of vision loss may not be present.

Differentiating open from closed angle glaucoma is essential from a therapeutic standpoint, because each form of disease has unique management considerations and interventions. Once the correct diagnosis of open or closed angle glaucoma has been made, the appropriate steps can be taken through medications, laser and neurosurgery. This approach can prevent severe vision loss and disability from sight threatening glaucoma.

## Did you know?

- Glaucoma is the 2nd leading cause of blindness globally
- Prevalence of Open angle glaucoma is the highest in Africa at 4.2%
- Estimated 111.8 mil people will have glaucoma in 2040



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Abstract from American Academy of Ophthalmology and  
ICO (International Council of Ophthalmology)

# WORLD OPTOMETRY DAY MARCH 23



Optometry is an autonomous and regulated healthcare profession. Optometrists are the primary providers of vision care, which includes refraction and dispensing, detection/diagnosis and management of diseases in the eye, and the rehabilitation of conditions of the visual system. ([www.hpcs.co.za](http://www.hpcs.co.za))

*"Professional is not a label you give yourself,  
It's a description you hope others will apply to you."*  
David Maister



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# WORLD OPTOMETRY DAY MARCH 23



## Did you Know?

Optometrists in SA are practising at various levels and are capable of providing services from spectacles to comprehensive primary eye care.

Eye exams do not only check for blurry vision. It is an essential part of your health care.

Don't wait until you have a vision problem - prevent them!

Various eye conditions can cause vision loss and even blindness. These can be detected by a routine visual examination.

Regular eye exams are important for your whole family

Vision is more than seeing 20/20

## WORLD OPTOMETRY WEEK 26-30 MARCH 2019

Scan me



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**LET'S NOT MEET BY ACCIDENT**



**HAVE YOUR EYES TESTED**

## **Good eye sight is important for driving!**

**Do you have trouble seeing road signs or seeing clearly at night?**

- ?** Your optometrist can prescribe specialised lenses to improve your vision.

**Does bright sunlight or glare from the headlights of oncoming vehicles have a temporary blinding effect?**

- ?** Your optometrist can prescribe spectacles or sunglass lenses with specific tints and coatings to improve vision and comfort in those conditions.

**Do you have diabetes or cataracts which affect your vision?**

- ?** Early diagnosis and treatment of these conditions could preserve your vision.

**Your eyesight is important for driving because it allows you to judge potential hazards on the road thereby ensuring you keep yourself and other road users safe.**

**The South African Optometric Association recommends regular eye examinations for safe driving**

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www.saoa.co.za



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*Your Contribution of the Profession*

THE 2019 SAOA  
CONFERENCE



SAVE THE DATE

CPD EVENT

16, 17, 18 AUGUST 2019

CSIR CONVENTION CENTRE, TSHWANE

COST: \$285

FOR ENQUIRIES PLEASE CONTACT US  
ON 011 805 4517 OR [NOKO@SAOA.CO.ZA](mailto:NOKO@SAOA.CO.ZA)



TOGETHER  
TOWARDS  
TOMORROW





*Your Custodian of the Profession*

Contact: Lucky Nkosi  
Membership Liaison Officer  
nkosi@saoa.co.za (011) 805 4517



**saoa**

South African Optometric Association

#### **WHAT IS WORLD HEALTH DAY?**

World Health Day (WHD) is held on 7 April every year firstly, to commemorate the founding of the World Health Organisation (WHO), and secondly, to focus worldwide attention on a subject of major importance to global health. This annual event has been celebrated for years and has been successful in promoting public awareness towards the major health issues and concerns raised. Every year, a particular theme is highlighted to run the celebration and sustained for the whole year.

#### **WHY IS WORLD HEALTH DAY IMPORTANT?**

Universal health coverage is WHO's number one goal. Key to achieving it is ensuring that every human can obtain the care they need, when they need it, right in the heart of the community. Progress is being made in countries in all regions of the world, however, millions of people still have limited access to health care.

#### **WHAT IS THE THEME FOR WORLD HEALTH DAY IN 2019?**

The Theme for World Health Day 7 April 2019 is **UNIVERSAL HEALTH: EVERYONE, EVERYWHERE.**

#### **HOW IS WORLD HEALTH DAY CELEBRATED?**

WHD draws the attention of people towards a major health issue in the world by celebrating health. World leaders, important stakeholders and role players are reminded that everyone should be able to access the health care they need, when and where they need it. Also, advocacy events are held around the world focusing on equity, solidarity and addressing gaps in services.

#### **WHY UNIVERSAL HEALTH COVERAGE AND PRIMARY HEALTH CARE?**

Universal Health means that all people have access, without any kind of discrimination, to comprehensive quality services, without facing financial difficulties. Health is a human right; everyone should have the information and services they need to take care of their own health and the health of their families. Primary health care should be the first level of contact with the health system, where individuals, families and communities receive most of their health care—from promotion and prevention to treatment, rehabilitation and palliative care—as close as possible to where they live and work. Individuals and communities need to be empowered to take care of their own health.

At its heart, primary health care is about caring for people and helping them improve their health or maintain their well-being, rather than just treating a single disease or condition. A health system with strong primary health care delivers better health outcomes, is cost-efficient and improves quality of care. To make quality health care for all a reality, governments need to invest in quality, accessible primary health care. Health workers need to care and advocate for patients and educate them on how to get and stay healthy.

#### **THE ROLE OF THE OPTOMETRIST ON WORLD HEALTH DAY**

The South African Optometric Association (SAOA) is proud to be associated with World Health Day 2019. The public are urged to visit their nearest optometrist to have a comprehensive vision and eye examination. In addition to uncovering problems with vision and eye health, a thorough vision and eye health examination can also lead to a diagnosis of related systemic diseases. As primary care providers representing an entry point into the healthcare system, optometrists are responsible for more than the visual needs of their patients. Many common diseases such as diabetes and hypertension cause vision loss and optometrists are dedicated to the early diagnosis and timely treatment to prevent related blindness. A collaborative, interprofessional approach not only improves outcome and adherence, but keeps patients healthy and enhances the patient's quality of life.

Example of the patient information pamphlet:

# VISION CONDITIONS FACT SHEET

## HYPEROPIA (Farsightedness)

### What is farsightedness?

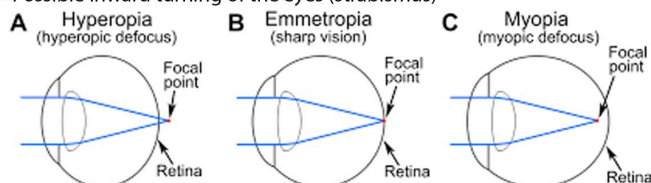
Farsightedness is a vision condition in which distant objects are usually seen clearly, but close objects do not come into proper focus.

### Why does farsightedness occur?

Farsightedness occurs if the eye is physically too short or the cornea (the clear front cover of the eye) has too little curvature. As a result, light entering the eye is not focused correctly and near objects appear blurred.

### What are signs/symptoms of farsightedness?

- Difficulty in concentration and maintaining clear focus on objects.
- Eyestrain
- Headaches after close work
- Aching or burning eyes
- Eye irritability after long periods of reading or other near activities.
- Larger amounts of farsightedness, which cannot be overcome by the eyes focusing mechanism, may also cause distance vision to be blurred.
- Possible inward turning of the eyes (strabismus)



## MYOPIA (Nearsightedness)

### What is nearsightedness?

Nearsightedness is a vision condition in which near objects are usually seen clearly, but distance objects do not come into proper focus.

### Why does nearsightedness occur?

Nearsightedness occurs if the eye is physically too long or if the cornea (the clear front cover of the eye) has too much curvature. As a result, light entering the eye is not focused correctly and distant objects appear blurred.

### How common is nearsightedness?

Nearsightedness is a very common vision condition affecting nearly 30 percent of the US population. Generally, nearsightedness first occurs in school-age children. This is because the eye continues to grow during childhood. Nearsightedness typically progresses until about age 20. However nearsightedness may also develop in adults due to visual stress or health conditions such as diabetes. Some research supports the theory that nearsightedness is hereditary. There is growing evidence that it is influenced by excess visual stress of too much close vision work.

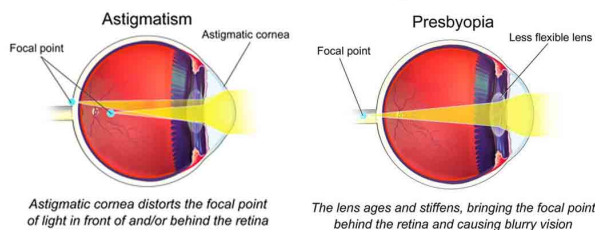


## ASTIGMATISM

### What is astigmatism?

Astigmatism is a vision condition that causes blurred vision due either to the irregular shape of the cornea or the curvature of the lens inside the eye. An irregular shaped cornea or lens prevents light from focusing properly on the retina, the light-sensitive surface at the back of the eye. As a result, vision can be blurred at any distance. Many people may notice a shadow around letters or even slight double vision around letters or words.

Astigmatism frequently occurs with other vision conditions such as myopia, and hyperopia. Together these vision conditions are referred to as refractive errors because they affect how the eye bends or "refracts" light.



## PRESBYOPIA

### What is presbyopia?

Presbyopia is a normal vision condition in which the crystalline lens of the eye loses its flexibility. This results in progressive difficulty in focussing on close objects.

### What causes presbyopia?

The focus lens inside the eye (crystalline lens) will start to change with normal aging and this is unavoidable. This change causes the lens to harden and lose some of its elasticity and therefore some focusing ability.

### At what age does presbyopia occur?

It varies from person to person. Although presbyopia may seem to develop suddenly, the actual decline takes place over the course of many years. Presbyopia usually becomes apparent to people in their early to mid-forties.

### What are signs/symptoms of presbyopia?

- The tendency to move reading material away from you to make it clearer.
- Holding reading material at arms length
- Blurred vision at normal reading distance
- Eye fatigue with headaches when attempting to do close work

### Options available to treat various vision conditions

- Spectacles
- Contact lenses
- Orthokeratology
- Refractive surgery procedures

# VISION CONDITIONS FACT SHEET

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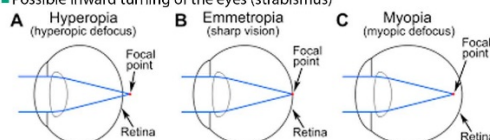
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www.aoa.org

www.saoa.co.za



## PUBLIC HEALTH REPORT



Emmah Mahlangu

### 1. INTRODUCTIONS

The Public Health Committee of the SAOA was formed to facilitate the delivery of accessible, affordable, and high standard eye care services to primarily, economically challenged communities and individuals. In this regard, eye care awareness, in general, is considered an important responsibility, in particular the committee is dedicated to addressing the needs and interests of optometrists and dispensing opticians employed in the public sector.

The Public Health committee is a subcommittee of the SAOA board. It encompasses aspects pertaining to public health, public sector optometry, the NHI, low cost benefit structures and commemorative events such as Eye Care Awareness Month, World Glaucoma Day, World Sight Day, amongst others.

### 2. Terms of Reference

The responsibilities of the Committee, at this time, are summarized as follows:

- To inform the board and members of the profession of matters relating to public health.
- To establish and maintain relationship with government, the public sector and key stakeholders.

- The responsibility to report to the board timeously on the key happenings in the eye health, such as World Sight Day and World Glaucoma Day as well as legislative matters such as the NHI.
- To set up ad hoc committees as and when required such as the NHI portfolio committee.
- To establish partnerships, alliances and joint ventures with key role-players where deemed appropriate.

## 2.1. Committee Compositions

The committee members are as follows:

- **Chairperson:** Emmah Mahlangu
- **CO Chairperson:** Dollars Boloka
- Harry Rosen
- Ms Haseena Majid
- Faiza Allibhai
- Leane Cilliers
- Rajeshree Budhoo
- Lucky Nkosi

## 2.2. 2019 GOALS

- To educate the public the importance of eye health and regular Eye Examination.
- To facilitate the delivery of accessible, affordable and high standard eye care services.
- Public Health Forum-As a committee we have created the public health forum that will include national department of health NGO's, towards a common goal in educating the public and delivery of accessible, affordable and high standard eye care services as we all have the common calendar of events.

## YEAR CALENDAR PLAN

<b>January</b>	<b>GLAUCOMA AWARENESS MONTH - January 1-31</b> More than 2.8 million population age 40 and older have glaucoma. Nearly half do not know they have the disease as
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	it causes no early symptoms. Prevent Blindness will provide insightful information about this “Sneak Thief of Sight”.
<b>April</b>	<b>LET’S NOT MEET BY ACCIDENT EASTER CAMPAIGN - 1-28 APRIL</b>
<b>May</b>	<b>MYOPIA AWARENESS WEEK - 14-21 MAY</b>
<b>July</b>	<b>International MANDELA DAY - 18 JULY</b>
<b>September</b>	<b>EYE CARE AWARENESS MONTHS RETINA WEEK</b> Sports Eye Safety Month There are thousands of eye injuries a year related to sports and hazards around the house. Tips on how to protect yourself and your children from such eye injuries will be discussed.
<b>October</b>	<b>WORLD SIGHT DAY</b> What is our Aim for celebrating World Sight Day? Our aim is to increase eye care awareness amongst the public by: <ul style="list-style-type: none"> <li>• Pledging to take an eye examination.</li> <li>• Encourage our family members and colleagues to have their eyes examined.</li> <li>• School going children, young and older persons.</li> <li>• Draw attention to range of issues surrounding blindness and visual impairment.</li> <li>• The above is informed of the fact that in ageing world population myopia and diabetic retinopathy are set to increase vision impairment in the next decades. An eye examination can be able to detect these visual problems like cataract, refractive errors, glaucoma, diabetes, AMD and ROP to avoid blindness.</li> <li>• This World Sight Day we are seeking for solutions to ensure that everyone everywhere has access to sight.</li> <li>• Our Pledge is to make VISION FIRST in our communities.</li> <li>• Provincial Activities Regional Representatives to coordinate.</li> </ul> <b>TRANSPORT MONTH – LET’S NOT MEET BY ACCIDENT</b>

	1-31 OCTOBER
<b>November</b>	<b>DIABETIC EYE DISEASE MONTH</b> Can people with diabetes prevent the onset of diabetic eye disease? During this observance, SAOA will offer information to help millions of South Africans age 40 and older who suffer from diabetic eye disease.  <b>WORD DAIBETIC DAY 14 NOVEMBER</b>
<b>December</b>	<b>LET'S NOT MEET BY ACCIDENT CAMPAIGN</b>

### 3. ACHIVEMENTS:

**WORLD GLAUCOMA WEEK** - Public was educated about glaucoma via our social media page and the profession was reminded to do the same. An article and video by Prof. Paul Ramkission were also made available to further educate about myopia.

**LNMBBA** - LNMBBA in different towns was more intense this current year with the involvement of optometrist, national and provincial department of transport and municipalities. Pamphlets were issued to educate motorists on the importance of having regular eye exam. Provinces that were involved with LNMBBA where Western Cape, Eastern Cape, Limpompo, Mpumalanga, Kwa-zulu Natal and Gauteng.

- **Eastern Cape LNMBBA** - The educational campaign was conducted at the Port Elizabeth License testing station. Applicants were issued with pamphlets on the importance of driver vision safety and the importance of having their eyes tested.
- **Gauteng LNMBBA** - SAOA and JMPD participated at a Ransburg Taxi Rank on the eve of the Easter weekend. This was a road safety campaign targeted at Taxi Associations, Taxi drivers and commuters. Bumpers stickers, JMPD educational materials and pink tickets were distributed. The collaboration

with JMPD in a Soweto LNMBA campaign continued in Soweto Pimville Chris Hani road. An educational road was conducted and bumper stickers, pink tickets issued to motorists.

- **Limpopo LNMBA** - SAOA Limpopo regional Reps in collaboration with the Giyani Traffic Department conducted an educational roadblock. The emphasis on driver vision safety to motorists as they were pulled off the road by traffic officers. Bumper stickers and pink tickets were distributed on the day.
- **Mpumalanga LNMBA** - On the 20th June 2019 FE Mahlangu and MM Mbombi in conjunction with Nkomazi Municipality conducted road block on N4 route near Malelane from 6:00am to 10:00am. Stickers were issued and explaining how important it is to have their eyes checked regularly by a professional optometrist to see if their eyes can see properly as some of the carnages or fatalities on the roads are caused by poor eyesight. It was a success, well received and appreciated by Nkomazi Municipality for road safety and they are willing to work with us on future roadblocks.
- **Western Cape LNMBA** - SAOA Regional Reps in collaboration with the Cape Town Traffic Department education division conducted an educational roadblock in Somerset West. This was a two hours operation where motorists were issued with pamphlets on road safety and bumper stickers.
- **Myopia awareness week** - Educating the public about myopia was a success through social media platforms, Brien holder vision institute has granted saoa permission to use their meaningful and reader friendly material and images to even circulate to optometrists during myopia week.

## MANDELA DAY

- **Gauteng** - SAOA, Optical alliance, UJ optometry department had a charity Golf Day where none Golf playing optometrist assisted the UJ students to examine 60 children all sponsors for golf holes were donated to the orphanages.



- **Mpumalanga** - Screening was held at Sekusile Primary School on the 18th July 2019 in attendance was three local optometrist and our original rep Moses Mbombi. We had Provincial Department of Health with their nurses and optical dispensers, School Health, Provincial Department of Education, Department Sport, Art and Culture (Public Library), Local Community Leaders including Pastors and parents. More than 100 children were screened, 89 were found to have refractive errors and others with pathology. Prior the event an interview was done by Fanezile with Ligwalagwala FM (SABC RADIO). The following sponsors were available to make the event a success i.e. Genop, Eurotech and Spec Masters. The patron video was played for the parent.
- **Eastern Cape** - Had their own successful, Mandela Day at Jeffrey Bays screening for school children, facilitated by Leane.
- **Ecam and WSD** - 2019 Ecam and WSD has been a great success, we had screenings in a different provinces, EC, WC, MP, GP and KZN with optometrist, dept of health, various sponsors i.e. Zeiss, Sightique, Eurotech, Steeper and Genop. We had local and SABC radio interviews done by office bearers and our patron Zak educating on eye health.
- **Mpumalanga** - On the 28th September 2019 six local Optometrist with the Mpumalanga Department of Health had more than 250 elderly patients screened, some were sent to hospital for further investigations and 189 were given spectacles.
- **Limpopo** - On the 09th October 2019 in Vhembe District SAOA regional reps and local optometrist had more 80 elderly patients screened, some were sent to hospital for further investigations and 37 were given spectacles.
- **Eastern Cape** - SAOA regional reps and local optometrist had screening done in Human Dorp Hospital from 8am to 4pm 28 patients were given spectacles those with pathology were referred.
- **Western Cape** - SAOA regional reps and local optometrist had a CPD event with 13 optometrist in attendance. The Educational talk was done by Dr.



Hamzah Mustak speaking on “Advancing eye care for Africa – challenges, innovation and investing for future”.

- **Gauteng** - SAOA regional reps, District Department of Health Optometrist, local Optometrist, UJ students had screened more than 300 elderly patients screened at Grace Bible Church referral were given to those who needed further investigation and spectacles given to those with visual errors.
- **KwaZulu Natal** - SAOA regional rep and 9 local Optometrist had a World sight day in Durban on the 13th October 2019. This event is held in conjunction with the medical wing of Rama Krishna Organization at their centre in Glen Anil in Durban. The medical wing is managed by Dr Shivani Singh who co-ordinated the event as well as the transport of patients to and from the venue. The patients were from a senior citizen home and poor communities in and around Durban. Justice Zack Jacob was present at the event to convey a message regarding the importance of caring for our eyes to the patients and volunteers.

#### 4. 2019 ACTIVITIES

- **January** – Glaucoma Awareness Month
- **April** – LETS NOT MEET BY ACCIDENT EASTER CAMPAIGN
- **May** – Myopia Awareness Week
- **July** – Mandela Day
- **September** – Eye Care Awareness Months and Retina Week
- **October** – World Sight Day
- **November** – World Diabetic Day
- **December** – LETS NOT MEET BY ACCIDENT CAMPAIGN

#### 5. 2020 PLANS

##### 5.1 Eye Care Awareness

- LNMBBA campaign Easter, Sept and Festive office must drive timelines partnering with serving stations follow up meeting with RTMC as well as lobbying with the DOT Minister. A coordinated effort to partner with key stakeholders to be accomplished by Feb/March 2020.
- Mandela Day plan must be executed by 31 May 2020.
- ECAM and World Sight Day.

- Glaucoma Awareness Month –to observe and well in time through the office work together with Marketing and ECS committees.
- Myopia Awareness Week-To observe and well in time through the office work together with Marketing and ECS committees.
- World Diabetic Day - To observe and well in time through the office work together with Marketing and WCS committees.

## **5.2 Public Health Institutions Relationship**

- To enhance the relationships with Public sector Optometry heads
- To facilitate partnership and participations of SAOA members with Public sector Optometry
- To mobilize Public health membership growth
- To advance solutions for Public sector Optometrists

## **5.3 Information Research and Support**

- To provide for a structure of information collation for research based purposes
- To provide facilitates for data collections on campaign days and public outreach
- Working together with marketing to encourage Optometrist and academics interested to partner and make studies and report on campaigns and activities.

## **5.4 Screening vs Eye Examination**

- Clarification of SAOA role in particular with PBODO with regard to screening vs eye examinations on awareness days.
- As the custodians of Quality Eye care, the SAOA cannot be seen to be the same one who disregard the concept, principles and guidelines of proper and quality eye examinations, it is for the same reason the office is urged to assist with partnering with local Optoms on the ground.

## **5.5 NHI**

- More clearer position statement from the SAOA with acknowledge of Friends of NHI.
- Collate views for and against the proposal in the bill as it is currently discussed.

- Clarify membership on SAOA position.

#### Challenges

- LNMBA we didn't have specific timelines
- Mandela Day-Previous years plans were not executed on time
- ECAM and WSD -2019 and previous year has seen recycling of same venues

## 6 CONCLUSION

As Public Health Committee central to its efficiency is office support; a specific office resource to directly deal with and engage as well as planning of Public Health programs is a necessity. We are hereby requesting the board to ask the office to provide such a resource.

## PRIVATE PRACTICE PORTFOLIO



**Audience Maluleke** (Oct 2018 - Feb 2019) and  
**Marna Pieterse**

**Portfolio :** Private Practice

## **1. INTRODUCTION**

SAOA's activities in the highly competitive and extremely complicated private healthcare industry in South Africa are spearheaded by the Private Practice Portfolio (PPP).

The portfolio focuses on issues that affect practitioners in private practice and strives to improve not only their financial viability but also their quality of life. This is achieved through extensive engagement with a number strategic stakeholders and ensuring that the voice of optometrists and dispensing opticians in private practice is duly heard.

The PPP at all times, strives to promote and strengthen the clinical independence of private medical practitioners in South Africa in order to allow them the freedom to provide a world class service to their patients.

The Scope of the Committee mandate is broad encompassing all of the following, but not restricted to:

- Legislation
- Managed Care
- Practice Management
- Codes
- Practice Set up

## **2. Committee Terms of Reference**

Provide assistance to members and address all relevant issues that might arise out of the Private Practice sphere as well as coding committee.

## **3. Committee Composition**

Private practice currently do not have a dedicated committee, but we are looking for volunteers to be part of this portfolio for 2020.

The Coding Committee which is a subcommittee of private practice maintains and develops codes to enable correct billing.

The responsibilities of the coding Committee include the following:

- To keep updated on all coding related developments.
- To review the SAOA coding structure on a regular basis to assess and monitor the appropriateness of codes and structure, taking cognisance of professional and industry developments.
- To ensure all components of the coding structure are adequately addressed.
- To ensure amendments to the codes are distributed within agreed timelines.
- To collaborate with all key role players, internal and external, to ensure responsibilities of the Committee are accommodated.
- To recommend amendments to the SAOA Board.
- To ensure that all key stakeholders are educated, informed and updated on all coding related matters.
- To ensure succession planning within the Committee.
- To operate within the confines of all existing legislations.

#### 4. GOALS 2019

- To stay abreast of all developments in the industry.
- To make sure all submissions to relevant stakeholders are done to further the Professions of Optometry and Dispensing Opticians.
- Therapeutic codes to be created and distributed to medical aids.
- Engagements and assistance to SAOA members in all manner of queries relating to Private Practice.

#### 5. CHALLENGES

##### 5.1 SMS campaigns

- **Clicks SMS** has again come to our attention. It was agreed that letter a letter will be sent to Clicks to address these concerns and appropriate decisions would be taken by the board after receiving their response.
- **Medical Aid SMS:** The retaliatory SMS that PPN medical aids sent to patients who were in the process of consulting a non-network practitioner, stating that they could get more benefit if they consult a network practitioner. Because of this sms numerous complaints was filed at the HPCSA by practitioners. The HPCSA warned in a letter that practitioners on the PPN network could be held personally responsible. The SAOA responded to this letter asking the PBODO to reconsider this charges against individual practitioners, but rather look at charging the practitioners at the helm of PPN. At this point there are 1300 plus practitioners who have been charged as a result of perceived canvassing and touting. The SAOA is dealing with the matter as a matter of absolute priority. See correspondence send to members below.

Dear Member,

We have noted correspondence disseminated by PPN regarding the complaints lodged by the HPCSA against in-network PPN practitioners. Incredibly those responsible for violating the HPCSA Rules, implicating in-network practitioners without any form of consultation, seek to camouflage the truth by deceptively pointing in the direction of the SAOA. The following points are to be noted:

1. The SAOA has highlighted the manipulation and exploitation of practitioners by schemes and networks for a number of years and has appealed to various authorities to intervene.
2. The introduction of the PPN Manual in December 2018 was met with great resistance by optometrists and resulted in an avalanche of complaints to the HPCSA and CMS by practitioners as well as mass resignations from PPN. The SAOA lodged a complaint against PPN for the ethically undesirable content of the PPN Manual. **[Click here](#)** to view SAOA complaint.
3. The introduction of a SMS campaign by PPN appointed medical schemes encouraging patients to consult in-network practitioners to obtain superior value in retaliation to the resignations was the catalyst for further angry reaction from the profession which, once again gave rise to numerous complaints lodged with the HPCSA by practitioners. The SAOA did not lodge a complaint.
4. In response to the numerous complaints received, the HPCSA initially issued a caution stating that they do not have jurisdiction over PPN but may investigate in-network practitioners for unethical advertising. The SAOA appealed to the HPCSA to reconsider their position, once again emphasising the plight facing practitioners within the managed care arena i.e. join the network and face the wrath of the HPCSA or resign with the risk of losing patients. To view the letter to the HPCSA in this regard, **[click here](#)**.
5. The HPCSA have now instituted complaints against the PPN in-network practitioners.
6. The Association is its members. To suggest the SAOA lodged complaints against its own members is nothing less than disingenuous and fantastical. The SAOA did, however, suggest that the leadership of the PPN network are registered practitioners and recommended that charges be lodged against them for violation of HPCSA Rules.

7. *It is interesting to note that the complaints against the PPN in-network providers were lodged by the HPCSA Registrar. If the complaints were lodged by the SAOA, why would the Registrar need to complain?*
8. *As a member of the SAOA your indemnity insurance covers you regarding HPCSA related matters. Once it has become known that a complaint has been lodged against you by the HPCSA, it is imperative that you notify our brokers. Please note that as a SAOA member, you are not to seek alternative advice or legal assistance as this could result in breach of the indemnity policy with the attorneys appointed by the insurers unable to assist you.*
9. *The SAOA, of course, reserves its rights to address blatantly untrue and defamatory statements via the appropriate channels.*

- **License for Dispensing Pharmaceuticals Including OTC's**

- It had been noted that, from a legal perspective, practitioners who dispense any pharmaceutical agent and charge a dispensing fee need to have a dispensing license. There appeared to be no need for a license to dispense Schedule 0 substances.
- This was checked with the Pharmaceutical Society and Pharmacy Council.
- The scope of practice is always the guideline when applying for licenses.
- There was a delay in obtaining permits to store diagnostic pharmaceutical agents, this was addressed with Department of Health, there is now a Department of Health employee based in the Pharmacy Council building working on the backlog. Some practitioners have been contacted already to collect outstanding permits.

- **Glaucoma screening**

Issues with Glaucoma screening with specific reference to Discovery's vitality that changed the age limit was raised. It was concluded that further engagement will be sought and that it will be premised from our perspective by the clinical protocols.

## **6. ACHIEVEMENTS**

### **6.1 Health Market Inquiry (HMI)**

The Competition Commission instituted the Health Market Inquiry (HMI) in 2014 in accordance with its legislated mandate.

A market inquiry is a general investigation into the state, nature and form of competition in a market, rather than a narrow investigation of a specific conduct by any particular firm. The Commission initiated the inquiry into the private

healthcare sector because it had reason to believe that there are features of the sector that prevent, distort or restrict competition.

The Commission further believed that conducting this inquiry will assist in understanding how it may promote competition in the healthcare sector, in furtherance of the purpose of the Act.

The SAOA submitted a written submission to the enquiry and was invited to the oral presentations on the 24<sup>th</sup> February 2016.

The Health Market Inquiry (HMI) Provisional Report was published in July 2018. The SAOA has responded in the form of a submission which was submitted on 30 September 2018.

The SAOA attended part of the Supplier Induced Demand workshop that was hosted by the HMI. Subsequent to that, we responded to the HMI and raised the fact that from the provisional report, there appears to be no reference to the issues that were raised during the oral submission. Also raised was the issue that PPN thinks it has been given a clean bill of health by the HMI. SAOA is of the opinion that it is not the supplier that induces demand but that the consumer of health services and goods or products is aware of their benefits and entitlements.

The following are salient points as per the HMI Final Report released on 30 September 2019.

## **6.2 General Findings**

The HMI Panel expressed the following views and concerns following the investigations:

1. A number of factors were identified, alone, or in combination, which prevent, restrict or distort competition within the SA private sector. In essence, the private sector is neither efficient nor competitive.
2. The SA private sector is characterised by high rising costs and cover with apparent over utilisation of health care services.
3. There is an inability of Practitioners to demonstrate health and quality outcomes; furthermore, there is no standardised mechanism to determine the desired outcomes.
4. Competition should occur on both quality and price, not on price alone. This is applicable to both practitioners and funders. Funders appear to compete on risk avoidance.



5. The Department of Health is unable to use its powers to manage the private sector.

### **6.3 Private Hospitals**

1. Three hospital groups were highlighted which were deemed to be able to distort and prevent competition primarily by binding the best medical specialists with lucrative inducement programmes – Netcare, Mediclinic and Life.
2. The above has an exclusionary effect on newcomers.
3. The three groups dominate Designated Service Provider arrangements as such arrangements mostly include at least two of the three groups.
4. The three groups facilitate and benefit from excessive utilisation without the need to contain costs.
5. The groups operate without any scrutiny of quality of services.

### **6.4 Practitioners: Key Findings**

1. The focus of the HMI was on GP's and Specialists as they are deemed to contribute the most to overall costs.
2. Of interest is that the HMI Panel found that there was no reliable database documenting numbers of practitioners and location.
3. There is an absence of innovative business/practice models due to obstructions instituted by funders and the HPCSA Rules.
4. Concerns expressed that multi-disciplinary teams are largely absent which, in their view, limits up and down referrals and leads to irrational use of care.
5. The Competition Commission prohibition on collective bargaining has resulted in a pricing vacuum.
6. There is no standardised method to measure quality health outcomes.
7. It was found that practitioners can influence, to their own benefit, how provider networks are remunerated.
8. The format of professional associations is a concern and needs to change as some associations were seen to provide quasi-collusive forums where

advice on charging, coding and participation in networks is shared. This is regarded as leading to co-ordinated behaviours by practitioners.

## **6.5 Practitioners: Key Conclusions**

1. Many practitioners and their associations are either not aware or deliberately ignore restrictions placed on private sector players regarding 'horizontal' cooperation.
2. Incentives in the market promote over utilisation.
3. Current regulations by HPCSA has significantly inhibited the evolution of innovative and integrated models of care, with particular emphasis on fee sharing, multi-disciplinary group practices and employment of practitioners.
4. The HPCSA is ineffective in enforcing their Rules, which, in any event, need to be reviewed.

## **6.6 Funders**

1. The medical aids compete in an incomplete regulatory environment which distorts parameters of competition e.g. the design of benefit options to attract younger and healthier members.
2. There is an inability of consumers to easily compare options across funders which has meant that consumers do not readily switch schemes in response to better offers from rivals.
3. The Prescribed Minimum Benefits (PMB's) have shifted market power towards practitioners who are able to unilaterally set prices payable in full by funders.
4. The focus on PMB's provision on catastrophic cover to the exclusion of primary care has promoted hospicentric care.
5. Anti-selection exists and is of concern but does not contribute to rising costs.
6. The broker market is operating sub-optimally as most scheme members do not derive benefit from brokers.
7. There are high entry barriers to the Administrator market. There has been little or no new entries over a period of years.

8. Discovery Health, in particular, have earned profits that are multiple of its competitors over a sustained period with no signs of challenge.
9. Principal Officers and Trustees of schemes should be more active in ensuring that beneficiary interests are protected.
10. Principal Officers and Trustees should be trained and incentivised to ensure that beneficiaries receive more value for money and quality from schemes and administrators. Members should always be put first.

## **6.7 Recommendations**

1. A dedicated health care regulatory authority should be established, with 4 main functions:
  - Health care facility planning (including licensure)
  - Economic value assessments
  - Health services monitoring
  - Health services pricing
2. A multilateral negotiating forum to be set up to ensure maximum pricing for PMB's and reference prices for non-PMB's.
3. The establishment of an 'intelligent' health professionals numbering system to incorporate current address, speciality, requirements regarding health outcomes, etc. An annual report in this regard is recommended.
4. The formation of a dedicated committee to set and review codes.
5. Practitioners who do not want to part of fee-for-service contracts are to be encouraged to enter into bilateral negotiations with funders.
6. The establishment of an Outcomes Monitoring and Reporting organisation.
7. Proposed guidelines for professional associations to ensure tht they are not at risk of anti-competitive behaviour.
8. Increase comparability and competition between schemes.
9. Changes to be instituted by the HPCSA to promote innovation in models of care and to allow for multidisciplinary practices and alternative care models.

10. The HPCSA to introduce mandatory changes to curricula to ensure awareness of cost implications of decision-making.

## 7. COMMENT

It has been stated over time, both by proponents and those opposed to National Health Insurance (NHI) that the South African health system is historically inequitable and fragmented. It has been described as a two-tiered system consisting of the public and private health sectors.

The country spends almost 8.6% of gross domestic product (GDP) on health care, which is comparable to other middle-income countries. However, 4.1% of health expenditure as a percentage of GDP is spent on 84% of the uninsured population served in an overburdened public health sector while 4.4% is spent on about 16% of the population covered by medical schemes.

Out-of-pocket payments are currently estimated at 12.5% of the household budget. Combined with transport costs, this plunges both working-class and middle-class families into serious financial difficulties.

Internationally, about 60% of health expenditure is government-funded, while 40% of health expenditure is privately funded. In contrast, in South Africa close to 52% of health expenditure is in the private sector, which is higher than other upper-middle-income countries where about 40% of health expenditure is private.

On the other hand, the public health care sector, while achieving major strides in tackling the quadruple burden of disease (i.e. HIV, AIDS and TB, maternal and child mortality, non-communicable diseases, injuries and violence), faces many challenges and perceptions of spiralling costs as well as inducement of demand, which are among the key challenges on which the private sector needs to reflect.

Among other things, the investigation reviewed interrelationships between various markets in the private health care sector, including contractual relationships between and within different health service providers, the contribution of these interactions to escalation of private health care expenditure, the nature of competition within and between these markets, and ways in which competition can be promoted.

This inquiry also included a consumer survey and public participation of different stakeholders, including patients covered by different medical schemes.

The findings noted, among other things, that this market is characterised by the rising costs of health care which cannot be attributed to the impact of ageing,

gender, disease profile, member movements and the impact of plan mix. The rising costs continue to affect the affordability of medical scheme cover while there are also challenges with regard to disempowered and uninformed consumers and ineffective regulation and governance failures. These observations are in line with the issues identified by Section 59 Council for Medical Schemes investigation as well as the recent inquiry by the South African Human Rights Commission.

Considering the above, the NHI War Room in the Presidency, have also issued a statement that the Health Market Inquiry findings and recommendations will enable all stakeholders, regardless of their different interests and roles, to reflect on issues identified, especially considering the current move towards universal health coverage within the country.

The SAOA board has adopted the following positions in terms of the HMI report:

**The Competition Commission prohibition on collective bargaining has resulted in a pricing vacuum.**

- The SAOA supports this view point. The amendments to the Competition Act in 1998, enforced in 2002, which disallowed (e.g.) price guidelines by professional associations resulted in a pricing void which led to independent guidelines being introduced, many of which were considered to be flawed.
- Subsequent interventions by the Department of Health such as the Reference Price List failed.

**There is no standardised method to measure quality health outcomes.**

- The SAOA supports the concept of health and quality outcomes but to be monitored by practitioners themselves as per international models.

**It was found that practitioners can influence , to their own benefit, how provider networks are remunerated.**

- The SAOA disputes this 'finding'. The medical schemes are the clients of the networks. Practitioners are forced to adopt the contractual obligations as negotiated between the networks and schemes.

### **Suppliers of Services ( Practitioners) are the Price drivers**

- This is disputed by the SAOA. Optometrists are **price -takers** and not drivers. Practitioners have no choice but to charge fees as unilaterally determined by medical schemes or as a result of negotiations between schemes and networks.

### **The format of professional associations is a concern and needs to change as some associations were seen to provide quasi-collusive forums where advice on charging , coding and participation in networks is shared.**

- The SAOA is familiar with the competition laws and has been ultra- cautious by discouraging coordinated behaviours by its members.

### **Incentives in the market promote over utilisation**

- In general, the power of funders in determining benefits and related pricing restricts practitioners from over-utilisation possibilities.

### **The HPCSA is ineffective in enforcing their Rules, which, in any event, need to be reviewed.**

- The SAOA supports the view that that the HPCSA Rules are in need of review. In this regard, the SAOA is in the process of drafting recommendations to be made available to the HPCSA.

### **The medical aids compete in an incomplete regulatory environment which distorts parameters of competition e.g. the design of benefit options to attract younger and healthier members.**

- It is the experience of the SAOA that the Council for Medical Schemes (CMS) is inept in appropriately regulating the medical scheme arena.

**There is an inability of consumers to easily compare options across funders which has meant that consumers do not readily switch schemes in response to better offers from rivals.**

- The SAOA is supportive of this finding with particular reference to optometric benefits.

**The focus on PMB's provision on catastrophic cover to the exclusion of primary care has promoted hospicentric care.**

- The SAOA shares this view and is supportive, in principle, of the processes by the CMS, to move away from PMB conditions to PMB services with emphasis on primary care.

**A dedicated health care regulatory authority should be established**

- The SAOA is supportive of a regulator primarily to ensure fair pricing negotiations, monitor health services and assess economic value.
- The SAOA, however, is opposed to healthcare facility planning if such planning equates to a certificate of need.

**A multilateral negotiating forum to be set up to ensure maximum pricing for PMB's and reference prices for non-PMB's.**

- The SAOA is fully supportive of a multi-lateral negotiating forum. The profession is best placed to determine fee structures, to be supported by a practice cost study.

**The formation of a dedicated committee to set and review codes.**

- A committee to set and review procedural codes on a uniform basis would be beneficial. However, the SAOA would continue to be the custodian of product codes.

**The HPCSA to introduce mandatory changes to curricula to ensure awareness of cost implications of decision-making.**

- This recommendation is supported by the SAOA.

## 8. ACTIVITIES 2019

### PHISC membership and attendance

- Audience Maluleke represents the SAOA at PHISC.
- PHISC groups meet quarterly and a report is then given to coding committee and the board.
- The PHISC community is a multisectoral platform that focused on a lot of areas with no specific dedication to optometry, a lot of what is discussed cuts across all disciplines.
- Some of the issues discussed.
  - Electronic health records.
  - Health Information Governance and statutory requirements of maintaining, processing, storing and destroying the information.
  - The POPIA, the PAIA, HPCSA, Informed consent.
  - Diagnostic information and message collection, ICD 10 correct application, ICD11 is being developed by WHO.
  - Big focus was the fact that there is growing concerns that the ICD10 codes are not used to the fullest and that there seems to be no sharing of this information amongst stakeholders on this.
  - The CMS is not collecting real clinical and ICD10 codes which would provide a case for epidemiological studies etc.
  - The health classification unit at Wits has commission some studies on ICD10.
  - The survey was open until the 9<sup>th</sup> of June and was disseminated to members.
  - Feedback on the ICD 10 code project of the Wits Health classification unit
  - An overall and general agreement that ICD10 coding must be included in the curriculum at undergraduate.
  - Recommendation that SA should consider moving to ICD11.
  - ICD11 is available on the WHO browser.
  - Important to understand that coding drives payment and it is the anchor to health transacting.
  - Health sector as a whole have been discouraged from using the R and Z codes.
  - PHISC, HPCSA, AHP, CMS must be sensitized to looking at conflicts that arise out of overlaps in scope of practices in the sense that there is a difference between what is diagnosed and what is treated and who can do what.



- The challenge that exists is the check box exercise where the sector has adopted the use of diagnostic codes that comply with reimbursement and not necessarily clinical validity and relevance.
- We must realise that coding prepares the fertile ground for tariff negotiation.

## **HPCSA**

- Guidelines for volunteer services was received and disseminated

## **PBODO**

PBODO stakeholder engagement meeting was held on 20<sup>th</sup> of September. SAOA was represented, following is summary points

### **Introduction**

A PBODO Stakeholder meeting is scheduled at least once a year whereby feedback from the PBODO relating to various issues takes place with an opportunity for active engagement. On this occasion, the SAOA was represented by Dollars Boloka, Marna Pieterse and Harry Rosen.

The following represents an overview of various matters addressed.

#### **1. Dispensing Optician Submission**

Proposals were submitted to the PBODO by the Dispensing Opticians, assisted by the SAOA, at the end of February 2019, regarding possible ways forward for the profession which included (e.g.) an expanded scope of practice, changes to the curriculum, etc. It was noted that:

- The PBODO acknowledged that they had received a comprehensive submission from the Dispensing Opticians
- The PODO were of the view that the submission, however, did not adequately identify gaps relating to the public with reference to expanded scope.
- In essence, therefore, the proposals contained within the submission pertaining to scope expansion and Rule 8 are not to be accommodated at this time.

## **1.1 Scope expansion**

Taking cognisance of sentiments expressed as per above, the PBODO therefore resolved to refocus on the Dispensing curriculum to possibly take the form of a BHSc degree that offers career paths post qualification.

Reference was made in this regard to the current expanded scope of Optometry as well as the 5-year proposed programme.

## **1.2 HPCSA Rule 8: Employment of Practitioners and Partnerships**

The issue of Rule 8 has been left as is since the HPCSA is busy with rules review as per Competition Commission report (Health Market Inquiry). Rule 8 is amongst the rules to be reviewed.

Stakeholders, SAOA included, are to be involved during the implementation process of the BSc program with planning is to be considered on a similar basis as with the 5-year Optometry program.

## **2. Non-Government Organisations (NGO's)**

Regulations pertaining to NGOS are in the process of being drafted. NGO's must work with registered professionals.

## **3. Employment of Lay person**

It is to be noted that the HPCSA Policy on Business Practice does not state that employment of a professional by lay persons is prohibited, but rather says 'restricted'; therefore, as per the law, any professional who seeks to be employed by a lay person, must apply to the HPCSA Business Practice Committee for approval to be employed by a non-registered party.

## **4. HPCSA Restructure**

It was noted that a restructuring process is in process within the HPCSA to create a more efficient Council with a user- friendly approach. Online

registrations, recently introduced, is an example of interventions envisaged.

## **5. Sub specialities**

Reference was made to registers for Dispensing Opticianry, Optometry, Optometrists with Diagnostics and lastly, Optometrists with Therapeutics. It was noted that these categories are not sub specialities.

## **6. National Department of Health (NDOH)**

It was noted that there were a few matters where the PBODO were awaiting feedback from the NDOH. Such matters were not detailed.

The SAOA also raised the issue of permits for the procurement and storage not being competently addressed by the NDOH which is compromising those practitioners needing to use diagnostic drugs and requested the PBODO to intervene. NDOH representatives present acknowledged that the Unit responsible for the issue of the permits has been in a state of disarray. It was acknowledged that the SAOA had been vociferous regarding this situation.

## **7. Orthoptists**

From the perspective of the PBODO, in accordance with the Rules, Orthoptists are to practice under supervision which implies they have to work within a supervised environment. The PBODO have now instructed the PCNS (BHF) to remove all Orthoptists' practice numbers.

The SAOA raised a concern that similarly to DO's, Orthoptists are made to be victims of situations created by previous Boards.

## **8. Online Sales**

It was noted that new draft regulations are to be circulated for public comment, which now will encompass prescription eye wear products.

## **9. Annual Fees**

It appears that a substantial fee hike is expected in 2020.

The PBODO is 3<sup>rd</sup> smallest roll (4000); however, it is 2<sup>nd</sup> with the most conduct related matters (second to the medical and Dental Board with 57000 registered practitioners).

An awareness campaign has been initiated regarding compliance with rules and standards and stakeholders are urged to assist with the awareness process. It was noted that professionals should be watchdogs of each other.

## **10. Scope Infringements**

Stakeholders were advised that there has been progress and arrests were made in Mpumalanga regarding receptionists who encroached on the Optometry/ Dispensing Opticianry scope of practice.

The SAOA should disseminate a statement to practitioners not to allow admin staff to encroach scope of registered practitioners because the employer practitioners could be charged.

It was also noted that an investigatory inspectorate had been created and who are active.

## **11. Regulatory issues**

The PBODO, as per their regulatory mandate will charge any practitioner who contravenes or on whose behalf contravening of ethical rules occurs. Reference was made to the PPN matter where complaints have been lodged against practitioners for alleged unethical advertising instituted by medical schemes.

The SAOA raised the issue that, within a managed care environment, practitioners become victims regulating should consider the dilemmas and challenges with which practitioners are faced.

The SAOA also raised a concern relating to the 50Km radius as contained in the guidelines pertaining to Mobile Practice. In practical terms, the 50 Km radius introduces restrictions relating to outreach programmes. The was requested to express their concerns in writing.

## 9. DEPT OF HEALTH

Meeting was scheduled on invitation from Frans to meet with DOT glasses. DOT glasses is a company that supplies adjustable frames and lenses. Concerns were raised and a written report will be sent to Department.

## 10. MEDICAL SCHEMES

- The SAOA has met with various medical schemes as part of stakeholder engagement. The 2019 PPN manual has catalyzed many of these meetings, although it is on record that PPN has resolved not to meet with us unless on their terms. Maybe we can say that the cumulative pressure from us as the SAOA, OFSA, and the patients has brought about a change in the way things are done.
- BestMed - refers every query to PPN.
- Bonitas – not a positive engagement.
- Medscheme - issues that related to PPN was clarified as a number of schemes they administer raised questions.
- Polmed - The meeting with Polmed was by far the most productive, in that we were able to raise issues and follow up was made from both parties. Polmed asked PPN to clarify a few of the questions that were raised.
- Discovery
  - We had a meeting with Discovery about PPN issue where we gave them the information they required.
  - The new therapeutics codes were also discussed. Discovery has a set of criteria that must be followed in creating new codes which is being addressed.
  - As a follow up to that we had a meeting with SAMA in order to get the requisite information and knowledge.
- Discovery Forensic division
  - Frame profiteering, as they refer to it was discussed. We were very clear that there is no regulation governing markups in optometry and we are not about to give a guideline for that matter as that will be in contravention of competition laws.
  - It was also made very clear to Discovery that we think they are deviating from what the mandate of the medical aid scheme is although they insisted

that it is within their mandate but they can't point at any of the existing legislative framework to support their claim.

- One issue that is not yet resolved is the vitality glaucoma screening. Presentation regarding this needs to be made to the Vitality committee. Evidence based protocols and standard of care for Glaucoma must be available for this presentation.
- GEMS and Opticlear
  - We raised the issue of motivation for paediatric examinations under 10 years. Opticlear indicate that it was a mechanism that they used to curb fraud.
  - Assurance were given to the fact that no 21 points and unnecessary binocular vision tests will be required but only a few relevant tests.
  - The issue of high cyls with low spheres were also raised and assurance also given that they should be paid. There is evidence to the fact that they are continuing to reject these claims. We have requested for a follow up meeting in that regard.
  - GEMS benefit design – input was given as requested.
- Iso lesa – meeting to be confirmed

## 11.CMS

- The SAOA had a meeting with the officials from the CMS, specifically from legal and accreditation where we raised the issues we have with medical aid schemes and administrators. Following from this meeting was a compilation of a dossier which has been subsequently sent to the CMS.
- The summary of the Dossier has been converted into specific complaints that should be investigated.
- We had meeting as a follow up to one we had in February 2019 with the same officials on the 20<sup>th</sup> of August. We stated our unhappiness that it took so long to get a meeting with them and that we felt that the dossier did not receive relevant attention. We were meant to understand that PPN applied to be accredited as manage care organization and CMS hence felt that PPN part of dossier received priority to the extent that only PPN was given an opportunity to respond to the dossier.
- We again highlighted the fact that all optometric DSP's need to be accredited, they will revert back with a detailed response. Date for the response was to be a few days later.

- No response was received.
- The matter was escalated and meeting with the Registrar was scheduled. Our concerns was heard and they requested some information and will revert back to us.
- **Submissions also done by the SAOA to CMS.**
  - The Accreditation process for the Managed health care organisation.
  - Exemptions to entities providing medical aid services when they are insurance products.
  - The Low Cost Benefit Option.

## 12. SECTION 59 INVESTIGATION

Mr Harry Rosen, CCEO, Mr Dollars Boleka, President, and Audience Maluleke, IPP, presented to the section 59 investigation panel. Issue of CMS and their lack of response to complaints was raised in the oral presentation as well.

The panel has requested further documentation for clarification on some points to be submitted on the 14<sup>th</sup> of November 2019

## 13. MEDICAL DEVICE REGULATIONS

Draft regulations published by SAHPRA to abolish discounting, rebates, incentives, etc of medical devices which include spectacle lenses and contact lenses. All suppliers of medical devices had been exempted for 2018.

It was noted that the exemption has been further extended for a period of 3 (three) years, ending 2020.

SAOA members have been continuously advised of issues and progress relating to the medical device regulations.

## 14. DRUG LIST

The updated list of optometry EDL was drafted and sent to SAHPRA and HPCSA. This list has relevance to the Therapeutics processes that we are busy with.

A comprehensive list of most ophthalmic drugs has been compiled following an intense consultative process. This list is necessary to have as a reference at the fingertips of the optometrist, the drug list is similar to the guide that Dirk Booysen makes available every two or three years. The uniqueness of this one is the fact that this has relevant Nappi Codes attached to it.

## **15.THERAPEUTICS COMMITTEE MEETING**

Dr Anban Pillay, a Deputy director General gave an opening address with the view to give background to the meeting and its purpose. Words of encouragement for all to work towards the finding of a solution to the training constraints that besets us as it has a direct influence on the goals of achieving the Universal Health Coverage. This he says can be achieved by the optimal use of all professionals to deliver care. This includes, upskilling which will help to improve the quality of care and access to care for all. He further warned that such programmes must not end up producing a substandard cadre.

He also said that this should not be viewed from the perspective of competition, but that it is a collaborative effort by two or more professions within clearly defined scopes of practice in order to address government in delivering primary health care, improving access by using access capacity where it exist in an HR constrained system. He then had to leave.

The purpose of the meeting was clarified. That it was to discuss with the view to find ways of implementing the clinical supervision of optometrists within the public facilities for therapeutics purposes.

Representatives from the NDoH, Therapeutics Students, Academia Optometry, Academia Ophthalmology, Public Sector Optometry, Public Sector Ophthalmology, HPCSA PBODO, OSSA, SAOA, HPCA MDB were present.

Despite all the attempts by the SAOA to send on numerous occasions the documents pertaining to therapeutics, there is still lots of misinformation and ignorance of what is required.

The following issues were raised (as concerns and constraints):

- Indemnity
- HR capacity
- Operational issues
- Accreditation



Concerns around the appropriateness of the approved drug list, as some indications are incorrect and that some of the drugs are not first line treatment for relevant conditions, were raised and after a discussion, it was concluded that Ophthalmology can make a submission regarding the list to the PBODO and they will deal with them in collaboration with the SAHPRA.

The minutes and the draft ToRs on how the committee will function were to be made available two weeks from the 3<sup>rd</sup> of May 2019.

## **16. ASSOCIATION OF ASSOCIATIONS**

This conference took place on the 18-20 August 2019 at the CSIR. The CEO of SASA (anaesthetists) extended an invite for the SAOA by organising attendance.

Amongst the people present were Cities of Cape town (CTICC), City of Durban (ICC), City of Polokwane, Conference company, other PCOs, Information technology companies, Database companies, local and international, exhibitors etc.

Addressed were the following in broad categories:

- Leadership and governance
- Advocacy and championing for membership
- Board performance and succession planning
- Bringing young people into leadership
- Using Social media to build communities- reaching out to members
- What to look for when hiring a PCO
- Choosing the best database management systems
- Choosing a perfect technology partner
- New trends in conferencing

## **17. NHI**

Dollars Boloka and Audience Maluleke attended a meeting with the DDG of Health in charge of NHI. This meeting was aimed at putting the professions of optometry and medicine to confidence about what was envisaged in the NHI bill which was due for release in a week's time or so. We were taken through the presentation and made comments on some areas including the composition of the board and advisory committees that it is problematic that there is not a single practitioner in those committees. As we know that NHI is to be rolled out in phases, it is expected to be fully operational by year 2026. Subsequent to that we were invited as friends

of NHI at the release of the bill for public comment at which stage a message of support was delivered.

## **18. CODING COMMITTEE ACTIVITIES**

### **18.1 Clinical Standards**

The SAOA has adopted the AOA Standards of Practice officially, having received the required permission. This has been communicated to the medical schemes.

The AOA standards pertaining to the adult and paediatric examination were reviewed with a view to ensure that any local peculiarities are addressed, in addition to the drafting of summaries.

### **18.2 Education and Clinical Standards Committee Collaboration**

A meeting between Coding Committee and Education and Clinical Standards need to be arranged on a regular basis. However, one member of the Education Committee should sit in the coding committee meetings whenever applicable, to ensure inputs where required and continual feedback to both committees.

### **18.3 Coding Manual**

- A coding manual be developed to include the new codes with explanatory notes.

### **18.4 RVU's review workshop**

- The approach adopted by the Committee for the purpose of calculating RVU's were in accordance with the following steps:
  1. Establish the meaningfulness of the RVU, in practical terms
  2. Identify factors and parameters for the purposes of the RVU calculation
  3. Weigh the identified factors in accordance of relative importance within the context of the RVU concept
  4. Rate each professional procedure relative to a reference procedure

5. Adopt the Comprehensive Eye Examination as the reference procedure with an RVU of 30 units.

Within the discussion as a side issue was the question of the global period of the procedure codes. This needs to be considered as we deal with the code creation and maintenance thereof.

## 9. PROPOSED TIMELINE FOR THE FINALIZATION OF RVU PROJECT

It must be noted that the coding committee and a selected number of individuals had been asked to participate in the RVU project. To be staged according to the milestone plan for submission in 2020 for implementation in 2021 codes

It was therefore resolved for the Coding Committee in collaboration with the Education and Clinical Standards Committee to identify and define standards of care for all procedures

The complete set of ICD10 codes that was received from our American colleagues have now been transformed into an editable format of spreadsheet. The SAOA has also bought the CCSA2020 Manual from SAMA. This is going to be used when doing the new codes for 2021 January. The new manual in book and electronic format.

## 20. NEW CODES

- **Screening**
  - There is a need for a screening code but within the context of the various forms of screening procedures. In this regard, a request has been sent to the education and clinical standards committee to give guidance on what is envisaged in the various screenings like driver's licence, skipper's licence, Aviation, driven machinery, glaucoma etc.
- **Generic Contact lenses**
  - Provision for the following codes was made by request of the PMB committee. Please note that code 24022 and 24024 were already on the code list

24022	Hard contact lens
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<b>24024</b>	Rigid Scleral Contact lens
<b>27001</b>	(Generic) Soft Spherical High RxContact lens
<b>27031</b>	(Generic) Soft Toric High Rx contactlens
<b>27501</b>	(Generic) Soft Conventional High RxToric

**Some adjustments made to RVU's values and definitions for 2020:**

<b>CODE</b>	<b>DESCRIPTOR</b>	<b>OLD RVU</b>	<b>CHANGE</b>
<b>15000</b>	Removal of foreign body external eye conjunctiva	15	25
<b>15002</b>	Removal of foreign body embedded conjunctival/scleral non perforating	20	25
<b>15004</b>	Removal of foreign body corneal with slit lamp	25	40
<b>15006</b>	Conjunctiva - incision and drainage	25	40

<b>15008</b>	Incision of conjunctiva: drainage of cyst	25	40
<b>15010</b>	Expression conjunctival follicles/trachoma	25	40
<b>15012</b>	Lacrimal system - repair	25	40
<b>15014</b>	Closure of lacrimal punctum by plug	25	25

<b>C/L CODE</b>		<b>OLD RVU</b>	<b>CHANGE</b>
<b>12012</b>	C lens consultation basic - per 30 mins	30	26
<b>12032</b>	C lens consultation complex - per 30 mins	40	35
<b>12052</b>	C lens consultation advanced - per 30 mins	50	43
<b>12062</b>	C lens consultation therapeutic- per 30 mins	50	38

<b>12112</b>	C lens follow-up examination /Basic case - per 30 mins	15	22
<b>12132</b>	C lens follow-up examination/Complex case - per 30 mins	25	29
<b>12152</b>	C lens follow-up examination/Advanced case - per 30 mins	30	34
<b>12162</b>	C lens follow-up therapeutic case - per 30 mins	30	30
<b>12503</b>	C lens related problems assessment - monocular	10	21
<b>12523</b>	C lens related problems assessment - binocular	15	24
<b>12533</b>	C lens instruction	15	18
<b>12072</b>	C lens dispensing and/or assessment	15	16

	<b>Contact lens fees are now specified and cooled per visit</b>
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	The terms Basic, Complex and Advanced are defined by factors such as time, skill, degree of difficulty and case type
<b>Basic</b>	Up to 4 visits may apply for an initial (first time) fit
	Myopia <-8.00D Hyperopia <+4.00D Low astigmatism
	Spherical soft lenses with criteria as above
<b>Complex</b>	Up to 6 visits may apply for an initial (first time) fit
	Myopia >-8.00D Hyperopia >+4.00D
	Soft (Conventional, Disposable, Custom-made, Prosthetic, Toric, Multi-focal, High powers, Extended wear) – Myopia control – Rigid corneal (Spherical) – Hybrid (Spherical) – Scleral + semi-scleral(Spherical).
<b>Advance</b>	Up to 8 visits may apply for an initial (first time) fit
	Rigid comeal (Toric back +/- or front surface, Bi/MF) – Orthokeratology (sph + toric, reverse geometry, quad specific) – Scleral + semi-scleral: Toric (BC/FS/LZ/quad specific) and moulded – Hybrid(MF) - Haptic

<b>Therapeutic</b>	Therapeutic contact lens procedures are used for conditions where functional vision cannot be obtained with spectacle lenses
	As per definition above and/or maintain ocular integrity incorporating all lens types mentioned under Basic, Complex and Advanced
<b>12112</b>	Remove time from description and can be changed in addition to 11001
<b>12132</b>	Remove time from description and can be changed in addition to 11001
<b>12152</b>	Remove time from description and can be changed in addition to 11001
<b>12162</b>	Remove time from description and can be changed in addition to 11001

## CONCLUSION

**WORK HARD IN SILENCE; LET ACHIEVEMENT BE YOUR NOISE**