



SAOA 2016 YEAR END REPORT



SAOA VISION

**The recognised voice and custodian
of the
Optometric Profession**

PRESIDENT'S ANNUAL REPORT 2016



Patrick Mawila

1. BACKGROUND

On behalf of the Board it is once again my sincere pleasure to present the PRESIDENTIAL REPORT which represents a synopsis of the board activities of this financial year ended 30th September 2016. On presenting this report I wish to extend much gratitude to the membership for your continued support to the leadership. You have bestowed in us a not-so-easy-responsibility to act on your behalf in respect of advancing that which promote and protect the profession being your interests. Having accepted this responsibility, we were never naïve to underestimate the efforts and demands required of us. We have indeed done that which we planned at the beginning of the year, coming from recent difficult period.

I also wish to extend a thank you note to my fellow directors and our consultants whom we worked very well together; in particular PBA&E represented and led by Harry Rosen. I must say that above everything and despite the distractions we encountered they showed character of a special kind, thank you. Very few will ever know what you endured.

2. BOARD

2.1 COMPOSITION

The Board comprised the following directors with their portfolios, it is to be noted that there was always an overlap with the actual term of the board and the financial year, as a result some of the board members will appear only at the beginning of the financial year.

DIRECTOR	COMMITTEE	OTHER/SUB-COMMITTEE
Patrick Mawila	President	Clinical & Education committee
Pieter Naude	Vice President	Membership & Regions
Audience Maluleke	Finance	Coding, NHI
Emmah Mahlangu	Private Practice	Coding
Rajeshree Budhoo	Public Health	NHI, Pubic Sector
Marna Pieterse	Marketing & Membership	Membership

2.2 MEETINGS

The Board had standing a minimum of four board meetings as required by the MOI (Companies Act), in addition few other special meetings were held to discharge specific issues as they arose. The board had eight physical meetings, four teleconference and two Skype meetings collectively giving a total of fourteen meetings.

Attendance was follows:

2015

	29.10.2015	05.11.2015	12.11.2015	19.11.2015	14.12.2015	15.12.2015
Patrick Mawila	<input checked="" type="checkbox"/>					
Audience Maluleke	<input checked="" type="checkbox"/>					
Emmah Mahlangu	<input checked="" type="checkbox"/>					

Rajeshree Budhoo	<input checked="" type="checkbox"/>					
Marna Pieterse	-	-	-	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Peter Brauer	<input checked="" type="checkbox"/>					
Andrew Cochrane	<input checked="" type="checkbox"/>	-	-	-	-	-
Wendy Histed	<input checked="" type="checkbox"/>	-				
Nivien Subramany	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-	-
Pieter Naude	<input checked="" type="checkbox"/>					

2016

	13.02.2016	15.02.2016	29.05.2016	05.07.2016	30.07.2016	31.07.2016	05.09.2016	19.09.2016
Patrick Mawila	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	x	x	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Audience Maluleke	<input checked="" type="checkbox"/>							
Emmah Mahlangu	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	x	<input checked="" type="checkbox"/>				
Rajeshree Budhoo	<input checked="" type="checkbox"/>	x	<input checked="" type="checkbox"/>					
Marna Pieterse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	x	<input checked="" type="checkbox"/>				
Pieter Naude	x	<input checked="" type="checkbox"/>	-	-	-	-	-	-

DIRECTOR	APOLOGIES	CURRENT STATUS	TOTAL ATTENDANCE
Patrick Mawila	2	ACTIVE	12
Pieter Naude	1	RESIGNED	7
Audience Maluleke	0	ACTIVE	14
Andrew Cochrane	0	2014/2015	1

Peter Brauer	0	2014/2015	5
Nivien Subramany	0	2014/2015	5
Wendy Histed	0	2014/2015	5
Emmah Mahlangu	0	ACTIVE	14
Rajeshree Budhoo	1	ACTIVE	13
Marna Pieterse	0	ACTIVE	14

2.3 RESIGNATIONS

There were two board resignations; Andrew Cochrane resigned at the end of October 2015. Pieter Naude resigned in April 2016 for personal reasons. The board is appreciative of their respective contributions; they did indeed bring value to the vibrancy of the board.

2.4 BOARD FUNCTIONALITY

As the chairperson of the Board I submit that it was a great pleasure working with these directors, although we differed from time to time. Everyone contributed towards the set objectives and I must commend each one of them for the social and work sacrifices as the board sometimes demanded long weekends and long nights. The decisions of the board were mainly taken through persuasions (consensus) and only in rare occasions through a vote.

2.5 OVERSIGHT AND CULTURE

We came from a period of successive deficits and it became very important for the board to institute new measures in the oversight role to ascertain proposer and adequate observance of the policies. The board does not interfere with the day to day office operations but instead oversee the implementations thereof, of importance was the adherence to budget. To this effect the monthly management reports were required to ascertain and avert the risks. As an effect the risks were always kept at lowest and the results were positive as shown through the AFS.

The culture of the board had been impressively responsive and proactive in approach. Consequently, an environment for the directors to self-assess for self-improvement has been created. Membership issues

have been dealt with much expediency and efficiency. Yet we still call upon those whose issues were not attendant to their satisfaction to alert the office and if need be the board.

3. ADMINISTRATION AND FINANCES

The Board had taken decisions to outsource certain administrative functions to accelerate the recovery process while strengthening the office capacity. Few consultants were appointed as follows:

1. PBA&E to serve the purpose of administrative head and reported to the board.
2. Integrity to serve the bookkeeping function and report to the board via PBA&E.
3. E2 to serve the IT and database function and report to the board via PBA&E.

We have assessed the performance of the Consultants and extended their respective contracts in line with the agreed performance parameters. The board was satisfied with the office operations albeit more needing to be done. We have seen improved content and layout and the frequency of the communications through the Newsflash. Our financial books have become much user friendly as is with the database which continues to be updated.

The office had a compliment of four staff whose job descriptions have been aligned to support the Strategic Plan. The human resource development plan has been approved by the board for implementation aimed at capacitating the office staff, where necessary.

There has been a seamless operation within these competencies to an extent that working synergy has been developed. The plan is to continuously develop these competencies within the office to a level where there will be less reliance on the consultancies. The Strategic Plan has created a post of Marketing Manager, the position of which should be filled early in 2017.

The financial controls which have been a big weakness in recent years have been closely monitored to an effect of a positive outlook. The financial policy had been adhered to the later as was the budget containment being observed. The board do not regard the surplus as an achievement but instead an observance for confidence and viability. The board instead believes it is the programs which should be elevated above surplus as the SAOA is nonprofit making organization; the money is required as means to achieve the programs as contained in the program of action. Better still; the board is happy to announce a surplus of just less than R1.7million as shown in the AFS. This is a very significant milestone given the successive deficits in recent times. Of significance is the major deliverables for this financial year which will also be illustrated in this report. The board is therefore very happy with the deliverables against the cost containments.

4. BOARD ACTIVITIES

4.1 STRATEGIC PLAN AND BUSINESS PLAN

The strategic plan has after been disseminated to membership for input and a workshop held, has been adopted as a driving force for the board. The business plan has also been concluded to give effect for strategic plan implementation. The full documents are readily available on the website.

In accordance with the philosophy of 'structure always follows strategy', an appropriate structure was developed which was also made available to the membership for comment via a survey. The results of the survey were pleasing, under the circumstances, which gave rise to a satisfactory or adequate conclusion.

4.2 HEALTH MARKET INQUIRY

The Competition Commission instituted a health market inquiry to investigate possible anti-competitive behaviors within the private health care sector and the impact on cost of health services. SAOA as an interested party made a submission on the positions the board had adopted, especially on the therapeutics contestation, networks market dominance, deregulation, etc.

Although the set timelines have been missed by the commission, we understand they can conclude by end of the year and we are watching all the developments with keen interest.

4.3 EYE FOCUS AFRICA

The conference was held in Gallagher Estate from 6 to 8 September 2016. The conference was arguably on a relatively smaller scale than 2015, the board received mainly positive feedback on the conference especially on the content of lectures. This was our last conference in partnership with Rayalson. The board has resolved to have one major conference every two years going forward with the next conference planned for 2018. We, however investigate the possibilities and feasibility of mini-conference or symposia. We will also take guidance from the membership as to demands for regular regional CPD events.

4.4 NHI WHITE PAPER AND MEDICAL DEVICES DRAFT LEGISLATION

After broad consultations and setting up an ad hoc team to advise the board, the board submitted its comments to the NHI White paper which was released earlier this year. The board also commented on the draft legislation on medical devices, the final submission was done after a thorough consultation with industry stakeholders. Consultations included a seminar with suppliers and networks wherein their inputs were received.

4.5 EYECARE AWARENESS MONTH

The month was celebrated with a call to action theme “Stronger Together” through a variety of activities, Newsflash, Press Releases, Radio interviews and events. Events were held in Soweto and Polokwane (in conjunction with the UL optometry department) Grace Bible churches respectively, Alexandra Clinic (in conjunction with Department of Health and Brien Holden Vision Institute), and Montebello Hospital (in conjunction with the District Department of Health).

We thank all the optometrists’ volunteers who sacrificed their times out of their practices to assist with the programs in these respective events. We also acknowledge those who participated in the commemorations in one form or the other in their respective spaces.

We also extend our appreciation to HOYA for sponsoring the spectacles for the events in Polokwane and Soweto and GENOP for the loan equipment for the Soweto event.

The board has resolved on appointing a Patron, this should be a person with a national stature and presence. We hereby invite suggestions of names for the persons who can be appointed as SAOA Patron; suggested names can be submitted to the office.

4.6 SAOA’S SERVICE PROVIDERS AND CONTRACTS

The board took a decision to review the service providers’ contracts with an aim to reduce the cost, this resulted in termination of certain contracts which we could do without while others were consolidated into a cost effective package.

Consequently, the board appointed E2 to render the IT services; the result has been improved communication in terms of contents, layout and frequency of the Newsflash and effective database management.

4.7 ADVOCACY TEAM AND POOL OF EXPERTS

From time to time the board needs support on variety of specialized areas. To this effect and in response to the AGM Resolution which mandated the board to investigate the appropriate advisory board, the board appointed the advocacy team and the pool of experts. Those with vested interests in specialized areas may contact the office and be added into these teams.

5. STAKEHOLDERS

As part of the board strategy to develop synergies and occupy the space to drive the profession by way of influencing decision makers, the board embarked in a long stakeholder engagement. The board adopted the theme “Relationships and Results – R&R” to create relationships and have results from the relationship. Many stakeholders have been engaged and the relationships developed. We will mention just few for the purpose of reporting.

5.1 PAST OFFICE BEARERS

We continue work diligently to create an environment where past office bearers will play a pivotal role in the processes of the SAOA and the profession. To date we have had positive interactions with majority of our past presidents and directors.

5.2 OPHTHALMOLOGY SOCIETY OF SOUTH AFRICA (OSSA)

Significantly, a meeting was held with the executive of OSSA to discuss amongst others relations between the two bodies. The outcome of the meeting was communicated reporting that the meeting was very successful albeit agreed to differ on the therapeutics question. The mood was that further engagement will be held and part of that was that the President of OSSA graced our conference and gave lecture. OSSA extended their invitation for a joint NHI submission and joint engagement with the department of Health.

5.3 OCULARISTS ASSOCIATION OF SOUTHERN AFRICA (OASA)

Formal engagements with Ocularists have taken place to discuss amongst others the formal recognition of their profession. Further bilateral will take place to strengthen the relations between the two Associations. It is significant to note that membership of the SAOA is a prerequisite for being a member of OASA.

5.4 SUPPLIERS

Suppliers continue to be our close allies having cooperated together on many initiatives including the comments on the draft regulation on medical devices. We continue to interact with the suppliers very closely and we have ambitious plans ahead. In this regard, by way of example, the SAOA adopted a leadership role in advising and guiding the suppliers of optical lenses and contact lenses regarding the draft regulations pertaining to medical devices.

5.6 PROFESSIONAL BOARD OF OPTOMETRY AND DISPENSING OPTICIAN (PBODO)

A stakeholder meeting hosted by the PBODO on the issues of the Dispensing Opticians (DO) was held earlier this year. The SAOA adopted a position to support the dispensing optician to be protected as a profession against the unregulated personnel. This was with regard to front staff doing the dispensing function as they felt this undervalued their scope of practice. The SAOA also supported the Dispensing Optician on the issue of practice partnership with optometrists as per the earlier regulation on the matter which allowed partnership with optometrists but not sole ownership. The SAOA extended an invitation to the Dispensing Opticians to draw a program of action to address the deficiencies identified in the market.

5.7 DEPARTMENT OF HEALTH

The SAOA delegation met with the Deputy Minister and his senior officials earlier this year to engage on few matters which included public sector posting and remunerations. The significance of the engagement was that there is great appreciation and support for optometry in the political hierarchy. The SAOA also enjoys great support from the Gauteng MEC. There were few engagements with the officials of the department on a number of ranging issues which gives the SAOA confidence that optometry is receiving the required support to be better placed within the eyecare team but the health environment as well. Optometry is amongst the primary health professions catered for within the NHI, this recognition cannot be taken lightly. Of importance is that the SAOA has been invited by the National Department of Health to participate in a task team to establish a blueprint for the delivery of eye care within the framework of the NHI.

5.8 DEPARTMENT OF TRANSPORT

There were positive meetings with the National, Gauteng and Kwa Zulu Natal Departments of Transport. All these meetings have placed emphasis of the role of optometrists as primary vision gate keepers. There have been few concerns especially of malpractice and bogus optometrists where certificate was issued with incorrect findings. We call upon optometrists to guard against this as it is a serious case of malpractice but also to guard against the bogus optometrists normally found near testing stations.

5.9 MEDICAL SCHEMES AND NETWORKS

Critical meetings took place throughout the year where we presented our new code structure and advocated for the remuneration of diagnostic and therapeutic procedures as they are now actively part of the scope for those who have undergone the relevant training.

Amongst the issues discussed with the networks was the undesirability of random audits especially in their current form. Our position is that we discourage any form of fraud and do contribute to eradicate same, but we do not promote the harassment of optometrists in any form. Entrapments and victimization have been reported as some of the cases by the networks.

5.10 BRIEN HOLDEN VISION INSTITUTE

We continue to partner in numerous projects, having partnered in the school health projects, IAPB conference etc. Bilateral engagements are to be held to forge partnerships in other projects into 2018.

5.11 STUDENTS

We have had few community projects with UJ and UL students; we continue to speak on the relevance of belonging to the SAOA. Student membership recruitment is amongst our major drives going forward.

5.12 HEADS OF DEPARTMENT

A forum of optometry schools HOD has been created as a gateway to collaborate with institutions on a number of initiatives including curriculum support and alignment.

6. BOARD STRUCTURES AND COMMITTEES

The committees are formed as standing committees of the board to support the strategy of the day. I wish to commend and acknowledge the efforts of the below mentioned committees. The chairpersons of the committees are as indicated above; the senior executive bearer (Harry Rosen) sits and provides support in all the committees in his consulting capacity. The committees were as follows; their composition will be as contained in the respective portfolio reports.

- PRIVATE PRACTICE COMMITTEE
- MARKETING AND MEMBERSHIP COMMITTEE
- CLINICAL AND EDUCATION COMMITTEE

- PUBLIC HEALTH
- CONSTITUTION COMMITTEE
- FINANCE COMMITTEE

REGIONAL STRUCTURES

With the database having been cleaned to ascertain accuracy a dedicated plan has been developed for implementation. There will be a CPD programs in at least each region to galvanize and restore the structures which should drive the programs of the SAOA. A call is being made for all persons to avail themselves and support the revival of the regions.

7. AWARDS

I take this opportunity to present the following awards to be persons whose contribution to the profession or SAOA or community could not be ignored. We encourage members to always communicate their contributions or of those their think are doing a great work in promoting the profession or the SAOA.

1. Keevan Sher: Certificate of Tribute
2. Prof. Solani Mathebula: Certificate of Tribute
3. Dr. A Pillay: Certificate of Appreciation

We also recognize the following persons and confer the honorary membership in line with the SAOA Constitution.

1. Dr. Peter Clarke-Farr - CPUT
2. Prof. Tuwani Rasengane – UFS
3. Dr. Vanessa Moodley - UKZN
4. Ms. Pat von Poser – UJ
5. Mr. William Nkoana – UL

8. TRIBUTES

We wish to pay homage to the following persons whose departure has created a void no other person can fill. We are with their respective families as they mourn their loved ones; the profession has been robbed of one of their own.

1. Mr. Gerry Van Winsen – Gerry Optics 2. Mr. Richard A’ Bear (Ocularist) - OAS 3. Nicky Haberle (Optom)

9. TOWARDS 2018

The year 2016 had turned to be a turning point in history. A lot of people had prophesied the demise of the SAOA, maybe correctly so given the events of the recent past. The board remained resolute to work tirelessly to bring about the stability and reengineer the sustainable path going forward. Everyone can admit it wasn’t easy and we needed men and women of a particular caliber to steer off the shadows of self-destruction. Those who came before us will one day tell the truth we decided to mute about. This truth shall one day serve the purpose of history to be learnt that no other person should be crucified for another man’s doing.

For the entire year of 2015 the board spent most of its time in the boardroom dealing with damage control to address the perceptions of which many were very inaccurate to the least. Several consultations were to establish a coherent way forward. I would have used the word united way forward but it had become clear that others could not listen to any reason to fact as they have already made up their mind. It is indeed pleasing that some of those who had taken a preempted stance had since acknowledged imbalanced perceptions. There were members who had resigned for one or the other specified reasons and had committed to return once their concerns had been attendant.

We have indeed considered all inputs and comments which had arisen from the consultations. We have implemented a lot of those recommendations in a varied magnitude. Hence we call upon those who resigned in protest to renew their membership as their concerns have been effectively addressed and will continue to be addressed.

Through the Strategic Plan 2018, we have embraced all inputs to navigate an inclusive SAOA where the membership is the driving force. The plan has taken cognizance that SAOA exist for its members and the advancement and protection of the profession. Kindly visit the Strategic Plan document together with the portfolios report on the website for more in depth information. We will still welcome further inputs into the plan as it is not cast on stone.

10. CONCLUSION

The year 2016 has been a very tactical year whereby we had to change the game plan altogether to align our activities with the aspirations of the members. There was more dedication on advocacy issues in which positions had to be taken. The board took a position to advance and defend the therapeutics. On several platforms including the meeting with OSSA and the submission at the Health Market Inquiry, the message was same that therapeutics is here to stay.

Another milestone was the repositioning of the coding structure. This massive project will see the overhaul of the older structure and the implementation of the new coding structure on 1st May 2017. There are planned roadshows across the country early in the year to conduct sessions to educate members on the new codes. The coding structure is designed to respond to challenges, most of which were raised by the medical schemes like overutilisation and fraud. The codes contain the intelligence to detect and identify unnecessary or incompatible usage.

In 2017 we will also be responding to the call by one of the astute optometrist and researcher to investigate and advance the prospect of conferring a Doctor status to those who have fulfilled the therapeutics requisites. The board had resolved as befitting to pursue this objective as it correspond well with new qualification.

This has been my last chapter as president and would like to thank all persons who have touched me one way or the other. I am in particular indebted to those persons whose contributions were seen as criticism because it is those that turned the tide. The floods emanating from streams are usually the precursor for a rebuild; yet it is that which we unconsciously achieve from the sweltering approach that is strong.

So I can say today that I am what came out of the processes of both the revolt and the support received. Both extremes are to be commended for their support which in my view was necessary to restore confidence to all and sundry.

I wish the incoming presidency to have an equal yet less challenged term in order devote more efforts on progress matters than distractions. I wish the board well to continue working as a unit for the realization of all the goals set within the Strategic Plan. I welcome the new member into the board and trust she will receive the support to run down the corridors of appraise as she joins the team which has already been at pace with issues. The support we have received as the board was massive and we make a call for more support.

I thank all the membership of which without you there is no SAOA, the effect of which would be paining for the profession. I salute you as the most optometric cadre of note, the profession is safer protected.

Thank you

Patrick Mawila President

FINANCE DIRECTOR: REPORT



Audience Maluleke

Introduction.

In accordance with the Companies Act (72, 2008) and principles of good corporate governance (as per King III Report), the management of the financial affairs of an organisation remains a critical role which demands a dedicated finance related portfolio at the highest level, and hence the appointment of the Finance Director.

Appropriate financial controls, endorsed by the SAOA auditors, with regular reporting to the Board and SAOA members are therefore the responsibility of the Finance Director in collaboration with a senior executive, such as a CEO, with the ultimate responsibility remaining with the Board.

The Budget Process.

It is to be appreciated that the accurate planning for this committee in terms of budget is dependent on a full cooperation of other board committees, human resource issues and such other programs that have been undertaken in the past and those envisaged.

In essence, the budget is regarded as a quantified plan and thus the budget strategy employed places emphasis on a zero-base approach i.e. establish anticipated plans and events which are thereafter quantified, rather than simply add an inflator to the financial performance of the previous year.

SAOA NPC.

We often judge the performance of an organisation based on the bottom line at the end the year, to say how much profit or surplus and non-performance being directly proportional to the lack of profit or deficit on the paper and not on the careful and successful implementation of set targets and programs in an attempt to make better the status and the standing of the members and the entire profession.

The SAOA is registered as an NPC, Non-profit Company and we should treat it as such without wanting to justify the (in)ability to have massive profits. Therefore, that this statement should not be misconstrued to be saying that we should be deliberately and recklessly incurring losses but to carefully spend on programs identified to be improving the status and conditions of the members and the profession as (would have been) stated in the MOI.

Finance Committee Composition.

The committee at this point comprise of:
Audience Maluleke
Fritz Wasserfall
Harry Rosen.

It is important to note that, from a reporting perspective. The Finance Committee, firstly, feeds its conclusions, recommendations and proposals to the Executive Committee (Exco), which in turns reports back to the full Board.

The Executive Committee comprises:
The President
Finance Director
Senior Executive Office Bearer.

Terms of reference.

The committee should at least try to bridge the gap that may exist between the board and administration relating to day to day operations that the board doesn't have intimate knowledge of as it relates to the financial status, receipts, spending and other areas that may include but not limited to risk. This is done by way of monthly management account and report that is made available to the finance director generated by the finance department as supervised by the CEO. It is my submission that with accurate reporting, this is where the board will be able to identify areas of concerns, Risk etc before they become problems.

This committee must make it its mandate to ensure that exco, and the board are kept abreast with:

1. Accurate Monthly Management Accounts.
2. Accurate Annual Budget. See other comment above.
3. Accurate Cash-flow Budget, Analysis and Projections.
4. Financial Risk Assessment.
5. Debtors book Management. Including monthly follow through on outstanding accounts*
6. Creditors book Management.
7. Find or identify other alternative sources of income or revenue streams.
8. Continuously mitigate the identified risks.
9. Continue to develop and maintain sound finance policies that ensures compliance with GAAP leading to unqualified audits.
10. Assess and report to exco and board on appointment of auditors.
11. Test the protocol that are in place for potential shortcomings.
12. Maintain and enforce agreed procurement policies.
13. Monitoring of performance of the third-party agents and consultants.
14. Project on membership fees and report to exco and board.
15. Recommend remuneration of staff and office bearers to exco and board.
16. 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

In the preceding financial years, we incurred cumulative losses to the tune of R2.5m and some of the major contributing factors were the inability to manage the debtors' book and improper planning and misaligned programs. Inadequate database system, management and follow up on same was also a major factor. Recently we engaged in a clean-up campaign that saw massive write offs and only invoicing of only

members in good standing and put the rest in a category of potential members. Sadly, that category has not in this financial period been followed up. That is a problem. Opportunity lost but can be regained.

There is also a good number of members that were in good standing in 2015 that are in arrears in 2016 due to inadequate following up of debtors. There can be some good amount of money lost as a result of this.

We however must report that we are keeping the membership fees the same for next year and this year we are projecting a surplus.

We have budgeted for a marketing manager for next year and the roll out of new codes and board members are encouraged to look at the budget that will be sent out soon and comment on their respective portfolios and add to it what we will have to provision for so that the budget is accurate. This is quite important as per the introduction and we cannot overemphasise enough this point.

Audience Maluleke
Finance Director

PRIVATE PRACTICE PORTFOLO REPORT



Emmah Mahlangu

Introduction

The private practice portfolio is a broad portfolio responsible for all private practice related matters which includes matters pertaining to medical schemes and administrators, practice management, legislation of relevance such as the now defunct proposed Certificate of Need, amongst others. A critically important responsibility of the Practice portfolio is the tariff codes which are addressed via a dedicated sub-committee.

The Private Practice Committee is driven by the following persons:

- Fanezile Emmah Mahlangu (chairperson)
- Harry Rosen
- Audience Maluleke

Aims

The aims of this portfolio are summarized as follows:

- To ensure that the SAOA is updated regarding all matters which have the potential to impact on private practice
- To advise members on issues which may arise
- To engage and lobby medical schemes regarding benefit design and developments within the profession
- To act as the 'go to' body for queries and issues encountered in private practice

Coding Committee: Terms of Reference

Composition and Who May Attend

The composition of the Coding Committee shall comprise of persons who are considered to have the required skills, experience and/or expertise deemed necessary to provide guidance and input regarding coding and related processes in accordance with the scope of the committee in terms of its objectives, purpose and activities. Such persons are to include:

- a SAOA Director mandated by the SAOA Board to assume the role of Chairperson of the committee;
- ideally at least two members of the SAOA in good standing;
- any other person or persons who may be appointed as consultants.
- Executive Director/ CEO of the SAOA

At this time, the Coding Committee shall include:

- Emmah Mahlangu (Chairperson]
- Audience Maluleke
- Nivien Subramany
- Peter Brauer
- Martelie Burger
- John Stein (consultant)

The fiduciary responsibilities, terms and conditions of committee participation by the committee members are to conform to the Policies and Procedures of the SAOA.

Objectives, Purpose and Activities

The primary purpose of the Coding Committee is to effectively manage the SAOA Coding Structures which include but is not restricted to:

- To assess the appropriateness of both procedural and product related codes in accordance with the needs of optometric practices which may change from time to time;
- To ensure the appropriateness and accuracy of all code descriptors;
- To recommend code amendments, deletions and additions when and where deemed necessary;
- To liaise with suppliers of optometric products who have listed products (and the potential ones) within the SAOA Coding structure, as per the SAOA policy in this regard, regarding product additions or deletions, if any;

- To ensure any amendments to the coding structure conform to the agreed timelines as agreed with relevant stakeholders such as software houses, medical schemes, administrators and optometric networks.
- To review the coding strategy of the SAOA at least on annual basis or where deemed appropriate, taking cognizance of market dynamics.
- To institute mechanisms to accommodate the principle of mentorship and up-skilling for the purposes of succession planning.

Frequency of Meetings

The Coding Committee is to meet at three times per annum or as deemed necessary.

Delegated Authority

The mandate of the Coding Committee is to put forward its recommendations to the SAOA Board for their consideration and ratification prior to implementation of any amendments to the SAOA coding structure.

Tenure of the Coding Committee

The Coding Committee is to be regarded as a Standing Committee of the SAOA and thus an on-going committee, the composition and mandate of which are to be reviewed on an annual basis.

Reporting mechanisms

The Coding Committee is to provide a report of its activities via the Chairperson of the Committee, to be received by the SAOA Board at least one week prior to each of the planned Board meetings which take place not less than four times per annum.

Challenges in 2016

The priority for 2016, which extend into 2017, is the development of a revised coding structure to ensure:

- The desired intelligence
- Sustainability (not run out of numbers)
- Deterrent to address over-servicing.

Activities: 2016

Introduction of a revised coding structure to accommodate the following aims, on a phased basis:

Phase 1; Removal of generic add-ons

With effect from 1st September 2016, the SAOA removed the majority of generic add-on codes as part of the restructured coding system. To replace these, an 'unbranded' range of lenses has been introduced which will allow smaller laboratories and optometric practices to invoice their own imported lenses.

In essence activities in 2016 included:

- consultative forums with medical schemes, administrators, suppliers, members
- stakeholder seminar
- continuous engagement with key stake-holders which include Iso Leso, PPN. Discovery Health, Opticlear, Medscheme, GEMS, amongst others.
- submission in response to the draft regulations pertaining to medical devices, etc
- Representation on the Private Health Information Standards Committee (PHISC)
- Oral submission (public hearings) – health market inquiry. The submission placed emphasis on
 - designated service providers
 - advertising, touting and canvassing
 - mobile practices
 - deregulation

Goals: 2017

1. To ensure the effective implementation of the revised SAOA coding structure to include education of optometrists, practice staff, medical schemes, administrators, software houses, switch houses etc.

EMMAH MAHLANGU

Private Practice



Patrick Mawila

A. INTRODUCTION

The Clinical and Education committee is a standing subcommittee of the Board which finds its relevance within the main objects of the SAOA Board. The committee is to advance the objectives of the Board as illustrated through the Strategic Profile, below is an extract from the Strategic Profile.

It is also particularly important to note that a number of key stakeholders such as medical schemes and administrators look to the SAOA for guidance relating to acceptable standards of practice to assist with benefit design and processing of claims.

The Committee was mandated to facilitate engagements with relevant stakeholders with a view to create platforms and recommendations for consideration and implementation by the Board. The committee is one of the functional committees mandated to assist and support the Board to fulfil its mandate of achieving the objects as contained in the strategic plan as outlined in the strategic profile document.

B. TERMS OF REFERENCE

1. The aim of the committee is to assist and support the Board with advice and activities to advance the spirit of the Board objectives or as mandated by the Board from time to time.
2. The committee operate within the scope and parameters of the Board.
3. Roles include reporting to the Board on a regular basis, advising the Board on the developmental issues in the field.
4. To ensure address desired content within curricula of academic institutions.
5. To establish and maintain relationships with academic institutions.
6. To establish and maintain a HOD forum to meet at least on annual basis.

7. To develop an annual CPD programme with proposed budgets.
8. To liaise closely with marketing director to ensure appropriate educational content incorporated within publicity material.
9. To establish clinical standards in accordance with needs as determined by Board and Coding Committee (Private Practice Portfolio).
10. To assume responsibility for organization of national conferences.
11. To establish pool of credible speakers.
12. To establish pool of expertise to address queries from public, government etc.
13. Present report to board in every standing Board meeting or as requested so by the Board.

C. STRUCTURE

The committee comprised the following members:

1. Mr Patrick Mawila as chairperson
2. Dr Casandra Seethal
3. Dr Lawrence Sithole
4. Mrs Martelie Burger
5. One representative per university
6. Senior Executive Office Bearer

The committee was designed to have two sub-committees being the Conference and Clinical standards sub-committee. The Conference subcommittee was led by Wendy Histed and the Clinical Standards sub-committee is to be led by Dr Cassandra Seethal.

D. CHALLENGES: 2016

1. Coming from the 2015 financial year the Board had put on hold certain projects including the Clinical Standards project in order to review the financial position of the SAOA.
2. Amongst the main challenges was the financial arrangement for the project which had to be reviewed. This led to certain members losing interest to partake in the project and the committee had to further review its way forward.

3. The other challenge was the delayed formalisation of the HOD Forum in order to solicit their participation in the subcommittee; the meeting only took place later in the year.

E. ACTIVITIES 2016

1. Eye Focus Africa
2. Review of clinical standards documents, drafted and proposed, to date
3. Collaboration with Coding Committee
4. Meeting(s) with Heads of Departments
5. Student liaison – UFS and Limpopo with Presidential tour planned
6. Support of curriculum relating to Therapeutics

F. GOALS: TOWARDS 2018

1. Increase awareness and visibility of the SAOA brand to members and other stakeholders
2. Ensure financial health of SAOA
3. Affirm the SAOA as a custodian of excellent clinical standards and quality of care
4. Increase access to continuing education, relevant clinical training and technology
5. Promote industry viability through collaborations with different stakeholders
6. The formalization of the sub-committee chairs and their action plans
7. Creation of the ICD10 Clinical Manual
8. Complete the process of review of all the completed clinical documents
9. Submitted the reviewed documents to the relevant stakeholders in particular the CMS for approval
10. In collaboration with the both Private Practice and Public Health committees use the documents to motivate better recognition of optical benefits and optometrists within the private and public sector respectively
11. The planning organizing and hosting of the 2018 Conference
12. The regular HOD Forum meetings
13. Regular CPD events and activities including online activities

F. CONCLUSION

1. The committee is expected to expedite the review process of the clinical standards documents; the process has already begun with the appointment of the sub-committee chair.

2. The committee is to take advantage of other Board activities with universities to strengthen the relations with the institutions.
3. Gratitude is extended to all the persons who made contributions towards the realizations of the committee objectives.
4. We would to thank the Board for giving us the opportunity to make a contribution towards a vibrant SAOA.

Patrick Mawila

MARKETING/MEMBERSHIP PORTFOLIO REPORT



Marna Pieterse

“An organisation without marketing is like winking in the dark; we know what we are doing, but nobody else does “

1. INTRODUCTION

SAOA is a professional association registered as a non-profit company representing the interests of Optometrists in South Africa. The intent of SAOA is to provide strong focused leadership and deliver appropriate services to enable SAOA members in all fields of optometric endeavour to achieve excellence and balance by integrating the diverse strengths of its membership.

To realise its vision, SAOA has identified key capabilities and skills that need to be cultivated to levels of proficiency to a greater extent than any other, i.e. to a point of excellence. Marketing is such a capability with emphasis on public relations and communications.

In essence, the image of both SAOA as well as the profession of Optometry is considered a critical issue, to receive urgent and sustained attention. The ultimate aim is to attain positive image ratings at the levels of both the SAOA membership as well as external stakeholders.

Marketing is this a pivotal function of the SAOA as it involves dedication to all forms of communications, both internally and externally, as well as the management of the reputation of both the SAOA as well as well as the profession.

The Marketing committee is a standing committee for the 2016 year the Membership portfolio was also combined with the marketing committee.

2. MARKETING/MEMBERSHIP COMMITTEE: TOWARDS 2018: AN OVERVIEW

Marketing objectives 'Towards 2018' are justifiably ambitious with a membership to be nothing less than 80% of registered Optometrists in South Africa with an image rating of at least '4' across the spectrum of identified SAOA relevant stakeholders (rating scale of 1 – 5 where 1 is extremely poor and 5, outstanding).

The proposed strategic recipe is to incorporate a number of key ingredients to include an internal theme, priority target audiences, a positioning strategy, coherent communication strategy, advertising considerations to include possible review of the SAOA brand, public relations with particular emphasis on relationship management, publicity, dedicated resources and market intelligence mechanisms.

The marketing programme is to be directed at both internal and external role players on a multiple segmentation basis. Internally SAOA is to be positioned as the Custodian of the optometric professions, and externally, the official Mouthpiece.

Well planned , orchestrated , controlled and cost effective marketing activities, as proposed, are to include Focus Group meetings , the concept of a Communication Tree, clearly communicated position statements related to current and topical issues , a Member Assist or Hotline facility, regular press releases aimed at the public , frequent ad hoc news flashes to keep members informed , Eye Care Awareness Month and World Sight Day, practice management related mini symposia , a presidential tour and the possibility of an Eye Care Patron .

In particular, emphasis has been placed on the design of a coherent, succinct, benefit orientated, and consistent communication platform to support the positioning of SAOA.

The success of this programme can only be measured in accordance with the SAOA purpose and related objectives. In this regard, market and marketing intelligence are recommended, the results of which are to be tracked, and to take the form of Dipstick surveys and the proposed focus group meetings.

Effective communication is a key success factor which requires knowledge and special skills. All SAOA office bearers and staff members are ambassadors representing the organisation, and, at times, the optometric profession. It is thus recommended that, where applicable, SAOA office bearers undergo the appropriate education and training in the areas of advocacy, negotiation skills, communication skills etc. on a customised basis.

3. MARKETING/MEMBERSHIP COMMITTEE COMPOSITION

The committee is comprised of the following members

Harry Rosen

Marna Pieterse(Chair)

Werner Fourie

Audience Maluleke

Rendani Netshivhuyu
Stephen Goldberg
Nivien Subramany

4. GOALS 2016

Goals for Marketing and Membership in 2016 (in accordance with 'Towards 2018')

The following are the priority goals as identified by the Board:

1. Increase awareness and visibility of the SAOA brand to members and other stakeholders.
2. In particular, the intention is for the SAOA to achieve targets, as defined below, by end 2017

- * Membership - 1400 optometrist members from within the private sector;
- * 100 optometrist members from within the public sector
- * 50 dispensing optician members

These targets are above the agreed principle of increasing membership by 10% across the spectrum of all voting membership categories (excluding the Life Membership awards)

3. To achieve the following image ratings:

- Stakeholder Image rating - 4
- Membership satisfaction rating – 4

5. MARKETING/MEMBERSHIP COMMITTEE: TERMS OF REFERENCE

Marketing

- To develop annual marketing plan with proposed budgets
- To determine all communication strategies
- To ensure comprehensive public relations and publicity plan, as extension of marketing plan
- To ensure effective communication, internally and externally
- To ensure implementation of marketing strategy
- To be responsible for SAOA corporate 'identity and image
- To present report to board on monthly basis

Membership

- * To establish annual membership growth and retention strategy

- * To establish and review membership benefits on annual basis
- * To ensure high standard membership database
- * To determine membership/practice related materials
- * To present report to Board on monthly basis

As Director responsible for this portfolio, I assume the role of Chairperson. I am to determine direction in collaboration with Harry Rosen. Implementation to be overseen by the appointed consultant CEO.

6. Marketing Plan

A comprehensive marketing plan was drafted as per the terms of reference. The marketing plan is also in accordance with the goals set out in 'Towards 2018' and will be used as guideline for plans going towards 2018. The full plan is posted on the SAOA website.

To this end an intensive marketing programme was instituted to encompass the following:

- A dedicated marketing portfolio at Director Level
- **Marketing and Membership committee established**
- A full-time marketing employee with appropriate expertise and skill.
- **The Board's intention is to appoint a suitable marketing person with expertise and experience to drive marketing operations.**
- Incorporation of cutting-edge information and communication technology within all marketing activities.
- **E2 has been appointed as database and communication platform company, new website designed and active with new member functions capabilities**
- Public relations on a deliberate, planned and sustained basis.
- **Stakeholder seminar held in February 2016**
- Current information to be disseminated to members and stakeholders with sense of urgency.
- **Weekly newflashes disseminated to members via email using E2 platform**
- Dipstick surveys to track and monitor results of actions.
First survey disseminated and feedback received

6.1 Key Issues

The marketing plan takes cognisance of five identified key issues which, to some extent are inter related, namely, division within profession, relatively low profile(awareness), positioning of SAOA, perceived value of SAOA and apathy within the profession.

A SWOT analysis gave rise to a number of issues to be considered and addressed which have the potential to impact on the marketing success of SAOA.

Issue 1: Impaired Image and Reputation

Aim: Improve trust and relationships. Effectively address needs, attitudes and perceptions, objectively assessed, of all categories within the optometric profession.

Issue 2: Low Awareness Aim: Enhance visibility and increase profile of SAOA

Issue 3: Positioning of SAOA

Aim: Ensure desired perception of SAOA as custodian of profession in minds and hearts at all levels

Issue 4: Perceived value of SAOA

Aim: Intensify feedback re delivery of value at membership level

Issue 5: Apathy within profession

Aim: Stir enthusiasm and revitalisation within organisation

6.2. Objectives Towards 2018

Objectives are ambitious, but achievable, simply stated and to be achieved within a specific time line.

The following objectives are regarded as pertinent for the period 2015- 2018

Membership Numbers: 80% of all registered practicing Optometrists

Image rating: 4

Awareness: 4

Membership satisfaction: 4

The objectives related to image, awareness, membership satisfaction are based on the following rating scale.

1= Very Poor

2= Poor

3= Adequate

4 = Good

5 = Excellent

2016 Survey results

1. Telephone etiquette (SAOA office)	2. Friendly staff - Ability of staff to handle the queries	3. Friendly staff - The willingness of staff to assist where possible	4. SAOA value to profession	5. SAOA value to your practice
Avg 3.5	3.4	3.5	3.5	3.2
6. Leadership. Directorate and office bearers - Coherent direction	7. Leadership. Directorate and office bearers - Accessibility	8. Leadership. Directorate and office bearers - Ability of the directors to listen and to assist where possible?	9. Awareness of SAOA activities	10. SAOA Structure

Avg 3.1 3.2 3.3 3.1 3.2

6.3 Strategy

The marketing strategy represents a recipe to ensure coherent direction for SAOA in accordance with the overall SAOA corporate strategic profile

Theme

Target audience(s)

Positioning

Communication platform

Advertising

Publicity

Public Relations

Market(ing) Research

Resource Deployment

Education and Training

6.4 Theme

A marketing theme is recommended from which all marketing activities are directed. The theme serves a number of purposes, the importance of which is captured by the following factors.

- A Common frame of reference for all
- Directional
- Inspirational

6.5 Communication Strategy

6.5.1. Target Audiences

Optometrists

Dispensing Opticians

Members

Non Members

Regions

Academic Institutions

Students

Industry

Public

Press

6.7 Positioning

A multi segmented approach is to be adopted simply to be differentiated between 'internal 'and 'external '.

Positioning: Internal

This approach is orientated to the micro –environment ie all Optometrists - all branches, groupings and categories and to be promoted as the **Eyes, Ears, Voice and Conscience of the Optometric Profession.**

In essence, SAOA to be positioned as the CUSTODIAN of the profession.

Positioning: External

With reference to external stakeholders, such as Government, SAOA to be positioned as the

VOICE or MOUTHPIECE of the profession.

6.8 Communication

All communication to be translated into benefit driven language from the perspective of the stakeholder(s) concerned

6.9 Features and Benefits

Membership benefit document available on website

6.10 ACTIVITY PLAN

Focus Groups

First focus group meeting was held with some of the Dispensing Opticians present at Eye Focus Africa Presidential Tour

The proposed Presidential Tour is scheduled for parts of country at the end of 2016 and balance of country early 2017 and will be combined with Roadshows to address the new coding structure implementation for May 2017.

Communication Tree

Directors and committee members have received list and will be making contact with members from the end of 2016 going into 2017

Position Statements

Submission to the Competition Commission was submitted and strong positions was taken. The submission and positions was disseminated to members.

National Eye Welfare Day

Press Releases

The SAOA was featured twice in Eyesight magazine during 2016 as well as an “State of the Association” article published on the online forum.

Advertising

Educational Meetings

Student Conference

News Flashes- Sms, Twitter, Facebook

Weekly newsflashes are send via email

Member Assist – Hotline

Functional

Patron

Possible Patrons/Eye care Champions have been identified

6.11 Education and Training

☒ Advocacy

Advocacy workshop was held with valuable training provided

☒ Negotiation Skills

☒ Communication Skills (Handling of attitudes)

☒ Presentation Skills

6.12 Focus Groups

The Focus Group, which really takes the form of a small group meeting is an extremely valuable exercise in terms of marketing and public relations. In essence, benefits derived for SAOA include:

- The opportunity to address a captive audience with common needs
- Focused communication directed at the audience in accordance with the strategy
- Qualitative Research - The opportunity to glean information, tapping into the attitudes and perceptions of the focus group participants
- Public Relations – networking with key individuals invited to participate ie relationship management
- Cost effective
- Ideally, the following focus group meetings are suggested:
 - ☒ One dedicate to historically disadvantaged Optometrists
 - ☒ Three meetings involving SAOA members (regional considerations)
 - ☒ Three meetings involving SAOA non-members (regional considerations)
- Ideally, each meeting to be facilitated by an independent facilitator (but not essential) with at least two SAOA office bearers in attendance.
- Each meeting to have between seven and fifteen participants.
- Focus group meetings are not flawless. There are times (eg) when there is one apparent ‘leader’ of the group who tends to dominate. On the other hand, there are others who may not be as outspoken as required. However, with appropriate facilitation, and at times, follow through with specific individuals; the advantages far outweigh any disadvantages.
- Focus Group requirements:
 - ☒ Venue (u shape seating) to accommodate not more than fifteen participants.
 - ☒ Light refreshments
 - ☒ Invites (telephonic and confirmation by email)
 - ☒ SAOA presentation
 - ☒ Questionnaire for use by facilitator
 - ☒ ‘Thank you ‘correspondence as follow through
 - ☒ Consolidated report of all focus group meetings to be disseminated to membership

6.13. Presidential Tour

A tour to all officially demarcated regions by the SAOA President is suggested, the aim of which to present 'Towards 2018' with the intent of sharing the SAOA Vision with members i.e. A 'State of the Profession' address to incorporate trends, assumptions, challenges, opportunities and threats. Also, SAOA official positions on topical issues to be presented.

6.14 EDUCATIONAL MEETINGS

An opportunity to invite influential individuals to address SAOA office bearers and/or members

Invite:

- Influential Individuals to present
- Influential Individuals to attend

6.15 MINI CONFERENCES (REGIONAL): STRATEGIC ALLIANCES

Seminars to take the form of one day seminars are suggested with emphasis on practice management. Agenda to include (eg)

- ☒ Financial Management
- ☒ Marketing of an Optometrist practice
- ☒ Relevant legislation – Consumer Protection Act, National Credit Act, Access to Information Act
- ☒ Human Resource management
- ☒ Communication Skills
- ☒ The 'Heart Sink' patient
- ☒ Ethics

6.16 STUDENT CONFERENCE

An annual conference for the benefit of final year students

Theme: Setting Up Practice

Affiliated to Annual Conference or Independent

6.17 COMMUNICATION TREE

The communication tree is an extremely effective means of communicating with stakeholders. In essence each SAOA office bearer is delegated the responsibility to maintain contact with (eg) ten Optometrists (and other stakeholders) on a planned and deliberate basis, and at least four times per annum. There will be times when ad hoc communication will be necessary.

Each contact will be in accordance with a predetermined communication strategy to inform and/or solicit opinions.

Importantly, the Communication Tree mechanism is inexpensive in terms of money and time. The challenge is for the office bearers concerned to dedicate the time, making use of any of the following methods:

- ☒ Telephone
- ☒ Visitation
- ☒ email

The primary aim is personal contact, the most effective ingredient within the promotional mix.

6.18 EYE CARE AWARENESS MONTH AND WORLD SIGHT DAY

The concept of a dedicated day of benefit to communities throughout South Africa would incorporate:

☒ Strategic Alliances

Strategic alliances with Brien Holden and National Council of the Blind was made

☒ TV, Radio and press

Director of Finance, Mr. Audience Maluleke was featured on YoTV

☒ Talks to schools

Audience talked to the learners at Hillview High in Pretoria during Assembly, highlighting the importance of spectacle wear and to influence the kids to start changing the stigma about spectacle wear and the teasing that accompanies it.

☒ Community service at key centres

For Eye care awareness month, newsflashes were also disseminated to members informing of the origin, statistics and facts that could be used for patient information. Information was also provided regarding events on World Sight Day the 13th of October where members could get involved.

The following was World Sight Day and Eye Care Awareness month SAOA and SAOA and partner initiatives throughout the country

- 1. In partnership with Brien Holden SAOA was represented at the opening of the dedicated Optometry Clinic at the Alexandria Clinic. The MEC of Health opened the clinic and screening of 200 community members was done, should spectacles be necessary patient was referred to the new clinic where Brien Holden would then assist in supplying spectacles.**
- 2. In partnership with the students of the University of Limpopo, the SAOA had screening day at the Grace Bible church in Polokwane. 200 community members were screened and will receive spectacles.**
- 3. At the Albert Lituli Hospital in Durban Director Rasjeshree Budoo was instrumental in organizing screening for staff and members of the public with partnership of the ophthalmology department.**
- 4. At the Grace Bible Church in Soweto, approx. 500 pensioners arrived for screening. SAOA directors, members and our HOYA partner started screening and testing to supply spectacles sponsored by HOYA. The day was just too short and the project will continue on the 25th of October 2016.**
- 5. In partnership with the Metro Police, notices will be given to motorists in Gauteng, "finening" them to have regular eye exams to raise awareness.**

6.19. Publicity

Media

In general, on a regular basis, throughout the year, it is recommended that SAOA take advantage of available communication media to educate and/or inform members, non- members, key stakeholders, via:

- Social Networks
- Facebook
- Twitter
- SMS
- Web
- SAOA Publications
- Press
- Communication Tree

Press releases

As a service from SAOA, on a monthly basis, aimed at the public, succinct releases on topical issues to be disseminated via the media. Topics to include:

Membership

Regular, succinct reader friendly contact with SAOA members is a critical factor. Such publicity to take the form of:

- ☐ Position Statements
- ☐ Articles
- ☐ News Flashes

Articles

One article of interest to be entitled 'A Year in the Life of a Non SAOA Member'.

News flashes to be disseminated at least monthly making use of SMS, Twitter, Facebook etc and to provide feedback on SAOA activities, meetings etc.,

6.20. Member Assist Hotline

The member Assist facility is a dedicated resource, on a formalised basis whereby SAOA members can receive guidance and advice via the SAOA office.

6.21. Advocacy

'If not at the table, then on the menu '

Advocacy from a SAOA perspective could be defined as any activity which involves argument on behalf of the organisation (members), the optometric profession, or a specific cause and can take the form of lobbying, public relations, activism etc.

Advocacy could be regarded as the most important benefit to members and thus the necessity to ensure programmes are effective with the desired impact.

The Advocacy training proposed takes the form of a two-day workshop which encompasses the entire cycle of advocacy activities including the appropriate analysis, planning, strategies, tactics, communication, follow through etc.

6.22. Negotiation Skills

The ultimate aim for effective negotiations is to establish a 'win – win 'situation for all parties concerned. A 'win – lose 'or 'lose-win 'scenario, in the long term, is counterproductive.

The Negotiation Skills training takes the form of a half day, interactive workshop, dedicated to various scenarios, strategic and tactical considerations, language, decision making, 'do's and don'ts

6.23. Measurement

The performance of an organisation can only be measured in accordance with its purpose and related predetermined objectives. With specific reference to the marketing strategy for SAOA, the following parameters would need constant assessment

- ☒ Membership numbers – expressed as a percentage of registered Optometrists
- ☒ Turnover – Rands and Growth (%)
- ☒ Stakeholder awareness (rating)
- ☒ Membership satisfaction (rating)
- ☒ SAOA Image (rating)
- ☒ Strategy implementation (Yes/No)

Measurement and Monitoring: Sources

Dipstick surveys

Focus Groups

SAOA Financial statements

7. STRUCTURE

- Currently, the SAOA makes use of E2 for database and website
- To have Agency Company that can do Marketing for the SAOA.
Briefings was held with prospective companies, and presentations presented. Awaiting another 2 presentations before final decision is made. The company will assist in raising awareness, internal marketing and social media in the interim until Marketing position is filled
- To have IP/IT security.
Database and email back-ups is now cloud based.

8. Challenges: 2016

In 2016, in general, the SAOA experienced a number of challenges which were effectively negotiated on a tight budget. For 2017 there is a marketing budget is in place and a lot more will be achieved.

9. 2017 at a Glance

The board and the marketing and membership committees will continue to dedicate themselves to implementing and improving the marketing plan in 2017 with the eye on our goals towards 2018

Marna Pieterse

Marketing/Membership



Rajeshree Budhoo

1. Introduction

The Public Health Committee of the SAOA was formed primarily 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, 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, is summarised as follows:

- To inform the board and members of the profession of matters relating to public health
- To establish and maintain relationships with government, the public sector and key stakeholders
- The responsibility to report to the board timeously on 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.

3. Committee Composition

The committee members are as follows:

Chairperson: Ms Rajeshree Budhoo

Mr Harry Rosen

Ms Ntombi Zitha

4. Challenges: 2016

- The main challenge was the difficulty in the formation of the committee and the structure. This is still a challenge that is currently being addressed.
- Therapeutics in the public sector

5. **Goals 2016 (in accordance with 'Towards 2018')**

For 2016, the following primary goals were identified, to ensure the desired focus:

- Submit an official response to the National Health Insurance (NHI) White Paper.
- Orchestrate key events to accommodate the aims of Eye Care Awareness Month during the stipulated time-frame (23 September to 18 October 2016)
- Improve and maintain relationships with key stake-holders such as the Department of Health, Public Sector Optometry Forums, etc.
- Effectively address challenges which arose from the advent of the extended scope of optometry i.e. the advent of therapeutics
- I am adding an additional goal after reading our President's report on The Montebello Hospital screening. It is apparent that most public hospitals are not adequately equipped according to HPCSA standards. It is therefore appropriate that the Public Health Committee add this as a goal to pursue as well as it ultimately affects standard of care.

6. **Activities 2016**

- Submitted a written response to the NHI White Paper.
- Attended the BHI conference which focussed on the implementation of NHI
- Strategic Alliances: - Strategic alliances with Brien Holden, National Council of the Blind, Department of Health, Ster Kinekor
- TV, Radio and press: Appearances on radio and TV
- Talks to schools:
Audience talked to the learners at Hillview High in Pretoria during Assembly, highlighting the importance of spectacle wear and to influence the kids to start changing the stigma about spectacle wear and the teasing that accompanies it.
- Community service at key centres
- Eye Care Awareness Month 2016:
For Eye care awareness month, newsflashes were also disseminated to members informing of the origin, statistics and facts that could be used for patient information. Information was also provided regarding events on World Sight Day, the 13th of October where members could get involved.

The following was World Sight Day and Eye Care Awareness month SAOA and partner initiatives throughout the country:

1. In partnership with Brien Holden, the SAOA was represented at the opening of the dedicated Optometry Clinic at the Alexandria Clinic. The MEC of Health opened the clinic and screening of 200 community members was done. Should spectacles be required, the patient was referred to the new clinic where Brien Holden would then assist in supplying spectacles.
2. In partnership with the students of the University of Limpopo, the SAOA had screening day at the Grace Bible Church in Polokwane. **200** community members were screened and will receive spectacles.

3. At the Inkosi Albert Luthuli Hospital in Durban, Director Rajeshree Budhoo, (assisted by private optometrist Mr Jithen Rooplal) was instrumental in organizing screening for staff and members of the public with partnership of the ophthalmology department. 110 patients were screened and those requiring further care and/or spectacles were referred to McCord Hospital.
4. At the Grace Bible Church in Soweto, approx. **500** pensioners arrived for screening. SAOA directors, members and our HOYA partner started screening and testing to supply spectacles sponsored by HOYA. The day was just too short and the project will continue on the 25th of October 2016.
5. A WSD event was held on Wednesday, 19th October at Montabello Hospital, near Tongaat in KZN, attended by our President, Mr Patrick Mawila. It was a well organised event with a formal function, followed by the screening. Over **500** patients were planned to be screened. However due to time constraints, only **150** patients could be screened with the rest being rescheduled for later in the week. There were 5 optometrists (only 1 from private practice- Ms Haseena Majid) and 5 ophthalmic nurses who assisted. It did emerge at the event that the human resources to service the community is not adequate thus motivating for an additional optometrist and ophthalmic nurse.
The event was a success, as it focussed on the awareness of the eye care services and availability.
6. In partnership with the Metro Police, notices will be given to motorist in Gauteng, “fining” them to have regular eye exams to raise awareness.

7. Conclusion(s)

1. I would like to thank the Board and Harry Rosen for the contributions to the Public Health Committee and assisting with and participating in all the events.
2. Thank you to the marketing committee for all the notices and news flashes that are sent out to our members.
3. The road ahead is not a smooth one! The NHI is in our sights and we need to ensure that optometry is correctly positioned.
4. The Board has taken on the role to assist members with the challenges facing the expansion of scope of practice, Therapeutics. A continued engagement with professional bodies and the Department of Health is required.
5. Most public hospitals are not adequately equipped to provide a basic optometric service. The Public Health Committee has added this to the issues we shall address going into 2017.

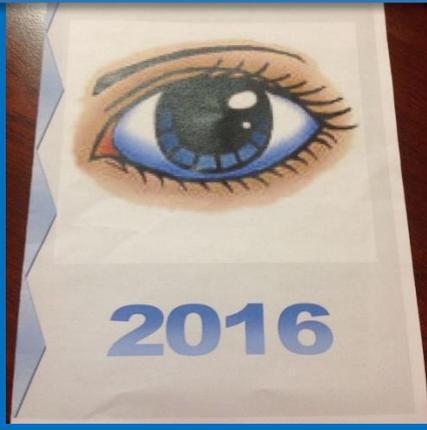
Thank you.

R. Budhoo

Director - Public Health Committee



SAOA 2016





SAOA 2016 YEAR END REPORT



SAOA VISION

**The recognised voice and custodian
of the
Optometric Profession**

PRESIDENT'S ANNUAL REPORT 2016



Patrick Mawila

11.BACKGROUND

On behalf of the Board it is once again my sincere pleasure to present the PRESIDENTIAL REPORT which represents a synopsis of the board activities of this financial year ended 30th September 2016. On presenting this report I wish to extend much gratitude to the membership for your continued support to the leadership. You have bestowed in us a not-so-easy-responsibility to act on your behalf in respect of advancing that which promote and protect the profession being your interests. Having accepted this responsibility, we were never naïve to underestimate the efforts and demands required of us. We have indeed done that which we planned at the beginning of the year, coming from recent difficult period.

I also wish to extend a thank you note to my fellow directors and our consultants whom we worked very well together; in particular PBA&E represented and led by Harry Rosen. I must say that above everything and despite the distractions we encountered they showed character of a special kind, thank you. Very few will ever know what you endured.

12. BOARD

2.1 COMPOSITION

The Board comprised the following directors with their portfolios, it is to be noted that there was always an overlap with the actual term of the board and the financial year, as a result some of the board members will appear only at the beginning of the financial year.

DIRECTOR	COMMITTEE	OTHER/SUB-COMMITTEE
Patrick Mawila	President	Clinical & Education committee
Pieter Naude	Vice President	Membership & Regions
Audience Maluleke	Finance	Coding, NHI
Emmah Mahlangu	Private Practice	Coding
Rajeshree Budhoo	Public Health	NHI, Pubic Sector
Marna Pieterse	Marketing & Membership	Membership

2.2 MEETINGS

The Board had standing a minimum of four board meetings as required by the MOI (Companies Act), in addition few other special meetings were held to discharge specific issues as they arose. The board had eight physical meetings, four teleconference and two Skype meetings collectively giving a total of fourteen meetings.

Attendance was follows:

2015

	29.10.2015	05.11.2015	12.11.2015	19.11.2015	14.12.2015	15.12.2015
Patrick Mawila	<input checked="" type="checkbox"/>					
Audience Maluleke	<input checked="" type="checkbox"/>					
Emmah Mahlangu	<input checked="" type="checkbox"/>					

Rajeshree Budhoo	<input checked="" type="checkbox"/>					
Marna Pieterse	-	-	-	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Peter Brauer	<input checked="" type="checkbox"/>					
Andrew Cochrane	<input checked="" type="checkbox"/>	-	-	-	-	-
Wendy Histed	<input checked="" type="checkbox"/>	-				
Nivien Subramany	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-	-
Pieter Naude	<input checked="" type="checkbox"/>					

2016

	13.02.2016	15.02.2016	29.05.2016	05.07.2016	30.07.2016	31.07.2016	05.09.2016	19.09.2016
Patrick Mawila	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	x	x	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Audience Maluleke	<input checked="" type="checkbox"/>							
Emmah Mahlangu	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	x	<input checked="" type="checkbox"/>				
Rajeshree Budhoo	<input checked="" type="checkbox"/>	x	<input checked="" type="checkbox"/>					
Marna Pieterse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	x	<input checked="" type="checkbox"/>				
Pieter Naude	x	<input checked="" type="checkbox"/>	-	-	-	-	-	-

DIRECTOR	APOLOGIES	CURRENT STATUS	TOTAL ATTENDANCE
Patrick Mawila	2	ACTIVE	12
Pieter Naude	1	RESIGNED	7
Audience Maluleke	0	ACTIVE	14
Andrew Cochrane	0	2014/2015	1

Peter Brauer	0	2014/2015	5
Nivien Subramany	0	2014/2015	5
Wendy Histed	0	2014/2015	5
Emmah Mahlangu	0	ACTIVE	14
Rajeshree Budhoo	1	ACTIVE	13
Marna Pieterse	0	ACTIVE	14

2.3 RESIGNATIONS

There were two board resignations; Andrew Cochrane resigned at the end of October 2015. Pieter Naude resigned in April 2016 for personal reasons. The board is appreciative of their respective contributions; they did indeed bring value to the vibrancy of the board.

2.4 BOARD FUNCTIONALITY

As the chairperson of the Board I submit that it was a great pleasure working with these directors, although we differed from time to time. Everyone contributed towards the set objectives and I must commend each one of them for the social and work sacrifices as the board sometimes demanded long weekends and long nights. The decisions of the board were mainly taken through persuasions (consensus) and only in rare occasions through a vote.

2.5 OVERSIGHT AND CULTURE

We came from a period of successive deficits and it became very important for the board to institute new measures in the oversight role to ascertain proposer and adequate observance of the policies. The board does not interfere with the day to day office operations but instead oversee the implementations thereof, of importance was the adherence to budget. To this effect the monthly management reports were required to ascertain and avert the risks. As an effect the risks were always kept at lowest and the results were positive as shown through the AFS.

The culture of the board had been impressively responsive and proactive in approach. Consequently, an environment for the directors to self-assess for self-improvement has been created. Membership issues

have been dealt with much expediency and efficiency. Yet we still call upon those whose issues were not attendant to their satisfaction to alert the office and if need be the board.

13. ADMINISTRATION AND FINANCES

The Board had taken decisions to outsource certain administrative functions to accelerate the recovery process while strengthening the office capacity. Few consultants were appointed as follows:

4. PBA&E to serve the purpose of administrative head and reported to the board.
5. Integrity to serve the bookkeeping function and report to the board via PBA&E.
6. E2 to serve the IT and database function and report to the board via PBA&E.

We have assessed the performance of the Consultants and extended their respective contracts in line with the agreed performance parameters. The board was satisfied with the office operations albeit more needing to be done. We have seen improved content and layout and the frequency of the communications through the Newsflash. Our financial books have become much user friendly as is with the database which continues to be updated.

The office had a compliment of four staff whose job descriptions have been aligned to support the Strategic Plan. The human resource development plan has been approved by the board for implementation aimed at capacitating the office staff, where necessary.

There has been a seamless operation within these competencies to an extent that working synergy has been developed. The plan is to continuously develop these competencies within the office to a level where there will be less reliance on the consultancies. The Strategic Plan has created a post of Marketing Manager, the position of which should be filled early in 2017.

The financial controls which have been a big weakness in recent years have been closely monitored to an effect of a positive outlook. The financial policy had been adhered to the later as was the budget containment being observed. The board do not regard the surplus as an achievement but instead an observance for confidence and viability. The board instead believes it is the programs which should be elevated above surplus as the SAOA is nonprofit making organization; the money is required as means to achieve the programs as contained in the program of action. Better still; the board is happy to announce a surplus of just less than R1.7million as shown in the AFS. This is a very significant milestone given the successive deficits in recent times. Of significance is the major deliverables for this financial year which will also be illustrated in this report. The board is therefore very happy with the deliverables against the cost containments.

14. BOARD ACTIVITIES

4.1 STRATEGIC PLAN AND BUSINESS PLAN

The strategic plan has after been disseminated to membership for input and a workshop held, has been adopted as a driving force for the board. The business plan has also been concluded to give effect for strategic plan implementation. The full documents are readily available on the website.

In accordance with the philosophy of 'structure always follows strategy', an appropriate structure was developed which was also made available to the membership for comment via a survey. The results of the survey were pleasing, under the circumstances, which gave rise to a satisfactory or adequate conclusion.

4.2 HEALTH MARKET INQUIRY

The Competition Commission instituted a health market inquiry to investigate possible anti-competitive behaviors within the private health care sector and the impact on cost of health services. SAOA as an interested party made a submission on the positions the board had adopted, especially on the therapeutics contestation, networks market dominance, deregulation, etc.

Although the set timelines have been missed by the commission, we understand they can conclude by end of the year and we are watching all the developments with keen interest.

4.3 EYE FOCUS AFRICA

The conference was held in Gallagher Estate from 6 to 8 September 2016. The conference was arguably on a relatively smaller scale than 2015, the board received mainly positive feedback on the conference especially on the content of lectures. This was our last conference in partnership with Rayalson. The board has resolved to have one major conference every two years going forward with the next conference planned for 2018. We, however investigate the possibilities and feasibility of mini-conference or symposia. We will also take guidance from the membership as to demands for regular regional CPD events.

4.4 NHI WHITE PAPER AND MEDICAL DEVICES DRAFT LEGISLATION

After broad consultations and setting up an ad hoc team to advise the board, the board submitted its comments to the NHI White paper which was released earlier this year. The board also commented on the draft legislation on medical devices, the final submission was done after a thorough consultation with industry stakeholders. Consultations included a seminar with suppliers and networks wherein their inputs were received.

4.5 EYECARE AWARENESS MONTH

The month was celebrated with a call to action theme “Stronger Together” through a variety of activities, Newsflash, Press Releases, Radio interviews and events. Events were held in Soweto and Polokwane (in conjunction with the UL optometry department) Grace Bible churches respectively, Alexandra Clinic (in conjunction with Department of Health and Brien Holden Vision Institute), and Montebello Hospital (in conjunction with the District Department of Health).

We thank all the optometrists’ volunteers who sacrificed their times out of their practices to assist with the programs in these respective events. We also acknowledge those who participated in the commemorations in one form or the other in their respective spaces.

We also extend our appreciation to HOYA for sponsoring the spectacles for the events in Polokwane and Soweto and GENOP for the loan equipment for the Soweto event.

The board has resolved on appointing a Patron, this should be a person with a national stature and presence. We hereby invite suggestions of names for the persons who can be appointed as SAOA Patron; suggested names can be submitted to the office.

4.6 SAOA’S SERVICE PROVIDERS AND CONTRACTS

The board took a decision to review the service providers’ contracts with an aim to reduce the cost, this resulted in termination of certain contracts which we could do without while others were consolidated into a cost effective package.

Consequently, the board appointed E2 to render the IT services; the result has been improved communication in terms of contents, layout and frequency of the Newsflash and effective database management.

4.7 ADVOCACY TEAM AND POOL OF EXPERTS

From time to time the board needs support on variety of specialized areas. To this effect and in response to the AGM Resolution which mandated the board to investigate the appropriate advisory board, the board appointed the advocacy team and the pool of experts. Those with vested interests in specialized areas may contact the office and be added into these teams.

15. STAKEHOLDERS

As part of the board strategy to develop synergies and occupy the space to drive the profession by way of influencing decision makers, the board embarked in a long stakeholder engagement. The board adopted the theme “Relationships and Results – R&R” to create relationships and have results from the relationship. Many stakeholders have been engaged and the relationships developed. We will mention just few for the purpose of reporting.

5.1 PAST OFFICE BEARERS

We continue work diligently to create an environment where past office bearers will play a pivotal role in the processes of the SAOA and the profession. To date we have had positive interactions with majority of our past presidents and directors.

5.2 OPHTHALMOLOGY SOCIETY OF SOUTH AFRICA (OSSA)

Significantly, a meeting was held with the executive of OSSA to discuss amongst others relations between the two bodies. The outcome of the meeting was communicated reporting that the meeting was very successful albeit agreed to differ on the therapeutics question. The mood was that further engagement will be held and part of that was that the President of OSSA graced our conference and gave lecture. OSSA extended their invitation for a joint NHI submission and joint engagement with the department of Health.

5.3 OCULARISTS ASSOCIATION OF SOUTHERN AFRICA (OASA)

Formal engagements with Ocularists have taken place to discuss amongst others the formal recognition of their profession. Further bilateral will take place to strengthen the relations between the two Associations. It is significant to note that membership of the SAOA is a prerequisite for being a member of OASA.

5.4 SUPPLIERS

Suppliers continue to be our close allies having cooperated together on many initiatives including the comments on the draft regulation on medical devices. We continue to interact with the suppliers very closely and we have ambitious plans ahead. In this regard, by way of example, the SAOA adopted a leadership role in advising and guiding the suppliers of optical lenses and contact lenses regarding the draft regulations pertaining to medical devices.

5.6 PROFESSIONAL BOARD OF OPTOMETRY AND DISPENSING OPTICIAN (PBODO)

A stakeholder meeting hosted by the PBODO on the issues of the Dispensing Opticians (DO) was held earlier this year. The SAOA adopted a position to support the dispensing optician to be protected as a profession against the unregulated personnel. This was with regard to front staff doing the dispensing function as they felt this undervalued their scope of practice. The SAOA also supported the Dispensing Optician on the issue of practice partnership with optometrists as per the earlier regulation on the matter which allowed partnership with optometrists but not sole ownership. The SAOA extended an invitation to the Dispensing Opticians to draw a program of action to address the deficiencies identified in the market.

5.7 DEPARTMENT OF HEALTH

The SAOA delegation met with the Deputy Minister and his senior officials earlier this year to engage on few matters which included public sector posting and remunerations. The significance of the engagement was that there is great appreciation and support for optometry in the political hierarchy. The SAOA also enjoys great support from the Gauteng MEC. There were few engagements with the officials of the department on a number of ranging issues which gives the SAOA confidence that optometry is receiving the required support to be better placed within the eyecare team but the health environment as well. Optometry is amongst the primary health professions catered for within the NHI, this recognition cannot be taken lightly. Of importance is that the SAOA has been invited by the National Department of Health to participate in a task team to establish a blueprint for the delivery of eye care within the framework of the NHI.

5.8 DEPARTMENT OF TRANSPORT

There were positive meetings with the National, Gauteng and Kwa Zulu Natal Departments of Transport. All these meetings have placed emphasis of the role of optometrists as primary vision gate keepers. There have been few concerns especially of malpractice and bogus optometrists where certificate was issued with incorrect findings. We call upon optometrists to guard against this as it is a serious case of malpractice but also to guard against the bogus optometrists normally found near testing stations.

5.9 MEDICAL SCHEMES AND NETWORKS

Critical meetings took place throughout the year where we presented our new code structure and advocated for the remuneration of diagnostic and therapeutic procedures as they are now actively part of the scope for those who have undergone the relevant training.

Amongst the issues discussed with the networks was the undesirability of random audits especially in their current form. Our position is that we discourage any form of fraud and do contribute to eradicate same, but we do not promote the harassment of optometrists in any form. Entrapments and victimization have been reported as some of the cases by the networks.

5.10 BRIEN HOLDEN VISION INSTITUTE

We continue to partner in numerous projects, having partnered in the school health projects, IAPB conference etc. Bilateral engagements are to be held to forge partnerships in other projects into 2018.

5.11 STUDENTS

We have had few community projects with UJ and UL students; we continue to speak on the relevance of belonging to the SAOA. Student membership recruitment is amongst our major drives going forward.

5.12 HEADS OF DEPARTMENT

A forum of optometry schools HOD has been created as a gateway to collaborate with institutions on a number of initiatives including curriculum support and alignment.

16. BOARD STRUCTURES AND COMMITTEES

The committees are formed as standing committees of the board to support the strategy of the day. I wish to commend and acknowledge the efforts of the below mentioned committees. The chairpersons of the committees are as indicated above; the senior executive bearer (Harry Rosen) sits and provides support in all the committees in his consulting capacity. The committees were as follows; their composition will be as contained in the respective portfolio reports.

- PRIVATE PRACTICE COMMITTEE
- MARKETING AND MEMBERSHIP COMMITTEE
- CLINICAL AND EDUCATION COMMITTEE

- PUBLIC HEALTH
- CONSTITUTION COMMITTEE
- FINANCE COMMITTEE

REGIONAL STRUCTURES

With the database having been cleaned to ascertain accuracy a dedicated plan has been developed for implementation. There will be a CPD programs in at least each region to galvanize and restore the structures which should drive the programs of the SAOA. A call is being made for all persons to avail themselves and support the revival of the regions.

17. AWARDS

I take this opportunity to present the following awards to be persons whose contribution to the profession or SAOA or community could not be ignored. We encourage members to always communicate their contributions or of those their think are doing a great work in promoting the profession or the SAOA.

1. Keevan Sher: Certificate of Tribute
2. Prof. Solani Mathebula: Certificate of Tribute
3. Dr. A Pillay: Certificate of Appreciation

We also recognize the following persons and confer the honorary membership in line with the SAOA Constitution.

6. Dr. Peter Clarke-Farr - CPUT
7. Prof. Tuwani Rasengane – UFS
8. Dr. Vanessa Moodley - UKZN
9. Ms. Pat von Poser – UJ
10. Mr. William Nkoana – UL

18. TRIBUTES

We wish to pay homage to the following persons whose departure has created a void no other person can fill. We are with their respective families as they mourn their loved ones; the profession has been robbed of one of their own.

1. Mr. Gerry Van Winsen – Gerry Optics 2. Mr. Richard A’ Bear (Ocularist) - OAS 3. Nicky Haberle (Optom)

19. TOWARDS 2018

The year 2016 had turned to be a turning point in history. A lot of people had prophesied the demise of the SAOA, maybe correctly so given the events of the recent past. The board remained resolute to work tirelessly to bring about the stability and reengineer the sustainable path going forward. Everyone can admit it wasn’t easy and we needed men and women of a particular caliber to steer off the shadows of self-destruction. Those who came before us will one day tell the truth we decided to mute about. This truth shall one day serve the purpose of history to be learnt that no other person should be crucified for another man’s doing.

For the entire year of 2015 the board spent most of its time in the boardroom dealing with damage control to address the perceptions of which many were very inaccurate to the least. Several consultations were to establish a coherent way forward. I would have used the word united way forward but it had become clear that others could not listen to any reason to fact as they have already made up their mind. It is indeed pleasing that some of those who had taken a preempted stance had since acknowledged imbalanced perceptions. There were members who had resigned for one or the other specified reasons and had committed to return once their concerns had been attendant.

We have indeed considered all inputs and comments which had arisen from the consultations. We have implemented a lot of those recommendations in a varied magnitude. Hence we call upon those who resigned in protest to renew their membership as their concerns have been effectively addressed and will continue to be addressed.

Through the Strategic Plan 2018, we have embraced all inputs to navigate an inclusive SAOA where the membership is the driving force. The plan has taken cognizance that SAOA exist for its members and the advancement and protection of the profession. Kindly visit the Strategic Plan document together with the portfolios report on the website for more in depth information. We will still welcome further inputs into the plan as it is not cast on stone.

20. CONCLUSION

The year 2016 has been a very tactical year whereby we had to change the game plan altogether to align our activities with the aspirations of the members. There was more dedication on advocacy issues in which positions had to be taken. The board took a position to advance and defend the therapeutics. On several platforms including the meeting with OSSA and the submission at the Health Market Inquiry, the message was same that therapeutics is here to stay.

Another milestone was the repositioning of the coding structure. This massive project will see the overhaul of the older structure and the implementation of the new coding structure on 1st May 2017. There are planned roadshows across the country early in the year to conduct sessions to educate members on the new codes. The coding structure is designed to respond to challenges, most of which were raised by the medical schemes like overutilisation and fraud. The codes contain the intelligence to detect and identify unnecessary or incompatible usage.

In 2017 we will also be responding to the call by one of the astute optometrist and researcher to investigate and advance the prospect of conferring a Doctor status to those who have fulfilled the therapeutics requisites. The board had resolved as befitting to pursue this objective as it correspond well with new qualification.

This has been my last chapter as president and would like to thank all persons who have touched me one way or the other. I am in particular indebted to those persons whose contributions were seen as criticism because it is those that turned the tide. The floods emanating from streams are usually the precursor for a rebuild; yet it is that which we unconsciously achieve from the sweltering approach that is strong.

So I can say today that I am what came out of the processes of both the revolt and the support received. Both extremes are to be commended for their support which in my view was necessary to restore confidence to all and sundry.

I wish the incoming presidency to have an equal yet less challenged term in order devote more efforts on progress matters than distractions. I wish the board well to continue working as a unit for the realization of all the goals set within the Strategic Plan. I welcome the new member into the board and trust she will receive the support to run down the corridors of appraise as she joins the team which has already been at pace with issues. The support we have received as the board was massive and we make a call for more support.

I thank all the membership of which without you there is no SAOA, the effect of which would be paining for the profession. I salute you as the most optometric cadre of note, the profession is safer protected.

Thank you

Patrick Mawila President

FINANCE DIRECTOR: REPORT



Audience Maluleke

Introduction.

In accordance with the Companies Act (72, 2008) and principles of good corporate governance (as per King III Report), the management of the financial affairs of an organisation remains a critical role which demands a dedicated finance related portfolio at the highest level, and hence the appointment of the Finance Director.

Appropriate financial controls, endorsed by the SAOA auditors, with regular reporting to the Board and SAOA members are therefore the responsibility of the Finance Director in collaboration with a senior executive, such as a CEO, with the ultimate responsibility remaining with the Board.

The Budget Process.

It is to be appreciated that the accurate planning for this committee in terms of budget is dependent on a full cooperation of other board committees, human resource issues and such other programs that have been undertaken in the past and those envisaged.

In essence, the budget is regarded as a quantified plan and thus the budget strategy employed places emphasis on a zero-base approach i.e. establish anticipated plans and events which are thereafter quantified, rather than simply add an inflator to the financial performance of the previous year.

SAOA NPC.

We often judge the performance of an organisation based on the bottom line at the end the year, to say how much profit or surplus and non-performance being directly proportional to the lack of profit or deficit on the paper and not on the careful and successful implementation of set targets and programs in an attempt to make better the status and the standing of the members and the entire profession.

The SAOA is registered as an NPC, Non-profit Company and we should treat it as such without wanting to justify the (in)ability to have massive profits. Therefore, that this statement should not be misconstrued to be saying that we should be deliberately and recklessly incurring losses but to carefully spend on programs identified to be improving the status and conditions of the members and the profession as (would have been) stated in the MOI.

Finance Committee Composition.

The committee at this point comprise of:
Audience Maluleke
Fritz Wasserfall
Harry Rosen.

It is important to note that, from a reporting perspective. The Finance Committee, firstly, feeds its conclusions, recommendations and proposals to the Executive Committee (Exco), which in turns reports back to the full Board.

The Executive Committee comprises:
The President
Finance Director
Senior Executive Office Bearer.

Terms of reference.

The committee should at least try to bridge the gap that may exist between the board and administration relating to day to day operations that the board doesn't have intimate knowledge of as it relates to the financial status, receipts, spending and other areas that may include but not limited to risk. This is done by way of monthly management account and report that is made available to the finance director generated by the finance department as supervised by the CEO. It is my submission that with accurate reporting, this is where the board will be able to identify areas of concerns, Risk etc before they become problems.

This committee must make it its mandate to ensure that exco, and the board are kept abreast with:

1. Accurate Monthly Management Accounts.
2. Accurate Annual Budget. See other comment above.
3. Accurate Cash-flow Budget, Analysis and Projections.
4. Financial Risk Assessment.
5. Debtors book Management. Including monthly follow through on outstanding accounts*
6. Creditors book Management.
7. Find or identify other alternative sources of income or revenue streams.
8. Continuously mitigate the identified risks.
9. Continue to develop and maintain sound finance policies that ensures compliance with GAAP leading to unqualified audits.
10. Assess and report to exco and board on appointment of auditors.
11. Test the protocol that are in place for potential shortcomings.
12. Maintain and enforce agreed procurement policies.
13. Monitoring of performance of the third-party agents and consultants.
14. Project on membership fees and report to exco and board.
15. Recommend remuneration of staff and office bearers to exco and board.
16. 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

In the preceding financial years, we incurred cumulative losses to the tune of R2.5m and some of the major contributing factors were the inability to manage the debtors' book and improper planning and misaligned programs. Inadequate database system, management and follow up on same was also a major factor. Recently we engaged in a clean-up campaign that saw massive write offs and only invoicing of only

members in good standing and put the rest in a category of potential members. Sadly, that category has not in this financial period been followed up. That is a problem. Opportunity lost but can be regained.

There is also a good number of members that were in good standing in 2015 that are in arrears in 2016 due to inadequate following up of debtors. There can be some good amount of money lost as a result of this.

We however must report that we are keeping the membership fees the same for next year and this year we are projecting a surplus.

We have budgeted for a marketing manager for next year and the roll out of new codes and board members are encouraged to look at the budget that will be sent out soon and comment on their respective portfolios and add to it what we will have to provision for so that the budget is accurate. This is quite important as per the introduction and we cannot overemphasise enough this point.

Audience Maluleke
Finance Director

PRIVATE PRACTICE PORTFOLO REPORT



Emmah Mahlangu

Introduction

The private practice portfolio is a broad portfolio responsible for all private practice related matters which includes matters pertaining to medical schemes and administrators, practice management, legislation of relevance such as the now defunct proposed Certificate of Need, amongst others. A critically important responsibility of the Practice portfolio is the tariff codes which are addressed via a dedicated sub-committee.

The Private Practice Committee is driven by the following persons:

- Fanezile Emmah Mahlangu (chairperson)
- Harry Rosen
- Audience Maluleke

Aims

The aims of this portfolio are summarized as follows:

- To ensure that the SAOA is updated regarding all matters which have the potential to impact on private practice
- To advise members on issues which may arise
- To engage and lobby medical schemes regarding benefit design and developments within the profession
- To act as the 'go to' body for queries and issues encountered in private practice

Coding Committee: Terms of Reference

Composition and Who May Attend

The composition of the Coding Committee shall comprise of persons who are considered to have the required skills, experience and/or expertise deemed necessary to provide guidance and input regarding coding and related processes in accordance with the scope of the committee in terms of its objectives, purpose and activities. Such persons are to include:

- a SAOA Director mandated by the SAOA Board to assume the role of Chairperson of the committee;
- ideally at least two members of the SAOA in good standing;
- any other person or persons who may be appointed as consultants.
- Executive Director/ CEO of the SAOA

At this time, the Coding Committee shall include:

- Emmah Mahlangu (Chairperson]
- Audience Maluleke
- Nivien Subramany
- Peter Brauer
- Martelie Burger
- John Stein (consultant)

The fiduciary responsibilities, terms and conditions of committee participation by the committee members are to conform to the Policies and Procedures of the SAOA.

Objectives, Purpose and Activities

The primary purpose of the Coding Committee is to effectively manage the SAOA Coding Structures which include but is not restricted to:

- To assess the appropriateness of both procedural and product related codes in accordance with the needs of optometric practices which may change from time to time;
- To ensure the appropriateness and accuracy of all code descriptors;
- To recommend code amendments, deletions and additions when and where deemed necessary;
- To liaise with suppliers of optometric products who have listed products (and the potential ones) within the SAOA Coding structure, as per the SAOA policy in this regard, regarding product additions or deletions, if any;

- To ensure any amendments to the coding structure conform to the agreed timelines as agreed with relevant stakeholders such as software houses, medical schemes, administrators and optometric networks.
- To review the coding strategy of the SAOA at least on annual basis or where deemed appropriate, taking cognizance of market dynamics.
- To institute mechanisms to accommodate the principle of mentorship and up-skilling for the purposes of succession planning.

Frequency of Meetings

The Coding Committee is to meet at three times per annum or as deemed necessary.

Delegated Authority

The mandate of the Coding Committee is to put forward its recommendations to the SAOA Board for their consideration and ratification prior to implementation of any amendments to the SAOA coding structure.

Tenure of the Coding Committee

The Coding Committee is to be regarded as a Standing Committee of the SAOA and thus an on-going committee, the composition and mandate of which are to be reviewed on an annual basis.

Reporting mechanisms

The Coding Committee is to provide a report of its activities via the Chairperson of the Committee, to be received by the SAOA Board at least one week prior to each of the planned Board meetings which take place not less than four times per annum.

Challenges in 2016

The priority for 2016, which extend into 2017, is the development of a revised coding structure to ensure:

- The desired intelligence
- Sustainability (not run out of numbers)
- Deterrent to address over-servicing.

Activities: 2016

Introduction of a revised coding structure to accommodate the following aims, on a phased basis:

Phase 1; Removal of generic add-ons

With effect from 1st September 2016, the SAOA removed the majority of generic add-on codes as part of the restructured coding system. To replace these, an 'unbranded' range of lenses has been introduced which will allow smaller laboratories and optometric practices to invoice their own imported lenses.

In essence activities in 2016 included:

- consultative forums with medical schemes, administrators, suppliers, members
- stakeholder seminar
- continuous engagement with key stake-holders which include Iso Leso, PPN. Discovery Health, Opticlear, Medscheme, GEMS, amongst others.
- submission in response to the draft regulations pertaining to medical devices, etc
- Representation on the Private Health Information Standards Committee (PHISC)
- Oral submission (public hearings) – health market inquiry. The submission placed emphasis on
 - designated service providers
 - advertising, touting and canvassing
 - mobile practices
 - deregulation

Goals: 2017

2. To ensure the effective implementation of the revised SAOA coding structure to include education of optometrists, practice staff, medical schemes, administrators, software houses, switch houses etc.

EMMAH MAHLANGU

Private Practice



Patrick Mawila

A. INTRODUCTION

The Clinical and Education committee is a standing subcommittee of the Board which finds its relevance within the main objects of the SAOA Board. The committee is to advance the objectives of the Board as illustrated through the Strategic Profile, below is an extract from the Strategic Profile.

It is also particularly important to note that a number of key stakeholders such as medical schemes and administrators look to the SAOA for guidance relating to acceptable standards of practice to assist with benefit design and processing of claims.

The Committee was mandated to facilitate engagements with relevant stakeholders with a view to create platforms and recommendations for consideration and implementation by the Board. The committee is one of the functional committees mandated to assist and support the Board to fulfil its mandate of achieving the objects as contained in the strategic plan as outlined in the strategic profile document.

B. TERMS OF REFERENCE

14. The aim of the committee is to assist and support the Board with advice and activities to advance the spirit of the Board objectives or as mandated by the Board from time to time.
15. The committee operate within the scope and parameters of the Board.
16. Roles include reporting to the Board on a regular basis, advising the Board on the developmental issues in the field.
17. To ensure address desired content within curricula of academic institutions.
18. To establish and maintain relationships with academic institutions.
19. To establish and maintain a HOD forum to meet at least on annual basis.

20. To develop an annual CPD programme with proposed budgets.
21. To liaise closely with marketing director to ensure appropriate educational content incorporated within publicity material.
22. To establish clinical standards in accordance with needs as determined by Board and Coding Committee (Private Practice Portfolio).
23. To assume responsibility for organization of national conferences.
24. To establish pool of credible speakers.
25. To establish pool of expertise to address queries from public, government etc.
26. Present report to board in every standing Board meeting or as requested so by the Board.

C. STRUCTURE

The committee comprised the following members:

7. Mr Patrick Mawila as chairperson
8. Dr Casandra Seethal
9. Dr Lawrence Sithole
10. Mrs Martelie Burger
11. One representative per university
12. Senior Executive Office Bearer

The committee was designed to have two sub-committees being the Conference and Clinical standards sub-committee. The Conference subcommittee was led by Wendy Histed and the Clinical Standards sub-committee is to be led by Dr Cassandra Seethal.

D. CHALLENGES: 2016

4. Coming from the 2015 financial year the Board had put on hold certain projects including the Clinical Standards project in order to review the financial position of the SAOA.
5. Amongst the main challenges was the financial arrangement for the project which had to be reviewed. This led to certain members losing interest to partake in the project and the committee had to further review its way forward.

6. The other challenge was the delayed formalisation of the HOD Forum in order to solicit their participation in the subcommittee; the meeting only took place later in the year.

E. ACTIVITIES 2016

7. Eye Focus Africa
8. Review of clinical standards documents, drafted and proposed, to date
9. Collaboration with Coding Committee
10. Meeting(s) with Heads of Departments
11. Student liaison – UFS and Limpopo with Presidential tour planned
12. Support of curriculum relating to Therapeutics

F. GOALS: TOWARDS 2018

14. Increase awareness and visibility of the SAOA brand to members and other stakeholders
15. Ensure financial health of SAOA
16. Affirm the SAOA as a custodian of excellent clinical standards and quality of care
17. Increase access to continuing education, relevant clinical training and technology
18. Promote industry viability through collaborations with different stakeholders
19. The formalization of the sub-committee chairs and their action plans
20. Creation of the ICD10 Clinical Manual
21. Complete the process of review of all the completed clinical documents
22. Submitted the reviewed documents to the relevant stakeholders in particular the CMS for approval
23. In collaboration with the both Private Practice and Public Health committees use the documents to motivate better recognition of optical benefits and optometrists within the private and public sector respectively
24. The planning organizing and hosting of the 2018 Conference
25. The regular HOD Forum meetings
26. Regular CPD events and activities including online activities

F. CONCLUSION

5. The committee is expected to expedite the review process of the clinical standards documents; the process has already begun with the appointment of the sub-committee chair.

6. The committee is to take advantage of other Board activities with universities to strengthen the relations with the institutions.
7. Gratitude is extended to all the persons who made contributions towards the realizations of the committee objectives.
8. We would to thank the Board for giving us the opportunity to make a contribution towards a vibrant SAOA.

Patrick Mawila

MARKETING/MEMBERSHIP PORTFOLIO REPORT



Marna Pieterse

“An organisation without marketing is like winking in the dark; we know what we are doing, but nobody else does “

3. INTRODUCTION

SAOA is a professional association registered as a non-profit company representing the interests of Optometrists in South Africa. The intent of SAOA is to provide strong focused leadership and deliver appropriate services to enable SAOA members in all fields of optometric endeavour to achieve excellence and balance by integrating the diverse strengths of its membership.

To realise its vision, SAOA has identified key capabilities and skills that need to be cultivated to levels of proficiency to a greater extent than any other, i.e. to a point of excellence. Marketing is such a capability with emphasis on public relations and communications.

In essence, the image of both SAOA as well as the profession of Optometry is considered a critical issue, to receive urgent and sustained attention. The ultimate aim is to attain positive image ratings at the levels of both the SAOA membership as well as external stakeholders.

Marketing is this a pivotal function of the SAOA as it involves dedication to all forms of communications, both internally and externally, as well as the management of the reputation of both the SAOA as well as well as the profession.

The Marketing committee is a standing committee for the 2016 year the Membership portfolio was also combined with the marketing committee.

4. MARKETING/MEMBERSHIP COMMITTEE: TOWARDS 2018: AN OVERVIEW

Marketing objectives 'Towards 2018' are justifiably ambitious with a membership to be nothing less than 80% of registered Optometrists in South Africa with an image rating of at least '4' across the spectrum of identified SAOA relevant stakeholders (rating scale of 1 – 5 where 1 is extremely poor and 5, outstanding).

The proposed strategic recipe is to incorporate a number of key ingredients to include an internal theme, priority target audiences, a positioning strategy, coherent communication strategy, advertising considerations to include possible review of the SAOA brand, public relations with particular emphasis on relationship management, publicity, dedicated resources and market intelligence mechanisms.

The marketing programme is to be directed at both internal and external role players on a multiple segmentation basis. Internally SAOA is to be positioned as the Custodian of the optometric professions, and externally, the official Mouthpiece.

Well planned , orchestrated , controlled and cost effective marketing activities, as proposed, are to include Focus Group meetings , the concept of a Communication Tree, clearly communicated position statements related to current and topical issues , a Member Assist or Hotline facility, regular press releases aimed at the public , frequent ad hoc news flashes to keep members informed , Eye Care Awareness Month and World Sight Day, practice management related mini symposia , a presidential tour and the possibility of an Eye Care Patron .

In particular, emphasis has been placed on the design of a coherent, succinct, benefit orientated, and consistent communication platform to support the positioning of SAOA.

The success of this programme can only be measured in accordance with the SAOA purpose and related objectives. In this regard, market and marketing intelligence are recommended, the results of which are to be tracked, and to take the form of Dipstick surveys and the proposed focus group meetings.

Effective communication is a key success factor which requires knowledge and special skills. All SAOA office bearers and staff members are ambassadors representing the organisation, and, at times, the optometric profession. It is thus recommended that, where applicable, SAOA office bearers undergo the appropriate education and training in the areas of advocacy, negotiation skills, communication skills etc. on a customised basis.

3. MARKETING/MEMBERSHIP COMMITTEE COMPOSITION

The committee is comprised of the following members

Harry Rosen
Marna Pieterse(Chair)
Werner Fourie
Audience Maluleke

Rendani Netshivhuyu
Stephen Goldberg
Nivien Subramany

10. GOALS 2016

Goals for Marketing and Membership in 2016 (in accordance with 'Towards 2018')

The following are the priority goals as identified by the Board:

3. Increase awareness and visibility of the SAOA brand to members and other stakeholders.
4. In particular, the intention is for the SAOA to achieve targets, as defined below, by end 2017

- * Membership - 1400 optometrist members from within the private sector;
- * 100 optometrist members from within the public sector
- * 50 dispensing optician members

These targets are above the agreed principle of increasing membership by 10% across the spectrum of all voting membership categories (excluding the Life Membership awards)

3. To achieve the following image ratings:

- Stakeholder Image rating - 4
- Membership satisfaction rating – 4

11. MARKETING/MEMBERSHIP COMMITTEE: TERMS OF REFERENCE

Marketing

- To develop annual marketing plan with proposed budgets
- To determine all communication strategies
- To ensure comprehensive public relations and publicity plan, as extension of marketing plan
- To ensure effective communication, internally and externally
- To ensure implementation of marketing strategy
- To be responsible for SAOA corporate 'identity and image
- To present report to board on monthly basis

Membership

- * To establish annual membership growth and retention strategy

- * To establish and review membership benefits on annual basis
- * To ensure high standard membership database
- * To determine membership/practice related materials
- * To present report to Board on monthly basis

As Director responsible for this portfolio, I assume the role of Chairperson. I am to determine direction in collaboration with Harry Rosen. Implementation to be overseen by the appointed consultant CEO.

12. Marketing Plan

A comprehensive marketing plan was drafted as per the terms of reference. The marketing plan is also in accordance with the goals set out in 'Towards 2018' and will be used as guideline for plans going towards 2018. The full plan is posted on the SAOA website.

To this end an intensive marketing programme was instituted to encompass the following:

- A dedicated marketing portfolio at Director Level
- **Marketing and Membership committee established**
- A full-time marketing employee with appropriate expertise and skill.
- **The Board's intention is to appoint a suitable marketing person with expertise and experience to drive marketing operations.**
- Incorporation of cutting-edge information and communication technology within all marketing activities.
- **E2 has been appointed as database and communication platform company, new website designed and active with new member functions capabilities**
- Public relations on a deliberate, planned and sustained basis.
- **Stakeholder seminar held in February 2016**
- Current information to be disseminated to members and stakeholders with sense of urgency.
- **Weekly newflashes disseminated to members via email using E2 platform**
- Dipstick surveys to track and monitor results of actions.
First survey disseminated and feedback received

6.1 Key Issues

The marketing plan takes cognisance of five identified key issues which, to some extent are inter related, namely, division within profession, relatively low profile(awareness), positioning of SAOA, perceived value of SAOA and apathy within the profession.

A SWOT analysis gave rise to a number of issues to be considered and addressed which have the potential to impact on the marketing success of SAOA.

Issue 1: Impaired Image and Reputation

Aim: Improve trust and relationships. Effectively address needs, attitudes and perceptions, objectively assessed, of all categories within the optometric profession.

Issue 2: Low Awareness Aim: Enhance visibility and increase profile of SAOA

Issue 3: Positioning of SAOA

Aim: Ensure desired perception of SAOA as custodian of profession in minds and hearts at all levels

Issue 4: Perceived value of SAOA

Aim: Intensify feedback re delivery of value at membership level

Issue 5: Apathy within profession

Aim: Stir enthusiasm and revitalisation within organisation

6.2. Objectives Towards 2018

Objectives are ambitious, but achievable, simply stated and to be achieved within a specific time line.

The following objectives are regarded as pertinent for the period 2015- 2018

Membership Numbers: 80% of all registered practicing Optometrists

Image rating: 4

Awareness: 4

Membership satisfaction: 4

The objectives related to image, awareness, membership satisfaction are based on the following rating scale.

1= Very Poor

2= Poor

3= Adequate

4 = Good

5 = Excellent

2016 Survey results

1. Telephone etiquette (SAOA office)	2. Friendly staff - Ability of staff to handle the queries	3. Friendly staff - The willingness of staff to assist where possible	4. SAOA value to profession	5. SAOA value to your practice
Avg 3.5	3.4	3.5	3.5	3.2
6. Leadership. Directorate and office bearers - Coherent direction	7. Leadership. Directorate and office bearers - Accessibility	8. Leadership. Directorate and office bearers - Ability of the directors to listen and to assist where possible?	9. Awareness of SAOA activities	10. SAOA Structure

Avg 3.1 3.2 3.3 3.1 3.2

12.3 Strategy

The marketing strategy represents a recipe to ensure coherent direction for SAOA in accordance with the overall SAOA corporate strategic profile

Theme
Target audience(s)
Positioning
Communication platform
Advertising
Publicity
Public Relations
Market(ing) Research
Resource Deployment
Education and Training

12.4 Theme

A marketing theme is recommended from which all marketing activities are directed. The theme serves a number of purposes, the importance of which is captured by the following factors.

- A Common frame of reference for all
- Directional
- Inspirational

12.5 Communication Strategy

6.5.2. Target Audiences

Optometrists
Dispensing Opticians
Members
Non Members
Regions
Academic Institutions
Students
Industry
Public
Press

6.7 Positioning

A multi segmented approach is to be adopted simply to be differentiated between 'internal 'and 'external '.

Positioning: Internal

This approach is orientated to the micro –environment ie all Optometrists - all branches, groupings and categories and to be promoted as the **Eyes, Ears, Voice and Conscience of the Optometric Profession.**

In essence, SAOA to be positioned as the CUSTODIAN of the profession.

Positioning: External

With reference to external stakeholders, such as Government, SAOA to be positioned as the

VOICE or MOUTHPIECE of the profession.

6.8 Communication

All communication to be translated into benefit driven language from the perspective of the stakeholder(s) concerned

6.9 Features and Benefits

Membership benefit document available on website

6.10 ACTIVITY PLAN

Focus Groups

First focus group meeting was held with some of the Dispensing Opticians present at Eye Focus Africa Presidential Tour

The proposed Presidential Tour is scheduled for parts of country at the end of 2016 and balance of country early 2017 and will be combined with Roadshows to address the new coding structure implementation for May 2017.

Communication Tree

Directors and committee members have received list and will be making contact with members from the end of 2016 going into 2017

Position Statements

Submission to the Competition Commission was submitted and strong positions was taken. The submission and positions was disseminated to members.

National Eye Welfare Day

Press Releases

The SAOA was featured twice in Eyesight magazine during 2016 as well as an “State of the Association” article published on the online forum.

Advertising

Educational Meetings

Student Conference

News Flashes- Sms, Twitter, Facebook

Weekly newsflashes are send via email

Member Assist – Hotline

Functional

Patron

Possible Patrons/Eye care Champions have been identified

6.11 Education and Training

☒ Advocacy

Advocacy workshop was held with valuable training provided

☒ Negotiation Skills

☒ Communication Skills (Handling of attitudes)

☒ Presentation Skills

6.12 Focus Groups

The Focus Group, which really takes the form of a small group meeting is an extremely valuable exercise in terms of marketing and public relations. In essence, benefits derived for SAOA include:

- The opportunity to address a captive audience with common needs
- Focused communication directed at the audience in accordance with the strategy
- Qualitative Research - The opportunity to glean information, tapping into the attitudes and perceptions of the focus group participants
- Public Relations – networking with key individuals invited to participate ie relationship management
- Cost effective
- Ideally, the following focus group meetings are suggested:
 - ☒ One dedicate to historically disadvantaged Optometrists
 - ☒ Three meetings involving SAOA members (regional considerations)
 - ☒ Three meetings involving SAOA non-members (regional considerations)
- Ideally, each meeting to be facilitated by an independent facilitator (but not essential) with at least two SAOA office bearers in attendance.
- Each meeting to have between seven and fifteen participants.
- Focus group meetings are not flawless. There are times (eg) when there is one apparent ‘leader’ of the group who tends to dominate. On the other hand, there are others who may not be as outspoken as required. However, with appropriate facilitation, and at times, follow through with specific individuals; the advantages far outweigh any disadvantages.
- Focus Group requirements:
 - ☒ Venue (u shape seating) to accommodate not more than fifteen participants.
 - ☒ Light refreshments
 - ☒ Invites (telephonic and confirmation by email)
 - ☒ SAOA presentation
 - ☒ Questionnaire for use by facilitator
 - ☒ ‘Thank you ‘correspondence as follow through
 - ☒ Consolidated report of all focus group meetings to be disseminated to membership

6.13. Presidential Tour

A tour to all officially demarcated regions by the SAOA President is suggested, the aim of which to present 'Towards 2018' with the intent of sharing the SAOA Vision with members i.e. A 'State of the Profession' address to incorporate trends, assumptions, challenges, opportunities and threats. Also, SAOA official positions on topical issues to be presented.

6.14 EDUCATIONAL MEETINGS

An opportunity to invite influential individuals to address SAOA office bearers and/or members

Invite:

- Influential Individuals to present
- Influential Individuals to attend

6.15 MINI CONFERENCES (REGIONAL): STRATEGIC ALLIANCES

Seminars to take the form of one day seminars are suggested with emphasis on practice management. Agenda to include (eg)

- ☒ Financial Management
- ☒ Marketing of an Optometrist practice
- ☒ Relevant legislation – Consumer Protection Act, National Credit Act, Access to Information Act
- ☒ Human Resource management
- ☒ Communication Skills
- ☒ The 'Heart Sink' patient
- ☒ Ethics

6.16 STUDENT CONFERENCE

An annual conference for the benefit of final year students

Theme: Setting Up Practice

Affiliated to Annual Conference or Independent

6.17 COMMUNICATION TREE

The communication tree is an extremely effective means of communicating with stakeholders. In essence each SAOA office bearer is delegated the responsibility to maintain contact with (eg) ten Optometrists (and other stakeholders) on a planned and deliberate basis, and at least four times per annum. There will be times when ad hoc communication will be necessary.

Each contact will be in accordance with a predetermined communication strategy to inform and/or solicit opinions.

Importantly, the Communication Tree mechanism is inexpensive in terms of money and time. The challenge is for the office bearers concerned to dedicate the time, making use of any of the following methods:

- ☒ Telephone
- ☒ Visitation
- ☒ email

The primary aim is personal contact, the most effective ingredient within the promotional mix.

6.18 EYE CARE AWARENESS MONTH AND WORLD SIGHT DAY

The concept of a dedicated day of benefit to communities throughout South Africa would incorporate:

☒ Strategic Alliances

Strategic alliances with Brien Holden and National Council of the Blind was made

☒ TV, Radio and press

Director of Finance, Mr. Audience Maluleke was featured on YoTV

☒ Talks to schools

Audience talked to the learners at Hillview High in Pretoria during Assembly, highlighting the importance of spectacle wear and to influence the kids to start changing the stigma about spectacle wear and the teasing that accompanies it.

☒ Community service at key centres

For Eye care awareness month, newsflashes were also disseminated to members informing of the origin, statistics and facts that could be used for patient information. Information was also provided regarding events on World Sight Day the 13th of October were members could get involved.

The following was World Sight Day and Eye Care Awareness month SAOA and SAOA and partner initiatives throughout the country

- 1. In partnership with Brien Holden SAOA was represented at the opening of the dedicated Optometry Clinic at the Alexandria Clinic. The MEC of Health opened the clinic and screening of 200 community members was done, should spectacles be necessary patient was referred to the new clinic were Brien Holden would then assist in supplying spectacles.**
- 2. In partnership with the students of the University of Limpopo, the SAOA had screening day at the Grace Bible church in Polokwane. 200 community members were screened and will receive spectacles.**
- 3. At the Albert Lituli Hospital in Durban Director Rasjeshree Budoo was instrumental in organizing screening for staff and members of the public with partnership of the ophthalmology department.**
- 4. At the Grace Bible Church in Soweto, approx. 500 pensioners arrived for screening. SAOA directors, members and our HOYA partner started screening and testing to supply spectacles sponsored by HOYA. The day was just too short and the project will continue on the 25th of October 2016.**
- 5. In partnership with the Metro Police, notices will be given to motorist in Gauteng, “finening” them to have regular eye exams to raise awareness.**

6.19. Publicity

Media

In general, on a regular basis, throughout the year, it is recommended that SAOA take advantage of available communication media to educate and/or inform members, non- members, key stakeholders, via:

- Social Networks
- Facebook
- Twitter
- SMS
- Web
- SAOA Publications
- Press
- Communication Tree

Press releases

As a service from SAOA, on a monthly basis, aimed at the public, succinct releases on topical issues to be disseminated via the media. Topics to include:

Membership

Regular, succinct reader friendly contact with SAOA members is a critical factor. Such publicity to take the form of:

- ☐ Position Statements
- ☐ Articles
- ☐ News Flashes

Articles

One article of interest to be entitled 'A Year in the Life of a Non SAOA Member'.

News flashes to be disseminated at least monthly making use of SMS, Twitter, Facebook etc and to provide feedback on SAOA activities, meetings etc.,

6.20. Member Assist Hotline

The member Assist facility is a dedicated resource, on a formalised basis whereby SAOA members can receive guidance and advice via the SAOA office.

6.21. Advocacy

'If not at the table, then on the menu '

Advocacy from a SAOA perspective could be defined as any activity which involves argument on behalf of the organisation (members), the optometric profession, or a specific cause and can take the form of lobbying, public relations, activism etc.

Advocacy could be regarded as the most important benefit to members and thus the necessity to ensure programmes are effective with the desired impact.

The Advocacy training proposed takes the form of a two-day workshop which encompasses the entire cycle of advocacy activities including the appropriate analysis, planning, strategies, tactics, communication, follow through etc.

6.22. Negotiation Skills

The ultimate aim for effective negotiations is to establish a 'win – win 'situation for all parties concerned. A 'win – lose 'or 'lose-win 'scenario, in the long term, is counterproductive.

The Negotiation Skills training takes the form of a half day, interactive workshop, dedicated to various scenarios, strategic and tactical considerations, language, decision making, 'do's and don'ts

6.23. Measurement

The performance of an organisation can only be measured in accordance with its purpose and related predetermined objectives. With specific reference to the marketing strategy for SAOA, the following parameters would need constant assessment

- ☒ Membership numbers – expressed as a percentage of registered Optometrists
- ☒ Turnover – Rands and Growth (%)
- ☒ Stakeholder awareness (rating)
- ☒ Membership satisfaction (rating)
- ☒ SAOA Image (rating)
- ☒ Strategy implementation (Yes/No)

Measurement and Monitoring: Sources

Dipstick surveys

Focus Groups

SAOA Financial statements

13. STRUCTURE

- Currently, the SAOA makes use of E2 for database and website
- To have Agency Company that can do Marketing for the SAOA.
Briefings was held with prospective companies, and presentations presented. Awaiting another 2 presentations before final decision is made. The company will assist in raising awareness, internal marketing and social media in the interim until Marketing position is filled
- To have IP/IT security.
Database and email back-ups is now cloud based.

14. Challenges: 2016

In 2016, in general, the SAOA experienced a number of challenges which were effectively negotiated on a tight budget. For 2017 there is a marketing budget is in place and a lot more will be achieved.

15. 2017 at a Glance

The board and the marketing and membership committees will continue to dedicate themselves to implementing and improving the marketing plan in 2017 with the eye on our goals towards 2018

Marna Pieterse

Marketing/Membership



Rajeshree Budhoo

8. Introduction

The Public Health Committee of the SAOA was formed primarily 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, and commemorative events such as Eye Care Awareness Month, World Glaucoma Day, World Sight Day, amongst others.

9. Terms of Reference

The responsibilities of the Committee, at this time, is summarised as follows:

- To inform the board and members of the profession of matters relating to public health
- To establish and maintain relationships with government, the public sector and key stakeholders
- The responsibility to report to the board timeously on 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.

10. Committee Composition

The committee members are as follows:

Chairperson: Ms Rajeshree Budhoo

Mr Harry Rosen

Ms Ntombi Zitha

11. Challenges: 2016

- The main challenge was the difficulty in the formation of the committee and the structure. This is still a challenge that is currently being addressed.
- Therapeutics in the public sector

12. Goals 2016 (in accordance with 'Towards 2018')

For 2016, the following primary goals were identified, to ensure the desired focus:

- Submit an official response to the National Health Insurance (NHI) White Paper.
- Orchestrate key events to accommodate the aims of Eye Care Awareness Month during the stipulated time-frame (23 September to 18 October 2016)
- Improve and maintain relationships with key stake-holders such as the Department of Health, Public Sector Optometry Forums, etc.
- Effectively address challenges which arose from the advent of the extended scope of optometry i.e. the advent of therapeutics
- I am adding an additional goal after reading our President's report on The Montebello Hospital screening. It is apparent that most public hospitals are not adequately equipped according to HPCSA standards. It is therefore appropriate that the Public Health Committee add this as a goal to pursue as well as it ultimately affects standard of care.

13. Activities 2016

- Submitted a written response to the NHI White Paper.
- Attended the BHI conference which focussed on the implementation of NHI
- Strategic Alliances: - Strategic alliances with Brien Holden, National Council of the Blind, Department of Health, Ster Kinekor
- TV, Radio and press: Appearances on radio and TV
- Talks to schools:
Audience talked to the learners at Hillview High in Pretoria during Assembly, highlighting the importance of spectacle wear and to influence the kids to start changing the stigma about spectacle wear and the teasing that accompanies it.
- Community service at key centres
- Eye Care Awareness Month 2016:
For Eye care awareness month, newsflashes were also disseminated to members informing of the origin, statistics and facts that could be used for patient information. Information was also provided regarding events on World Sight Day, the 13th of October where members could get involved.

The following was World Sight Day and Eye Care Awareness month SAOA and partner initiatives throughout the country:

1. In partnership with Brien Holden, the SAOA was represented at the opening of the dedicated Optometry Clinic at the Alexandria Clinic. The MEC of Health opened the clinic and screening of 200 community members was done. Should spectacles be required, the patient was referred to the new clinic where Brien Holden would then assist in supplying spectacles.
2. In partnership with the students of the University of Limpopo, the SAOA had screening day at the Grace Bible Church in Polokwane. **200** community members were screened and will receive spectacles.

3. At the Inkosi Albert Luthuli Hospital in Durban, Director Rajeshree Budhoo, (assisted by private optometrist Mr Jithen Rooplal) was instrumental in organizing screening for staff and members of the public with partnership of the ophthalmology department. 110 patients were screened and those requiring further care and/or spectacles were referred to McCord Hospital.
4. At the Grace Bible Church in Soweto, approx. **500** pensioners arrived for screening. SAOA directors, members and our HOYA partner started screening and testing to supply spectacles sponsored by HOYA. The day was just too short and the project will continue on the 25th of October 2016.
5. A WSD event was held on Wednesday, 19th October at Montabello Hospital, near Tongaat in KZN, attended by our President, Mr Patrick Mawila. It was a well organised event with a formal function, followed by the screening. Over **500** patients were planned to be screened. However due to time constraints, only **150** patients could be screened with the rest being rescheduled for later in the week. There were 5 optometrists (only 1 from private practice- Ms Haseena Majid) and 5 ophthalmic nurses who assisted. It did emerge at the event that the human resources to service the community is not adequate thus motivating for an additional optometrist and ophthalmic nurse.
The event was a success, as it focussed on the awareness of the eye care services and availability.
6. In partnership with the Metro Police, notices will be given to motorist in Gauteng, “fining” them to have regular eye exams to raise awareness.

14. Conclusion(s)

1. I would like to thank the Board and Harry Rosen for the contributions to the Public Health Committee and assisting with and participating in all the events.
2. Thank you to the marketing committee for all the notices and news flashes that are sent out to our members.
3. The road ahead is not a smooth one! The NHI is in our sights and we need to ensure that optometry is correctly positioned.
4. The Board has taken on the role to assist members with the challenges facing the expansion of scope of practice, Therapeutics. A continued engagement with professional bodies and the Department of Health is required.
5. Most public hospitals are not adequately equipped to provide a basic optometric service. The Public Health Committee has added this to the issues we shall address going into 2017.

Thank you.

R. Budhoo

Director - Public Health Committee

Roll of Honour

Thank you to the following practitioners and SAOA office bearers who sacrificed professional time to bring optometry services to communities and individuals in need.

Optometrists

- Sello Bagakwe
- Penny Dunken (Hoya)
- Lydia Mahlangu
- Audience Maluleke
- Patrick Mawila
- Marna Pieterse
- Mohlalefi Saohatse
- Holly Unterhorst (Hoya)
- Ntombi Zitha
- Maryke du Toit (Cooper Vision)
- Sandy Burger (Cooper Vision)

Students

The efforts of 16 students from the University of Limpopo are acknowledged with appreciation, supported by the Head of Department and staff of the University, which included availability of equipment.

Follow through activities will be held, particularly in Soweto with the assistance of the University of Johannesburg.

SAOA Staff

The involvement, support and efforts of SAOA did not go unnoticed. Thank you to:

- Ntombi Mohoni
- Naledi Morobi
- Noko Thema
- Mildred Ubombo

Genop

Thank you to Genop for making available auto- refractors

Hoya

A Special thanks is extended to Hoya for their incredible support which included sponsorship of spectacles for both the Soweto and Polokwane events and deployment of professional staff at Soweto.

SAOA BOARD



SAOA 2016

