

CODES OF PRACTICE FOR DISPENSING OPTICIANS

STANDARDS OF CLINICAL COMPETENCE

STANDARDS OF CULTURAL COMPETENCE

STANDARDS OF ETHICAL CONDUCT

Additional – STATEMENT ON RELEASE AND RECEIPT OF PATIENT INFORMATION

These codes have been developed and adopted by the Optometrists and Dispensing Opticians Board in accordance with the HPCA Act and are available on the Board website: www.odob.health.nz and the ADONZ website: www.adonz.co.nz/resources

It is the responsibility of all Dispensing Opticians to be familiar with the codes and to understand their obligations under the codes.

The codes are the guidelines upon which CPD is developed and accredited. It is suggested that all Dispensing Opticians read the codes and keep them for future reference.

STANDARDS OF CLINICAL COMPETENCE FOR DISPENSING OPTICIANS

For the following scope of practice: **Optical Dispensing**

Elements/Competencies

Performance criteria and indicators (this is not an exhaustive list)

Task 1 Interprets Optical Prescriptions

1.1 Analyses optical prescriptions

- 1.1.1 Consider previously dispensed prescriptions and identify any practical dispensing problems arising that might require the prescriber to review his or her specified parameters.
- 1.1.2 Interpret prescriptions using an understanding of ocular errors, eye conditions and their correction.

1.2 Measures inter pupillary distance

- 1.2.1 Inter pupillary distance should always be measured using a pupilometer or pupillary rule, or any contemporary technical device that is designed for performing this measurement to required standards.

1.3 Takes relevant measurements to suit the design of an optical appliance (excluding contact lenses)

- 1.3.1 Accurate measurements should be taken in relation to the design of the optical product.
- 1.3.2 Monocular centres must be measured when required by lens design.

-
- 1.4 Adjusts lens power to account for altered back vertex distance (BVD), base prism, vertical imbalance or spectacle lens design
- 1.4.1 Accurately calculate and adjust lens power to account for altered BVD, base prism, vertical imbalance, and spectacle lens design.
 - 1.4.2 Accurately document any changes to the script due to any changes in BVD, base prism, vertical imbalance and spectacle lens design.
-
- 1.5 Accurately measures heights of segment or progression
- 1.5.1 Correct procedure should be applied with regard to measuring the height of monocular centres when dispensing multifocal lens forms. Manufacturer recommendation must be taken into consideration for all multifocal lenses.
-
- 1.6 Provides advice on optical appliances including lens types, frame selection, contact lens care and maintenance regimes
- 1.6.1 Assist client with frame selection by displaying thorough knowledge of frame features. Consider benefits and limitations of the various materials, shapes, cosmetic applications and costs. Take into account any specific requirements the client may have.
 - 1.6.2 Advise client regarding the selection of lenses available using an awareness of the latest lens designs and technology. Explain benefits and limitations of lens materials, treatments and tints. Account should be taken of the use of the finished appliance and safety factors. Full explanations of what can be expected from the final product should be given. Give advice on sun protection and related accessories.
 - 1.6.3 Order the optical appliance giving full and accurate information to ensure final product is exactly as specified for client.

- 1.6.4 Discuss advantages and disadvantages of contact lenses and the related lens maintenance and eye care issues.
-

Task 2 Dispenses Optical Prescriptions

2.1 Verifies optical appliance matches the prescription as ordered using a vertometer, lensometer or by any other recognised means

- 2.1.1 The finished lenses should be verified against the prescriber's prescription using a vertometer or similar instrument.
- 2.1.2 Optical centres, segment heights, powers, addition, base curves, prism, center thickness, max/min edge thickness should be checked against the prescriber's prescription order requirements and relevant standards as necessary.
- 2.1.3 Thickness, tints and coatings should comply with Australian and New Zealand standards.
- 2.1.4 Accuracy and quality of glazing should be checked including rimless and nylon fittings.
-

2.2 Duplicates optical appliances

- 2.2.1 Duplicate spectacles should be ordered according to details on file.
- 2.2.2 Duplicate by verification of lens details using vertometer, or any contemporary technical device that is designed for performing this measurement to required standards, such as calipers, lens measure, transmittance meter, as required.
-

2.3 Verifies visual acuity

- 2.3.1 Visual acuity should be checked upon collection as per prescribers findings.

2.3.2 Advice should be given regarding adaptation issues taking into account any previously worn spectacles.

2.4 Fits, adjusts and adapts optical appliances to the face (excluding contact lens)

2.4.1 Frames should be checked for defects and set up according to any previous instructions e.g.pantoscopic angle, temple length.

2.4.2 Consideration should be made of any special requirements such as ptosis props, hearing aid adaptations or prosthetics. Use appropriate tools to complete adjustments.

2.4.3 A follow up service of frame adjustments frame repairs and advice should be offered.

2.4.4 Advice should be given on any relevant accessories that may be useful to client.

2.4.5 Client should be coached in the proper use and maintenance of the appliance (cleaning cloths and solutions, storage, temperature).

2.5 Dispenses contact lenses (insertion and removal techniques)

2.5.1 Contact lenses should be checked for material, diameter and power.

2.5.2 Instructions should be given to client on insertion and removal techniques and proper handling and care of contact lenses.

2.5.3 Client should have understanding of after-care requirements, wearing time and solutions.

2.5.4 Limitations and adaptation issues should be discussed.

2.6 Certifies a written script from Optometrist records

- 2.6.1 Duplicates a written script from the optometry records for spectacles.
 - 2.6.2 Duplicates a written script from the optometry records for contact lenses.
 - 2.6.3 Signs the script and states the name of the optometrist who prescribed the script.
 - 2.6.4 Writes name and Board registration number next to signature. It should be clear that the dispensing optician is not the prescriber and that the prescription is being signed on behalf of the prescriber.
-

Task 3 **Maintains Records**

3.1 Ensures that all dispensing data is documented in a legible, secure, accessible, permanent and unambiguous manner.

- 3.1.1 All relevant data including dispensing details, pupillary distances, lens form type, treatments and any frame details must be accurately recorded.
 - 3.1.2 Any specific advice or recommendation given to a client should be recorded.
 - 3.1.3 All recorded information must be dated and complete.
 - 3.1.4 Handwritten errors or changes should be deleted with a single score-through (not obscured) and initialled.
-

3.2 Maintains confidentiality of patient records in accordance with the Privacy Act

- 3.2.1 Records are kept in a readily retrievable and secure format in accordance with the Privacy Act 1993.
-

Task 4 **Communication**

4.1 Communicates with the patient in an effective manner

- 4.1.1 Takes into account the physical, emotional, intellectual and cultural background of the patient.
 - 4.1.2 Provides advice on optical eye safety and protection.
 - 4.1.3 Appropriately recommends and makes available subsidies to patients with entitlements.
 - 4.1.4 Identifies situations requiring emergency ophthalmic care and directs the client to an appropriate health care provider as required.
 - 4.1.5 Understands and utilises different strategies to elicit information relevant to the visit from the patient and/or guardian.
-

Task 5 Practice Management / Professional Responsibilities

5.1 Understands the principles of planning, establishment, development and maintenance of an optometric practice.

- 5.1.1 Understands practice staff roles and training needs.
 - 5.1.2 Maintains equipment in a safe, accurate state.
 - 5.1.3 Maintains personal and general safety, hygiene and comfort, including appropriate infection control measures.
 - 5.1.4 Schedules patient appointments according to the time required.
 - 5.1.5 Recognises financial obligations and reporting requirements.
-

STANDARDS OF ETHICAL CONDUCT FOR DISPENSING OPTICIANS

Background

The principal purpose of the Health Practitioners Competence Assurance Act 2003 (Act) is to protect public health and safety by ensuring health practitioners are competent and fit to practise. The Optometrists and Dispensing Opticians Board (the Board) is charged with ensuring that dispensing opticians are competent and fit to practise when they apply for registration and on an ongoing basis.

Under section 118((i) of the Act the Board is required to set standards of:

- clinical competence
- cultural competence
- ethical conduct.

Policy

Dispensing opticians who believe, in good faith, that a colleague has breached ethical standards are obliged to bring that matter to the attention of the Registrar of the Board. The Board will consider how to proceed with the matter, but before doing so will usually seek a response from the dispensing optician about whom the matter was raised.

Options open to the Board in dealing with a potential breach may include:

- taking no further action
- in the case of a low level breach, writing to the practitioner with the Board's view on how the matter giving rise to the concern should have been dealt with, and/or a warning about expected behaviour
- where a complaint has been made that the practice or conduct of the dispensing optician has affected a health consumer, referring the matter to the Health and Disability Commissioner in accordance with section 64 of the Act
- referring the matter to a Professional Conduct Committee
- referring the matter to a more appropriate authority (eg Advertising Standards Authority, Privacy Commissioner).

Standards

1.0 Compliance and legislation

1.1 Dispensing opticians are personally responsible for adhering to all laws, regulations and Codes relevant to practice, including (but not limited to):

- Advertising Standards Authority Advertising Codes, including:
 - Therapeutic Products Advertising Code
 - Therapeutic Services Advertising Code
 - Advertising Code of Ethics
 - Code for Comparative Advertising
- Consumer Guarantees Act 1993
- Fair Trading Act 1986
- Health Act 1956 (s 22)
- Health and Safety in Employment Act 1992
- Health Information Privacy Code 1994
- Health (Retention of Health Information) Regulations 1996
- Health Practitioners Competence Assurance Act
- Privacy Act 1993
- The Health and Disability Commissioner (Code of Health and Disability Consumers' Rights) Regulations 1996

1.2 Regardless of individual practice and employment settings, Dispensing opticians must maintain a working knowledge of, and comply with all Board policies, guidelines and standards applicable to optical dispensing, including these Standards of Ethical Conduct.

2.0 Responsibility to the patient

2.1 The patient's welfare is paramount. The dispensing optician must ensure that their commercial interests or those of their employer are not permitted to override the independent exercise of their professional judgment with regard to a patient, or to compromise the standard of care provided, or to affect their cooperation with other healthcare providers. Dispensing opticians who are employers must likewise refrain from exerting pressures on their staff that may compromise patient welfare.

2.2 Patients have the right to be treated without discrimination.

2.3 Patients have the right to be provided with sufficient information to make informed decisions about their care.

2.4 Where a patient's needs are beyond the scope or skills of the dispensing optician, the dispensing optician will advise the patient of this, and will refer the patient to a practitioner who has the necessary skills, knowledge, qualifications and experience to address the patient's needs.

3.0 Standards of care

- 3.1 Dispensing opticians will only practise in those areas in which they are trained and competent.
- 3.2 Dispensing opticians must strive through continuing education and training to maintain a high standard of skill and knowledge to ensure competence is maintained.
- 3.3 Dispensing opticians shall ensure that comprehensive, accurate and up to date clinical records are kept, and that appropriate privacy provisions are in place.
- 3.4 Dispensing opticians should take reasonable steps to ensure that the person to whom a task is delegated, has the appropriate qualifications, experience, knowledge and skills to provide the care required. The dispensing optician must understand that although a delegating practitioner will not be accountable for the decisions and actions of those to whom he/she delegates, he/she remains responsible for the overall management of the patient, and for the decision to delegate.
- 3.5 Dispensing opticians should ensure that all non-qualified staff are aware of their legal and ethical obligations.

Approved by the Board: 28 January 2011

Date reviewed: May 2014

Date to be reviewed: May 2017

STANDARDS OF CULTURAL COMPETENCE

These standards of cultural competence provide a benchmark by which practitioners can be guided to measure and improve their communications and relationships to better understand members of other cultures and social groups.

The concept of cultural competence is applicable to all ethnic and social groups. The Treaty of Waitangi¹ is a starting point whereby Māori are acknowledged as the tāngata whenua (people of the land) of New Zealand and that Māori health needs are understood and catered for equitably.

Culture includes, but is not restricted to, age, gender, sexual orientation, occupation, economic and social status, ethnic origin or migrant experience, religious or spiritual belief and disability².

Cultural competence involves the ability to perceive and identify cultural best practice and to respond in ways that promote cultural safety. Cultural competence is based on the ability of practitioners to demonstrate that they can identify areas of cultural risk in practice, provide and establish management practices to minimise those risks, and to adapt policies and procedures for your practice.

Awareness	Knowledge	Skill
<p>1.</p> <p>Demonstrates safe cultural practice</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Demonstrates willingness to communicate effectively cross culturally. <input type="checkbox"/> Practises in a manner that incorporates varying beliefs and attitudes across cultures. <input type="checkbox"/> Applies the principles of being culturally safe in own practice. <input type="checkbox"/> Assists the patient with cultural support or 	<ul style="list-style-type: none"> <input type="checkbox"/> Recognises that the verbal and non verbal communication styles of patients may differ and adapt as required. <input type="checkbox"/> Language barriers are addressed; use of interpreter is encouraged where appropriate. <input type="checkbox"/> Asks if all information has been understood. <input type="checkbox"/> Considers cultural information volunteered by the patient when completing assessment, diagnosis and formulation of management plan. <input type="checkbox"/> Seeks assistance when necessary to better understand the patient's cultural needs. <input type="checkbox"/> Acknowledges that own beliefs and practises may differ from others but should not impact on the provision of competent optometric care. <input type="checkbox"/> Communicates with patient advocate regarding care planning where appropriate.

¹ Information from the Treaty of Waitangi can be found at: <http://www.teara.govt.nz/en/treaty-of-waitangi/page-1>

² Refer: <http://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html> and <http://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html>

	representation as appropriate.	<input type="checkbox"/> Care and treatment plans are negotiated with the practitioner, patient, and family or advocate where appropriate.
2. Adapts own practice and values to positively impact on patients cultural safety	<input type="checkbox"/> Recognises own beliefs, values and prejudices that may arise in relation to patient's age, gender, sexual orientation, occupation, economic and social status, ethnic origin or migrant experience, religious or spiritual belief and disability. <input type="checkbox"/> Acknowledges when an ability to provide care is inhibited and seeks alternative means of ensuring patient's cultural safety. <input type="checkbox"/> Processes are in place for culturally safe training and advice especially when advising trainees/colleagues and employees.	<input type="checkbox"/> Does not impose own values and beliefs on patients. <input type="checkbox"/> There is evidence of appropriate use of referral to an alternative practitioner.
3. Continues professional development in terms of cultural competency	<input type="checkbox"/> Understands the need for ongoing cultural competence education and training for both clinical and support staff.	<input type="checkbox"/> Incorporates cultural competence training as part of each CPD cycle.
4. Continues to build on cultural competence, in a broad sense, for improved health outcomes for all New Zealanders	<input type="checkbox"/> Develops and maintains an awareness of the cultural composition within the local community.	<input type="checkbox"/> Develops strategies to improve access and care outcomes to optometry services for those groups.
5. Demonstrates the ability to apply the principles of the Treaty of Waitangi	<input type="checkbox"/> Understand the Treaty of Waitangi and its relevance to the health of Māori in Aotearoa / New Zealand. <input type="checkbox"/> Demonstrates knowledge of health status of ethnic groups.	<input type="checkbox"/> Incorporates a Treaty Workshop or some form of Treaty learning as part of CPD during the first two years of your registration with the Board.

STATEMENT ON RELEASE AND RECEIPT OF PATIENT INFORMATION

Background

The Health Practitioners Competence Assurance Act 2003 (Act) requires the Board to set standards of ethical conduct to be observed by health practitioners. The Board's *Standards of Ethical Conduct* require optometrists and dispensing opticians (practitioners) to abide by all relevant legislation. The purpose of this statement is to ensure that practitioners are aware of their legal obligations to patients with particular regard to release of patient information, pursuant to the Privacy Act 1993, the Health Information Privacy Code 1994 and the Health Act 1956.

Statement

Practitioners are expected to promptly and cooperatively comply with patient requests for release of their personal information. In order to minimise risk of misunderstanding between patient and practitioner about the release of patient information, all practitioners must ensure that they communicate clearly with the patient about the information held, the intended recipients, the process for releasing it, and any other matters that the patient should be aware of.

Issues

Requirement to release information

Section 22F of the Health Act 1956 requires that health information must be disclosed upon request from the individual to whom the information relates, or their representative, or any person that is providing or is to provide services to that individual.

A request by the individual or an individual's representative can be refused on limited grounds only.³

³ The Health Information Privacy Code and Privacy Act provide very few reasons for withholding information. Practitioners should seek legal advice if they consider there are grounds for withholding an individual's information from the individual or their representative.

If the information is requested by a person that is providing, or is to provide, services to that individual (for example, a request for information about a patient is made by one practitioner to another practitioner), the practitioner holding the information may withhold it if he/she has **reasonable grounds** for believing that the individual does not wish that information to be disclosed.

Where there is a request from one practitioner to another for patient information, and where patient details such as full name and date of birth are provided, the practice holding the information should disclose it unless they have reasonable grounds for believing that the individual does not wish the information to be disclosed.⁴ If the practitioner who holds the information has genuine doubts, on reasonable grounds, about the *bona fides* of the request, he/she should request written consent from the patient to release that information to the practice.

Section 22F of the Health Act specifies that information may not be withheld on the grounds that payment is due to the holder of that information, or to avoid prejudice to the commercial position of the holder of any information or of any other person.

Release of prescription information

There is no legal definition of what constitutes a prescription for an optical or ophthalmic appliance. Because of this, it is important when dealing with a request for release of information that practitioners communicate clearly with patients about the information held on the patient's file.

The information to be released will depend on the patient's request. If the complete patient file is requested, then a copy of the complete patient file must be provided, without deletion.⁵ All tests, measurements and procedures undertaken as part of an eye examination must be recorded - and if recorded, must be released.

When releasing only prescription information to a patient who has the intention of having an optical or ophthalmic appliance made up elsewhere, the practitioner releasing the information should be clear about the status of the information, and should specify in writing whether the information is:

- 1 a **dispensed prescription** which is complete and has performed satisfactorily in a dispensed ophthalmic or optical appliance to provide clear and comfortable vision; or
- 2 **prescription findings at examination** which is based on information obtained within the clinical environment but not yet tested in a dispensed ophthalmic or optical appliance.

To further protect the practitioner releasing the information, and as a matter of good record keeping, he/she should make a note on the patient's record *at the time the information is released*, summarising the advice given with regard to the information.

⁴ There are additional (limited) grounds for withholding information from another provider, under the Privacy Act (sections 27-29). Practitioners should seek legal advice if they consider withholding information under these grounds.

⁵ The Privacy Act 1993 provides very few reasons for withholding information. Practitioners should seek legal advice if they consider there are grounds for withholding an individual's information from them.

Charging for release of information

The Board does not have a role in the setting of fees by practitioners. Section 35 of the Privacy Act provides that a non-public sector agency may require payment of a charge in respect of making information available in response to a request. If practitioners are considering setting a charge, practitioners must have regard to the Privacy Act and Health Information Privacy Code requirements. Clause 6 of the Code sets out the limited circumstances in which a practitioner may charge for making health information available, namely; (a) for a subsequent request - where information has already been made available to an individual and the individual makes a subsequent request for the same/substantially the same information within 12 months of the original request; or (b) for providing a copy of an x-ray, video recording, or an MRI/PET/CAT scan photo.

Where a charge is likely to exceed \$30 the individual must be provided with an estimate of the charge before dealing with the request.⁶ Section 35 of the Privacy Act specifies that: the charge must be reasonable; and regard may be had to the cost of the labour and materials involved in making information available in accordance with the request and to any costs incurred pursuant to a request of the applicant for the request to be treated as urgent.⁷

Breaches of the Privacy Act or Health Information Privacy Code

Any alleged breaches of the Privacy Act or the Health Information Privacy Code should be referred to the Privacy Commissioner.

Receiving prescription information

Upon receipt of prescription information, the receiving practitioner must ascertain whether further tests or measurements are required before an appliance can be dispensed. This will depend on the information received.

Dispensed prescription

Whether a further eye examination is required will depend on a variety of factors, including (for example) the time elapsed since the appliance was dispensed. If a decision is made to make up an appliance based on the dispensed prescription, the practitioner should be aware that any substitutions made to a dispensed prescription may or may not result in an appliance which performs to the same level of satisfaction. Practitioners changing any parameters of an existing specification must take responsibility should the new appliance not perform to expectation.

⁶ Per Part 3, clause 6 of the Health Information Privacy Code 1994.

⁷ As per section 35(5) of the Privacy Act 1993. A charge cannot be made for assisting with a request for information, making or transferring a request, or processing a request (section 35(2) of the Privacy Act 1993).

Prescription findings at examination

If measurements such as pupil distance were not recorded as part of the eye examination, these measurements may need to be taken.

Under section 9 of the Act there is a restricted activity relating to the “*prescribing of an ophthalmic appliance, optical appliance or ophthalmic medical device intended for remedial or cosmetic purposes or for the correction of a defect of sight.*” This restriction is intended to address the significant risk of asymptomatic eye disease associated with the dispensing of an ophthalmic appliance, optical appliance or ophthalmic medical device, without the first step of a diagnosis by a registered health practitioner.

Before ordering an appliance based on information received from another practice, the practitioner should satisfy him/herself that an eye examination was performed by an optometrist or ophthalmologist as part of the process undertaken to derive the prescription findings.

Ethical obligations

All practitioners are reminded of their ethical and professional obligations to treat colleagues with respect and professionalism. This includes making and responding to requests for patient information.

Practitioners are also required to treat patients in accordance with the Health and Disability Commissioner’s Code of Health and Disability Consumers Rights.

The 10 basic patient rights under the Code are:

Right 1: the right to be treated with respect

Right 2: the right to freedom from discrimination, coercion, harassment, and exploitation

Right 3: the right to dignity and independence

Right 4: the right to services of an appropriate standard

Right 5: the right to effective communication

Right 6: the right to be fully informed

Right 7: the right to make an informed choice and give informed consent

Right 8: the right to support

Right 9: rights in respect of teaching or research

Right 10: the right to complain

Approved by the Board

28 January 2011