



STANDARDS OF CLINICAL COMPETENCE FOR OPTOMETRISTS¹

In accordance with the Board's core functions under section 118(i) of the Health Practitioners Competence Assurance Act 2003 (HPCA Act), the Board has set the following standards of clinical competence to be observed by the profession of optometry. These clinical standards are closely aligned with, and should be read in conjunction with, the Optometrist Scope of Practice. Those practitioners holding further accreditation (i.e. for independent management of glaucoma) must adhere to their respective guidelines in addition to these standards and the scope of practice.

Elements/Competencies	Performance criteria and indicators (this is not an exhaustive list)
Task 1. Professional and clinical responsibilities	
1.1 Keeps optometric knowledge, clinical expertise, skills and equipment maintained and up-to-date.	1.1.1 Accesses relevant evidence-based material, including, but not limited to, journal articles, internet material, and textbooks, to inform clinical practice. 1.1.2 Demonstrates an understanding of sound research requirements and advantages and limitations of clinical techniques. 1.1.3 Seeks and reflects upon information about, and utilises relevant continuing education options.

¹ These standards are entry-level competencies for the Optometrist Scope of Practice; however, any conditions imposed on individual practitioner scopes of practice and annual practising certificates must be complied with in accordance with the relevant section/s of the HPCA Act under which they were imposed.

	<p>1.1.4 Understands and maintains the Board’s competence requirements including continuing professional development (CPD).</p> <p>1.1.5 Uses clinical experiences and discussions with colleagues to improve patient care.</p> <p>1.1.6 Critically appraises developments in clinical theory, techniques and technology for relevance to clinical practice and uses this information to improve patient care.</p>
<p>1.2 Practices independently.</p>	<p>1.2.1 Maintains professional independence in optometric decision-making and conduct.</p> <p>1.2.2 Recognises and accepts responsibility for possible consequences of actions and advice.</p> <p>1.2.3 In delivering safe and competent patient care, is not unduly influenced by business or commercial interests or other external pressures.</p>
<p>1.3 Acts in accordance with the standards of ethical behaviour of the profession.</p>	<p>1.3.1 Holds patient health care interests and comfort paramount.</p> <p>1.3.2 Provides optometric services as necessary for the management of the patient.</p> <p>1.3.3 Takes no advantage (in a physical, emotional or other way) of the relationship with the patient and identifies, acknowledges and respects any potential conflicts of interest.</p> <p>1.3.4 Ensures optometric assistant services are used appropriately.</p> <p>1.3.5 Complies (as a health provider) with the Health and Disability Commissioner’s Code of Health and Disability Services Consumers’ Rights.</p> <p>1.3.6 Complies with and maintains the Board <i>Standards of Ethical Conduct</i>.</p> <p>1.3.7 Understands the importance of, and respects, professional boundaries.</p>

<p>1.4 Communicates advice and information to patients and others.</p>	<p>1.4.1 Clearly and appropriately communicates information to patients, carers, staff, and other professionals.</p> <p>1.4.2 Maintains appropriate liaison with other professionals, including recognising and communicating significant clinical presentations to other practitioners involved in the patient's care.</p>
<p>1.5 Utilises resources from optometry and other organisations to enhance patient care.</p>	<p>1.5.1 Maintains an awareness of and recommends appropriate optometric, community and other resources to patients.</p>
<p>1.6 Understands the principles of the planning, establishment, development and maintenance of an optometric practice.</p>	<p>1.6.1 Understands practice staff roles and training needs.</p> <p>1.6.2 Maintains equipment in a safe and accurate state.</p> <p>1.6.3 Maintains personal and general safety, hygiene and comfort, including appropriate infection control measures.</p> <p>1.6.4 Schedules patient appointments according to the time necessary to achieve the required standard of patient care.</p> <p>1.6.5 Recognises financial obligations and reporting requirements.</p>
<p>1.7 Understands the legal obligations involved in optometric practice.</p>	<p>1.7.1 Understands and complies with relevant legislation and standards.</p>
<p>1.8 Provides for/addresses the care of all patient needs.</p>	<p>1.8.1 Addresses the needs of patients with any physical or mental incapacity in a clinical setting and provides the appropriate level of care.</p> <p>1.8.2 Appropriately recommends and makes available subsidies to patients who are entitled to them.</p> <p>1.8.3 Provides domiciliary care or can direct patients to a provider of domiciliary care, as required.</p> <p>1.8.4 Delivers optometric services in a culturally sensitive manner.</p>

	1.8.5 Complies with and maintains the Board's <i>Standards of Cultural Competence</i> .
1.9 Provides or directs patients to emergency optometric care.	1.9.1 Identifies situations requiring emergency optometric care and can provide or direct patients to the relevant care if required.
1.10 Promotes issues of eye and vision care to the community.	1.10.1 Provides information on matters of visual health and welfare including professional advice, product and treatment options. 1.10.2 Provides advice on eye safety and protection to patients and the public.
1.11 Understands factors affecting the community's need for optometric services.	1.11.1 Appreciates social determinants of health of the patient population. 1.11.2 Evaluates current trends regarding vision and health care.
1.12 Understands appropriate use and limitations of technology.	1.12.1 Maintains appropriate back-up and security measures to ensure protection of digital patient data. 1.12.2 Complies with the Board's <i>Statement on Internet Medicine</i> . 1.12.3 Follows all clinical guidelines for the supply of optical devices over the internet.
Task 2. Obtaining a patient history	
2.1 Communicates with the patient (or their representative if appropriate) in an effective way, taking into account the physical, emotional, intellectual and cultural background of the patient.	2.1.1 Ensures exchange of information between patient and optometrist is structured and comfortable. 2.1.2 Ensures patient privacy in communications and consultations.
2.2 Makes general observations of the patient.	2.2.1 Takes significant physical and behavioural characteristics into account in the assessment.

2.3 Elicits reasons for the patient visit in a structured way.	2.3.1 Understands and utilises different strategies to elicit information relevant to the visit from the patient and/or their representative.
2.4 Obtains information required for diagnosis and management from the patient and/or others (including information to safely perform required diagnostic procedures).	2.4.1 Understands the need to investigate the patient history throughout the examination and to record information in relevant areas, including, but not limited to, symptoms and complaints, personal and family ocular and medical history, ocular and systemic medications, visual needs, recent visual device use and care regimes, allergies, previous assessments and treatment by other professionals, risk factors, injury details, assessment of prior compliance.
2.5 Obtains and interprets relevant patient information from sources other than the patient as appropriate.	2.5.1 Understands the need to obtain, interpret and integrate information appropriately from different sources (with appropriate consent), to inform patient management.
Task 3. Examination of the eye and visual system	
3.1 Formulates an examination plan based on the patient history in order to obtain information necessary for diagnosis and management.	3.1.1 Selects tests and procedures appropriate to the patient's condition and abilities, including relevant investigations which reflect, but are not limited to, the patient's history.
3.2 Implements an examination plan that is progressively modified on the basis of findings.	3.2.1 Makes efficient use of tests and procedures to provide information required for the diagnosis and performs these in a safe, proficient and accurate manner. 3.2.2 Offers clear explanations on procedures to patients. 3.2.3 Obtains informed consent as appropriate.

<p>3.3 Assesses the structure and health of the components of the eye and ocular adnexae, for their structure, health and functional ability, understanding the need for and using diagnostic pharmaceutical agents where clinically indicated.</p>	<p>3.3.1 (a) Assesses the ocular adnexal health by evaluating the structure and function of the relevant structures including, but not limited to, the lacrimal glands, lids, lashes, puncta, meibomian glands, and peri-ocular skin, while respecting infection control measures relevant to optometric practice.</p> <p>(b) Uses diagnostic evaluations including, but not limited to, digital imaging, slit-lamp assessment, direct observation, lid eversion, tear film assessment, diagnostic gland expression, and palpebral aperture measurement using appropriate equipment and diagnostic pharmaceuticals.</p> <p>3.3.2 (a) Assesses and evaluates the structure and health of the anterior segment including, but not limited to, the cornea, conjunctiva, anterior chamber and aqueous humour, anterior chamber angle, anterior chamber depth, episclera, sclera, iris, pupil and ciliary body (including surgical alterations).</p> <p>(b) Uses and interprets results from diagnostic tests/equipment including, but not limited to: vital dyes, diagnostic pharmaceutical agents, slit-lamp biomicroscopy, keratometry, topography, gonioscopy, pachymetry, tonometry, digital imaging, exophthalmometry, ultrasonography, tomography and confocal microscopy.</p> <p>3.3.3 (a) Assesses and evaluates the structure and health of the ocular media including, but not limited to, the crystalline lens, the lens capsule, any surgical implants, and the vitreous.</p> <p>(b) Uses and interprets results of tests including, but not limited to: direct and indirect ophthalmoscopy, retinoscopy, digital imaging, diagnostic pharmaceuticals, slit-lamp biomicroscopy, and ultrasound.</p> <p>3.3.4 (a) Assesses and evaluates the structure and health of the components of the posterior segment including, but not limited to: retina, choroid, vitreous, blood vessels, optic nerve head, macula and fovea.</p>
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	<p>(b) Uses and interprets results of tests including but not limited to: direct and indirect ophthalmoscopy, retinoscopy, digital imaging, diagnostic pharmaceuticals, slit-lamp biomicroscopy and fundoscopy, visual acuity, colour vision tests, Amsler test, visual field assessment, photostress test, pupil reactions, auxiliary lenses for fundus viewing and optic nerve head assessment.</p> <p>(c) Interprets tests including, but not limited to, ultrasound, diagnostic imaging, optical coherence tomography and nerve fibre layer analysis and other new developments involving assessment of these areas.</p> <p>3.3.5 Recognises the need for further testing (e.g. microbiological testing) or for referral in the management of the patient and selects specific tests accordingly, taking into consideration the cost effectiveness of tests and treatments, time sensitivity, the relative importance of determining drug sensitivity, and the logistics, such as collection and delivery of samples, and the collection and disposal of sharps and biohazards.</p>
<p>3.4 Assesses central and peripheral sensory visual function and the integrity of the visual pathways (including vision and visual acuity, visual fields, colour vision and pupil function).</p>	<p>3.4.1 Uses and interprets results from techniques and equipment including, but not limited to, contrast sensitivity tests, neutral density filter test, photo-stress test, glare tests, pinhole, tests of optokinetic nystagmus, preferential looking tests, tests of monocular and binocular uncorrected/corrected vision/visual acuity, manual and automated perimetry (including Amsler grid, confrontation, kinetic and static testing (screening and threshold, as appropriate), short wavelength and frequency doubling), as well as tests to assess functional vision loss and malingering.</p> <p>3.4.2 Uses appropriate tests to assess colour vision and interpretation of results including, but not limited to, pseudo-isochromatic and hue ordering tests, flicker, monocular and binocular measurements, and colour matching.</p> <p>3.4.3 Assesses pupils and pupil reactions using appropriate tests/conditions including, but not limited to, varied lighting conditions, swinging flashlight tests, and appropriate</p>

	pharmacological testing and interpretation. All testing undertaken in appropriate conditions.
3.5 Assesses refractive status.	<p>3.5.1 Measures the spherical, astigmatic and presbyopic components of the correction, using tests appropriate for the presentation.</p> <p>3.5.2 Understands and administers cycloplegia when indicated.</p>
3.6 Assesses oculomotor and binocular function (including eye alignment, eye movement quality and range, binocularity status, vergence system adaptability, accommodation placements and adaptability).	<p>3.6.1 Assesses ocular alignment and binocular function, and nystagmus in terms of manifest and latent deviation, (strabismus, heterophorias, direction, magnitude, comitancy), and fixation (quality and eccentricity).</p> <p>3.6.2 Uses appropriate equipment to assess binocular status including, but not limited to prisms, and cover test in cardinal directions of gaze.</p> <p>3.6.3 Assesses versions, vergences and near points of convergence, and makes assessments of ocular pursuit movements, saccades and ocular motility, giving consideration to the nine positions of gaze and any limitations of gaze, and the detection of adaptive head postures.</p> <p>3.6.4 Evaluates the binocular state through assessment including, but not limited to, sensory and motor fusion, suppression, diplopia, stereopsis, simultaneous perception, amblyopia, normal and anomalous correspondence.</p> <p>3.6.5 Analyses the adaptability of the vergence system through assessments including, but not limited to, fusional vergence ranges, facility, near point of convergence, fixation disparity and accommodative convergence (AC/A) ratios.</p> <p>3.6.6 Assesses the placement and adaptability of accommodation through assessments including, but not limited to, posture of and relative accommodation, accommodative facility, monocular and binocular amplitudes of accommodation, CA/C and AC/A ratios.</p>
3.7 Assesses visual information processing.	3.7.1 Understands and interprets methods used to investigate visual information processing.

	<p>3.7.2 Recognises how patient history (e.g. brain injury) and milestones may affect visual information processing.</p> <p>3.7.3 Determines necessity for analysis of aspects including, but not limited to, visual analysis, spatial skills, and visual motor integration.</p>
<p>3.8 Considers and assesses ocular and non-ocular signs and symptoms found during the examination relevant to the patient's eye and/or general health, where indicated.</p>	<p>3.8.1 Identifies, considers and investigates pertinent ocular and non-ocular signs and/or visual symptoms and recognises their significance including, but not limited to, general patient welfare (e.g. social and emotional), the patient's medical condition (e.g. presence of acquired neurological disorders), and patient management (e.g. pharmacological interventions).</p> <p>3.8.2 Recognises the need for further investigations, and refers appropriately and in a timely manner for testing that includes, but is not limited to, assessment of thyroid function, blood sugar level, erythrocyte sedimentation rate, and blood count, and uses tests such as carotid auscultation, magnetic resonance imaging, computerised tomography and sphygmomanometry.</p>
<p>Task 4. Detection, measurement and diagnosis of variations, anomalies, defects and diseases of the eyes, adnexae and visual system</p>	
<p>4.1 Interprets and analyses examination findings and results in order to determine the nature and aetiology of conditions or diseases and to establish a diagnosis or differential diagnoses.</p>	<p>4.1.1 Integrates information from results, patient history, and responses to previous interventions, to differentiate changes, acute/chronic conditions and establish a differential diagnosis.</p> <p>4.1.2 Critically appraises accuracy and validity of test results and information from the case history and other sources.</p> <p>4.1.3 Interprets data appropriately.</p> <p>4.1.4 Audits data and checks equipment for consistency.</p>

	<p>4.1.5 Uses reference material to assist in diagnosis.</p> <p>4.1.6 Determines a need for additional testing and interprets relevant laboratory results.</p> <p>4.1.7 Reviews all evidence to reach a reasonable conclusion about the specific nature of the condition to ascertain which, if any, medication and/or treatment will be most appropriate.</p>
<p>4.2 Evaluates the expected prognosis of the condition or disease, using all available relevant information.</p>	<p>4.2.1 Refers to relevant literature in considering natural disease progression, to evaluate how the patient's condition has changed over time or responded to interventions.</p>
<p>Task 5. Patient management</p>	
<p>5.1 Develops a management plan for each patient that is implemented in agreement with the patient/representative.</p>	<p>5.1.1 Presents and explains the diagnosis and prognosis to the patient in a manner the patient can understand.</p> <p>5.1.2 Addresses the importance of the presenting problems and findings in the management plan and discusses options to address the patient's needs.</p> <p>5.1.3 Agrees a course of management with the patient including likely treatment and discussion of prognosis.</p> <p>5.1.4 Seeks and obtains informed consent for the initiation and continuation of management.</p> <p>5.1.5 Ensures the recall of patients for ongoing care and review as indicated.</p> <p>5.1.6 Ensures the follow-up of patients with life or sight threatening conditions who fail to attend for review.</p>

	<p>5.1.7 Refers to, or consults with, other professionals in a timely manner where further opinion is beneficial to making an informed decision.</p> <p>5.1.8 Jointly manages patients with other health care practitioners as appropriate.</p>
<p>5.2 Prescribes spectacles, contact lenses, low vision aids and/or other optical appliances or ophthalmic appliances or ophthalmic medical devices where indicated.</p>	<p>5.2.1 Assesses the suitability of spectacles or contact lenses as forms of correction for the patient.</p> <p>5.2.2 Applies the patient's refraction, visual requirements and other findings to determine the spectacle or contact lens prescription and type of lens and records the final prescription in the patient's record.</p> <p>5.2.3 Correctly orders spectacles and contact lenses and, on receipt, verifies clinically measurable parameters before the lenses are supplied to the patient.</p> <p>5.2.4 (a) Writes a spectacle or contact lens prescription in a manner that can be interpreted for correct fabrication of the appliance. Prescription information includes name of patient, name and signature of prescriber, purpose of prescription, an expiry date and any other information deemed appropriate.</p> <p>(b) In the event of a request for a copy of the prescription and the prescribing optometrist is not available, the prescription can be signed by another optometrist or a registered dispensing optician.</p> <p>5.2.5 Assesses contact lenses with new fitting parameters on the eye prior to supply to the patient.</p> <p>5.2.6 Instructs the patient in matters relating to ocular health, vision, contact lens care and maintenance and after care visits.</p> <p>5.2.7 Monitors contact lens performance, ocular health and patient adherence to wearing and maintenance regimens.</p>

	<p>5.2.8 Where indicated, selects and demonstrates a range of low vision devices suitable to the patient's needs, and prescribes appropriate devices as suited to patient needs.</p> <p>5.2.9 Instructs the patient in the use of any prescribed low vision devices.</p> <p>5.2.10 Evaluates and monitors the success of prescribed low vision aids, and informs and refers the patient to other rehabilitative services if appropriate.</p>
<p>5.3 Selects, recommends and prescribes appropriate pharmacological therapeutic agents for treatment of ocular dysfunction, disease and injury.</p>	<p>5.3.1 Considers drug actions and interactions, adverse side effects or allergies when determining non-prescription pharmacologic agents to meet the patient's needs.</p> <p>5.3.2 Adheres to legal requirements when providing advice to the patient on pharmacologic agents.</p> <p>5.3.3 Interprets and applies current clinical trial findings.</p> <p>5.3.4 Determines the need for topical and/or systemic therapy for the identified ocular condition.</p> <p>5.3.5 Understands the details to be provided to patients regarding non-prescription ocular medications (e.g. name of medication, how it is to be used).</p> <p>5.3.6 Utilises suitable pharmaceutical reference resources.</p> <p>5.3.7 Understands legal requirements for record keeping pertaining to pharmacological agents and for storage of any ocular medications held by the optometrist.</p> <p>5.3.8 When choosing the most appropriate therapeutic agent(s) for the patient, considers aspects including, but not limited to: underlying disease factors (e.g. infection, inflammation), pharmacological factors (e.g. frequency, dose etc.), systemic factors</p>

	<p>(e.g. allergies, interactions with systemic medications etc.), ocular factors (e.g. ocular side effects and effects on the contralateral eye), contraindications and side effects, issues of antibiotic resistance and quality of medicines, diagnosis and prognosis, available delivery modes (e.g. ointments, drops etc.), drug substitution factors (e.g. brand versus generic), patient related factors (e.g. dexterity, cognitive state, adherence history), cost factors (e.g. government subsidy) .</p> <p>5.3.9 Writes a prescription and/or Standing Order² in a manner that allows accurate supply of the agent.</p> <p>5.3.10 Issues prescriptions for ocular therapeutic medications in accordance with legislation (e.g. name of drug, dosage, administration route and frequency, patient's name, date of birth if under 13, optometrist's name, signature and practice address).</p> <p>5.3.11 Understands legislative requirements regarding prescriptions, including co-management requirements (e.g. glaucoma).</p> <p>5.3.12 Understands legal requirements for record keeping, labelling and dispensing pertaining to therapeutic medications and for storage of any ocular therapeutic medications held by the optometrist.</p> <p>5.3.13 (a) Understands how to clarify any issues relating to the prescription with the pharmacist.</p> <p>(b) Directs patient to specialised pharmacies when necessary (e.g. for compounded medicines such as low dosage atropine.)</p>
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² A Standing Order is a **written instruction** issued by an authorised health practitioner (doctor, dentist, nurse practitioner or optometrist) which authorises a specified person or class of people who do not have prescribing rights to administer and/or supply specified medicines.

	<p>5.3.14 Understands the importance of, and respects, secure storage of prescription stationery.</p> <p>5.3.15 Understands and appropriately uses Pharmac funding codes.</p> <p>5.3.16 Keeps a record/copy of therapeutic prescriptions issued.</p>
<p>5.4 Monitors the effect of ocular therapeutic treatment and makes recommendations for appropriate changes in management.</p>	<p>5.4.1 Understands when patients should be referred for a further opinion or for management outside scope of practice.</p> <p>5.4.2 Knows the intervals at which a patient's condition should be reviewed.</p> <p>5.4.3 Recognises the appropriate tests to be administered at the patient's review visit.</p> <p>5.4.4 Recognises adverse signs and symptoms, side effects and interactions relating to therapeutic medication use.</p> <p>5.4.5 Understands when and how treatment should be modified.</p> <p>5.4.6 Alters drug type and dose when necessary, taking into consideration and respecting any co-management requirements.</p> <p>5.4.7 Determines the need for additional or alternative therapeutic measures.</p> <p>5.4.8 Sets and adheres to criteria for the completion of treatment.</p>
<p>5.5 Instructs patients on the correct use, administration, storage and disposal of pharmaceutical agents.</p>	<p>5.5.1 Conveys information to the patient including, but not limited to, dose, frequency, timing, method of instillation, hygiene, shelf-life, storage, disposal, possible interactions with drugs and other substances and actions to be taken if adverse reactions occur.</p>

<p>5.6 Instructs patients about precautionary procedures and non-pharmacological patient-applied management.</p>	<p>5.6.1 Understands and provides appropriate advice on non-therapeutic management including, but not limited to, use of sunglasses, lid hygiene procedures, lid scrubs, compresses, artificial tears, health supplements, variations in use of contact lenses and solutions, and use of eye makeup.</p> <p>5.6.2 Understands and counsels patients appropriately on how to avoid cross-infection and contamination of medications.</p> <p>5.6.3 Understands and counsels patients appropriately regarding the use of eye patches, eye shields and analgesia.</p>
<p>5.7 Performs non pharmacological treatment or intervention procedures in the management of eye conditions.</p>	<p>5.7.1 Understands the indications for and performs procedures including, but not limited to, lash epilation, lid margin surface management, lacrimal lavage, punctal occlusion, non-surgical punctal occlusion, meibomian gland expression, and intense pulsed light therapy as appropriate.</p>
<p>5.8 Perform emergency first aid in the management of injury</p>	<p>5.8.1 Provides emergency management of trauma to the eye and adnexae, and/or refers as appropriate.</p> <p>5.8.2 Utilises bandage contact lenses as necessary.</p> <p>5.8.3 Performs procedures including, but not limited to, ocular irrigation and foreign body removal and sequelae as required.</p>
<p>5.9 Implements and manages vision therapy.</p>	<p>5.9.1 Treats, or refers for treatment, patients with accommodative, vergence, strabismic, ocular motor and eye movement control, and amblyopic conditions as appropriate.</p> <p>5.9.2 Instructs the patient in the use and maintenance of vision training equipment.</p> <p>5.9.3 Sets goals of the vision therapy program, monitors progress, and establishes criteria for discharge.</p>

<p>5.10 Refers patients in a timely, ethical and appropriate manner.</p>	<p>5.10.1 Recognises the need for referral to other professionals for assessment and/or treatment, discusses this with the patient and recommends a suitable professional.</p> <p>5.10.2 Makes a timely referral with appropriate supporting documentation.</p> <p>5.10.3 Advises patients of where to obtain alternative care in the optometrist's absence.</p>
<p>5.11 Co-operates with medical practitioners in a professional and ethical manner in the provision of pre- and post-operative management of patients.</p>	<p>5.11.1 Provides pre-operative assessment and advice.</p> <p>5.11.2 Assesses and monitors post-surgical follow-up of signs according to the procedures undertaken, and the surgeon's advice.</p> <p>5.11.3 Provides triaging and emergency management for observed post-surgical complications, as appropriate.</p> <p>5.11.4 Arranges referral for further post-operative treatment or evaluation of complications, as appropriate.</p>
<p>5.12 Provides advice on vision, eye health and safety in specific settings, including the workplace.</p>	<p>5.12.1 Provides vision screening for occupational or other purposes.</p> <p>5.12.2 Provides advice on eye protection, visual standards and visual ergonomics in workplace and recreational settings.</p> <p>5.12.3 Counsels individuals on vision-related eligibility requirements for specific occupations.</p> <p>5.12.4 Provides certification of an individual's visual suitability for designated occupations or tasks.</p>

	<p>5.12.5 Advises the patient or representative of the presence of conditions that could have implications for other family members.</p> <p>5.12.6 Provides fitness certificates as appropriate.</p>
Task 6. Ophthalmic dispensing	
6.1 Interprets prescriptions for optical appliances, ophthalmic appliances or ophthalmic medical devices and accepts responsibility for dispensing.	<p>6.1.1 Resolves ambiguities in optical prescriptions.</p> <p>6.1.2 Adheres to requirements for dispensing optical prescriptions to nationally agreed standards.</p>
6.2 Assists patients in selecting appliances that are suitable for their needs.	<p>6.2.1 Assists the patient in selecting a suitable spectacle frame.</p> <p>6.2.2 Advises the patient on appropriate lenses and lens treatments for their needs.</p>
6.3 Dispenses optical prescriptions accurately and in accordance with accepted standards.	<p>6.3.1 Takes relevant measurements pertaining to spectacle frames and lenses, to allow lenses to be ordered.</p> <p>6.3.2 Understands the process to edge lenses and glaze them in the frame appropriately.</p> <p>6.3.3 Understands how to check frames and uncut lenses or mounted lenses for damage and compliance with the prescription.</p> <p>6.3.4 Verifies finished appliances for accuracy and quality against the prescription, and according to appropriate standards, prior to delivery.</p>
6.4 Adjusts and delivers the optical appliance, ophthalmic appliance or ophthalmic medical device, instructs patients in the proper	6.4.1 Fits spectacles to patients for optimal comfort and performance.

<p>use and maintenance of the appliance, and advises patients regarding any adaptation considerations.</p>	<p>6.4.2 Provides information to patients regarding the correct use of spectacles or other optical appliance, their maintenance and the risk of possible adaptation effects.</p>
<p>Task 7. Recording and maintaining of clinical data and records</p>	
<p>7.1 Ensures that clinical data is documented in English, in a legible, secure, accessible, permanent and unambiguous manner.</p>	<p>7.1.1 Records all relevant information pertaining to the patient in an individual patient record promptly and in a format which is understandable and useable by another optometrist which includes, but is not limited to, information such as name and address of patient, names of examining practitioners, patient history, diagnoses, management strategies, summaries of advice given to patient, imaging information from all consultations, dates and information relating to all patient contacts, timing of review, copies of referral letters and reports, consent and therapeutic prescription.</p> <p>7.1.2 Retains patient records in a readily retrievable form which is physically and electronically secure (including appropriate firewall, virus protection and back-up for computer records).</p> <p>7.1.3 Makes corrections to records in accordance with legislation (including the initialling and dating of corrections).</p> <p>7.1.4 Includes details of additional tests performed or requested, including, but not limited to, microbiological tests, and their results, as well as corresponding modifications to management, on the patient record.</p> <p>7.1.5 Includes details of any optical appliances, ophthalmic appliances or ophthalmic medical devices, medications or therapeutic strategies prescribed.</p>
<p>7.2 Maintains confidentiality of patient records in accordance with the Privacy Act and the Health Information Privacy Code.</p>	<p>7.2.1 Limits access to records to appropriate personnel.</p>

	<p>7.2.2 Releases information from patient records and/or obtained from the patient only with the consent of the patient and/or their representative as appropriate (understanding and respecting legal requirements related to confidentiality, and privacy of health records).</p> <p>7.2.3 Understands and observes the rights of the patient to access his or her patient record.</p> <p>7.2.4 Respects patient privacy during transfer of patient information.</p>
7.3 Meets legislative requirements regarding retention and destruction of patient records and other practice documentation.	7.3.1 Understands and observes requirements regarding the retention, archiving or destruction of patient records to ensure patient privacy, and the retention of practice documentation other than patient records.
Task 8. Research	
8.1 Where clinical research is conducted it is with consideration of, and in accordance with, NZ ethical guidelines and privacy legislation.	8.1.1 Follows appropriate processes and retains records to demonstrate compliance.

Approved by the Board: November 2018

Date to be reviewed: November 2021