



OPTOMETRISTS
AND DISPENSING
OPTICIANS BOARD

Te Poari o ngā Kaimātai Whatu me ngā Kaiwahakarato Mōhiti

Codes of Practice for Dispensing Opticians

01-2021

- 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.
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1.4 Adjusts lens power to account for altered back vertex distance (BVD), base prism, vertical imbalance or spectacle lens design

BVD, base prism,

changes in BVD, base design.

- 1.4.1 Accurately calculate and adjust lens power to account for altered vertical imbalance, and spectacle lens design.
 - 1.4.2 Accurately document any changes to the script due to any prism, vertical imbalance and spectacle lens
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1.5 Accurately measures heights of segment or progression

height of forms. Manufacturer taken into consideration for all multifocal lenses.

- 1.5.1 Correct procedure should be applied with regard to measuring the monocular centres when dispensing multifocal lens recommendation must be
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1.6 Provides advice on optical appliances including lens types, frame selection, contact lens care and maintenance regimes

knowledge of frame of the various materials, shapes, costs. Take into account any specific requirements the have.

awareness of the and limitations of lens Account should be taken of the use of the finished factors. Full explanations of what can be expected from final product should be given. Give advice on sun protection and related accessories.

ensure final

related lens

1.6.1 Assist client with frame selection by displaying thorough features. Consider benefits and limitations cosmetic applications and client may

1.6.2 Advise client regarding the selection of lenses available using an latest lens designs and technology. Explain benefits materials, treatments and tints. appliance and safety the

1.6.3 Order the optical appliance giving full and accurate information to product is exactly as specified for client.

1.6.4 Discuss advantages and disadvantages of contact lenses and the 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

prescription using a

2.1.1 The finished lenses should be verified against the prescriber's vertometer or similar instrument.

prism, center
checked against the prescriber's
requirements and relevant standards as necessary.

New Zealand

rimless and nylon

2.1.2 Optical centres, segment heights, powers, addition, base curves, thickness, max/min edge thickness should be prescription order

2.1.3 Thickness, tints and coatings should comply with Australian and standards.

2.1.4 Accuracy and quality of glazing should be checked including fittings.

2.2 Duplicates optical appliances

file.

contemporary
measurement to required
measure, transmittance meter, as required.

2.2.1 Duplicate spectacles should be ordered according to details on

2.2.2 Duplicate by verification of lens details using vertometer, or any technical device that is designed for performing this standards, such as calipers, lens

2.3 Verifies visual acuity

prescribers findings.

account any

2.3.1 Visual acuity should be checked upon collection as per

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

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

any previous length.

as ptosis props, appropriate tools to complete

should be

useful to client.

the appliance temperature).

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

2.4.2 Consideration should be made of any special requirements such hearing aid adaptations or prosthetics. Use adjustments.

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

2.4.4 Advice should be given on any relevant accessories that may be

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

2.5 Dispenses contact lenses (insertion and removal techniques)

power.

2.5.1 Contact lenses should be checked for material, diameter and

techniques and

wearing time and

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

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

2.5.4 Limitations and adaptation issues should be discussed.

2.6 Certifies a written script from Optometrist records

spectacles.

lenses.

prescribed the script.

should be
prescriber and that the prescription is
behalf of the prescriber.

2.6.1 Duplicates a written script from the optometry records for

2.6.2 Duplicates a written script from the optometry records for contact

2.6.3 Signs the script and states the name of the optometrist who

2.6.4 Writes name and Board registration number next to signature. It
clear that the dispensing optician is not the
being signed on

Task 3 Maintains Records

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

unambiguous manner.

lens form type,
accurately recorded.

recorded.

score-through (not

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

accordance with

3.1.1 All relevant data including dispensing details, pupillary distances,
treatments and any frame details must be

3.1.2 Any specific advice or recommendation given to a client should be

3.1.3 All recorded information must be dated and complete.

3.1.4 Handwritten errors or changes should be deleted with a single
obscured) and initialled.

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

Task 4 Communication

4.1 Communicates with the patient in an
effective manner

cultural background of

4.1.1 Takes into account the physical, emotional, intellectual and
the patient.

4.1.2 Provides advice on optical eye safety and protection.

patients with

directs the client to an
required.

relevant to the visit

4.1.3 Appropriately recommends and makes available subsidies to entitlements.

4.1.4 Identifies situations requiring emergency ophthalmic care and appropriate health care provider as

4.1.5 Understands and utilises different strategies to elicit information 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.

including appropriate

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, 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 Optometrists and Dispensing Opticians

Introduction

Optometrists and dispensing opticians in Aotearoa New Zealand work with individuals, families, whānau and communities. Their role is to provide good eye care, making the patient's eye, vision and general health their first priority.

Te Tiriti o Waitangi is the founding document of Aotearoa New Zealand. It shapes the diverse historical and contemporary realities of Māori and all other settlers and their descendants. The principles of Te Tiriti – partnership, protection and participation – should underpin the provision of optical services in Aotearoa New Zealand. Optometrists and dispensing opticians must understand the needs, values and beliefs of Māori, be alert to the health needs of Māori in their community and promote equitable access for Māori to good eye health care.

The Code of Health and Disability Services Consumers' Rights affirms the central importance of respect for patient autonomy and informed consent in the provision of health services in Aotearoa New Zealand. The Health Practitioners Competence Assurance Act 2003, under which these standards are issued by the Optometrists and Dispensing Opticians Board, recognises the community expectation that practising optometrists and dispensing opticians will maintain their competence.

The purpose of these Standards of Ethical Conduct is to set clear expectations, for optometrists and dispensing opticians, patients and the community, of professional behaviour and ethical conduct. Failure to uphold these standards could result in an employment, professional or disciplinary investigation and may be used to evaluate conduct by employers, commissioners, tribunals and courts.

These Standards are an overarching statement by the Optometrists and Dispensing Opticians Board of professional behaviour and ethical conduct. They are not intended to be an exhaustive statement of a practitioner's ethical responsibilities. Other documents, such as the 'Guideline on the Maintenance of Professional Boundaries for Optometrists and Dispensing Opticians' (2019) and the 'Statement on Internet Medicine' (2015) provide supplementary guidance on specific conduct areas.

Standards of Ethical Conduct

1. Respect patients

Optometrists and dispensing opticians shall respect patients by:

1. providing services in a way that respects individual dignity and independence
2. not discriminating on any prohibited ground, including age, disability, ethnicity, nationality, gender, sexual orientation or employment status
3. interacting with patients with courtesy and integrity
4. being sensitive to individual needs, values and beliefs and different cultures
5. involving family and whānau in accordance with the wishes of the patient
6. listening to patients and communicating effectively with them
7. giving patients the information they need to make decisions
8. respecting patient choices about treatment and services
9. always maintaining appropriate professional boundaries
10. avoiding conflicts of interest and disclosing any personal interest in recommended options
11. treating information about patients as confidential and respecting their privacy
12. respecting a patient's right to make a complaint and responding promptly and fairly.

2. Care for patients

Optometrists and dispensing opticians shall provide good care for patients by:

1. practising safely and effectively
2. taking good care in assessment, diagnosis, treatment and referrals
3. taking steps to alleviate patients' symptoms and distress, whether or not a cure is possible
4. maintaining a high level of professional competence and looking after their own health and wellbeing
5. accurately describing their skills and competencies
6. recognising and working within the limits of their competence

7. referring to another practitioner when appropriate
8. supporting a patient's right to a second opinion
9. delegating care only when appropriate and ensuring adequate supervision
10. ensuring that incentives, targets and financial gain do not affect their clinical judgement, actions or judgements recommendations
11. protecting patients by acting on concerns a colleague may not be practising safely, including by notifying an employer or appropriate authority
12. being open and honest when an adverse event occurs.

3. Work collaboratively with others

Optometrists and dispensing opticians shall work collaboratively with colleagues and other practitioners caring for the patient by:

1. communicating clearly and effectively
2. facilitating co-ordination and continuity of care
3. supporting teamwork and co-operation in the patient's best interests
4. assigning clear roles and responsibilities
5. appropriately acknowledging and respecting the role and expertise of others.
6. treating professional colleagues with fairness, honesty, courtesy, respect and understanding

4. Contribute to improving the health of the community

Optometrists and dispensing opticians shall contribute to the health of the community by:

1. using health care resources wisely
2. promoting eye health through disease prevention and control
3. supporting community education and screening
4. promoting equitable access to services for Māori
5. advocating for improved eye health care for vulnerable groups, including the elderly, people with disabilities and people unable to access necessary care (eg, people in remote, rural areas or affected by poverty).

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. 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 representation as appropriate. 	<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.

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>

		<ul style="list-style-type: none"> <input type="checkbox"/> Communicates with patient advocate regarding care planning where appropriate. <input type="checkbox"/> Care and treatment plans are negotiated with the practitioner, patient, and family or advocate where appropriate.
<p>2. Adapts own practice and values to positively impact on patients cultural safety</p>	<ul style="list-style-type: none"> <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. 	<ul style="list-style-type: none"> <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.
<p>3. Continues professional development in terms of cultural competency</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Understands the need for ongoing cultural competence education and training for both clinical and support staff. 	<ul style="list-style-type: none"> <input type="checkbox"/> Incorporates cultural competence training as part of each CPD cycle.
<p>4. Continues to build on cultural competence, in a broad sense, for improved health outcomes for all New Zealanders</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Develops and maintains an awareness of the cultural composition within the local community. 	<ul style="list-style-type: none"> <input type="checkbox"/> Develops strategies to improve access and care outcomes to optometry services for those groups.
<p>5. Demonstrates the ability to apply the principles of the Treaty of Waitangi</p>	<ul style="list-style-type: none"> <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. 	<ul style="list-style-type: none"> <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 2020, the Health Information Privacy Code 2020 and the Health Act 1956.

Statement

Practitioners are expected to comply with patient requests promptly and cooperatively 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, address and date of birth are provided that correspond with the records held on file, 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 speak to the patient directly to verify the request or 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.

Under IPP 13 of the Privacy Act 2020, organisations and practitioners must not use unique identifiers for individuals unless it needs the identifier to perform its functions. Practitioners need to take precautions to protect any unique identifiers that are assigned to patients from being misused and this should be kept in mind when releasing patient information.

The Retention of Information

The information that is collected from a patient for the purpose of examination and record keeping must not be kept for longer than there is a purpose for its retention as stated in IPP9 in Part 3 of the Privacy Act 2020.

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.

⁴ There are additional (limited) grounds for withholding information from another provider, under the Privacy Act (sections 45-53). Practitioners should seek legal advice if they consider withholding information under these grounds.

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.

Prescription information released must clearly indicate the name of the prescriber, and if being issued by anyone other than the prescriber, should include the name and registration number of the person providing the prescription information (if registered) and it must be clear that this person is not the prescriber and that the information is being provided on behalf of the prescriber.

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.

Charging for release of information

The Board does not have a role in the setting of fees by practitioners. Section 66 of the Privacy Act provides that a private 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.

⁵ The Privacy Act 2020 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.

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 66 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 must be referred to the Privacy Commissioner.

Practitioners **must** notify the Privacy Commissioner and the affected patients/people when there has been a privacy breach that poses a risk of serious harm or causes serious harm. This needs to be judged on the sensitivity of the information that has been accessed and whether the breach is contained. It is also important to considering whether more harm would be caused by notifying the affected persons. If there is any uncertainty, practitioners are obligated to inform the Privacy Commissioner. There are some exceptions which can be found under section 116 of the Privacy Act 2020.

Overseas Disclosure

If information is to be sent overseas, practitioners must now consider the whether the patient is covered by the New Zealand Privacy Act or a comparable privacy legislation in the country of the recipient. The patient must be aware of the consequences of such a disclosure and waive the protections if there are not equal privacy provisions in the destination country.

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

⁶ Per Part 3, clause 6 of the Health Information Privacy Code 2020.

⁷ As per section 66(3) of the Privacy Act 2020. A charge cannot be made for assisting with a request for information, making or transferring a request, or processing a request (section 66(3) of the Privacy Act 2020).

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.

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 Health Practitioners Competence Assurance Act 2003 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

Date reviewed: November 2020

Next review: September 2023