## Unit 1: Professional Responsibilities

| Elements | Performance criteria | Some suggested indicators (this is not an exhaustive list) |
|---|---|---|
| 1.1 Maintains, develops and audits optometric knowledge, clinical expertise and skills. | 1.1.1 Optometric knowledge, equipment and clinical skills are maintained and developed. | Ability to:<br>• continue to expand and update skills and knowledge for safe and evidence-based practice through adoption of a lifelong approach to learning<br>• access information and resources related to clinical questions, such as recent publications, journal articles and library materials (including textbooks and electronic media, seminar and conference proceedings, internet and computer materials, online databases).<br>Recognition of the need for continuing professional development.<br>Adherence to continuing professional development requirements of the Optometry Board of Australia.<br>Understanding of the need to have access to appropriate equipment. |
| | 1.1.2 Developments in clinical theory, optometric techniques and technology and optical dispensing are critically appraised and evaluated for their efficacy and relevance to clinical practice. | Ability to:<br>• perform a targeted search of the literature to systematically retrieve information relevant to a clinical question<br>• critically evaluate statistical methods and the scientific basis of research evidence for newly developed and existing clinical procedures, techniques and therapies<br>• audit data to benchmark practice, identify development areas and plan appropriate learning activities.<br>Recognition of:<br>• situations where evidence is lacking and how such situations should be addressed • when it is necessary to seek expert opinion. |
| | 1.1.3 Newly developed and existing clinical procedures and techniques are applied and adapted to improve patient care. | Understanding of the advantages, disadvantages and limitations of clinical procedures and techniques and the relevance of results of these procedures to clinical decision making.<br>Ability to make evidence-based decisions that consider the level and quality of evidence, when deciding whether to incorporate new or existing clinical procedures, techniques and therapies into practice. |
| 1.2 Adopts an evidence-based practice approach as the foundation for making clinical decisions. | 1.2.1 Clinical expertise is integrated with the best available evidence, the patient's perspective and the practice context when making clinical decisions. | Ability to:<br>• critically evaluate practice based on the best available research evidence, clinical expertise, the patient's preferences, perspective and circumstances and the practice context<br>• critically evaluate information regarding safety, efficacy, comparative effectiveness, cost-effectiveness and performance through self-reflection and audit of practice data<br>• find, appraise and where appropriate apply the best available research evidence relevant to therapy for patients with special needs<br>• use feedback from patients to add to knowledge about the safety and effectiveness of therapies • discuss, appraise and apply knowledge acquired through clinical experiences and discussions with professional colleagues to improve patient care. |

| | | |
|---|---|---|
| 1.3 Practises independently. | 1.3.1 Professional independence in optometric decision-making and conduct is maintained. | Recognition of:<br>• the need for products, services and advice provided to the patient to be appropriate, to be supported by the best available evidence and to be in the best interests of the patient<br>• personal limitations in clinical skills and ability to care for and manage a patient and how to deal with these limitations e.g. making appropriate referrals<br>• the need to maintain appropriate independence when working with other health professionals<br>• the need to assess factors that may bias prescribing decisions, e.g. marketing; personal, professional or financial gain; conflicts of interest; beliefs, values and experiences etc.<br>• the need to audit practice to evaluate the impact of external influences<br>• the potential for practice management approaches to impact on professional independence.<br>Adherence to professional codes of conduct for interacting with industry e.g. when participating in industry-funded education sessions and research trials.<br>Identification, declaration and management of real and perceived conflicts of interest. |
| | 1.3.2 Possible consequences of actions and advice are recognised and responsibility for actions accepted. | Ability to:<br>• evaluate the potential benefits and harms of performing or not performing investigations • arrange timely referral of a patient.<br>Recognition of the need to:<br>• accept responsibility for decisions, acknowledge errors and manage errors in an appropriate and timely manner<br>• audit adverse outcomes and make appropriate responses<br>• deal with patient complaints in a professional and co-operative manner. |
| | 1.3.3 Advice is sought from other optometrists and professionals when it is deemed that a further opinion is required. | Understanding of the expertise and scope of practice and services offered by other health professionals.<br>Recognition of situations where there is a need to:<br>• seek information from other health professionals or to provide them with information • refer to other health professionals.<br>Ability to:<br>• appraise information and advice from professional colleagues against best-available evidence, when deciding whether to apply this information and advice to patient care • access contact details of other health professionals. |
| 1.4 Acts in accordance with the standards of ethical behaviour of the profession. | 1.4.1 Patient needs and interests are held paramount. | Understanding:<br>• of the obligation to recommend only clinically necessary follow-up visits and referrals<br>• of the obligation to recommend or administer only appropriate optical and other appliances, medications, procedures and treatments<br>• that practitioners to whom patients are referred should be selected on the basis of the most suitable practitioner for the needs of the patient<br>• of the need to administer services in a culturally sensitive environment that ensures privacy and respects the dignity of the patient<br>• of the legislative and ethical boundaries of social media in relation to patient privacy and confidentiality.<br>Ability to advocate for a practice environment, practice systems and procedures, and models of care that promote patient interests. |
| | 1.4.2 Advantage (in a physical, emotional or other way) is not taken of the relationship with the patient. | Recognition of the obligation of optometrists to respect the dignity and rights of the patient.<br>Acknowledgement of the need to respect professional boundaries in relationships with patients and members of the community.<br>Demonstration of an appropriate professional presence through:<br>• self-control/restraint<br>• patience<br>• respect for others<br>• a non-judgemental approach<br>• willingness to reassess the patient's problems (where required). |
| | 1.4.3 The services of optometric assistants are used appropriately. | Ability to determine whether it is suitable to delegate specific tasks to appropriately trained optometric assistants.<br>Recognition of the need to provide training and supervision for appropriately trained optometric assistants to whom tasks are delegated.<br>Recognition of the need for ongoing review of the competence of optometric assistants to undertake delegated tasks. |
| | 1.4.4 The ethical standards of the profession are maintained. | Adherence to codes of conduct, codes of ethics and standards of practice of the Optometry Board of Australia. |
| | 1.4.5 Personal appearance, presentation and behaviour are in keeping with professional standing. | Demonstration of dress and language appropriate to the context of the healthcare environment.<br>Appreciation of personal responsibility to behave in a manner that maintains public confidence in the profession. |

| | | |
|---|---|---|
| 1.5 Communicates appropriate advice and information. | 1.5.1 Information is clearly communicated to patients,[a] staff and other professionals. | Ability to:<br>• provide sufficient information in a suitable form regarding management and treatment plans, options, expectations and likely costs to assist patients to give informed consent regarding their management<br>• provide information on UV protection, eye protection, safety, ergonomic performance etc<br>• explain to the patient and ascertain their understanding of, reasons for use of particular types of treatment and for cessation, modification, continuation or expansion of treatment, optical devices or aids<br>• provide information to facilitate management of the patient's overall health needs and well-being (e.g. exercise, cessation of smoking, etc.)<br>• communicate in a compassionate but direct manner when having difficult conversations (e.g. regarding visual impairment, driving competency, disease detection, disagreements on unexpected costs and material defects)<br>• determine when the services of interpreters should be used<br>• access and use the services of an interpreter<br>• provide clear instructions to practice staff regarding scheduling of appointments, reviews and communications to and from patients and health professionals.<br>Understanding:<br>• patient privacy issues when communicating information<br>• of the different formats in which information is provided to patients in optometric practice, e.g. itemised accounts, letters, optical or therapeutic prescriptions, information regarding referral and recalls, reports and shared-care arrangements<br>• that information should be provided to the patient in a manner suitable to their abilities, e.g. written/oral instructions/information; CDs or electronic records of ocular photographs<br>• when it is necessary to communicate details of medicines and/or optical devices prescribed to the patient, the treatment plan and changes to the treatment plan to relevant health professionals.<br>Recognition of:<br>• when it is necessary to involve parents/carers/guardians in the communication process e.g. when the patient is a minor or a person with a cognitive impairment<br>• the need for patients to be provided with an opportunity to ask questions regarding their care<br>• the need to verify accuracy and success of communication<br>• the value of encouraging patients to share information about their medicines, treatment plan, allergies and adverse drug reactions with other healthcare professionals involved in their care • when patient permission is necessary before information about the patient is communicated to other health professionals<br>• the need to provide the patient and health professionals involved in their care advice regarding avoidance of medicines that have caused allergies or adverse events and where appropriate to recommend a medicines alert device. |
| | 1.5.2 Liaison with other care providers and external agencies is maintained. | Ability to access details of professionals and external agencies for referral and reporting.<br>Understanding of what information should be included in referral/report letters. |
| | 1.5.3 Significant or unusual clinical presentations can be recognised and findings communicated to other practitioners involved in the patient's care or to government bodies. | Understanding of the need to investigate and report findings to the necessary authority where ramifications may extend beyond the patient to the community (following patient consent if applicable), for circumstances such as, but not limited to:<br>• driving and occupational suitability<br>• side-effects of drugs<br>• communicable diseases<br>• abuse of children, the elderly or the disabled.<br>Ability to differentiate when reporting is mandatory (e.g. state or federal legislation) or discretionary (e.g. for the public good but not legislated). |
| 1.6 Uses resources from optometric and other organisations to enhance patient care. | 1.6.1 The various functions of, and resources available from, optometric and other organisations are understood and used. | Understanding of the role of organisations and government bodies such as the Optometry Board of Australia and state and federal divisions of Optometry Australia.<br>Ability to access and independently appraise information from different organisations.<br>Understanding of systems of health care provision in Australia and the advantages and limitations of these systems and recognition of local and national needs in health care and service delivery.<br>Recognition of the need to advocate for patients' rights to equity of access and equity of outcome in eye care. |
| | 1.6.2 Community and other resources are recommended to patients. | Ability to identify patients who could benefit from services from societies and support agencies.<br>Understanding of the optometrist's role in advising patients of the services that different organisations provide and how these organisations can be contacted (e.g. referral to specialist low vision support organisations). |

[a] See definition of patient in glossary.

| | | |
|---|---|---|
| 1.7 Understands the general principles of the development and maintenance of an optometric practice. | 1.7.1 The roles of practice staff and the need for staff training are understood. | Understanding of the need for staff to be trained for their role in the practice and to recognise patients requiring immediate attention.<br>Knowledge that staff should be asked to perform only duties that are within their competence. Understanding of the need to monitor competence and performance of staff and assistants. |
| | 1.7.2 Equipment and furniture are maintained in a safe, accurate, working state. | Knowledge of:<br>• the frequency with which clinical items e.g. optical coherence tomographers, tonometers and visual field analysers, should be calibrated and maintained (taking into consideration the manufacturer's recommendations)<br>• how to arrange work environment and equipment and secure appropriate furniture to ensure comfort and safety of the optometrist, practice staff and patients<br>• how to configure the practice to facilitate provision of services to patients with restricted mobility. |
| | 1.7.3 Personal and general safety, comfort, tidiness and hygiene are maintained in the practice. | Understanding of the need to:<br>• ensure safety, comfort, cleanliness and tidiness of the practice<br>• comply with relevant legislative requirements (e.g. occupational health and safety, building codes and Australian Standards) for factors such as lighting, noise, furnishings, ventilation, safe access and egress.<br>Knowledge of the infection control measures to be implemented in optometric practice such as, but not limited to:<br>• cleaning, disinfection<br>• handwashing; use of gloves and mask<br>• attention to nail length and hair<br>• management of pharmaceuticals e.g. sterility, storage, disposal, expiry dates • management of practice waste including sharps. |
| | 1.7.4 Patient appointments are scheduled according to the time required for procedures. | Recognition of the need to:<br>• allocate adequate time for each appointment<br>• accommodate emergency appointments in the appointment schedule. |
| | 1.7.5 Practice management issues and basic business matters are understood. | Understanding of the impact of a business model on patient care and vice versa.<br>Understanding of basic business skills and recognition of when it is necessary to access professional business and legal advice. |
| 1.8 Understands the legal and other obligations involved in optometric practice. | 1.8.1 Relevant legislation, common law obligations relevant to practice and Australian Standards are understood and implemented. | Recognition of the optometrist's obligations:<br>• to maintain registration as an optometrist<br>• to maintain professional indemnity insurance<br>• to adhere to legal requirements under State, Territory or Federal Acts and Regulations e.g. occupational health responsibilities to provide a safe practice environment, financial reporting in accordance with Australian Taxation Office requirements<br>• to ensure that products provided conform to any relevant Australian standards<br>• to act in accordance with community expectations concerning businesses<br>• to ensure that staff are respected and treated fairly<br>• in the issuing of certificates for sick leave, the provision of prescriptions and the reporting of patient fitness to drive and to undertake other activities<br>• in witnessing statutory declarations and certifying documents<br>• regarding the Pharmaceutical Benefits Schedule; Veterans' Affairs Entitlement Scheme.<br>Understanding of:<br>• the 'duty of care' of an optometrist<br>• legal requirements for record keeping, labelling and dispensing pertaining to therapeutic medications and for storage of any ocular therapeutic medications and S4 diagnostic drugs held by the optometrist<br>• the need to store prescription stationery securely.<br>Ability to access, interpret and apply information about fee schedules, financial provisions and requirements for optometrists and patients regarding:<br>• Medicare<br>• private health insurance schemes<br>• Department of Veterans' Affairs<br>• Community/low cost spectacle schemes. |
| | 1.8.2 The need to provide quality care and to manage risks is acknowledged and addressed. | Ability to:<br>• identify actual and potential clinical risks and their consequences<br>• determine which clinical risks need to be managed and treated as a priority<br>• identify, assess and apply actions to manage clinical risk e.g. surveillance and monitoring of adverse events, safety and quality programs that seek to reduce the causes of harm in healthcare<br>• integrate safety and quality clinical practice guidelines into practice. |

| | | |
|---|---|---|
| 1.9 Provides for the care of patients with a diverse range of requirements and needs. | 1.9.1 Subsidised eye-care schemes are understood and explained, recommended or made available to patients who are entitled to them. | Ability to:<br>• access information on subsidised eye-care services and programs, including eligibility criteria, benefits and requirements under arrangements with Department of Veterans' Affairs, Department of Health, Department of Human Services, state subsidised eye-care programs etc.<br>• advise people who qualify for subsidised eye-care schemes of their eligibility<br>• offer eligible patients referral to another practitioner who participates in the subsidised eye-care scheme if the optometrist does not participate. |
| | 1.9.2 Patients can be provided with or directed to where they can access, domiciliary care. | Ability to describe or select the equipment that is suitable and necessary for a domiciliary visit.<br>Recognition of the need to provide patients unable to attend the practice for their consultation with a domiciliary visit or to direct them to a practice that provides domiciliary visits. |
| | 1.9.3 Culturally sensitive optometric services are delivered. | Ability to deliver optometric care that considers cultural, religious, language and socio-economic diversity and accords with current National Health and Medical Research Council cultural competencies[b] for populations such as, but not limited to:<br>• Aboriginal and Torres Strait Islander communities<br>• socio-economically disadvantaged or otherwise marginalised people (e.g. homeless)<br>• people with intellectual disabilities<br>• residents in aged care facilities or supported accommodation<br>• people of culturally and linguistically diverse backgrounds.<br>Ability to recognise, monitor and evaluate how own personal attitudes, beliefs, values, norms, stereotypes, assumptions and biases can influence perceptions, behaviour and interactions with patients and affect equitable and relevant service delivery. |
| | 1.9.4 Commonwealth, State and local support services for low vision and blindness are understood and explained to eligible patients and relevant reports on the patient's visual status are made. | Knowledge of Commonwealth, State and local programs and support.<br>Ability to complete application forms or advise patients regarding how to obtain benefits, including disability support pensions on the basis of permanent blindness and travel concessions. |
| 1.10 Provides or directs patients to emergency care. | 1.10.1 Situations requiring emergency optometric care and general first aid are identified. | Ability to train staff to:<br>• identify patient presentations that require immediate attention by the optometrist<br>• facilitate appropriate care of the patient who requires emergency care<br>• provide appropriate documentation and engage with the Emergency Department, when a patient is directed to a tertiary facility. |
| | 1.10.2 Emergency ocular treatment and general first aid can be provided. | Understanding of what form of emergency ocular treatment/management should be provided to patients with urgent clinical presentations.<br>Ability to provide general first-aid including cardiopulmonary resuscitation, and use of auto-injectors for the emergency treatment of anaphylaxis.<br>Recognition of the need to organise emergency care when the optometrist is unavailable e.g. direct patients to where they can access emergency care after hours through an after-hours telephone number, an answering machine or redirection of the practice telephone number to the optometrist. |
| 1.11 Promotes issues of eye and vision care and general health to the community. | 1.11.1 Information on matters of visual and general health and welfare (including the need for regular eye examinations) and product and treatment developments is provided. | Ability to:<br>• access and interpret information on current trends and topical issues regarding eye, vision and general health care<br>• make recommendations to patients, employers and the community on eye, vision and (where appropriate) health care based on appraisal of material from relevant sources, determination of the reliability of this information and consideration of the patient's preferences. |
| | 1.11.2 Advice is provided on eye protection for occupational and home-based activities and for recreational pursuits. | Knowledge of the types of eye protection that meet the requirements in Australian and New Zealand standards, e.g. safety lenses, radiation protection, sunglasses.<br>Ability to:<br>• find and appraise research evidence relevant to eye protection for occupational and home-based activities and for recreational pursuits<br>• provide advice on tints, occupational lens designs, contact lenses, lighting, ergonomic design and visual hygiene for a range of activities such as work activities, home renovations, gardening, woodwork etc. |

[b] National Health and Medical Research Council. Cultural Competency in health: A guide for policy, partnerships and participation. http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/hp19.pdf accessed October 22 2013

| | | |
|---|---|---|
| 1.12 Understands factors affecting the community's need for eye-care services. | 1.12.1 The demography, social determinants of health and epidemiology of the community and the patient population are understood.<br>1.12.2 Current trends and topical issues regarding eyes, vision and health care are evaluated. | General knowledge of epidemiology (prevalence, incidence and causes) of ocular and visual disorders and other relevant issues.<br>Knowledge of local and national demographics of the patient population (specific populations, immigration, changing demographics, implications for current and future professional practice).<br>Understanding of how social determinants of health affect presentations to health care practitioners.<br>Ability to provide a balanced viewpoint of current trends and topical issues to patients that is evidence-based. |

## Unit 2: Communication and Patient History

| Elements | Performance criteria | Some suggested indicators (this is not an exhaustive list) |
|---|---|---|
| 2.1 Communicates with the patient. | 2.1.1 Modes and methods of communication are employed, which take into account the physical, emotional, intellectual and cultural context of the patient. | Ability to:<br>• communicate proficiently in spoken and written English<br>• assess the patient's preferred language, communication style, communication capabilities and health literacy<br>• facilitate effective and efficient information exchange through verbal and non-verbal means such as the use of interpreter/translation services, written, electronic, graphical or pictorial means<br>• phrase/rephrase questions and answers to facilitate interactive communication and enhance and verify understanding<br>• assess the patient's cultural background and use culturally appropriate communication techniques<br>• reflect on personal communication style and adjust as required<br>• use appropriate language, vocabulary and terminology and provide additional or alternative information to improve clarity if there are potential or actual misunderstandings<br>• direct patients to appropriate sources of information in their language, where available. |
| | 2.1.2 A structured, efficient, rational and comfortable exchange of information between the optometrist and the patient occurs. | Ability to:<br>• greet the patient, introduce themself and establish the patient's identity<br>• develop a rapport with the patient and efficiently facilitate discussion during the consultation through attending to their statements and demeanour, using tactful comments and questions and being empathetic<br>• integrate information obtained from the patient and their health records with clinical knowledge and experience to refine and ask questions and focus on pertinent issues<br>• explore and respond to patient concerns and expectations regarding the consultation, their health, their role and that of the optometrist in managing their health, the optometrist's scope of practice, the use of medicines and treatments to maintain their health, their expectations and preferred role in managing their health.<br>Recognition of the need to:<br>• consider perceived power differences between the optometrist and the patient • make timely responses to patient communications. |
| | 2.1.3 Privacy and confidentiality of patient communications and consultations are ensured. | Maintenance of auditory and visual privacy of patient information and communications in the practice including the need to obtain patient permission for the presence of a third party during the consultation.<br>Adherence to requirements of privacy legislation including when patient consent should be obtained for their health or other information to be provided to others, privacy of patient written and computerised records, right of the patient to withhold information. |
| 2.2 Makes general observations of patient. | 2.2.1 Physical and behavioural characteristics of the patient are noted and taken into account. | Ability to:<br>• recognise and explore relevant physical and behavioural presentations of the patient e.g. facial asymmetry, head tilt, general demeanour<br>• investigate issues relating to patient well-being, health and comfort • determine the patient's health beliefs and practices. |

| | | |
|---|---|---|
| 2.3 Obtains the case history. | 2.3.1 The reasons for the patient's visit are elicited in a structured way. | Ability to:<br>• apply different strategies to investigate the reason for the patient's visit and elicit other relevant information<br>• determine patient expectations and their perception and understanding of the significance of their condition and its signs and symptoms<br>• explore/understand patient expectations of the outcome of the consultation. |
| | 2.3.2 Information required for diagnosis and management is elicited from the patient. | Investigation of the patient history throughout the examination and exploration and recording of information in relevant areas such as, but not limited to:<br>• presenting complaint(s)<br>• general health and medical history<br>• past ocular history<br>• family ocular and medical history<br>• social history<br>• child development and educational history<br>• discussion with the patient to determine their expectations of optical devices to be prescribed. Determination of whether sufficient information has been obtained to identify possible risks and contraindications for treatments. |
| 2.4 Obtains informed patient consent. | 2.4.1 Sufficient information is provided to the patient to allow them to make informed decisions about their care and the privacy of their clinical information. | Understand informed consent, when it is necessary and how it applies within practitioner-patient interactions.<br>Ability to:<br>• obtain informed consent from patients, where necessary<br>• obtain informed financial consent from patients, where necessary<br>• determine the party from whom consent must be obtained in the case of minors and patients with cognitive impairment<br>• determine when it is necessary to document informed patient consent and how informed consent should be documented<br>• provide sufficient information in a suitable form regarding management and treatment plans, options, expectations, benefits, risks and financial costs so that informed consent is given freely.<br>Recognition of when patient consent is required for:<br>• the performance of tests<br>• selection, initiation and continuation of a management plan • reporting of findings regarding the patient to others. |
| 2.5 Obtains, interprets and takes account of patient information from sources other than the patient. | 2.5.1 Subject to the patient's consent, pertinent information from previous assessments by other professionals or information from other people is sought and interpreted for relevance to the patient's management. | Recognition that patient consent should be obtained when seeking information about them from other professionals.<br>Understanding of the need to gather information about the patient through interpretation of the patient's previous health records.<br>Ability to:<br>• recognise situations and limitations where relevant information is incomplete, inaccurate or biased and when further information needs to be obtained or verified<br>• interpret and integrate information from clinical tests performed by other professionals as well as information from other sources. |

## Unit 3: Patient Examination

| Elements | Performance criteria | Some suggested indicators (this is not an exhaustive list) |
|---|---|---|
| 3.1 Formulates an examination plan. | 3.1.1 An examination plan based on the patient history is designed to obtain the information necessary for diagnosis and management. | Ability to consider the patient history to determine priorities for investigation. |
| | 3.1.2 Tests and procedures appropriate to the patient's condition and abilities are selected. | Ability to:<br>• determine what tests are suitable and unsuitable for the examination<br>• select tests that will investigate the problems described by the patient<br>• recognise what tests should be included or excluded for different patient presentations and the order in which tests should be performed<br>• consider inclusion of tests targeting conditions that are associated with a patient's known conditions<br>• select and justify inclusion or exclusion of tests for the examination after consideration of the evidence for their effectiveness (specificity, sensitivity) and the age, cognitive ability, physical ability and health of the patient. |
| | 3.1.3 Relevant investigations not necessarily associated with the patient's history are performed. | Ability to select tests relevant to the patient's predisposition for certain conditions e.g. gonioscopy for high hyperopes. |

| | | |
|---|---|---|
| 3.2 Implements examination plan. | 3.2.1 Tests and procedures which efficiently provide the information required for diagnosis are performed. | Ability to:<br>• be proficient, safe and accurate with equipment and in the performance of techniques<br>• provide clear explanations about the purpose of different tests, what is involved in the tests and the effects of any diagnostic drugs used<br>• recognise that the patient has fully understood explanations<br>• evaluate which information carries greater weight in patient management.<br>Understanding of when and how patient informed consent is to be obtained for the performance of tests and procedures. |
| | 3.2.2 The examination plan and procedures are progressively modified on the basis of findings. | Ability to:<br>• recognise when it is necessary to use diagnostic pharmaceuticals<br>• recognise situations in which it is necessary to perform additional tests<br>• recognise when it is necessary to repeat a test to validate results<br>• select and assign priorities to investigations based on clinical issues and real and potential risks. |
| 3.3 Assesses the ocular adnexae and the eye. | 3.3.1 The components of the ocular adnexae are assessed for their structure, health and functional ability. | Ability to:<br>• assess and evaluate the conjunctiva, lids, lashes, puncta, meibomian glands, lacrimal glands, tear film, ocular surface, skin lesions near the eye etc. for the purposes of screening for health, disease and ability to function<br>• use techniques such as macro-observation, slitlamp biomicroscopy, lid eversion, use of diagnostic pharmaceuticals<br>• describe and follow infection control measures relevant to optometric practice as outlined in current Optometry Australia Infection Control Guidelines or other infection control guidelines for health practitioners<br>• perform punctal dilation and lacrimal lavage<br>• recognise the need for and select and order microbiological tests or refer the patient to their general medical practitioner to arrange microbiological tests.<br>Understanding of the procedures involved for the collection and storage of samples for microbiological testing.<br>Demonstration of respect and attention to cultural sensitivity when handling and collecting samples for testing. |
| | 3.3.2 The components of the anterior segment are assessed for their structure, health and functional ability. | Ability to:<br>• assess and evaluate the cornea, anterior chamber and aqueous humour, anterior chamber angle, anterior chamber depth, episclera, sclera, iris, pupil and ciliary body for the purposes of screening for health, disease and ability to function<br>• use and interpret results from techniques such as, but not limited to:<br>Ë applanation tonometry,<br>Ë gonioscopy<br>Ë tests measuring corneal contour and thickness<br>Ë anterior segment imaging<br>• interpret results from diagnostic imaging technologies such as, but not limited to ultrasonography. |
| | 3.3.3 The components of the ocular media are assessed for their structure, health and functional ability. | Ability to:<br>• assess and evaluate the ocular lens, lens implants, the lens capsule and vitreous for the purpose of screening for health, disease and ability to function<br>• use and interpret results from investigations such as, but not limited to:<br>Ë ocular media examination through a dilated pupil<br>Ë retinoscopy Ë photography<br>Ë slitlamp biomicroscopy<br>Ë ultrasonography. |
| | 3.3.4 The components of the posterior segment are assessed for their structure, health and functional ability. | Ability to<br>• assess and evaluate the central and peripheral retina, choroid, vitreous, blood vessels, optic disc and neuro-retinal rim, macula and fovea for the purpose of screening for health, disease and ability to function<br>• use and interpret results from investigations such as, but not limited to:<br>Ë direct and indirect ophthalmoscopy<br>Ë slitlamp biomicroscopy and funduscopy<br>Ë diagnostic pharmaceuticals e.g. mydriatic agents<br>Ë Amsler grid test<br>Ë OCT<br>• interpret results from investigations such as, but not limited to:<br>Ë diagnostic imaging (e.g. HRT)<br>Ë ultrasound<br>Ë photography. |

| | | |
|---|---|---|
| 3.4 Assesses central and peripheral sensory visual function and the integrity of the visual pathways. | 3.4.1 Vision, visual acuity and other measures of visual function are measured. | Ability to:<br>• investigate vision, visual acuity, contrast sensitivity and potential acuity using tests such as, but not limited to:<br>Ë line and single letter tests and preferential looking tests<br>Ë logMAR charts<br>Ë letter/number/shape charts<br>Ë monocular/binocular measurements<br>Ë corrected/uncorrected (vision) measurements<br>Ë neutral density filter test<br>Ë photo-stress test<br>Ë glare testing<br>Ë optokinetic nystagmus<br>Ë pinhole<br>• select appropriate lighting and distances for the performance of tests<br>• interpret the results of vision, visual acuity, contrast sensitivity and potential acuity tests. |
| | 3.4.2 Visual fields are measured. | Ability to:<br>• select a visual field test protocol that is appropriate e.g. central or peripheral visual field assessment<br>• investigate and interpret visual fields using techniques such as, but not limited to:<br>Ë confrontation<br>Ë kinetic and static screening and threshold<br>Ë short wavelength automated perimetry (SWAP) and frequency doubling technology (FDT)<br>• perform driving and occupation-specific visual field assessments. |
| | 3.4.3 Colour vision is assessed. | Ability to:<br>• select and conduct tests to assess colour vision<br>• interpret the results of colour vision testing and differentiate types of acquired and congenital colour vision defects. |
| | 3.4.4 Pupil function is assessed. | Ability to:<br>• assess pupils and pupil reactions for symmetry, response rate and cycle times using<br>Ë varied lighting conditions<br>Ë swinging flashlight tests Ë<br>pharmacological testing<br>• interpret the results of a pupil assessment. |
| 3.5 Assesses refractive status. | 3.5.1 The spherical, astigmatic and presbyopic components of the correction are measured. | Ability to:<br>• demonstrate a working knowledge of refractive testing methodologies<br>• select, apply and interpret the results of tests that determine the spherical, astigmatic and presbyopic components of the refractive status for a range of presentations<br>• assess ergonomic needs of working distance and principal tasks<br>• determine when cycloplegia is indicated • use<br>cycloplegia. |
| 3.6 Assesses oculomotor and binocular function. | 3.6.1 Eye alignment and the state of fixation are assessed. | Ability to:<br>• assess ocular alignment and binocular function in terms of:<br>Ë manifest deviation (strabismus detection, direction, magnitude, laterality, constancy, comitancy)<br>Ë latent deviation (heterophoria direction and magnitude)<br>Ë fixation (quality and eccentricity)<br>• assess and differentiate acquired and congenital nystagmus. |
| | 3.6.2 The quality and range of the patient's eye movements are determined. | Ability to:<br>• assess versions, vergences and near point of convergence<br>• make gross assessments of ocular pursuit movements, saccades and ocular motility, giving consideration to the positions of gaze and any limitations of gaze • detect<br>adaptive head postures. |
| | 3.6.3 The status of binocularity is determined. | Ability to evaluate the state of binocularity through assessment of parameters such as, but not limited to:<br>• sensory and motor fusion<br>• suppression<br>• diplopia<br>• stereopsis •<br>amblyopia<br>• retinal correspondence. |

| | | |
|---|---|---|
| | 3.6.4 The adaptability of the vergence system is determined. | Ability to analyse the adaptability of the vergence system through assessment of parameters such as, but not limited to: • fusional vergence ranges • vergence facility • near point of convergence • accommodative convergence to accommodation (AC/A ratio) • fixation disparity analysis. |
| | 3.6.5 Placement and adaptability of accommodation are assessed. | Ability to analyse the placement and adaptability of accommodation through assessment of parameters such as, but not limited to: • posture of accommodation • relative accommodation • accommodative facility • monocular and binocular amplitudes of accommodation. |
| 3.7 Assesses visual information processing. | 3.7.1 Visual information processing abilities are investigated and compared to normal values for age. | Understanding of methods used to investigate visual information processing abilities and an ability to interpret the results of these tests.<br>Recognition of the need to consider:<br>• normal developmental milestones and any history of learning problems in a child or his/her family • any history of suspected or known brain injury or neurological disease.<br>Ability to determine when it is necessary to analyse, or refer for analysis of, areas such as, but not limited to:<br>• visual spatial skills (laterality, directionality)<br>• visual analysis skills<br>• visual motor integration.<br>Awareness of interdisciplinary expertise in cognition, language disorders and neuro-rehabilitation. Recognises personal limitations (of the optometrist) and refers patient if the optometrist does not provide visual processing assessment.<br>If visual processing assessment undertaken, ability to perform and analyse established clinical tests of abilities such as (but not limited to):<br>• visual motor integration<br>• visual attention • visual memory<br>• visual processing speed. |
| 3.8 Assesses signs and symptoms found during the ocular examination that have significance for the patient's systemic health. | 3.8.1 Signs and symptom relating to systemic diseases, such as, but not limited to, hypertension or diabetes, are investigated or referred for further investigation. | Ability to:<br>• measure and interpret blood pressure readings<br>• recognise the urgency with which a systemic condition requires medical management given the signs/symptoms and to arrange timely referral<br>• interpret results of blood tests such as, but not limited to, blood glucose levels, HbA1c levels, cholesterol levels. |

## Unit 4: Diagnosis and Management

| Elements | Performance criteria | Some suggested indicators (this is not an exhaustive list) |
|---|---|---|
| 4.1 Establishes a diagnosis or diagnoses. | 4.1.1 Accuracy and validity of test results and information from the case history and other sources are critically appraised. | Ability to:<br>• verify the integrity of clinical data (e.g. through repeating tests)<br>• assess how the patient's condition has responded to previous interventions<br>• recognise the possibility that the patient has not provided all relevant information<br>• reflect on the presenting signs and symptoms in completing the diagnosis and treatment plan. |
| | 4.1.2 Test results and other information are analysed, interpreted and integrated to determine the nature and aetiology of conditions or diseases and to establish the diagnosis or differential diagnoses. | Ability to:<br>• interpret clinical data and results of laboratory tests<br>• integrate information from test results, patient history and reference material<br>• identify and reconcile inconsistencies between the history and the results obtained<br>• differentiate conditions of varying aetiologies<br>• differentiate chronic and acute conditions<br>• determine when there is a need for and urgency of additional testing<br>• use reference material to assist in diagnosis<br>• consider the response of the patient's condition to previous interventions when establishing a diagnosis or diagnoses<br>• use tests to exclude possible diagnoses that may be vision or life threatening (diagnosis of exclusion)<br>• establish a differential diagnosis or diagnoses. |

| | | |
|---|---|---|
| 4.2 Evaluates the expected prognosis of the condition. | 4.2.1 Information from a number of sources is integrated to determine the expected prognosis of the condition. | Ability to:<br>• find and appraise literature on the prognosis of the diagnosed condition(s) with or without interventions<br>• determine how the patient's condition has altered over time<br>• assess how the patient's condition has responded to previous interventions (with consideration of patient's compliance with treatment)<br>• re-evaluate the diagnosis or diagnoses when a patient does not respond to treatment as expected. |
| 4.3 Assesses the significance of signs and symptoms found during the ocular examination in relation to the patient health and well-being. | 4.3.1 Pertinent signs and symptoms found during the ocular examination are identified and their relevance for further management is determined. | Ability to recognise the significance of signs and symptoms.<br>Ability to determine when referral for further management or notification to appropriate authorities is necessary when signs and symptoms have implications for:<br>• the general welfare of the patient e.g. social and emotional factors, evidence of assault or abuse<br>• the medical condition of the patient e.g. possibility or presence of acquired neurological disorders. |
| 4.4 Designs a management plan in consultation with the patient and implements the agreed plan. | 4.4.1 The evidence relevant to diagnosis and prognosis is discussed with the patient in a manner that they can understand, so that their preferences are taken into account in clinical decision making. | Ability to:<br>• find and appraise research evidence on the efficacy of different interventions<br>• apply the research evidence taking into account the patient's preferences and the practitioner's clinical expertise<br>• gather the information relevant to the management of the patient, discuss this with the patient and ensure patient understanding of the information presented<br>• provide information regarding diagnosis and prognosis<br>• identify when to involve the patient's family and/or carers in the development of the management plan and explain how they are likely to need to be involved<br>• summarise the relevant best available evidence in lay terms and describe the extent to which the evidence forms a reliable basis for any clinical decision<br>• access and use consumer medicine information leaflets to help inform patients about medicines.<br>Recognition of the need to assure the patient of their rights and options. |
| | 4.4.2 The relative importance or urgency of the presenting problems and examination findings is determined and addressed in the management plan. | Understanding of the urgency associated with instigating management (including review and referral) of the patient's condition and how this should be discussed with the patient.<br>Ability to:<br>• assess the likelihood of systemic sequelae of the patient's condition<br>• recognise situations in which no interventions are necessary and explain this to the patient. |
| | 4.4.3 Management options to address the patient's situation are discussed. | Ability to:<br>• investigate suitable management options<br>• discuss aims and objectives of management and patient expectations<br>• discuss the impact of the condition and possible management strategies on lifestyle and activities (e.g. possible side effects, consequences, complications, costs, time-frame and outcomes) and recognise the importance of problems with activities of daily living for a patient's well-being<br>• make clear recommendations about management options<br>• discuss the prognosis of the condition with and without treatment<br>• recognise the patient's right to seek a second opinion regarding their condition. |
| | 4.4.4 A course of management is agreed to with the patient, following counselling and explanation of the likely course of the condition, case management and prognosis. | Ability to:<br>• consider cultural and linguistic factors in decision-making<br>• develop a workable review schedule<br>• discuss the patient's responsibilities in adhering to the management plan and explain evidence-based information regarding expectations of adherence and non-adherence<br>• provide advice on self-monitoring and recommended actions for undesired outcomes of management<br>• discuss and negotiate, with attention to the patient's beliefs and preferences, management goals that will enhance the person's self-management of their condition<br>• ensure that there is a common understanding of management goals and how they will be measured.<br>Recognition of the need for recommended therapy to be based on the best available evidence. |

| | | |
|---|---|---|
| | 4.4.5 Patients requiring ongoing care and review are recalled as their clinical condition indicates and management is modified as indicated. | Ability to:<br>• organise and schedule review visits<br>• consider cost-effectiveness of additional testing<br>• modify the management plan based on results obtained<br>• recognise situations in which it is necessary to make contact with the patient to assess progress<br>• provide patients with information regarding emergency after-hours numbers or where emergency after-hours care can be accessed<br>• evaluate how the results of investigations will influence changes in the management of the patient e.g. when a patient does not respond treatment as expected.<br>Understanding of how and when information about recalls and reviews is conveyed. |
| | 4.4.6 Patients with life- or sight-threatening conditions who do not attend a scheduled review or referral are followed up promptly. | Recognition of the optometrist's responsibility to determine if patients with life- or sight-threatening conditions have attended a scheduled review or referral and to discuss possible consequences of non-attendance. (See the Optometry Australia Clinical Guideline on Referrals and the current version of the Optometry Australia Practice Standards). |
| | 4.4.7 The patient is advised of the presence of conditions that have implications for other family members. | Understanding of patient conditions that have ramifications for other family members in terms of the need for them to have a medical or optometric assessment. |
| 4.5 Prescribes spectacles. | 4.5.1 The suitability of spectacles as a form of correction for the patient is assessed. | Understanding of the need to consider the physical characteristics and the visual, recreational and occupational requirements of the patient when determining the suitability of spectacles. |
| | 4.5.2 The patient's refraction, visual requirements and other findings are applied to determine the spectacle prescription and lens form. | Ability to determine and modify the spectacle prescription through consideration of optical and other factors such as, but not limited to:<br>• refraction, near addition and interpupillary distance<br>• working distance, vocational needs, recreational needs<br>• magnification and prism requirements<br>• discussion with the patient on the advantages, disadvantages, risks and benefits of lens types, frames and completed spectacles to meet their personal requirements, intended use and expectations<br>• dispensing requirements and limitations •<br>anisometropia, aniseikonia, aberrations<br>• vergence and accommodation status<br>• safety standard requirements<br>• lens design, materials, tints and coatings<br>• ability of the patient to understand and follow instructions given regarding the proper use of their spectacles. |
| | 4.5.3 A spectacle prescription is issued in a manner that facilitates correct fabrication of the appliance. | Ability to issue a spectacle prescription using appropriate terminology with information necessary for correct dispensing, together with the date, the optometrist's name, signature and practice address, the patient's name and the prescription expiry date (See OBA Guidelines on the prescription of ocular appliances).<br>Adherence to Medicare requirement to inform patients that they are entitled to a copy of their spectacle prescription and that they are free to have the prescribed spectacles dispensed by any person of their choice. |
| 4.6 Dispenses spectacle prescriptions accurately. | 4.6.1 The spectacle prescription is interpreted and responsibility for dispensing accepted. | Ability to:<br>• resolve ambiguities in optical prescriptions<br>• fit, measure and adjust spectacles<br>• discuss additional lens forms, tints and treatments etc.<br>Understanding of the requirements for dispensing of spectacle prescriptions described in the Australian/New Zealand standard AS/NZS ISO 21987:2011[c] |
| | 4.6.2 Patients are assisted in selecting appliances that are suitable for their needs. | Ability to assist the patient to select a suitable spectacle frame.<br>Understanding of the advice to be provided to patients on the appropriate lenses and lens treatment(s) for their needs. |
| | 4.6.3 Relevant measurements pertaining to the spectacle frame are made, lenses are ordered and finished spectacles are verified according to Australian Standards. | Ability to take measurements for bifocal, multifocal and varifocal spectacles.<br>Understanding of the process to edge lenses and mount them in the frame appropriately.<br>Ability to check frames and uncut or mounted lenses for damage and for compliance with the prescription.<br>Understanding of Australian standards that apply to spectacle frames and lenses. |

[c] Identical to the International Standard ISO 21987:2009.

| | | |
|---|---|---|
| | 4.6.4 The appliance is verified against the prescription prior to delivery. | Ability to verify the accuracy and quality of the final spectacles in accordance with the Australian/New Zealand standard AS/NZS ISO 21987:2011,[c], e.g. optical centres, powers, parameters of near addition(s), treatments. |
| | 4.6.5 The appliance is adjusted and delivered and the patient is instructed in the proper use and maintenance of the appliance and of any adaptation effects that may be expected. | Ability to fit spectacles to the patient to optimise comfort and performance.<br>Understanding of the information to be provided to patients regarding the correct use of spectacles, spectacle maintenance and possible adaptation effects.<br>Ability to problem-solve issues relating to dispensing and issues related to prescribing. |
| 4.7 Prescribes contact lenses. | 4.7.1 The suitability of contact lenses as a form of correction for the patient is assessed and discussed. | Ability to:<br>• determine patient suitability for contact lenses based on evidence and consideration of factors including lifestyle, vocational needs, risk factors, vision, comfort, duration of wear, contra-indications, ocular integrity, physiology and environment, slitlamp and topography/keratometry observations and results of vital staining<br>• discuss with the patient issues relating to their suitability or unsuitability for contact lens wear. |
| | 4.7.2 The patient's refraction, visual requirements and other findings are applied to determine the contact lens prescription and lens type. | In determining the type of lens to be prescribed and the final contact lens prescription, ability to:<br>• consider factors including refractive error, working distances, anisometropia, aniseikonia, vergence and accommodation status, corneal topography, special lenses and treatments, age, mobility, general health issues and medication, sports requirements, incidental optical effects, lens design, materials and tints<br>• use appropriate trial lenses, fitting techniques and equipment and dyes<br>• consider the ability of the patient to handle contact lenses<br>• recognise and assess the significance of contraindications to contact lens wear<br>• describe the modifications necessary to the contact lens prescription as a result of the status of oculomotor and binocular function, perceptual testing and disease status<br>• determine which contact lenses are most appropriate for use as a therapeutic or cosmetic device e.g. for aniridia, trauma management, occlusion, recurrent erosion syndrome, basement membrane dystrophy. |
| | 4.7.3 Contact lenses are correctly ordered and checked before being supplied to the patient. | Understanding of what information is necessary for inclusion on contact lens orders.<br>Understanding of lens replacement schedules (for frequent replacement / disposable lenses), lens packaging and how this affects the quantity of lenses (boxes) to be ordered. Ability to check that lenses supplied comply with the lenses ordered. |
| | 4.7.4 Contact lenses with new fitting parameters are assessed on the eye prior to supply to the patient. | Ability to assess visual acuity with lenses, the lens fit, the over-correction, lens centration, lens movement and lid-lens interactions. |
| | 4.7.5 The patient is instructed in matters relating to ocular health, vision, contact lens care and maintenance and after-care visits. | Ability to provide information and instructions to the patient regarding factors such as, but not limited to:<br>• lens wearing time<br>• after-care visits<br>• replacement schedules<br>• insertion and removal techniques<br>• care and maintenance regimens<br>• indications for lens removal<br>• indications for seeking urgent care • risks of non-compliance. |
| | 4.7.6 A contact lens prescription is written in a manner that can be interpreted for correct fabrication of the appliance. | Ability to:<br>• determine when a contact lens prescription has been finalised<br>• write a contact lens prescription with information necessary for dispensing, e.g. lens design, powers, diameter, material, curvatures, wearing schedules, care and maintenance regimens. Knowledge that the contact lens prescription should include the date, the optometrist name and practice address, optometrist's signature, patient's name and expiry date (see Optometry Australia Guideline: Release of prescriptions and OBA Guidelines on the prescription of ocular appliances). Adherence to Medicare requirement that the contact lens prescription is available to the patient at the completion of the prescription and fitting process.<br>Knowledge of the intervals for contact lens after-care visits/recalls/reviews. |
| | 4.7.7 Contact lens performance, ocular health and patient adherence to wearing and maintenance regimens are monitored. | Ability to:<br>• recognise and manage contact lens-related conditions<br>• record information to facilitate monitoring of eye health and lens status during contact lens wear. |

| | | |
|---|---|---|
| 4.8 Prescribes low vision devices. | 4.8.1 The suitability of low vision devices as a form of correction for the patient is assessed and discussed. | When determining what types of low vision devices may be suitable for the patient, ability to:<br>• consider how low vision is impacting the life of the patient, other issues with which they have to cope and the problems that the optometrist is being asked to solve<br>• select and prescribe low vision devices on the basis of the patient's needs and preferences, functional vision assessment and the best available research evidence together with clinical expertise<br>• consider factors such as magnification/enlargement requirements, working distances, field of view, lighting requirements, glare control, optical effects and design, physical ability of the patient, pathology associated with low vision, co-morbidities and prognosis<br>• assess suitability for assistive technologies. |
| | 4.8.2 Low vision devices suited to the patient's visual requirements and functional needs are prescribed and the patient is instructed in their use. | Ability to prescribe or refer for assessment for prescription of a low vision device to meet the needs of the patient.<br>When prescribing low vision devices, ability to<br>• set appropriate goals based on a person-centred goal-oriented functional case history<br>• select and demonstrate appropriate low vision devices for the specific goals • assess visual performance with the device.<br>Ability to instruct the patient in the use of prescribed low vision devices in terms of:<br>• tasks for which the device is useful<br>• whether or not the device is to be used in conjunction with spectacles<br>• working distance, contrast options, lighting requirements and glare control • operation of the device, where applicable. |
| | 4.8.3 The success of the low vision device is evaluated and monitored and additional or alternative devices or management strategies are prescribed or recommended. | Understanding of the need:<br>• for review visits to quantify visual performance and success with the device and re-evaluate needs and goals<br>• to recommend ongoing primary eye care<br>• to report outcomes to the patient's primary eye-care and health-care providers. |
| 4.9 Prescribes pharmacological and other regimens to treat ocular disease and injury. | 4.9.1 Pharmacological agents are selected and recommended. | Ability to make prescribing decisions on the basis of the best available research evidence together with clinical expertise and the patient's preferences.<br>Knowledge of:<br>• the medicines prescribed by optometrists, ophthalmologists and medical practitioners to treat eye conditions<br>• common medications prescribed for systemic disease<br>• subsidised medicines schemes<br>• situations in which oral medications or injections are a better management option than topical administration<br>• the immediate and non-immediate implications of prescribing therapeutic agents to the wider community<br>• processes to be followed when intramuscular, intravenous, subcutaneous, and sub-conjunctival injections are given.<br>Ability to:<br>• obtain, interpret, appraise and apply research evidence, relevant guidelines and protocols to support or justify the incorporation of pharmacological agents into the patient's treatment plan<br>• select pharmacological agents and implement appropriate strategies regarding pregnancy, infancy, childhood and interactions with systemic medications to avoid adverse events<br>• select workable regimens taking into consideration patient's dexterity, cognitive state and other quality of life issues<br>• ensure patient understanding of the treatment<br>• implement strategies to increase adherence and reduce the risk of medicines errors and adverse events<br>• prescribe medications in a judicious, appropriate, safe and effective manner • recognise the significance of the following in the management of the patient:<br>Ë indications for microbiological investigations<br>Ë cost-effectiveness of additional testing and treatments<br>Ë urgency and diagnostic needs Ë drug sensitivity testing.<br>Recognition of the need to consider:<br>• patient eligibility to access subsidised medicines<br>• whether the patient could be referred to another prescriber who can enable them to access medications at a cheaper rate<br>• the right of the patient to be able to use a cheaper version of the medicine prescribed provided that alternative 'pros and cons' are communicated and the alternative does not compromise the outcome of treatment. |

| | | |
|---|---|---|
| 4.9 Continued | 4.9.2 An ocular therapeutic prescription is issued in a manner that allows accurate supply of the agent. | Adherence to obligations regarding state and federal legal requirements in the issuing of a prescription for ocular therapeutic medications (see Optometry Australia Clinical Guideline: Prescription for therapeutic ocular medication and OBA Guidelines for use of scheduled medicines).<br>Knowledge of:<br>• Pharmaceutical Benefit Scheme (PBS) medicines for which it is necessary to apply for approval before prescribing<br>• details to be provided to patients regarding non-prescription medications.<br>Use of terminology, abbreviations and symbols for prescribing medicines as recommended by the Australian Commission on Safety and Quality in Health Care.[d]<br>Understanding of how to clarify any issues relating to the prescription with the pharmacist. |
| | 4.9.3 The effect of ocular therapeutic treatment is monitored and appropriate changes in management recommended. | Ability to<br>• determine the need for a review visit(s) to monitor the patient's response to therapeutic management<br>• determine the frequency of reviews and intervals between reviews in consultation with the patient<br>• determine the tests to be administered at the review visit(s)<br>• determine whether the patient has been using their medication correctly<br>• recognise, monitor and manage adverse medicines signs, symptoms and side-effects<br>• advise the patient of their responsibilities regarding actions if their condition deteriorates, does not respond as anticipated or if they experience signs and symptoms related to adverse events<br>• synthesise information from the patient, other health professionals, clinical examinations and investigations to determine:<br>Ë whether therapeutic goals have been achieved<br>Ë whether treatment should be stopped, continued or modified (e.g. alteration of drug type and dose)<br>Ë whether alternative management strategies should be introduced e.g. additional or alternative medicines, other therapies<br>Ë whether the patient should be referred to or co-managed with another health professional • discuss with the patient and/or other health professionals the patient's experience with implementing the therapeutic treatment plan, adherence to the treatment regimen, percep- tions of the benefits or adverse effects of medicines and assessment of whether therapeutic goals were achieved<br>• determine criteria for the completion of treatment.<br>Recognition of when it is necessary to work with other health professionals to modify or stop treatments they have implemented to optimise the safety and effectiveness of treatment. |
| | 4.9.4 Patients are instructed on the correct use, administration, storage and disposal of pharmaceutical agents. | Ability to provide information to the patient regarding:<br>• description and demonstration of the correct use of drugs in terms of dose, frequency, timing, method of instillation, hygiene, shaking of bottle etc<br>• shelf-life, storage and disposal of medications<br>• possible interactions with drugs and other substances • actions to take if adverse reactions occur. |
| | 4.9.5 Patients are instructed about precautionary procedures and non-pharmacological and palliative management. | Ability to:<br>• counsel patients on non-therapeutic management such as use of sunglasses, lid hygiene procedures, lid scrubs, warm and cold compresses, artificial tears; discontinuation of contact lens wear and/or use of eye make-up<br>• advise patients of where to obtain alternative care in the optometrist's absence • counsel patients regarding the use of eye patches and analgesia.<br>Ability to counsel patients on how to avoid cross-infection and contamination of medication. |
| | 4.9.6 Patients are instructed in the avoidance of cross-infection.<br>4.9.7 Non-pharmacological treatment or intervention procedures, therapeutic device fitting and emergency ocular first aid are performed to manage eye conditions and injuries. | Ability to:<br>• perform non-pharmacologic procedures such as epilation of eyelashes, lid scrubs, lacrimal lavage, dilation and irrigation of the lacrimal system, superficial foreign body removal<br>• provide emergency management of trauma to the eye and adnexae<br>• perform procedures such as punctal occlusion, expression of meibomian glands, expression of sebaceous cysts, insertion of punctal plugs, corneal debridement, embedded foreign body removal etc<br>• use bandage contact lenses when necessary to manage eye conditions. |

[d] Australian Commission on Safety and Quality in Health Care: Recommendations for Terminology, Abbreviations and Symbols used in the Prescribing and Administration of Medicines

| | | |
|---|---|---|
| 4.9 Continued | 4.9.8 The patient's risk factors for poor adherence to instructions regarding the use of therapeutic medications is assessed and addressed. | Ability to recognise and consider factors affecting the ability of the patient to adhere to instructions regarding therapeutic medications e.g. low English proficiency, physical impairment and the need for drug administration aids, cognitive impairment or disturbance, person's views, beliefs and perceptions. |
| | 4.9.9 Therapeutic medications are supplied. | Adherence to relevant legislation in the supply of S4 medications to patients. |
| 4.10 Manages patients requiring vision therapy. | 4.10.1 A vision therapy program for patients with amblyopia, strabismus and binocular vision disorders is recommended on the basis of the best available evidence. | If vision therapy is provided, understanding of and ability to discuss with the patient:<br>• the sequence of vision therapy<br>• the time frame for treatment<br>• discharge criteria<br>• the need to supply/lend material for vision therapy programs.<br>If unable to provide vision therapy, understanding of the need to refer the patient to a suitable practitioner for vision therapy.<br>Recognises personal limitations (of the optometrist) and refers patient, if the optometrist does not provide vision therapy services.<br>If vision therapy is undertaken, determining and then providing the patient with verbal and written information regarding:<br>• the condition that has been diagnosed<br>• the program of vision therapy to be undertaken<br>• the time frame for and discharge criteria from treatment<br>• the frequency of clinical review during treatment<br>• the dispensing of vision therapy materials required. |
| 4.11 Refers patients and receives patient referrals. | 4.11.1 The need for referral to other professionals or rehabilitative services for assessment and/or treatment is recognised, discussed with the patient and a suitable professional or service is recommended. | Ability to:<br>• recognise and manage patients exhibiting signs and symptoms associated with common medical emergencies<br>• identify ocular, non-ocular, visual and non-visual signs and symptoms that require further investigation<br>• recognise personal limitations (of the optometrist)<br>• determine when it is necessary to investigate or refer for further investigation and management significant ocular, non-ocular, visual and non-visual signs and symptoms<br>• consider the scope and limitations of services provided by other optometrists, other health professionals and health, welfare and educational services together with the patient's condition when determining the type of practitioner or service to which the patient should be referred<br>• explain to patients what is involved when they are referred for different types of management<br>• access contact details of other health professionals and arrange referrals<br>• recognise when it is necessary to refer for procedures such as<br>Ë carotid auscultation<br>Ë thyroid function tests<br>Ë erythrocyte sedimentation rate (ESR)<br>Ë magnetic resonance imaging (MRI)<br>Ë computed tomography (CT Scan) Ë complete blood count (CBC).<br>Recognition of tests which, if ordered by an optometrist, would not attract Medicare benefits.<br>Understanding of the need to:<br>• consider the experience and location of the practitioner to whom the patient is to be referred<br>• refer patients for whom oral medications are a better treatment modality than topical medications<br>• make responsible choices for utilisation of health care resources.<br>When arranging a referral, recognition of the patient's readiness to accept and deal with clinical issues, their capacity to travel to the location of the referral, and their ability and/or willingness to pay costs associated with the referral.<br>Knowledge of organisations offering rehabilitative and other services to patients with low vision.<br>Recognition of the need to inform the patient of rehabilitative services from which they might benefit, such as:<br>• a comprehensive multi-disciplinary low vision service including other health care and welfare practitioners and support services<br>• early intervention, educational, employment-support and disability organisations<br>Ability to inform patients with low vision or legal blindness of rehabilitative services. |

| | | |
|---|---|---|
| 4.11 Continued | 4.11.2 Timely referral, with supporting documentation, is made to other professionals. | Recognition of the need to consider the urgency of the patient's condition when arranging a referral.<br>Ability to convey appropriate information to the practitioner to whom the patient is referred through a suitable means, e.g. telephone, referral letter. |
| | 4.11.3 Patients can be jointly managed with other health-care practitioners. | Ability to negotiate with other health professionals and establish agreed processes when providing shared care.<br>Understanding of:<br>• the requirements for participation in the co-management of patients with other health professionals<br>• the roles and responsibilities of different practitioners in co-management arrangements.<br>Recognition of the need to:<br>• engage in open, interactive discussions with other health professionals involved in caring for the patient<br>• confirm that personal interpretation of information provided by other health professionals is correct and to seek further information to enhance understanding or to clarify issues<br>• provide accurate information in a timely manner to other health professionals with whom a patient is jointly managed<br>• ensure that other health professionals to whom a patient is referred or transferred for care receive an accurate list of the person's medicines and treatments, including current medicines and any recent changes.<br>Ability to:<br>• duly consider observations and contributions made by other health professionals involved in the care of the patient<br>• work with other health practitioners to come to a resolution when there are differing views about treatment plans for the patient<br>• provide clear verbal and written information to other health professionals by secure means communicating information about the patient such as the implementation of new treatments with medicines or modification of existing treatment plans<br>• record information in the patient's health record that can be easily read and understood by other health professionals and complies with legislation and organisational policies and procedures. |
| 4.12 Provides legal certification. | 4.12.1 Sick leave certificates are issued, statutory declarations are witnessed and documents are certified. | Understanding of the situations in which a certificate for sick leave can be provided by an optometrist and what information must be recorded on the certificate.<br>Understanding of the situations in which a statutory declaration can be witnessed by an optometrist, the obligations of the optometrist and what information must be recorded on the declaration.[e]<br>Understanding of the processes to be followed when certifying documents. |
| 4.13 Co-operates with ophthalmologist/s in the provision of pre- and post-operative management of patients. | 4.13.1 Pre-operative assessment and advice are provided. | Understanding of:<br>• the need to consider the patient's condition and expectations of surgery and to discuss risks, benefits, costs, expected healing schedules, complications, options and benefits of different options and technologies<br>• how effective communication can be instigated with the ophthalmologist(s)<br>• local waiting list length and costs<br>• indications and contraindications for surgery<br>• current laser refractive error correction, cataract extraction and other surgical/non-surgical procedures<br>• processes to be followed in the performance of stromal micropuncture and corneal cross-linking for keratoconus<br>• what is involved in the administration of intramuscular, intravenous, subcutaneous, subconjunctival injections<br>• what is involved in injections directly into the globe of the eye, retrobulbar and peribulbar injections. |
| | 4.13.2 Post-surgical follow-up assessment and monitoring of signs according to the surgeon's requirements and the procedure are undertaken. | Understanding of:<br>• standard post-operative monitoring protocols and pharmacological regimens<br>• the normal course of recovery and the need for urgent/non-urgent referral to the surgeon.<br>Ability to recognise the situations in which emergency management is necessary for a post-surgical complication. |
| | 4.13.3 Emergency management for observed post-surgical complication is provided. | Understanding of how to institute appropriate emergency management. |

[e] See http://www.ag.gov.au/Publications/Pages/Witnessingastatutorydeclaration.aspx

| | | |
|---|---|---|
| 4.13 Continued | 4.13.4 Appropriate referral for further post-operative treatment or assessment of complications is arranged. | Ability to recognise when there is a need for further post-operative treatment or further assessment of complications.<br>Understanding of the need to differentiate between urgent and non-urgent post-operative referral to the surgeon. |
| 4.14 Provides advice on vision, eye health and safety in the workplace and recreational settings. | 4.14.1 Vision screenings for occupational or other purposes are provided. | Understanding of:<br>• the optometric testing procedures necessary for a vision screening • the billing procedures relevant to vision screening.<br>Determination of screening protocols based on the group targeted in the vision screening and the occupation or activity for which testing is being performed. |
| | 4.14.2 Advice is provided on eye protection, visual standards and visual ergonomics in the workplace and recreational settings. | Ability to perform or refer for industrial and environmental analysis to determine the need for radiation protection, safety lenses, tinted safety lenses etc.<br>Understanding of:<br>• the advice on eye protection to be provided in industry and for recreational pursuits • the advice to be provided on lighting and ergonomic design in the workplace and for recreational pursuits<br>• lighting and vision standards for their application in industry and for recreational pursuits. |
| | 4.14.3 Individuals are counselled on the suitability of their vision for certain occupations. | Understanding of industry and other occupational requirements for colour vision, visual acuity, spectacle powers, etc.<br>Ability to communicate with employee and employer organisations. |
| | 4.14.4 Certification of an individual's visual suitability for designated occupations or tasks is provided. | Understanding of:<br>• visual and ocular requirements specified in any standards relating to a particular activity (e.g. driving) and how these standards can be applied to determine the suitability of a person for a particular activity<br>• the requirements when certifying suitability of a person for a specific occupation/task through the preparation of a report that includes relevant information. Ability to access vision standards for different occupations.<br>Recognition of occupations such as in aviation where the optometrist needs to undergo additional training before they are permitted to certify visual suitability/unsuitability.<br>Recognition of the need to refer patients to Credentialed Optometrists (Aviation) when certification of visual fitness for flying is required. |
| 4.15 Participates in general public health programs. | 4.15.1 Other health practitioners can be assisted in the provision of screening and other programs. | Ability to provide:<br>• support and training for nurses and others involved in vision screening on the validity and conduct of standardised screening tests for amblyopia<br>• community education on the value of screening for retinopathy as part of co-operative care of diabetic patients. |

## Unit 5: Health Information Management

| Elements | Performance criteria | Some suggested indicators (this is not an exhaustive list) |
|---|---|---|
| 5.1 Records patient information and data in a legible, secure, accessible, permanent and unambiguous manner. | 5.1.1 All relevant information pertaining to the patient is recorded promptly in a format which is understandable and useable by any optometrist and his/her colleagues. | Understanding of the need to create a separate health record for each patient visit and significant interaction.<br>Ability to create records that are legible and can be interpreted by another optometrist.<br>Knowledge of the information to be included on/with the patient record,[f] such as, but not limited to:<br>• patient's name, address, date of birth, contact details<br>• name of the examining practitioner<br>• patient history<br>• dates and information relating to all patient contacts<br>• procedures performed, clinical observations and results of all tests performed, photographic and video information for all consultations<br>• copies of referral letters and reports<br>• diagnoses<br>• management strategies and outcomes<br>• information regarding spectacle, contact lens and therapeutic prescriptions supplied, changes to medications etc.<br>• summary of advice given to the patient<br>• timing of review<br>• details of cultural issues to be considered in communications, examination and management of the patient<br>• patient's decision to decline treatment and assessments or their refusal to provide information. |

| | | |
|---|---|---|
| | 5.1.1 Continued | Understanding of:<br>• when it is necessary to record the patient's informed consent to relevant procedures or to transfer information to or from other health professionals and other parties etc.<br>• the need to include details of medications prescribed, patient risk factors for medicines misadventure (e.g. allergies).<br>Ability to:<br>• use standard nomenclature and disease classifications<br>• facilitate care via current government supported electronic health record system systems • manage electronic health records and prescriptions appropriately. |
| | 5.1.2 Patient records are kept in a readily retrievable format and are physically secure as per legislative requirements. | Recognition of the need for storage systems for patient records that ensure security but allow easy access by the optometrist or authorised practice staff.<br>Recognition of the need to appropriately manage electronic health records e.g. back-up. |
| | 5.1.3 Corrections to records are made in accordance with state, territory or federal legislation.[g] | Recognition of the need to initial and date corrections to patient records for paper records.<br>Recognition of the need to provide an electronic method to show corrections and modifications to electronic records. |
| 5.2 Maintains confidentiality of patient records. | 5.2.1 Access to records is limited to authorised personnel. | Understanding that confidentiality of patient information is to be safeguarded.<br>Understanding that non-authorised persons must not access patient records or back-ups of records.<br>Recognition of the need to maintain records in accordance with clinical standards and the law. |
| | 5.2.2 Information from health records and/or obtained from patients is released only with the consent of the patient. | Understanding of the legal requirements related to confidentiality and privacy and health records.<br>Recognition of the need to obtain patient consent for the release of their personal information or the transfer of the patient record or a copy of a patient record.<br>Recognition of the right of the patient to access his or her patient record.<br>Recognition of the right of the patient to have a summary or a copy of their patient record. |
| | 5.2.3 The rights of a patient to access his or her patient record are understood and observed. | Understanding of privacy and security requirements when patient information is communicated to others. |
| | 5.2.4 Patient privacy is addressed when patient information is transferred. | Knowledge of and adherence to requirements regarding the minimum periods by law for which patient records must be kept in the case of children and adults. |
| 5.3 Meets legislative requirements regarding retention and destruction of patient records and other practice documentation. | 5.3.1 The requirements regarding the retention of records for adults and children under the age of 18 years are understood and observed. | Understanding that processes to archive or destroy patient records must ensure privacy and confidentiality of patient information. |
| | 5.3.2 The requirements regarding archiving or destruction of records to ensure patient privacy and confidentiality are understood and observed. | Knowledge of the minimum period by law for which practice documentation such as appointment books, financial records, Medicare records and therapeutic prescriptions must be kept. |
| | 5.3.3 The requirement for the retention of practice documentation other than patient records is understood and observed. | |

[f] Note: Patients are not obliged to provide any personal details so that a patient record may be unidentifiable. In this case the date and time of the consultation, the name of the attending optometrist, the gender of the patient and any history and clinical finding may be all that can be recorded.

[g] Information is available at the Office of the Australian Information Commissioner http://www.oaic.gov.au/privacy/privacy-news