

# Code of Conduct for optometrists

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## Overview

This Code of Conduct (Code) seeks to assist and support optometrists to deliver effective health services within an ethical framework. Optometrists have a duty to make the care of patients their first concern and to practise safely and effectively. Maintaining a high level of professional competence and conduct is essential for good care.

The Code contains important standards for optometrists' behaviour in relation to:

- providing good care, including shared decision making
- working with patients
- working with other health practitioners
- working within the health care system
- minimising risk
- maintaining professional performance
- professional behaviour and ethical conduct
- ensuring practitioner health
- teaching, supervising and assessing.

Making decisions about health care is the shared responsibility of the optometrist and the patient (or their representative).

Relationships based on openness, trust and good communication will enable optometrists to work in partnership with their patients. An important part of the optometrist–patient relationship is effective communication.

Optometrists have ethical and legal obligations to protect the privacy of people requiring and receiving care. Patients have a right to expect that optometrists and their staff will hold information about them in confidence, unless information is required to be released by law or public interest considerations.

Optometrists need to obtain informed consent for the care that they provide to their patients. Caring for children and young people brings additional responsibilities for optometrists.

Good practice involves genuine efforts to understand the cultural needs and contexts of different patients to obtain good health outcomes. Optometrists need to be aware that some patients have additional needs and modify their approach appropriately.

When adverse events occur, optometrists have a responsibility to be open and honest in communication with patients to review what has occurred.

In some circumstances, the relationship between an optometrist and a patient may become ineffective or compromised and may need to end.

Good relationships with colleagues and other health practitioners strengthen the optometrist–patient relationship and enhance care.

Optometrists have a responsibility to contribute to the effectiveness and efficacy of the health care system.

Minimising risk to patients is a fundamental component of practice. Good practice involves understanding and applying the key principles of risk minimisation and management to practice.

Maintaining and developing an optometrist's knowledge, skills and professional behaviour are core aspects of good practice.

Teaching, supervising and mentoring practitioners and students is important for their development, and for the care of patients. It is part of good practice to contribute to these activities and provide support, assessment, feedback and supervision for colleagues, optometrists in training and students.

## Australia and Australian health care

Australia is culturally diverse. We inhabit a land that, for many ages, was held and cared for by Indigenous Australians, whose history and culture have uniquely shaped our nation. Our society is further enriched by the contribution of people from many nations who have made Australia their home.

Optometrists in Australia reflect the cultural diversity of our society and this diversity strengthens our profession.

There are many ways to practise optometry in Australia. Optometrists have critical roles in caring for people who require eye health care. This Code focuses on these roles. For optometrists with roles that involve little or no contact with patients, not all of this Code may be relevant, but the underpinning principles will still apply.

## Substitute decision makers

There are several conditions or situations in which patients may have limited competence or capacity to make independent decisions about their eye health care; for example, people with dementia or acute conditions that temporarily affect competence and children or young people (depending on their age and capacity — see Section 2.5 'Informed consent').

In this Code, reference to the terms 'patient' also includes substitute decision makers for patients who do not have the capacity to make their own decisions. These can be parents or a legally appointed decision maker. If in doubt, seek advice from the relevant guardianship authority.

## Code of conduct

### 1 Providing good care

#### 1.1 Introduction

For optometrists in clinical practice, the care of the patient is the primary concern. Providing good care includes:

- (a) assessing the patient, taking into account his or her history, views and an appropriate physical examination where relevant; history includes relevant psychological, social and cultural aspects
- (b) formulating and implementing a suitable management plan (including providing treatment and advice and, where relevant, arranging investigations and liaising with other treating practitioners)
- (c) facilitating coordination and continuity of care
- (d) referring a patient to another practitioner when this is in the best interests of the patient
- (e) recognising and respecting the rights of patients to make their own decisions.

#### 1.2 Good care

Maintaining a high level of professional competence and conduct is essential for good care. Good practice involves:

- (a) recognising and working within the limits of an optometrist's competence and scope of practice
- (b) maintaining adequate knowledge and skills to provide safe and effective care
- (c) encouraging patients to take interest in and responsibility for the management of their health and supporting them in this
- (d) maintaining adequate records (see Section 7.4 'Health records')
- (e) considering the balance of benefit and harm in all clinical management decisions
- (f) communicating effectively with patients (see Section 2.3 'Effective communication')
- (g) providing treatment options based on the best available information
- (h) taking steps to alleviate patient symptoms and distress whether or not a cure is possible
- (i) supporting the right of patients to seek a second opinion
- (j) consulting and taking advice from colleagues when appropriate

- (k) making responsible and effective use of the resources available (see Section 4.2 'Wise use of health care resources')
- (l) ensuring that an optometrist's personal views do not adversely affect the care of a patient.

#### 1.3 Shared decision making

Making decisions about health care is the shared responsibility of the treating optometrist and the patient. Patients may wish to involve their family, carer(s) or others.

#### 1.4 Decisions about access to care

An optometrist's decisions about access to care need to be free from bias and discrimination. Good practice involves:

- (a) treating patients with respect at all times
- (b) not prejudicing the care of a patient because the optometrist believes that the behaviour of the patient has contributed to his or her condition
- (c) upholding the duty to the patient and not discriminating on grounds irrelevant to health care, including race, religion, sex, disability or other grounds specified in antidiscrimination legislation
- (d) investigating and treating patients on the basis of clinical need and the effectiveness of the proposed investigations or treatment and not providing unnecessary health services
- (e) keeping optometrists and their staff safe when caring for patients; action should be taken to protect optometrists and their staff if a patient poses a risk to the health or safety of the optometrist or their staff, but such a patient should not be denied care, if reasonable steps can be taken to keep optometrists and their staff safe
- (f) being aware of an optometrist's right to not provide or participate directly in treatments to which he or she conscientiously objects, informing patients and, if relevant, colleagues of the objection and not using the objection to impede access to treatments that are legal
- (g) not allowing an optometrist's moral or religious views to deny patients access to health care, recognising that an optometrist is free to decline to provide or participate personally in that care.

#### 1.5 Treatment in emergencies

Treating patients in emergencies requires optometrists to consider a range of issues in addition to the provision of best care. Good practice involves offering assistance in an emergency that takes account of the optometrist's own safety, skills, the availability of other options and the

impact on any other patients under the optometrist's care and continuing to provide that assistance until services are no longer required.

## 2 Working with patients

### 2.1 Introduction

Relationships based on openness, trust and good communication will enable optometrists to work in partnership with their patients.

### 2.2 Partnership

A good partnership between an optometrist and the person he or she is caring for requires high standards of personal conduct. This involves:

- (a) being courteous, respectful, compassionate and honest
- (b) treating each patient as an individual
- (c) protecting the privacy and right to confidentiality of patients, unless release of information is required by law or by public interest considerations
- (d) encouraging and supporting patients and, when relevant, their carer(s) or family in caring for themselves and managing their health
- (e) encouraging and supporting patients to be well informed about their health and assisting patients to make informed decisions about their health care activities and treatments by providing information and advice to the best of an optometrist's ability and according to the stated needs of patients
- (f) respecting the right of patients to choose whether or not they participate in any treatment or accept advice
- (g) recognising that there is a power imbalance in the optometrist–patient relationship and not exploiting patients physically, emotionally, sexually or financially (see also Section 7.2 'Professional boundaries' and Section 7.12 'Financial and commercial dealings').

### 2.3 Effective communication

An important part of the optometrist–patient relationship is effective communication. This involves:

- (a) listening to patients, asking for and respecting their views about their health and responding to their concerns and preferences
- (b) encouraging patients to tell optometrists about their condition and how they are managing it, including any alternative or complementary therapies they are using

- (c) informing patients of the nature of and need for all aspects of their clinical care, including examination and investigations and giving them adequate opportunity to question or refuse intervention and treatment
- (d) discussing with patients their condition and the available health care options, including their nature, purpose, possible positive and adverse consequences, limitations and reasonable alternatives wherever they exist
- (e) endeavouring to confirm that a patient understands what an optometrist has said
- (f) ensuring that a patient is informed of the material risks associated with any part of a proposed management plan
- (g) responding to the questions of patients and keeping them informed about their clinical progress
- (h) making sure, wherever practical, that arrangements are made to meet the specific language, cultural and communication needs of patients and being aware of how these needs affect understanding
- (i) being familiar with, and using wherever necessary, qualified language interpreters or cultural interpreters to help meet the communication needs of patients including those who require assistance because of their English skills or because they are speech or hearing impaired. Wherever possible, optometrists should use trained translators and interpreters rather than family members or other staff. Information about government-funded interpreter services is available on the Australian Government Department of Immigration and Citizenship website (<http://www.immi.gov.au>).

### 2.4 Confidentiality and privacy

Optometrists have ethical and legal obligations to protect the privacy of people requiring and receiving care. Patients have a right to expect that optometrists and their staff will hold information about them in confidence unless release of information is required by law or public interest considerations. Good practice involves:

- (a) treating information about patients as confidential
- (b) seeking consent from patients before disclosing information where practicable
- (c) being aware of national privacy laws and the State and Territory privacy laws in which the optometrist practises
- (d) sharing information appropriately about patients for their health care, consistent with privacy legislation and professional guidelines about confidentiality

- (e) where relevant, being aware that there are complex issues relating to genetic information and seeking appropriate advice about disclosure of such information
- (f) providing appropriate surroundings to enable private and confidential consultations and discussions to take place
- (g) ensuring that all staff are aware of the need to respect the confidentiality and privacy of patients, and refrain from discussing patients in a nonprofessional context.

### 2.5 Informed consent

Informed consent is a person's voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved.<sup>1</sup> Good practice involves:

- (a) providing information to patients in a way they can understand before asking for their consent
- (b) obtaining informed consent or other valid authority before undertaking any examination or investigation, providing treatment (this may not be possible in an emergency) or involving patients in teaching or research
- (c) when working with a patient whose capacity to give consent is or may be impaired or limited, obtaining the consent of persons with legal authority to act on behalf of the patient and attempting to obtain the consent of the patient as far as practically possible.

### 2.6 Informed financial consent

Informed financial consent is a person's voluntary decision about health care that is made with knowledge and understanding of the costs involved. Good practice involves:

- (a) providing information on costs likely to be incurred in the delivery of a health service in a way that the patient can understand
- (b) obtaining informed financial consent or any other valid authority before undertaking any examination, investigation or treatment provision (this may not be possible in an emergency)
- (c) advising the patient that there may be additional costs, which he or she may wish to clarify before proceeding, when referring a patient for investigation or treatment
- (d) obtaining the consent of persons with legal authority to act on behalf of the patient and

attempting to obtain the consent of the patient as far as practically possible when working with a patient whose capacity to give consent is or may be impaired or limited.

### 2.7 Children and young people

Caring for children and young people brings additional responsibilities for optometrists. Good practice involves:

- (a) placing the interests and wellbeing of the child or young person first
- (b) considering the capacity of the child or young person for decision making and consent; in general, where an optometrist judges that a person is of a sufficient age and of sufficient mental and emotional capacity to give consent to a service, he or she should be able to request and provide informed consent to receive services without the consent of a parent, guardian or other legal representative
- (c) ensuring that, when communicating with children or young people, optometrists
  - treat them with respect and listen to their views
  - encourage questions and answer their questions to the best of an optometrist's ability
  - provide information in a way they can understand
  - recognise the role of parents and, when appropriate, encourage children and young people to involve their parents in decisions about their care
  - are alert to children and young people who may be at risk and notify appropriate authorities as required by law.

### 2.8 Culturally safe and sensitive practice

Good practice involves genuine efforts to understand the cultural needs and contexts of different patients to obtain good health outcomes. This includes:

- (a) having knowledge of, respect for, and sensitivity towards the cultural needs of the community optometrists serve, including those of Indigenous Australians and those from culturally and linguistically diverse backgrounds
- (b) acknowledging the social, economic, cultural and behavioural factors influencing health, both at individual and population levels

1. A useful guide to the information that practitioners need to give to patients is available in the NHMRC publication *General Guidelines for Medical Practitioners in Providing Information to Patients* ([www.nhmrc.gov.au](http://www.nhmrc.gov.au)).

- (c) understanding that an optometrist's own culture and beliefs influence his or her interactions with patients
- (d) adapting practice to improve engagement with patients and health care outcomes.

### 2.9 Patients who may have additional needs

Some patients (including those with impaired decision-making capacity) have additional needs. Good practice in managing the care of these patients includes:

- (a) paying particular attention to communication
- (b) being aware that increased advocacy may be necessary to ensure just access to health care
- (c) recognising that there may be a range of people involved in their care, such as carers, family members or a guardian, and involving them when appropriate
- (d) being aware that these patients may be at greater risk.

### 2.10 Relatives, carers and partners

Good practice involves:

- (a) being considerate to relatives, carers, partners and others close to the patient and respectful of their role in the care of the patient
- (b) being responsive in providing information, with appropriate consent.

### 2.11 Adverse events

When adverse events occur, optometrists have a responsibility to be open and honest in communication with patients, to review what has occurred and to report appropriately. When something goes wrong, good practice involves:

- (a) acknowledging what has happened
- (b) acting immediately to rectify the problem, if possible, including seeking any necessary help and advice
- (c) explaining to patients as promptly and fully as possible what has happened and the anticipated short-term and long-term consequences
- (d) acknowledging any distress of patients and providing appropriate support
- (e) complying with any relevant policies, procedures and reporting requirements subject to advice from the optometrist's professional indemnity insurer
- (f) reviewing adverse events and implementing changes to reduce the risk of recurrence (see Section 5 'Minimising risk')

- (g) reporting adverse events to the relevant authority as required (see Section 5 'Minimising risk')
- (h) ensuring patients have access to information about the processes for making a complaint; for example, through the Optometry Board of Australia (the Board) or a health care complaints commission.

### 2.12 When a notification is made

Patients have a right to complain about their care. When a notification is made, good practice involves:

- (a) acknowledging the person's right to complain
- (b) working with the person to resolve the issue where possible
- (c) providing a prompt, open and constructive response including an explanation and, if appropriate, an apology
- (d) ensuring the notification does not affect the person's care adversely; in some cases, it may be advisable to refer the person to another practitioner
- (e) complying with relevant complaints legislation, policies and procedures.

### 2.13 Ending a professional relationship

In some circumstances, the relationship between an optometrist and a patient may become ineffective or compromised, and the optometrist may need to end it. Good practice involves ensuring that the patient is adequately informed of the decision and facilitating arrangements for the continuing care of the patient, including passing on relevant clinical information.

### 2.14 Personal relationships

Providing care to close friends, work colleagues and family members may be inappropriate because of the lack of objectivity, possible discontinuity of care, and risks to the optometrist and patient. Good practice requires recognition and careful management of these issues.

### 2.15 Closing or relocating a practice

Registered health practitioners have obligations under State and Territory legislation to keep records for specified minimum periods. In general, health records should be retained for a sufficient period so that the safety and effectiveness of future treatment is not compromised by the loss of health information, and information can be made available to courts and assessors reviewing the practice of a practitioner. Other legislation or a practitioner's indemnity insurer may require practitioners to retain records beyond the specified periods.

Optometrists must comply with legislative requirements about health records as relevant to the practise of their profession and consider what arrangements need to be in

place in the event of death or retirement. In disposing of health records, optometrists should be mindful of patients' rights to privacy and confidentiality under the relevant laws and this Code (see Section 2.4 'Confidentiality and privacy').

## 2.16 Working with multiple patients

Optometrists should treat patients in group work only when it is suitable treatment for the patient.

In providing group treatment, optometrists should be mindful of the patients' rights to privacy and confidentiality under the relevant laws and this code of conduct (see Section 2.4 'Confidentiality and privacy').

## 3 Working with other practitioners

### 3.1 Introduction

Good relationships with colleagues and other practitioners strengthen the practitioner–patient relationship and enhance care of patients.

### 3.2 Respect for colleagues and other practitioners

Good care is enhanced when there is mutual respect and clear communication between all practitioners involved in the care of the patient. Good practice involves:

- (a) communicating clearly, effectively, respectfully and promptly with colleagues and other practitioners caring for the patient
- (b) acknowledging and respecting the contribution of all practitioners involved in the care of the patient.

### 3.3 Delegation, referral and handover

'Delegation' involves a practitioner asking another practitioner to provide care on behalf of the first practitioner who retains overall responsibility for the care of the patient. 'Referral' involves sending a patient to obtain an opinion or treatment from another practitioner and usually involves the transfer (in part) of responsibility for the person's care for a defined time and a particular purpose, such as care that is outside the first practitioner's expertise or scope of practice. 'Handover' is the process of transferring all responsibility to another practitioner.

Good practice involves:

- (a) taking reasonable steps to ensure that the person to whom a practitioner delegates, refers or hands over has the qualifications, experience, knowledge and skills to provide the care required
- (b) understanding that although a delegating practitioner will not be accountable for the decisions and actions of those to whom he or she delegates, he or she remains responsible for

the overall management of the patient and for the decision to delegate

- (c) always communicating sufficient information about the patient and the treatment needed to enable the continuing care of the patient.

### 3.4 Teamwork

Many optometrists work closely with a wide range of other practitioners. The care of patients is improved when there is mutual respect and clear communication as well as an understanding of the responsibilities, capacities, constraints and ethical codes of each other's health professions. Working in a team does not alter a practitioner's personal accountability for professional conduct and the care provided. When working in a team, good practice involves:

- (a) understanding a practitioner's particular role in the team and attending to the responsibilities associated with that role
- (b) advocating for a clear delineation of roles and responsibilities, including that there is a recognised team leader or coordinator
- (c) communicating effectively with other team members
- (d) informing patients about the roles of team members
- (e) acting as a positive role model for team members
- (f) understanding the nature and consequences of bullying and harassment, and seeking to eliminate such behaviour in the workplace.

### 3.5 Coordinating care with other practitioners

Good patient care requires coordination between all treating practitioners. Good practice involves:

- (a) communicating all the relevant information in a timely way
- (b) ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating the care of the patient.

## 4 Working within the health care system

### 4.1 Introduction

Optometrists have a responsibility to contribute to the effectiveness and efficiency of the health care system.

### 4.2 Wise use of health care resources

It is important to use health care resources wisely. Good practice involves:



- (a) not providing or arranging for unnecessary services
- (b) upholding the right of patients to gain access to the necessary level of health care and whenever possible helping them to do so
- (c) supporting the transparent and equitable allocation of health care resources
- (d) understanding that the use of resources can affect the access other patients have to health care resources.

### 4.3 Public health

Optometrists have a responsibility to promote the health of the community through disease prevention and control, education and, where relevant, screening. Good practice involves:

- (a) understanding the principles of public health, including health education, health promotion, disease prevention, and control and screening
- (b) participating in efforts to promote the health of the community and being aware of the obligations of optometrists in disease prevention, including screening and reporting notifiable diseases where relevant.

## 5 Minimising risk

### 5.1 Introduction

Risk is inherent in health care. Minimising risk to patients is an important component of practice. Good practice involves understanding and applying the key principles of risk minimisation and management in practice.

### 5.2 Risk management

Good practice in relation to risk management involves:

- (a) being aware of the principles of open disclosure and a nonpunitive approach to incident management<sup>2</sup>
- (b) participating in systems of quality assurance and improvement
- (c) participating in systems for surveillance and monitoring of adverse events and 'near misses', including reporting such events
- (d) making sure that systems are in place for raising concerns about risks to patients (if an optometrist has management responsibilities)
- (e) working in practice and within systems to reduce error and improve patient safety, and supporting colleagues who raise concern about the safety of patients

- (f) taking all reasonable steps to address the issue if there is reason to think that the safety of patients may be compromised.

### 5.3 Practitioner performance

The welfare of patients may be put at risk if an optometrist is performing poorly. If there is a risk, good practice involves:

- (a) complying with statutory reporting requirements, including those under the National Law<sup>3</sup>
- (b) recognising and taking steps to minimise the risks of fatigue, including complying with relevant State and Territory occupational health and safety legislation
- (c) following the guidance in Section 8.2 'Personal health' if an optometrist knows or suspects that he or she has a health condition that could adversely affect judgement or performance
- (d) taking steps to protect patients from risk of being placed at harm posed by a colleague's conduct, practice or ill health
- (e) taking appropriate steps to assist a colleague to receive help if there are concerns about a colleague's performance or fitness to practise
- (f) seeking advice from an experienced colleague, employer(s), practitioner health advisory services, professional indemnity insurers, the Board or Optometrists Association Australia, or other professional association if an optometrist is not sure what to do.

## 6 Maintaining professional performance

### 6.1 Introduction

Maintaining and developing knowledge, skills and professional behaviour are core aspects of good practice.

Self-reflection and participation in relevant professional development, practice improvement and performance appraisal processes to develop continually an optometrist's professional capabilities is essential and must continue through his or her working life to meet the demands of scientific, technological and societal changes.

### 6.2 Continuing professional development

Development of knowledge, skills and professional behaviour must continue throughout an optometrist's working life.

<sup>2</sup> A useful reference is the Australian Commission on Safety and Quality in Health Care's *National Open Disclosure Standard* available at [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

<sup>3</sup> the National Law is contained in the schedule to the *Health Practitioner Regulation National Law Act 2009 (Qld)*.

Good practice involves:

- (a) keeping knowledge and skills up to date
- (b) participating regularly in activities that maintain and further develop an optometrist's knowledge, skills and performance
- (c) ensuring that an optometrist's practice meets the standards that would be reasonably expected by the public, and his or her peers<sup>4</sup>
- (d) regularly reviewing an optometrist's continuing professional development activities to ensure that they are consistent with those required by the Board and Optometrists Association Australia, or other professional organisation
- (e) ensuring that an optometrist's personal continuing professional development program includes self-directed, practice-based learning and contact with peers.

## 7 Professional behaviour

### 7.1 Introduction

In professional life, optometrists must display a standard of behaviour that warrants the trust and respect of the community. This includes observing and practising the principles of ethical conduct. The guidance contained in this section emphasises the core qualities and characteristics of good optometrists.

### 7.2 Professional boundaries

Professional boundaries are integral to a good optometrist–patient relationship. They promote good care for patients and protect both parties. Good practice involves:

- (a) maintaining professional boundaries
- (b) never using the professional position to establish or pursue a sexual, exploitative or otherwise inappropriate relationship with anybody under an optometrist's care; this includes those close to patients, such as their carer(s), guardian, spouse or the parent of a patient who is a child or young person
- (c) avoiding the expression of an optometrist's personal beliefs to his or her patients in ways that exploit their vulnerability or that are likely to cause them distress.

### 7.3 Reporting obligations

Optometrists have statutory responsibility under the National Law to report various proceedings or findings

to the Board. They also have professional obligations to report to the Board and their employer(s) if they have had any limitations placed on their practice. Good practice involves:

- (a) being aware of these reporting obligations
- (b) complying with any reporting obligations that apply to practice
- (c) seeking advice from the Board, Optometrists Association Australia, or other professional association or professional indemnity insurer if optometrists are unsure about their obligations.

### 7.4 Health records

Maintaining clear and accurate health records is essential for the continuing good care of patients. Good practice involves:

- (a) keeping accurate, up-to-date and legible records that report relevant details of clinical history, clinical findings, investigations, information given to patients, medication and other management in a form that can be interpreted by another optometrist
- (b) ensuring records are held securely and are not subject to unauthorised access
- (c) ensuring records show respect for patients and do not include demeaning or derogatory remarks
- (d) ensuring records are sufficient to facilitate continuity of care
- (e) making records at the time of events or as soon as possible afterwards
- (f) recognising the rights of patients to access information contained in their records and facilitating that access
- (g) facilitating the transfer of health information promptly when requested by the patient.

### 7.5 Insurance

Optometrists have a statutory requirement to ensure they are covered appropriately by professional indemnity insurance.

### 7.6 Advertising

Advertisements for services can be useful in providing information for patients. All advertisements must conform to relevant consumer protection legislation<sup>4</sup>. Good practice involves:

- (a) making sure that any information optometrists publish about their regulated health services is factual and verifiable

<sup>4</sup> Standards and guidelines on continuing professional development for optometrists can be found on the Board's website (<http://www.optometryboard.gov.au>).

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- (b) making only justifiable claims about the quality or outcomes of regulated health services in any information provided to patients
- (c) not guaranteeing cures, exploiting the vulnerability or fears of patients about their future health or raising unrealistic expectations
- (d) not offering inducements or using testimonials
- (e) not making unfair or inaccurate comparisons between the services of optometrists.

### 7.7 Legal, insurance and other assessments

When optometrists are contracted by a third party to provide a legal, insurance or other assessment of a person who is not their patient, the usual therapeutic optometrist–patient relationship does not exist. In this situation, good practice involves:

- (a) applying the standards or professional behaviour described in this Code to the assessment; in particular, being courteous, alert to the concerns of the person and ensuring the person’s consent
- (b) explaining to the person the optometrist’s area of practice, role and the purpose, nature and extent of the assessment to be conducted
- (c) anticipating and seeking to correct any misunderstandings that the person may have about the nature and purpose of the assessment and report
- (d) providing an impartial report (see Section 7.8 ‘Reports, certificates and giving evidence’)
- (e) recognising that if an unrecognised, serious problem is discovered during the assessment, optometrists have a duty of care to inform the patient or his or her treating practitioner.

### 7.8 Reports, certificates and giving evidence

Optometrists have been given the authority to sign documents such as sickness certificates on the assumption that they will only sign statements that they know or reasonably believe to be true. Good practice involves:

- (a) being honest and not misleading when writing reports and certificates and only signing documents believed to be accurate
- (b) taking reasonable steps to verify the content before signing a report or certificate and not omitting relevant information deliberately
- (c) preparing or signing documents and reports within a reasonable and justifiable timeframe, where agreed

- (d) making clear the limits of an optometrist’s knowledge and not giving opinion beyond those limits when providing evidence.

### 7.9 Curriculum vitae

When providing curriculum vitae, good practice involves:

- (a) providing accurate, truthful and verifiable information about an optometrist’s experience and qualifications
- (b) not misrepresenting by misstatement or omission an optometrist’s experience, qualifications or position.

### 7.10 Investigations

Optometrists have responsibilities and rights relating to any legitimate investigation of their practice or that of a colleague. In meeting these responsibilities, it is advisable to seek legal advice or advice from an optometrist’s professional indemnity insurer. Good practice involves:

- (a) cooperating with any legitimate inquiry into the treatment of a patient and with any complaints procedure that applies to work
- (b) disclosing to anyone entitled to ask for it information relevant to an investigation into the conduct, performance or health of an optometrist or a colleague
- (c) assisting the coroner when an inquest or inquiry is held into the death of a patient by responding to his or her enquiries, and by offering all relevant information.

### 7.11 Conflicts of interest

Patients rely on the independence and trustworthiness of optometrists for any advice or treatment offered. A potential conflict of interest in practice arises when an optometrist, entrusted with acting in the interests of a patient, also has financial, professional, or personal interests or relationships with third parties that may affect the care of the patient.

Multiple interests are common. They require identification, careful consideration, appropriate disclosure and accountability. When these interests compromise or might reasonably be perceived by an independent observer to compromise the optometrist’s primary duty to the patient, optometrists must recognise and resolve this conflict in the best interests of the patient.

Good practice involves:

- (a) recognising potential conflicts of interest that may arise in relation to initiating or continuing a professional relationship with a patient

- (b) acting in the best interests of patients when making referrals, and when providing or arranging treatment or care
- (c) informing patients when optometrists have an interest that could affect or could be perceived to affect care of patients
- (d) recognising that pharmaceutical and other marketing may influence optometrists and being aware of ways in which practice may be influenced
- (e) not asking for or accepting any inducement, gift or hospitality of more than trivial value from companies that sell or market drugs or other products that may affect or be seen to affect the way optometrists prescribe for, treat or refer patients
- (f) not asking for or accepting fees for meeting sales representatives
- (g) not offering inducements to colleagues or entering into arrangements that could be perceived to provide inducements
- (h) not allowing any financial or commercial interest in a hospital, other health care organisation or company providing services or products that adversely affects the way in which optometrists treat patients. When optometrists or their immediate family have such an interest and that interest could be perceived to influence the care provided, optometrists must inform their patients.

### 7.12 Financial and commercial dealings

Optometrists must be honest and transparent in financial arrangements with patients. Good practice involves:

- (a) not exploiting the vulnerability or lack of knowledge of patients when providing or recommending services
- (b) not encouraging patients to give, lend or bequeath money or gifts that will benefit optometrists directly or indirectly
- (c) not accepting gifts from patients other than tokens of minimal value
- (d) not becoming involved financially with patients; for example, through loans and investment schemes
- (e) not pressuring patients or their families to make donations to other people or organisations
- (f) being transparent in financial and commercial matters relating to an optometrist's work, including in dealings with employers, insurers and other organisations or individuals, and in particular

- declaring any relevant and material, financial or commercial interest that optometrists or their family might have in any aspect of the care of the patient
- declaring to patients any professional and financial interest in any product optometrists might endorse or sell from their practice and not making an unjustifiable profit from the sale or endorsement

- (g) dispensing of optical appliances in accordance with guidelines issued by the Board.

## 8 Ensuring health

### 8.1 Introduction

It is important for optometrists to maintain their own health and wellbeing. This includes seeking an appropriate work-life balance.

### 8.2 Personal health

Good practice involves:

- (a) attending to personal health needs
- (b) seeking expert, independent, objective advice when an optometrist needs health care, and being aware of the risks of self-diagnosis and self-treatment
- (c) being immunised against relevant communicable diseases
- (d) conforming to State and Territory legislation in relation to self-prescribing (for optometrists who are able to prescribe)
- (e) recognising the impact of fatigue on personal health and ability to care for patients and endeavouring to work safe hours whenever possible
- (f) being aware of any State and Territory health programs for advice on where to seek help
- (g) if an optometrist knows or suspects that he or she has a health condition or impairment that could adversely affect judgement, performance or the health of patients, he or she should
  - not rely on self-assessment of the risk that poses to patients
  - obtain advice about whether and in what ways the optometrist may need to modify practice and follow that advice
  - notify the Board if the condition may be impairing the optometrist's ability to provide care to his or her patients.

## 8.3 Colleagues' health

Optometrists have a responsibility to assist their colleagues to maintain good health. Good practice involves<sup>6</sup>:

- (a) encouraging a colleague who is not a patient to seek appropriate help if it is believed they may be ill and impaired; if an optometrist believes this impairment is putting patients at risk of being placed at harm, refer to the notification provisions of the National Law and the Board's guidelines on mandatory notifications
- (b) recognising the impact of fatigue on the health of colleagues, including those under supervision and facilitating safe working hours wherever possible.

## 9 Teaching, supervising and assessing

### 9.1 Introduction

Teaching, supervising and mentoring practitioners and students is important for their development and for the care of patients. It is part of good practice to contribute to these activities and provide support, assessment, feedback and supervision for colleagues, practitioners in training and students.

### 9.2 Teaching and supervising

Good practice involves:

- (a) seeking to develop the skills, attitudes and practices of an effective teacher, whenever optometrists are involved in teaching
- (b) making sure that any practitioner or student for whose supervision an optometrist is responsible receives adequate oversight and feedback.

### 9.3 Assessing colleagues

Assessing colleagues (including students) is an important part of making sure that the highest standards of practice are achieved. Good practice involves:

- (a) being honest, objective and constructive when assessing the performance of colleagues, including students; patients will be put at risk if an optometrist describes someone as competent if he or she is not
- (b) when giving references or writing reports about colleagues, provide accurate and justifiable information promptly and include all relevant information.

## 9.4 Students

Students are learning how best to care for patients. Creating opportunities for learning improves their clinical practice and nurtures the future workforce. Good practice involves:

- (a) treating students with respect and patience
- (b) making the scope of the student's role in care of patients clear to the student, to patients and to other members of the health care team
- (c) informing patients about the involvement of students and encouraging their consent for student participation while respecting their right to choose not to consent.

## 10 Undertaking research

### 10.1 Introduction

Research involving humans, their tissue samples or their health information is vital in improving the quality of health care and reducing uncertainty for patients now and in the future, and in improving the health of the population as a whole. Research in Australia is governed by guidelines issued in accordance with the *National Health and Medical Research Council Act 1992* (Cwlth). If optometrists undertake research, they should familiarise themselves with and follow these guidelines.

Research involving animals is governed by legislation in States and Territories, and by guidelines issued by the National Health and Medical Research Council (NHMRC).

### 10.2 Research ethics

Being involved in the design, organisation, conduct or reporting of health research involving humans brings particular responsibilities for practitioners. These responsibilities, drawn from the NHMRC guidelines, include:

- (a) according to participants the respect and protection that is due to them
- (b) acting with honesty and integrity
- (c) ensuring that any protocol for human research has been approved by a human research ethics committee, in accordance with the *National Statement on Ethical Conduct in Human Research* (2007) issued by the NHMRC
- (d) disclosing the sources and amounts of funding for research to the human research ethics committee
- (e) disclosing any potential or actual conflicts of interest to the human research ethics committee

<sup>6</sup> Standards and guidelines on continuing professional development for optometrists can be found on the Board's website (<http://www.optometryboard.gov.au>).

- (f) ensuring that human participation is voluntary and based on an adequate understanding of sufficient information about the purpose, methods, demands, risks and potential benefits of the research
- (g) ensuring that any dependent relationship between optometrists and their patients is taken into account in the recruitment of patients as research participants
- (h) seeking advice when research involves children and young persons or adults who are not able to give informed consent to ensure that there are appropriate safeguards in place; this includes ensuring that a person empowered to make decisions on the behalf of a patient has given informed consent or that there is other lawful authority to proceed
- (i) adhering to the approved research protocol
- (j) monitoring the progress of the research and reporting adverse events or unexpected outcomes promptly
- (k) respecting the entitlement of research participants to withdraw from any research at any time and without giving reasons
- (l) adhering to the guidelines regarding publication of findings, authorship and peer review
- (m) reporting possible fraud or misconduct in research as required under the *Australian Code for the Responsible Conduct of Research (2007)* issued by the NHMRC.

### 10.3 Treating optometrists and research

When optometrists are involved in research that involves their patients, good practice includes:

- (a) respecting the right of patients to withdraw from a study without prejudice to their treatment
- (b) ensuring that a decision by a patient not to participate does not compromise the optometrist-patient relationship or the care of the patient.