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**CODE OF PROFESSIONAL CONDUCT**

**AND**

**PROFESSIONAL PRACTICE GUIDELINES**

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**FOR**

**OPTOMETRISTS**

**&**

**OPTICIANS**

OPTOMETRISTS AND OPTICIANS BOARD

2010

(Revised Edition 2018)

## **REVISION HISTORY**

The following articles in this guideline have been revised and reflect in this Revised Edition 2018.

<b>Revision date</b>	<b>Section</b>	<b>Page reference</b>
1 Oct 2018	B. Code of Professional Conduct for Optometrists	Page 3, article 2
	B. Code of Professional Conduct for Opticians	Page 5, article 2
	E. Professional Practice Guidelines for Optometrists	Page 21, article 5.4
	F. Professional Practice Guidelines for Opticians	Page 38, article 6.4

# ACKNOWLEDGEMENT

The Ministry of Health would like to acknowledge the invaluable contributions of the Practice, Conduct and Ethics Committee Members of the Optometrists and Opticians Board.

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## A. Introduction

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The Optometrists and Opticians Board (OOB) is the regulatory body for all optometrists and opticians in Singapore. To meet its objectives in regulating the professions, the Board has established and commissioned the Practice, Ethics and Conduct Committee to develop the Code of Professional Conduct (Code) and Professional Practice Guidelines for optometrists and opticians.

Patients and the public must be able to trust optometrists and opticians implicitly with their visual and ocular well being. To justify this trust, optometrists and opticians have a duty to maintain a good standard of care, conduct and behaviour. Hence, optometrists and opticians are expected to uphold the principles dictated by the Code of Professional Conduct. These principles are applicable to a wide variety of circumstances and situations. Adherence to the Code will also enable society to have trust and confidence in the profession.

Optometrists and opticians must use the Code as a yardstick for their own conduct and behaviour. In addition, it is advisable for optometrists and opticians to understand professional ethics, train in ethical analysis and decision making, develop knowledge, skills and attitude needed to deal with ethical conflicts that may arise from consult with colleagues, ethical committees and other experts.

The Professional Practice Guidelines details the recommended directions by the Board in specific areas of optometric and opticianry practice and takes into consideration the current optometric and opticianry practice in other developed countries. The guidelines are intended as minimum standards required of all optometrists and opticians in the discharge of their professional duties and responsibilities.

It is the view of the Board that serious disregard or persistent failure to meet these standards can potentially lead to harm in patients or bring disrepute to the optometric and opticianry profession. Breaches of any article in the Code and the guidelines

could lead to optometrists and opticians being asked to defend their actions and ultimately to face disciplinary proceedings for professional misconduct or failure to maintain competence.

## B. Code of Professional Conduct for OPTOMETRISTS

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- 1 An optometrist must conduct himself or herself in his or her professional duties in accordance with the Optometrists and Opticians Act 2007 and Regulations and in accordance with this Code. The Code does not override obligations that may be imposed on the practice of optometry by the Optometrists and Opticians Act and Regulations and any other Act or Regulation relating to the practice of optometry.
- 2 An optometrist must maintain his or her knowledge and practice at a competent level. Specifically, an optometrist must participate in continuing professional education activities approved by the OOB and fulfil the minimum CPE point requirement within each qualifying period (as set out in the *Guide to CPE for Optometrists & Opticians*).
- 3 An optometrist must only perform or participate in those procedures that are within his or her competence and for which he or she is appropriately qualified, and refer those patients whose needs or requests are outside his or her competence, and where necessary follow up the referral.
- 4 An optometrist must ensure privacy and confidentiality for his or her patients and for their ophthalmic records unless disclosure is necessary in the course of referral to a colleague in his or another healthcare profession or he/she is required to by the Board or the Law. Information contained in any patient's ophthalmic record should be made available to that patient if requested.
- 5 An optometrist must not exploit his or her professional relationship with a patient or any other person in the conduct of his or her practice sexually, emotionally or financially or otherwise in any way.
- 6 An optometrist should take reasonable steps to ensure his or her patients understand at the commencement of any test, procedure or treatment the

risks, complications, possible reactions, nature, purpose, cost of and alternatives to the procedure or treatment.

- 7 An optometrist must treat patients without prejudice of race, religion, creed, social standing, disability or financial status.
- 8 An optometrist must respect the wish of a patient for a second opinion and, if requested, help the patient obtain the appropriate second opinion.
- 9 If an optometrist has reason to believe that a colleague is behaving in an unprofessional manner, or that his or her standard of practice falls substantially below acceptable standards, he should report the conduct to the Optometrists and Opticians Board.
- 10 An optometrist must not attend to a patient whilst his or her ability to do so is impaired by the influence of alcohol, drugs or physical or mental illness.
- 11 An optometrist must maintain professionalism in informing the public about his or her services, ensuring that information projected is factual and does not self aggrandise. An optometrist shall not advertise his or her services in a way that is not consistent with the Optometrists and Opticians (Practice, Conduct, Ethics and Publicity) Regulations or any guidelines promulgated by the Board relating to publicity.

## C. Code of Professional Conduct for OPTICIANS

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- 1 An optician must conduct himself or herself in his or her professional duties in accordance with the Optometrists and Opticians Act 2007 and Regulations and in accordance with this Code. This Code does not override obligations imposed in the practice of opticianry by the Optometrists and Opticians Act and Regulations and any other Act or Regulation relating to the practice of opticianry.
- 2 An optician must maintain his or her knowledge and practice at a competent level. Specifically, an optician must participate in continuing professional education activities approved by the OOB and fulfil the minimum CPE point requirement within each qualifying period (as set out in the *Guide to CPE for Optometrists & Opticians*).
- 3 An optician must only perform or participate in those procedures that are within his or her level of competency and for which he or she is appropriately qualified, and refer those patients whose conditions are outside his or her level of competence.
- 4 An optician must ensure privacy and confidentiality for his or her patients and their ophthalmic records unless disclosure is necessary in the course of referral to another profession or is required by the Board or the law. Information contained in any patient's ophthalmic record should be made available to that patient if requested.
- 5 An optician must not exploit his or her professional relationship with a patient or any other person in the conduct of his or her practice sexually, emotionally, financially or otherwise in any way.

- 6 An optician should take reasonable steps to ensure his or her patients understand any procedure or prescription, risks and complications if any as well as the costs to the patient.
- 7 An optician must manage his or her patients without bias or regard for race, religion, creed, social standing, disability or financial status.
- 8 An optician must respect the wish of a patient for a second opinion and, if requested, help the patient obtain an appropriate second opinion.
- 9 If an optician has reason to believe that a colleague is behaving in an unprofessional manner, or that his or her standard of practice falls substantially below acceptable standards, he should report the conduct to the Optometrists and Opticians Board.
- 10 An optician must not attend to a patient when his or her ability to do so is impaired by the influence of alcohol, drugs, physical or mental illness.
- 11 An optician must maintain professionalism in informing the public about his or her services, ensuring that information projected is purely factual and devoid of any attempt at self aggrandisement. An optician shall not advertise his or her services in a way that is not consistent with the Optometrists and Opticians (Practice, Conduct, Ethics and Publicity) Regulations or any guidelines promulgated by the Board relating to publicity.

## **D. Statement of Intent**

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This set of guidelines serves as a guide for optometric and opticianry practice, based on the best available evidence at the time of development. The guidelines are not intended to be exhaustive, but optometrists and opticians shall conscientiously study the guidelines, endeavour to follow them and extend their application to areas that may not be addressed specifically.

These guidelines will be periodically updated in response to changes in public need, economic forces, advances in health care sciences, and statutory and regulatory requirements.

## **E. Professional Practice Guidelines for OPTOMETRISTS**

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### **1. *Clinical Practice***

#### **1.1. Clinical Equipment**

- 1.1.1. Every optometrist is expected to perform his or her duty in an appropriate facility and be equipped with the appropriate instrumentation and supplies to provide services that meet the standards of practice of the profession.
- 1.1.2. Every optometrist shall ensure that refraction is conducted in a facility that allows a distance of 6 metres between the patient and the visual acuity chart, or 3 metres if a mirror is used.
- 1.1.3. Every optometrist shall have access to and be proficient in the use of equipment, instrumentation and supplies for the following:
- (a) measurement of visual acuity at distance and near;
  - (b) assessment of the eye and ocular adnexa;
  - (c) assessment of ocular motility and binocular function;
  - (d) determination of refractive status of the eyes both objectively and subjectively;
  - (e) evaluation of colour vision;
  - (f) measurement of the parameters of spectacles including refractive power, optical centration, fitting height, prisms and frame dimensions;
  - (g) disinfection of instruments and diagnostic contact lenses; and
  - (h) infection control and cleanliness.
- 1.1.4. When indicated, every optometrist shall ensure that he or she has access to and is proficient in the use of equipment, instrumentation and supplies for the following:
- (a) evaluation of visual field;

- (b) measurement of corneal curvature;
- (c) measurement of intraocular pressure with a tonometer.

1.1.5. When an optometrist does not have a specific instrument, he or she must make arrangements to have the necessary tests performed elsewhere and, where possible, obtain and document the results of the tests in the patient ophthalmic records.

1.1.6. Where an optometrist has access to equipment or instrumentation that is relevant to the practice of optometry, the optometrist is expected to maintain the equipment and instrumentation in good working order, including regular re-calibration.

1.1.7. No optometrist shall use any equipment or instrumentation that is

- (a) inappropriate to the services offered;
- (b) poorly or not supported by scientific evidence in terms of efficacy or safety; or
- (c) not generally accepted by the optometric profession.

## **1.2. Patient Examination**

1.2.1. Every optometrist shall take a detailed history and document the following information at the first consultation of every patient:

- (a) Personal details of the patient, including name, age and gender;
- (b) Occupational and vocational visual environment and demands;
- (c) General health history and any existing medical problems; and
- (d) Family general health and ocular history.

1.2.2. Every optometrist shall obtain and document the following information in the patient ophthalmic record (POR) for every **adult** patient (16 years old and above) seen:

- (a) Reason for visit/ presenting complaint
- (b) Other visual or ocular history

- (c) The measurement and description of the patient's optical appliances including purpose and effectiveness; and
- (d) The results of the observation, examination or measurement of:
  - (i) apparent and relevant physical, emotional and mental status of the patient;
  - (ii) external eye and adnexae;
  - (iii) pupillary function;
  - (iv) anterior segment (including ocular media);
  - (v) posterior segment (including ocular fundus);
  - (vi) presenting monocular visual acuities; and
  - (vii) refractive status and best corrected monocular visual acuities.
- (e) When indicated, the results of the observation, examination or measurement of
  - (i) colour vision;
  - (ii) intraocular pressure;
  - (iii) oculomotor, binocular vision and accommodative function;
  - (iv) visual field; and
  - (v) central visual function eg. Amsler chart (especially for elderly patients<sup>1</sup>)

1.2.3. Every optometrist shall obtain and document the following information in a patient ophthalmic record (POR) for every **child or adolescent** patient (ie. below 16 years old) seen:

- (a) Reason for visit/ presenting complaint
- (b) Other visual/ocular history (eg. conditions that predispose child to visual problems such as prematurity, certain childhood medical problems)
- (c) Family history of refractive error/strabismus
- (d) The results of the observation, examination or measurement of:
  - (i) external eye and adnexae;
  - (ii) pupillary function;

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<sup>1</sup> Elderly patients refer to those 60 years old and above.

- (iii) anterior segment (including ocular media);
- (iv) posterior segment (including ocular fundus);
- (v) presenting monocular visual acuities;
- (vi) refractive status and best corrected monocular visual acuities<sup>2</sup> using objective and/or subjective methods;
- (vii) ocular motility, cover test, near point of convergence and stereopsis; and
- (viii) colour vision

(e) When indicated, the results of the observation, examination or measurement of

- (i) binocular vision work up;
- (ii) intraocular pressure; and
- (iii) visual field.

1.2.4. Any optometrist who examines a child patient shall explain the nature and purpose of the test(s) to that child (as appropriate to his/her understanding) and the accompanying adult and advise the accompanying adult to be present in the consulting room.

1.2.5. Every optometrist shall, with consent of his or her patients, examine the patients according to the recommendations in Table 1.

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<sup>2</sup> Single letter (angular) acuities are frequently an overestimate due to a lack of the crowding phenomenon that exists in some amblyopia. Wherever possible, acuities should be measured using a line of letters (morphoscopic acuity) or some other method that induces “crowding”.

**Table 1: Recommendations on Frequency of Eye Examination for Patients by Optometrist or Ophthalmologist**

Age of Patient (years)	Frequency of Examination	
	Asymptomatic/ Risk free	At Risk*
Below 16	Annually	6 monthly or earlier if indicated
16 to <60	Every two years	Annually or earlier if indicated
60 and above	Annually	6 monthly or earlier if indicated

\* Patients at risk include

- a. those with diabetes, hypertension, or a personal/ family history of ocular disease (eg. glaucoma, macular degeneration) or with clinical findings that increase their potential risk;
- b. those working in occupations that are highly demanding and visually hazardous (eg. workers in electronic and jewellery manufacturing, those handling laser equipment, etc.);
- c. those taking medication with ocular side effects;
- d. those wearing contact lenses

### 1.3. Patient Management

1.3.1. Upon completion of a patient examination, every optometrist shall provide his or her patient with the following information and document it in the patient's record:

- (a) one or more diagnoses of visual/ocular conditions and their relevant details;
- (b) details of any proposed management plan and advice;
- (c) the type and quantity of any optical appliance to be prescribed and/or dispensed;
- (d) the purpose and directions for use of any optical appliance to be prescribed and/or dispensed; and
- (e) referral to an ophthalmologist or other specialists, if any.

## 1.4. Issuing of Prescription for Optical Appliances

- 1.4.1. Every optometrist who prescribes an optical appliance for any patient shall ensure that the prescription contains information that:
- (a) clearly identifies the prescriber, including address, telephone number and signature;
  - (b) clearly identifies the patient, including full name and unique identification number (eg. NRIC number);
  - (c) indicates the date of the prescription;
  - (d) indicates the date of expiration of the prescription<sup>3</sup>;
  - (e) indicates the date of the most recent patient examination; and
  - (f) is sufficiently clear and comprehensible to the dispenser to dispense the correct optical appliance to the patient.
- 1.4.2. No optometrist shall make changes to an existing prescription of a patient unless it is in the best interests of the patient to do so.
- 1.4.3. Should an optometrist decide to make a change in the prescription of a patient, the optometrist must document in the patient's ophthalmic record the reason(s) for the change in prescription.
- 1.4.4. No repeat prescription for an optical appliance should be issued to any patient in the absence of an optometrist unless necessary under extenuating circumstances. Under such circumstances, the prescription must be certified correct by a registered optician.
- 1.4.5. No optometrist shall dispense an optical appliance based on a prescription that has expired. If a prescription has no expiry date or an expiry date that extends beyond the recommended periodicity of eye examination specified in Table 1 of Article 1.2.5, the optometrist shall only dispense after examining the patient in accordance with the recommended periodicity.

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<sup>3</sup> 'Date of expiration' refers to the date beyond which the prescription is no longer valid. Every optometrist shall inform the patient that the prescription does not give any form of assurance with regard to the ocular status of the eye at any point of time.

## **1.5. Scope of Competence and Referral to Other Professionals**

- 1.5.1. No optometrist shall treat or manage any patient who is suffering from an injury or disease of the eye which is beyond the competence ordinarily expected of an optometrist to treat.
- 1.5.2. Where it appears to an optometrist that his or her patient is suffering from an injury or disease of the eye which is beyond his or her competence to manage, or has reduced vision without an apparent cause, the optometrist shall, except in an emergency or where, owing to special circumstances, it is impracticable or inexpedient to do so, refer the patient to an ophthalmologist or any registered medical practitioner who is competent to treat the injury, disease or disorder of the eye, as may be appropriate.
- 1.5.3. In an emergency or where it is not possible to identify an ophthalmologist for referral, an optometrist shall refer his or her patient to a hospital emergency department.
- 1.5.4. Any optometrist who diagnoses or suspects that a patient has one or more acute conditions, which pose an immediate threat to the health and/or vision of the patient, shall promptly refer the patient to a hospital emergency department. Examples of these conditions include:
  - (a) acute glaucoma;
  - (b) retinal detachment;
  - (c) bilateral papilledema;
  - (d) corneal ulcer;
  - (e) sudden, unexplained vision loss;
  - (f) vision-threatening trauma.
- 1.5.5. Where an optometrist decides to refer a patient, he or she shall perform the following:
  - (a) explain clearly to the patient the need for referral;
  - (b) provide the patient with a referral letter that contains all the information

- necessary for the referred practitioner to take appropriate action;
- (c) inform the patient and document in the patient's ophthalmic record the name of the practitioner or institution that the patient is referred to;
  - (d) disclose to the patient and document any financial interest that the optometrist might have in the practitioner or institution referred to;
  - (e) document the patient's agreement or disagreement to be referred; and
  - (f) subject to the patient's agreement to be referred, attach a copy of the referral letter to the patient's record.

## **2. *Prescribing, Dispensing and Sale of Spectacles***

- 2.1. Spectacles of refractive power ranging from -0.25DS to +0.75DS<sup>4</sup> should not be prescribed or dispensed to patients under the age of 16 unless clinically indicated. The clinical indications for prescribing plus lenses may include problems in accommodation and oculomotor balance.
- 2.2. Any optometrist who dispenses spectacles to a patient should whenever possible assist the patient in selecting the appropriate frame and lenses that will meet the requirements of the patient and are suitable for the spectacles prescription.
- 2.3. Any optometrist who dispenses or fits spectacles to a patient must ensure that all measurements necessary for the proper setting and fitting of frames and lenses are accurately taken, including careful consideration of the lens height, fitting plane and centration.
- 2.4. No optometrist shall dispense any spectacles to any patient without verifying the spectacles against the prescription or that patient's ophthalmic record.
- 2.5. No optometrist shall duplicate spectacles for any patient unless
  - (a) there is documentary proof that the patient has undergone the necessary

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<sup>4</sup> Plano spectacles are not regarded as optical appliances and therefore are not subject to these guidelines. However, plano contact lenses are considered optical appliances.

clinical evaluation by an optometrist or ophthalmologist within a reasonable time period as indicated in Table 1 of Article 1.2.5;

(b) the patient gives written consent to have his or her spectacles duplicated without an eye examination; or

(c) under extenuating circumstances (eg. when patient is imprisoned), the patient's next of kin or guardian gives written consent to have the patient's spectacles duplicated without an eye examination.

2.6. Before duplicating spectacles for any patient, the optometrist must advise the patient to undergo proper eye examination and document such advice in the patient's ophthalmic record.

2.7. No optometrist shall prescribe any spectacles with glass lenses to any child patient unless the optometrist has fully explained the relevant safety issues to the patient or the patient's guardian and documented such explanation.

### **3. *Edging of Ophthalmic Lenses***

3.1. Any optometrist who edges ophthalmic lenses shall take into consideration key parameters of the lenses (eg. optical centration, fitting heights, etc.).

3.2. Where an optometrist has access to equipment or instrumentation that is relevant to the edging of ophthalmic lenses, the optometrist is expected to maintain the equipment and instrumentation in good working order.

## **4. Contact Lens Practice<sup>5</sup>**

### **4.1. Contact Lens Assessment & Fitting**

4.1.1. Every optometrist who examines a patient wishing to wear contact lenses shall assess the patient's suitability for contact lenses and advise and inform the patient about contact lens wear.

4.1.2. A preliminary assessment of suitability of contact lenses and advice must be conducted and documented in the patient's ophthalmic record and shall include the following:

- (a) History of any allergies or systemic disease;
- (b) History of previous contact lens wear;
- (c) Information on occupational and recreational needs and the environment in which the contact lenses will be worn;
- (d) A thorough eye examination which shall, in addition to Article 1.2, include
  - (i) slit-lamp examination of the anterior segment, external eye and adnexae;
  - (ii) keratometry or corneal topography;
  - (iii) assessment of tear film quality and quantity; and
  - (iv) use of diagnostic stains where necessary.
- (e) Trial fitting of contact lenses when necessary.
- (f) Advice on the risks and complications of contact lens wear;<sup>6</sup>
- (g) Information on the available contact lens types;<sup>6</sup>
- (h) Advice on the advantages, disadvantages, indications and contraindications of the different contact lens types;<sup>6</sup> and
- (i) Advice and instructions on the proper use, care and maintenance of contact lenses.<sup>6</sup>
- (j) Final contact lenses parameters and quantity prescribed

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<sup>5</sup> It also includes zero powered and cosmetic contact lenses.

<sup>6</sup> Such information and advice may be given to the patient in the form of a booklet or information sheet.

4.1.3. When prescribing or dispensing contact lenses for a patient, the optometrist shall ensure that the contact lenses prescribed/dispensed/fitted with are most appropriate in meeting the needs of the patient and providing optimum vision for the patient's required use.

## **4.2. Aftercare Assessment & Frequency**

4.2.1. The procedures that constitute proper aftercare to be conducted and documented in the patient's ophthalmic record shall include the following:

- (a) Obtain patient's history and presenting symptoms or signs;
- (b) Record patient's visual acuity with his or her contact lenses on;
- (c) Assess contact lens fit for the patient;
- (d) Conduct an eye examination which shall include
  - (i) slit-lamp examination of the anterior segment, external eye and adnexae;
  - (ii) assessment of tear film quality and quantity; and
  - (iii) use of diagnostic stains where necessary.
- (e) Check the condition of the contact lens;
- (f) Advise on the proper use, care and maintenance of contact lenses; and
- (g) Advise to return for assessment if any ocular symptoms occur.

4.2.2. The conduct of contact lens aftercare shall not prejudice the need for patient examination and its respective guidelines specified under Article 1.2.

4.2.3. For any patient who is prescribed, dispensed or fitted with contact lenses of a particular type for the first time, the optometrist shall perform the first aftercare within 1 week of prescribing/dispensing the lenses, the second aftercare within 1 month of the first aftercare visit and the subsequent aftercare at least once every 3 to 6 months.

4.2.4. No optometrist shall re-prescribe or re-dispense any contact lens to a patient unless the patient has undergone proper aftercare (Article 4.2.1) within the last 6 months.

### **4.3. Prescribing, Dispensing & Sale of Contact Lens**

4.3.1. No optometrist shall delegate the prescribing, dispensing, fitting or selling of contact lenses to any optician or person not deemed qualified by the Board to handle contact lenses.

4.3.2. An optometrist may, with the consent of his or her patient, arrange for another qualified optometrist or contact lens practitioner to prescribe, dispense or fit contact lenses or carry out some or all of the procedures referred to under Article 4.2.1 in respect of that patient.

4.3.3. Every optometrist shall, where applicable, only prescribe, dispense or fit contact lenses that comply with product and manufacturing safety standards approved by relevant local health authorities.

4.3.4. Trial lenses shall always be prescribed and dispensed in accordance with these guidelines and should never be sold to any patient.

4.3.5. Every optometrist who prescribes dispenses or fits contact lenses must keep a complete and updated register of contact lenses dispensed to patients (ie. a patient contact lens register). The patient contact lens register should include the following:

- (a) Name of the patient prescribed with the contact lens
- (b) Identification number (eg. NRIC number, passport number, etc.)
- (c) Age (in years)
- (d) Gender
- (e) Contact address
- (f) Contact number
- (g) Batch or lot number of the contact lens dispensed

- (h) Brand name of the contact lens dispensed
- (i) Date of dispensing of the contact lens to the patient

#### **4.4. Equipment & Infection Control**

- 4.4.1. Every optometrist shall ensure that any equipment used for the purpose of prescribing, dispensing or fitting contact lenses must be properly maintained in a clean and disinfected state. For example, trial lenses should be thoroughly cleaned and disinfected after every trial and before they are vial-capped and stored in a cool environment.
- 4.4.2. All optometrists shall ensure that they maintain proper hand hygiene before handling contact lenses.

#### **4.5. Scope of Competence & Referral to Other Professionals**

- 4.5.1. Every optometrist shall practise contact lens within the scope of his or her competence. Where it appears to an optometrist that his or her patient requires expertise in a specialised field of contact lens practice that is beyond his or her scope of competence, the optometrist shall refer the patient to an appropriate registered practitioner who has that necessary expertise to advise and manage the patient.
- 4.5.2. Any optometrist who practises orthokeratology or other specialised areas of contact lens practice shall ensure that he or she uses appropriate equipment (eg. corneal topographer) for the purpose of the specialised practices.

### **5. *Fitness to practice***

- 5.1. Any optometrist who is aware of his or her own physical, mental or emotional impairment shall withdraw from those aspects of optometry practice that are reasonably expected to be affected by the impairment.

- 5.2. Any optometrist who is aware of any physical, mental or emotional impairment of another optometrist or optician shall use his or her best endeavour to ensure the withdrawal of the impaired optometrist or optician from his or her practice and inform the Board accordingly.
- 5.3. No optometrist shall practise without a valid practising certificate in his or her possession or while under suspension.
- 5.4. All optometrists are expected to participate in continuing professional education activities approved by the OOB and fulfil the minimum CPE point requirement (as set out in the *Guide to CPE for Optometrists & Opticians*) within each qualifying period<sup>7</sup> to ensure that their knowledge and skills in optometry remain current and relevant and to maintain a reasonable level of competence

## **6. Administration of Patient Registers and Records**

- 6.1. Every optometrist shall keep a patient ophthalmic register of every patient he or she has seen at any optical establishment. The patient ophthalmic register shall include the particulars of every patient who receives an optical appliance (except contact lenses), the quantity and type of the optical appliance, and date that the optical appliance was dispensed. Optometrists who practise contact lens prescription and dispensing shall, in addition, keep a patient contact lens register as specified under Article 4.3.5.
- 6.2. Every optometrist shall ensure that the ophthalmic register and records of his or her patients are properly and securely kept, consolidated and readily reproducible when required by the Board or the law.
- 6.3. Every optometrist shall ensure that all documentation in his or her patient ophthalmic register and records are legible and unambiguous.

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<sup>7</sup> For a two-year cycle starting from 1<sup>st</sup> October to 30<sup>th</sup> September.

- 6.4. Every optometrist shall respect the principle of confidentiality and not disclose without a patient's consent, information obtained in confidence or in the course of attending to that patient. However, confidentiality is not absolute. It may be overridden by legislation, court orders, orders by the Board or when the public interest demands disclosure of such information.
- 6.5. Every optometrist is expected to take steps to ensure that the means by which he or she communicates or stores confidential information about patients are secure and the information is not accessible to unauthorised persons.
- 6.6. Any optometrist who transfers patient ophthalmic records to another optometrist or optician must ensure that all reasonable steps are taken to inform patients of the new whereabouts of those records.
- 6.7. When an optometrist terminates employment in an established service, he or she shall ensure that patient ophthalmic records are properly handed over to the replacement optometrist, optician or an authorised manager or administrator of the service as appropriate. He shall arrange the handing over of records to the replacement person in a way that would not compromise the continuing eye care of any patient.

## **7. *Advertising and publicity***

- 7.1. Any optometrist who advertises or publicises his or her services or products shall ensure that the content and manner of advertising must
- (a) be factual, accurate and not be misleading;
  - (b) be verifiable through available scientific evidence;
  - (c) not be sensational, extravagant, laudatory or contain any superlatives;
  - (d) not create unjustified expectation of any service or product;
  - (e) not appeal to the public's fears or concerns;
  - (f) not deprecate the skills, products or services of other practitioners;
  - (g) not be offensive, ostentatious or in bad taste;

- (h) not contain any testimonial or endorsement from any person or entity;
  - (i) not contain any information on volume, quality, efficacy or effectiveness of any skill, service or product;
  - (j) not diminish public confidence in the profession;
  - (k) not bring the profession into disrepute.
- 7.2. No optometrist shall advertise or be associated with any advertisement involving any service or product that is, in the opinion of the Board, not reasonably substantiated by scientific evidence.
- 7.3. When making special offers, promotions or special discounts, complete details of any conditions connected with any offer or discount must be included in any advertising material and prominently displayed at the practice.
- 7.4. No optometrist shall advertise or engage a third party (eg. credit card companies, media companies, magazines, etc.) to advertise his or her services or products unless he/she
- (a) declares to the Board the persons responsible for the advertisement;
  - (b) submits the particulars of the person responsible to the Board<sup>8</sup>; and
  - (c) signs and submits to the Board an undertaking to ensure that the advertisement is in accordance with these guidelines and any other existing laws, regulations or guidelines promulgated by the Board.
- 7.5. Where it appears that an advertisement about an optometrist's services or products is not in accordance with existing laws, regulations or guidelines, it would not be an accepted excuse that such advertisement was not initiated by the optometrist concerned. The optometrist concerned would be regarded by the Board as the person responsible for the advertisement.
- 7.6. Where an optometrist becomes aware of any impropriety of any advertisement or publicity relating to his or her optometry services or products or any optometry business of which he or she is a partner, director

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<sup>8</sup> Only need to submit particulars once for every different advertisement to be launched.

or an employee, it shall be his or her responsibility to use the best endeavour to procure the rectification or withdrawal of the advertisement or publicity, and to prevent its recurrence.

- 7.7. The modes of advertising or publicity that are subject to these guidelines include but are not limited to the following:
- (a) Advertisements/publicity on mass media eg. television, radio, Internet, etc.;
  - (b) Advertisements, articles and any form of write-ups on all forms of printed media eg. newspapers, magazines, notices, banners, signboards, etc.;
  - (c) Verbal and printed forms of advertising during exhibitions<sup>9</sup> or educational events eg. seminar, conference, public forum, etc.
- 7.8. Any optometrist who intends to organise an exhibition to publicise any optometry or opticianry practice or business of which he or she is a partner, a director or an employee, shall notify the Board not less than 14 days before the commencement of the exhibition and shall comply with these and any other guidelines issued by the Board in respect of such exhibitions.
- 7.9. With respect to the notification referred to in Article 7.8, the optometrist shall provide the Board with relevant information on the impending exhibition, which shall include
- (a) Title of exhibition;
  - (b) Venue of exhibition;
  - (c) Date of exhibition;
  - (d) Registered optometrist or optician in charge of the exhibition;
  - (e) Service(s) and/or product(s) to be advertised or offered at the exhibition; and
  - (f) Names and registration numbers of optometrists and/or opticians who will be providing services that constitute the practice of optometry or opticianry at the exhibition.

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<sup>9</sup> Exhibitions include road shows, demonstrations or any similar advertising activity.

- 7.10. No optometrist shall display or use any credential, qualification or certification of training that misrepresents his or her scope of competence, knowledge or ability, or that is not acceptable by the Board.

## **8. *Conflict of interest***

- 8.1. While a patient is under the care of an optometrist, that optometrist shall provide reasonable care for his or her patient unaffected by —
- (a) any financial interest of the optometrist; and
  - (b) where the optometrist is a director, a partner, a proprietor or an employee of a healthcare establishment or other business, any financial interest of the healthcare establishment or other business.
- 8.2. In any case where an optometrist or any healthcare establishment or other business of which that optometrist is a director, a partner, a proprietor or an employee has a financial interest in —
- (a) an organisation or service which the optometrist intends to refer the patient to, for the purposes of admission, treatment, investigation; or
  - (b) a course of treatment or product which the optometrist intends to recommend to the patient,
- the optometrist shall make a full and frank disclosure of such interest to the patient.

## **9. *Costs information and disclosure***

- 9.1. Any optometrist who attends to a patient shall be responsible for informing the patient on the full costs of any professional service or optical appliance prior to initiating any financial transaction.
- 9.2. Upon any financial transaction involving the sale of an optical appliance to a patient, the optometrist involved in the transaction shall issue a receipt to the patient. The receipt shall include any unique information that characterises and identifies the appliance sold to the patient.

## **10. *Complaints and risk management***

- 10.1. All optometrists who are involved in any dispute with patients or other practitioners are to use their best endeavour to resolve their disputes in a professional manner. Optometrists who are unable to resolve their disputes are to refer such disputes for mediation.
- 10.2. Any optometrist who encounters a patient refusing to heed the advice of the optometrist shall document such refusal and shall not accede to the patient's demand(s).

## **11. *Corporate Optometry***

- 11.1. Every optometrist working under corporate conditions must remain free to practise optometry and exercise his or her professional and clinical judgement without any pressure or prejudice from his or her employer.
- 11.2. No optometrist shall provide any service or encourage the sale of any product that is considered unnecessary or inappropriate, even if he or she is under pressure by his or her employer.
- 11.3. Every optometrist must be sensitive to the needs of his or her patient and ensure at all times that any service or optical appliance prescribed is beneficial to the patient, not to his or her employer.
- 11.4. Every optometrist must be aware that he or she, rather than his or her employer, shall be ultimately responsible for any infringement of the Optometrists and Opticians Act and its respective regulations and guidelines.

## **F. Professional Practice Guidelines for OPTICIANS**

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### **1. *Clinical Practice***

## 1.1. Clinical Equipment

- 1.1.1. Every optician is expected to perform his or her duty in an appropriate facility and be equipped with the appropriate instrumentation and supplies to provide services that meet the standards of practice of the profession.
- 1.1.2. Every optician shall ensure that refraction is conducted in a facility that allows a distance of 6 metres between the patient and the visual acuity chart, or 3 metres if a mirror is used.
- 1.1.3. Every optician shall have access to and be proficient in the use of equipment, instrumentation and supplies for the following:
  - (a) measurement of visual acuity at distance and near (for refracting opticians only);
  - (b) measurement of the parameters of spectacles including refractive power, optical centration, fitting height, prisms and frame dimensions;
  - (c) determination of refractive status of the eyes using the subjective method (for refracting opticians only);
  - (d) disinfection of instruments; and
  - (e) infection control and cleanliness.
- 1.1.4. Where an optician has access to equipment or instrumentation that is relevant to the practice of opticianry, the optician is expected to maintain the equipment and instrumentation in good working order, including regular re-calibration.
- 1.1.5. No optician shall use any equipment or instrumentation that is
  - (a) inappropriate to the services offered;
  - (b) poorly or not supported by scientific evidence in terms of efficacy or safety; or
  - (c) not generally accepted by the opticianry profession.

## 1.2. Patient Refraction

- 1.2.1. For the first consultation of any patient, the optician shall ensure that the personal details of the patient, including name, age and gender, are recorded in the patient's ophthalmic record (POR).
- 1.2.2. Every optician shall obtain and document the following information for every patient seen:
  - (a) The measurement and description of the patient's optical appliances (eg. optical power of glasses, type of glasses); and
  - (b) The results of the observation, examination or measurement of:
    - (i) presenting monocular visual acuities; and
    - (ii) refractive error and best corrected visual acuities<sup>10</sup>
- 1.2.3. The optician shall inform every patient that he or she can only perform refraction but not a full eye examination. The optician must clearly advise or refer the patient by letter to undergo eye examination by an optometrist or ophthalmologist when he encounters a condition that is beyond his or her competence or legal scope to manage. Such advice or referral must be documented in the patient's ophthalmic record.
- 1.2.4. No optician, even if qualified to perform refraction, shall refract any child below 8 years old.
- 1.2.5. Any qualified optician who refracts a child 8 years old and above, shall explain the nature and purpose of the refraction to the child (as appropriate to his/her understanding) and the accompanying adult and advise the accompanying adult to be present in the consulting room.
- 1.2.6. The recommendations in Table 2 are for the reference of the optician.

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<sup>10</sup> Single letter (angular) acuities are frequently an overestimate due to a lack of the crowding phenomenon that exists in some amblyopia. Wherever possible, acuities should be measured using a line of letters (morphoscopic acuity) or some other method that induces "crowding".

**Table 2: Recommendations on Frequency of Eye Examination for Patients by Optometrist or Ophthalmologist**

Age of Patient (years)	Frequency of Examination	
	Asymptomatic/ Risk free	At Risk*
Below 16	Annually	6 monthly or earlier if indicated
16 to <60	Every two years	Annually or earlier if indicated
60 and above	Annually	6 monthly or earlier if indicated

\* Patients at risk include

- a. those with diabetes, hypertension, or a personal/ family history of ocular disease (eg. glaucoma, macular degeneration) or with clinical findings that increase their potential risk;
- b. those working in occupations that are highly demanding and visually hazardous (eg. workers in electronic and jewellery manufacturing, those handling laser equipment, etc.);
- c. those taking medication with ocular side effects;
- d. those wearing contact lenses

1.2.7. No optician shall refract any patient **at risk** who has not undergone an eye examination by an optometrist or ophthalmologist within a reasonable time period as indicated in Table 2 of Article 1.2.6.

### **1.3. Patient Management**

- 1.3.1. Upon completion of refraction, every qualified optician shall provide his or her patient with the following information and document it in the patient's record:
- (a) results of refraction (eg. correction needed in dioptries)
  - (b) the type and quantity of any optical appliance to be prescribed and/or dispensed;
  - (c) where applicable, the purpose and indications for use of any optical appliance to be prescribed and/or dispensed;
  - (d) where applicable, referral to an optometrist, ophthalmologist or other specialists, if any, and reasons for the referral.

### **1.4. Scope of Competence and Referral to Other Professionals**

- 1.4.1. Where it appears to an optician that his or her patient is suffering from an injury or disease of the eye, or that the patient's best corrected visual acuity remains at 6/9 or worse, the optician shall refer the patient to an optometrist, ophthalmologist or any registered medical practitioner who is competent to treat the injury, disease or disorder of the eye, as may be appropriate.
- 1.4.2. In an emergency or where it is not possible to identify an ophthalmologist for referral, the optician shall refer his or her patient to a hospital emergency department.
- 1.4.3. Should an optician decide to refer a patient, he or she shall perform the following:
- (a) explain clearly and factually to the patient the need for referral;
  - (b) provide the patient with a referral letter that contains all the information necessary for the referred practitioner to take the appropriate action;
  - (c) inform the patient and document in that patient's ophthalmic record the name of the practitioner or institution that the patient is referred to;
  - (d) disclose to the patient and document any financial interest that the

- optician might have in the practitioner or institution referred to;
- (e) document the patient's agreement or disagreement to be referred; and
  - (f) subject to the patient's agreement to be referred, attach a copy of the referral letter to the patient's record.

## **2. *Dispensing & Sale of Spectacles***

- 2.1. Spectacles of refractive power ranging from -0.25DS to +0.75DS <sup>11</sup> should not be prescribed or dispensed to patients under the age of 16 unless verified by an optometrist or ophthalmologist to be clinically necessary.
- 2.2. Any optician who dispenses spectacles to a patient should wherever possible assist the patient in selecting the appropriate frame and lenses that will meet the requirements of the patient and are suitable for the spectacles prescription.
- 2.3. Any optician who dispenses spectacles to a patient must ensure that all measurements necessary for the proper setting and fitting of frames and lenses are accurately taken, including careful consideration of the lens height, fitting plane and centration.
- 2.4. No optician shall dispense any spectacles to any patient without verifying the spectacles against the prescription or the patient's ophthalmic record.
- 2.5. No optician shall duplicate spectacles for any patient unless
  - (a) there is documentary proof that the patient has undergone the necessary clinical evaluation by an optometrist or ophthalmologist within a reasonable time period as indicated in Table 2 of Article 1.2.6;
  - (b) the patient gives written consent to have his or her spectacles duplicated without an eye examination; or

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<sup>11</sup> Plano spectacles are not regarded as optical appliances and therefore are not subject to these guidelines. However, plano contact lenses are considered optical appliances.

(c) under extenuating circumstances (eg. when patient is imprisoned), the patient's next of kin or guardian gives written consent to have the patient's spectacles duplicated without an eye examination.

2.6. Before duplicating spectacles for any patient, the optician must advise the patient to undergo proper eye examination and document such advice in the patient's ophthalmic record.

2.7. No optician shall prescribe any spectacles with glass lenses to any child patient unless the optician has fully explained the relevant safety issues to the patient or the patient's guardian and documented such explanation.

### **3. *Edging of Ophthalmic Lenses***

3.1. Any optician who wishes to edge ophthalmic lenses shall do so only after he or she has undergone appropriate training.

3.2. Any optician who edges ophthalmic lenses shall take into consideration key parameters of the lenses (eg. optical centration, fitting heights, etc.)

3.3. Where an optician has access to equipment or instrumentation that is relevant to the edging of ophthalmic lenses, the optician is expected to maintain the equipment and instrumentation in good working order.

### **4. *Issuing of Prescription for Optical Appliances***<sup>12</sup>

4.1. No optician shall issue any prescription for optical appliances unless he or she is an optician (CLP) who may then prescribe contact lenses only.

4.2. Every optician (CLP) who prescribes any contact lens for any patient shall ensure that the prescription contains information that:

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<sup>12</sup> 'Issuing of prescription' (a.k.a prescribing) refers to giving the patient a prescription to obtain an optical appliance elsewhere.

- (a) clearly identifies the prescriber, including address, telephone number and signature;
  - (b) clearly identifies the patient, including full name and unique identification number (eg. NRIC number);
  - (c) indicates the date of the prescription;
  - (d) indicates the date of expiration of the prescription;<sup>13</sup>
  - (e) indicates the date of the most recent clinical evaluation; and
  - (f) is sufficiently clear and comprehensible to the dispenser to dispense the correct optical appliance to the patient.
- 4.3. No optician (CLP) shall make changes to an existing prescription for contact lenses of a patient unless it is in the best interests of the patient to do so.
- 4.4. Should an optician (CLP) decide to make a change in the contact lens prescription of a patient, the optician must document in the patient's ophthalmic record the reason(s) for the change in prescription.
- 4.5. No repeat prescription for contact lenses should be issued to any patient in the absence of an optometrist or optician (CLP) unless necessary under extenuating circumstances. Under such circumstances, the prescription must be certified correct by a registered optometrist or optician.
- 4.6. No optician shall dispense an optical appliance based on a prescription that has expired. If a prescription has no expiry date or an expiry date that extends beyond the recommended periodicity of eye examination specified in Table 2 of Article 1.2.6, the optician shall only dispense if the patient has undergone eye examination by an optometrist or ophthalmologist in accordance with the recommended periodicity.

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<sup>13</sup> 'Date of expiration' refers to the date beyond which the prescription is no longer valid. Every optician (CLP) shall inform the patient that the prescription does not give any form of assurance with regard to the ocular status of the eye at any point of time.

## **5. Contact Lens Practice (CLP) <sup>14</sup>**

### **5.1. Contact Lens Assessment & Fitting**

5.1.1. Every optician (CLP) who examines a patient wishing to wear contact lenses shall assess the patient's suitability for contact lenses and advise and inform the patient about contact lens wear.

5.1.2. A preliminary assessment of suitability of contact lenses and advice must be conducted and documented in the patient's ophthalmic record and shall include the following:

- (a) History of any allergies or systemic disease;
- (b) History of previous contact lens wear;
- (c) Information on occupational and recreational needs and the environment in which the contact lenses will be worn;
- (d) A thorough eye examination which shall, in addition to the relevant components of evaluation described under Article 1.2, include
  - (i) slit-lamp examination of the anterior segment, external eye and adnexae;
  - (ii) keratometry or corneal topography;
  - (iii) assessment of tear film quality and quantity; and
  - (iv) use of diagnostic stains where necessary.
- (e) Trial fitting of contact lenses when necessary.
- (f) Advice on the risks and complications of contact lens wear; <sup>15</sup>
- (g) Information on the available contact lens types;<sup>14</sup>
- (h) Advice on the advantages, disadvantages, indications and contraindications of the different contact lens types;<sup>14</sup> and
- (i) Advice and instructions on the proper use, care and maintenance of contact lenses<sup>14</sup>
- (j) Final contact lenses parameters and quantity prescribed

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<sup>14</sup> This section includes zero powered and cosmetics contact lenses. It only applies to opticians who are qualified contact lens practitioners ie. optician (CLP).

<sup>15</sup> Such information and advice may be given to the patient in the form of a booklet or information sheet.

5.1.3. When prescribing or dispensing contact lenses for a patient, the optician (CLP) shall ensure that the contact lenses prescribed/dispensed are most appropriate in meeting the needs of the patient and providing optimum vision for the patient's required use.

## **5.2. Aftercare Assessment & Frequency**

5.2.1. The procedures that constitute proper aftercare to be conducted and documented in the patient's ophthalmic record shall include the following:

- (a) Obtain patient's history and presenting symptoms or signs;
- (b) Record patient's visual acuity with his or her contact lenses on;
- (c) Assess contact lens fit for the patient;
- (d) Conduct an eye examination which shall include
  - (i) slit-lamp examination of the anterior segment, external eye and adnexae;
  - (ii) assessment of tear film quality and quantity; and
  - (iii) use of diagnostic stains where necessary.
- (e) Check the condition of the contact lens;
- (f) Advise on the proper use, care and maintenance of contact lenses; and
- (g) Advise to return for assessment if any ocular symptoms occur.

5.2.2. The conduct of contact lens aftercare shall not prejudice the need for patient refraction and its respective guidelines specified under Article 1.2.

5.2.3. For any patient who is prescribed or dispensed contact lenses of a particular type for the first time, the optician (CLP) shall conduct the first aftercare within 1 week of prescribing/dispensing the lenses, the second aftercare within 1 month of the first aftercare visit and the subsequent aftercare at least once every 3 to 6 months.

5.2.4. No optician (CLP) shall re-prescribe or re-dispense any contact lens to a patient unless the patient has undergone proper aftercare (Article 5.2.1) within the last 6 months.

### 5.3. Prescribing, Dispensing & Sale of Contact Lens

- 5.3.1. No optician (CLP) shall delegate the prescribing, dispensing, fitting or selling of contact lens to any optician or person not deemed qualified by the Board to handle contact lens.
- 5.3.2. An optician (CLP) may, with the consent of his or her patient, arrange for another qualified optician (CLP) or optometrist to prescribe, dispense or fit contact lens or carry out some or all of the procedures referred to in Article 5.2.1 in respect of that patient.
- 5.3.3. Every optician (CLP) shall, where applicable, only prescribe, dispense or fit contact lenses that comply with product and manufacturing safety standards approved by relevant local health authorities.
- 5.3.4. Trial lenses shall always be prescribed and dispensed in accordance with these guidelines and should never be sold to any patient.
- 5.3.5. Every optician (CLP) who prescribes, dispenses or fits contact lenses must keep a complete and updated register of contact lenses dispensed to patients (ie. a patient contact lens register). The patient contact lens register should include the following:
  - (a) Name of the patient prescribed with the contact lens
  - (b) Identification number (eg. NRIC number, passport number, etc.)
  - (c) Age (in years)
  - (d) Gender
  - (e) Contact address
  - (f) Contact number
  - (g) Batch or lot number of the contact lens dispensed
  - (h) Brand name of the contact lens dispensed
  - (i) Date of dispensing of the contact lens to the patient

## **5.4. Equipment & Infection Control**

- 5.4.1. Every optician (CLP) shall ensure that any equipment used for the purpose of prescribing, dispensing or fitting contact lenses must be properly maintained in a clean and disinfected state. For example, trial lenses should be thoroughly cleaned and disinfected after every trial and before they are vial-capped and stored in a cool environment.
- 5.4.2. All opticians (CLP) shall ensure that they maintain proper hand hygiene before handling contact lenses.

## **5.5. Scope of Competence & Referral to Other Professionals**

- 5.5.1. Every optician (CLP) shall practise contact lens within the scope of his or her competence. Where it appears to an optician (CLP) that his or her patient requires expertise in a specialised field of contact lens practice which he or she does not possess, the optician (CLP) shall refer the patient to an appropriate registered practitioner who has that necessary expertise to advise and manage the patient.
- 5.5.2. Any optician (CLP) who practises any specialised areas of contact lens practice shall ensure that he or she uses appropriate equipment for the purpose of such specialised practices.

## **6. *Fitness to practice***

- 6.1. Any optician who is aware of his or her own physical, mental or emotional impairment shall withdraw from those aspects of opticianry practice that are reasonably expected to be affected by the impairment.
- 6.2. Any optician who is aware of any physical, mental or emotional impairment of another optometrist or optician shall use his or her best endeavour to

ensure the withdrawal of the impaired optometrist or optician from his or her practice and inform the Board accordingly.

- 6.3. No optician shall practise without a valid practising certificate in his or her possession or while under suspension.
- 6.4. All opticians are expected to participate in continuing professional education activities approved by the OOB and fulfil the minimum CPE point requirement (as set out in the *Guide to CPE for Optometrists & Opticians*) within each qualifying period<sup>16</sup> to ensure that their knowledge and skills in opticianry remain current and relevant and to maintain a reasonable level of competence.

## **7. Administration of Patient Registers and Records**

- 7.1. Every optician (including CLP opticians) shall keep a patient ophthalmic register of his or her patients seen at every optical establishment where the optician operates. The patient ophthalmic register shall include the particulars of every patient who receives an optical appliance (except contact lenses), the quantity and type of the optical appliance, and date that the optical appliance was dispensed. Opticians (CLP) shall keep, in addition, a patient contact lens register as specified under Article 5.3.5.
- 7.2. Every optician shall ensure that the ophthalmic register and records of his or her patients are properly and securely kept, consolidated and readily reproducible when required by the Board or the law.
- 7.3. Every optician shall ensure that all documentation in his or her patient ophthalmic register and records are legible and unambiguous.
- 7.4. Every optician shall respect the principle of confidentiality and not disclose without a patient's consent, information obtained in confidence or in the course of attending to the patient. However, confidentiality is not absolute.

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<sup>16</sup> For a two-year cycle starting from 1<sup>st</sup> October to 30<sup>th</sup> September.

It may be overridden by legislation, court orders, orders by the Board or when the public interest demands disclosure of such information.

- 7.5. Every optician is expected to take steps to ensure that the means by which he or she communicates or stores confidential information about patients are secure and the information is not accessible to unauthorised persons.
- 7.6. Any optician who transfers patient ophthalmic records to an optometrist or another optician must ensure that all reasonable steps are taken to advise patients of the new whereabouts of those records.
- 7.7. When an optician terminates employment in an established service, he or she shall ensure that patient ophthalmic records are left in safekeeping of a replacement optometrist, optician or an authorised manager or administrator of the service where appropriate. The departing optician shall communicate clearly to patients and colleagues regarding his or her departure and arrange the handing over of work to the replacement person in a way that would not compromise the continuing eye care of any patient.

## **8. *Advertising and publicity***

- 8.1. Any optician who advertises or publicises his or her services or products shall ensure that the content and manner of advertising must
  - (a) be factual, accurate and not be misleading;
  - (b) be verifiable through available scientific evidence;
  - (c) not be sensational, extravagant, laudatory or contain any superlatives;
  - (d) not create unjustified expectation of any service or product;
  - (e) not appeal to the public's fears or concerns;
  - (f) not deprecate the skills, products or services of other practitioners;
  - (g) not be offensive, ostentatious or in bad taste;
  - (h) not contain any testimonial or endorsement from any person or entity;
  - (i) not contain any information on volume, quality, efficacy or effectiveness of any skill, service or product;

- (j) not diminish public confidence in the profession;
  - (k) not bring the profession into disrepute.
- 8.2. No optician shall advertise or be associated with any advertisement involving any service or product that is, in the opinion of the Board, not reasonably substantiated by scientific evidence.
- 8.3. When making special offers, promotions or when offering special discounts, complete details of any conditions connected with any offer or discount must be included in any advertising material and prominently displayed at the practice.
- 8.4. No optician shall advertise or engage a third party to advertise his or her services or products unless that optician
- (a) identifies to the Board himself or herself, another registered optician or an optometrist to be fully responsible for that advertisement;
  - (b) submits to the Board the particulars of that person responsible to the Board;<sup>17</sup> and
  - (c) signs and submits to the Board an undertaking to ensure that the advertisement is in accordance with these guidelines and any other existing laws, regulations or guidelines promulgated by the Board.
- 8.5. Where it appears that an advertisement about an optician's services or products is not in accordance with existing laws, regulations or guidelines, it would not be an accepted excuse that such advertisement was not initiated by the optician concerned. The optician concerned would be regarded by the Board as the person responsible for the advertisement.
- 8.6. Where an optician becomes aware of any impropriety of any advertisement or publicity relating to his or her opticianry services or products or any opticianry business of which he or she is a partner, director or an employee, it shall be his or her responsibility to use the best endeavour to procure the rectification or withdrawal of the advertisement or publicity, and to prevent its recurrence.

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<sup>17</sup> Only need to submit particulars once for every different advertisement to be launched.

- 8.7. The modes of advertising or publicity that are subject to these guidelines include but are not limited to the following:
- (a) Advertisements/publicity on mass media eg. television, radio, Internet, etc.
  - (b) Advertisements, articles and any form of write-up on all forms of printed media eg. newspapers, magazines, notices, banners, signboards, etc.
  - (c) Verbal and printed forms of advertising during exhibitions<sup>18</sup> or educational events eg. seminar, conference, public forum, etc.
- 8.8. Any optician who intends to organise an exhibition to publicise any optometry or opticianry practice or business of which he or she is a partner, a director or an employee, shall notify the Board not less than 14 days before the commencement of the exhibition and shall comply with these and any other guidelines issued by the Board in respect of such exhibitions.
- 8.9. With respect to the notification referred to in Article 8.8, the optician shall provide the Board with relevant information on the impending exhibition, which shall include
- (a) Title of exhibition;
  - (b) Venue of exhibition;
  - (c) Date of exhibition;
  - (d) Registered optometrist or optician in charge of the exhibition;
  - (e) Service(s) and/or product(s) to be advertised or offered at the exhibition; and
  - (f) Names and registration numbers of optometrists and/or opticians who will be providing services that constitute the practice of optometry or opticianry at the exhibition.
- 8.10. No optician shall display or use any credential, qualification or certification of training that misrepresents his or her scope of competence, knowledge or ability, or that is not acceptable by the Board.

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<sup>18</sup> Exhibitions include road shows or any similar advertising activity.

## **9. *Conflict of interest***

- 9.1. While a patient is under the care of an optician, that optician shall provide reasonable care for his or her patient unaffected by —
- (a) any financial interest of the optician; and
  - (b) where the optician is a director, a partner, a proprietor or an employee of a healthcare establishment or other business, any financial interest of the healthcare establishment or other business.
- 9.2. In any case where an optician or any healthcare establishment or other business of which that optician is a director, a partner, a proprietor or an employee has a financial interest in —
- (a) an organisation or service which the optician intends to refer the patient to, for the purposes of admission, treatment, investigation; or
  - (b) a course of treatment or product which the optician intends to recommend to the patient,
- the optician shall make a full and frank disclosure of such interest to the patient.

## **10. *Costs information and Disclosure***

- 10.1. Any optician who attends to a patient shall be responsible for informing that patient on the full costs of any professional service or optical appliance prior to initiating any financial transaction.
- 10.2. Upon any financial transaction involving the sale of an optical appliance to a patient, the optician involved in the transaction shall issue a receipt to the patient. The receipt shall include any unique information that characterises and identifies the appliance sold to the patient.

## **11. *Complaints and risk management***

- 11.1. All opticians who are involved in any dispute with patients or other practitioners are to use their best endeavour to resolve their disputes in a professional manner. Opticians who are unable to resolve their disputes are to refer such disputes for mediation.
- 11.2. Any optician who encounters a patient refusing to heed the advice of the optician shall document such refusal and shall not accede to the patient's demand(s).

## **12. *Corporate Opticianry***

- 12.1. Every optician working under corporate conditions must remain free to practice opticianry and exercise his or her professional and clinical judgement without any pressure or prejudice from his or her employer.
- 12.2. No optician shall provide any service or encourage the sale of any product that is considered unnecessary or inappropriate, even if he or she is under pressure by his or her employer.
- 12.3. Every optician must be sensitive to the needs of his or her patient and ensure at all times that any service or optical appliance prescribed is beneficial to the patient, not to his or her employer.
- 12.4. Every optician must be aware that he or she, rather than his or her employer, shall be ultimately responsible for any infringement of the Optometrists and Opticians Act and its respective regulations and guidelines.