



# Entry-Level Competency Standards for Optometry 2022

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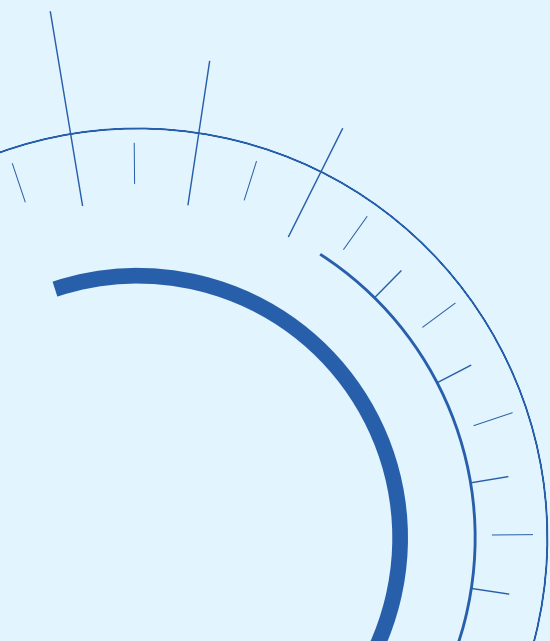
# Introduction

**Optometry Australia would like to acknowledge the Traditional Custodians across the lands, waters and seas that we work and live on and pay our respects to Elders past and present and thank them for their continuing custodianship.**

**Optometry Australia acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.**

**We pay our respects to these traditional Custodians and honour their unique cultural and spiritual relationships to the land, waters and seas and their rich and ongoing contribution to society.**

Optometrists in Australia are the principal providers of primary eye health and vision care; optometrists play a key role in prevention, diagnosis and treatment of eye and vision problems. They also receive referrals from other optometrists, ophthalmologists, general practitioners and other health and education providers. Optometrists manage a wide range of patients including those presenting with chronic eye and vision problems as well as acute eye disease and injury. They play a role in the detection and prevention of systemic conditions, and provide care to those who have, or are at risk of ocular effects of systemic or topical medicines. Optometrists prescribe medicines and optical devices and provide treatment for eye diseases and disorders. As such, they are required to have significant scientific knowledge, technical skills and understanding of eye disease and treatment as well as systemic diseases with ocular manifestations. Optometrists are required to practise in a patient-centred and evidence-based way and have a responsibility to continually improve their skills and knowledge to ensure they are providing appropriate holistic care that is culturally safe and responsive. The Australian community has a rich mixture of cultural and linguistic diversity, and optometrists must have the abilities and attributes that enable them to work appropriately in diverse contexts and in a culturally safe manner. Optometrists provide care in a range of settings including community practice, multidisciplinary health services, hospitals and domiciliary care. The practice of optometry is not restricted to the provision of direct care to patients, and includes working in industry, management, administration, education, research, advisory, regulatory or policy development roles. The Entry-Level Competency Standards for Optometry were developed for the Australian context. The Trans-Tasman Mutual Recognition Arrangement allows registered practitioners eligibility to apply for registration in Australia and Aotearoa New Zealand. Optometrists must ensure they consider the jurisdiction and context that they are practising in to ensure they provide clinically appropriate and culturally safe care.



# The Entry-Level Competency Standards

This document identifies the knowledge, skills and professional attributes needed to safely and competently practise as an optometrist in Australia. It provides clarity for universities, students, practising optometrists, registration and accreditation authorities, other health professionals, governments and the community about what is expected of an entry-level optometrist. The Entry-Level Competency Standards are developed by Optometry Australia in consultation with registration and accreditation authorities, and optometry educators.

The Optometry Board of Australia (OptomBA) and Australian Health Practitioner Regulation Agency (Ahpra) work in partnership to implement the National Registration and Accreditation Scheme (the National Scheme), each with specific roles, powers and responsibilities under the Health Practitioner Regulation National Law (the National Law). OptomBA has statutory functions as a regulator of optometrists in Australia. The competency standards may be used by OptomBA as a reference point for threshold capability when exercising its statutory functions, including for:

- registration of suitably qualified and competent individuals as optometrists in Australia,
- re-registration of individuals who were previously registered as an optometrist in Australia,
- assessment of overseas qualified optometrists seeking registration in Australia, and
- evaluation of an optometrist whose level of competence to practise may pose a risk of harm to the public, for example if OptomBA receives a complaint or notification about that registered optometrist.

OptomBA is responsible for the regulation of optometrists in Australia, to protect the public. The Optometry Council of Australia and New Zealand (OCANZ) exercises accreditation functions required by the OptomBA. These functions include assessment of programs of study in Australia and assessment of overseas qualified optometrists seeking registration in Australia. Accreditation functions within the National Scheme assure the public that applicants for registration are suitably qualified to practise in a competent and ethical manner.

Accreditation standards for optometry are developed by OCANZ and approved by OptomBA. Accreditation standards help to ensure that education providers and their programs give students the knowledge, skills and professional attributes to competently practise in the profession in Australia. Accreditation standards are standards that education providers and their programs must meet to demonstrate that students graduating from their program have achieved their entry-level competency/professional capabilities for optometry.

Entry-level competency/professional capabilities outline the knowledge, skills and professional attributes needed to practise as an optometrist safely and competently.



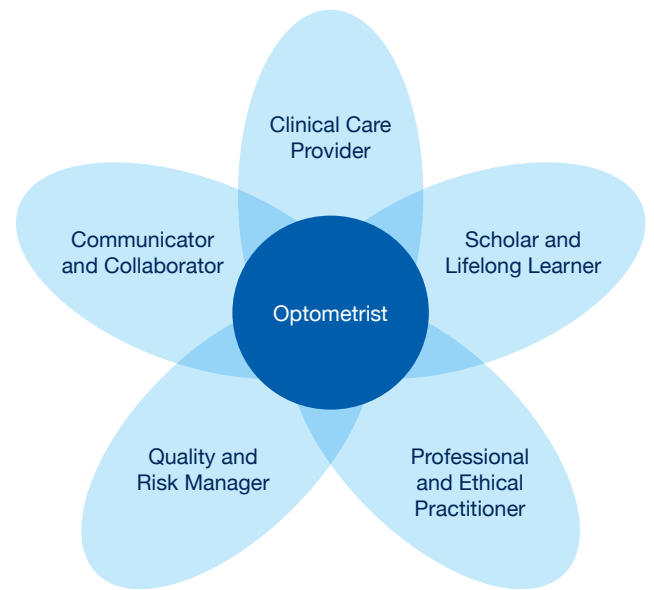
*Figure 1. Relationship between professional competencies and accreditation standards*

The Entry-Level Competency Standards also outline what is expected of a contemporary optometrist and can be used to guide the assessment, investigation and management by responsible authorities of notifications about practitioners who may pose a risk to the public with respect to health, professional conduct and performance matters. The Competency Standards also inform the public, consumers, employers, insurance companies and other stakeholders of the standards that they can expect from an optometrist. As Competency Standards are updated, they also provide a basis for optometrists, who may have been in practice for many years, to undertake self-assessment, and subsequently further education, in areas in which their own practice could improve.

The Entry-Level Competency Standards for Optometry encompass five domains that should be considered in a holistic way, recognising that a practitioner may need to integrate components from all domains in a single interaction to be competent. While the competency standards are organised thematically for ease of interpretation, the distinctions between the domains are arbitrary; an optometrist needs to be able to demonstrate all the 'Key Professional Tasks'. A competent practitioner only exists where all the skills, knowledge and attributes can be deployed appropriately and often simultaneously. A person who can undertake all the Key Professional Tasks of the Clinical Care Provider domain but is unable to communicate appropriately is not a competent practitioner. A person who can appropriately communicate and perform all Clinical Care Provider tasks, however, is not able to fulfill their ethical responsibilities is, again, not a competent optometrist. To this end, a competent

practitioner only exists where all the domains overlap, and the individual can deploy any of the Key Professional Tasks from all five domains appropriately and when required (Figure 2).

The Entry-Level Competency Standards for Optometry provide a framework for assessing whether a practitioner can safely and effectively practise as an optometrist. Not all aspects of know-how are amenable to being captured by language. Ultimately the competency of an individual's practice relies on professional judgement of the assessor as to whether the threshold for competence has been reached. The Entry-Level Competency Standards for Optometry have been restructured to recognise this fact. It is not possible to describe all the circumstances that would indicate competence in a particular aspect of the standards and attempting to do so results in atomisation of competence into hundreds of discrete items. Ultimately this list cannot fully describe what is required of a competent practitioner. This atomisation takes away from the concept that a competent practitioner is not simply the sum of many small aspects of competence but should be viewed holistically.



*Figure 2. Holism diagram for Entry-Level Competency Standards for Optometry<sup>1</sup>*

1. Diagram adapted from the CanMEDS Physician Competency Diagram with permission of the Royal College of Physicians and Surgeons of Canada.

# Format of the Competency Standards

The Entry-Level Competency Standards for Optometry are thematically arranged into five domains that cover requirements of an entry-level optometrist (Table 1). Each domain encompasses Key Professional Tasks that outline the tasks that an optometrist must be able to undertake to be deemed competent. Performance Criteria describe the thresholds required to successfully demonstrate the Key Professional Tasks.

## Domains

Domain	Description
<b>Clinical Care Provider</b>	The clinical knowledge and skills an optometrist requires to provide safe, culturally responsive, holistic, appropriate, independent, and patient-centred care.
<b>Professional and Ethical Practitioner</b>	The optometrist's requirements to address the health and well-being of each patient, as well as the community through professional and ethical practice. Culturally responsive and safe care provision, personal standards of behaviour, maintenance of personal health and accountability to the profession and society are addressed. Also recognised is the responsibility of the optometrist to promote eye health to patients, other health professionals and the community.
<b>Communicator and Collaborator</b>	The optometrist's requirements to communicate appropriately, effectively and safely. This includes communication that enables inclusiveness of all patients. It also addresses the practitioner's responsibility to work effectively with others to provide high-quality, safe care.
<b>Scholar and Lifelong Learner</b>	Encompasses the optometrist's responsibility to engage in evidence-based practice and to critically monitor their actions through a range of reflective processes. It recognises a commitment to continuous improvement through identifying, planning and implementing ongoing professional learning. It also identifies the responsibility of the optometrist to engage in contemporary, safe practice and to recognise that practice requires reflection and change over time.
<b>Quality and Risk Manager</b>	The optometrist's responsibility to protect patients and others from harm by managing and responding to the risks inherent in the practice of optometry and monitor this through quality assurance processes and practice audits. This includes identifying and mitigating risks that may adversely impact the delivery of safe, responsive, effective, high-quality services to patients.

Table 1: Domains of the Entry-Level Competency Standards for Optometry

## Key Professional Tasks

The Key Professional Tasks are those that are undertaken by the optometrist that are observable and assessable. They describe the necessary tasks to undertake safe and competent practice in a range of contexts and complexity. Entry-level practitioners are expected to be able to demonstrate Key Professional Tasks from various domains within each consultation or interaction.

## Performance Criteria

The Performance Criteria describe the characteristics of the corresponding Key Professional Task. They facilitate and guide the assessment of whether the threshold of the Key Professional Task has been met to demonstrate competence. Threshold competence requires an individual's practice to comprise all the Performance Criteria for the corresponding Key Professional Task.

## Competency Standards

The language used in the Entry-Level Competency Standards for Optometry describes behaviours that characterise threshold competence in practice. Each Key Professional Task is prefaced by the words "An entry-level optometrist must" and each Performance Criteria is prefaced by words "An entry-level optometrist can".

The Key Professional Tasks and Performance Criteria embed the complex conceptual, analytical and behavioural elements that integrate foundational abilities, such as the knowledge, abilities, skills and attitudes, that are acquired in entry-level programmes. The Entry-Level Competency Standards do not explicitly identify the corresponding foundational abilities at the level of task-specific elements that must be performed.

The context and environment in which optometrists practise changes over time and this is reflected in the Competency Standards. As technology and health systems evolve so must the skills of the health workforce to meet the needs of the community. The ethical and professional aspects of practice also evolve, and competency standards should reflect these changes. These Competency Standards are expected to be appropriate for five to seven years, then will require review and amendment. This document presents the Competency Standards for the profession of optometry in Australia as it exists in 2022.



# Culturally Responsive and Culturally Safe Care

These Entry-level Competency Standards for Optometry recognise that Aboriginal and Torres Strait Islander Peoples are the Traditional Custodians of this country and the proud custodians of the longest surviving cultures on our planet.

Australia's history of colonisation and its adverse effects on Aboriginal and Torres Strait Islander Peoples, such as the breakdown of culture, the impact of past laws, government policies and actions must be acknowledged. The ongoing effects of racism and discrimination on Aboriginal and Torres Strait Islander Peoples must be acknowledged to ensure delivery of safe, accessible and responsive health services. Aboriginal and Torres Strait Islander culture includes unique connections to land, family, law, ceremony, language and knowledge. Increasing practitioner understanding of cultural values in partnership with Aboriginal and Torres Strait Islander Peoples will contribute to improving health and well-being of Aboriginal and Torres Strait Islander people and help health practitioners to provide safer, culturally responsive health care.

Culturally responsive care is about the 'centrality' of culture to people's identity and working with them to determine what is culturally safe care for them as individuals. It goes far beyond notions of cultural awareness and cultural respect. Underpinning this is a commitment to working in a way that promotes and supports the principle of self-determination for Aboriginal and Torres Strait Islander Peoples. These standards specifically acknowledge the need for optometrists to enhance their cultural responsiveness and competency for practice with Aboriginal and Torres Strait Islander Peoples.

Australia has a culturally and linguistically diverse community. The need for optometrists to practise in a respectful, collaborative and culturally responsive way is vital for a competent practitioner. Optometrists should practise in a way that acknowledges and incorporates the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge and the adaptation of services to meet culturally unique needs. It recognises the need to continually review and modify how care is delivered and strives for continual improvement in providing care in cross-cultural environments. A holistic, patient-centred approach to practice requires culturally responsive practitioners.





# Key Professional Tasks and Performance Criteria

## Domain 1: Clinical Care Provider

This domain encompasses clinical skills and knowledge that an optometrist requires to provide safe, culturally responsive, holistic, appropriate, independent, and patient-centred care to patients.

Key Professional Tasks An entry-level optometrist must:	Performance Criteria An entry-level optometrist can:
<b>1.1. Gather and utilise all relevant information regarding each patient's systemic health, eye health and vision status</b>	1.1.1. Obtain a history, integrating information from all appropriate sources to enable a holistic understanding of the eye and vision status and needs of the patient 1.1.2. Identify eye health risks associated with physical, medical, socioeconomic, cultural and environmental factors and modify the examination and management appropriately 1.1.3. Make general observations of physical and behavioural characteristics of the patient relevant to optometric care 1.1.4. Accurately measure and interpret the relevant parameters of ocular devices and optical appliances
<b>1.2. Plan and undertake a patient-centred examination of the eye and visual system</b>	1.2.1. Integrate foundational knowledge (e.g., visual optics, pharmacology, research evidence) with relevant information (e.g., systemic conditions, vision status) to develop an appropriate patient-centred examination plan 1.2.2. Obtain informed consent for relevant examinations and procedures including informed financial consent 1.2.3. Perform examinations efficiently and safely, prioritising tasks appropriately 1.2.4. Select, request and interpret appropriate pathology services for the purpose of the practice of optometry 1.2.5. Appropriately modify the examination based on findings, patient characteristics and abilities 1.2.6. Appropriately identify indications and contraindications for use of diagnostic techniques 1.2.7. Assess refractive and vision status to determine the patient's optical and visual requirements, considering patient context and legislative requirements 1.2.8. Assess the structure, health, and functional ability of the eye, adnexa and visual pathways 1.2.9. Assess central and peripheral visual function and integrity of the visual pathways (e.g., visual acuity, perimetry, contrast sensitivity) 1.2.10. Recognise limitations of the available clinical information and refer the patient to other services when appropriate 1.2.11. Assess binocular vision and accommodation/vergence system for both structure and functional ability 1.2.12. Assess functional vision when indicated (e.g., amblyopia, low vision) 1.2.13. Critically analyse how visual information processing is investigated, conduct appropriate investigations and analyse how these results should be used 1.2.14. Demonstrate knowledge of the requirements for appropriate occupational vision assessments and perform these

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<b>Key Professional Tasks</b> An entry-level optometrist must:	<b>Performance Criteria</b> An entry-level optometrist can:
<b>1.3. Establish a diagnosis or diagnoses</b>	1.3.1. Critically appraise the accuracy and validity of examination results and information from the case history and other sources 1.3.2. Analyse, interpret and integrate examination results and other information to determine the nature and aetiology of conditions or diseases 1.3.3. Formulate and record the diagnosis or differential diagnoses
<b>1.4. Develop and implement an appropriate management and treatment plan in partnership with the patient</b>	1.4.1. Consider the best available research evidence, clinical expertise, clinical guidelines, the individual patient and the context to develop an appropriate management plan and review schedule 1.4.2. Identify and manage urgency in practice appropriately (e.g., patients requiring time-critical management, referral urgency) 1.4.3. Discuss the evidence relevant to diagnosis, management and prognosis with the patient in a culturally appropriate way enabling understanding and shared decision making 1.4.4. Develop and implement a wear, maintenance and review schedule, including patient education to enable safe use of spectacles, contact lenses and other devices 1.4.5. Consider relevant systemic health data in patient assessment and management 1.4.6. Seek input from colleagues, other health professionals or services when appropriate, recognising the limitations of their own capabilities, skills and experience 1.4.7. Provide collaborative pre- and post-operative care of patients appropriately 1.4.8. Manage ocular effects of systemic conditions and medicines, considering relevant risk factors 1.4.9. Manage functional vision loss (e.g., amblyopia, low vision) and disorders of binocular vision and accommodation/vergence system 1.4.10. Perform treatment and/or intervention procedures, therapeutic device fitting and emergency first aid to manage eye conditions and injuries 1.4.11. Inform the patient of the presence of conditions that have implications for family members or others (e.g., infectious conjunctivitis, genetic diseases) and provide appropriate guidance 1.4.12. Advise on eye protection, standards and ergonomics in the workplace and recreational settings 1.4.13. Recognise and appropriately manage duty of care
<b>1.5. Prescribe optical appliances safely and effectively</b>	1.5.1. Prescribe and provide spectacles, contact lenses, vision aids (e.g., low vision devices) and vision training appropriately 1.5.2. Verify all relevant parameters of an optical appliance against the prescription according to Australian and other relevant standards 1.5.3. Adjust and deliver optical appliances and counsel the patient in the proper use and maintenance of the appliance and of any adaptation effects that may be expected 1.5.4. Provide and interpret prescriptions for optical appliances appropriately

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<b>Key Professional Tasks</b> An entry-level optometrist must:	<b>Performance Criteria</b> An entry-level optometrist can:
<b>1.6. Prescribe medicines safely and effectively</b>	1.6.1. Critically appraise medicines-specific literature including that pertaining to various routes of administration and make evidence-based prescribing decisions for the purpose of the practice of optometry 1.6.2. Prescribe medicines in a manner that allows accurate supply and is consistent with relevant medicine prescribing competency frameworks and medicine safety guidance (e.g. Quality Use of Medicines) 1.6.3. Effectively communicate and collaborate with other health professionals (e.g., pharmacists, general practitioners, Aboriginal and Torres Strait Islander health practitioners, ophthalmologists) for the safe prescribing of medicines 1.6.4. Instruct patients on the correct use, administration, storage and disposal of pharmaceutical and non-pharmaceutical agents 1.6.5. Identify and manage local and systemic effects, including drug interactions and contraindications of medicines used in the management of eye conditions 1.6.6. Prescribe in accordance with the OptomBA standards/guidelines and jurisdictional medicines/poisons acts 1.6.7. Inform the patient of risks of treatments including the risks of noncompliance with treatment advice
<b>1.7. Record all relevant information</b>	1.7.1. Document all relevant findings appropriately and contemporaneously 1.7.2. Document all relevant communication (e.g., phone calls, referrals, reports, prescriptions and appointment schedules) 1.7.3. Develop appropriate reports providing examination findings and professional clinical opinions for other parties (e.g., occupational, driving, sport) 1.7.4. Provide all relevant information needed to enable safe ongoing care when referring and reporting to other health professionals

## Domain 2: Professional and Ethical Practitioner

This domain encompasses the optometrist's requirements to address the health and well-being of each patient, as well as the community through professional and ethical practice. Culturally responsive and safe care provision, personal standards of behaviour, maintenance of personal health and accountability to the profession and society are addressed. Also recognised is the responsibility of the optometrist to promote eye health to patients, other health professionals and the community.

<b>Key Professional Tasks</b> An entry-level optometrist must:	<b>Performance Criteria</b> An entry-level optometrist can:
<b>2.1. Practise in a manner that adheres to ethical and professional principles consistent with legislative and regulatory requirements</b>	2.1.1. Practise in an ethical and professional manner consistent with current relevant legislative and regulatory requirements of an optometrist 2.1.2. Comply with the OptomBA Standards, Guidelines and Code of Conduct <sup>1</sup> 2.1.3. Recognise and uphold the Australian Charter of Healthcare Rights <sup>2</sup> 2.1.4. Apply mandatory and voluntary reporting obligations where appropriate 2.1.5. Maintain patient privacy and confidentiality 2.1.6. Ensure personal presentation and behaviour are in keeping with professional standards 2.1.7. Assume responsibility and accept accountability for professional actions and advice 2.1.8. Respect professional boundaries in interactions with patients, staff and others 2.1.9. Manage personal mental and physical health and recognise their responsibility to the public regarding their fitness to practise
<b>2.2. Commit to acting in the best interests of the patient and the community</b>	2.2.1. Hold patient needs and interests paramount 2.2.2. Recognise and evaluate how social and cultural determinants of health may influence vision and eye health, general health and wellbeing, access to care, patient/client attitudes and responses to optometry services 2.2.3. Apply the principles of culturally responsive and safe care to all aspects of practice 2.2.4. Explain subsidised eye-care schemes and facilitate access when in the patient's interest 2.2.5. Consider and manage the impacts of practice on the environment and the community 2.2.6. Recognise and manage any real or perceived conflict of interest in professional practice 2.2.7. Discuss financial implications of referral and other management options appropriately
<b>2.3. Maintain professional autonomy in clinical decision making</b>	2.3.1. Maintain independence in optometric decision-making and conduct 2.3.2. Recognise and respond appropriately to unsafe and unprofessional practice management directives

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1. Available at: <https://www.optometryboard.gov.au/>

2. <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-charter-healthcare-rights-second-edition-a4-accessible>

<b>Key Professional Tasks</b> An entry-level optometrist must:	<b>Performance Criteria</b> An entry-level optometrist can:
<b>2.4. Apply the principles of efficient, effective, and equitable utilisation of health resources</b>	2.4.1. Apply knowledge of the healthcare setting to practise and recognise how healthcare varies across jurisdictions and locations (e.g., funding structures, hospital resources, access to specialty care) 2.4.2. Recognise and address the impact and consequences of clinical decisions/referrals in terms of time and costs to the patient, practice, health system and community 2.4.3. Practise in a way that strives for equity of outcome for patients and wise use of health care resources
<b>2.5. Seek opportunities to improve the provision of eye care and the standing of the profession</b>	2.5.1. Promote the integral role of optometry in influencing better outcomes for patients and the community 2.5.2. Engage in health promotion and public health campaigns that improve community understanding of eye health and the eye care system and benefit the patient, the community and optometry

## Domain 3: Communicator and Collaborator

This domain encompasses the optometrist's requirements to communicate appropriately, effectively and safely. It also addresses the practitioner's responsibility to work effectively with others to provide high-quality, safe and patient-centred care.

<b>Key Professional Tasks</b> An entry-level optometrist must:	<b>Performance Criteria</b> An entry-level optometrist can:
<b>3.1. Communicate clearly, effectively, empathically and professionally with the patient and their family, carer(s) or guardian(s)</b>	3.1.1. Build and maintain rapport and trust with the patient and their family, carer(s) or guardian(s) to develop an understanding of their needs and perspectives 3.1.2. Communicate effectively to collect and convey information to enable appropriate and safe care, including communicating in such a way that the patient can actively participate in their care 3.1.3. Engage in appropriate, safe, inclusive, and sensitive communication that creates professional relationships with patients of all abilities 3.1.4. Engage in a culturally responsive manner that is clear, strengths-based, empathetic and professional with Aboriginal and Torres Strait Islander Peoples and those from culturally and linguistically diverse backgrounds 3.1.5. Recognise and acknowledge that power disparity can impact shared decision-making and act to mitigate the effects of any power disparity 3.1.6. Recognise and manage the barriers to effective communication when providing advice and care through telehealth 3.1.7. Reflect on their own cultural identity, personal beliefs, assumptions, values, perceptions, attitudes and expectations and how they impact on their communication 3.1.8. Respond appropriately to complaints 3.1.9. Recognise the value of using qualified interpreter services and accessing available translated resources to meet the patient's communication needs 3.1.10. Explain the value of support services (e.g. Macular Disease Foundation Australia, low vision services, Glaucoma Australia) to patients, where relevant, and facilitate access 3.1.11. Recognise responsibilities and provide endorsement of legal documents in an appropriate and ethical way (e.g., sickness certification, statutory declarations)
<b>3.2. Collaborate with other professionals</b>	3.2.1. Establish and maintain effective and respectful working relationships with health practitioners and other professionals, acknowledging their skills, roles and responsibilities in the interests of the patient and the community 3.2.2. Engage with the patient and other health professionals to develop and implement collaborative and co-designed patient-centred multidisciplinary management plans 3.2.3. Provide all appropriate information when referring a patient to another practitioner to enable clinical prioritisation and safe transfer of care 3.2.4. Apply appropriate protocols, guidelines, and procedures to enable safe transfer of care between practitioners and health services

## Domain 4: Scholar and Lifelong Learner

This domain encompasses the optometrist's responsibility to engage in evidence-based practice and to critically monitor their actions through a range of reflective processes. It recognises a commitment to continuous improvement through identifying, planning and implementing ongoing professional learning. It also identifies the responsibility of the optometrist to engage in contemporary, safe practice and that practice requires reflection and change over time.

<b>Key Professional Tasks</b> An entry-level optometrist must:	<b>Performance Criteria</b> An entry-level optometrist can:
<b>4.1. Manage professional issues and challenges through critical thinking, reflective and evidence-based practice</b>	4.1.1. Recognise the importance of and know how to expand and update skills and knowledge for safe and evidence-based practice through life-long learning 4.1.2. Find, appraise, analyse, interpret and integrate the best available research to inform clinical reasoning and professional decision-making 4.1.3. Critically appraise new technology/treatment paradigms to determine their appropriate use and how they impact practice 4.1.4. Apply and adapt existing and newly developed clinical procedures, techniques and treatment and/or management protocols to improve patient care using an evidence-based framework 4.1.5. Consider the purpose of any assessment and/or treatment, reviewing existing protocols and procedures, reflecting on clinical challenges or experiences and integrating knowledge and findings into practice 4.1.6. Recognise the importance of contributing to the development of new knowledge and actively participate in research and enquiry
<b>4.2. Identify professional development needs through self-reflection and develop learning to meet these needs</b>	4.2.1. Undertake critical self-evaluation to identify personal strengths and address weaknesses 4.2.2. Comply with legal and professional responsibilities to undertake professional learning and recognise these responsibilities may vary between jurisdictions (e.g., Australia, Aotearoa New Zealand) 4.2.3. Plan and monitor self-directed learning 4.2.4. Recognise that practice context (e.g., Aboriginal Community Controlled Health Organisation, hospital) and location (e.g., practice in Aotearoa New Zealand, remote location) may impact the professional learning required to deliver clinically appropriate care that is culturally safe and responsive 4.2.5. Collaborate with colleagues and experts to inform learning needs of self and others to deliver improved patient outcomes 4.2.6. Provide and receive constructive feedback 4.2.7. Participate in peer assessment, standard-setting and professional development of colleagues and other health professionals

## Domain 5: Quality and Risk Manager

This domain encompasses the optometrist's responsibility to protect patients and others from harm by managing and responding to the risks inherent in the practice of optometry and monitor this through quality assurance processes and practice audit. This includes identifying and mitigating risks that may adversely impact the delivery of safe, responsive, effective, high-quality services to patients.

<b>Key Professional Tasks</b> An entry-level optometrist must:	<b>Performance Criteria</b> An entry-level optometrist can:
<b>5.1. Provide a safe practice environment for patients, practitioners, and staff</b>	5.1.1. Foster a safe working environment through culturally responsive, safe and respectful practice 5.1.2. Manage competing demands of clinical practice with patient safety and ensure patient-centred outcomes are held paramount 5.1.3. Recognise the roles of practice staff and the need for staff training to apply quality assurance processes to maintain a safe practice environment 5.1.4. Recognise when equipment requires cleaning, disinfection, sterilisation, maintenance, repair, calibration or replacement 5.1.5. Ensure safe use, storage and disposal of diagnostic and therapeutic medicines, devices and personal protective equipment 5.1.6. Comply with workplace health and safety requirements 5.1.7. Implement appropriate standard and transmission-based infection control protocols 5.1.8. Respond to emergency situations (e.g., provide first aid, perform CPR, contact emergency services) 5.1.9. Undertake appropriate clinical audit to improve patient care and safety 5.1.10. Apply the principles of antimicrobial stewardship and recognise the impact of antimicrobial resistance on practice for safe and appropriate prescribing of antimicrobials 5.1.11. Use the services of practice staff for appropriate tasks 5.1.12. Take responsibility for ensuring that all data, including pre-testing information obtained by non-optometric practice staff is reliable and of an acceptable clinical quality and ensure adequate training, supervision, and ongoing review of practice staff competence is undertaken
<b>5.2. Comply with relevant standards of care, legislative and regulatory frameworks</b>	5.2.1. Comply with the requirements of professional registration and adhere to relevant standards and guidelines 5.2.2. Comply with legislative requirements and guidelines relating to data privacy and to the ownership, access, storage, transfer, retention and destruction of clinical information and other practice documentation 5.2.3. Respond appropriately to data errors and/or system failures in accordance with privacy and data security regulation and legislation 5.2.4. Ensure access to records is limited to authorised persons 5.2.5. Follow relevant standards (e.g., driving, spectacle standards, occupational standards, colour vision standards) 5.2.6. Maintain up-to-date knowledge of changes in regulatory and other ethico-legal requirements including how and where to access information

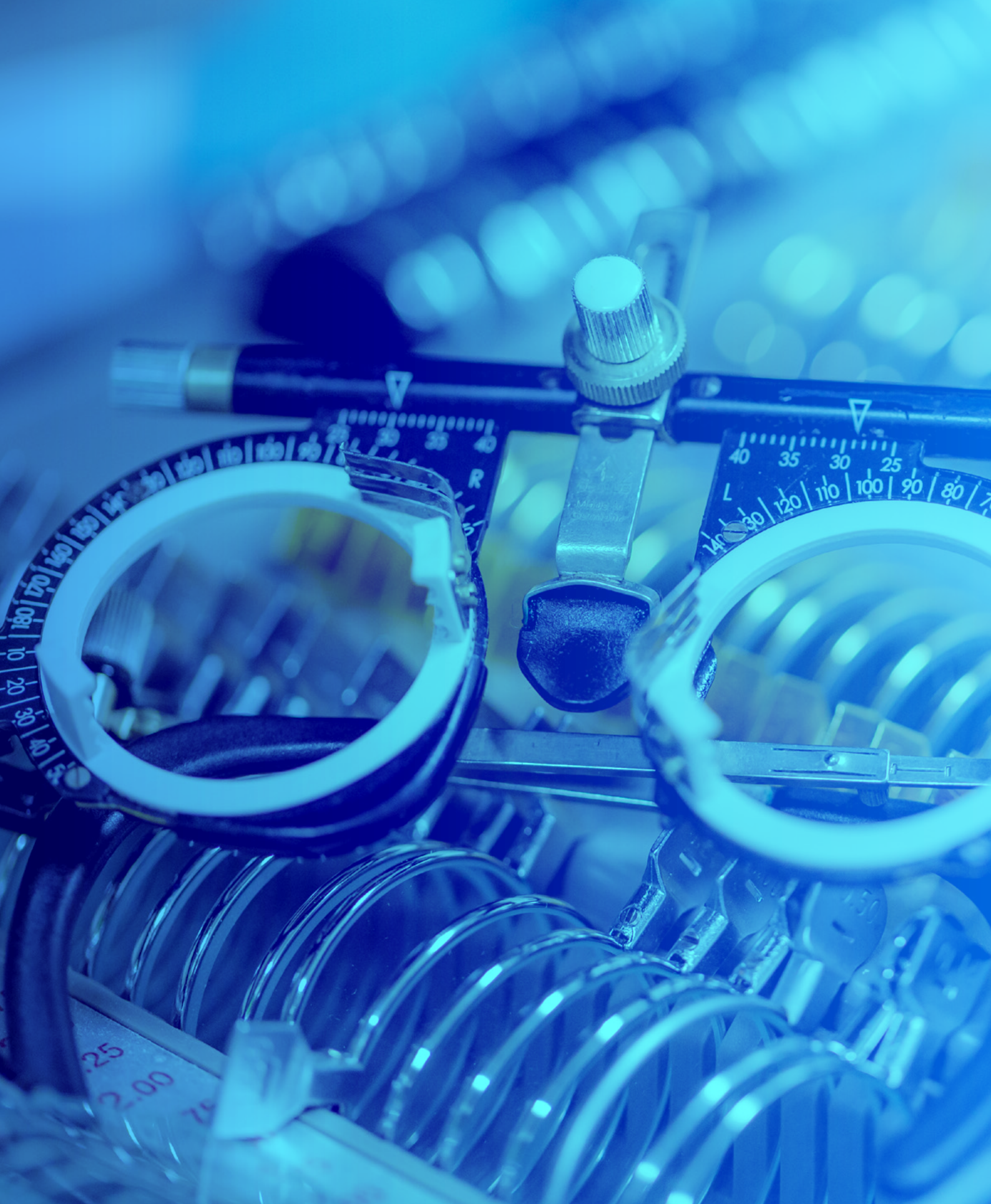


# Glossary

Glossary	
<b>Communication</b>	<p>Any contact between the patient/carer/guardian or other party that is relevant to the optometric management of the patient. This may be in person, via telephone or online. It includes but is not limited to verbal, non-verbal and written communication.</p> <p><i>Adapted from Kiely PM, Slater J. Optometry Australia Entry-Level Competency Standards for Optometry 2014, Clin Exp Optom 2015; 98: 65–89 (accessed 14 September 2022)</i></p>
<b>Conflict of interest</b>	<p>A conflict of interest in practice arises when a practitioner, entrusted with acting in the interests of a patient, also has financial, professional or personal interests or relationships with third parties which may affect or be perceived to affect their care of the patient.</p> <p><i>Adapted from Ahpra and National Boards Code of Conduct; <a href="https://www.ahpra.gov.au/Resources/Code-of-conduct/Shared-Code-of-conduct.aspx">https://www.ahpra.gov.au/Resources/Code-of-conduct/Shared-Code-of-conduct.aspx</a> (accessed 14 September 2022)</i></p>
<b>Culturally safe practice</b>	<p>Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.</p> <p><i>Adapted from Ahpra and National Boards Code of Conduct; <a href="https://www.ahpra.gov.au/Resources/Code-of-conduct/Shared-Code-of-conduct.aspx">https://www.ahpra.gov.au/Resources/Code-of-conduct/Shared-Code-of-conduct.aspx</a> (accessed 14 September 2022)</i></p> <p>N.B.: This definition is specific to Australia. Other jurisdictions, such as Aotearoa New Zealand, have different expectations and obligations on practitioners.</p>
<b>Duty of care</b>	<p>A duty to use care toward others that would be exercised by an ordinarily reasonable and prudent person in order to protect them from unnecessary risk of harm</p> <p><i>Adapted from Merriam-Webster Medical Dictionary online (accessed 6 December 2022)</i></p>
<b>Evidence-based practice</b>	<p>Evidence-based practice integrates the best available research evidence with clinical expertise and patient values. Optometrists, patients, family, and carers are aware of and use research evidence to inform their health and healthcare decision-making.</p> <p><i>Adapted from Department of Health &amp; Human Services, State Government of Victoria, Australia; <a href="https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/older-people/resources/improving-access/ia-evidence">https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/older-people/resources/improving-access/ia-evidence</a> (accessed 14 September 2021)</i></p>
<b>Health literacy</b>	<p>Health literacy is the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate action.</p> <p><i>Adapted from Australian Commission on Safety and Quality in Health Care - Health Literacy - Taking action to improve safety and quality; <a href="https://www.safetyandquality.gov.au/publications-and-resources/resource-library/health-literacy-taking-action-improve-safety-and-quality">https://www.safetyandquality.gov.au/publications-and-resources/resource-library/health-literacy-taking-action-improve-safety-and-quality</a></i></p>

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<b>Glossary (continued)</b>	
<b>Health record</b>	<p>The record (whether electronic, written or a combination of both) of all details relating to the clinical care of the patient; this will include: information gathered during the patient consultation; information from other relevant patient contacts by phone, in person or via electronic means; results of all tests undertaken; description of the management of the patient; information provided to and obtained from other professionals.</p> <p><i>Adapted from Kiely PM, Slater J. Optometry Australia Entry-Level Competency Standards for Optometry 2014, Clin Exp Optom 2015; 98: 65–89 (accessed 14 September 2022)</i></p>
<b>Holistic</b>	<p>Characterised by the treatment of the whole person, considering mental, social and cultural factors, rather than just the signs/symptoms of disease</p> <p><i>Adapted from Oxford Dictionary online (accessed 14 September 2022)</i></p>
<b>Informed-consent</b>	<p>Informed consent is a person's decision, given voluntarily, to agree to a healthcare treatment, procedure or other intervention that is made:</p> <ul style="list-style-type: none"> <li>▪ Following the provision of accurate and relevant information about the healthcare intervention and alternative options available; and</li> <li>▪ With adequate knowledge and understanding of the benefits and material risks of the proposed intervention relevant to the person who would be having the treatment, procedure or other intervention.</li> </ul> <p><i>Direct quote from Australian Commission on Safety and Quality in Health Care; <a href="https://www.safetyandquality.gov.au/our-work/partnering-consumers/informed-consent">https://www.safetyandquality.gov.au/our-work/partnering-consumers/informed-consent</a> (accessed 12 November)</i></p>
<b>Patient</b>	<p>This may refer to any or all of the patient/carer/guardian/interpreter depending on the context.</p> <p><i>Adapted from Kiely PM, Slater J. Optometry Australia Entry-Level Competency Standards for Optometry 2014, Clin Exp Optom 2015; 98: 65–89 (accessed 12 November 2021)</i></p>
<b>Patient-centred</b>	<p>Treating patients as individuals and as equal partners in decision-making when planning care and treatment; it is personalised, coordinated, enabling and respects the patient's individual preferences and diversity. It includes the patient's right to comment, ask questions and make complaints about their healthcare.</p> <p><i>Adapted from Better Health Channel, Department of Health, State Government of Victoria, Australia <a href="https://www.betterhealth.vic.gov.au/health/servicesandsupport/patient-centred-care-explained">https://www.betterhealth.vic.gov.au/health/servicesandsupport/patient-centred-care-explained</a>; (accessed 12th November 2021)</i></p>
<b>Reflective practice</b>	<p>Thinking about what you do in order to improve your learning and practice.</p> <p><i>Adapted from Guidelines: Continuing professional development – Optometry Board of Australia (accessed 12 November, 2021)</i></p>
<b>Review</b>	<p>The time at which the patient is advised that they should return to care for re-examination.</p> <p><i>Adapted from Kiely PM, Slater J. Optometry Australia Entry-Level Competency Standards for Optometry 2014, Clin Exp Optom 2015; 98: 65–89 (accessed 12 November 2021)</i></p>



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