Code and Standards of Conduct for Optometrists and Opticians

Bermuda Optometrists and Opticians Council

May, 2015
Edition 1.0
Table of Contents

Introduction..................................................................................................................................................3
The Code......................................................................................................................................................4
The Standards of Professional Conduct ....................................................................................................5
   A. Patient Autonomy ("self-determination") ..........................................................................................5
   1. Patient Participation ...........................................................................................................................5
   2. Confidentiality .....................................................................................................................................5
   3. Truthfulness .........................................................................................................................................5
   4. Informed Consent ...............................................................................................................................5
   5. Patient Records ..................................................................................................................................5
   B. Non-maleficence ("do no harm") .......................................................................................................6
   6. Standards of Care ...............................................................................................................................6
   7. Professional Competence ...................................................................................................................6
   8. Delegation of Services .......................................................................................................................6
   9. Conflict of Interest .............................................................................................................................6
  10. Referral ...............................................................................................................................................6
  11. Relationships with Patients ................................................................................................................7
  12. Impaired Optometrist .........................................................................................................................7
  C. Beneficence ("do good") ......................................................................................................................7
  13. Character ..........................................................................................................................................7
  14. Respect for the Law .............................................................................................................................7
  15. Protected Populations .......................................................................................................................7
  16. Public Health ......................................................................................................................................7
  17. Clinical Research and Trials ...............................................................................................................7
  D. Justice ("fairness") ...............................................................................................................................8
   18. Patient Selection ...............................................................................................................................8
   19. Patient Abandonment .......................................................................................................................8
   20. Advertising .......................................................................................................................................8
   21. Economic Interests ...........................................................................................................................8
  E. Non-patient Professional Relationships ...............................................................................................8
   22. Relationships with Industry ...............................................................................................................8
   23. Employer-Employee Relationships .................................................................................................8
   24. Harassment and Relationships with Subordinates .........................................................................9
   25. Expert Testimony ............................................................................................................................9

Document Information

These guidelines were established with the Ministry of Health, Seniors and Environment. Reference document as: *Codes and Standards of Conduct for Optometrists and Opticians.* (May, 2015). Optometrists and Opticians Council.

For further information please contact

    Contact Chair of Council, c/o Office of the CMO, Ministry of Health, Seniors and Environment
    Telephone (+1-441) 278-4904
    Email OfficeofCMO@gov.bm
    Visit Continental building, 25 Church Street, Hamilton
    Mail to PO Box 1195, Hamilton HM EX, Bermuda

Document Audit

<table>
<thead>
<tr>
<th>Date</th>
<th>Reason for change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015, Ed 1</td>
<td>New document outlining conduct expected of practitioners</td>
</tr>
<tr>
<td>Date, Ed 1.1</td>
<td>If minor change # Ed 1.1, 1.2 etc; if major change number Ed 1, 2, etc</td>
</tr>
</tbody>
</table>
Introduction

This document outlines the professional conduct and standards practice expected of registered practitioners under section 13 of the Optometrists and Opticians Act, 2008 (hereafter the Act). The document is intended for use by the practitioners. This document is effective July 1st 2015.

The Council shall be guided by any relevant statement when assessing whether a person is guilty of professional misconduct. Professional misconduct includes contravention or a failure to comply with a provision of the Act or a Code [s1, the Act]. Accordingly, it is the responsibility of all registered practitioners to maintain their knowledge of, and abide by, two documents, namely: the Code and the Act.

The profession of optometry is privileged to serve the eye care needs of the public and is entrusted by society to do so in a professional and ethical manner. The placement of the patient’s interests above self-interest is the primary ethical responsibility of all health care professionals. Specifically, optometrists and opticians have the duty to look after the best interests of their patients with regard to the patient’s eye, vision and general health; and to protect and enhance the health and welfare of the public in general.

The Bermuda Optometrists and Opticians Council has adopted a Code and Standards of Professional Conduct to guide optometrists and opticians in their professional and ethical duties. While the Code sets forth the basic tenets of ethical behavior, the Standards amplify the Code and describe appropriate ethical and professional behaviors in greater detail.

Biomedical ethics identify four fundamental principles of ethical behavior: patient autonomy, non-maleficence, beneficence, and justice. These principles underlie specific ethical behaviors. Each topic within the Standards is arranged under one of these principles. A fifth category, Non-patient Professional Relationships, is added to complete the content. It should be noted that these documents are expressions of many, but not all, of the ethical ideals of the profession and are not necessarily expressions of legal obligations.

Definitions

- **Act** means the Optometrists and Opticians Act, 2008
- **Council** means the Optometrists and Opticians Council
- **Code** means the *Codes and Standards of Conduct for Optometrists and Opticians*
- **Practitioner** means an optometrist, therapeutic optometrists or optician
- **Registered** means a person who is registered to practice under the Act
As a registered optometrist, dispensing optician or person undertaking training as an optometrist or dispensing optician, you must:

1. Make the care of the patient your first and continuing concern;
2. Treat every patient politely and considerately;
3. Respect patients' dignity and privacy;
4. Listen to patients and respect their views;
5. Give patients information in a way they can understand and make them aware of the options available; on the issue of patient consent, be aware of and comply with the guidance published by the professional bodies;
6. Maintain adequate patients' records;
7. Respect the rights of patients to be fully involved in decisions about their care;
8. Keep professional knowledge and skills up to date;
9. Recognise, and act within, the limits of your professional competence;
10. Be honest and trustworthy;
11. Ensure that financial and commercial practices do not compromise patient safety;
12. Respect and protect confidential information;
13. Make sure that personal beliefs do not prejudice patient care;
14. Act quickly to protect patients from risk where there is good reason to believe that you, or a colleague, may not be fit to practice, fit to undertake training, or in the case of a business registrant fit to carry on business as an optometrist, dispensing optician or both;
15. Never abuse your professional position;
16. Work with colleagues in the ways that best serve patients' interests;
17. Register with and maintain registration with the Council;
18. Be covered by adequate and appropriate insurance for practice in Bermuda throughout the period of your registration\footnote{In 2015 this is not a legal requirement, but is an industry standard};
19. Ensure your conduct, whether or not connected to your professional practice, does not damage public confidence in you or your profession.

The Code was adopted from the General Optical Council (The Code, 2015, GOC, United Kingdom)
The Standards of Professional Conduct

A. Patient Autonomy (“self-determination”)

The optometrist or optician has the duty to involve the patient in care and treatment decisions in a meaningful way, with due consideration of the patient’s needs, desires, abilities and understanding, while safeguarding the patient’s privacy.

1. Patient Participation

Optometrists and opticians have a duty to respect the right of their patients to be active participants in decisions affecting their health care. This duty should be reinforced and supported through patient education and effective communication.

2. Confidentiality

Optometrists, opticians and their staff should hold in confidence all protected health and other personal information. The optometrist or optician may reveal protected health and other personal information only with the written consent of the patient. However, exceptions to confidentiality do exist that are ethically justified. These exceptions occur either when it is necessary to protect the welfare of the patient or others when faced with a significant threat, or when the release of information is required by law.

3. Truthfulness

Telling the truth is a necessary component of a trusting optometrist/optician-patient relationship. Optometrists and opticians should always tell the truth.

4. Informed Consent

Optometrists and opticians have a duty to inform patients or their legal guardian about the patient’s health care and health care options, what appropriate procedures are available, and the risks and benefits of each procedure. The process of informed consent requires the optometrist or optician to make a reasonable determination of the patient’s ability to reason and make informed decisions free of external coercion.

5. Patient Records

The optometrist or optician is responsible for maintaining appropriate and accurate patient records. Upon written request and in accordance with applicable laws, patients or their legal guardian have a right to obtain or have sent copies or summaries of their medical records.
B. Non-maleficence ("do no harm")

The optometrist or optician has the duty to avoid acts of omission or commission that would harm the patient.

6. Standards of Care

Optometrists and opticians should strive to provide care that is consistent with established clinical practice guidelines that are based on the latest scientific knowledge, procedures and is in accordance with existing laws.

7. Professional Competence

Optometrists and opticians have an obligation to strive to stay current with the prevailing scope of practice and standards of care to benefit their patients. Additionally, optometrists and opticians should employ only those clinical procedures and treatment regimens for which they are educated and competent to perform.

8. Delegation of Services

Optometrists and opticians may delegate services to office staff as permitted by law. For any services performed on patients by office staff, the optometrist or optician should ensure that they are adequately trained and/or certified. The staff member’s level of training or designation (technician, assistant, etc.) should be communicated to the patient receiving care. One example of this communication would be a name tag identifying the individual’s designation.

9. Conflict of Interest

The care of a patient should never be influenced by the self-interests of the provider. Optometrists and opticians should avoid and/or remove themselves from any situation that presents the potential for a conflict of interest where the optometrist’s or optician’s self-interests are in conflict with the best interests of the patient. Disclosure of all existing or potential conflicts of interest is the responsibility of the optometrist or optician and should be appropriately communicated to the patient.

10. Referral

An optometrist or optician should refer a patient whenever the optometrist or optician believes this may benefit the patient. The provider and/or facility to which the patient is referred should be based primarily on what is in the best interest of the patient. When a patient is referred to another health care provider, the referring optometrist or optician should remain involved in co-managing the patient’s overall care.

11. Relationships with Patients

Optometrists and opticians should avoid intimate relationships with patients as such relationships could compromise professional judgment or exploit the confidence and trust placed in the optometrist or optician by the patient. If such a relationship does inadvertently develop, the professional care of this patient should be transferred to another optometrist or optician.
12. Impaired Optometrist
Optometrists or opticians who are impaired because of the use of controlled substances, alcohol, or other chemical agents should remove themselves from patient care activity. In an effort to protect patients and encourage help for impaired providers, optometrists and opticians should assist impaired colleagues in seeking professional help and/or identify impaired colleagues to appropriate agencies or registration Council. Optometrists or opticians who have physical or cognitive limitations should not provide professional care if the condition limits their ability to provide the highest level of care to their patients.

C. Beneficence (“do good”)
The optometrist or optician has the duty to proactively serve the needs of the patient and the public regarding eye, vision and general health.

13. Character
Optometrists and opticians should conduct themselves with good character in all of their actions to build trust and respect with patients, the public, and colleagues. Good character includes but is not limited to honesty, integrity, fairness, kindness, and compassion.

14. Respect for the Law
Optometrists and opticians should comply with all laws and should remove themselves from any situation which prevents them from fulfilling their legal and professional responsibilities. It should also be noted that ethical duties may sometimes exceed legal obligations.

15. Protected Populations
Optometrists and opticians have the responsibility to identify signs of abuse and neglect in children, dependent adults and elders and to report suspected cases to the appropriate agencies, consistent with local law (e.g. Children Act 1998, Section 20).

16. Public Health
Optometrists and opticians have an ethical obligation primarily to their patients but also to society in general. As primary health care providers, optometrists should participate actively in professional organizations and other efforts that enhance the eye, vision, and general health of their patients and the public. Optometrists should also strive to ensure that all persons have access to eye, vision, and general health care.

17. Clinical Research and Trials
It is the ethical responsibility of an optometrist or optician to maintain integrity and independent judgment in all research endeavors to advance the best interests of patients, the public welfare, and the profession. Optometrists or opticians who conduct research should adhere to the Research Governance Framework, 2008, accepted scientific conduct guidelines and respect all ethical tenets that protect patients’ rights.
D. Justice (“fairness”)
The optometrist or optician has the duty to treat patients, colleagues, and society fairly and without prejudice.

18. Patient Selection
Optometrists and opticians, in serving the public, may exercise reasonable discretion in selecting patients for their practices. However, services should not be denied on the basis of discrimination or to patients presenting with emergent conditions.

19. Patient Abandonment
Once the optometrist has undertaken a course of treatment, the optometrist should not discontinue treatment without giving the patient adequate notice and the opportunity to obtain the services of another eye care provider. Optometrists are responsible for ensuring appropriate follow-up care when not available to render such care.

20. Advertising
Advertising by optometrists and opticians should be truthful and in accordance with the law. Optometrists and opticians who advertise should identify their professional degree and/or their profession in all forms of advertising and should never mislead the public regarding their expertise or competency. Optometrists and opticians should not hold themselves as having superior knowledge or credentials other than their earned degrees, certifications or registration types.

21. Economic Interests
Fees for optometric or optician services should be reasonable and accurately reflect the care delivered to the patient.

E. Non-patient Professional Relationships
Optometrists and opticians have an obligation to conduct themselves with integrity and without conflicts of interest in all of their professional relationships.

22. Relationships with Industry
In their interactions with industry, optometrists and opticians are expected to maintain the highest level of ethical conduct in order to retain their professional autonomy and clinical integrity. Optometrists and opticians have a responsibility to provide the best care possible for their patients and to continuously advance their clinical and scientific knowledge. Industry can be a valuable resource in these endeavors. However, optometrists and opticians should avoid situations and activities that would not be in the best interest of their patients. Any financial and/or material incentive offered by industry that creates an inappropriate influence on an optometrist’s or optician’s clinical judgment should be avoided.

23. Employer-Employee Relationships
Optometrists and opticians should avoid any employment situation where the employer interferes with or attempts to control the independent professional judgment of the employed
optometrist or optician within the scope of practice. Relations between optometrists, between optometrists and staff, between opticians, between opticians and staff and between optometrists and opticians should be conducted in a manner that advances the best interests of patients, including the sharing of relevant information. An optometrist’s and optician’s clinical judgment and practice should not be compromised by economic interest in, commitment to, or benefit from professionally-related commercial enterprises.

24. Harassment and Relationships with Subordinates
An optometrist or optician should not engage in any acts of emotional abuse, physical abuse, or sexual misconduct/exploitation related to the optometrist’s position as a health care professional. Intimate relationships, even when consensual, between an optometric supervisor and a colleague, student, office trainee, or staff member raise concerns because of inherent inequalities in the status and power of the individuals and are therefore inappropriate.

25. Expert Testimony
When optometrists or opticians provide expert testimony within a judicial or administrative action, the testimony should be balanced, fair, and truthful based on scientific and clinical knowledge. A reasonable fee, which is not contingent upon the outcome, may be accepted.

The Standards of Professional Conduct were adapted from the Standards of Professional Conduct (2011), American Optometric Association

Ends