



Optometrists and Dispensing Opticians Board

RECORD OF TRAINING

IN

OPTICAL DISPENSING

INTRODUCTION

One of the functions of the Optometrists and Dispensing Opticians Board of New Zealand under the Health Practitioner Competency Assurance Act 2003 (HPCA Act) is to authorise the registration of dispensing opticians. The purpose of the HPCA Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions.

The Board may register an applicant within a scope of practice if the applicant is fit for registration, and has the qualifications that have been prescribed for the scope of practice

REGISTRATION REQUIREMENTS

Dispensing optician

Scope of practice for optical dispensing (dispensing optician)

Optical dispensing describes the practice of the interpreting and dispensing of optical prescriptions by a person with a recognised qualification. This includes the giving of advice and instruction in the dispensing of spectacle lenses, spectacle frames (including their fitting), contact lenses, and any other optical device intended for correction of a defect of sight.

Qualifications

The Board has adopted the OTEN/TAFE NSW Optical Dispensing Certificate IV (Australia) awarded by the New South Wales Technical and Further Education Commission (TAFE) as the required level of education for optical dispensing in New Zealand.

Dispensing Opticians in New Zealand complete their training by participating in the OTEN/TAFE NSW Optical Dispensing Certificate IV (Australia), which is a correspondence course conducted by Open Technical Education Network (OTEN) being the remote learning division of the New South Wales Technical and Further Education Commission. The delivery of the practical education sections of the course are conducted in New Zealand by OPTIBLOCKS, a body established by the Association of Dispensing Opticians of New Zealand Inc. in conjunction with OTEN.

This “book” is a documented record of training. It is a requirement of registration that this record be completed and submitted with the registration application. It is a requirement of registration that students complete 800 hours of practical experience and training under the supervision of a dispensing optician or optometrist who has been registered for at least two years and who holds a current APC.

INSTRUCTIONS FOR COMPLETION OF RECORD OF TRAINING

The record contains competency statements upon which the course is based and the sections allow student progress to be documented and certified.

It is the responsibility of students to ensure that the record of training is kept up to date and each entry endorsed by their supervisor.

Completion of the record of training should not commence until the following units and/or part units have been completed. Please refer to the date indicated on your individual "OTEN Online Learning Support" site, and note the month and the year of completion on the relevant table below.

Students that commenced the course before January 2008 must fully complete all assignments and tests related to the following:

Module	Date Completed
Orientation to the Optical Industry	
Light	
Spherical Lenses	
Edging and Fitting 1	
Edging and Fitting 2	
Ophthalmic Prism	
Astigmatic Lenses	
Lens thickness	
Lens design	
Multifocal and Progressive Lenses	
Functional dispensing 1 practical block	

Students that commence the course from January 2008 onwards should complete the following:

Module	Date Completed
“Work effectively within the optical industry” (completion of full unit)	
“Dispense optical appliances and services” (completion of all assignments and tests for the following topics):	
Principles of Light	
Theory of Lenses 1	
Theory of Lenses 2	

This record of training must be completed within no more than two years following the date on the final transcript of educational achievement as issued by OTEN.

The 800 hours of experience and training should be time spent in the practice of Optical Dispensing and related tasks as detailed in this Record of Training.

Each section must be completed. If there are any instances where a particular task may not be demonstrated in practice, this should be noted by the supervisor in the comments section of the task.

The Board recognises that learning does not stop once the course is completed, but that the development of a dispensing optician’s knowledge is ongoing through practical experience and with the advice and support of peers. This record of training is a formal way of recognising this process.

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PERSONAL DETAILS

Please print clearly

STUDENT

Name: _____

Address: _____

City: _____

Email: _____

Telephone: _____

Employer/Supervisor 1: _____

Address: _____

City: _____

Email: _____

Telephone: _____ Reg # _____

Employer/Supervisor 2: _____

If required

Address: _____

City: _____

Email: _____

Telephone: _____ Reg # _____

**RECORD OF HOURS WORKED IN THE PRACTICE OF OPTICAL DISPENSING AND
RELATED TASKS AS DETAILED IN THIS RECORD OF TRAINING**

Week Starting	Hours Worked	Hours Spent in the Practice of Optical Dispensing	Supervisor's Signature

Total hours dispensing this page _____

SUPERVISORS NAME _____

Reg # _____

RECORD OF HOURS WORKED IN THE PRACTICE OF OPTICAL DISPENSING AND RELATED TASKS AS DETAILED IN THIS RECORD OF TRAINING

Week Starting	Hours Worked	Hours Spent in the Practice of Optical Dispensing	Supervisor's Signature

Total hours dispensing this page _____

SUPERVISORS NAME _____

Reg # _____

Employer/Supervisor Declaration

Employer/Supervisor 1

(To be completed by the employer or supervisor at the commencement of the record of practical training)

I certify that I am an optometrist / dispensing optician *(delete as necessary)* who has been registered for at least two years. I hold a current APC and I am fully conversant with the requirements to provide

(Student's Name) _____ with the supervision necessary to fulfill the Board requirements for registration.

Employer/Supervisor Name: _____

Signature: _____ Date: _____

Reg #: _____

In the event of a change in employment or supervisor please complete the declaration below.

Employer/Supervisor 2

(To be completed by the employer or supervisor at the commencement of the record of practical training)

I certify that I am an optometrist/ dispensing optician *(delete as necessary)* who has been registered for at least two years. I hold a current APC and I am fully conversant with the requirements of the Board to provide

(Student's Name) _____ with the supervision necessary to fulfill the Board requirements for registration.

Employer/Supervisor Name: _____

Signature: _____ Date: _____

Reg #: _____

COMPETENCY STATEMENTS

The competency statements that follow are related to the OTEN units that are studied by students of optical dispensing. They can be signed by the supervisor progressively as skills are developed.

They are arranged under the headings of Clinical and Cultural competencies and standards of Ethical conduct as the (HPCA ACT) requires that registered dispensing opticians be competent in these three areas. Some of the competencies will overlap and relate to more than one area of competency.

CLINICAL COMPETENCIES

Communicate Verbally

- Advice is given in a friendly, positive and confident manner
- Information is clearly and effectively conveyed to clients, colleagues and suppliers
- Telephone technique is audible, articulate and friendly

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

Communicate with clients, practitioners and suppliers

- Current knowledge of products and suppliers is demonstrated
- Products are ordered accurately, clearly and concisely
- Product information, standards and performance specifications are recognized

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

Respond to client needs

- Needs and requirements of the client are met effectively
- Cosmetic and functional needs of the client are addressed
- Complaints are addressed in a positive, cooperative manner, and responsibility for error accepted

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

Interpret prescription details

- An understanding of ocular errors and eye conditions and how to correct them is displayed
- Ability to recognize potential problems arising from prescription requirements is demonstrated.
- Prompt detection of possible errors in the written prescription is evident

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

Assess and evaluate client needs

- Requirements of the client's visual tasks are explored thoroughly
- Frame and lens requirements are established
- Clients are advised about the suitability of frame and lens types for their particular need

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

Perform all measurements accurately

- Interpupillary distance is measured using a pupilometer or by an alternative method which is appropriate
- Heights of bifocal segments, occupational and progressive lenses are measured accurately
- Correct procedure is applied for measuring height of monocular centres in relation to aspheric lens forms
- Manufacturer's recommendations with respect to measurements, are taken into consideration
- Basic mathematical calculations for ; BVD, base, prism and aniseikonia are performed accurately

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

Provide client advice

- The client is provided with information regarding selection of appropriate frames for their specific requirements
- The client is clearly informed regarding selection of appropriate lens types, material and treatments
- The client is informed about the potential application and suitability of contact lenses and products
- All cost options are explained to client
- Clients' wishes are respected in the selection of appliances

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

Operate equipment

- Correct technique is used when using a pupilometer
- Ability to use a focimeter in the verification of powers, prism and axis notation of lenses is displayed
- Proper use of frame fitting equipment is demonstrated when inserting lenses into frames or other appliances
- Effective and safe use of hand held tools is evident
- All equipment is located and organized for convenient, efficient safe operation
- All equipment manuals, catalogues and handbooks are filed and maintained

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

Perform workshop skills

- Correct technique is employed in hand edging and safety chamfering lenses
- Prescription requirements regarding segment heights, centres and any other relevant components are complied with
- Ability to fit lenses to all types and styles of frames is demonstrated
- Standard frame alignment is performed unless otherwise specified

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

Perform frame adjustments and repairs

- Client adjustment problems are readily and accurately identified
- Ability to repair frames is demonstrated
- Adjustments are performed in accordance with lens type utilized
- Frame modifications are carried out to suit any unusual client fitting requirements
- Client satisfaction with any adjustment is confirmed

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

Conduct final checking procedures

- The appliance is verified against the prescription prior to delivery, to ensure compliance with New Zealand standards
- Lenses are inspected to ensure treatments have been completed effectively
- There is confirmation that the correct type and form of lens has been used
- Frame is inspected for faults and it is confirmed that the correct frame has been used
- Standard alignment has been carried out unless otherwise specified
- Contact lenses are correctly ordered by parameter ,power and base and verified prior to delivery

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

Apply product knowledge

- All available lens and frame types and materials can be identified
- Advice on cleaning solutions given in regard to care and maintenance of spectacle lenses and contact lenses is accurate
- The benefits and features of sunglasses and accessories are described effectively

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

Complete the transaction

- The appliance is correctly adjusted on delivery
- The client is coached in the proper use and maintenance of the appliance and of any adaptation effects which may be expected
- Payment is transacted accurately in accordance with procedure
- Follow up service is offered

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

Record keeping criteria

- All relevant data including prescription, pupillary distance, lens form, lens type and frame details are recorded clearly and accurately
- Client records are kept in a readily available secure format
- All relevant client information and discussions are recorded in a format understandable to other eye health professionals

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

Cultural competencies

Respect individual differences

- Modes and methods of service are employed which respect the cultural, physical emotional and intellectual situation of the client, and the client is considered and supported
- All clients needs and requirements are listened to respectfully
- Clients concerns are clearly established
- Clients are encouraged to ask questions and to respond to questions

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

Ethical conduct

Use ethical practices

- Conduct is such that client confidence is apparent
- Client complaints are addressed effectively and responsibility is accepted for errors
- Client and employer information is respected
- Appropriate codes of behaviour are observed at all times
- Occupational difficulties are identified and discussed

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

Communicate Non- verbally

- Neat and tidy appearance is maintained
- A positive attitude and interaction is observed with clients and colleagues

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

Update knowledge and skills continually

- Formal courses or other available professional development programs are undertaken
- New procedures and techniques are learnt and applied to ensure up to date quality practice
- Product lectures are attended

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

Maintain professional contact with industry colleagues

- Membership of professional associations and contact with colleagues is maintained.
- Advice from peers is readily sought

Supervisor	Date: _____
Name: _____	Signature: _____
Reg #: _____	
Comment:	_____

HEALTH PRACTITIONERS COMPETENCY ASSURANCE ACT 2003

The principal purpose of this Act is to protect the health and safety of the public by providing for mechanisms to ensure that health professionals are competent and fit to practice.

In preparation for your registration with the Optometrists and Dispensing Opticians Board of New Zealand, it is a requirement that you understand the purpose of the Act, and that you understand what your obligations will be under the Act as a registered dispensing optician.

- I have read and understand the *Standards of Clinical Competence for Dispensing Opticians*
- I have read and understand the Board's *Standards of Cultural Competence*
- I have read and understand the Board's *Standards of Ethical Conduct*
- I understand that Continuing Professional Development (CPD) is a requirement of registration, and I understand that I will be required to obtain 10 CPD points per CPD period.
- I understand that only when I am registered with the Board and hold an Annual Practising Certificate, am I entitled to use the title 'Dispensing Optician'

Student	Date: _____
Name: _____	Signature: _____
Comment:	_____

COMPLETE THIS TABLE IF YOU COMMENCED STUDY BEFORE 2008

Course Module	Date Completed
Orientation to the Optical Industry	
Light	
Spherical Lenses	
Edging and Fitting 1	
Edging and Fitting 11	
Ophthalmic Prism	
Astigmatic Lenses	
Lens Thickness	
Lens Design	
Multifocal and Progressive Lenses	
Visual Physiology	
Contact Lenses	
Functional Dispensing 1	
Functional Dispensing 11	
Special Needs Dispensing	
Dispensing Atypical Prescriptions	
Ophthalmic Practice Management	
Professional Application	

COMPLETE THIS TABLE IF YOU COMMENCED STUDY ON OR AFTER JAN 2008

Course Module	Date Completed
Organise personal work priorities and development	
Implement effective workplace relationships	
Provide specific information to clients	
Administer a practice	
Communicate and work effectively in health	
Contribute to OHS processes	
Work effectively in the Ophthalmic Industry	
Dispense Optical appliances and services	
Dispense atypical prescriptions	
Perform workshop skills and place orders	
Sell products and services	
THE MODULES ABOVE ARE COMPULSORY	
SELECT 3 OF THE FOLLOWING MODULES	
Manage practice workshop issues	
Manage a practice	
Perform edging and fitting	
Market and promote optical products and services	