Policies and Standards of Practice of the College of Optometrists of British Columbia

Current to December 5, 2022

This listing of Policies and Standards of Practice of the College was prepared on February 16, 2021 through a consolidation of the policies and standards that were published on the College website and noted there as "Current to March 2, 2020". Although the individual policy and standards statements as of March 2, 2020 have not changed, they have been reorganized into a more cohesive framework with a comprehensive table of contents. Minor wording and grammatical adjustments have been made for purposes of clarification only.

In this document the following applies:

"Act" means the *British Columbia Health Professions Act*

"Regulation" means the *British Columbia Optometrists Regulation*

"Bylaws" means the *Bylaws of the College of Optometrists of British Columbia*

Under section 19 of the Act, the Board may establish standards, limits and conditions. Under section 14 of the Bylaws, the Board may also publish policies to establish standards, limits or conditions for the practice of optometry, to establish standards of professional ethics, and to provide for the general administration and operation of the College. The standards and policies form only one part of the regulatory framework under which registered BC optometrists operate. It is also necessary to have regard to the requirements under the Act, the Regulation and the Bylaws themselves.

Unless otherwise stated within this document, the terms used have the same meaning as in the Act, the Regulation and the Bylaws.

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1. Policies and Standards Affecting the Provision of Optometric Services[1] by Registrants

1.1 General Standards of Practice

Preamble

All registrants of the College are required to comply with the College's Standards of Practice. The standards are written in plain language, spanning the full scope of practice of optometry. They apply to all activities undertaken as a registrant of the College, including – and beyond – the provision of patient care.

Every registrant must determine – and accept accountability for – how they implement each Standard of Practice. The College provides Statements of Guidance to assist this process.

The College views compliance with all Standards of Practice as fundamental in the delivery of current, high quality optometric services that are safe, effective and ethical. This is in the joint interest of the public and the profession.

1.1.1 ACT WITH PROFESSIONAL INTEGRITY

[1] "Optometric Services" includes:

- patient care delivery
- management of patient care delivery
- supervision of others in patient care delivery
- administration and management of a place of practice
- delivery of optometric education
- carrying out optometric research

Statement of Guidance

By this we mean that in all professional dealings you act with honesty and adhere to moral and ethical principles. You accept responsibility for your actions. You maintain appropriate professional boundaries, and are sensitive to power imbalances. You model behaviors which portray a positive image of the profession. You seek to avoid conflicts of interest and address them in an appropriate manner if they arise. You foster trusting relationships with patients, colleagues and co-workers. You maintain professional presentation appropriate to your workplace.

1.1.2 COMMUNICATE EFFECTIVELY

Statement of Guidance

By this we mean that you provide others with information in a way that they can understand, and with cultural sensitivity. You adapt your language and communication approach as appropriate. You communicate clearly, and take steps to ensure that you are understood. You communicate with empathy. You listen carefully to what others have to say; you are alert to non-verbal signals that suggest unspoken concerns, and address these. You identify and take action to resolve conflicts. You respond appropriately to feedback.

1.1.3 COMPLY WITH LEGAL REQUIREMENTS

Statement of Guidance

By this we mean that you are aware of how to access current information about laws, rules, regulations and other requirements established by those with authority to govern the practice of the profession and the professional workplace. You comply with such requirements. (This includes federal, provincial / territorial, municipal and local governments, regulatory bodies, and professional authorities).

1.1.4 FUNCTION IN A PATIENT-CENTRED MANNER

Statement of Guidance

By this we mean that you ensure patients and patient wellbeing are at the centre of your decisions. You give each patient your complete attention and allow sufficient time to fully address their needs. You respect patient uniqueness and take into account patient views, preferences and concerns. You provide complete information to patients about assessment, treatment and management options, and encourage and respond to their questions. You actively involve patients (and others when appropriate) in decision making, ensuring that they are fully informed about their clinical status and care needs. You respect your patient's right to privacy and confidentiality. You ensure ongoing informed consent to the services you provide.

1.1.5 INTEGRATE PATIENT CONTEXT, CLINICAL EXPERIENCE, AND RESEARCH, IN DECISION MAKING

Statement of Guidance

By this we mean that you take an evidence-informed approach in professional decision making. Evidence may include research information, your own professional knowledge and experience, patient perspective, and practice context.

1.1.6 INTERACT EFFECTIVELY WITH OTHER PROFESSIONALS

Statement of Guidance

By this we mean that you maintain good working relationships both inter- and intra-professionally. You regularly network with others for professional development purposes. You have general knowledge of the scope of practice of healthcare professionals and community services, beyond the profession of optometry. You collaborate to ensure the best interests of your patient.

1.1.7 MAINTAIN A SAFE WORK ENVIRONMENT

Statement of Guidance

By this we mean that you regularly check your physical workplace for hazards and take action as necessary to maximize the safety of all users. You maintain routine cleanliness and hygiene protocols. You promote the physical and emotional safety of all persons involved in patient care. You take action to ensure that all persons treat others in a respectful manner.

1.1.8 MAINTAIN AND MANAGE ACCURATE, COMPREHENSIVE RECORDS

Statement of Guidance

By this we mean that you ensure that complete, accurate, clear, and legible patient records are documented in a timely manner. You ensure that complete, accurate, clear, legible and timely records are kept of all your professional and business activities. You retain all records at least the period of time legally required. You make clinical records available to patients, and to authorized others upon request.

1.1.9 MAINTAIN PERSONAL WELLNESS CONSISTENT WITH THE NEEDS OF PRACTICE

Statement of Guidance

By this we mean that you maintain your own health and wellbeing to enable safe and effective practice. This includes maintaining your physical, mental and emotional health and refraining from practice when you are unfit to provide optometric services. You maintain a work-life balance.

1.1.10 MANAGE PRACTICE RESOURCES EFFECTIVELY

Statement of Guidance

By this we mean that you optimize the use of physical and human resources. You appropriately and responsibly utilize practice, patient, third-party and public resources.

1.1.11 PRACTICE IN A REFLECTIVE MANNER

Statement of Guidance

By this we mean that you regularly take time in a structured process to critically analyze your service delivery, and determine your strengths and areas for improvement. You seek input from others, and external information sources, to gain insights about your assumptions and unconscious biases that may impact your approach to situations. You develop, document and implement a professional development plan that focuses on areas for improvement. You track your learning and its impact on your practice activities. You document progress and update your professional development plan accordingly.

1.1.12 REMAIN CURRENT WITH DEVELOPMENTS IN OPTOMETRY

Statement of Guidance

By this we mean that you take regular, active steps to keep your knowledge and skills up to date. You utilize diverse resources (both formal and informal) such as: reading professional literature, participating in peer review groups, workshops, and consulting with colleagues. You use your interactions with colleagues both to enhance your own professional development and to contribute to theirs. You apply current knowledge and techniques in your practice, as appropriate to your workplace.

1.1.13 TREAT OTHERS RESPECTFULLY

Statement of Guidance

By this we mean that you recognize and value the uniqueness of others as individuals. You treat others with respect and fairness, and in a manner that is consistent with your obligations to respect human rights and to act in a non-discriminatory fashion. You ensure that your own beliefs and values do not prejudice the services you provide. You act with sensitivity towards diverse groups and cultures.

1.1.14 WORK WITHIN AREAS OF INDIVIDUAL PROFESSIONAL KNOWLEDGE AND SKILLS

Statement of Guidance

By this we mean that you clearly identify the parameters of your work, based upon a realistic understanding of the extent of your knowledge, skills and experience. You recognize the limits of your experience and expertise and seek assistance or refer patients to others when their needs exceed your level of knowledge and skills.

1.2 Standards of Practice for Specific Patient Care Activities

Preamble

While the standards of practice which follow are designed to provide a comprehensive statement of expectations and requirements for the provision of patient care in optometry in British Columbia, no single document can anticipate every situation that may arise.

While compliance with the standards is critical, registrants must also be able to exercise sound professional judgment having regard to the specific needs of each individual patient. Optometric care must be tailored and responsive to the needs and expectations of each patient to optimize the outcome for the individual. Registrants must exercise appropriate clinical judgment in providing diagnostic and treatment services to provide proper individual care.

It is not necessary for all standards of practice to be in written form. In addition to the standard set out below, College committees may determine there are additional standards that are expected to comport with the requirements of safe and proper practice.

[Note: See also Bylaw 135 "Registrants must appraise the oculo-visual status of their patients and record the results in accordance with the policies of the College"]

1.2.1 STANDARDS FOR PATIENT CARE

1 The following standards set out the College's basic expectations for the conduct and competence of a reasonable and conscientious optometrist having regard to clinical and other relevant circumstances.

2 Despite any provision in standards 1.2.2 through 1.2.16, the College retains the discretion to determine by means of the usual procedures of the Board, the Registrar, the Quality Assurance Committee, the Inquiry Committee or the Disciplinary Committee, as the case may be:

(a) any additional requirements for patient care in optometry in British Columbia; and

(b) whether the standards or those requirements have been contravened.

1.2.2 BILLING AND PROVISION OF OPTOMETRIC SERVICES

Medical Services Plan

1 Registrants must adhere to the British Columbia Medical Services Plan (MSP) agreement and are responsible for the accuracy of MSP billing statements.

Non-Insured Services

2 Before providing non-insured optometric services to patients, registrants must advise patients of the fees for those services.

Provision of Emergency Services

3 (1) Registrants must ensure adequate arrangements are in place for patients to receive emergency services outside normal business hours.

(2) Registrants may withdraw from responsibility for the care of a patient after giving the patient adequate notice so that he or she may make alternative arrangements, but must continue to provide emergency services to the patient in the interim for a period of not less than 30 days.

[Note: See also Bylaws section 115(1)(b): "A place of practice must…be accessible at all times"]

1.2.3 EQUIPMENT AND OPHTHALMIC INSTRUMENTATION IN PLACE OF PRACTICE

Requirements

1 A place of practice must be equipped with the following:

(a) visual acuity charts, distance and near;

(b) keratometer, topographer, or other instrument for measuring corneal curvature;

(c) retinoscope and trial lens set;

(d) phoropter;

(e) lensometer;

(f) inter-pupillary testing device;

(g) prisms;

(h) stereoacuity test;

(i) colour vision test;

(j) Amsler grid;

(k) direct ophthalmoscope;

(l) indirect ophthalmoscope;

(m) condensing lenses for viewing the posterior segment of the eye;

(n) biomicroscope;

(o) tonometer;

(p) a transillumination device;

(q) appropriate sterile equipment for foreign body removal;

(r) appropriate diagnostic pharmaceuticals, stains and dyes; and

(s) equipment appropriate for providing adjunct services such as low vision management, contact lenses management or vision therapy in circumstances where the registrant provides these services.

2 All registrants providing comprehensive care must have access to the following:

(a) computerized visual field device;

(b) pachymeter; and

(c) other specialized equipment as may be required.

Use of Equipment by Non-Registrants

3 A registrant must not allow his or her equipment to be used by non-registrants in a manner which would permit the practice of optometry by a non-registrant, unless that person is

(a) a medical practitioner registered in British Columbia;

(b) a person to whom a registrant has delegated an aspect of practice consistently with the Bylaws; or

(c) a student intern, as defined in the Student Internships policy, acting under the direct supervision of a registrant.

1.2.4 PATIENT EXAMINATION

Reasons for Visit

1 In all cases, registrants must record the reasons for a patient's visit in the patient record, including the following:

(a) the patient's chief complaint;

(b) presenting symptoms; and

(c) any other optometric needs the registrant considers the patient to have, including occupational, recreational and environmental needs.

2 Registrants must elicit the reasons for a patient's visit with sufficient detail to enable immediate and ongoing patient care.

Case History

3 In this section, "case history" includes:

(a) the oculo-visual and ocular health history of the patient, including when the last comprehensive eye exam was performed, any past illness, surgical intervention, trauma, accident or injury of ocular or visual relevance;

(b) the general medical history of a patient, including any allergies and use of medications;

(c) relevant family history of eye and health related problems, including but not limited to diabetes and hypertension;

(d) the parameters of any ophthalmic appliance currently used by the patient; and

(e) any other information required for diagnosis, treatment and management of the patient.

4 Where clinically warranted, registrants must note in the patient record the following:

(a) duration, severity and progression of presenting symptoms;

(b) time of onset of the condition or symptoms;

(c) time and type of injury;

(d) details of any ocular or systemic medications taken by the patient, including the medication's name, the dosage, and how it is administered;

(e) any non-prescriptive interventions;

(f) any prior assessments or treatments by other health professionals;

(g) any headaches;

(h) the occurrence of flashes, floaters or both;

(i) identification of risk factors for various eye conditions; and

(j) general observations of the patient including appearance, gait, movement, mobility, balance, posture, behaviour, speech, verbal responses, comfort and well-being.

5 A patient's case history must only be elicited from:

(a) the patient;

(b) the patient's legal guardian; or

(c) with the patient's consent, other health professionals.

Requirements for a Comprehensive Eye Examination

6 When performing a comprehensive eye examination of a patient, registrants must perform the following examinations and tests:

(a) visual acuity tests, unaided and aided, where necessary (near and distance);

(b) verification of the patient's previous lenses, where necessary;

(c) a colour vision test, where indicated;

(d) oculomotor and binocular vision assessments, where indicated, including tests of ocular motility, accommodation and binocular visual function at distance and near;

(e) refractive status, including;

1) objective refraction, where indicated; and

2) subjective refraction;

(f) ocular health and function, including:

1) examination of adnexa, lids, puncta and lashes;

2) anterior segment: tear film, cornea, conjunctiva, episclera, sclera, anterior chamber, anterior drainage angle, iris and pupillary functions, IOP, employing where indicated, pachymetry;

3) posterior segment: lens, lens capsule, vitreous, retina, optic nerve, retinal nerve fibre layer, macula, peripheral retina, choroid; a dilated examination must be performed where indicated; and

4) assessment of the central and peripheral sensory function and integrity of the visual pathway, including examination of the retina, optic nerve and visual pathway, employing, where indicated, computer-assisted visual field assessment, and/or cross sectional imaging (OCT).

7 When performing a limited eye examination (initial or follow up) of a patient, registrants must perform the following examinations and tests as necessary:

(a) visual acuity tests, unaided and aided;

(b) oculomotor and binocular vision assessments;

(c) refractive status; and

(d) ocular health and function.

8 During both initial, follow-up and limited examinations, registrants must:

(a) analyze the findings and make a diagnosis as set out in subsection 9 below;

(b) prepare a treatment and management plan as set out in subsection 9 below; and

(c) provide the patient with counselling regarding the treatment and management of their conditions.

Diagnosis, Treatment and Management

9 Registrants must:

(a) make each diagnosis by analyzing and interpreting the results of eye examinations under subsection 6 above, and present each diagnosis to the patient;

(b) counsel the patient regarding the treatment and management plan as it relates to each diagnosis; and

(c) outline the appropriate follow-up and ongoing care, where necessary.

Informed Consent

10 A registrant must give a patient all the information necessary for the patient to decide whether to consent to any optometric treatment or procedure the registrant proposes, including:

(a) the purpose of the treatment or procedure;

(b) any material risks to the patient in the proposed treatment or procedure;

(c) the nature and availability of any alternative treatments; and

(d) the registrant's advice regarding any further diagnostic steps that may be advisable.

11 The registrant must give the patient the information set out in subsection 10 personally, and not through a staff member or any other person, except that:

(a) in the case of patients under the age of 19 or who appear to be an adult of diminished capacity, consent must be obtained from the patient's parent or legal guardian; and

(b) parental consent is not required for children of 16 years or older who live independently.

1.2.5 PATIENT RECORDS

Records Required

1 Registrants must maintain a complete and legible patient record for each patient.

Content of Patient Record

2 The patient record must contain the following information:

(a) the examining registrant's name;

(b) the dates of all entries to the record;

(c) the patient's name, date of birth and contact information;

(d) the patient's case history;

(e) the examination and/or assessment procedures used and results obtained; and

(f) the diagnoses;

(g) the counselling provided, if any;

(h) the treatments administered, if any;

(i) the referral made, if any;

(j) information from past sources, including past records and consultant reports, if any; and

(k) records of all patient-related financial transactions, including billings and receipts to third parties.

Maintenance of Patient Records

3 Registrants must organize and maintain patient records in such a way that they may be retrieved in a timely manner for at least 10 years after the date of the last visit or at least 10 years after the date of the last visit after the patient reaches the age of majority, whichever is longer.

4 In accordance with scientific notation, corrections on paper versions of patient records are to be made by crossing through the text, writing in the correction and dating and initialing the changes to the record.

5 Correction fluid must not be used for corrections to paper versions of patient records.

Electronic Patient Records

6 In this subsection, "electronic patient records" means an electronic version of a patient record, and "electronic records system" means a system for storing, securing and maintaining electronic patient records.

7 Registrants who use electronic patient records must have in place an electronic records system.

8 An electronic records system must:

(a) be secure against unauthorized access, whether internally or remotely;

(b) require every person who has access to electronic patient records to enter a unique identifier or password;

(c) require keystrokes for all data entries without auto-defaults or other forms of automated data entry;

(d) record changes to records, including what change was made, when the change was made, and who made the change;

(e) back up records on a regular basis using off-site back-up or other disaster- resistant back-up schemes;

(f) protect records against natural disasters;

(g) be designed in such a way as to create an electronic audit trail;

(h) produce paper versions of electronic patient records on request; and

(i) prevent modification of an electronic patient record six days after the patient record is created or modified.

Release of Examination Records

9 Registrants must only release copies of examination records to the patient, the patient representative, a registrant of a recognized optometry college, a registered optometric corporation, a qualified medical practitioner, or other as defined in Bylaw 93, and only with the express consent of the patient or patient representative as defined in Bylaw 85.

[Note: See also Bylaws Part 7—Registrants' Records]

1.2.6 PRESCRIPTIONS (GENERAL)

Definition

1 In this section, "prescription" includes:

(a) a prescription for a therapeutic pharmaceutical agent;

(b) a record of authorization to dispense a corrective eyeglass lens for use by a named individual; and

(c) a record of the contact lens specifications derived from fitting a contact.

Prescriptions

2 Prescriptions written by registrants must include:

(a) the name of the patient for whom the prescription is written;

(b) the registrant's signature;

(c) the phone number of the registrant's place of practice;

(d) the date; and

(e) the registrant's registration number when for a pharmaceutical.

[Note: See also Bylaws 141(3) "A registrant's prescription pad must bear his or her name, place of practice and address"]

Consent

3 Except as provided by the Optometrists Regulation and Bylaw 93, registrants must only release personal patient information, including but not limited to a prescription, to a third party, with the express consent of the patient or patient representative as defined in Bylaw 85.

Release of Prescriptions

4 Registrants must only release copies of prescriptions to the patient, the patient representative as defined in Bylaw 85, a registrant of a recognized optometry, optician or pharmacy college, a

registered optometric corporation, a qualified medical practitioner, or other as defined by Bylaw 93.

Expired Prescriptions

5 If a patient requests a copy of a prescription that has expired, the registrant must:

(a) provide the patient with the copy;

(b) ensure that the date of the original examination is marked on the copy;

(c) not sign the copy; and

(d) indicate on the copy that the prescription has expired.

Prescriptions Based Solely on Automated Refraction Prohibited

6 Registrants must not write prescriptions for vision appliances based solely on stand-alone automated refraction without an accompanying comprehensive eye health examination.

1.2.7 PRESCRIPTIONS (SPECTACLES AND CONTACT LENSES)

Spectacle Prescriptions

1 A spectacle prescription should contain at least the sphere, cylinder, axis, inter-pupillary distance, prism (if any), examination date, expiry date, patient's name, prescriber's name, prescriber's address and telephone number, and prescriber's signature.

2 A registrant must note on a spectacle prescription that it is "not a prescription for contact lenses" to ensure that any patient and / or optical dispenser clearly understand what it is.

3 A patient is entitled to receive a copy of their expired spectacle prescription on request.

Provision of Spectacle Prescriptions

4 A registrant must provide, free of charge, a legible written or electronic copy of a spectacle prescription, which includes the PD measurement, if a spectacle prescription is a reasonable outcome of an eye examination.

5 Spectacle prescription(s) must be provided to the patient, whether or not requested by the patient, immediately following the conclusion of the eye examination.

6 The cost of the PD measurement must be included in the eye examination fee rather than charged as a separate item.

7 If a patient subsequently requests an additional copy or copies of the spectacle prescription at a later date, a registrant must provide the spectacle prescription(s) as soon as reasonably possible. Registrants may only charge a reasonable fee for the retrieval, copying and transmission of the prescriptions following expiration of the prescription or following repeated requests for the spectacle prescription prior to expiration.

8 If, for any reason, the PD measurement was not obtained at the time of an eye examination, a registrant must offer the PD measurement free of charge. If the patient does not wish to return for the PD measurement, registrants must still forward a legible written or electronic copy of the spectacle prescription without the PD measurement to the patient free of charge if a copy has not already been provided.

Contact Lens Prescriptions

9 A contact lens prescription is not one of the expected results of a routine eye examination. It is the expected result after a contact lens fitting has been completed.

10 A contact lens prescription is synonymous with the “record of contact lens specifications” as described in part 6(3)(b) of the Optometrists Regulation.

11 A contact lens fitting has been completed after a patient has been fitted and progress checks completed, to the satisfaction of the patient and the prescriber.

12 A contact lens prescription should contain at least the lens brand, lens design, lens power, lens diameter, lens base curve, expiry date, patient’s name, prescriber’s name, address and telephone number and prescriber’s signature. A registrant is required to provide a contact lens prescription to a patient only after the fitting and progress checks are completed and the contact lens fitting has been fully paid for.

1.2.8 SPECIFIC ASSESSMENTS

Binocular Vision Examination and Management

1 When examining a patient whose case history or clinical findings indicate binocular vision disorders or concerns, registrants must conduct, or have the records of the assessments necessary to determine the presence or absence of these conditions, including differential diagnosis ruling out organic pathology.

2 The registrant must counsel the patient with respect to vision therapy management, where indicated.

Contact Lens Examination, Management and Dispensing

3 The registrant has a duty to ensure eye health is maintained. Eye health evaluations, measurements, patient history and testing over and above routine eye examinations are required prior to issuing a contact lens prescription. By issuing a contact lens prescription, the registrant assures a patient that their eyes are suitable for contact lens wear using particular lens specifications.

4 When fitting contact lenses, the lenses must be assessed for fit, effect on vision, and effect on ocular tissues, through the use of diagnostic lenses, follow-up examinations, and progress checks performed at appropriate intervals. Lens modifications should be made as necessary. Periodic examinations must ensure that the health of the eye is maintained with continued use of the lens.

5 The registrant may charge fees for appropriate clinical time associated with contact lens fitting and follow-up.

6 The registrant has a duty to conduct appropriate tests and follow-up for all patients who are seeking to use, or are currently using, contact lenses.

7 Where the registrant determines that there are contact lens wear related disorders or concerns based on case history and/or clinical findings for a patient, the registrant must inform the patient and document the disorders or concerns.

8 Where the practice environment allows for the fitting to be delegated to a staff person, the registrant remains responsible for the fit. For clarity, the registrant should explain to the patient who will be responsible for each aspect of contact lens care, and document that explanation in the clinical record.

Dilation

9 A registrant must dilate a patient's eyes unless the registrant, exercising sound professional judgment, determines that dilation is contraindicated or unnecessary to be performed in the circumstances.

10 If a registrant, exercising sound professional judgment, determines that dilation is contraindicated or unnecessary to be performed in the circumstances, he or she must record in the patient record the reasons for not performing dilation.

Recording the Use of Diagnostic Pharmaceutical Agents

11 Registrants must record the following information in the patient record when using diagnostic pharmaceutical agents:

(a) the type of diagnostic pharmaceutical agents used;

(b) if the diagnostic pharmaceutical agent is used in one eye only, which eye;

(c) the time of instillation; and

(d) any adverse reaction.

Low Vision Examination and Management

12 When performing a low vision examination, registrants must conduct or have records of the assessments necessary, to determine the appropriate magnification and low vision aids.

13 The registrant must counsel the patient on the use and limitations of appropriate low vision aids.

Ocular Health Examination and Management

14 When examining a patient whose case history or clinical findings indicate an elevated risk for eye disease, registrants must, in addition to performing those examinations and tests required in Policy 1.2.4(6), perform any other examination and take any other steps reasonably necessary to determine the presence of eye disease.

15 Registrants who determine or suspect an elevated risk for eye disease, but do not discover eye disease in a patient, must take reasonable steps to perform regular follow-up examinations of the patient or refer the patient to an appropriate health professional.

16 Registrants who are treating or co-managing an ocular disease must inform the patient's family doctor of:

(a) the course of treatment; and

(b) any possible systemic etiology or general health component to the disease.

Surgical Examination and Management

17 When examining a patient whose case history or clinical findings require referral for surgery and subsequent surgical examination and management, the registrant has a duty to conduct appropriate tests and follow-up and to communicate with the surgeon to the benefit of the patient.

18 The registrant and the surgeon should have a mutual understanding of who is responsible for each aspect of pre- and post-surgical care.

Spectacle Lens Dispensing

19 In prescribing a spectacle lens, registrants must consider the patient's refractive error, accommodative status, binocular function, occupational requirements, recreational or environmental requirements, and frame and lens parameters.

20 When filling a spectacle lens prescription, and in accordance with Bylaw 114(3) registrants must order lenses and fit lenses to frames in accordance with accepted tolerance standards.

21 In dispensing spectacle lenses and in accordance with Bylaw 114(3) registrants or staff who are delegated to dispense must:

(a) verify the ophthalmic appliance (vision appliance) against the prescription; and

(b) fit the ophthalmic appliance to the patient.

1.2.9 TREATMENT OF EYE DISEASE

Treatment with Pharmaceuticals

1 A registrant who prescribes a topical pharmaceutical agent must refer the patient to an ophthalmologist if there is no improvement to the condition after 7 days from the diagnosis.

2 A registrant who prescribes a topical corticosteroid must refer the patient to an ophthalmologist if the condition worsens after 72 hours of treatment.

Treatment of the Nasal Lacrimal Apparatus

3 A registrant who is qualified may, on patients over the age of 12, perform punctal dilation and irrigation of the lacrimal canaliculi but may not probe the nasal lacrimal tract.

4 A registrant may insert and remove punctal plugs.

5 A registrant may epilate eyelashes.

Foreign Body Removal

6 A registrant may perform non-surgical procedures on body tissues below the dermis or the mucous membrane for the removal of foreign bodies from the conjunctiva, lid or adnexa.

7 A registrant may remove central corneal foreign bodies within a 2mm radius of the visual axis if the foreign body is superficial and not deeper than Bowman's membrane. Central corneal foreign bodies deeper than Bowman's membrane must be referred to an ophthalmologist.

8 A registrant may remove corneal foreign bodies beyond 2mm from the visual axis provided the foreign body is not deeper than the mid stroma.

9 All Seidel positive, high velocity or penetrating corneal foreign bodies must be referred to an ophthalmologist.

10 Corneal foreign body removal may be performed outside of these guidelines if it is in the best interest of the patient, if immediate action be must be taken and if immediate access to an ophthalmologist is not possible.

Ultrasound

11 A registrant may apply ultrasound for diagnostic purposes, to measure the thickness of the cornea or the axial length of the eye.

1.2.10 THERAPEUTIC PHARMACEUTICAL AGENTS

1 Where the use of a therapeutic pharmaceutical agent is indicated, the registrant must:

(a) prescribe the most appropriate therapeutic pharmaceutical agent and delivery method;

(b) note in the patient record the name/type, amount/volume, dose, treatment eye and refills (if any) of therapeutic pharmaceutical agent prescribed;

(c) instruct the patient on the correct use of the therapeutic pharmaceutical agent including precautionary procedures and non-pharmacological management;

(d) monitor and modify as necessary the prescribed treatment regimen; and

(e) follow up with the patient until the condition being treated is resolved.

2 In determining the most appropriate therapeutic pharmaceutical agent and delivery method, the registrant must consider microbiological, pharmacological, systemic, ocular and drug substitution factors.

3 A registrant may issue a prescription for a therapeutic pharmaceutical agent in writing or by verbal direction to a pharmacist.

1.2.11 ANTI-GLAUCOMA MEDICATION PRESCRIBING

1 A Therapeutic Qualified Registrant who prescribes anti-glaucoma medications must:

(a) have immediate access to, and be competent in the use of:

1) a Goldmann type applanation tonometer;

2) an anterior chamber goniolens;

3) a stereo slit lamp biomicroscope with contact or non-contact lens;

4) a Humphrey type automated visual field analyzer; and

5) a corneal pachymeter; and

(b) have access to, and be competent in the interpretation of information from, any one of:

1) a tomographer;

2) a polarimeter;

3) a scanning laser ophthalmoscope;

4) a stereo fundus camera; or

5) a sphygmomanometer.

2 A Therapeutic Qualified Registrant who prescribes anti-glaucoma medications may, in accordance to a medical standard, monitor, manage and/or treat the following provided it is within their competence to do so:

(a) a glaucoma suspect;

(b) early glaucoma;

(c) glaucoma induced by topical steroids; and

3 If a registrant monitors, manages or treats a glaucoma patient in accordance with subsection 2 above, the registrant must:

(a) not prescribe an anti-glaucoma medication to a patient who is under the age of 30 except as noted in 2(c) above; and

(b) refer the patient to an ophthalmologist:

1) for consultation or management if the patient has one or more eyes with:

i) moderate glaucoma;

ii) IOP above target pressure for more than six weeks from the initiation of treatment;

iii) a requirement for more than two concurrent classes of topical medications to reach target IOP (note that a single combination medication that contains two therapeutic pharmaceutical agents is considered to be two medications); or

iv) a clinically significant adverse effect to a prescribed medication; or

2) if the patient has one or more eyes with:

i) advanced glaucoma; or

ii) a secondary glaucoma except as noted in 2(c) above;

(c) have a working relationship with an ophthalmologist who is accessible for consultation, referral, regular communication, collaboration and transfer of care when a patient is referred under 4(b) above. The communication, consultation, reporting and referral schedule must be considered on a case-by-case basis by the optometrist and the ophthalmologist who share in the care of the glaucoma patient;

(d) at the time of diagnosis and/or initiation of treatment, inform the patient that they may request management exclusively by an ophthalmologist or glaucoma sub-specialist;

(e) be available, or assign a Therapeutic Qualified Registrant able to meet all requirements of these Standards, Limits and Conditions for Practice, to be available to a glaucoma patient 24 hours a day seven days a week by phone or other electronic means;

(f) not prescribe:

1) a beta blocker:

(i) to a patient with a history of congestive heart failure, bradycardia, heart block, asthma or chronic obstructive pulmonary disease; or

(ii) to any other patient without consulting the patient's primary care practitioner, if known;

2) a prostaglandin in the presence of:

(i) intraocular inflammatory disease; or

(ii) previous ocular viral infections known to contraindicate prostaglandin use;

3) a cholinergic agent in the presence of:

(i) intraocular inflammatory disease;

(ii) MAO inhibitors; or

(iii) retinal lattice degeneration, retinal tears or retinal detachment;

(g) work-up and follow-up glaucoma patients to a medical standard;

(h) maintain a written record of:

1) patient history (ocular, medical and family);

2) identifiable glaucoma risk factors; and

3) the treatment plan, targets and progress; and

(i) provide a copy of the written record to the co-managing ophthalmologist:

1) at least annually;

2) at any time requested by the ophthalmologist; and

3) immediately if there is a change in the treatment plan or a clinically significant change in the patient's status; or

Note: Registrants are expected to stay current with the standards for glaucoma care.

1.2.12 LABORATORY TESTS

1 Registrants who order laboratory tests are responsible for follow-up care related to the information obtained from the tests.

2 Copies of laboratory tests ordered by registrants must be sent to the patient's family doctor, if known.

1.2.13 REFERRAL

1 In any case where a registrant determines that:

(a) he or she does not have the equipment needed to examine a patient to the extent called for by the circumstances; or

(b) the patient requires or may benefit from treatment by a health professional other than an optometrist,

the registrant must refer the patient to the appropriate health professional.

2 A registrant who refers a patient to another health professional is responsible for all reasonable follow-up related to the referral.

1.2.14 TELEOPTOMETRY

Definitions

1 In this section the following definitions apply:

(a) Teleoptometry: the provision of vision and eye health services within the scope of practice of optometry which are delivered remotely via information and communication technologies.

(b) Remotely: the absence of physical contact between the provider and patient because they are separated by remote distance.

Role of the College

2 The role of the College is to regulate registrants rather than the technology used in the practice of optometry. The use of information and communication technologies to deliver optometric services does not alter the ethical, professional and legal requirements imposed on registrants to provide competent, ethical, and appropriate optometric care. *(*including but not limited to Bylaws, Standards of practice and Policies)*

Requirements

3 The requirements for treating patients via teleoptometry vary by jurisdiction. Registrants who provide teleoptometry must be aware of, and comply with, the registration requirements in British Columbia as well as the requirements in the jurisdiction in which the patient is located. The College in British Columbia as well as regulators in some of the other jurisdictions require optometrists to hold registration in the jurisdiction in which the patient is physically located in order to provide treatment.

4 Optometrists who provide optometric services to patients in British Columbia must be registered with the College. The College exercises *in personam* jurisdiction over its registrants which means that it may investigate the conduct of a registrant in any jurisdiction regardless of where the optometric services were provided or the patient is located.

5 In providing teleoptometry services, registrants must:

(a) ensure they have sufficient training and competency to manage patients competently through teleoptometry;

(b) comply with the ethical and legal requirements to obtain valid informed consent from the patient recognizing that consent is a dynamic process;

(c) ensure at the outset that their identity, location and licensure status (including any limits or conditions on registration) are communicated to the patient, and the identity of the patient is confirmed and recorded at each consultation;

(d) ensure that the identities of all other participants involved in the teleoptometry encounter are disclosed to, and approved, by the patient in advance of receiving services and documented in the patient record;

(e) ensure that both the optometrist-site and the patient-site are using appropriate technology that complies with legal requirements regarding privacy and security;

(f) consider whether the teleoptometry medium affords adequate assessment of the presenting problem, and if it does not, arrange for a timely in-person assessment;

(g) explain the appropriateness, limitations, and privacy issues related to teleoptometry to the patient;

(h) provide an appropriate optometric assessment based on the current symptoms or condition, past history, medications and limited examination as possible;

(i) create and maintain optometric records of the examination, in accordance with professional and legal requirements;

(j) ensure patients have enduring access to their optometric records and that optometric records are available to other health care professionals for the provision of ongoing patient care;

(k) ensure adherence to the same obligations for patient follow up in teleoptometry as is expected with in- person examination;

(l) communicate with referring and other treating healthcare providers, and provide follow-up care as appropriate;

(m) ensure patients referred to specialists are adequately assessed and treated before referral, and are advised about accessing further optometric care following specialist assessment and treatment; and

(n) exercise caution when providing prescriptions or other treatment recommendations to patients whom have not been personally examined.

Additional Issues to Consider

6 Registrants should advise patients that accessing optometric care remotely from an optometrist who is not physically located, or registered to practice, in British Columbia may pose risks relating to licensure status and/or training, and that the College may not be able to assist them in the event of a complaint.

7 Registrants should also be aware that practicing optometry through electronic communication and/or in different jurisdictions may adversely affect their professional liability insurance. Registrants must ensure that they maintain proper liability insurance in place to provide indemnity for malpractice and misconduct wherever the issues arise.

References

Federation of Optometric Regulatory Authorities of Canada. FORAC/FAROC Policy on Teleoptometry (May 1,2019).

[The College of Optometrists of British Columbia wishes to gratefully acknowledge the College of Physicians and Surgeons of British Columbia's *Telemedicine Practice Standard* (Revised June 24, 2019); found at: https://www.cpsbc.ca/files/pdf/PSG-Telemedicine.pdf.

1.2.15 SOCIAL MEDIA AND ONLINE NETWORKING GUIDELINES

Preamble

1 The College recognizes the growing use of social media and online networking platforms on the part of health care professionals as a means to communicate both personally and professionally.

2 The use of social media and online networking forums raises professional and ethical considerations for registrants. Registrants should treat social media and online networking platforms as virtual public spaces potentially accessible by the public.

3 All registrants should understand that there are professional responsibilities involved with using social media and online networking platforms relating to professional boundaries, the parameters of professional distance, professional conduct, and protection of patient privacy. The College requires registrants to comply with the requirements of the Bylaws (including the Code of Ethics) and privacy legislation when engaging in social media and online networking platforms. Registrants are also responsible for the actions of their staff to ensure that these requirements are met when dealing with patient information.

1.2.16 STUDENT INTERNSHIPS

Definition

1 In this section "student intern" means a student who:

(a) is currently enrolled in a recognized school of optometry; and

(b) has successfully completed at least three years of education there.

Internships Permitted

2 Registrants may permit student interns to undertake internships in their places of practice under their supervision.

Requirements

3 Registrants who wish to offer internships to student interns must provide the Registrar, at least seven days before the internship begins, with:

(a) the student intern's name and address;

(b) the name and address of a contact person at the student intern's school;

(c) the names of a registrant who will supervise the student intern;

(d) the place of practice where the internship will take place; and

(e) the duration of the internship.

Examinations by Interns

4 Before permitting a student intern to examine a patient, a registrant must inform the patient that they will be examined by a student intern.

2. Policies

2.1 CONFLICT OF INTEREST

Definition

1 A conflict of interest occurs when a registrant's personal or financial interest conflicts with his or her professional responsibility, including the duty to act in the best interest of the patient.

[Note: See also Bylaws section 132]

2.2 COOPERATION WITH THE COLLEGE

Cooperation Required

1 Registrants must cooperate with all reasonable requests of the College, including the Board, Registrar, committees and staff.

Cooperation

2 For the purposes of section 2.2(1), cooperation includes:

(a) replying promptly to communications from the College;

(b) attending or appearing before the College, including the Board, Registrar and committees, when requested, directed, or ordered to do so; and

(c) assisting the College as reasonably requested including providing information and requests that are requested.

Communications With the College

3 Communications with the College, including the Board, Registrar, committees and staff, must be courteous, professional, non-threatening and non-discriminatory.

2.3 PRIVACY

1 The College of Optometrists of BC endeavors at all times to ensure the privacy of all persons that visit our website. The College understands the requirement to maintain the privacy of all personal information that we file in our office or collect from persons from time to time. For greater detail in our privacy policy please review the following:

Freedom of Information and Protection of Privacy Act (FIPPA)

2 The College must be in compliance with FIPPA (RSBC 1996, chapter 165, and amended in 2018-05-16).

Collection of Personal Information

3 In cases where the registrant may be providing the College with personal information by sending an email message, attachment, or in on-line renewals etc, the College will ensure the personal information in that transmission will remain confidential to the College at all times, except under requests for release of that information made under the scope and restrictions of FIPPA..

Consent to Release of Personal Information

4 In cases where the College requires the registrant's personal information from a third party and does not otherwise have consent to obtain it, the College will provide the registrant with a "*Consent to release personal information*" form to sign and return to the College. Subject to their duty to cooperate, the registrant has the option of not complying if they do not wish their personal information to be released to the College.

Retention Time Period

5 The College will only retain personal information for the time period required by the College's current policy relating to information stored by the College. Any personal information will be destroyed and securely disposed of at the conclusion of this period.

Confidentiality Agreement

6 All staff employed by the College and all persons participating on committees of the College will be required to sign a confidentiality agreement whereby they will commit to maintaining the privacy of personal information.

Protection of Personal Information

7 The College will at all times ensure that all personal information is protected against unauthorized access by and/or disclosure by to third parties.

7.1 The College, with and through the contractor providing the Professional Enhancement Program (PEP) Portal, will ensure that the personal information inputted by registrants and stored on the PEP Portal:

a. is kept confidential and protected against unauthorized access by and/or disclosure to third parties; and
b. is only accessed by the College to confirm the registrant's completion status of the requirements set out in Policy 2.6.3.

Complaints

8 The College will accept any complaints or comments at any time from the public or from registrants of the College regarding this privacy policy or concern about their personal information. Please address any concerns or comments to:

The attention of the Registrar of the College of Optometrists of BC
906 - 938 Howe Street
Vancouver, BC, V6Z 1N9
Tel: (604) 623-3464
E-mail: college@optometrybc.ca

2.4 DESIGNATION OF PLACE OF PRACTICE

Place of Practice Name; Information to be Displayed

1 Before commencing practise, a registrant must ensure that he/she has a name approved in writing by the Registrar for his/her place of practice.

2 The name for a place of practice must include the word “optometrist” or a derivative of that word.

3 The name for a place of practice must not include the reserved title of any other college unless that college has expressly authorized the use of its reserved title in the registrant’s place of practice name in writing.

4 A place of practice name must not be confusing or misleading to the public and must not be identical to, or closely resemble, the name of any other place of practice name(s), unless they are affiliated.

5 The Registrar may approve a place of practice name which is descriptive of a community or neighbourhood local to the place of practice, and is not likely to be confused with another approved place of practice name.

6 The name of a place of practice, together with the registrant’s name and address, must appear on all stationary used in the place of practice, including but not limited to the registrant’s letterhead, business cards, prescription pads, and electronic communications.

7 A place of practice must prominently display the name and certificate of registration of every registrant who practices there.

8 If a registrant practices at more than one place of practice, the registrant must obtain from the College a certificate for each location. A photocopy is not acceptable.

9 A place of practice must not display the name of a registrant who does not personally provide optometric services at that location.

10 A place of practice must prominently display signage, visible from the exterior of the place of practice containing the name of each registrant who practises there.

11 A place of practice must prominently display the BC optometric corporation’s permit if the place of practice is operated by or through a BC optometric corporation.

New, Renamed and Relocated Places of Practice

12 A registrant seeking approval to open a new place of practice must deliver to the Registrar a completed *Place of Practice - Request for Name Approval Form*

13 A registrant seeking approval to change a place of practice name must deliver to the Registrar a completed *Request To Change Place of Practice Name Form*

14 A registrant seeking approval to relocate a place of practice must deliver to the Registrar the following completed forms:

(a) *Place of Practice - Request for Name Approval Form*; and

(b) *Transfer of Records Containing Personal Information Form*;

and in addition must remove any signage from the former location indicating it is a place of optometric practice.

Transfer of Controlling Interest in a Previously Approved Place of Practice

15 A registrant seeking approval to transfer controlling interest in a previously approved place of practice name must deliver to the Registrar the following completed forms:

(a) *Declaration of Transferring Controlling Interest Form*; and

(b) *Transfer of Records Containing Personal Information Form*, if applicable.

Ceasing Practice and/or Closing a Place of Practice

16 A registrant who ceases to practise/closes a place of practice must:

(a) complete and submit to the Registrar either a *Transfer of Records Containing Personal Information Form* or a *Declaration of Ownership of Records Form*; and

(b) update his or her online profile; and

(c) complete and submit to the Registrar a *Declaration of Transferring Controlling Interest Form*, if applicable; and

(d) remove signage from their former Place of Practice, if applicable.

[Note: See also Bylaws Part 10—Places of Practice]

2.5 REGISTRANT NAMES

General Principles

1 Registrants must not use names to confuse or mislead the public regarding their identity.

2 Names used in a place of practice providing optometric services must be consistent with the name registered with the College and with the name approved for an optometric corporation.

3 Registrants must notify the College in writing of any changes to their names if they intend to use a new name in a place of practice providing optometric services in accordance with Bylaw 144.

Name Changes

4 A registrant who intends to use a new name in a place of practice providing optometric services must notify the College in writing within five (5) business days of the name change.

5 The College will formally change the registrant's name on the College register upon receipt of government issued documents that satisfactorily establish the name change.

6 A registrant must also apply to the College for a change of name for an optometric corporation to correspond with the new name within five (5) business days of the name change.

Use of Familiar Names

7 A registrant may apply to the College to include a familiar name in parenthesis in his or her registered name with the College. The approved familiar name may appear in parentheses immediately preceding the surname, for example: Robert (Bob) Smith.

8 A registrant must also apply to the College for a change of name for an optometric corporation to correspond with the familiar name in parenthesis within five (5) business days of the name change.

Contractions and Initials

9 Contractions, initials, abbreviations, and other means of shortening a name are not acceptable for any name registered with the College.

2.6 QUALITY ASSURANCE

Preamble

The Quality Assurance Program is an important component of the self-regulation of optometry in BC. The College Bylaws allow the Quality Assurance Committee to assess the professional performance of registrants and to require them to fulfil the appropriate requirements.

The College strongly believes in a Quality Assurance Program that meets the needs and expectations of patients and the community. Key elements of the Quality Assurance Program are designed as proactive measures to foster continuing professional education and to improve the performance of registrants. The College believes that the promotion of continuous quality improvement of the profession will improve patient outcomes.

The Quality Assurance Program involves four pillars of professionalism: continuing education, peer circles, practitioner assessment and professional enhancement. The Quality Assurance Committee is responsible for the support as outlined in Policy 2.6.5.

Although each of the four pillars of the program has a specific purpose, they are designed to work together to maintain and advance scientific knowledge in the practice of optometry, enhance professional competency, assure the public of professional/clinical performance, and improve patient outcomes.

2.6.1 Continuing Education Requirements

Continuing Education Activities

1 In this policy:

(a) “accredited program” means an educational program approved by the Registrar[2] or by the Council on Optometric Practitioner Education (COPE);

(b) “registration year” means November 1 to the following October 31 in each year;

(c) “approved program provider” means the following bodies:

[2] Accreditation will be granted in accordance with current COPE standards and requirements for course Qualification, and must meet the goals of advancing and enhancing scientific optometric knowledge, professional competency, promoting safe, effective and ethical optometric practice, and improving patient outcomes. Refer to the Criteria for COPE Qualification of Continuing Education. Courses provided in an exclusive manner will not be deemed acceptable.

1) a program provider approved by the *Council on Optometric Practitioner Education* (COPE); or

2) any other body that is approved by the Board;

[Note: A commercial entity is not considered to be an "approved program provider. (Refer to the COPE Standards for Commercial Support, page 20-22).]

(d) "approved program" means a continuing education program approved by the Quality Assurance Committee, under section 71 of the Bylaws, as follows:

1) an accredited program given by an approved program provider, whether given in person, or by long-distance, or by self-study delivery methods such as correspondence, video, computer or internet;

2) a peer circle; or

3) any of the continuing education activities listed in subsection 2 below.

Hourly Credits for Continuing Education Activities

2 For the purpose of calculating hours of yearly continuing education programs under section 73 of the Bylaws, activities will be accredited for the number of hours specified in the table below:

Activity	Course category	Hours accredited
For each hour of attendance at or participation in an accredited program under section 2(2)(a)[1]	Ocular health[3] Other[4]	1 hour 1 hour
For each hour of instruction or formal presentation of an educational course under section 2(2)(a)	Ocular health Other	2 hours 2 hours
Publication of an article in a refereed optometric or ophthalmological journal	Ocular health Other	5 hours 5 hours
Publication of a case report in a refereed optometric or ophthalmological journal	Ocular health Other	2 hours 2 hours

[3] "Ocular health" includes educational programs classified as clinical optometry, ocular disease and related systemic disease.

[4] "Other" includes educational programs classified as optometric business management.

For each hour of peer circle participation or peer circle facilitation	Ocular health Other	1 hour 1 hour
For serving the CEO/CACO as an exam question developer	Ocular health	No more than 10 hours per year
Achieving Fellowship in the American Academy of Optometry or the College of Vision Development *(*note: if Fellowship achieved in another group, please contact the Registrar for guidance.)*	Other	10 hours
Achieving Diplomate of American Academy of Optometry	Other	14 hours

3 Continuing education program hours under subsection 2 must only be claimed by the registrant if the registrant is able to provide proof of having attended the program or completed the course for which continuing education program hours are sought[5]. Acceptable proof includes the original continuing education attendance certificate or continuing education attendance recorded within *OE Tracker*.

Annual Continuing Education Requirements

4 In accordance with Part 5 of the Bylaws, the Quality Assurance Committee specifies the following continuing education hours for Full[6] and Non-practising registrants:

(a) in each registration year, no less than 20 accredited continuing education hours must be obtained; and

(b) a maximum of 10 hours out of the required 20 accredited continuing education hours may be on subjects other than ocular or systemic health.

Self-Recording and Self-Reporting of Continuing Education Requirements

5 (1) Registrants must:

(a) self-record and self-report their Continuing Education hours to their OE Tracker account subject to subsection (2);

(b) retain all original continuing education certificates for a minimum of seven (7) years; and

(c) provide to the College all original continuing education certificates to the Registrar on request.

(2) If a registrant is not enrolled in OE Tracker, the registrant must submit to the College proof of completing the requirements set out in Section 63 of the Bylaws, together with the administrative fee, in person or by registered mail prior to registration renewal for the next registration year.

Exemptions

[5] A registrant must not claim continuing education program hours for an educational program he or she repeats in the same registration year.

[6] Full registrant means:

(a) a therapeutic qualified registrant who is a member of the class established by Bylaws section 51(1)(a);
(b) a non-therapeutic qualified registrant who is a member of the class established by section 51(1)(b); or
(c) a limited registrant who is a member of the class established by section 51(1)(c).

6 Despite section 73(1) of the Bylaws, registrants need not fulfil the continuing education requirements of the Quality Assurance Program in a registration year if:

(a) they successfully complete the national qualifying examination or national qualifying examination equivalent in the same registration year; or

(b) complete an optometric residency program.

2.6.2 Peer Circles

1 "Peer circle" means a small-group, interactive learning environment, guided by a facilitator, for the purpose of encouraging safe, effective and appropriate eye-care practices.

2 A peer circle must have a facilitator.

3 A facilitator of a peer circle must:

(a) be a Therapeutic Qualified Registrant;

(b) be in good standing with the College;

(c) not be the subject of an inquiry or discipline proceeding under Part 3 of the Act or public notification under s. 39.3 of the Act; and

(e) be appointed by the Quality Assurance Committee.

2.6.3 Professional Enhancement Program

1 In this Policy:

a. "Professional Enhancement Program" (PEP) means a mandatory program approved by the Quality Assurance Committee under section 71 of the Bylaws which is comprised of a repeating two-year cycle of activity, every year which parallels the registration year as defined by Policy 2.6.1(1).

2 Full and Non-practising registrants must complete the following PEP requirements:

a. by the end of year 1 of the two-year cycle of PEP activity, registrants must have completed the PEP performance assessment and professional development plan; and
b. by the end of year 2 of the two-year cycle of PEP activity, registrants must have:
   i. completed professional development activities consistent with the specifications of their professional development plan developed in year 1; and
   ii. completed a professional development plan review that records completion of professional development activities consistent with the specifications of their professional development plan and reflects on their impact on performance.

3 New registrants are required to participate in the PEP and shall commence year 1 of the two-year cycle of activity upon their first registration renewal.

2.6.4 Professional Performance Assessment

Definitions

1 In this Policy:

(a) "assessor" means an assessor appointed under subsection 4;

(b) "clinical ability assessment" means an assessment under subsections 12-14;

(c) "place of practice assessment" means an assessment under subsections 10-11;

(d) "record-keeping assessment" means an assessment under subsections 6-9.

Assessments

2 When an assessment of the professional performance of a registrant is conducted under section 72 of the Bylaws, the assessment may consist of:

(a) a record-keeping assessment;

(b) a place of practice assessment;

(c) both a record-keeping assessment and a place of practice assessment; and/or

(d) a clinical ability assessment.

3 Unless otherwise stated, and in cooperation with the registrant, assessments may be conducted by any of the following methods, alone or in combination:

(a) review of clinical records or other documents related to the registrant's practice;

(b) case presentation;

(c) site visit to the registrant's place of practice;

(d) questionnaire or competency checklist;

(e) self-assessment; and

(f) any other method recommended by the Quality Assurance Committee and approved by the Board.

Assessors

4 The Quality Assurance Committee may appoint assessors for the purposes of sections 26.1 of the Act.

5 An assessor must:

(a) be a therapeutic qualified registrant;

(b) be in good standing with the College;

(c) not be the subject of an inquiry or discipline proceeding under Part 3 of the Act or public notification under s. 39.3 of the Act;

(d) have successfully completed a training course offered under Policy 2.6.4; and

(e) be appointed by the Quality Assurance Committee.

Record-Keeping Assessment

6 A record-keeping assessment is an inspection of the records, including patient records, of the registrant for conformity with:

(a) the Bylaws; and

(b) the Policies.

7 A person conducting a record-keeping assessment may make copies of records related to the registrant's professional performance.

8 A person conducting a record-keeping assessment may attend at a registrant's place of practice for this purpose after giving the registrant reasonable notice.

9 Only records related to a registrant's professional performance may be assessed under this section.

Place of Practice Assessment

10 A place of practice assessment is an assessment of a registrant's place of practice for conformity with:

(a) the Bylaws; and

(b) the Policies.

11 A person conducting a place of practice assessment may attend at a registrant's place of practice for this purpose after giving the registrant reasonable notice.

Clinical Ability Assessment

12 A clinical ability assessment is an assessment of the registrant's clinical ability, including the registrant's:

(a) knowledge relating to the examination, diagnosis and treatment of patients;

(b) skill in providing optometric services, clinical procedures and techniques;

(c) conformity with those Bylaws and policies relating to clinical ability; and

(d) adherence to the standards of practice relating to clinical ability.

13 A person conducting a clinical ability assessment may attend at a registrant's place of practice for this purpose after giving the registrant reasonable notice.

14 A person conducting a clinical ability assessment may do anything a person conducting a record-keeping assessment or a place of practice assessment may do.

15 If, during an assessment conducted under Policy 2.6.2, the registrant raises any concerns about how the assessment is being conducted, the person conducting the assessment must note these concerns and communicate them to the Quality Assurance Committee and Registrar.

Notice of Assessment Outcome

16 If, after an assessment has been conducted, the Quality Assurance Committee concludes that there is a deficiency in the manner in which the registrant conducts his or her practice, the Quality Assurance Committee must, within 90 days of reviewing the assessment, notify the Registrar and the Registrar will then notify the registrant.

17 If the Quality Assurance Committee makes recommendations under subsection 16, the Quality Assurance Committee or an assessor appointed by that committee may conduct a follow- up assessment within 12 months of the first assessment.

18 A follow-up assessment under subsection 17 is conducted under subsection 2.6.3(2).

2.6.5 Standards and Competence Audits

1 Audits of a sample of registrants conducted under section 74 of the Bylaws must be conducted consistently according to this Policy.

2 Audits are conducted by the Quality Assurance Committee, or an assessor appointed by that committee, under the supervision of the Registrar.

3 Audits are conducted as professional performance assessments

4 The number of registrants audited is determined by the Quality Assurance Committee.

5 The identity of registrants audited must be determined randomly by the Registrar.

6 The method or methods used in the audit is determined by the Quality Assurance Committee from the assessment methods set out in Policy.

2.6.6 Support

1 The Quality Assurance Committee may:

(a) develop and recommend to the Board courses for registrants wishing to serve as assessors or peer circle facilitators; and

(b) determine whether persons taking training courses have completed them successfully.