

GUIDELINES TO THE ACO STANDARDS OF PRACTICE

**Effective March 1, 2015
Revised December 9, 2015
Revised June 22, 2016**

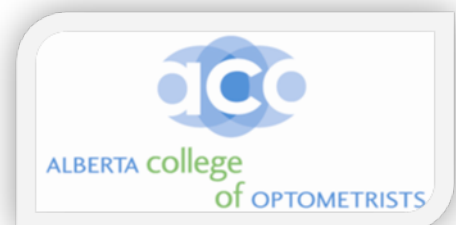


TABLE OF CONTENTS

Introduction	3
Part 1: Practice Management Guidelines	4
1.1 Optometric Facilities	
1.2 Patient Records	
1.3 Optometric Knowledge and Clinical Expertise	
1.4 Legal Obligations	
1.5 Standards of Behavior	
1.6 Marketing and Promotion	
1.7 Staff Training and Responsibilities	
1.8 Communication	
Part 2: Clinical Practice Guidelines	23
2.1 Examination, Assessment, Diagnosis, Treatment and Management	
2.2 Clinical Practice Guidelines	

Introduction

The Alberta College of Optometrists is mandated to carry out its activities and govern its regulated members in a manner that protects and serves the public interest. The goal of these Guidelines is to maintain appropriate standards of professional competence and ethical conduct by Regulated Members of the Alberta College of Optometrists (ACO). A Doctor of Optometry or optometrist is defined as a Regulated Member with the ACO.

Guidelines are meant to provide guidance and direction as to the scope of services that Doctors of Optometry are authorized to provide and the manner in which those services are provided. They are based on the best available and most current optometric and medical clinical evidence and research. It is incumbent upon each practitioner to exercise professional judgment when determining the current and future needs of each individual patient.

Guidelines are in constant evolution to reflect advances in optometric and medical science, certification of new competencies, development of innovative technology and updates to legislative scopes of practice.

These Guidelines may be used by the ACO in judging the competence and professional conduct of ACO members. A Hearings Tribunal may make reference to the Guidelines in determining whether or not actions on the part of an optometrist amount to a finding of unprofessional conduct.

The **ACO Guidelines** are set out as a reference to specific ACO Standards of Practice and are presented in **black, bold typeface**. The ACO Standards of Practice are presented in *red Italics*. The numbering system reflects that used in the separate ACO Standards of Practice document.

Part 1

Practice Management Guidelines

1.1 Optometric Facilities

1.1.1 In order to provide professional services, an optometrist must maintain or have access to an optometric facility.

- GL-1.1.1a** **The optometric facility must have:**
- **an individual facility address,**
 - **a posted list of the name(s) of optometrist(s) who provide services at that location,**
 - **a telephone number,**
 - **appropriate, confidential, and secure storage of patient records,**
 - **in-office sinks and disposal facilities, sufficient to enable the maintenance of infection control standards as per the Alberta College of Optometrists Infection Prevention and Control Policy,**
 - **an Annual Practice Permit openly displayed,**
 - **an Annual Professional Corporation Permit or Limited Liability Partnership Permit (where applicable) openly displayed, and,**
 - **an Office Privacy Policy openly displayed; or, an Office Privacy Policy compliance sign openly displayed with a readily available Office Privacy Policy for review.**
- GL-1.1.1b** **Optometrists who will be away from his/her office for an extended length of time must make arrangements with other appropriate practitioners for patient care.**
- GL-1.1.1c** **Optometrists must provide their patients with easily accessible information regarding after-hours care.**
- **Optometrists must be available and accessible 24/7 or have alternate arrangements in place to respond to and act upon any critical lab results or urgent or emergent vision care conditions.**
 - **Optometrists are encouraged to consider developing agreements, partnerships or arrangements such as on-call groups with other optometrists or physicians to fulfill this responsibility.**
 - **Instructions for after-hours care should be available to patients who call the office by telephone as well as on the practice's website.**

1.1.2 Optometric facility location and signage should be designed and displayed in a professional manner.

1.1.3 Examination areas must respect the privacy and confidentiality of patients.

1.1.4 An optometric facility must maintain a prescribed minimum amount of ophthalmic instrumentation in a safe, hygienic and accurate manner dependent on the level of services that are offered at the facility.

GL-1.1.4a In order to provide comprehensive vision care services, an optometric facility must contain and maintain the following minimum amount of general ophthalmic instrumentation in a safe, hygienic and accurate working order:

Equipment to assess the refractive condition of the patient:

- distance and near visual acuity charts,
- an instrument for measuring corneal curvature,
- a retinoscope and lens set, or other similar devices for the accurate measurement of an objective refraction,
- a phoropter or other similar device for the accurate measurement of a subjective refraction, and,
- a lensometer or other similar device for measuring the power of a lens.

Equipment to assess the binocular, accommodative, motility and sensory function of the patient:

- prisms (either variable, loose, or in bars),
- a stereoacuity test, and,
- a colour vision test.

Equipment to assess the ocular health of the patient:

- a direct ophthalmoscope, indirect ophthalmoscope or other instrumentation for viewing the posterior segment of the eye. (NOTE: The use of imaging or photographic equipment without direct or indirect evaluation of the eye is not sufficient),
- a slit lamp biomicroscope, gonioscope and fundus lenses,
- a tonometer or other instrumentation for measuring the intraocular pressure of the patient,
- an instrument to measure the corneal thickness,
- a penlight or transilluminator,
- access to a computerized visual field instrument, and,
- access to a scanning laser instrument.

- GL-1.1.4b** Optometrists who provide comprehensive vision care services at remote locations are required to meet the same minimum equipment list as noted in GL-1.1.4a.
- GL-1.1.4c** Optometrists who provide limited vision care services (partial or single procedure examinations) at remote locations require appropriate instrumentation and equipment dependent on the type and level of vision care service(s) provided.
- GL-1.1.4.d** The minimum equipment required for contact lens fitting, prescribing and assessments includes:
- all equipment as listed in GL-1.1.4a that is required for an optometric facility,
 - diagnostic trial contact lenses, and,
 - disinfection equipment/solution for diagnostic contact lenses.
- GL-1.1.4.e** The minimum equipment required for low vision assessment includes:
- distance and near low vision charts,
 - three near diagnostic magnification aids,
 - three distance diagnostic magnification aids, and,
 - an appropriate selection of tints and filters.
- GL-1.1.4f** The minimum equipment required for lacrimal system and minor optometric surgical procedures includes:
- foreign body removal instruments,
 - dilation and irrigation instruments, and,
 - disinfection equipment/solution for instruments, devices and surfaces as per the ACO Infection Prevention and Control Policy.

1.1.5 Optometrists shall be knowledgeable and proficient in methods of infection control and employ appropriate procedures for all products, instruments, office equipment and facilities used in patient care as per the ACO Infection Prevention and Control Policy.

1.1.6 Optometrists shall adhere to the Alberta Occupational Health and Safety Code and the ACO Occupational Health and Safety Manual to ensure workplace safety.

1.2 Patient Records

1.2.1 Optometrists must make and maintain a legible, complete and understandable record of their care for each patient.

- GL-1.2.1a** Optometrists must correctly and consistently identify the patient at each visit:
- At the initial visit, optometrists must confirm the patient's unique identity by reviewing at least two pieces of supporting documentation.
 - At all subsequent visits, optometrists must confirm the accuracy of demographic information including last name, first name, date of birth, gender and a personal health number.

- GL-1.2.1b** Optometrists have a duty to ensure that paper and electronic patient records contain, as a minimum, the following information:
- the name of the examining optometrist,
 - demographic information of the patient including last name, first name, date of birth, gender and personal health number,
 - contact information of the patient including telephone number(s) and mailing address,
 - the dates of all entries to the record,
 - the patient's case history, social history, prior history and relevant family history,
 - information from other sources, including past records, laboratory and imaging reports, referral letters, surgical notes and consultant's reports,
 - current medications, allergies and drug sensitivities,
 - examination findings,
 - diagnoses (tentative, differential or established),
 - optical, contact lens and pharmaceutical prescriptions issued,
 - counseling, co-management arrangements, treatments administered or referrals made,
 - recommended recall date,
 - responses of the patient to the advice given, if refused, and,
 - financial transactions, including billings and receipts to third parties.

- GL-1.2.1c** Interpretation of any additional testing performed such as visual fields, laser scanning or photographic imaging, etc. must be recorded on the patient chart.

- GL-1.2.1d** All relevant information pertaining to the patient should be recorded in a legible and permanent format in English.
- GL-1.2.1e** Optometrists will provide patients with access to their records in accordance with the Health Information Act (HIA), Part 2.
- GL-1.2.1f** Optometrists shall ensure that the patient record contains sufficient information so that another practitioner is able to understand and assume the patient's care at any point in the course of diagnosis, monitoring, co-management, treatment, or referral without loss of patient care or continuity. A patient record is considered legible if both the optometrist and a reasonable person are able to read the record
- GL-1.2.1g** Any necessary corrections to a patient record must be completed in the following manner:
- Paper charts may be corrected by crossing through the text with a single line, writing in the correction, the reason for the correction (where necessary), dating the entry and initialing the changes to the record. Whiteout or erasure of previous data is not allowed to be used for corrections to paper charts.
 - Electronic records may be corrected by detailing the change (and reasons for the change when necessary), dating the change and identifying the person making the change.
- GL-1.2.1h** Where an optometrist refuses to make a correction or amendment that a patient has requested to a patient chart, the optometrist must tell the patient that the patient may elect to do either of the following, but may not elect both:
- ask for a review of the optometrist's decision by the Office of the Information and Privacy Commissioner (OIPC), or,
 - submit a statement of disagreement to the custodian setting out in 500 words or less the requested correction or amendment and the patient's reasons for disagreeing with the decision of the optometrist.

1.2.2 Optometrists must collect, protect, maintain, use, correct, amend and disclose health information in an appropriate, lawful and confidential manner.

- GL-1.2.2a** Health information is defined as:
- registration information, and,
 - diagnostic, treatment and care information.
- GL-1.2.2b** Optometrists are considered *custodians* under the Health Information Act (HIA). Employees of optometrists are considered *affiliates* under the Health Information Act.
- GL-1.2.2c** Custodians collect, use and disclose health information in accordance with the HIA. As such, custodians are responsible for creating, maintaining and protecting all records in their custody or control.
- GL-1.2.2d** Optometrists can only collect, use or disclose the amount of health information essential to carrying out the purpose for which the information was provided and preserve the highest degree of patient anonymity.
- GL-1.2.2e** Optometrists may disclose patient records:
- With the express written consent of the patient or authorized representative.
 - Without the express written consent of the patient or authorized representative under limited circumstances as listed under the HIA, Section 35 & 36.
- GL-1.2.2f** Optometrists who disclose patient records to researchers, must follow the rules prescribed under HIA, Division 3 – Disclosure for Research Purposes.
- GL-1.2.2g** Optometrists who utilize email as a means of communication (with patients or other health care practitioners) must follow the Office of the Information and Privacy Commissioner’s (OIPC) Email Communication guidelines (www.oipc.ab.ca).
- GL-1.2.2h** Although, unrecorded information (information told to a custodian but not recorded on a patient chart) is not considered “health information”; it is protected by the Health Information Act and may only be used and disclosed for the purpose for which it was provided.
- GL-1.2.2i** Optometrists must maintain adequate safeguards to protect confidentiality and to protect against reasonably anticipated threats or hazards to the security, integrity, loss or unauthorized use, disclosure, modification or unauthorized access to health information.

- GL-1.2.2j** Optometrists who use an electronic patient or health record must ensure that the system has adequate safeguards to protect the security, integrity and confidentiality of information, including but not limited to, ensuring:
- an unauthorized individual cannot access identifiable health information,
 - each authorized user can be uniquely identified,
 - each authorized user has a documented access level based on the individual's role,
 - appropriate password controls and data encryption are used,
 - audit logging is always enabled and meets the requirement of section 6 of the Alberta Electronic Health record regulation,
 - where electronic signatures are permitted, the authorized user can be authenticated,
 - identifiable health information is transmitted securely,
 - secure backup of data,
 - data recovery protocols are in place along with the regular testing of these protocols,
 - data integrity is protected such that information is accessible,
 - practice continuity protocols are in place in the event that information cannot be accessed electronically, and,
 - when hardware is disposed of that contains identifiable health information, all data is removed and cannot be reconstructed.

- GL-1.2.2k** Where an optometrist places patient information into an electronic or paper record which is not under his or her direct custody and control, there must be in place:
- a written information management agreement which addresses the requirements of GL-1.2.2j,
 - a written information sharing agreement which manages issues related to access, secondary use and disclosure of patient information,
 - appropriate disclosure in the optometrists Office Privacy Policy, and,
 - an understanding that the custodian retains ultimate responsibility for the records.

- GL-1.2.2l** An optometrist who engages the services of an information manager as defined under the *Health Information Act* to manage electronic health records under the custody or control of the optometrist must first enter into a written agreement with the information manager. The HIA defines an “information manager” as a person or body that:
- processes, stores, retrieves or disposes of health information,
 - in accordance with the regulations, strips, encodes or otherwise transforms individually identifying health information to create non-identifying health information, or,
 - provides information management or information technology services.
- GL-1.2.2m** The agreement between the optometrist and the information manager must comply with the requirements of an information manager agreement as specified under section 7.2 of the Health Information Regulation. The information manager may use or disclose information for the purposes authorized by the agreement, and must comply with the Act and regulations, and the agreements entered into with the optometrist. The optometrist continues to be responsible for compliance with the HIA and regulations, including protecting the records.
- GL-1.2.2n** An optometrist who discloses or contributes information to a shared electronic medical record operated by another custodian, which facilitates access to the information by multiple custodians, must first enter into an agreement with the custodians participating in the shared electronic medical record that sets out how duties under the HIA will be met. For example, the agreement would need to address topics such as:
- clarifying when another custodian may use and disclose records the optometrist has contributed,
 - process for responding to access and correction requests,
 - process for responding to disclosure requests (e.g., research requests), and,
 - shared responsibilities for protecting the records.

1.2.3 Records are to be held for as long as necessary to satisfy the clinical, ethical, financial and legal obligations of the optometrist.

- GL-1.2.3a** Patient records must be kept for a minimum of ten (10) years after the patient's last examination or two (2) years after the death of a patient.
- GL-1.2.3b** Optometrists who create a patient record are considered the custodian of that record. When optometrists transfer custodianship of the records they have created to a successor, that successor becomes the custodian of the record.
- GL-1.2.3c** Optometrists who retire, leave or close their practice:
- Must notify the Alberta College of Optometrists (ACO) in advance of when the optometrist plans to close or leave a practice in Alberta.
 - Must provide and document notification of the event to individual patients with whom there is an expectation of ongoing care by that optometrist. This does not apply to those optometrists whose reasons for closing or leaving a practice is due to circumstances beyond their control. In these cases, patients must be notified as soon as is reasonably possible given the circumstances.
 - Are responsible for the secure storage and disposition of the patient records from that practice.
 - May transfer custodianship of their patient records to a successor custodian. Only optometrists or ophthalmologists practicing and licensed in Alberta may be successor custodians. As such, any other individual, business entity or health care practitioner who is not an optometrist or ophthalmologist cannot be a successor custodian.
- GL-1.2.3d** Optometrists, who cannot locate another optometrist or ophthalmologist to transfer custodianship of their patient records to when they retire, leave or close their practice may utilize the services of a medical file storage facility. As medical file storage facilities cannot act as custodians of patient records, the optometrist is responsible for making arrangements to ensure the secure storage of the records for the retention period prescribed in GL-1.2.3a and for the secure destruction of records at the end of this retention period.

- GL-1.2.3e** Optometrists who retire, leave or close their practice must provide the ACO with:
- information describing how the transfer of patient care will be managed,
 - information on the location and disposition of patient records and how the patient records may be accessed, and,
 - a forwarding mailing address and contact information for the optometrist.
- GL-1.2.3f** The Alberta College of Optometrists recommends that all business arrangements (associateship, partnership, etc.) have a written agreement in place to satisfy the requirements of SOP 1.2 – Patient records.
- GL-1.2.3g** An optometrist owner who asks an optometrist to leave a practice must give adequate notice that the optometrist's services are no longer required; thereby allowing the departing optometrist to meet his or her obligations as per GL-1.2.3a to GL-1.2.3f.

1.3 Optometric Knowledge and Clinical Expertise

1.3.1 Optometrists shall meet or exceed all requirements of the ACO Continuing Competence Program to ensure that they are knowledgeable, competent, skilled and able to provide the most effective and appropriate optometric services.

- GL-1.3.1a** All ACO registered optometrists must participate in the ACO Continuing Competence Program in accordance with rules established by the ACO.

1.4 Legal Obligations

1.4.1 Optometrists must understand and adhere to all agreements with Alberta Health and other third party contracts.

1.4.2 Optometrists who opt out of agreements signed by the Alberta Association of Optometrists must provide patients with appropriate prior disclosure that their services will not be covered under such agreements.

1.4.3 Optometrists shall ensure that their fees are explained and agreed to by patients in advance of provision of services.

1.4.4 Optometrists must understand and adhere to Federal, Provincial, municipal, statutory and common law requirements and obligations as well as all Privacy Legislation requirements.

1.5 Standards of Behavior

1.5.1 Optometrists shall only recommend and provide appropriate and required professional services and treatments within the practice of optometry.

- GL-1.5.1a** Optometrists shall only recommend and provide appropriate and required office visits, diagnostic procedures, optical and other appliances, medications, nutraceuticals and any other treatments.
- GL-1.5.1b** A conflict of interest exists when a professional or business arrangement presents a situation that affects, or has the potential to affect, the clinical decision of an optometrist or influences his/her clinical judgment. The optometrist need not actually take advantage of the opportunity for a conflict to exist. The conflict may be direct, indirect, real, of a financial nature, or otherwise. Conflicts of interest must always be resolved in favor of the patient.
- GL-1.5.1c** Optometrists must not (indirectly or directly):
- Have his/her professional decision making and judgment skills influenced or controlled by other persons, business entities, corporations or any other factor other than the optometrist's own professional judgment, Health Professions Act, Optometrists Professional Regulation, ACO By-laws, ACO Code of Ethics, ACO Standards of Practice, Guidelines to the ACO Standards of Practice, ACO Clinical Practice Guidelines and ACO Advisories.
 - Employ, pay, reward or agree to employ, pay or reward any person or business entity in any manner for services to solicit or steer patients for patronage to themselves or any other optometrist other than normal and customary paid advertising.
 - Enter into any business arrangement that may create a real or perceived conflict of interest.
 - Direct a patient to a diagnostic, treatment or optical dispensing facility where the optometrist has a business interest or derives a profit from unless the patient is informed of the member's interest or ownership ahead of time and the patient is given a choice to attend any other facility of their choosing.
 - Derive a profit from dispensing or recommending a particular brand of product other than the usual volume or advance payment rebates available to other optometrists.
 - Permit, counsel or assist any person who is not a regulated member to practice optometry.

- GL-1.5.1d** Optometrists must always act in the best interests of the patient.
- GL-1.5.1e** Optometrists who own and/or purchase an interest in a separate company or business entity that offers electronic contact lens or glasses sales (internet, FAX, telephone, etc.) must govern themselves as follows:
- The separate company cannot advertise nor have any visible identification to the optometrist's professional optometric practice or to the optometrist personally.
 - The optometrist must disclose their financial interest when directing patients to these separate companies and respect the patient's right to select the provider of their choice.
- GL-1.5.1f** Optometrists must not promote their own moral, political or religious beliefs when interacting with patients; and, must communicate clearly and promptly about any treatments or procedures the optometrist chooses not to provide because of his or her moral or religious beliefs.
- GL-1.5.1g** If a patient suffers harm, with harm being defined as an outcome that negatively affects the patient's health and/or quality of life; the responsible optometrist must ensure that the patient receives disclosure of that information. Disclosure must occur whether the harm is a result of progression of disease, a complication of care or an adverse event and whether the harm was preventable.
- GL-1.5.1h** The choice of optometrist ultimately rests with the patient. If a patient chooses to attend an optometrist who has relocated:
- a) It is the responsibility of the relocating optometrist to send written confirmation of their new contact information (address, telephone, fax, email, etc.) to their original location.
 - b) It is the responsibility of the optometrist(s) and staff still at the original location to:
 - Respect the patient's decision of their choice of provider.
 - Disclose to a patient, who enquires, the location (address and telephone number) of the optometrist who has left the original practice (if known).
 - Direct the patient to contact the ACO office if the location of the optometrist is unknown.

1.5.2 Optometrists shall understand and adhere to the ACO Code of Ethics, ACO Standards of Practice, Guidelines to the ACO Standards of Practice, ACO Clinical Practice Guidelines and ACO Advisories as provided and updated from time to time.

- GL-1.5.2a** Optometrists must immediately report the following personal circumstances in writing to the ACO Registrar:
- Any physical, cognitive, mental, medical and/or emotional condition(s) (including substance abuse) that is negatively impacting their practice of optometry or is reasonably likely to negatively impact their practice of optometry in the future.
 - Any sexual or inappropriate personal relationship between the optometrist and a patient who is not their spouse or partner.
 - Any voluntary or involuntary loss or restriction of diagnostic or treatment privileges.

- GL-1.5.2b** Optometrists must report another optometrist to the ACO Complaints Director when the first optometrist believes, on reasonable grounds, that the conduct of the other optometrist places patients at risk or is considered unprofessional conduct under the Health Professions Act. Knowledge of optometrist conduct includes, but is not limited to:
- Making sexual advances to or enters into a sexual relationship with a patient who is not their spouse or partner.
 - Suffering from a physical, cognitive, mental or emotional condition(s) that is negatively impacting their practice of optometry or is reasonably likely to negatively impact their practice of optometry in the future.
 - Repeatedly or consistently fails to address his or her behavior in a manner that interferes with the delivery of care to patients.
 - Is not competent in the care of patients.

- GL-1.5.2c** If a patient discloses information leading an optometrist to believe, on reasonable grounds, that another optometrist has committed a sexual boundary violation with the patient, the first optometrist must:
- provide the patient with information about how to file a complaint with the ACO, or,
 - offer to file a third person complaint with the patient's permission, if the patient does not wish to file a complaint personally.

1.5.3 Optometrists shall allocate appropriate time for the delivery of professional services.

1.5.4 Patient triage must be understood by optometrists and all members of their office staff to ensure prompt and competent treatment of patients requiring urgent or emergent care.

1.5.5 Patient recall should be based on the type and severity of optometric or medical conditions.

GL-1.5.5a An optometrist may legally and ethically decide not to continue providing care to a patient as long as the patient is not acutely in need of immediate care and has been given reasonable notice to find another optometrist or ophthalmologist.

1.6 Marketing and Promotion

1.6.1 Marketing and promotional material should be clear, accurate, truthful, complete and not misleading.

GL-1.6.1a Marketing and promotion by an optometrist or on behalf of an optometrist must also:

- be dignified and in good taste,
- not misrepresent or overstate the effectiveness of any diagnostic or treatment procedure, instrument or ophthalmic device,
- not claim superiority over any other optometrist,
- not be detrimental to the best interest of the public, and,
- not damage the integrity of the profession of Optometry.

GL-1.6.1b Marketing and promotion is allowed via any form of communication equally available to all optometrists.

GL-1.6.1c The Alberta College of Optometrists does not allow optometrists to refer to themselves as specialists.

GL-1.6.1d Advanced Training Designation - If an optometrist has taken the extra training and certification required to achieve a designation beyond a Doctor of Optometry degree, that member is allowed to refer and promote himself/herself. The “advanced training” title is to be followed by the relevant description as given by the organization. For example, a residency trained optometrist in contact lenses would be described as “advanced training in contact lenses”.

The following post-graduate programs are deemed appropriate in order for members to use the “advanced training in” designation:

- **Accreditation Council on Optometric Education (ACOE) Accredited Residency Program.**
- **Diplomate of the American Academy of Optometry (AAO). This program has a pre-requisite of a fellowship (FAAO) designation.**
- **Other similar programs deemed appropriate by Council. To receive approval, a complete history of the program must be submitted to Council including, but not limited to: pre-requisites, length of program, date completed, location, list of instructors, clinical versus didactic hours, research conducted, published papers and posters, lectures given and number of patients examined.**

GL-1.6.1e Academic Designations:

- **Academic degrees, fellowships, certificates and diplomas earned by examination from institutions accredited by the ACO are allowed to be stated.**
- **It is considered appropriate to use either the designate “Dr.” in front of your name without any degree identified behind your name, or you may list your name (without the Dr. title) followed by your appropriate degree(s).**
- **It is not considered appropriate to list the name of the academic institution behind your Degree.**
- **It is considered appropriate to list your membership in other associations, societies and colleges as follows:**
 - [i] Dr. John Smith**
Member of the AAO, ACO, CAO
 - [ii] John Smith, B.Sc., O.D., F.A.A.O.**
Member of the AAO, ACO, CAO

GL-1.6.1f Listing of Optometric Services:

- **The listing of optometric services that are available at your practice is a valid public service. The terminology used to describe these services should be consistent with generally accepted terms such as: Eye examinations, eye health examinations, complete vision and eye health examinations, eye surgery consultations, contact lens fittings, complete family vision care, treatment of eye disease, on-site optical lab, large selection of designer frames, walk-in appointments welcome and evening and weekend appointments available. Other similar terms not listed above would also be acceptable.**

- **Terms that denote superiority or are misleading are not acceptable. Examples include: computerized vision testing, most advanced diagnostic, state-of-the-art, high-tech, sight saving eye exams, most up-to-date vision testing equipment in the province, expert in all areas of vision care, most experienced vision care in town, gentle eye exams, scientifically proven vision care results guaranteed, voted the best office in consumer satisfaction and highest standard in infection control. Again, other similar terms would also not be acceptable.**

GL-1.6.1g Endorsements:

- **Provision of accurate product information by optometrists to their patients is a valid public service.**
- **Knowingly allowing the use of testimonials, superlative statements or personal endorsements on a clinic website(s) or any other marketing and promotion material is not allowed.**
- **The use of superlative logos, awards, designations or other similar wording (such as Consumers Choice Award, Top Choice Award, etc.) is not allowed.**

GL-1.6.1h Optometrists are encouraged to participate in programs of health education and charitable activities offered to the public. Optometrists are allowed to list their name on the letterhead of health or charitable organizations along with their appropriate designations.

GL-1.6.1i The names of all optometrists who practice at a facility should be prominently displayed in a location where these names are visible to the public. If a trade name is used, the names of the optometrists practicing at that facility should also be listed under the trade name along with the word Optometrist(s).

GL-1.6.1j The name of a retired or deceased optometrist may be used by his/her former practice in any way which complies with the Health Professions Act, Optometrists Profession Regulation, ACO By-laws, ACO Advisories, Code of Ethics, Standards of Practice and accompanying Guidelines for a period not exceeding two years after the date of their retirement or death.

GL-1.6.1k The size and color of internal and external signs should project a professional image to the public.

GL-1.6.11 Fees:

- **Advertising of examination and treatment fees must be complete, truthful and not misleading.**
- **Patients are to be informed of any fees for examination or treatment services in advance of that service being initiated.**
- **A regulated member shall not divide, share, split or allocate, either directly or indirectly, any fee for professional (oculo-visual assessment) services with any person who is not a Regulated Member of the same college.**

1.7 Staff Training and Responsibilities

1.7.1 Any staff member who uses the title of a regulated health professional and is qualified to meet the registration requirements of a regulated health profession must be a Regulated Member of that health profession.

GL-1.7.1a According to Section 46 of the Health Professions Act (HPA), all health care professionals must apply for registration with their College if their College is governed by the HPA and if that health care professional:

- **is qualified to meet the requirements of registration as a qualified member, and,**
- **intends to provide any or all of the following:**
 - **Professional services directly to the public,**
 - **Teaching of the practice of a regulated profession to regulated members or students of the regulated profession, or,**
 - **Supervision of regulated members who provide professional services to the public.**

GL-1.7.1b According to Section 47 of the HPA, no person shall knowingly employ a person who meets the above requirements unless that employed person is a Regulated Member of a College governed by the HPA or is authorized to provide the services pursuant to another enactment.

GL-1.7.1c Employees registered with a regulatory college other than the ACO, are required to follow the Standards of Practice and all other rules of their own regulatory college.

GL-1.7.1d Optometric assistants, ophthalmic assistants, and other staff who are not Regulated Members of a regulatory college must be supervised by a regulated optometrist.

1.7.2 Administrative and ancillary personnel shall be qualified to perform their duties, be encouraged to maintain their competence and be provided with the tools and environment to work comfortably and safely.

GL-1.7.2a An optometrist may supervise another person performing a Restricted Activity, as defined in Schedule 7.1 of the Government Organization Act, if the optometrist:

- is authorized to perform that Restricted Activity,
- is satisfied with the knowledge, skill and judgement of the supervised person performing the Restricted Activity,
- has confirmed that the equipment and resources required to perform the Restricted Activity are available, safe and appropriate, and,
- remains readily available for consultation during the performance of the Restricted Activity.

GL-1.7.2b An optometrist may supervise a student performing a restricted activity if the optometrist:

- has confirmed that the student is enrolled in a professional health services training program,
- has confirmed that the equipment and resources required to perform the procedure are available, safe and appropriate, and,
- will be physically present on the site where the procedure is being performed and is available to assist.

GL-1.7.2c Notwithstanding GL-1.7.2a and GL-1.7.2b, an optometrist must not supervise a person in performing a restricted activity if that person:

- would be in violation of Section 46 of the Health Professions Act regarding mandatory registration, or,
- is registered with a healthcare profession in Alberta but is not authorized by that profession's regulatory authority to perform that Restricted Activity.

1.8 Communication

1.8.1 Optometrists shall communicate with staff, patients, care givers, legal guardians and other health care professionals in a clear, dignified, respectful, effective and unambiguous manner.

GL-1.8.1a When multiple healthcare providers are caring for a patient, an optometrist must communicate and collaborate with all other healthcare providers, staff, patients, care givers and legal guardians to ensure appropriate and optimal patient care.

GL-1.8.1b When working in a team setting, optometrists shall clearly document his or her contribution to the patient's care and explain the optometrist's role and responsibilities to the patient.

1.8.2 Optometrists shall utilize the most effective modes and methods of communication which take into account the physical, emotional, mental, intellectual and cultural background of the patient, care giver and/or legal guardian.

GL-1.8.2a The optometrist has a duty to use appropriate language, vocabulary and terminology to ensure, as far as possible, that patients understand the testing procedures, examination outcomes and recommendations for treatment. Sign language, interpreters or any other means should be used where appropriate.

1.8.3 Optometrists shall provide verbal, written or electronic information to patients, care givers and/or legal guardians including, but not limited to, the cause of their condition, systemic conditions affecting their eyes, options for treatment, recommendations, any instructions, prognosis with or without treatment, the urgency of the situation and possible preventative measures.

GL-1.8.3a When requested by a patient or their legal guardian; or when required by law, an optometrist must provide details of his or her findings, assessment, advice and treatment.

GL-1.8.3b When responding to requests in GL-1.8.3a, an optometrist must respond to the authorized request as soon as possible, generally within thirty (30) days of receiving the request in one of the following ways:

- providing the information requested,
- acknowledging the request and giving an estimated date for providing the information, or,
- explaining why all or part of the information will not be provided.

GL-1.8.3c Notwithstanding GL-1.8.3a, in a legal proceeding, an optometrist is not obligated to:

- provide an expert opinion, or,
- become or testify as an expert witness.

GL-1.8.3d Notwithstanding GL-1.8.3a, if the request is made under a contractual agreement, optometrists must comply with the specifics of that agreement.

1.8.4 Public speaking on eye and vision care shall be truthful, clear, accurate, professionally delivered and not misleading.

Part 2

Clinical Practice Guidelines

2.1 Examination, Assessment, Diagnosis, Treatment and Management

2.1.1 An examination and assessment plan shall be designed in order to obtain the information necessary to achieve a proper diagnosis at the highest level of specificity and, develop appropriate treatment and management plans.

GL-2.1.1a Optometrists shall use their professional discretion and judgment to determine which tests and procedures are best suited for that particular patient at that particular time and be able to justify the inclusion or exclusion of any test.

2.1.2 The examination, assessment, treatment and/or management plan shall be progressively and appropriately modified on the basis of findings.

2.1.3 Consideration shall be given to the relative importance or urgency of the presenting problems and examination findings.

2.1.4 The informed consent of the patient and/or legal guardian must be obtained for the initiation and continuation of any examination, assessment, treatment or management plan.

GL-2.1.4a Optometrists are responsible for ensuring that consent, which may be implied or expressed, orally or in writing, is obtained from a patient or legal guardian before performing an examination or treatment or before disclosing the patient's personal health information, except where permitted by law to act without consent.

GL-2.1.4b Optometrists must respect the right of a patient to withdraw consent at any time.

GL-2.1.4c Evidence of legal authority must be obtained or established from parents or legal guardians before optometric clinical examinations and treatments can be performed on persons under the age of 18 or adults of diminished capacity. A child of 16 who is living independently does not require parental consent for examination or treatment.

2.1.5 Information and data required for examination, assessment, diagnosis, treatment and management shall only be elicited from the patient, care giver, legal guardian and/or other professionals with the patient's or legal guardian's permission.

2.1.6 Subsequent examination, assessment, diagnosis, treatment and management plans should clearly separate the new information and data from earlier information and data in order to maintain an appropriate perspective in the ongoing care of the patient.

2.2 Clinical Practice Guidelines

2.2.1 Clinical Practice Guidelines are considered a guide as to the legislated scope of services that an optometrist is authorized to provide and the manner in which the optometrist provides those services.

GL-2.2.1a Optometrists must recognize his or her limitations and the special skills of others in the delivery of patient care to ensure appropriate, competent, safe and skilled services are provided to their patients in a timely manner.

2.2.2 Clinical Practice Guidelines are in constant evolution to reflect advances in optometric and medical science, certification of new competencies, development of innovative technology and updates to scope of practice.