



## Continuing Competence Program Practice Visit Report

### Part 1 – Self Assessment

**You must complete this self-assessment in its entirety prior to your on-site Practice Visit.**

- The Alberta College of Optometrists (ACO) Continuing Competence Program was designed to measure, assess and enhance the knowledge, skill and judgment of practicing optometrists. Participation in the program is mandatory for all registered optometrists.
- Your behavior, competence, skill and knowledge will be assessed using the ACO Code of Ethics, Standards of Practice, Guidelines to the ACO Standards of Practice and the ACO Clinical Practice Guidelines.
- You are required to complete this entire booklet (Part 1 – Self Assessment) yourself before the reviewer assigned to your Practice Visit presents to your office for the on-site portion of your Practice Visit.
- You and your reviewer will complete Part 2 – Patient Chart Performance Assessment together following a review of an appropriate number of patient charts.

<b>Practitioner Name</b>		<b>Practitioner ACO Registration Number</b>	
<b>Office Name</b>			
<b>Office Address</b>			
	<b>Address</b>	<b>City</b>	<b>Postal Code</b>
<b>Office Phone Number</b>			
<b>Office Fax Number</b>			
<b>Name of Reviewer</b>			
<b>Date / Time of Review</b>			

**A. CLINIC INFORMATION (GL 1.1)**

Does your facility have:		Yes	No
a) A posted list of all optometrists who provide services at that location?			
b) An Annual Practice Permit displayed?			
c) An Annual Professional Corporation (where applicable) or Limited Liability Partnership (where applicable) Permit displayed?			
d) Appropriate after-hours care?			
If no, please list deficient areas:			

Does your practice:	Yes	No
a) Dispense eyeglasses?		
b) Dispense contact lenses?		
c) Provide low vision services?		
d) Provide vision therapy services?		

**B. MARKETING & PROMOTION (GL 1.6)**

Does the practitioner (or anyone on their behalf) engage in the following:	Yes	No
a) Discount coupons (internet or regular print)?		
b) Use of patient testimonials on their website?		
Does the practitioner attest that they abide by all ACO Marketing and Promotion Guidelines?	Yes	No
Does the practitioner divide, share, split or allocate, either directly or indirectly, any fee or professional services (oculo-visual assessment) with any person who is not an optometrist?	Yes	No
Does the practitioner have:	Yes	No
a) Specialty or Special Interest Designation? <i>List specifics, if yes:</i>		
b) Residency Training? <i>List specifics, if yes:</i>		
c) Area of Special Interest? <i>List specifics if yes:</i>		

**C. MINIMUM FACILITY EQUIPMENT (GL 1.1.4a)**

Minimum Facility Equipment	In-Office		Remote Location	
	YES	NO	YES	NO
<b>Visual acuity charts</b> (both distance and near)				
<b>Instrument to measure corneal curvature</b> (manual keratometer, auto-keratometer, corneal topographer, etc.)				
<b>Instrument to measure objective refraction</b> (retinoscope and lens set, auto-refractor, etc.)				
<b>Instrument to measure subjective refraction</b> (phoropter, vision analyzer, refractometer, trial lenses and frame, etc)				
<b>Instrument to measure the power of a lens</b> (auto or manual lensometer, etc.)				
<b>Variable, loose or bar prisms</b>				
<b>Stereo-acuity test</b>				
<b>Color vision test</b>				
<b>Instrument to view the posterior segment of the eye</b> (direct or indirect ophthalmoscope, fundus camera, condensing lens and slit lamp, etc.)				
<b>Penlight or transilluminator</b>				
<b>Slit lamp biomicroscope</b>				
<b>Gonioscopy lens</b>				
<b>Instrument to measure intraocular pressure</b> (tonometer, etc.)				
<b>Instrument to measure corneal thickness</b>				
<b>Retinal laser scan instrument</b> (or the ability to refer patients to a facility with a retinal laser scan instrument)				
<b>Computerized visual field device</b> (or the ability to refer patients to a facility with a computerized visual field device)				

	Yes	No
Optometrist attests that all equipment is in good working order.		
Does the practitioner provide optometric services at remote locations such as schools, hospitals, senior's centers, patient's homes, etc.?		

**D. MINIMUM FACILITY EQUIPMENT FOR CONTACT LENSES (GL 1.1.4d)**

Minimum Facility Equipment for Contact Lenses	YES	NO	Comments
Access to diagnostic trial lenses			
Inventory upkeep and disposal of expired trial contact lenses			
Contact lens solutions and cases			

**E. MINIMUM FACILITY EQUIPMENT FOR LOW VISION (GL 1.1.4e)**

Minimum Facility Equipment for Low Vision	YES	NO	Comments
Distance and near low vision charts			
A minimum of three near diagnostic magnification aids			
A minimum of three distance diagnostic magnification aids			
An appropriate selection of tints and filters			

**F. MINIMUM FACILITY EQUIPMENT FOR LACRIMAL SYSTEM AND MINOR OPTOMETRIC PROCEDURES (GL 1.1.4f)**

Minimum Facility Equipment for Lacrimal System & Minor Optometric Procedures	YES	NO	Comments
Foreign body removal instruments			
Dilation and irrigation instruments			

**G. INFECTION PREVENTION & CONTROL**

Reference: ACO Infection Prevention and Control Clinical Practice Guideline

	Yes	No
Practitioner has reviewed the ACO Infection Prevention and Control Clinical Practice Guidelines and attests that the office follows appropriate protocols.		

Does the practitioner follow appropriate methods of infection control and sterilization for the following:	Yes	No
a) In-office sinks?		
b) Appropriate hand-washing protocols?		
c) Latex or vinyl gloves?		
d) Face masks?		
e) Protective eyewear?		
f) Appropriate disposal of biomedical waste?		
g) Appropriate disposal of sharps?		
h) Appropriate disposal of single use instruments?		
i) Appropriate disinfection / sterilization for multi-use instruments and other surfaces?		
j) Are schedule 1 pharmaceuticals (drugs that require a prescription as a condition of sale) stored appropriately?		
k) Are tampered, expired and / or contaminated pharmaceutical products disposed of properly?		
l) Are tampered, expired and / or contaminated contact lenses disposed of properly?		
m) Are prescription pads stored securely?		

## H. Supervision

	Yes	No	Not Applicable
Does the optometrist render appropriate supervision of staff?			
Does the optometrist render appropriate, on-site supervision of student externs and interns?			

## I. OFFICE DOCUMENTS & PRIVACY LEGISLATION

Reference: ACO Code of Ethics, ACO SOP, Guidelines to the ACO SOP, ACO Clinical Practice Guidelines and Privacy Legislation documents.

	Yes	No
Practitioner attests that they abide by the ACO Code of Ethics, the ACO Standards of Practice, the Guidelines to the ACO Standards of Practice and the ACO Clinical Practice Guidelines.		
The practitioner has completed an Internal Office Privacy Manual and posted an External Office Privacy Notice.		
The practitioner has signed a Patient Record Custodianship Agreement and (if required) an Information Sharing Agreement with all other optometrists working at this location.		

	Yes	No
The office has signed Confidentiality Oaths with all optometrists, staff and volunteers.		
The practitioner has signed a Vendor Information Management Agreement (for a company offering IT services) and a Generic Information Manager Agreement (for a person providing information technology or information management services) at their clinic.		
The practitioner has completed a Privacy Impact Assessment (PIA) and submitted to the Office of the Information and Privacy Commissioner.		

	Yes	No	Chosen not to participate
The practitioner has completed all required documentation to access Alberta NetCare.			
The practitioner attests that they access NetCare in an appropriate manner.			

Method of patient record storage and filing system?	Paper	Electronic	Hybrid
Practitioner attests that they abide by all provisions of guideline 1.2 (patient records).		Yes	No
Are the patient files securely stored?		Yes	No
<b>How and when are patient records disposed of?</b>			
<b>How often and where are electronic files backed up?</b>			
<b>What type of appointment book is kept to record the visits made by all patients, each day?</b>			
Are examination areas private?		Yes	No
Are patient consent / release of information forms used? <b>Please attach a sample.</b>		Yes	No
Is there a recall system?		Yes	No
Are patient recall notices sent in a sealed envelope (if mailed)?		Yes	No

<b>What is your rationale and frequency of patient recall for regular recall and medically necessary or at-risk patient follow-up?</b>		
Practitioner attests that they bill Alberta Health in an appropriate manner as per the negotiated AAO Fee Schedule.	<b>Yes</b>	<b>No</b>

<b>General Comments of the Practitioner</b>

I certify that the contents of this self-assessment are true.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signed: \_\_\_\_\_  
  **[Practitioner Signature]**