GUIDELINES TO THE ACO STANDARDS OF PRACTICE

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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 appropriate waste 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 phoroptor 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, goniolens 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 are required to meet all requirements of the ACO Standards of Practice and the Guidelines to the ACO Standards of Practice regardless of whether the comprehensive vision care services are provided in their main clinic or at remote locations.**

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-1.1.4d **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-1.1.4e **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 Continuing Competence Program

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 Regulated Members must participate in the ACO Continuing Competence Program in accordance with rules established by the ACO.**

GL-1.3.1b **During each competency period all Regulated Members must practice in the manner as directed by Council.**

GL-1.3.1c **During each competency period, all Regulated Members must submit confirmation of their Category 1 Continuing Education activities to the ACO office.**

GL-1.3.1d **All Regulated Members must retain confirmation of continuing competence activities for a minimum of three years (either paper or electronic).**

1.3.2 The Registrar or Competence Committee may recommend to the Council:

GL-1.3.2a Rules governing the program credits that may be earned for each professional activity.

GL-1.3.2b Rules governing the type and category of professional activities that a Regulated Member must undertake.

GL-1.3.2c Rules limiting the number of professional development activities within a specific category for which a Regulated Member may earn credits.

GL-1.3.2d Rules governing the use of different assessment tools.

GL-1.3.2e Any other rules, as required, governing the ACO Continuing Competence Program.

1.3.3 The rules recommended under Section 1.3.2 and any recommended amendments to those rules must be distributed by the Registrar to all Regulated Members for their review.

1.3.4 The Council may approve rules and amendments to the rules reviewed under Section 1.3.2.

1.3.5 The ACO Continuing Competence Program Manual will contain specific assessment rules, program details and appeal options not listed in Section 1.3 of the ACO Standards of Practice.

1.3.6 The ACO Continuing Competence Program rules and any amendments to the rules must be made available by the Registrar to the public, the Minister, regional health authorities and any person who requests them.

1.3.7 The Registrar or Competence Committee must periodically select Regulated Members in accordance with criteria established by the Council for a review and evaluation of all or part of the Regulated Member's Continuing Competence Program.

1.3.8 The Competence Committee may utilize the following assessment tools:

- *Facility and clinic self-assessment questionnaires*
- *On-site Practice Visits or remote patient chart reviews*
- *Post-review survey*
- *Verification of active time in clinical practice*
- *Verification of Continuing Education Credits*
- *Optometry 5in5 on-line learning management programs*
- *Certification of new skills and competencies*
- *Other assessment tools authorized by the Registrar*

1.3.9 The Competence Committee is authorized to carry out Practice Visits and Chart Reviews, and may, for the purposes of assessing continuing competence, select individual Regulated Members or groups of Regulated Members for a Practice Visit or Chart Review.

GL-1.3.9a The criteria for selecting Regulated Members for a Practice Visit or Chart Review must be developed by the Competence Committee and approved by Council.

1.3.10 The ACO Competence Committee or Registrar must make a referral to the ACO Complaints Director if, on the basis of information obtained from a continuing competence program, the Regulated Member:

- *Does not complete all required activities in the ACO Continuing Competence Program.*
- *Has intentionally provided false or misleading information.*
- *Has displayed a lack of competence that has not been remedied by participating in the ACO Continuing Competence Program.*
- *May be incapacitated.*
- *Has displayed conduct that constitutes unprofessional conduct that cannot readily be remedied by means of the ACO Continuing Competence Program.*

1.3.11 If the results of a Practice Visit or Chart Review are unsatisfactory, the Competence Committee may direct a Regulated Member or a group of Regulated Members to undertake one or more actions as detailed in Section 1.3.11a to 1.3.11i of the Guidelines to the ACO Standards of Practice within the time period, if any, specified by the Competence Committee:

GL-1.3.11a Completion of specific continuing competence requirements or professional development activities.

GL-1.3.11b Completion of any examinations, testing, assessment, training, education or counselling to enhance competence in a specified area of areas.

GL-1.3.11c A requirement to practice under the supervision of another Regulated Member.

GL-1.3.11d Limitation of practice to specified procedures, specified groups of patients or specified practice settings.

GL-1.3.11e Reporting to the committee on specified matters on specified dates.

GL-1.3.11f Prohibition from supervising other Regulated Members or students.

GL-1.3.11g Correction of any problems identified in the Practice Visit or Chart Review.

GL-1.3.11h **Requirement to undergo a follow-up Practice Visit or Chart Review within 180 days of the date of their Unsatisfactory Review Notification Letter.**

GL-1.3.11i **Demonstration or verification of competence gained in a specific area.**

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 A patient means any person to whom the optometrist has delivered, or is delivering, optometric service and that person is not a consenting spouse, partner or other person in an adult interdependent relationship with the optometrist (as defined in Section 3[1] of the Adult Interdependent Relationship Act SA 2002CA-4.5).

GL-1.5.1a **A patient ceases to be considered a patient:**

- **Six (6) months after their care has been transferred to another practitioner.**
- **Six (6) months after last receiving optometric care or being terminated as a patient by the optometrist.**

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

GL-1.5.2a **Optometrists shall only recommend and provide appropriate and required office visits, diagnostic procedures, optical and other appliances, medications, nutraceuticals and any other treatments.**

GL-1.5.2b **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 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-1.5.2c **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 Profession Regulation*, ACO Bylaws, 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 of advance payment rebates available to other optometrists.**
- **Permit, counsel or assist any person who is not a regulated member to practice optometry.**

GL-1.5.2d **Optometrists must always act in the best interests of the patient.**

GL-1.5.2e **Optometrist 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 nay 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-1.5.2f **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-1.5.2g **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-1.5.2h **The choice of optometrist ultimately rests with the patient. If a patient chooses to attend an optometrist who has relocated:**

- **(i) 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.**
- **(ii) 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.**

1.5.3 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-1.5.3a **Optometrists must immediately report the following personal circumstances in writing to the ACO Registrar:**

- **Any physical, cognitive, mental, mental and/or emotional conditions(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 inappropriate personal relationship between the optometrist and another individual.**
- **Any voluntary or involuntary loss or restriction of diagnostic or treatment privileges.**

GL-1.5.3b **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:**

- **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.**

1.5.4 Optometrist shall not participate in any conduct that is considered sexual abuse or sexual misconduct.

GL-1.5.4a **For the purposes of this section, an individual who requires emergency or urgent care does not qualify as a patient.**

GL-1.5.4b **GL-1.5.4b Sexual abuse is defined in section 1(1)(nn.1) of the *Health Professions Act* for the purpose of addressing a complaint, and means the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct:**

i. Sexual intercourse between a regulated member and a patient of that regulated member;

ii. Genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated member and a patient of that regulated member;

iii. Masturbation of a regulated member by, or in the presence of, a patient of that regulated member;

iv. Masturbation of a regulated member's patient by that regulated member;

v. Encouraging a regulated member's patient to masturbate in the presence of that regulated member;

vi. Touching of a sexual nature of a patient's genitals, anus, breasts, or buttocks by a regulated member;

GL-1.5.4c **Sexual misconduct is defined in section 1(1)(nn.2) of the *Health Professions Act* for the purpose of addressing a complaint, and means any incident or repeated incidents of objectionable or unwelcome conduct, behavior or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and well-being but does not include sexual abuse.**

Gl-1.5.4d **Sexual nature is defined in 1(1)(nn.3) of the *Health Professions Act* and does not include any conduct, behavior or remarks that are appropriate to the service provided.**

1.5.5 As per the Health Professions Act, optometrists shall abide by the mandatory reporting requirements as detailed in Section 1.5.5a to 1.5.5e of the Guidelines to the ACO Standards of Practice.

GL-1.5.5a **If a person is a regulated member of more than one college and one college makes a decision of unprofessional conduct with respect to that regulated member, the regulated member must, as soon as reasonably possible, report that decision and provide a copy of that decision, if any, to the registrar of any other college the person is a regulate member of.**

GL-1.5.5b **If a governing body of a similar profession in another jurisdiction has made a decision that the conduct of a regulated member in that other jurisdiction constitutes unprofessional conduct, the regulated member must, as soon as reasonably possible, report that decision and provide a copy of that decision, if any, to the registrar.**

GL-1.5.5c **A regulated member must report any finding of professional negligence made against the regulated member to the registrar in writing, as soon as reasonably possible, after the finding is made.**

GL-1.5.5d **A regulated member must report in writing to the registrar, as soon as reasonably possible, if the regulated member has been charged with an offence under the *Criminal Code* (Canada) or has been convicted of an offence under the *Criminal Code* (Canada).**

GL-1.5.5e **If in the course of a regulated member acting in the regulated member's professional capacity the regulated member has reasonable grounds to believe that the conduct of another regulated member of any college constitutes sexual abuse or sexual misconduct, the regulated member must report that conduct to the complaints director.**

1.5.6 Optometrists who are found guilty of unprofessional conduct for sexual abuse or sexual misconduct may be ordered to reimburse the Alberta College of Optometrists for:

1) *Any funding provided to a patient for treatment and counselling.*
2) *Any investigation and hearing tribunal costs.*

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

1.5.8 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.

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

GL-1.5.9a 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.

1.5.10 When conducting any research activity, optometrists must:

1) *Operate within the current optometric scope of practice and ACO Standards of Practice.*
2) *Ensure that any research participated in is evaluated both scientifically and ethically; and, is approved by a research ethics board.*
3) *Inform the potential research subject, or proxy, about the purpose of the study, its source of funding, the nature and relative probability of harm and benefits, and the nature of the optometrist's participation including any compensation.*
4) *Obtain the informed consent of the subject, or proxy, in advance of proceeding with the study; and, advise prospective subjects that they have the right to decline or withdraw from the study at any time without prejudice to their ongoing optometric care.*

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 **Optometrists may use any title, acronym or designation listed in Schedule 17 of the HPA, or any other title, acronym or designation approved by Council.**

GL-1.6.1d **Only those optometrists who have received approval by Council may use the "Specialist", "Diplomate" or "Advanced Training" designations in marketing and promotion activities. To receive approval, optometrists must:**

- **Submit to Council a detailed history of the additional training and certification achieved beyond a Doctor of Optometry degree including, but not limited to:**
  - **Name of organization offering the training**
  - **Program pre-requisites**
  - **Length of program**
  - **Location of program**
  - **Date started and date completed**
  - **List of instructors**
  - **Summary of clinical and didactic hours**
  - **Research conducted**
  - **Published papers and/or Posters**
  - **Lectures given**
  - **Patients examined**
  - **Any other details deemed necessary**

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-1.6.1l **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.**

GL-2.2.1b **Optometrists must collaborate, as appropriate, with other healthcare providers for the benefit of the patient.**

GL-2.2.1c **Optometrists must respect a patient's reasonable request for referral to another healthcare provider:**

- **For a second opinion.**
- **For services outside the scope of practice of the optometrist.**

GL-2.2.1d **Notwithstanding Section 2.2.1c, an optometrist is entitled to refuse to make a referral:**

- **For duplicate or multiple referrals for the same condition.**
- **For consultations that are unlikely to provide a clinical benefit.**

GL-2.2.1e **For all referrals, optometrists must:**

- **Document the referral on the patients chart.**
- **Keep a copy of the referral letter and the response letter.**

GL-2.2.1f For emergency and/or urgent referrals, optometrists must:

- **Forward all necessary and/or pertinent information to assist with the timely triage and consultation of the patient.**
- **Contact the healthcare provider to ensure that the emergency/urgent referral request was received.**

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.