



Continuing Competence Program Practice Visit Report

Part 1 – Self Assessment

You must complete this booklet 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.

Practitioner Name: _____

ACO Registration Number: _____

School and Year of Graduation: _____

Your Practice Visit is scheduled for _____

by Dr. _____ at _____ am / pm.

(Spring, 2019)

A. CLINIC INFORMATION (GL 1.1)

(a) Does your facility have:

- A posted list of all optometrists who provide services at that location
- An Annual Practice Permit displayed
- An Annual Professional Corporation (where applicable) or Limited Liability Partnership (where applicable) Permit displayed
- Appropriate after-hours care

If no – please list deficient areas _____

(b) Does your practice:

- | | | | | |
|---------------------------------|--------------------------|-----|--------------------------|----|
| Dispense Eyeglasses | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Dispense Contact Lenses | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Provide Low Vision Services | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Provide Vision Therapy Services | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

B. MARKETING & PROMOTION (GL 1.6)

(a) Does the practitioner (or anyone on their behalf) engage in the following?

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| Discount coupons (internet or regular print) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Use of patient testimonials on their website | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

(b) The practitioner attests that they abide by all ACO Marketing and Promotion Guidelines:

- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

(c) Does the practitioner divide, share, split or allocate, either directly or indirectly, any fee for professional services (oculo-visual assessment) with any person who is not an optometrist.

- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

(d) Does the practitioner have:

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| Specialty or Special Interest Designation: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--|--------------------------|-----|--------------------------|----|

(e) Residency Training

- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

If yes – list specifics _____

(f) Area of Special Interest

If yes – list specifics _____

C. Minimum Facility Equipment Reference: GL-1.1.4a	In Office			Remote Location	
	Yes	No		Yes	No
Visual Acuity Charts (Both Distance and Near)					
Instrument to Measure Corneal Curvature (Manual Keratometer, Auto-Keratometer, Corneal Topographer, etc.)					
Instrument to Measure Objective Refraction (Retinoscope and Lens Set, Auto-Refractor, etc.)					
Instrument to Measure Subjective Refraction (Phoropter, Vision Analyzer, Refractometer, Trial Lenses and Frame, etc)					
Instrument to Measure the Power of a Lens (Lensometer, etc.)					
Variable, Loose or Bar Prisms					
Stereo-acuity Test					
Color Vision Test					
Instrument to View the Posterior Segment of the Eye (Direct or Indirect Ophthalmoscope, Fundus Camera, Condensing Lens and Slit Lamp, etc.)					
Penlight or Transilluminator					
Slit Lamp Biomicroscope					
Goniolens					
Instrument to Measure the Intra-ocular Pressure (Tonometer, etc.)					
Instrument to measure corneal thickness					
Retinal Laser Scan instrument or the ability to refer patients to a facility with a retinal laser scan instrument					
Computerized Visual Field Device or the ability to refer patients to a facility with a computerized visual field device					

Optometrist attests that all equipment is in good working order:
 Yes No Initial: _____

Additional Portable Diagnostic and Treatment Equipment:
 Does the practitioner provide Optometric Services at remote locations such as Schools, Hospitals, Senior's Center's, Patient Home's, etc.?
 Yes No

D. Minimum Equipment List	Yes	No	Comments
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for Contact Lenses

Reference: GL-1.1.4d

Access to Diagnostic Trial Lenses			
Inventory Upkeep and Disposal of Expired Trial Contact Lenses			
Contact Lens Solutions & Cases			

E. Minimum Equipment List for Low Vision

Reference: GL-1.1.4e

	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 Equipment List for Lacrimal System and Minor Optometric Procedures

Reference: GL-1.1.4f

	Yes	No	Comments
Foreign body removal instruments			
Dilation and irrigation instruments			

G. Infection Prevention & Control

Reference: ACO Infection Prevention and Control Clinical Practice Guideline

Practitioner has reviewed the ACO Infection Prevention and Control CPG and attests that the office follows appropriate protocols:

Yes No

Does the practitioner follow appropriate methods of infection control and sterilization:

- In-office sinks [] Yes [] No
- Appropriate hand-washing protocols [] yes [] No
- Latex or vinyl gloves [] Yes [] No
- Masks [] Yes [] No
- Protective eyewear [] Yes [] No
- Appropriate disposal of biomedical waste [] Yes [] No
- Appropriate disposal of sharps [] Yes [] No
- Appropriate disposal of single use instruments [] Yes [] No
- Appropriate disinfection/sterilization for multi-use instruments and other surfaces [] Yes [] No
- Are Schedule 1 pharmaceuticals (drugs that require a prescription as a condition of sale) stored appropriately? [] Yes [] No
- Are tampered, expired and/or contaminated pharmaceutical products disposed of properly? [] Yes [] No
- Are tampered, expired and/or contaminated contact lenses disposed of properly? [] Yes [] No
- Are prescription pads stored securely? [] Yes [] No

H. Supervision

- Does the optometrist render appropriate supervision of staff? [] Yes [] No
- Does the optometrist render appropriate, on-site supervision of student externs and interns? [] Yes [] No

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.

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: [] Yes [] No

The practitioner has completed an Internal Office Privacy Manual and posted an External Office Privacy Notice: [] Yes [] No

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: [] Yes [] No

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: Yes No

The practitioner has completed a Privacy Impact Assessment (PIA) and submitted to the Office of the Information and Privacy Commissioner: Yes No

The practitioner has completed all required documentation to access Alberta NetCare: Has chosen not to participate Yes No

The practitioner attests that they access Netcare in an appropriate manner: Yes No

Method of patient record storage and filing system: Paper Electronic Hybrid

Practitioner attests that they abide by all provisions of GL 1.2 (Patient Records): Yes No

Are the patient files securely stored? Yes No

How and when are patient records disposed of?

How often and where are electronic files backed up? _____

What type of appointment book is kept to record the visits made by all patients each day? _____

Are examination areas private? Yes No

Are patient consent/release of information forms used? (Attach sample.) Yes No

Is there a recall system Yes No

What is your rationale and frequency of patient recall for regular recall and medically necessary or at-risk patient follow-up:

Are patient recall notices sent in a sealed envelope? Yes No

Practitioner attests that they bill Alberta Health in an appropriate manner as per the negotiated AAO Fee Schedule: Yes No

General Comments of the Practitioner

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

Dated this _____ **day of** _____ **20** _____.

Signed: _____
[Practitioner Signature]