



ALBERTA COLLEGE OF OPTOMETRISTS

STANDARDS OF PRACTICE

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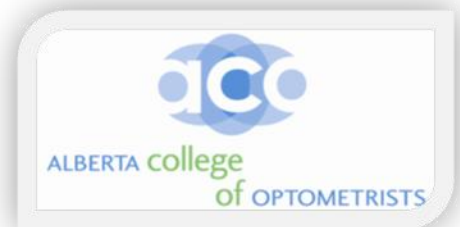


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Introduction

Standards of Practice

The Alberta College of Optometrists (ACO) Standards of Practice are established under the authority of Section 133 of the Health Professions Act. They are considered the minimum standard of professional behavior and ethical conduct that ensures that all optometrists provide safe, competent and ethical professional services to all patients at all times.

They are to be interpreted in conjunction with the Optometrists Profession Regulation, the ACO Code of Ethics, Guidelines to the ACO Standards of Practice, ACO Clinical Practice Guidelines and the ACO Advisories.

Standards of Practice 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.

Mission Statement

The Mission of the Alberta College of Optometrists is to protect and serve the public by regulating and guiding the optometric profession.

Mandate

- We will carry out our activities and govern our members in a manner that protects and serves the public interest.
- We will provide direction to and regulate the practice of optometry by our regulated members.
- We will establish, maintain and enforce appropriate registration requirements, a Continuing Competence Program and Standards of Practice for the profession of optometry.
- We will establish, maintain and enforce a Code of Ethics.
- We will carry on the activities of the college and perform all other duties and functions in accordance with the Health Professions Act.

Part 1

Practice Management Standards

1.1 Optometric Facilities

- 1.1.1 In order to provide professional services, an optometrist must maintain or have access to an optometric facility.*
- 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.*
- 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.*
- 1.2.2 Optometrists must collect, protect, maintain, use, correct, amend and disclose health information in an appropriate, lawful and confidential manner.*
- 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.*

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

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:

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).*
- 1.5.2 Optometrists shall only recommend and provide appropriate and required professional services and treatments within the practice of optometry.*
- 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.*
- 1.5.4 Optometrist shall not participate in any conduct that is considered sexual abuse or sexual misconduct.*
- 1.5.5 As per the Health Professions Act, optometrists shall abide by the following mandatory reporting requirements as detailed in Section 1.5.5a to 1.5.5e of the Guidelines to the ACO Standards of Practice.*
- 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.*
- 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.

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.

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.

1.8 Communication

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

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 authorized representative.

1.8.3 Optometrists shall provide verbal, written or electronic information to patients, care givers and/or authorized representatives 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.

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

Part 2

Clinical Practice Standards

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.*
- 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 authorized representative must be obtained for the initiation and continuation of any examination, assessment, treatment or management plan.*
- 2.1.5 Information and data required for examination, assessment, diagnosis, treatment and management shall only be elicited from the patient, care giver, authorized representative and/or other professionals with the patient's or authorized representative'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.*
- 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.*