



OPTOMETRY EXAMINING  
BOARD OF CANADA

BUREAU DES EXAMINATEURS  
EN OPTOMÉTRIE DU CANADA

# **OEBC NATIONAL COMPETENCY MODEL**

Optometry Practice in Canada

2026

## National Competency Model for Optometry

The National Competency Model establishes the essential skills, knowledge, and behaviours for modern optometry. It serves as a consistent foundation for developing competencies and supports education, training, and ongoing professional growth. The model is reviewed annually to ensure it remains aligned with OEBC’s definition of optometry practice and is updated as needed.

**“Modern Optometry Practice”** is an evidence-based clinical approach to optometry in which practitioners provide comprehensive eye and vision care, including evaluation, diagnosis, treatment, and management of refractive conditions, eye diseases, systemic associations, and visual system rehabilitation. This includes advanced procedures permitted in any Canadian jurisdiction or by at least five U.S. State Boards.

### Explanatory Note

The optometry regulator authorities in Canada and the United States require optometrists to hold an ACOE-accredited Doctor of Optometry (OD) degree or a substantially equivalent qualification. Contemporary optometry practice, as defined by the Accreditation Council on Optometric Education (ACOE), requires educational programs to prepare graduates for scopes of practice authorized by at least ten percent of U.S. State Boards. This shared accreditation standard provides a common academic and professional foundation for optometric education and competency expectations across jurisdictions.

### Purpose, Scope, and Intended Use of the National Competency Model

#### Purpose

The National Competency Model for Optometry defines the essential competencies required for safe, effective, and ethical optometric practice in Canada. It provides a nationally consistent framework to support education, assessment, professional development, and regulatory decision-making.

#### Scope

This model articulates expected competencies and observable behaviours. It does **not** confer authority to practise, perform procedures, or prescribe therapeutic interventions. Authorization to practise and scope of practice are governed by applicable provincial and territorial legislation, regulations, and standards.

#### Use of Procedural Examples

References to diagnostic, therapeutic, laser, injection, and minor surgical procedures are included to illustrate the range of competencies that may be assessed or developed **where permitted by law**. These references are **illustrative, not prescriptive**, and are not intended to mandate training pathways, procedural sequencing, or assessment requirements in jurisdictions where such activities are not authorized.

#### Application

This model supports:

- Development and review of assessment frameworks (e.g., examinations, OSCEs, and practice-based assessments)
- Alignment of optometric education and continuing professional development
- Shared national understanding of professional competence

References to the performance of procedures throughout this model describe expected competence for activities that are authorized and must be interpreted in accordance with applicable provincial or territorial legislation and regulatory standards.

This model is intended to support regulatory bodies, educators, assessors, and practitioners by providing a shared national reference point for optometric competence, while respecting jurisdictional authority and variation in scope of practice.

## Definitions and Conventions

**Domains** — Domains represent broad, integrated areas of professional practice that together define the scope of optometric competence.

**Competencies** — Competencies describe the essential abilities expected of optometrists. They integrate knowledge, skills, clinical judgment, values, and professional behaviours.

**Key Competencies** — Key competencies identify core expectations within each domain. They describe what an optometrist must demonstrate in practice.

**Enabling Competencies** — Enabling competencies describe specific skills, knowledge, or actions that support the achievement of a key competency.

**Indicators** — Indicators are observable and measurable behaviours that provide evidence of competence. Indicators support assessment and feedback and may vary in emphasis depending on context.

**Procedures and Interventions** — References to procedures, interventions, and technical activities illustrate the application of competencies in practice. Inclusion of a procedure does not imply authorization to perform it and must be interpreted in accordance with applicable legislation and regulatory standards.

**Performance Descriptors** — Performance descriptors articulate dimensions of performance quality (e.g., technique, safety, sequencing, organization, clinical reasoning) that may be used to support rubric-based assessment, calibration, and feedback. They are not prescriptive checklists and are applied using professional judgment.

**Practice Areas** — Subdivisions of the Clinical Expertise domain.

## Competency-Based Assessment

The model provides a comprehensive framework for assessing optometrists at all career stages. Assessment methods include board exams, OSCEs, case assessments, direct observation, feedback, team simulations, and portfolios. These tools are mapped to competency domains, enabling observable and measurable evaluations across all areas of practice. This alignment ensures consistent, fair, and relevant reviews of both entry-level and ongoing professional competence.

## How to Read This Model

The domains in this model are **integrated and mutually reinforcing**. While competencies are organized by domain for clarity, optometric practice requires the simultaneous application of clinical, communication, collaboration, professionalism, scholarship, practice management, and cultural competence skills.

Concepts such as informed consent, patient-centred care, and cultural safety may appear across multiple domains, reflecting their foundational role in safe, effective practice. Cultural competence is embedded throughout the model and informs expectations across all domains, and is articulated explicitly in Domain 8.

## Structure of the competency model

**KEY COMPETENCIES** refer to observable behaviours in optometrists that combine knowledge, skills, values, and attitudes. Each domain encompasses several competencies; this list presents the core essentials but does not cover every possibility. These key competencies are fundamental to professional practice.

**ENABLING COMPETENCIES** refer to specific skills, knowledge, and actions that enhance overall competence. These crucial abilities are central to an optometrist’s role and embody essential core competencies.

**INDICATORS** are defined as specific, measurable actions or behaviours that demonstrate the existence of an enabling competency. Multiple indicators may be used to assess a candidate’s performance in each case or station.

### DOMAINS OF OPTOMETRY PRACTICE: OVERVIEW AND KEY FEATURES

The National Competency Model for Optometry is structured around eight core **Domains**, each representing a distinct area of professional practice. These domains define the essential skills, knowledge, and behaviours required for modern optometry, ensuring a comprehensive and consistent approach to education, assessment, and ongoing professional development. Clinical Expertise has five **PRACTICE AREAS**.

Key competencies, enabling skills, and measurable indicators support every domain, making optometric practice clear and consistent. Together, these domains help optometrists provide safe, effective, and patient-centred care while keeping up with changing professional standards and societal expectations.

Section	Domain	Key Features	Page
1.0	Clinical Expertise	Expanded procedures, advanced diagnostics, and detailed indicators, grouped into five practice areas, supporting:	5
		• Assessment	5
		• Diagnosis and Treatment Planning	9
		• Patient Management	12
		• Application of Procedural Competencies	15
		• Procedural Performance Descriptors	17
2.0	Communication	Active listening, empathy, cultural sensitivity, clear consent and documentation practices.	19
3.0	Collaboration	Interprofessional teamwork, referral networks, co-management protocols, and effective information sharing	22
4.0	Patient-Centred Care	Shared decision-making, holistic approaches, respect for diversity, and individualized management plans.	24
5.0	Professionalism	Ethics, legal compliance, professional boundaries, self-care, and privacy/confidentiality standards.	27
6.0	Scholarship	Evidence-based practice, lifelong learning, integration of new knowledge, and continuous improvement.	29
7.0	Practice Management	Workflow optimization, documentation standards, compliance, risk management, and business operations.	31
8.0	Cultural Competence	Indigenous cultural safety, anti-racism, trauma-informed care, and respect for diverse backgrounds.	34

Cultural competence is a foundational expectation of contemporary optometric practice in Canada. The National Competency Model integrates cultural safety, humility, and anti-racism as essential components of patient-centred care, professionalism, and public protection. These competencies support equitable access to eye and vision care and are integral to safe, ethical, and effective practice across all domains.

## Optometry Procedures

The chart below summarizes key diagnostic and therapeutic procedures in modern optometry, including clinical techniques and specialized interventions like laser therapy, minor surgeries, and advanced injections. It standardizes professional practices and supports exam content, assessment, and ongoing development to ensure optometrists deliver safe, effective care that meets regulatory standards and patient needs.

### Assessment (Basic Diagnostics)

- Case history & risk factor identification
- Visual acuity & refraction
- Slit lamp biomicroscopy
- Tonometry & pupil testing
- Preliminary binocular vision tests
- Tear film assessment
- Color vision & contrast sensitivity

### Diagnostics (Advanced Diagnostics)

- Gonioscopy
- Fundus examination (direct/indirect ophthalmoscopy)
- OCT, fundus photography, corneal topography
- Automated perimetry
- Retinoscopy & keratometry
- Cycloplegic refraction
- Vital staining & lacrimal function tests
- Differential diagnosis & advanced reasoning

### Treatment (Therapeutic Interventions)

- Spectacle & contact lens prescribing
- Vision therapy & myopia control
- Topical pharmaceutical prescribing
- Co-management of surgical cases (pre-/post op)
- Patient education & follow up scheduling
- Sterilization and asepsis protocols
- Biohazardous waste disposal procedures

### Minor Procedures

- Foreign body removal
- Punctal plug insertion
- Meibomian gland expression
- Nd: YAG capsulotomy
- Nd: YAG peripheral iridotomy
- Selective laser trabeculoplasty (SLT) and other laser trabeculoplasty variants
- Therapeutic injections (subcutaneous, subconjunctival, intradermal, intralesional, intramuscular)
- Administration of local and regional anesthesia (topical and injectable)
- Chalazion incision and curettage management
- Lesion excision and biopsy (scalpel, scissors, dermablade, curette)
- Foreign body removal
- Epilation and lid margin procedures
- Punctal procedures
- Cryotherapy for ocular conditions
- Radiosurgical lesion destruction
- Cutaneous lesion biopsy
- Suture techniques, including suture removal
- Wound closure
- Hemostasis techniques (pressure, cautery, topical agents)
- Corneal debridement
- Lid margin procedures (epilation, cyst management)
- Dilution and irrigation of the lacrimal system
- Bandage contact lens application
- Specimen handling for pathology
- Use of ophthalmic surgical instrumentation

# Competencies for Optometry in Canada

## 1.0 CLINICAL EXPERTISE

*Optometrists demonstrate clinical expertise through comprehensive assessment, informed diagnosis and treatment planning, effective patient management, and the safe application of procedural competencies, including expanded procedures and advanced diagnostic technologies. Clinical expertise is evidenced through observable performance and procedural performance descriptors that support safe, effective, and regulation-aligned optometric practice.*

### ASSESSMENT

*Optometrists conduct comprehensive and problem-focused assessments using patient history, clinical examination techniques, and appropriate diagnostic technologies to evaluate refractive status, ocular health, and visual function. Assessment approaches are adapted to patient context, risk factors, and presenting concerns.*

1.1 Obtain and document a comprehensive patient history, integrating ocular, visual, systemic, familial, social, medication, allergy, and lifestyle factors. Adapt approach to patient context.

1.1.1 Apply questioning techniques to elicit a comprehensive ocular medical history.

- a) Elicits the chief complaint, including onset, frequency, location, progression, aggravating and alleviating factors, and associated symptoms
- b) Determines the history of present illness, e.g., difficulty with distance vision, personal ocular history, family ocular history, and medical history
- c) Determines patient expectations
- d) Identifies secondary complaints
- e) Compiles comprehensive information regarding risk factors
- f) Compiles a comprehensive ocular medical history
- g) Compiles a systemic medical history
- h) Uses both systematic and focused history-taking questions
- i) Inquires about the use of ophthalmic appliances
- j) Inquires about medication usage
- k) Inquires about allergies
- l) Asks about the consumption of nutraceuticals

1.1.2 Elicit non-medical factors that contribute to patient needs.

- a) Compiles with complete information regarding social factors, e.g., smoking, drinking, and drugs
- b) Obtains relevant lifestyle history, including occupation, work environment, hobbies, recreational activities, living conditions, support systems, and cultural or religious practices that may affect care
- c) Uses open-ended and targeted questions to explore patients' visual demands in daily life, barriers to accessing care (e.g., transportation, financial constraints), and health literacy
- d) Elicit current family ocular and medical history.
- e) Compiles a comprehensive family ocular history
- f) Compiles a relevant family medical history

1.1.3 Elicit information about visual needs associated with vocational and avocational requirements.

- a) Inquires about the use of ocular protection, e.g., during sports, hobbies, and in the workplace
- b) Inquires about the patient's driver's licence status and restrictions
- c) Inquires about a child's developmental milestones
- d) Inquires about a child's learning difficulties
- e) Inquires about reading

- 1.1.4 Adapt patient history-taking approach in response to the patient’s physical, psychological, cognitive, linguistic, socio-economic and cultural background. Adaptation of care based on patient context is further addressed in Domain 4 (Patient-Centred Care) and, where applicable, Domain 8 (Cultural Competence).
  - a) Adapts the line of questioning based upon ocular and systemic conditions presented by the patient
  - b) Utilizes knowledge of ocular ability relative to grade level
  - c) Adapt patient history-taking approach and systemic conditions to guide the interview
- 1.1.5 Adapt patient history-taking approach in response to emerging information.
  - a) Adapts the line of questioning based on patient response
  - b) Utilizes common language to describe symptoms
  - c) Uses vocabulary that is accessible to the patient
- 1.1.6 Identify and classify ocular conditions amenable to diagnostic pharmaceutical agents, such as fluorescein, tropicamide, and proparacaine.
  - a) Recognizes ocular conditions requiring diagnostic agents (e.g., corneal abrasion, uveitis)
  - b) Classifies agents by diagnostic purpose (e.g., staining, dilation, anesthesia)
  - c) Identifies contraindications for diagnostic pharmaceutical use
- 1.1.7 Select the appropriate diagnostic, pharmaceutical agent, dosage, and route of administration for the diagnostic purpose.
  - a) Matches agent to diagnostic objective (e.g., tropicamide for dilation)
  - b) Determines appropriate dosage and frequency
  - c) Selects the administration route based on the patient and procedure
- 1.1.8 Administer diagnostic pharmaceutical agents using proper technique, monitoring, and documentation.
  - a) Applies aseptic technique during administration
  - b) Monitors patient response and adverse effects
  - c) Documents agent, dosage, route, and time of administration
- 1.1.9 Manage potential complications and adverse events of diagnostic pharmaceutical agents.
  - a) Identifies common adverse reactions (e.g., stinging, allergic response)
  - b) Implements emergency protocols for systemic or allergic reactions
  - c) Communicates risks and management strategies to the patient
- 1.2 Apply clinical judgment and diagnostic assessments to formulate an initial, secondary, and differential diagnosis based on the initial case history.
  - 1.2.1 Analyze the presented information to determine an initial diagnosis.
    - a) Forms an initial differential diagnosis
  - 1.2.2 Identify potential risk factors based on case history.
    - a) Relates family or personal history to the presenting condition
    - a) Adapts diagnostic testing to the case history
  - 1.2.3 Identify components of a problem-specific assessment to form a differential diagnosis.
    - a) Identifies the physical and behavioural characteristics of the patient that assist in establishing an initial differential diagnosis
    - b) Identifies components of a problem-specific assessment of the differential diagnosis
  - 1.2.4 Develop a problem-specific assessment to investigate differential diagnosis further.
    - a) Identifies procedures required to determine diagnosis
  - 1.2.5 Identify and classify ocular conditions amenable to therapeutic laser procedures, such as peripheral iridotomy, selective laser trabeculoplasty, and capsulotomy.
    - a) Identifies ocular conditions (e.g., angle-closure glaucoma, posterior capsular opacification) that require or benefit from therapeutic laser intervention
    - b) Classifies laser procedures by type, indication, and mechanism of action

- c) Determines patient suitability for specific laser procedures based on clinical findings and contraindications

1.2.6 Identify and classify benign minor skin lesions of the eyelids and periocular area.

- a) Identifies common benign lesions (e.g., chalazion, papilloma, seborrheic keratosis)
- b) Differentiates benign lesions from suspicious or malignant lesions requiring referral
- c) Classifies lesions based on morphology, location, and clinical behaviour

1.3 Identify urgent ocular and medical conditions requiring urgent vs. emergency care and triage accordingly.

1.3.1 Recognize signs and symptoms of ocular or systemic medical conditions requiring immediate attention and action or urgent intervention.

- a) Recognizes indicators and symptoms of ocular or medical conditions that need prompt attention
- b) Identifies the urgency of the referral
- c) Explains the urgency of treatment in affecting the visual outcome
- d) Determines action required for ocular or systemic medical conditions requiring immediate attention

1.3.2 Apply protocols to prioritize and manage urgent and emergency care.

- a) Implements triage protocols to assess urgency and determine appropriate care pathways
- b) Prioritizes patient management based on clinical severity and risk factors
- c) Coordinates timely referral or intervention for urgent and emergency ocular or systemic conditions

1.4 Conduct eye examinations to assess and diagnose refractive disorders, diseases, and dysfunctions of the eye and vision system.

1.4.1 Develop an appropriate assessment plan integrating evidence-based knowledge, clinical judgment, clinical skills, and diagnostic equipment.

**Preliminary Testing**

- a) Determines monocular and binocular aided and unaided visual acuity at a distance and near
- b) Determines colour vision status using Ishihara, D-15 testing or Hardy-Rand-Rittler test
- c) Determines contrast sensitivity using the Pelli-Robson test
- d) Determines interpupillary distance at a distance and near
- e) Determines the pupil size and function
- f) Performs confrontation visual fields using finger counting
- g) Determines the central visual field status using the Amsler grid

**Binocular Vision**

- h) Uses standard procedures to assess binocular status in adults and children
- i) Determines ocular alignment using unilateral and alternating cover tests at a distance and near
- j) Performs ocular motility using associated broad H testing
- k) Determines vergence reserves using prism bars or rotary prisms
- l) Determines ocular saccades
- m) Determines the amplitude of accommodation using the push-up technique and Sheard's technique
- n) Determines the near point of convergence
- o) Determines vertical phoria using the Maddox rod and prisms
- p) Determines comitancy using the alternating cover test
- q) Determines stereoacuity using a polarized method
- r) Determines fusional status using the Worth 4-Dot test

**Refractive Status**

- s) Assesses refractive status in adults and children using appropriate procedures
- t) Determines corneal curvature using manual keratometry
- u) Determines retinoscopy refraction
- v) Performs subjective refraction

- w) Determines near vision addition using cross-cylinder, Sheard's, or age methods
- x) Determines all parameters of the current spectacles
- y) Determines all parameters of other ophthalmic devices

**Ocular Health Status**

- z) Determines the anterior segment and ocular adnexa health status using biomicroscopy
  - aa) Determines posterior segment ocular health status using fundus biomicroscopy, direct and indirect ophthalmoscopy through a dilated pupil
  - bb) Determines intraocular pressure using applanation tonometry
  - cc) Determines anterior chamber angle using gonioscopy
- 1.4.2 Obtain and document informed patient consent for assessment and management strategies, treatment, or procedures, as described in Domain 2 (Communication).
- a) Explains the purpose, risks, benefits, and alternatives or treatments in plain language
  - b) Verifies patient understanding and voluntary agreement before proceeding
  - c) Documents the consent discussion and outcome in the patient record
- 1.4.3 Obtain informed consent whenever a procedure is considered invasive.
- a) Identifies procedures that require explicit informed consent due to their invasive nature
  - b) Reviews potential risks, discomforts, and post-procedure expectations with the patient
  - c) Secures written or verbal consent and records it according to regulatory standards
- 1.4.4 Adapt clinical testing approach to the patient's physical, psychological and cognitive conditions.
- a) Adapts testing based on ocular and systemic conditions presented by the patient
  - b) Utilizes knowledge of ocular and systemic conditions to guide the appropriate testing
  - c) Identifies commonly occurring contraindications for testing, e.g., narrow angles for pupillary dilation
- 1.4.5 Apply clinical reasoning to interpret assessment data and identify the risk of developing ocular conditions.
- a) Identifies the established norms for test results
  - b) Relates assessment results to commonly occurring ocular and systemic conditions
  - c) Relates abnormal assessment results to commonly occurring ocular and systemic conditions
  - d) Determines the relative risk of developing ocular conditions based on assessment results
- 1.4.6 Make appropriate laboratory and diagnostic imaging referrals based on the case history and the patient's abilities, needs and contraindications.
- a) Identifies appropriate diagnostic imaging or lab tests based on clinical findings
  - b) Considers patient-specific factors (e.g., physical ability, contraindications, accessibility) when selecting referral options
  - c) Documents of rationale and relevant clinical details in referral communications
- 1.4.7 Conduct in-office procedures (e.g., diagnostic imaging) and make appropriate laboratory and other diagnostic testing referrals based on the case history and the patient's abilities and needs.
- a) Identifies indications for fundus imaging
  - b) Identifies indications for corneal topography
  - c) Identifies indications for optical coherence tomography
  - d) Identifies indications for automated perimetry testing
  - e) Identifies indications for Heidelberg retinal tomography
  - f) Identifies indications for electrodiagnostic testing
  - g) Identifies indications for B-scan ultrasound
  - h) Identifies indications for laboratory testing, including cultures, blood testing and medical imaging

## DIAGNOSIS & TREATMENT PLANNING

*Optometrists synthesize patient history, clinical findings, and diagnostic results to formulate differential and final diagnoses. They develop evidence-informed treatment and management plans that consider clinical risk, patient context, and regulatory scope of practice.*

- 1.5 Formulate a final diagnosis based on the patient's data and differential diagnosis.
  - 1.5.1 Apply clinical reasoning to interpret objective and subjective outcomes to determine a diagnosis.
    - a) Forms a final diagnosis
    - b) Explains the diagnosis thoroughly, accurately and in plain language
  - 1.5.2 Recognize that the differential diagnosis must be revised and refined based on evolving information.
    - a) Refines and revises the differential diagnosis
  - 1.5.3 Modify assessment strategies and techniques based on emerging information and patient reactions.
    - a) Identifies indications for scleral indentation
    - b) Identifies indications for diurnal intraocular pressure (IOP) measurement
    - c) Identifies indications for pachymetry
    - d) Identifies indications for vital staining
    - e) Identifies indications for tear tests
    - f) Identifies indications for lacrimal function tests
    - g) Identifies indications for cycloplegic refraction
    - h) Identifies indications for trial frame refraction
    - i) Clarifies the rationale for each procedure
  - 1.5.4 Interpret assessment results to determine relative risks of developing ocular conditions.
    - a) Identifies patients at increased risk for glaucoma based on IOP and optic nerve findings
    - b) Recognize ocular, visual, or systemic conditions that require assessment or co-management
  - 1.5.5 Incorporate knowledge of special populations to guide assessment strategies.
    - a) Uses assessment strategies suitable for special populations
    - b) Identifies contraindications for testing, including drug allergies and systemic conditions
- 1.6 Formulate and modify a treatment and management plan considering patient responses, priorities, limitations, and past treatments.
  - 1.6.1 Form a treatment plan.
    - a) Explains a treatment plan
    - b) Modifies treatment plan based on patient response
  - 1.6.2 Form a management plan.
    - a) Explains a management plan
    - b) Modifies the management plan based on the unique response of each patient
    - c) Underscores the need for personalized care
    - d) Offers to communicate directly with GP
  - 1.6.3 Select the appropriate laser type, settings, and delivery system for the therapeutic laser procedure.
    - a) Uses expertise to detect and categorize eye conditions suitable for laser procedures
    - b) Formulate a laser treatment and management plan, prioritizing patient responses, priorities, and limitations, to reinforce patient-centred care
  - 1.6.4 Identify and classify ocular conditions amenable to therapeutic pharmaceutical agents, such as antibiotics, steroids, antivirals, antifungals, anti-inflammatories, antihistamines, immunomodulators, and prostaglandins.
    - a) Recognition of ocular conditions requiring therapeutic pharmaceutical intervention (e.g., bacterial conjunctivitis, uveitis, herpetic keratitis)

- b) Classification of pharmaceutical agents by therapeutic category and mechanism of action
  - c) Identification of contraindications and precautions for therapeutic agent use based on patient history
- 1.6.5 Select the appropriate therapeutic pharmaceutical agent, dosage, administration route, and treatment duration for the ocular condition.
- a) Prescribes therapeutic pharmacological agents
  - b) Conducts in-clinic treatments
- 1.6.6 Prescribe or administer therapeutic pharmaceutical agents diligently, using proper technique, monitoring, and documentation for treating ocular conditions or diagnosed diseases.
- a) Identifies indications for the pharmaceutical treatment of diagnosed ocular conditions
  - b) Determines proper OTC eyedrop and ointment use for anterior segment conditions.
  - c) Recommends the appropriate use of oral nutritional supplements for ocular conditions
  - a) Administers diagnostic pharmaceutical agents using proper technique, monitoring, and documentation
  - b) Writes a pharmaceutical prescription correctly
  - c) Determines a management plan for the pharmaceutical treatment of diagnosed ocular conditions
  - d) Explains potential complications and adverse events of diagnostic pharmaceutical agents
  - e) Explains the proper use of pharmaceutical prescriptions and the schedule of dosing
- 1.6.7 Manage potential complications and adverse events of therapeutic pharmaceutical agents.
- a) Identification of common adverse effects (e.g., ocular irritation, allergic reactions)
  - b) Implements appropriate management strategies for adverse events
  - c) Communicates risks and mitigation strategies to the patient
- 1.6.8 Identify and classify ocular conditions amenable to injectable pharmaceutical agents, such as epinephrine, lidocaine, and botulinum toxin.
- a) Recognizes ocular conditions requiring injectable therapy (e.g., chalazion, blepharospasm)
  - b) Classifies injectable agents by therapeutic use and mechanism
  - c) Identifies contraindications for injectable pharmaceutical use
- 1.6.9 Select the appropriate injectable pharmaceutical agent, dosage, and route of administration for the ocular condition.
- a) Matches the injectable agent to the clinical indication
  - b) Determines appropriate dosage and administration route
  - c) Considers patient-specific factors (e.g., allergies, systemic conditions)
- 1.6.10 Administer injectable pharmaceutical agents using proper technique, monitoring, and documentation.
- a) Use of aseptic technique during injection
  - b) Monitors patient response and immediate adverse effects
  - c) Documents agent, dosage, route, site, and patient response
- 1.6.11 Manage potential complications and adverse events of injectable pharmaceutical agents.
- a) Identifies injection-related complications (e.g., hematoma, infection, anaphylaxis)
  - b) Implements emergency protocols for severe reactions
  - c) Documents and follows up on adverse events and patient outcomes
- 1.6.12 Where a drug has been prescribed, identify contraindications, including drug allergies and systemic conditions.
- a) Explains the ocular side effects associated with systemic medications
  - b) Explains drug interactions, e.g., adverse reactions, side effects
- 1.6.13 Understand the potential adverse drug effects that may contraindicate the prescribing of medication and choose appropriately.
- a) Explains potential adverse drug effects
  - b) Chooses a medication that is not contraindicated with the patient's status

- 1.7 Recognize ocular, visual or systemic conditions that require other professionals' assessment, co-management or management.
  - 1.7.1 Identify ocular conditions requiring general or subspecialty ophthalmology assessment and management.
    - a) Refers the patient to an ophthalmologist
    - b) Identifies need for referral to an ophthalmologist
  - 1.7.2 Identify systemic conditions and symptoms, including neurological or psychological conditions, which require assessment and management by other healthcare providers.
    - a) Identifies the need to have a medical assessment
    - b) Matches the practitioner with the needs of the patient
    - c) Identifies appropriate information to include in the referral
    - d) Determines the urgency of the referral
  - 1.7.3 Identify conditions requiring surgical interventions and refer them to the appropriate specialist.
    - a) Refers the patient to the appropriate specialist
  - 1.7.4 Have an alternate plan when referral options are limited.
    - a) Plans based on geographical location
    - b) Discusses the pros and cons of the alternative plan
- 1.8 Prescribe spectacle, contact lens therapy, vision therapy, myopia control, and visual training for refractive disorders.
  - 1.8.1 Apply the patient's refraction, visual requirements and other findings to determine the spectacle and/or contact lens prescription and lens form/type.

#### **Spectacles**

- a) Verifies glasses' parameters
- b) Transforms refraction into spectacle prescription based on individual patient considerations
- c) Determines the parameters of a spectacle correction to manage aniseikonia
- d) Considers the principles and optics of low-vision devices as they relate to a patient with low vision

#### **Contact Lens**

- e) Verifies contact lens parameters
  - f) Assesses contact lens fit and performance
  - g) Determines contact lens parameters for patients requiring soft, toric, bifocal, scleral and rigid gas-permeable lenses
  - h) Determines contact lens parameters for patients with keratoconus, post-penetrating keratoplasty, irregular astigmatism and post-refractive surgery
  - i) Uses the general concepts in orthokeratology
  - j) Uses applications for presbyopic vision corrections, e.g., monovision, modified monovision, multifocal contacts
- 1.8.2 Prescribe spectacle or contact lens correction according to regulations.
    - a) Prescribes multifocal, occupational, single vision, digital free form spectacle lens design when appropriate
    - b) Prescribes vision correction in the correct format
    - c) Explains the prescription to the patient
  - 1.8.3 Educate the patient on the use of spectacles and the importance of follow-up.
    - a) Dispenses vision-enhancing and corrective devices
    - b) Explains spectacle parameters and tolerances
    - c) Fits spectacles to the individual
    - d) Advises on use, care and adaptation
    - e) Provides advice on frame selection and lens materials suitable for the required prescription

- f) Provides counselling for low vision aids
  - g) Recommends the appropriate appliances and ophthalmic materials for adequate ocular protection, e.g., monocular conditions, sports, and the workplace
  - h) Mentions the peripheral distortion
  - i) Specifies safety lens material (Poly or Trivex)
- 1.8.4 Educate the patient on contact lens safety, proper use, proper hygiene and proper insertion and removal techniques.
- a) Explains the use of contact lens parameters, materials, wearing schedule and care
  - b) Educates the patient in the use of contact lens solutions and regimens
  - c) Instructs the patient on the insertion, removal and care of contact lenses
  - d) Explains the risks and possible complications of contact lens wear
  - e) Demonstrates how to check a contact lens for defects
  - f) Demonstrates how to check if a contact lens is inside out
  - g) Educates the patient on proper hand hygiene
  - h) Instructs to avoid using alcohol sanitizer in contact lens preparation
- 1.8.5 Apply the patient's refraction, visual requirements and other findings to develop a plan for vision therapy.
- a) Determines a plan for vision therapy and lens therapy (including prism and add power) for binocular vision disorders and accommodative disorders
  - b) Determines a plan for the treatment of amblyopia with refractive correction and occlusion
  - c) Differentiates patients requiring surgery from those who would benefit exclusively from vision therapy and/or lens therapy for binocular vision disorders
  - d) Monitors therapy outcomes
- 1.8.6 Apply the patient's refraction, visual requirements and other findings to determine surgical options.
- a) Review all options for refractive surgery
  - b) Explains alternative long-term solutions
  - c) Recommends the best option for the patient
  - d) Explains the recommended surgery option
  - e) Identifies indications and contraindications of surgical options
- 1.8.7 Apply the patient's refraction, visual requirements and other findings to prescribe topical pharmaceutical therapies.
- a) Prescribe topical pharmaceuticals for vision correction, e.g., presbyopia, myopia control
  - b) Explains the treatment plan
  - c) Explains follow-up

## **PATIENT MANAGEMENT**

*Optometrists provide ongoing management of ocular and visual conditions through monitoring, follow-up, patient education, and care coordination. Management includes adjusting care plans over time, supporting shared decision-making, and determining when referral or co-management is required.*

- 1.9 Educate the patient regarding treatment and management options in support of shared decision-making, as described in Domain 4 (Patient-Centred Care).
- 1.9.1 Explain the potential adverse effects.
- a) Counsels the patient about the potential adverse effects
- 1.9.2 Explain actions to take if experiencing adverse effects.
- a) Counsels the patient about the actions to take if experiencing adverse effects
- 1.9.3 Explain contraindications.
- a) Counsels the patient about contraindications.

- b) Explains to the patient any contraindications related to proposed treatments or procedures
- c) Ensures the patient understands associated risks and alternative options.

1.9.4 Explain the use of drops.

- a) Counsels the patient about the use of eye drops, including how and when to instill the drops
- b) Counsels the patient on using drops as prescribed
- c) Communicates the purpose of the drop (e.g., anesthetic, cycloplegic, steroid)
- d) Describes how the drop works
- e) Explains why the drop is necessary for diagnosis or treatment
- f) Advises the patient on potential side effects (e.g., stinging, blurred vision, allergic reactions)
- g) Advises on frequency and duration of use
- h) Explains storage and handling requirements (e.g., refrigeration, expiration)
- i) Recommends a follow-up schedule to assess efficacy and adjust dosage
- j) Explains the importance of monitoring for adverse effects or treatment response

1.9.5 Explain the use of products and devices.

- a) Counsels the patient about the use of lid hygiene
- b) Counsels the patient about the use of the Amsler grid
- c) Counsels the patient about the use of home vision therapy

1.9.6 Explain all treatment options available.

- a) Counsels the patient about all treatment options available
- b) Verifies the patient's understanding
- c) Documents the discussion

1.10 Educate the patient about lifestyle choices and their impacts on ocular health.

1.10.1 Educate the patient about consumption habits and their effects on ocular health.

- a) Counsels the patient about the impact of smoking on ocular health
- b) Counsels the patient about the effects of excessive alcohol consumption on ocular health
- c) Counsels the patient about the effects of steroids on ocular health
- d) Counsels the patient about the impact of diet and supplements on ocular health

1.10.2 Educate the patient about chronic illness on ocular health

- a) Counsels the patient about the impact of metabolic diseases on ocular health

1.10.3 Educate the patient about the impact of environmental conditions/exposure on ocular health

- a) Counsels the patient about the effects of UV exposure on ocular health

1.10.4 Educate the patient about work and recreational activities on ocular health

- a) Counsels the patient about the impact of physical activity on ocular health
- b) Counsels the patient about the impact of trauma on ocular health and the benefit of ocular protection

1.10.5 Educate the patient about the risks and benefits of in-office surgical procedures, including possible side effects, of the various treatment options for their disorder, to facilitate an informed choice.

- a) Counsels the patient regarding the various treatment options
- b) Counsels the patient regarding the risks and benefits of treatment
- c) Counsels the patient regarding possible side effects of treatment

1.10.6 Advise the patient on candidacy and choices for in-office surgical procedures.

- a) Recommends surgery to the patient
- b) Explain why surgery is not appropriate

1.10.7 Educate the patient on the need for and importance of, as well as the frequency of, follow-ups on in-office surgical procedures.

- a) Recommends a follow-up schedule
- b) Explains the purpose of the follow-up

- c) Documents compliance with the follow-up schedule

1.11 Prescribe therapeutic pharmacological agents, conduct in-clinic therapeutic treatments, or refer for surgical interventions to treat ocular conditions as appropriate to provincial regulation.

1.11.1 Prescribe a pharmaceutical prescription for the treatment of ocular conditions or diagnosed diseases.

- a) Writes a pharmaceutical prescription
- b) Identifies indications for the pharmaceutical treatment of diagnosed ocular conditions
- c) Determines a management plan for the pharmaceutical treatment of diagnosed ocular conditions
- d) Explains the proper use of pharmaceutical prescriptions and the schedule of dosing
- e) Identifies the appropriate use of OTC eyedrops and ointments for the treatment of anterior segment conditions
- f) Recommends the appropriate use of oral nutritional supplements for ocular conditions

1.11.2 Where a drug has been prescribed, identify contraindications, including drug allergies and systemic conditions.

- a) Explains the ocular side effects associated with systemic medications
- b) Explains drug interactions, e.g., adverse reactions, side effects

1.11.3 Understand the potential adverse drug effects that may contraindicate the prescribing of medication and choose appropriately.

- a) Explains potential adverse drug effects
- b) Chooses a medication that is not contraindicated with the patient's status

1.11.4 Educate the patient about the risks and benefits, including possible side effects, of the various treatment options for their disorder to facilitate an informed choice.

- a) Counsels the patient regarding the various treatment options
- b) Counsels the patient regarding the risks and benefits of treatment
- c) Counsels the patient regarding possible side effects of treatment
- d) Explains full-time wear to avoid amblyopia

1.11.5 Advise the patient on candidacy and choices for surgery.

- a) Recommends surgery to the patient
- b) Explains why surgery is not appropriate

1.11.6 Co-manage with ophthalmology pre-op and post-op.

- a) Performs the appropriate procedures of a pre-operative assessment
- b) Performs the appropriate procedures of a post-operative assessment
- c) Includes the proper information in a pre-operative report
- d) Includes the proper information in a post-operative report

1.11.7 Educate the patient on the need for, and importance of, frequency of follow-up on certain conditions.

- a) Recommends a follow-up schedule
- b) Explains follow-up to check efficacy of treatment and modify dosage

1.11.8 Perform in-clinic therapeutic treatments

- a) Performs a foreign body removal from the cornea and conjunctiva
- b) Performs common eyelid procedures, including gland expression and eyelash epilation
- c) Performs insertion and removal of punctal plugs
- d) Uses bandage contact lenses appropriately
- e) Performs corneal debridement
- f) Performs dilation and irrigation of the lacrimal system

## **APPLICATION OF PROCEDURAL COMPETENCIES**

*The competencies related to diagnostic, therapeutic, laser, injection, and minor procedures describe the expected level of professional competence, not prescriptive procedural steps. Detailed execution behaviours, psychomotor skills, and procedural sequencing are included to support assessment design and training alignment and may be applied where legally authorized. Their presence does not imply uniform assessment formats or mandated instructional methods across jurisdictions.*

### **1.12 Perform injections.**

1.12.1 Use the psychomotor and cognitive skills necessary to perform injection techniques effectively.

- a) Uses equipment for injection
- b) Provides intradermal injections
- c) Provides subcutaneous injections
- d) Provides intralesional injections
- e) Provides intramuscular injections

1.12.2 Educate patients on the injection procedure, potential side effects, and post-injection care.

- a) Explains the injection procedure in plain language, including expected sensations, potential side effects, and necessary post-injection care
- b) Ensure the patient understands the treatment and gives their consent

1.12.3 Document the injection procedure and outcomes in the patient record.

- a) Records the type of injection, site, dosage, patient response, and any follow-up instructions or adverse events in the patient's health record
- b) Ensures that informed consent was obtained before injection
- c) Notes the lot number, expiration date, and manufacturer of the pharmaceutical agent used
- d) Includes the time and date of administration and the name of the administering clinician
- e) Documents any immediate or delayed complications and the actions taken

### **1.13 Perform the therapeutic laser procedure using proper technique, monitoring, and documentation.**

1.13.1 Administer local anesthesia to the eye and adnexa, as needed.

- a) Selects the appropriate local anesthetic agent based on the procedure and patient-specific factors
- b) Administers local anesthesia using aseptic technique to ensure patient safety and comfort
- c) Monitors for adverse reactions and responds appropriately to ensure patient well-being

1.13.2 Apply appropriate pre- and post-operative care and follow-up to the patient.

- a) Implements pre-operative preparation protocols tailored to the procedure and patient needs
- b) Delivers post-operative care, including patient education, medication instructions, and activity restrictions
- c) Schedules and conducts timely follow-up to monitor healing and address complications

1.13.3 Manage potential complications and adverse events of therapeutic laser procedures.

- a) Applies principles of energy-tissue interaction relevant to laser and light-based procedures
- b) Identifies signs of complications such as inflammation, pressure spikes, or tissue damage
- c) Implements appropriate interventions and follow-up care to manage adverse events

### **1.14 Use indication and action of ophthalmic ultraviolet, visible, and infrared radiation laser procedures**

1.14.1 Performs trabeculoplasty.

- a) Selects appropriate candidates for selective laser trabeculoplasty (SLT) based on clinical findings and diagnosis.
- b) Explains the procedure, risks, benefits, and alternatives to the patient and obtains consent
- c) Prepares the patient and equipment in accordance with infection control and safety protocols
- d) Performs trabeculoplasty using appropriate laser settings, technique, and documentation

- e) Monitors intraocular pressure and manages post-procedure complications, including inflammation or pressure spikes

**1.14.2 Performs post-cataract capsulotomy.**

- a) Identifies posterior capsular opacification and determines candidacy for YAG laser capsulotomy.
- b) Educates the patient on the purpose, risks, and expected outcomes of the procedure.
- c) Administers appropriate pre-procedure medications and ensures proper patient positioning.
- d) Performs YAG laser capsulotomy using a safe and effective technique, ensuring a clear visual axis.
- e) Provides post-operative care instructions and schedules follow-up to assess visual improvement and monitor for complications.

**1.14.3 Performs peripheral iridotomy.**

- a) Assesses angle-closure risk and determines the indication for laser peripheral iridotomy.
- b) Informs the patient about the procedure, including potential discomfort, risks, and benefits.
- c) Administers pre-treatment medications (e.g., pilocarpine) and ensures proper laser safety measures.
- d) Performs peripheral iridotomy using appropriate laser parameters and confirms patency.
- e) Manages post-operative care, including intraocular pressure monitoring and inflammation control.

**1.15 Use ophthalmic radiofrequency and thermal cautery procedures**

**1.15.1 Perform procedural hemostasis.**

- a) Identifies the need for hemostasis during or following ocular procedures and selects the appropriate technique (e.g., pressure, cautery, or topical agents).
- b) Applies hemostatic techniques effectively to control bleeding while minimizing tissue trauma.
- c) Monitors for signs of continued or delayed bleeding and manages accordingly, including documentation and follow-up care.

**1.15.2 Perform lesion removal.**

- a) Assesses and identifies lesions of the eyelid or adnexa appropriate for removal based on clinical evaluation and patient history.
- b) Selects and uses appropriate instruments and techniques (e.g., excision, curettage, radiosurgical methods) for safe and effective lesion removal.

**1.15.3 Perform cryotherapy for ocular conditions.**

- a) Identifies ocular surface or adnexal conditions appropriate for cryotherapy, such as benign lesions or localized inflammation
- b) Explains the procedure, expected outcomes, risks, and post-treatment care to the patient and obtains consent
- c) Selects and prepares the appropriate cryotherapy equipment and ensures adherence to infection control and safety protocols
- d) Applies cryotherapy using correct technique, duration, and temperature settings based on the clinical indication
- e) Monitors for and manages potential complications, such as tissue damage, inflammation, or delayed healing, and provides appropriate follow-up care

**1.16 Use ophthalmic surgical instrumentation.**

**1.16.1 Understand the purpose, design, intended use, and related equipment and supplies regarding ophthalmic surgical instrumentation.**

- a) Performs wound closure
- b) Uses surgical instrumentation
- c) Uses radiosurgical technology
- d) Uses personal protective equipment for providers and patients
- e) Performs sterilization of surgical equipment

- f) Performs asepsis and sterile field creation
- g) Uses ancillary equipment and supplies

1.17 Select the appropriate surgical technique and equipment to remove benign minor skin lesions.

1.17.1 Use appropriate infection control, cleaning, sterilization protocols and biohazardous waste disposal procedures.

- a) Uses appropriate aseptic technique
- b) Administers local anesthesia (topical and injectable) to the surgical site
- c) Manages biohazardous waste disposal procedures

1.17.2 Perform the surgical removal of benign minor skin lesions using scissors, blades, or radio frequency.

- a) Applies appropriate wound care and dressing to the surgical site
- b) Provides post-operative instructions and follow-up care to the patient

1.17.3 Manages potential complications and adverse events of minor surgical procedures.

- a) Identifies and responds promptly to complications such as bleeding, infection, or delayed healing following minor surgical procedures
- b) Provides appropriate documentation, patient communication, and follow-up care.

1.17.4 Use the psychomotor and cognitive skills necessary to perform procedures on the lids and adnexa.

- a) Performs suture techniques, including suture removal
- b) Performs lesion excision, scalpel, scissors, dermablade, curette
- c) Performs lesion incision and curettage
- d) Performs cutaneous lesion biopsy
- e) Performs intralesional injection
- f) Performs lesion radiosurgical destruction

1.17.5 Use the psychomotor and cognitive skills necessary to administer local and topical anesthesia effectively.

- a) Administers local anesthesia toxicity and management
- b) Administers allergic reactions and anaphylaxis
- c) Administers infiltrative local anesthesia
- d) Administers regional anesthesia

1.17.6 Perform procedures on the lids and adnexa.

- a) Selects appropriate procedures (e.g., lesion excision, biopsy, wound closure) based on clinical evaluation
- b) Performs lid and adnexal procedures using correct surgical technique and instrumentation
- c) Adheres to infection control protocols and maintains aseptic technique throughout the procedure

1.17.7 Administers local anesthesia (topical and injectable) to the eye and adnexa.

- a) Prepares and verifies anesthetic agent, dosage, expiration date, and patient-specific considerations
- b) Administers local or topical anesthesia using aseptic technique to ensure patient safety and comfort
- c) Monitors patient response and documents anesthesia administration accurately in the patient record

1.18 Provides post-procedure care instructions and monitors for complications such as infection, scarring, or recurrence.

1.18.1 Manage intra- and postoperative complications

- a) Manages hemorrhaging
- b) Manages infection
- c) Manages intraocular hypertension
- d) Manages inflammation
- e) Manages anesthesia and anesthesia-related adverse events
- f) Manages adverse pharmaceutical reactions, including anaphylaxis
- g) Manages wound-healing complications

h) Manages other potential complications relevant to the procedure

1.18.2 Provide acute and long-term post-procedure care for ophthalmic surgery.

a) Manages and/or treats adverse events

b) Maximizes procedural outcomes and systematic assessment for quality improvement

c) Sequelae of procedure complications

d) Promotes wound healing

e) Prescribe medications

f) Provides ongoing intervention or consultation

### **PROCEDURAL PERFORMANCE DESCRIPTORS (ASSESSMENT-SUPPORTIVE)**

*The procedural performance descriptors articulate observable dimensions of competent procedural performance that support rubric-based assessment, examiner calibration, and structured feedback. These descriptors:*

- Reflect **performance domains** (e.g., technique, sequencing, safety, organization, clinical reasoning) rather than prescriptive task checklists
- Are intended to be interpreted using **professional judgment**, recognizing variation in assessment context, patient presentation, and jurisdictional authorization
- Support alignment with technical-skills rubrics and performance domains without mandating uniform examination formats or instructional approaches

*Their placement at the conclusion of Section 1.0 Clinical Expertise underscores that procedural execution is evaluated **in the context of prior clinical judgment, consent, risk assessment, and management planning**, and only where such procedures are legally permitted.*

1.19 Demonstrate competence in performing therapeutic procedures.

1.19.1 Use proper technique.

a) Maintains a steady and composed demeanour throughout the procedure.

b) Initiates and completes tasks without unnecessary hesitation.

c) Uses clear, assertive verbal cues when appropriate.

d) Inspires trust in observers through calm and assured body language.

1.19.2 Use proper sequencing.

a) Follows a clearly structured plan for the procedure.

b) Transitions smoothly between procedural steps without confusion.

c) Demonstrates awareness of procedural flow and adapts when necessary.

d) Minimizes redundancy or backtracking during execution.

1.19.3 Maintain accuracy throughout the procedure.

a) Completes all required steps of the procedure within the allotted time.

b) Demonstrates precise technique with minimal errors.

c) Requires little to no prompting or correction from supervisors.

d) Achieves intended clinical outcomes consistently.

1.19.4 Demonstrate fine motor control and coordination in handling instruments and performing procedures.

a) Selects and uses instruments appropriately for the task.

b) Handles instruments with smooth, controlled movements.

c) Avoids unnecessary or awkward repositioning.

d) Demonstrates bilateral coordination and spatial awareness.

1.19.5 Demonstrates the ability to maintain patient comfort and minimize the risk of harm during diagnostic, therapeutic, and technical procedures by selecting appropriate procedural parameters, responding to patient cues, and applying infection control and safety protocols consistently.

- a) Selects procedural parameters (force, pressure, energy, dosage) that balance effectiveness with patient comfort.
- b) Monitors patient response throughout procedures and adjusts technique to reduce discomfort.
- c) Identifies and mitigates procedural risks proactively.
- d) Applies infection control and safety protocols (e.g., hand hygiene, PPE, maintaining sterile field).
- e) Treats the model as a patient in simulated environments where applicable.

1.19.6 Maintain patient and practitioner safety by adhering to aseptic technique, infection control, and procedural protocols.

- a) Consistently applies infection control protocols (e.g., hand hygiene, PPE).
- b) Maintains a sterile field and avoids contamination.
- c) Identifies and mitigates potential safety risks during procedures.
- d) Follows institutional safety guidelines without deviation.

1.19.7 Apply clinical reasoning to adapt procedures based on patient presentation and procedural findings.

- a) Adjusts procedural approach in response to unexpected findings.
- b) Selects alternative techniques when standard methods are contraindicated.
- c) Justifies procedural decisions based on clinical evidence or rationale.
- d) Recognizes when to escalate or discontinue a procedure for safety.
- e) Makes appropriate and effective clinical decisions
- f) Demonstrates strong analytical skills and confidence in judgment

1.19.8 Minimize undue patient discomfort and procedural harm through careful technique and clinical awareness.

- a) Selects procedural parameters (e.g., pressure, energy, dosage) that balance effectiveness with patient comfort
- b) Monitors patient response during procedures and adjusts technique to reduce discomfort
- c) Avoids excessive force or repetition that may cause unnecessary tissue trauma
- d) Demonstrates awareness of procedural risks and proactively mitigates them to prevent harm

1.19.9 Maintain the professional standards for organization and cleanliness regarding infection control and procedural efficiency throughout a technical procedure.

- a) Maintains a neat, organized, and efficient workspace
- b) Prepares and arranges instruments and materials systematically
- c) Proactively cleans and resets the area before and after the procedure
- d) Adheres strictly to cleanliness protocols, minimizing risk and supporting procedural efficiency
- e) Systematically arranges Instruments for efficiency

## 2.0 COMMUNICATION

*Optometrists employ various communication strategies and relevant resources to build and maintain patient-centred, professional relationships.*

2.1 Establish and maintain relationships with patients and, when required, their families, caregivers, or substitute decision-makers through communication skills and strategies.

2.1.1 Demonstrate understanding of implied and informed consent principles and their limitations.

- a) Demonstrates understanding of implied consent
- b) Demonstrates understanding of limitations of implied consent
- c) Obtains informed consent

2.1.2 Obtain and document patient consent for families, caregivers, or substitute decision-makers to be involved.

- a) Asks the patient for permission to involve others in care discussions

- b) Documents consent for third-party involvement in the patient record
  - c) Verifies the patient's understanding of who will be included in care decisions
- 2.1.3 Ensure complete understanding is communicated to the substitute decision-makers and documented when the patient can not consent.
- a) Explains care plans clearly to substitute decision-makers
  - b) Confirms substitute decision-maker comprehension
  - c) Records substitute decision-maker involvement and understanding in the patient file
- 2.1.4 Apply active listening strategies to include the patient in the interaction.
- a) Uses the principles of active listening, such as maintaining eye contact, nodding, and paraphrasing patient statements.
  - b) Responds appropriately to the recipient's body language, adjusting communication style as needed.
- 2.1.5 Apply clarification and confirmation strategies to ensure comprehension.
- a) Summarizes patient responses
  - b) Asks the patient to confirm what has been explained
  - c) Asks the patient if they have any questions
  - d) Obtains patient agreement
- 2.1.6 Demonstrate empathy, compassion and responsiveness through word choice, tone of voice and non-verbal communication.
- a) Uses the appropriate tone of voice and body language when speaking
  - b) Communicates bad news appropriately
  - c) Communicates in an empathetic manner
  - d) Responds to the patient's concerns
- 2.2 Convey diagnosis, prognosis, and management options comprehensively, logically, and clearly to patients and their families, caregivers, or substitute decision-makers. Patient education is further addressed in Domain 4 (Patient-Centred Care), where it supports shared decision-making and individualized management planning.
- 2.2.1 Provide an appropriate introduction and background to prime patients and, if authorized, to their families, caregivers, or substitute decision-makers for the information to be provided.
- a) Provides an appropriate introduction and background
- 2.2.2 Provide the diagnosis, prognosis, and management options using language appropriate for the patient's physical, psychological, cognitive, linguistic, socio-economic and cultural background.
- a) Recommends a treatment plan, considering patient needs, priorities and expectations
  - b) Recommends a management plan, considering patient needs, priorities and expectations
  - c) Explains how the condition affects the Iris/uvea
  - d) Explains risk of complications
- 2.2.3 Use lay terms to convey medical and optometric concepts and ensure understanding.
- a) Communicates clearly and concisely, using plain language
  - b) Writes clearly and concisely to the patient, using plain language
  - c) Confirms a clear and centred intraocular lens
- 2.2.4 Educate the patient on potential outcomes, e.g., risks and benefits, and statistical data, of treatment options and subsequent follow-up care.
- a) Obtains the patient's acceptance for a referral
  - b) Obtains the patient's agreement with the treatment plan
  - c) Obtains the patient's agreement on the follow-up plan
  - d) Explains a better prognosis with treatment
- 2.2.5 Summarize the diagnosis, treatment and follow-up information.
- a) Recaps key points of diagnosis and treatment at the end of the visit

- b) Provides a written or verbal summary of follow-up steps
- c) Ensures the patient can repeat or explain the care plan

### 2.3 Establish and maintain open, respectful, supportive relationships with staff, colleagues, and other healthcare providers through communication skills and strategies.

- 2.3.1 Facilitate teamwork, collaboration and conflict resolution with staff colleagues, patients, and peers.
  - a) Uses the principles of negotiation and conflict management
- 2.3.2 Employ effective information sharing and knowledge transfer systems.
  - a) Uses secure systems to share patient information with the care team
  - b) Follows protocols for timely updates to referring providers
  - c) Ensures documentation is accessible and complete for continuity of care
- 2.3.3 Employ office directives to collect, process and share referral information with various healthcare providers involved in patient care.
  - a) Write a referral
  - b) Reviews a referral with a patient
- 2.3.4 Ensure that the patient confidentiality agreement is communicated to and understood by patients, staff, and other health professionals.
  - a) Clearly explains confidentiality policies to patients, staff, and collaborating professionals
  - b) Verifies their understanding.
  - c) Ensures ongoing adherence to privacy standards in all communications and documentation
- 2.3.5 Apply conflict resolution strategies to clarify misunderstandings, address disagreements and mitigate formal complaints.
  - a) Identifies the source of conflict and addresses it respectfully
  - b) Uses structured approaches to resolve disagreements
  - c) Document resolution steps and outcomes when appropriate

### 2.4 Use culturally sensitive and inclusive language, communication strategies and non-verbal communication in all professional interactions. Cultural and contextual responsiveness is integrated into clinical decision-making and shared care planning in Domain 4 and addressed in depth for Indigenous patients in Domain 8.

- 2.4.1 Understand that patients' perspectives may be informed by their cultural background.
  - a) Demonstrates cultural awareness by acknowledging and integrating patients' cultural beliefs, values, and experiences into communication and care planning to support respectful and effective interactions.
- 2.4.2 Adapt communication to the patient's physical, psychological, cognitive, linguistic, socio-economic and cultural needs.
  - a) Modifies interaction based on the patient's needs.
- 2.4.3 Adapt interaction according to the patient's communication style and level of comprehension.
  - a) Modifies interaction based on the patient's communication and comprehension
  - b) Conveys medical and optometric concepts using plain language

## 3.0 COLLABORATION

*Optometrists work in collaboration with healthcare and other community professionals within a circle of care to deliver safe, high-quality, patient-centred services.*

### 3.1 Identify the appropriate optometrist(s) and other healthcare professional(s) for patient referral and consultation.

- 3.1.1 Network and share information about optometry and its services.
  - a) Participates in interprofessional meetings or forums

- b) Shares updates on optometric services with healthcare partners
- c) Promotes awareness of optometry's scope in collaborative settings
- 3.1.2 Recognize optometry colleagues whose practice is focused on specific areas of optometry and include them in a referral network.
  - a) Maintains a list of optometrists with specialized expertise
  - b) Refers patients to colleagues based on clinical focus
  - c) Engages in peer discussions to identify niche practice areas
- 3.1.3 Recognize appropriate healthcare and other professionals in the community to include in a referral network.
  - a) Explains the scopes of practice of other professionals relevant to patient care
  - b) Identifies situations when collaboration with other healthcare professionals is required
  - c) Identifies situations when collaboration with educators is appropriate
  - d) Identifies conditions when collaboration with social services personnel is appropriate
  - e) Determines medical specialties used for a referral
  - f) Identifies applicable subspecialties within the field of ophthalmology
  - g) Explains that the healthcare professional will be advised of the diagnosis
- 3.1.4 Establish and maintain a network of healthcare professionals for patient referral and consultation purposes.
  - a) Obtains relevant information from healthcare professionals and other sources
- 3.1.5 Establish an appropriate system to record and maintain contact to make referrals.
  - a) Uses secure systems to store referral contact details
  - b) Updates referral records regularly to ensure accuracy
  - c) Documents referral pathways for continuity of care
- 3.2 Refer patients for secondary, specialized care who may need further treatment or management outside the scope of optometry practice.
  - 3.2.1 Understand your role and the role of those in other professions and use this understanding to inform patient referral and consultation decisions.
    - a) Describes how optometry fits within the broader healthcare system
    - b) Identifies when another professional is better suited to manage a condition
    - c) Explains the rationale for referral based on the scope of practice
  - 3.2.2 Identify conditions beyond the scope of optometry requiring referral or co-management.
    - a) Identifies findings that require additional assessment or diagnosis by another healthcare professional
    - b) Knows available social support services
    - c) Explains symptoms of angle closure
  - 3.2.3 Make referrals to appropriate healthcare professionals in the community.
    - a) Writes referrals that require additional assessment or diagnosis by another healthcare professional
    - b) Identifies conditions beyond the scope of optometry, requiring referral or co-management
    - c) Identifies conditions requiring referral to or co-management with another optometrist
  - 3.2.4 Make referrals to optometry colleagues whose practice focuses on specific aspects of vision and eye care.
    - a) Makes referrals to optometry colleagues regarding low vision therapy
    - b) Makes referrals to optometry colleagues regarding vision therapy
    - c) Makes referrals to optometry colleagues regarding specialty contact lenses
  - 3.2.5 Understand what information is appropriate and essential to include in communication to facilitate collaborative care.
    - a) Includes relevant clinical findings in referral communications

- b) Summarizes patient history and current concerns clearly
  - c) Tailors information to the recipient's professional role
- 3.2.6 Ensure the patient gets clear and concise information regarding referrals and consultations.
- a) Provides patients with timely, understandable, and relevant information about referral or consultation processes, including the reason for referral, what to expect, and how follow-up will be managed.
- 3.2.7 Act in a consultative role to other physicians and health professionals.
- b) Provides clinical input when consulted by other providers
  - c) Shares optometric expertise to support interdisciplinary care
  - d) Responds promptly and professionally to consultation requests

### 3.3 Co-manage patients with other healthcare professionals in the circle of care when appropriate.

- 3.3.1 Facilitate effective communication with other healthcare professionals for collaborative patient care.
- a) Explains the benefits of collaborative care
  - b) Identifies appropriate information to include in communication to facilitate collaborative care
  - c) States the characteristics of the case
- 3.3.2 Recognize roles and responsibilities of co-managing healthcare professionals.
- a) Identifies each team member's scope of practice
  - b) Describes how roles complement patient care
  - c) Clarifies responsibilities during shared care planning
- 3.3.3 Give and receive information and feedback in a way that supports the goals of the circle of care.
- a) Shares relevant clinical updates and patient information clearly and promptly with team members
  - b) Solicits and responds to feedback from colleagues in a respectful and constructive manner
  - c) Adapts communication style to support collaboration and mutual understanding within the care team
- 3.3.4 Understand your role and the role of those in other professions and use this understanding to inform interprofessional interactions.
- a) Explains the role of optometrists in a multidisciplinary healthcare setting
  - b) Recognizes the roles, responsibilities and competencies of other team members
  - c) Applies the principles of integrative care
  - d) Recognizes situations where team communication updates are required
  - e) Establishes follow-up procedures with members in the circle of care to ensure continuity of patient care
  - f) Recognizes situations where co-management with another optometrist or healthcare professional is required
  - g) Applies the principles for effective co-management
  - h) Identifies the roles and responsibilities of co-managers
  - i) Explains the risks and liabilities involved with co-management
- 3.3.5 Establish follow-up procedures with members in the circle of care to ensure continuity of patient care.
- a) Schedules follow-up with co-managing professionals
  - b) Documents shared care plans and next steps
  - c) Confirms receipt of referral or consultation outcomes
  - d) Tracks patient progress across providers
- 3.3.6 Protect patients' rights to privacy and confidentiality and their application in co-management arrangements.
- a) Explains the patient's rights to privacy and their application
  - b) Explains the patient's rights to confidentiality and their application
- 3.3.7 Co-manage with ophthalmology pre-op and post-op.
- a) Performs the appropriate procedures of a pre-operative assessment

- b) Performs the appropriate procedures of a post-operative assessment
- c) Includes the proper information in a pre-operative report
- d) Includes the proper information in a post-operative report

#### 4.0 PATIENT-CENTRED CARE

*Optometrists provide compassionate, appropriate, and effective patient care to promote health and address health issues, thereby supporting the well-being of individual patients. They also recognize and respect patients' differences, values, preferences, and needs.*

4.1 Collaborate with the patient to develop management options that align with their overall well-being, general health, lifestyle, and socioeconomic realities.

4.1.1 Integrate patient case history, including physical, psychological, cognitive, linguistic, socio-economic and cultural needs, with eye and vision health in the decision-making.

- a) Reviews patient history for relevant physical and systemic conditions
- b) Considers psychological and cognitive factors in clinical decisions
- c) Adapts care plan based on linguistic and cultural context
- d) Integrates socio-economic realities into treatment recommendations
- e) Prioritizes patient-specific needs in diagnostic and management planning
- f) Adjusts clinical approach to reflect holistic patient background

4.1.2 Recognize patients' physical, psychological, cognitive, linguistic, socio-economic and cultural needs.

- a) Adapts assessment in response to the patient's physical, emotional, intellectual and cultural background
- b) Modifies interview and communication methods for patients with diverse physical, emotional, intellectual and cultural backgrounds
- c) Adapts the environment to enhance physical comfort
- d) Uses examination techniques appropriate for patients with diverse physical, emotional, intellectual and cultural backgrounds
- e) Provides emotional support when required
- f) Adapts approach to provide care for patients with diverse physical, emotional, intellectual and cultural backgrounds
- g) Adapts approach based on patient responses
- h) Responds to the patient's needs and concerns

4.1.3 Engage in dialogue with the patient to bring about understanding and cooperation with the management plan.

- a) Asks open-ended questions to explore patient concerns
- b) Encourages patient input on treatment preferences
- c) Clarifies patient understanding of the management plan
- d) Adjusts communication style to promote cooperation
- e) Uses reflective listening to build trust and rapport
- f) Confirms patient comprehension

4.1.4 Facilitate informed patient decision-making through education.

- a) Explains treatment options using plain language
- b) Describes the risks and benefits of each option
- c) Provides educational materials tailored to patient needs
- d) Verifies patient understanding before proceeding
- e) Encourages questions to support informed choices

4.2 Include the patient in a shared decision-making process that will determine the course of treatment and follow-up.

4.2.1 Engage the patient in decision-making regarding all aspects of care.

- a) Shares power and responsibility with the patient and (as appropriate) with caregivers
- b) Elicits patient needs and preferences regarding care
- c) Engages in dialogue with the patient to bring about understanding, acceptance and cooperation
- d) Identifies common goals for care

4.2.2 Elicit patient needs and preferences regarding care.

- a) Asks the patient about their treatment goals and expectations
- b) Explores patient values and lifestyle factors influencing care
- c) Encourages the patient to express concerns and priorities
- d) Clarifies patient preferences for involvement in decision-making
- e) Identifies barriers to care from the patient's perspective

4.2.3 Modify communication methods for patients with diverse physical, psychological, cognitive, linguistic, socio-economic and cultural backgrounds.

- a) Seeks to understand the patient's goals and expectations regarding their treatment
- b) Seeks to understand the patient's values and lifestyle factors influencing care
- c) Helps the patient to express concerns and priorities
- d) Confirms patient preferences for involvement in decision-making
- e) Recognizes barriers to care from the patient's perspective

4.3 The principles and documentation of informed consent are addressed in Domain 2 (Communication) and are applied here in the context of shared decision-making and substitute decision-maker involvement. Recognize when a patient's family, caregivers, or substitute decision-maker should be involved with decision-making and obtain valid consent.

4.3.1 Recognize indicators for including family, caregivers or substitute decision-makers in the patient's care decisions.

- a) Involves family and supporting persons in care decisions as appropriate
- b) Assesses the caregiver's needs and determines the support they can provide

4.3.2 Interpret and apply legal requirements for involving substitute decision-makers.

- a) Adjusts tone and pace to match patient comprehension
- b) Uses visual aids or interpreters when needed
- c) Simplifies language for patients with cognitive or linguistic challenges
- d) Adapts communication to accommodate sensory impairments
- e) Selects culturally appropriate communication strategies

4.3.3 Obtain valid verbal or written consent when recognizing that a patient's family, caregivers, or substitute decision-maker should be involved with treatment, management and care decisions.

- a) Requests and documents verbal or written consent for third-party involvement
- b) Confirms patient understanding of who will be included in care decisions
- c) Ensures consent aligns with legal and ethical standards

4.3.4 Prepare the patient and the equipment following infection control and safety protocols.

- a) Cleans and disinfects equipment before patient use
- b) Ensures patient comfort and safety during setup
- c) Follows PPE and hygiene protocols consistently

4.4 Ensure patient participation in the shared decision-making model for ongoing treatment and management plans.

4.4.1 Share responsibility with the patient, their family or caregiver as appropriate.

- a) Ensures the patient knows that they have the right to decide about all aspects of care
  - b) Provides the opportunity for the patient to participate in their care
  - c) Explains that the new prescription will help correct vision
- 4.4.2 Observe ethical obligations to provide appropriate care, irrespective of the patient’s diagnosis and treatment.
- a) Explains factors contributing to uncertainties in diagnosis and treatment
  - b) Assesses the errors that lead to delayed diagnosis, misdiagnosis or inappropriate treatment
  - c) Utilizes strategies to manage the uncertainties and errors
  - d) Meets ethical obligation to provide care irrespective of the patient’s management decision
- 4.4.3 Provide information in a manner that is easily understood and considerate of language and cultural needs to ensure patients’ ability to make informed decisions.
- a) Provides comprehensive information and options
  - b) Verifies the patient’s understanding
  - c) Determines the patient’s need for additional information
  - d) Verbalizes steps to complete the skill/procedure safely and effectively
- 4.5 Educate patients about their overall health and how it, along with lifestyle factors, affects the health of their eyes and vision.
- 4.5.1 Demonstrate empathy, compassion and respect when engaging in education regarding lifestyle factors.
- a) Determines a care plan that reflects the whole person, not just their visual needs
  - b) Explains how to ease pain and suffering and relieve fear and anxiety
- 4.5.2 Identify and communicate systemic conditions and diseases that impact the eye and vision system.
- a) Explains how systemic diseases (e.g., diabetes, hypertension) affect vision
  - b) Identifies ocular signs linked to systemic conditions
  - c) Refers patients for medical evaluation when systemic involvement is suspected
- 4.5.3 Identify and communicate the adverse effects of different medical conditions and medications on the eye and vision system.
- a) Describes ocular side effects of common medications
  - b) Describes visual symptoms related to systemic treatments
  - c) Documents adverse effects of different medical conditions and medications on the eye and vision system
- 4.5.4 Identify and communicate the implications of eye and vision health on vocational and avocational requirements.
- a) Explains the ocular side effects of common medications
  - b) Explains visual symptoms related to systemic treatments
  - c) Documents implications of eye and vision health on vocational and avocational requirements
- 4.6 Promote patient health and safety, incorporating considerations of patients’ ocular and visual health and overall physical, psychological, and general well-being.
- 4.6.1 Identify when collaboration with social services will be beneficial for the patient.
- a) Recognizes patient circumstances—such as housing instability, financial hardship, or safety concerns—that warrant referral to social services
  - b) Initiates appropriate collaboration to support patient well-being
- 4.6.2 Identify and make referrals to social services that support patient objectives and needs when indicated.
- a) Advises social services on visual symptoms related to systemic treatments
  - b) Makes referrals to social services that support patient objectives and needs
- 4.6.3 Identify situations where optometrists are legally obligated to make mandatory reports to social services, public health or government agencies.

- a) Reports visual symptoms related to systemic treatments
  - b) Makes mandatory reports to social services, public health, or government agencies
- 4.6.4 Apply quality improvement to identify hazards in patient care to improve outcomes.
- a) Identifies patterns or incidents in clinical practice that may compromise patient safety and implements evidence-informed changes to reduce risk and enhance care quality.
- 4.6.5 Performs technical procedures creating an environment of care, safety, cooperation, and excellence.
- a) Advises patients on the ocular side effects of common medications
  - b) Educates patients on visual symptoms related to systemic treatments
  - c) Documents technical procedures performed

## 5.0 PROFESSIONALISM

*Optometrists are dedicated to ethical practice, maintaining high personal standards of behaviour, and upholding professional accountability.*

### 5.1 Practice with accountability to the patient, the profession and society.

- 5.1.1 Recognize and adhere to federal, provincial and/or territorial laws and legislation relevant to optometric practice.
- a) Complies with federal legislation relevant to optometric practice
  - b) Complies with provincial/territorial legislation relevant to optometric practice
  - c) Complies with the requirements of the provincial regulatory body
  - d) Refer to and make visible the Optometric Oath as a resource guiding clinical practice philosophy
- 5.1.2 Recognize and adhere to the legal requirements of the applicable provincial regulatory body.
- a) Reviews and applies current regulatory standards in clinical practice
  - b) Maintains licensure and fulfills continuing education requirements
  - c) Aligns documentation and procedures with regulatory expectations
- 5.1.3 Incorporate ethics and integrity in decision-making, including administrative, business, legal and procedural decisions and those regarding utilizing broader social service and healthcare resources.
- a) Adheres to high moral and ethical standards
  - b) Subordinates' personal interests to the best interests of patients
  - c) Provides all the information the patient needs to make an informed decision
- 5.1.4 Establish and maintain a practice of continuous quality improvement.
- a) Implements regular reviews of clinical and administrative practices
  - b) Identifies areas for enhancement
  - c) Integrates feedback and evidence-based strategies to improve patient care and service delivery
  - d) Uses quality metrics or tools
  - e) Analyzes clinical practice using quality improvement methods and implements changes to enhance patient care outcomes in a systematic manner

### 5.2 Interact with patients and the public, following professional and ethical standards.

- 5.2.1 Document ongoing informed patient consent to assessment, management, referral and co-management.
- a) Records patient consent at each stage of care, including assessment, treatment, referral, and co-management, ensuring documentation reflects the patient's understanding and agreement
- 5.2.2 Recognize and uphold professional boundaries.
- a) Establishes rapport with patients
  - b) Demonstrates respect for the patient's dignity and autonomy
  - c) Exhibits honesty, integrity and trustworthiness in interactions with patients
  - d) Shows appropriate awareness of the essential elements of professional boundaries

- e) Shows appropriate awareness of the impact of a power imbalance on relationships
- f) Gains trust, brings about understanding, acceptance and cooperation

5.2.3 Maintain patient privacy and confidentiality.

- a) Secures patient records in accordance with privacy legislation
- b) Limits access to patient information to authorized individuals
- c) Avoids discussing patient details in public or non-secure settings

5.2.4 Comply with legislative requirements regarding creating, retaining and destroying patient records and other practice documentation.

- a) Maintains accurate and complete patient records in accordance with applicable privacy legislation
- b) Follows established protocols for secure storage, retention timelines, and proper disposal

5.3 Establish and maintain a safe practice for patients and colleagues, both physically and psychologically.

5.3.1 Comply with local labour laws and workplace safety regulations.

- a) Follows workplace safety protocols and reporting procedures
- b) Maintains awareness of employee rights and responsibilities
- c) Participates in mandatory safety and compliance training

5.3.2 Establish and maintain a work environment free of discriminatory and non-inclusive behaviours.

- a) Promotes respectful communication among team members
- b) Addresses discriminatory behaviour promptly and appropriately
- c) Encourages inclusive practices in patient and staff interactions

5.3.3 Seek awareness of cultural differences and culturally appropriate services.

- a) Participates in cultural competence training
- b) Adapts care approaches to respect cultural beliefs and practices
- c) Seeks guidance when unfamiliar with a patient's cultural context

5.3.4 Maintain procedures to ensure hygiene and infection control.

- a) Safe PPE donning and doffing sequence
- b) Use of disinfecting agents
- c) Disinfects hands, probe, and lenses
- d) Sanitizes

5.3.5 Prepare the patient and the equipment following infection control and safety protocols for administering diagnostic and therapeutic pharmaceutical agents.

- a) Verifies the cleanliness and readiness of equipment before use
- b) Uses PPE and aseptic technique during administration
- c) Educates the patient on safety measures taken during procedures

5.4 Maintain personal, physical and mental self-care.

5.4.1 Recognize the importance of being mentally competent and physically capable of performing professional duties.

- a) Demonstrates awareness of personal physical and mental limitations
- b) Takes appropriate steps to ensure safe, effective, and ethical patient care

5.4.2 Recognize and prioritize self-care to provide care to others.

- a) Schedules regular breaks and manages workload to prevent burnout
- b) Seeks support or resources when experiencing stress or fatigue
- c) Maintains a healthy work-life balance to sustain professional performance

5.4.3 Understand role and ability, recognizing special interests, skills and limitations.

- a) Practices within the bounds of individual expertise and limitations

5.4.4 Aware of the challenge of identifying one's limitations under duress and seek appropriate support when required.

- a) Recognizes signs of personal stress or overload
- b) Seeks guidance, supervision, or support to maintain safe and effective patient care proactively

## 6.0 SCHOLARSHIP

*Optometrists are dedicated to excellence and ongoing improvement, utilizing evidence-based practices and embracing lifelong learning to enhance patient care and outcomes.*

6.1 Maintain and continuously update professional knowledge through scientific literature reviews supporting evidence-based practice.

6.1.1 Establish and maintain a practice of continuous learning.

6.1.2 Select and critically review scientific literature to determine quality, appropriateness, reliability and relevance for practice.

- a) Demonstrates awareness of types of study designs
- b) Interprets statistical concepts
- c) Considers the factors affecting the validity, importance and applicability of published information

6.1.3 Reflect on the researched evidence about your practice and patient needs.

- a) Applies an evidence-based medicine process to identify information relevant to a clinical situation

6.1.4 Maintain objectivity in using researched information received to avoid inadvertent financial and other incentives.

- a) Critically evaluates the source and context of research findings to ensure clinical decisions are based on evidence rather than influenced by financial or promotional bias.

6.1.5 Investigate and critically evaluate the care of patients, appraise and assimilate scientific evidence, and continuously improve patient care based on perpetual self-evaluation and life-long learning.

- a) Identifies strengths, deficiencies, and limits in one's knowledge and expertise
- b) Systematically analyzes practice using quality improvement methods and implements changes with the goal of practice improvement
- c) Incorporates formative evaluation feedback into daily practice
- d) Employs evidence-based practice and participates in learning and research activities to the extent possible
- e) Maintains a working knowledge of applicable Clinical Practice Guidelines (AOA) and Preferred Practice Patterns (AAOphthalmology)
- f) Sets learning and improvement goals

6.2 Integrate and apply newly acquired evidence-based optometric knowledge, clinical skills and techniques in your practice.

6.2.1 Apply an evidence-based approach as the foundation for making clinical decisions.

- a) Integrates current research findings into clinical protocols
- b) Prioritizes evidence-based guidelines when selecting treatment options
- c) Evaluates clinical decisions against the best available evidence
- d) Critically appraises digital and AI-based clinical decision-support tools and integrates them appropriately into patient care

6.2.2 Apply evidence to a patient case by integrating clinical experience and patient values.

- a) Balances patient preferences with clinical judgment and research evidence
- b) Adjusts care plans based on individual patient context and values
- c) Documents rationale for decisions that integrate evidence and experience

6.3 If relevant and within scope, critically review and apply information from other healthcare disciplines to enhance your practice and patient care.

- 6.3.1 Recognize new knowledge and promising practices from other healthcare disciplines to inform and enhance your practice and patient care.
  - a) Attends interdisciplinary seminars or case reviews
  - b) Identifies transferable practices from other health professions
  - c) Stays informed about innovations in related healthcare fields
- 6.3.2 Critically review new knowledge and promising practices from other healthcare disciplines to determine relevance to practice and fit with professional scope.
  - a) Evaluates the applicability of external practices to optometric care
  - b) Assesses alignment with regulatory and ethical standards
  - c) Consults with peers or mentors when integrating cross-disciplinary knowledge
- 6.3.3 Select and apply new information to inform and enhance your patient care.
  - a) Implements new techniques or tools supported by cross-disciplinary evidence
  - b) Adapts external practices to fit within the optometric scope
  - c) Monitors outcomes of newly integrated practices
- 6.4 Enhance professional practice with ongoing learning and continuing education in keeping with provincial regulatory requirements.
- 6.4.1 Update clinical knowledge and proficiently use relevant instruments/tools to diagnose and treat ocular disorders accurately.
  - a) Demonstrates proficiency with new diagnostic technologies
  - b) Attends training on emerging clinical tools
  - c) Applies updated knowledge to improve diagnostic accuracy
- 6.4.2 Reflect on practice challenges to identify areas of clinical knowledge and skills to improve.
  - a) Reviews complex cases to identify learning needs
  - b) Seeks feedback from peers or mentors on clinical performance
  - c) Logs recurring challenges to guide future learning
- 6.4.3 Seek continuing education when a knowledge deficiency is identified.
  - a) Enrolls in targeted courses to address knowledge gaps
  - b) Tracks learning goals and progress
  - c) Applies new knowledge to address previously identified deficiencies
- 6.4.4 Participate in continuing education courses, seminars and local/national conventions to keep knowledge current.
  - a) Attends accredited CE events regularly
  - b) Shares learnings from conferences with colleagues
  - c) Applies insights from professional events to clinical practice
- 6.4.5 Recognize the importance of staying informed about populations' changing needs, emerging information about social determinants of health, and related new social programs.
  - a) Monitors trends in population health and access to care
  - b) Integrates social determinants into patient assessments
  - c) Refers patients to relevant community programs or supports
- 6.5 Share information and knowledge on clinical practice, new procedures and emerging technologies to contribute to the practice of others and promote the profession.
- 6.5.1 Evaluate the benefits of technical advances to optometric equipment.
  - a) Compares new technologies with current tools for clinical value
  - b) Assesses the cost-benefit of adopting new equipment
  - c) Participates in pilot testing or vendor demonstrations

- 6.5.2 Recognize the relevance of staying current regarding advances in optometry education and the socio-political factors that influence professional practice.
  - a) Follows updates from regulatory and professional bodies
  - b) Engages in discussions about policy changes affecting optometry
  - c) Adapts practice in response to evolving educational standards
- 6.5.3 Demonstrate intellectual curiosity and professional commitment through participation in academic, community, industry and professional development events.
  - a) Presents or contributes to professional events or publications
  - b) Participates in research or quality improvement initiatives
  - c) Joins professional associations or working groups
- 6.5.4 Participate in prescription monitoring programs.
  - a) Reviews prescription histories through monitoring systems
  - b) Identifies potential misuse or interactions
  - c) Documents findings and adjusts prescribing accordingly
- 6.5.5 Participate in a qualified clinical data registry.
  - a) Submits patient data to registries for benchmarking
  - b) Uses registry feedback to improve clinical outcomes
  - c) Ensures data accuracy and compliance with reporting standards

## 7.0 PRACTICE MANAGEMENT

*Optometrists effectively run their practices to serve their communities.*

### 7.1 Provide services consistent with the optometric needs of the community.

- 7.1.1 Maintain an effective appointment system.
  - a) Uses scheduling tools to manage patient flow efficiently
  - b) Minimizes wait times through proactive appointment planning
  - c) Adjusts scheduling based on patient needs and clinical urgency
- 7.1.2 Ensure timely provision of emergency optometric care.
  - a) Knows the appropriate after-hours emergency care options
  - b) Documents the surgical procedure and outcomes in the patient record
- 7.1.3 Ensure compliance with the requirements of municipal and local authorities relevant to business operations.
  - a) Maintains up-to-date business licenses and permits
  - b) Complies with local zoning and accessibility regulations
  - c) Ensures clinic signage and operations meet municipal standards

### 7.2 Ensure the availability of physical and human resources required for practice.

- 7.2.1 Recruit, train and supervise support personnel to ensure effective performance.
  - a) Develops clear job descriptions and onboarding plans
  - b) Provides regular training and performance feedback
  - c) Delegates tasks appropriately based on staff competencies
- 7.2.2 Maintain a system for referral to other healthcare professionals.
  - a) Demonstrates commitment to continuity of care

### 7.3 Manage workflow effectively.

- 7.3.1 Provide procedures to ensure hygiene and infection control.
  - a) Practices communicable disease prevention and infection control
  - b) Applies routine precautions for infection control

- c) Explains how to clean, disinfect and sterilize equipment
- d) Explains how to clean and disinfect contact lenses
- e) Explains how to clean and disinfect the office space
- f) Explains how to manage spills of blood or other bodily fluids
- g) Explains how to manage sharp objects and biohazards

7.3.2 Maintain triage procedures.

- a) Explains what constitutes an emergency
- b) Determines priorities and manages emergency care
- c) Evaluates non-emergency optometric care
- d) Determines the limitations of the knowledge and skills of support staff

7.3.3 Ensure sound financial and business management.

- a) Tracks revenue, expenses, and cash flow regularly
- b) Implements billing procedures aligned with payer requirements
- c) Reviews financial reports to inform business decisions

7.3.4 Maintain a system of continuous quality improvement.

- a) Collects patient feedback to identify service gaps
- b) Conducts regular audits of clinical and administrative processes
- c) Implements corrective actions based on quality data

7.4 Recognize and adhere to relevant legislation in optometric business practice.

7.4.1 Comply with legal requirements relevant to optometric business practice.

- a) Complies with federal legislation relevant to optometric business practice
- b) Complies with provincial/territorial legislation relevant to optometric business practice
- c) Recognize and adhere to the legal requirements of the applicable regulatory body

7.4.2 Maintain a system of patient record management and security.

- a) **Patient Records:** Keeps detailed records of patient visits, including medical history, examination findings, diagnoses, treatment plans, and any prescribed medications or therapies.
- b) **Consent Forms:** Obtains and files signed consent forms for various procedures, treatments, and the use of patient information.
- c) **Financial Records:** Document financial transactions, including billing, payments, and insurance claims.
- d) **Inventory Records:** Records including the purchase and use of medical supplies, contact lenses, eyeglasses, and other products.
- e) **Compliance Documentation:** Records related to compliance with health and safety regulations, such as infection control protocols, equipment maintenance logs, and staff training records. This documentation ensures that the practice adheres to legal and professional standards.
- f) **Communication Records:** Maintains documentation of communications with patients, other healthcare providers, and regulatory bodies.
- g) Documents the therapeutic laser procedure and outcomes in the patient record.
- h) Documents the minor procedure and outcomes in the patient record.
- i) Documents the diagnostic and therapeutic pharmaceutical agents and outcomes in the patient record.
- j) Documents the surgical procedure and outcomes in the patient record.

7.4.3 Maintain a system for the transfer of patient records to other healthcare professionals.

- a) Uses secure methods for record transfer (e.g., encrypted email, EHR)
- b) Confirms receipt of records by the receiving provider
- c) Documents all record transfers in the patient file

7.4.4 Prepare an optometric surgical procedure report following the standards of the Joint Commission on Accreditation of Healthcare Organizations and the Accreditation Association for Ambulatory Health Care.

- a) Identifies the patient
- b) Supports the diagnosis
- c) Justifies the treatment
- d) Documents the postoperative course and results
- e) Promotes continuity of care

7.4.5 Maintain an appropriate patient fee structure.

- a) Reviews and updates fees based on market and regulatory benchmarks
- b) Communicates fees transparently to patients
- c) Offers billing options that support patient access to care

7.4.6 Maintenance of procedure logs in various practice settings.

- a) Records all procedures performed, including date, provider, and outcome
- b) Maintains logs in compliance with regulatory and accreditation standards
- c) Reviews procedure logs periodically to identify trends or issues

7.4.7 Report adverse outcomes in ophthalmic surgery as part of quality assurance.

- a) Identifies and documents adverse surgical events promptly
- b) Reports incidents to appropriate oversight bodies when required
- c) Uses outcome data to inform practice improvements

7.5 Maintain insurance and risk management procedures relevant to optometric business practice.

7.5.1 Maintain appropriate commercial liability insurance.

- a) Maintains commercial liability insurance and risk management procedures relevant to optometric business practice
- b) Ensures commercial liability insurance coverage is current and meets regulatory requirements.
- c) Reviews and updates commercial liability insurance policies as needed to reflect changes in practice or legal standards.

7.5.2 Maintain appropriate disability insurance.

- a) Maintains disability insurance relevant to optometric business practice
- b) Ensures disability insurance coverage is in place for practitioners and staff.
- c) Reviews disability insurance policies periodically to ensure adequate protection for loss of income due to disability.

7.5.3 Maintain appropriate professional liability insurance.

- a) Maintains professional liability insurance and risk management procedures relevant to optometric business practice.
- b) Ensures professional liability insurance coverage is maintained for all clinical activities.
- c) Reviews professional liability insurance policies to confirm coverage for all services provided within the scope of practice.

7.6 Demonstrates knowledge and application of established and evolving biomedical, clinical, epidemiological, and social-behavioural sciences to patient care.

7.6.1 Knowledge and application of basic and clinical sciences specific to optometry and ophthalmic surgery.

- a) Applies anatomical, physiological, and pathological principles to ocular and systemic assessments
- b) Integrates clinical science knowledge in diagnosis and treatment planning
- c) Uses surgical science principles in pre- and post-operative optometric care

7.6.2 Knowledge and application of evidence-based medicine.

- a) Applies current, high-quality research findings to clinical decision-making
- b) Evaluates scientific literature for relevance, validity, and applicability to patient care
- c) Balances clinical expertise with patient values and preferences in treatment planning

7.6.3 Knowledge and application of outcomes-based registries.

- a) Uses registry data to assess treatment effectiveness and patient outcomes
- b) Identifies trends and practice improvements through registry analysis
- c) Applies registry insights to inform clinical protocols and quality improvement initiatives

## 8.0 CULTURAL COMPETENCE

*Optometrists provide culturally safe and anti-racist care for Indigenous patients by integrating cultural safety and humility into optometric education and practice standards to ensure public safety and the delivery of high-quality services to Indigenous patients.*

While articulated as a distinct domain, cultural competence informs and strengthens competencies across all domains of optometric practice.

### 8.1 Engage in self-reflective practice that promotes relationships based on respect, open and effective dialogue, and mutual decision-making.

- 8.1.1 Reflect on, identify, and do not act on any stereotypes or assumptions they may hold about Indigenous Peoples.
  - a) Takes appropriate action when observing others acting in a racist or discriminatory manner towards Indigenous Peoples.
- 8.1.2 Reflect on how their privileges, biases, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with Indigenous patients.
  - a) Seeks feedback on their behaviour towards Indigenous Peoples.
- 8.1.3 Evaluate and seek feedback on your behaviour towards Indigenous Peoples.
  - a) Supports patients, colleagues, and others who experience and/or report acts of racism.
- 8.1.4 Seek to improve your ability to provide culturally safe care for Indigenous patients.
  - a) Provides culturally safe care for Indigenous patients.

### 8.2 Undertake ongoing education on Indigenous health care, determinants of health, cultural safety, cultural humility, and anti-racism.

- 8.2.1 Learn about the negative impact of Indigenous-specific racism on Indigenous patients accessing the health care system and its disproportionate impact on Indigenous women and girls and two-spirit, queer, and trans-Indigenous Peoples.
  - a) Undertakes ongoing education on Indigenous health care, determinants of health, cultural safety, cultural humility, and anti-racism.
- 8.2.2 Learn about the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their healthcare experiences.
  - a) Describes how colonialism has historically affected Indigenous Peoples' access to and experiences within healthcare systems.
  - b) Identifies current impacts of colonialism on Indigenous health and healthcare experiences.
  - c) Explains how knowledge of colonial history informs culturally safe and responsive care for Indigenous patients.
  - d) Applies understanding of colonial impacts when assessing and addressing barriers to healthcare for Indigenous Peoples.
- 8.2.3 Learn about the Indigenous communities in their work areas, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities.
  - a) Identifies the distinct languages spoken by Indigenous communities in their work area
  - b) Describes the unique histories and heritage of local Indigenous communities.
  - c) Recognizes differences in local cultural practices and protocols among Indigenous communities.
  - d) Explains how systems of knowledge and traditional teachings vary between Indigenous communities.

- e) Uses knowledge of local cultural practices when caring for or working with Indigenous patients.
- f) Seeks out opportunities to learn directly from Indigenous community members, Elders, or cultural navigators.

### 8.3 Take active steps to identify, address, prevent, and eliminate Indigenous-specific racism.

8.3.1 Take appropriate action when they observe others acting in a racist or discriminatory manner towards Indigenous Peoples.

- a) Helps colleagues to identify and eliminate racist attitudes, language, or behaviour.
- b) Supports patients, colleagues and others who experience and/or report acts of racism.
- c) Reports acts of racism to leadership and/or the relevant regulatory authority.

### 8.4 Facilitate safe vision care experiences where Indigenous patients' physical, mental/emotional, spiritual, and cultural needs can be met.

8.4.1 Treat patients with respect and empathy.

- a) Acknowledges the patient's cultural identity.
- b) Listens to and seeks to understand the patient's lived experiences.
- c) Treat patients and their families with compassion.
- d) Open to learning from the patient and others.

8.4.2 Care for patients holistically, considering their physical, mental/emotional, spiritual, and cultural needs.

- a) Provides care that addresses the patient's physical, mental/emotional, spiritual, and cultural needs.

8.4.3 Acknowledge and incorporate Indigenous cultural rights, values, and practices, including ceremonies and protocols related to illness, into the care plan.

- a) Incorporates Indigenous cultural rights, values, and practices, including ceremonies and protocols, into the patient's care plan as appropriate.

8.4.4 Facilitate the involvement of the patient's family and others (e.g., community and Elders, Indigenous cultural navigators, and interpreters) as needed and requested.

- a) Facilitates the involvement of the patient's family, community members, Elders, Indigenous cultural navigators, and interpreters in care, as needed and requested by the patient.

### 8.5 Work collaboratively with Indigenous patients to meet the patient's vision health and wellness goals.

8.5.1 Respectfully learn about the patient and the reasons the patient has sought vision care services.

- a) Engages respectfully with the patient to learn about their background and the reasons for seeking vision care services.

8.5.2 Engage with patients and their identified supports to identify, understand, and address the patient's vision, health and wellness goals.

- a) Engages with patients and their identified supports to collaboratively identify, understand, and address the patient's vision, health, and wellness goals.

8.5.3 Support the patient's right to decide on their course of care.

- a) Supports and respects the patient's autonomy and right to make decisions about their course of care.

8.5.4 Communicate effectively with patients.

- a) Provide the patient with the time and space to share their needs and goals.
- b) Provides clear information about the available healthcare options, including what the patient may experience during the healthcare encounter.
- c) Ensures that information is communicated in a way that the patient can understand.

### 8.6 Focus on the patient's resilience and strength in the healthcare encounter. Understand the different types of traumas and their impact on Indigenous patients, including how intergenerational and historical trauma affect many Indigenous Peoples during health care experiences.

- 8.6.1 Work with the patient to incorporate their strengths and support them in achieving their vision, health, and wellness goals.
  - a) Collaborates with the patient to identify and incorporate their strengths into the care plan, supporting achievement of vision, health, and wellness goals.
- 8.6.2 Recognize the potential for trauma (personal or intergenerational) in a patient's life and adapt their approach to be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.
  - a) Adapts care approach to be thoughtful and respectful of trauma, including seeking permission before assessments or treatments.
- 8.6.3 Recognize that colonialism and trauma may affect how patients view, access, and interact with the health care system.
  - a) Considers the impact of colonialism and trauma on the patient's perspective and interactions with the health care system.
- 8.6.4 Recognize that Indigenous women, girls, two-spirit, queer, and trans-Indigenous Peoples are disproportionately impacted by Indigenous-specific racism in the health care system and consider the impact gender-specific trauma may have on the patient.
  - a) Considers the disproportionate impact of Indigenous-specific racism and gender-specific trauma on Indigenous women, girls, two-spirit, queer, and trans-Indigenous Peoples when providing care.

### Model-Wide Closing Statement

The competencies outlined in this model reflect the evolving expectations of optometric practice in Canada, including a shared responsibility to provide culturally safe, respectful, and equitable care to all patients and communities.