OPTOMETRY EXAMINING BOARD OF CANADA

BUREAU DES EXAMINATEURS EN OPTOMÉTRIE DU CANADA

Exam Performance Report: Competencies

Global Competency Summary

Academic Year 2025-2026

prepared for

Regulators, Candidates and OD Programs

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Global Report – Aggregate Results Across All Programs
Parameters — Program: All AY: 2025-2026

Index

Summary 3
OEBC Exam Blueprint 4
Pass/Fail Report 5
Table 1.1 – Written Pass/Fail Report – All 5
Table 1.2 – OSCE Pass/Fail Report – All 5
Domain/Practice Area Report 6
Table 2.1 – Domain/Practice Area Report –All 6
Table 2.2 – Aggregate Domain/Practice Area Opportunity Report – All 6
Key Competency Scoring Frequency 7
Table 3.1 – Key Competency Scoring Frequency by Exam Component 7
Patient Interaction Assessment Scale Report – First-Time Writers 10
Table 4.1 - Performance by Domains in the Patient Interaction Rubric – All 10
Table 4.2 - Patient Interaction Rubric Domain Ranking by Cohort Average – All 10
Table 4.3 - Patient Interaction Rubric Domain Ranking by All Candidates vs. Benchmark 11
Top/Bottom Five Competencies – All Candidates 12
Table 5.1 – Top Five Key Competencies – All Candidates 12
Table 5.2 – Bottom Five Key Competencies – All Candidates 12
Program Group Performance Report 13
Table 6.1 – Program Group Performance - First-Time Writers – 2025–2026 13
Cohort Performance vs Peer Benchmark Report 16
Table 7.1 – Key Competencies Performance by All Candidates vs Peer Benchmark – Both Components 16
Table 7.2 – Key Competencies Performance by All Candidates vs Peer Benchmark – Written Examination 19
Table 7.3 – Key Competencies Performance by All Candidates vs Peer Benchmark – OSCE 22

Summary

The Global Report reflects the combined performance of all candidates on the Canadian Board exam. Results represent national averages and scoring frequencies rather than program-level outcomes. This report supports an understanding of national trends and provides context for interpreting program-specific results issued separately.

The OEBC exam consists of two components—a Written Exam and an OSCE—designed to assess entry-to-practice competencies across clinical expertise, communication, collaboration, patient-centred care, professionalism, scholarship, and practice management. The exam Blueprint outlines the domains, practice areas, and topics relevant to optometric practice in Canada.

The pass/fail report summarizes national pass and fail rates for each exam component. Program-specific comparisons and historical cohort analyses are provided in separate statistical reports issued directly to programs in June 2026.

The domain/practice area report presents national average scores for each domain and practice area, alongside the Peer Benchmark of successful first-attempt candidates. The patient interaction assessment scale report summarizes national OSCE performance across all rubric domains.

The Competency Report and the top and bottom five competencies: The Competency Report provides national average scores for each key competency, benchmarked against successful first-attempt candidates. The top and bottom five competencies show the program's candidates' highest and lowest average scores, respectively.

NOTES
1. The Peer Benchmark represents the mean score of all successful first-attempt candidates and serves as a reference point for program-level comparisons in program-specific reports.
2. Some competencies may have been assessed infrequently; therefore, individual competency scores may vary in statistical significance.
3. The class of 2026 could attempt the Written Exam at the Spring 2025 administration and the OSCE at any time during their final year.
4. Candidates who were unsuccessful on a component of the exam receive a feedback report similar to this one, demonstrating our commitment to their success and assisting them in preparing for a subsequent attempt.
5. We provided regular exam information and preparation webinars to candidates (see oebc.ca). We are also pleased to provide custom webinars to faculty. Please contact exams@oebc.ca

OEBC Exam Blueprint

The National Competency Model outlines the knowledge, skills, and behaviours needed to practice as an optometrist. The OEBC exam components are drawn from a question/item bank, and the relevant knowledge, skills, and abilities at the entry-to-practice level for optometry are evaluated. Not all competencies are assessed on the entry-to-practice exam.

	Domains *Practice Areas*	Written Cases	OSCE Stations
1	**Clinical Expertise**	**88%**	**83%**
	Assessment (1.1-1.3)	*30%*	*33%*
	Diagnosis & Planning (1.4-1.6)	*27%*	*17%*
	Patient Management (1.7-1.11)	*28%*	*33%*
2	**Communication**	-	*
3	**Collaboration**	5%	-
4	**Patient-Centred Care**	3%	17%
5	**Professionalism**	-	*
6	**Scholarship**	2%	-
7	**Practice Management**	2%	-
8	**Cultural Competence**	-	*

Notes - cases/stations are selected based on the primary practice area
* Measured via Patient Interactions Assessment Rubric

The examination design process samples the representative competencies. OEBC selects cases for the Written Examination and OSCE stations to match the Blueprint requirements by prime case areas and the Topic matrix. However, cases assess competencies within multiple domains.

Competency Model and Indicators

Domain — represents an area of practice. Key competencies within the domain describe how optometrists integrate and apply knowledge and skills in their practice.

Key Competencies are observable abilities of an optometrist that integrate multiple components, such as knowledge, skills, values, and attitudes. There are numerous competencies per domain. While these cannot be exhaustive, given the complexity of professional practice, they represent frequently performed essential behaviours. Key competencies represent the core of practice.

Enabling Competencies — are sub-competencies representing specific knowledge, skills, and actions that facilitate competence. These essential skills are pervasive in an optometrist's work and demonstrate competency components. Multiple Enabling Competencies illustrate the critical competency statements.

Indicators — are specific observable and measurable examples of activities, actions, skills, or behaviours that demonstrate the existence or achievement of entry-to-practice competency. Multiple indicators assess a candidate's performance relevant to the case or station.

The first three levels present the full competency model for optometry. OEBC maintains specific performance indicators at the entry-to-practice level for its examinations within its assessment context. The indicators are mapped to the appropriate enabling competency used in the exam. Reporting in this report is aggregated to the Key Competency level.

The Blueprint was updated in May 2026 following the 2025-2026 administrations.

Global Summary

Pass/Fail Report

Table 1.1 – Written Pass/Fail Report – All

Written	First-Time Writers		All Writers	
	All Candidates	All Candidates	All Candidates	All Candidates
Total Attempts	254	254	255	255
Pass	229	229	238	238
Fail	25	25	17	17
Pass Rate	90.2%	90.2%	93.3%	93.3%

Table 1.2 – OSCE Pass/Fail Report – All

OSCE	First-Time Writers		All Writers	
	All Candidates	All Candidates	All Candidates	All Candidates
Total Attempts	170	170	178	178
Pass	151	151	169	169
Fail	19	19	9	9
Pass Rate	88.8%	88.8%	94.9%	94.9%

Notes:

1. Statistics include only candidates who wrote the exam during the selected academic year.

2. A comprehensive statistical report—including cohort pass rates and prior-year comparisons—was previously provided.

3. In the Global Report, columns 2 and 3, and columns 4 and 5, are identical because program-specific values do not apply in the aggregate view.

Global Summary

Domain/Practice Area Report

The OEBC Blueprint has eight domains. The Clinical Expertise domain has three practice areas. This report summarizes the performance of the program's first-attempt candidates and compares those results with the Peer Benchmark. Cultural Competence was added as the eighth domain. It was not specifically measured on the exams in 2025-2026, but will be in future years.

Table 2.1 – Domain/Practice Area Report –All

	Domains *Practice Areas*	Written		OSCE		Aggregate	
		All Candidates	Peer Benchmark	All Candidates	Peer Benchmark	All Candidates	Peer Benchmark
	Number	254	229	170	151	424	380
1	**Clinical Expertise**	72.1%	73.7%	68.2%	69.3%	70.6%	72.1%
	Assessment	*65.9%*	*67.7%*	*64.6%*	*65.1%*	*65.4%*	*66.7%*
	Diagnosis & Planning	65.9%	79.1%	64.6%	72.8%	75.1%	76.6%
	Patient Management	*72.4%*	*74.1%*	*68.4%*	*69.7%*	*71.0%*	*72.6%*
2	**Communication**	89.4%	90.0%	78.6%	79.2%	84.8%	85.5%
3	**Collaboration**	86.6%	87.8%	69.7%	70.5%	77.0%	78.0%
4	**Patient-Centred Care**	91.2%	91.1%	78.4%	80.1%	82.9%	84.1%
5	**Professionalism**	76.0%	76.9%	80.6%	81.7%	79.0%	80.1%
6	**Scholarship**	76.1%	76.4%	–	–	76.1%	76.4%
7	**Practice Management**	78.3%	79.0%	51.4%	52.2%	72.5%	73.3%

Table 2.2 – Aggregate Domain/Practice Area Opportunity Report – All

	Domains *Practice Areas*	All Candidates	Peer Benchmark	Percentage Points Difference	Interpretation
1	**Clinical Expertise**	70.6%	72.1%	-2.0%	Comparable
	Assessment	*65.4%*	*66.7%*	*-1.9%*	*Comparable*
	Diagnosis & Planning	*75.1%*	*76.6%*	*-1.9%*	*Comparable*
	Patient Management	*71.0%*	*72.6%*	*-2.2%*	*Comparable*
2	**Communication**	84.8%	85.5%	-0.8%	Comparable
3	**Collaboration**	77.0%	78.0%	-1.3%	Comparable
4	**Patient-Centred Care**	82.9%	84.1%	-1.4%	Comparable
5	**Professionalism**	79.0%	80.1%	-1.3%	Comparable
6	**Scholarship**	76.1%	76.4%	-0.3%	Comparable
7	**Practice Management**	72.5%	73.3%	-1.1%	Comparable

Key Competency Scoring Frequency

While the Blueprint shows the percentage of case topics selected, multiple competencies are measured in each case. OEBC maps every scoring item on its exams to an enabling competency. The table below indicates the frequency of measurement per Key Competency in the past academic year.

Table 3.1 – Key Competency Scoring Frequency by Exam Component

#	Key Competency	Aggregate Percentage of Scoring Items	Written Percentage of Scoring Items	OSCE Percentage of Scoring Items	Peer Benchmark Score
1.0.	**Clinical Expertise**	**53.2%**	**59.3%**	**45.4%**	**70.6%**
PA	**ASSESSMENT**	**19.8%**	**21.6%**	**17.6%**	**67.8%**
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.	5.1%	5.4%	4.6%	75.1%
1.2.	Apply clinical judgment and diagnostic assessments to formulate an initial, secondary, and differential diagnosis based on the initial case history.	5.1%	5.4%	4.6%	81.5%
1.3.	Identify urgent ocular and medical conditions requiring urgent vs. emergency care and triage accordingly.	4.7%	5.4%	3.7%	37.5%
1.4.	Conduct eye examinations to assess and diagnose refractive disorders, diseases, and dysfunctions of the eye and vision system.	5.1%	5.4%	4.6%	74.8%
PA	**DIAGNOSIS & TREATMENT PLANNING**	**19.4%**	**21.6%**	**16.7%**	**74.9%**
1.5.	Formulate a final diagnosis based on the patient data and differential diagnosis.	5.1%	5.4%	4.6%	75.8%
1.6.	Formulate and modify a treatment and management plan considering patient responses, priorities, limitations, and past treatments.	5.1%	5.4%	4.6%	74.9%
1.7.	Recognize ocular, visual or systemic conditions that require other professionals' assessment, co-management or management.	4.3%	5.4%	2.8%	77.7%
1.8.	Prescribe spectacle, contact lens therapy, vision therapy, myopia control, and visual training for refractive disorders.	5.1%	5.4%	4.6%	71.9%
PA	**PATIENT MANAGEMENT**	**4.2%**	**5.4%**	**2.7%**	**70.4%**
1.9.	Educate the patient regarding treatment and management options in support of shared decision-making, as described in Domain 4 (Patient-Centred Care).	4.2%	5.4%	2.7%	70.4%
1.10.	Educate the patient about lifestyle choices and their impacts on ocular health.	48.5%	53.9%	41.6%	71.2%
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.	5.1%	5.4%	4.6%	70.9%

#	Key Competency	Aggregate Percentage of Scoring Items	Written Percentage of Scoring Items	OSCE Percentage of Scoring Items	Peer Benchmark Score
2.0.	**Communication**	**10.5%**	**10.8%**	**10.2%**	**84.8%**
2.1.	Establish and maintain relationships with patients and, when required, their families, caregivers, or substitute decision-makers through communication skills and strategies.	5.1%	5.4%	4.6%	84.8%
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.	5.1%	5.4%	4.6%	83.7%
2.3.	Establish and maintain open, respectful, supportive relationships with staff, colleagues, and other healthcare providers through communication skills and strategies.	0.0%	0.0%	0.0%	–
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.	0.4%	0.0%	0.9%	100.0%
3.0.	**Collaboration**	**7.0%**	**5.4%**	**9.2%**	**77.0%**
3.1.	Identify the appropriate optometrist(s) and other healthcare professional(s) for patient referral and consultation.	1.2%	0.0%	2.7%	72.5%
3.2.	Refer patients for secondary, specialized care who may need further treatment or management outside the scope of optometry practice.	5.1%	5.4%	4.6%	75.2%
3.3.	Co-manage patients with other healthcare professionals in the circle of care when appropriate.	0.8%	0.0%	1.8%	95.0%
4.0.	**Patient-Centred Care**	**13.3%**	**8.4%**	**19.5%**	**82.9%**
4.1.	Collaborate with the patient to develop management options that align with their overall well-being, general health, lifestyle, and socioeconomic realities.	3.7%	3.0%	4.6%	83.1%
4.2.	Include the patient in a shared decision-making process that will determine the course of treatment and follow-up.	3.9%	5.4%	1.9%	90.6%
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.	1.6%	0.0%	3.7%	70.7%
4.4.	Ensure continuing patient participation in the shared decision-making model for ongoing treatment and management plans.	2.0%	0.0%	4.6%	78.3%

#	Key Competency	Aggregate Percentage of Scoring Items	Written Percentage of Scoring Items	OSCE Percentage of Scoring Items	Peer Benchmark Score
4.5.	Educate patients regarding their overall health and how it, along with lifestyle factors, affects the health of their eyes and vision.	1.2%	0.0%	2.8%	75.9%
4.6.	Promote patient health and safety, incorporating considerations of patients' ocular and visual health and overall physical, psychological, and general well-being.	0.8%	0.0%	1.8%	92.5%
5.0.	**Professionalism**	**9.1%**	**5.4%**	**13.9%**	**79.0%**
5.1.	Practice with accountability to the patient, the profession and society.	2.0%	0.0%	4.6%	78.1%
5.2.	Interact with patients and the public, following professional and ethical standards.	5.1%	5.4%	4.6%	76.1%
5.3.	Establish and maintain a safe practice for patients and colleagues, both physically and psychologically.	2.0%	0.0%	4.6%	87.3%
5.4.	Maintain personal, physical and mental self-care.	0.0%	0.0%	0.0%	–
6.0.	**Scholarship**	**3.0%**	**5.4%**	**0.0%**	**76.1%**
6.1.	Maintain and continuously update professional knowledge through scientific literature reviews supporting evidence-based practice.	3.0%	5.4%	0.0%	76.1%
6.2.	Integrate and apply newly acquired evidence-based optometric knowledge, clinical skills and techniques in own practice.	0.0%	0.0%	0.0%	–
6.3.	If relevant and within scope, critically review and apply information from other healthcare disciplines to enhance own practice and patient care.	0.0%	0.0%	0.0%	–
6.4.	Enhance professional practice with ongoing learning and continuing education in keeping with provincial regulatory requirements.	0.0%	0.0%	0.0%	–
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.	0.0%	0.0%	0.0%	–
7.0.	**Practice Management**	**3.9%**	**5.4%**	**1.9%**	**72.5%**
7.1.	Provide services consistent with the optometric needs of the community.	1.3%	2.4%	0.0%	88.4%
7.2.	Ensure the availability of physical and human resources required for practice.	0.0%	0.0%	0.0%	–
7.3.	Manage workflow effectively.	2.5%	3.0%	1.9%	64.2%
7.4.	Recognize and adhere to legislation relevant to optometric business practice.	0.0%	0.0%	0.0%	–
7.5.	Maintain insurance and risk management procedures relevant to optometric business practice.	0.0%	0.0%	0.0%	–

Global Summary

Patient Interaction Assessment Scale Report – First-Time Writers

In the 2025-2026 academic year, every OSCE station evaluated a candidate's interaction with a patient. For 2026-2027 and beyond, the OSCE will use three rubrics - see the Rubric Guide on the website.

This report summarizes the performance of the program's first-attempt candidates and compares those results with the Peer Benchmark.

Table 4.1 - Performance by Domains in the Patient Interaction Rubric – All

Domain	All Candidates	Peer Benchmark	Percentage Points Difference	Interpretation
Coherence	3.76	3.77	-0.2%	Comparable
Empathy	3.83	3.84	-0.2%	Comparable
Focus on the Patient	3.90	3.91	-0.3%	Comparable
Honesty & Integrity	3.89	3.91	-0.3%	Comparable
Non-verbal	3.92	3.92	-0.2%	Comparable
Respect	3.95	3.95	-0.1%	Comparable
Trust	3.80	3.81	-0.1%	Comparable
Verbal	3.86	3.87	-0.1%	Comparable

Table 4.2 - Patient Interaction Rubric Domain Ranking by Cohort Average – All

Domain	Ranking High→Low	All Candidates	Peer Benchmark	Percentage Points Difference
Respect	1	3.95	3.95	-0.1%
Non-verbal	2	3.92	3.92	-0.2%
Focus on the Patient	3	3.90	3.91	-0.3%
Honesty & Integrity	4	3.89	3.91	-0.3%
Verbal	5	3.86	3.87	-0.1%
Empathy	6	3.83	3.84	-0.2%
Trust	7	3.80	3.81	-0.1%
Coherence	8	3.76	3.77	-0.2%

Table 4.3 - Patient Interaction Rubric Domain Ranking by All Candidates vs. Benchmark

Domain	Ranking High→Low	All Candidates	Peer Benchmark	Percentage Points Difference
Verbal	1	3.86	3.87	-0.1%
Respect	2	3.95	3.95	-0.1%
Trust	3	3.80	3.81	-0.1%
Non-verbal	4	3.92	3.92	-0.2%
Coherence	5	3.76	3.77	-0.2%
Empathy	6	3.83	3.84	-0.2%
Focus on the Patient	7	3.90	3.91	-0.3%
Honesty & Integrity	8	3.89	3.91	-0.3%

Global Summary

Top/Bottom Five Competencies – All Candidates

OEBC's competency model supports 38 key competencies and 161 Enabling Competencies which represent the competencies for the profession. OEBC assesses entry-to-practice competencies, so not all listed competencies are assessed, and performance is reported only on the key competencies. Below are the top/bottom five key competencies of the first-time writers for this cycle.

Table 5.1 – Top Five Key Competencies – All Candidates

Rank	#	Competency Description	Score
1	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.	100.0%
2	3.3.	Co-manage patients with other healthcare professionals in the circle of care when appropriate.	95.0%
3	4.6.	Promote patient health and safety, incorporating considerations of patients' ocular and visual health and overall physical, psychological, and general well-being.	92.5%
4	4.2.	Include the patient in a shared decision-making process that will determine the course of treatment and follow-up.	90.6%
5	7.1.	Provide services consistent with the optometric needs of the community.	88.4%

Table 5.2 – Bottom Five Key Competencies – All Candidates

Rank	#	Competency Description	Score
1	1.3.	Identify urgent ocular and medical conditions requiring urgent vs. emergency care and triage accordingly.	37.5%
2	7.3.	Manage workflow effectively.	64.2%
3	1.10.	Educate the patient about lifestyle choices and their impacts on ocular health.	64.6%
4	1.9.	Educate the patient regarding treatment and management options in support of shared decision-making, as described in Domain 4 (Patient-Centred Care).	70.4%
5	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.	70.7%

Program Group Performance Report

For comparative purposes, OEBC groups candidates by optometry schools accredited by ACOE in Canada, optometry schools accredited by ACOE in the United States, and graduates from other programs. Below is the aggregate performance of first-time writers from these groupings.

Writers from ACOE_CA	**148**
Writers from ACOE_US	**116**
Writers from ACOE_NO	**8**
Writers– All Programs	**274**

Table 6.1 – Program Group Performance - First-Time Writers – 2025–2026

#	Key Competency	ACOE_CA	ACOE_US	ACOE_NO	Peer Benchmark
1.0.	**Clinical Expertise**	**71.7%**	**69.0%**	**69.5%**	**70.6%**
PA	**ASSESSMENT**	**67.5%**	**67.9%**	**72.0%**	**67.8%**
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.	76.8%	71.1%	88.5%	75.1%
1.2.	Apply clinical judgment and diagnostic assessments to formulate an initial, secondary, and differential diagnosis based on the initial case history.	81.3%	82.2%	76.7%	81.5%
1.3.	Identify urgent ocular and medical conditions requiring urgent vs. emergency care and triage accordingly.	34.4%	42.7%	35.0%	37.5%
1.4.	Conduct eye examinations to assess and diagnose refractive disorders, diseases, and dysfunctions of the eye and vision system.	75.5%	73.2%	79.4%	74.8%
PA	**DIAGNOSIS & TREATMENT PLANNING**	**76.0%**	**73.5%**	**68.7%**	**74.9%**
1.5.	Formulate a final diagnosis based on the patient data and differential diagnosis.	76.3%	75.5%	67.3%	75.8%
1.6.	Formulate and modify a treatment and management plan considering patient responses, priorities, limitations, and past treatments.	75.4%	74.0%	71.7%	74.9%
1.7.	Recognize ocular, visual or systemic conditions that require other professionals' assessment, co-management or management.	79.3%	76.2%	55.2%	77.7%
1.8.	Prescribe spectacle, contact lens therapy, vision therapy, myopia control, and visual training for refractive disorders.	73.6%	68.8%	75.4%	71.9%
PA	**PATIENT MANAGEMENT**	**77.3%**	**60.4%**	**68.1%**	**70.4%**
1.9.	Educate the patient regarding treatment and management options in support of shared decision-making, as described in Domain 4 (Patient-Centred Care).	77.3%	60.4%	68.1%	70.4%
1.10.	Educate the patient about lifestyle choices and their impacts on ocular health.	71.7%	69.0%	69.5%	71.2%
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.	71.7%	69.6%	68.5%	70.9%

#	Key Competency	ACOE_CA	ACOE_US	ACOE_NO	Peer Benchmark
2.0.	**Communication**	**85.0%**	**84.9%**	**79.8%**	**84.8%**
2.1.	Establish and maintain relationships with patients and, when required, their families, caregivers, or substitute decision-makers through communication skills and strategies.	84.9%	84.9%	77.9%	84.8%
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.	84.3%	83.4%	77.1%	83.7%
2.3.	Establish and maintain open, respectful, supportive relationships with staff, colleagues, and other healthcare providers through communication skills and strategies.	–	–	–	–
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.	100.0%	100.0%	100.0%	100.0%
3.0.	**Collaboration**	**76.9%**	**75.6%**	**90.3%**	**77.0%**
3.1.	Identify the appropriate optometrist(s) and other healthcare professional(s) for patient referral and consultation.	72.2%	69.7%	87.5%	72.5%
3.2.	Refer patients for secondary, specialized care who may need further treatment or management outside the scope of optometry practice.	75.2%	74.1%	88.2%	75.2%
3.3.	Co-manage patients with other healthcare professionals in the circle of care when appropriate.	94.0%	95.7%	100.0%	95.0%
4.0.	**Patient-Centred Care**	**83.2%**	**82.3%**	**83.5%**	**82.9%**
4.1.	Collaborate with the patient to develop management options that align with their overall well-being, general health, lifestyle, and socioeconomic realities.	85.3%	79.4%	75.4%	83.1%
4.2.	Include the patient in a shared decision-making process that will determine the course of treatment and follow-up.	91.5%	89.7%	70.0%	90.6%
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.	68.0%	72.1%	100.0%	70.7%
4.4.	Ensure continuing patient participation in the shared decision-making model for ongoing treatment and management plans.	78.5%	78.2%	75.2%	78.3%

#	Key Competency	ACOE_CA	ACOE_US	ACOE_NO	Peer Benchmark
4.5.	Educate patients regarding their overall health and how it, along with lifestyle factors, affects the health of their eyes and vision.	74.5%	77.6%	100.0%	75.9%
4.6.	Promote patient health and safety, incorporating considerations of patients' ocular and visual health and overall physical, psychological, and general well-being.	92.3%	91.3%	100.0%	92.5%
5.0.	**Professionalism**	**81.7%**	**74.1%**	**85.1%**	**79.0%**
5.1.	Practice with accountability to the patient, the profession and society.	78.3%	77.9%	75.1%	78.1%
5.2.	Interact with patients and the public, following professional and ethical standards.	80.3%	69.2%	83.2%	76.1%
5.3.	Establish and maintain a safe practice for patients and colleagues, both physically and psychologically.	88.3%	83.7%	98.2%	87.3%
5.4.	Maintain personal, physical and mental self-care.	–	–	–	–
6.0.	**Scholarship**	**80.1%**	**71.8%**	**50.0%**	**76.1%**
6.1.	Maintain and continuously update professional knowledge through scientific literature reviews supporting evidence-based practice.	80.1%	71.8%	50.0%	76.1%
6.2.	Integrate and apply newly acquired evidence-based optometric knowledge, clinical skills and techniques in own practice.	–	–	–	–
6.3.	If relevant and within scope, critically review and apply information from other healthcare disciplines to enhance own practice and patient care.	–	–	–	–
6.4.	Enhance professional practice with ongoing learning and continuing education in keeping with provincial regulatory requirements.	–	–	–	–
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.	–	–	–	–
7.0.	**Practice Management**	**69.4%**	**75.8%**	**100.0%**	**72.5%**
7.1.	Provide services consistent with the optometric needs of the community.	86.7%	89.1%	100.0%	88.4%
7.2.	Ensure the availability of physical and human resources required for practice.	–	–	–	–
7.3.	Manage workflow effectively.	64.2%	60.8%	100.0%	64.2%
7.4.	Recognize and adhere to legislation relevant to optometric business practice.	–	–	–	–
7.5.	Maintain insurance and risk management procedures relevant to optometric business practice.	–	–	–	–

Global Summary

Cohort Performance vs Peer Benchmark Report

Table 7.1 – Key Competencies Performance by All Candidates vs Peer Benchmark – Both Components

274 Writers – All Programs

#	Key Competency	Percentage of Scoring Items	Average Score	Peer Benchmark
1.0.	**Clinical Expertise**	**53.2%**	**70.6%**	**72.1%**
PA	**ASSESSMENT**	**19.8%**	**67.8%**	**69.0%**
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.	5.1%	75.1%	77.3%
1.2.	Apply clinical judgment and diagnostic assessments to formulate an initial, secondary, and differential diagnosis based on the initial case history.	5.1%	81.5%	82.2%
1.3.	Identify urgent ocular and medical conditions requiring urgent vs. emergency care and triage accordingly.	4.7%	37.5%	38.5%
1.4.	Conduct eye examinations to assess and diagnose refractive disorders, diseases, and dysfunctions of the eye and vision system.	5.1%	74.8%	75.9%
PA	**DIAGNOSIS & TREATMENT PLANNING**	**19.4%**	**74.9%**	**76.3%**
1.5.	Formulate a final diagnosis based on the patient data and differential diagnosis.	5.1%	75.8%	77.2%
1.6.	Formulate and modify a treatment and management plan considering patient responses, priorities, limitations, and past treatments.	5.1%	74.9%	76.6%
1.7.	Recognize ocular, visual or systemic conditions that require other professionals' assessment, co-management or management.	4.3%	77.7%	79.2%
1.8.	Prescribe spectacle, contact lens therapy, vision therapy, myopia control, and visual training for refractive disorders.	5.1%	71.9%	72.8%
PA	**PATIENT MANAGEMENT**	**4.2%**	**70.4%**	**72.4%**
1.9.	Educate the patient regarding treatment and management options in support of shared decision-making, as described in Domain 4 (Patient-Centred Care).	4.2%	70.4%	72.4%
1.10.	Educate the patient about lifestyle choices and their impacts on ocular health.	48.5%	71.2%	72.6%
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.	5.1%	70.9%	72.6%
2.0.	**Communication**	**10.5%**	**84.8%**	**85.5%**

#	Key Competency	Percentage of Scoring Items	Average Score	Peer Benchmark
2.1.	Establish and maintain relationships with patients and, when required, their families, caregivers, or substitute decision-makers through communication skills and strategies.	5.1%	84.8%	85.7%
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.	5.1%	83.7%	84.2%
2.3.	Establish and maintain open, respectful, supportive relationships with staff, colleagues, and other healthcare providers through communication skills and strategies.	0.0%	–	–
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.	0.4%	100.0%	100.0%
3.0.	**Collaboration**	**7.0%**	**77.0%**	**78.0%**
3.1.	Identify the appropriate optometrist(s) and other healthcare professional(s) for patient referral and consultation.	1.2%	72.5%	71.3%
3.2.	Refer patients for secondary, specialized care who may need further treatment or management outside the scope of optometry practice.	5.1%	75.2%	76.7%
3.3.	Co-manage patients with other healthcare professionals in the circle of care when appropriate.	0.8%	95.0%	95.6%
4.0.	**Patient-Centred Care**	**13.3%**	**82.9%**	**84.1%**
4.1.	Collaborate with the patient to develop management options that align with their overall well-being, general health, lifestyle, and socioeconomic realities.	3.7%	83.1%	83.5%
4.2.	Include the patient in a shared decision-making process that will determine the course of treatment and follow-up.	3.9%	90.6%	91.9%
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.	1.6%	70.7%	72.7%
4.4.	Ensure continuing patient participation in the shared decision-making model for ongoing treatment and management plans.	2.0%	78.3%	78.8%
4.5.	Educate patients regarding their overall health and how it, along with lifestyle factors, affects the health of their eyes and vision.	1.2%	75.9%	77.0%

#	Key Competency	Percentage of Scoring Items	Average Score	Peer Benchmark
4.6.	Promote patient health and safety, incorporating considerations of patients' ocular and visual health and overall physical, psychological, and general well-being.	0.8%	92.5%	95.1%
5.0.	**Professionalism**	**9.1%**	**79.0%**	**80.1%**
5.1.	Practice with accountability to the patient, the profession and society.	2.0%	78.1%	78.7%
5.2.	Interact with patients and the public, following professional and ethical standards.	5.1%	76.1%	76.9%
5.3.	Establish and maintain a safe practice for patients and colleagues, both physically and psychologically.	2.0%	87.3%	89.3%
5.4.	Maintain personal, physical and mental self-care.	0.0%	–	–
6.0.	**Scholarship**	**3.0%**	**76.1%**	**76.4%**
6.1.	Maintain and continuously update professional knowledge through scientific literature reviews supporting evidence-based practice.	3.0%	76.1%	76.4%
6.2.	Integrate and apply newly acquired evidence-based optometric knowledge, clinical skills and techniques in own practice.	0.0%	–	–
6.3.	If relevant and within scope, critically review and apply information from other healthcare disciplines to enhance own practice and patient care.	0.0%	–	–
6.4.	Enhance professional practice with ongoing learning and continuing education in keeping with provincial regulatory requirements.	0.0%	–	–
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.	0.0%	–	–
7.0.	**Practice Management**	**3.9%**	**72.5%**	**73.3%**
7.1.	Provide services consistent with the optometric needs of the community.	1.3%	88.4%	88.8%
7.2.	Ensure the availability of physical and human resources required for practice.	0.0%	–	–
7.3.	Manage workflow effectively.	2.5%	64.2%	65.5%
7.4.	Recognize and adhere to legislation relevant to optometric business practice.	0.0%	–	–
7.5.	Maintain insurance and risk management procedures relevant to optometric business practice.	0.0%	–	–

Global Summary

Table 7.2 – Key Competencies Performance by All Candidates vs Peer Benchmark – Written Examination

254 Writers – All Programs

#	Key Competency	Percentage of Scoring Items	Average Score	Peer Benchmark
1.0.	**Clinical Expertise**	**59.3%**	**71.1%**	**72.1%**
PA	**ASSESSMENT**	**21.6%**	**83.5%**	**67.7%**
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.	5.4%	43.1%	71.1%
1.2.	Apply clinical judgment and diagnostic assessments to formulate an initial, secondary, and differential diagnosis based on the initial case history.	5.4%	73.2%	83.5%
1.3.	Identify urgent ocular and medical conditions requiring urgent vs. emergency care and triage accordingly.	5.4%	77.8%	43.1%
1.4.	Conduct eye examinations to assess and diagnose refractive disorders, diseases, and dysfunctions of the eye and vision system.	5.4%	82.6%	73.2%
PA	**DIAGNOSIS & TREATMENT PLANNING**	**21.6%**	**77.6%**	**77.8%**
1.5.	Formulate a final diagnosis based on the patient data and differential diagnosis.	5.4%	77.5%	82.6%
1.6.	Formulate and modify a treatment and management plan considering patient responses, priorities, limitations, and past treatments.	5.4%	73.5%	77.6%
1.7.	Recognize ocular, visual or systemic conditions that require other professionals' assessment, co-management or management.	5.4%	67.2%	77.5%
1.8.	Prescribe spectacle, contact lens therapy, vision therapy, myopia control, and visual training for refractive disorders.	5.4%	67.2%	73.5%
PA	**PATIENT MANAGEMENT**	**5.4%**	**72.2%**	**67.2%**
1.9.	Educate the patient regarding treatment and management options in support of shared decision-making, as described in Domain 4 (Patient-Centred Care).	5.4%	72.9%	67.2%
1.10.	Educate the patient about lifestyle choices and their impacts on ocular health.	53.9%	89.4%	72.2%
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.	5.4%	89.4%	72.9%
2.0.	**Communication**	**10.8%**	**89.4%**	**89.4%**
2.1.	Establish and maintain relationships with patients and, when required, their families, caregivers, or substitute decision-makers through communication skills and strategies.	5.4%	–	89.4%

#	Key Competency	Percentage of Scoring Items	Average Score	Peer Benchmark
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.	5.4%	–	89.4%
2.3.	Establish and maintain open, respectful, supportive relationships with staff, colleagues, and other healthcare providers through communication skills and strategies.	0.0%	86.6%	–
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.	0.0%	–	–
3.0.	**Collaboration**	**5.4%**	**86.6%**	**86.6%**
3.1.	Identify the appropriate optometrist(s) and other healthcare professional(s) for patient referral and consultation.	0.0%	–	–
3.2.	Refer patients for secondary, specialized care who may need further treatment or management outside the scope of optometry practice.	5.4%	91.2%	86.6%
3.3.	Co-manage patients with other healthcare professionals in the circle of care when appropriate.	0.0%	88.4%	–
4.0.	**Patient-Centred Care**	**8.4%**	**92.7%**	**91.2%**
4.1.	Collaborate with the patient to develop management options that align with their overall well-being, general health, lifestyle, and socioeconomic realities.	3.0%	–	88.4%
4.2.	Include the patient in a shared decision-making process that will determine the course of treatment and follow-up.	5.4%	–	92.7%
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.	0.0%	–	–
4.4.	Ensure continuing patient participation in the shared decision-making model for ongoing treatment and management plans.	0.0%	–	–
4.5.	Educate patients regarding their overall health and how it, along with lifestyle factors, affects the health of their eyes and vision.	0.0%	76.0%	–
4.6.	Promote patient health and safety, incorporating considerations of patients' ocular and visual health and overall physical, psychological, and general well-being.	0.0%	–	–

#	Key Competency	Percentage of Scoring Items	Average Score	Peer Benchmark
5.0.	**Professionalism**	**5.4%**	**76.0%**	**76.0%**
5.1.	Practice with accountability to the patient, the profession and society.	0.0%	–	–
5.2.	Interact with patients and the public, following professional and ethical standards.	5.4%	–	76.0%
5.3.	Establish and maintain a safe practice for patients and colleagues, both physically and psychologically.	0.0%	76.1%	–
5.4.	Maintain personal, physical and mental self-care.	0.0%	76.1%	–
6.0.	**Scholarship**	**5.4%**	**–**	**76.1%**
6.1.	Maintain and continuously update professional knowledge through scientific literature reviews supporting evidence-based practice.	5.4%	–	76.1%
6.2.	Integrate and apply newly acquired evidence-based optometric knowledge, clinical skills and techniques in own practice.	0.0%	–	–
6.3.	If relevant and within scope, critically review and apply information from other healthcare disciplines to enhance own practice and patient care.	0.0%	–	–
6.4.	Enhance professional practice with ongoing learning and continuing education in keeping with provincial regulatory requirements.	0.0%	78.3%	–
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.	0.0%	88.4%	–
7.0.	**Practice Management**	**5.4%**	**–**	**78.3%**
7.1.	Provide services consistent with the optometric needs of the community.	2.4%	70.4%	88.4%
7.2.	Ensure the availability of physical and human resources required for practice.	0.0%	–	–
7.3.	Manage workflow effectively.	3.0%	–	70.4%
7.4.	Recognize and adhere to legislation relevant to optometric business practice.	0.0%	–	–
7.5.	Maintain insurance and risk management procedures relevant to optometric business practice.	0.0%	–	–

Global Summary

Table 7.3 – Key Competencies Performance by All Candidates vs Peer Benchmark – OSCE

170 Writers – All Programs

#	Key Competency	Percentage of Scoring Items	Average Score	Peer Benchmark
1.0.	**Clinical Expertise**	**45.4%**	**81.1%**	**68.2%**
PA	**ASSESSMENT**	**17.6%**	**78.5%**	**67.9%**
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.	4.6%	27.0%	81.1%
1.2.	Apply clinical judgment and diagnostic assessments to formulate an initial, secondary, and differential diagnosis based on the initial case history.	4.6%	77.1%	78.5%
1.3.	Identify urgent ocular and medical conditions requiring urgent vs. emergency care and triage accordingly.	3.7%	70.2%	27.0%
1.4.	Conduct eye examinations to assess and diagnose refractive disorders, diseases, and dysfunctions of the eye and vision system.	4.6%	65.6%	77.1%
PA	**DIAGNOSIS & TREATMENT PLANNING**	**16.7%**	**70.7%**	**70.2%**
1.5.	Formulate a final diagnosis based on the patient data and differential diagnosis.	4.6%	78.2%	65.6%
1.6.	Formulate and modify a treatment and management plan considering patient responses, priorities, limitations, and past treatments.	4.6%	69.5%	70.7%
1.7.	Recognize ocular, visual or systemic conditions that require other professionals' assessment, co-management or management.	2.8%	78.5%	78.2%
1.8.	Prescribe spectacle, contact lens therapy, vision therapy, myopia control, and visual training for refractive disorders.	4.6%	78.5%	69.5%
PA	**PATIENT MANAGEMENT**	**2.7%**	**69.5%**	**78.5%**
1.9.	Educate the patient regarding treatment and management options in support of shared decision-making, as described in Domain 4 (Patient-Centred Care).	2.7%	68.0%	78.5%
1.10.	Educate the patient about lifestyle choices and their impacts on ocular health.	41.6%	78.6%	69.5%
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.	4.6%	77.9%	68.0%
2.0.	**Communication**	**10.2%**	**75.0%**	**78.6%**
2.1.	Establish and maintain relationships with patients and, when required, their families, caregivers, or substitute decision-makers through communication skills and strategies.	4.6%	–	77.9%

#	Key Competency	Percentage of Scoring Items	Average Score	Peer Benchmark
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.	4.6%	100.0%	75.0%
2.3.	Establish and maintain open, respectful, supportive relationships with staff, colleagues, and other healthcare providers through communication skills and strategies.	0.0%	69.7%	–
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.	0.9%	72.5%	100.0%
3.0.	**Collaboration**	**9.2%**	**58.1%**	**69.7%**
3.1.	Identify the appropriate optometrist(s) and other healthcare professional(s) for patient referral and consultation.	2.7%	95.0%	72.5%
3.2.	Refer patients for secondary, specialized care who may need further treatment or management outside the scope of optometry practice.	4.6%	78.4%	58.1%
3.3.	Co-manage patients with other healthcare professionals in the circle of care when appropriate.	1.8%	78.7%	95.0%
4.0.	**Patient-Centred Care**	**19.5%**	**82.9%**	**78.4%**
4.1.	Collaborate with the patient to develop management options that align with their overall well-being, general health, lifestyle, and socioeconomic realities.	4.6%	70.7%	78.7%
4.2.	Include the patient in a shared decision-making process that will determine the course of treatment and follow-up.	1.9%	78.3%	82.9%
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.	3.7%	75.9%	70.7%
4.4.	Ensure continuing patient participation in the shared decision-making model for ongoing treatment and management plans.	4.6%	92.5%	78.3%
4.5.	Educate patients regarding their overall health and how it, along with lifestyle factors, affects the health of their eyes and vision.	2.8%	80.6%	75.9%
4.6.	Promote patient health and safety, incorporating considerations of patients' ocular and visual health and overall physical, psychological, and general well-being.	1.8%	78.1%	92.5%

#	Key Competency	Percentage of Scoring Items	Average Score	Peer Benchmark
5.0.	**Professionalism**	**13.9%**	**76.3%**	**80.6%**
5.1.	Practice with accountability to the patient, the profession and society.	4.6%	87.3%	78.1%
5.2.	Interact with patients and the public, following professional and ethical standards.	4.6%	–	76.3%
5.3.	Establish and maintain a safe practice for patients and colleagues, both physically and psychologically.	4.6%	–	87.3%
5.4.	Maintain personal, physical and mental self-care.	0.0%	–	–
6.0.	**Scholarship**	**0.0%**	**–**	**–**
6.1.	Maintain and continuously update professional knowledge through scientific literature reviews supporting evidence-based practice.	0.0%	–	–
6.2.	Integrate and apply newly acquired evidence-based optometric knowledge, clinical skills and techniques in own practice.	0.0%	–	–
6.3.	If relevant and within scope, critically review and apply information from other healthcare disciplines to enhance own practice and patient care.	0.0%	–	–
6.4.	Enhance professional practice with ongoing learning and continuing education in keeping with provincial regulatory requirements.	0.0%	51.4%	–
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.	0.0%	–	–
7.0.	**Practice Management**	**1.9%**	**–**	**51.4%**
7.1.	Provide services consistent with the optometric needs of the community.	0.0%	51.4%	–
7.2.	Ensure the availability of physical and human resources required for practice.	0.0%	–	–
7.3.	Manage workflow effectively.	1.9%	–	51.4%
7.4.	Recognize and adhere to legislation relevant to optometric business practice.	0.0%	–	–
7.5.	Maintain insurance and risk management procedures relevant to optometric business practice.	0.0%	–	–