College of
HEALTH AND CARE
PROFESSIONALS OF BC

Standards for Quality Assurance - Optometrists

Preamble

The Quality Assurance Program is an important component of the self-regulation of optometry in BC. The College Bylaws allow the Quality Assurance Committee to assess the professional performance of registrants and to require them to fulfil the appropriate requirements.

The College strongly believes in a Quality Assurance Program that meets the needs and expectations of patients and the community. Key elements of the Quality Assurance Program are designed as proactive measures to foster continuing professional education and to improve the performance of registrants. The College believes that the promotion of continuous quality improvement of the profession will improve patient outcomes.

The Quality Assurance Program involves four pillars of professionalism: continuing education, peer circles, practitioner assessment and professional enhancement. The Quality Assurance Committee is responsible for the support as outlined in number 6 below.

Although each of the four pillars of the program has a specific purpose, they are designed to work together to maintain and advance scientific knowledge in the practice of optometry, enhance professional competency, assure the public of professional/clinical performance, and improve patient outcomes.

1. CONTINUING EDUCATION REQUIREMENTS

Continuing Education Activities

1. In this policy:

(a) "accredited program" means an educational program approved by the Registrar[1] or by the Council on Optometric Practitioner Education (COPE);

(b) "registration year" means November 1 to the following October 31 in each year;

(c) "approved program provider" means the following bodies:

1) a program provider approved by the *Council on Optometric Practitioner Education* (COPE); or

2) any other body that is approved by the Board;

[Note: A commercial entity is not considered to be an "approved program provider. (Refer to the COPE Standards for Commercial Support, page 7 - 10).]

[1] Accreditation will be granted in accordance with current COPE standards and requirements for course Qualification, and must meet the goals of advancing and enhancing scientific optometric knowledge, professional competency, promoting safe, effective and ethical optometric practice, and improving patient outcomes. Refer to the Criteria for COPE Qualification of Continuing Education. Courses provided in an exclusive manner will not be deemed acceptable.

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(d) "approved program" means a continuing education program approved by the Quality Assurance Committee, under section 2.0 (Schedule 21) of the Bylaws, as follows:

1) an accredited program given by an approved program provider, whether given in person, or by long-distance, or by self-study delivery methods such as correspondence, video, computer or internet;

2) a peer circle; or

3) any of the continuing education activities listed in subsection 2 below.

Hourly Credits for Continuing Education Activities

2. For the purpose of calculating hours of yearly continuing education programs under section 4.0 (schedule 21) of the Bylaws, activities will be accredited for the number of hours specified in the table below:

Activity	Course category	Hours accredited
For each hour of attendance at or participation in an accredited program under section 1(1)(a)[1]	Ocular health[2] Other[3]	1 hour 1 hour
For each hour of instruction or formal presentation of an educational course under section 1(1)(a)	Ocular health Other	2 hours 2 hours
Publication of an article in a refereed optometric or ophthalmological journal	Ocular health Other	5 hours 5 hours
Publication of a case report in a refereed optometric or ophthalmological journal	Ocular health Other	2 hours 2 hours
For each hour of peer circle participation or peer circle facilitation	Ocular health Other	1 hour 1 hour
For serving the CEO/CACO as an exam question developer	Ocular health	No more than 10 hours per year
Achieving Fellowship in the American Academy of Optometry or the College of Vision Development *(*note: if Fellowship achieved in another group, please contact the Registrar for guidance.)*	Other	10 hours
Achieving Diplomate of American Academy of Optometry	Other	14 hours

[2] "Ocular health" includes educational programs classified as clinical optometry, ocular disease and related systemic disease.

[3] "Other" includes educational programs classified as optometric business management.

3. Continuing education program hours under subsection 2 must only be claimed by the registrant if the registrant is able to provide proof of having attended the program or completed the course for which continuing education program hours are sought[4]. Acceptable proof includes the original continuing education attendance certificate or continuing education attendance recorded within *OE Tracker*.

Annual Continuing Education Requirements

4. In accordance with Schedule 21 of the Bylaws, the Quality Assurance Committee specifies the following continuing education hours for Full[5] and Non-practising registrants:

   (a) in each registration year, no less than 20 accredited continuing education hours must be obtained; and

   (b) a maximum of 10 hours out of the required 20 accredited continuing education hours may be on subjects other than ocular or systemic health.

Self-Recording and Self-Reporting of Continuing Education Requirements

5. (1) Registrants must:

   (a) self-record and self-report their Continuing Education hours to their OE Tracker account subject to subsection (2);

   (b) retain all original continuing education certificates for a minimum of seven (7) years; and

   (c) provide to the College all original continuing education certificates to the Registrar on request.

   (2) If a registrant is not enrolled in OE Tracker, the registrant must complete the College's Continuing Education Record Form. In the event of an audit as set out in Schedule 21, section 5 of the Bylaws, registrants utilizing the Continuing Education Form may be requested to provide this form to the Registrar along with all original continuing education certificates.

Exemptions

6. Despite section section 4.0 (schedule 21) of the Bylaws, registrants need not fulfil the continuing education requirements of the Quality Assurance Program in a registration year if:

   (a) they successfully complete the national qualifying examination or national qualifying examination equivalent in the same registration year; or

   (b) complete an optometric residency program.

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[4] A registrant must not claim continuing education program hours for an educational program he or she repeats in the same registration year.

[5] Full registrant means:

(a) a therapeutic qualified registrant who is a member of the class established by Bylaws section 6.4(a);

(b) a non-therapeutic qualified registrant who is a member of the class established by section 6.4(b); or

(c) a limited registrant who is a member of the class established by section 6.4(c).

2. PEER CIRCLES

1. "Peer circle" means a small-group, interactive learning environment, guided by a facilitator, for the purpose of encouraging safe, effective and appropriate eye-care practices.
2. A peer circle must have a facilitator.
3. A facilitator of a peer circle must:
   (a) be a Therapeutic Qualified Registrant;
   (b) be in good standing with the College;
   (c) not be the subject of an inquiry or discipline proceeding under Part 3 of the Act or public notification under s. 39.3 of the Act; and
   (e) be appointed by the Quality Assurance Committee.

3. PROFESSIONAL ENHANCEMENT PROGRAM

1. In this Policy:
   a. "Professional Enhancement Program" (PEP) means a mandatory program approved by the Quality Assurance Committee under section 2.0 (Schedule 21) of the Bylaws which is comprised of a repeating two-year cycle of activity, every year which parallels the registration year as defined by Policy 2.6.1(1).
2. Full and Non-practising registrants must complete the following PEP requirements:
   a. by the end of year 1 of the two-year cycle of PEP activity, registrants must have completed the PEP performance assessment and professional development plan; and
   b. by the end of year 2 of the two-year cycle of PEP activity, registrants must have:
      i. completed professional development activities consistent with the specifications of their professional development plan developed in year 1; and
      ii. completed a professional development plan review that records completion of professional development activities consistent with the specifications of their professional development plan and reflects on their impact on performance.
3. New registrants are required to participate in the PEP and shall commence year 1 of the two- year cycle of activity upon their first registration renewal.

4. PROFESSIONAL PERFORMANCE ASSESSMENT

Definitions

1. In this Policy:
   (a) "assessor" means an assessor appointed under subsection 4;
   (b) "clinical ability assessment" means an assessment under subsections 12-14;
   (c) "place of practice assessment" means an assessment under subsections 10-11;
   (d) "record-keeping assessment" means an assessment under subsections 6-9.

Assessments

2. When an assessment of the professional performance of a registrant is conducted under section 3.0 (Schedule 21) of the Bylaws, the assessment may consist of:

    (a) a record-keeping assessment;

    (b) a place of practice assessment;

    (c) both a record-keeping assessment and a place of practice assessment; and/or

    (d) a clinical ability assessment.

3. Unless otherwise stated, and in cooperation with the registrant, assessments may be conducted by any of the following methods, alone or in combination:

    (a) review of clinical records or other documents related to the registrant's practice;

    (b) case presentation;

    (c) site visit to the registrant's place of practice;

    (d) questionnaire or competency checklist;

    (e) self-assessment; and

    (f) any other method recommended by the Quality Assurance Committee and approved by the Board.

Assessors

4. The Quality Assurance Committee may appoint assessors for the purposes of sections 26.1 of the Act.

5. An assessor must:

    (a) be a therapeutic qualified registrant;

    (b) be in good standing with the College;

    (c) not be the subject of an inquiry or discipline proceeding under Part 3 of the Act or public notification under s. 39.3 of the Act;

    (d) have successfully completed a training course offered under Policy 2.6.4; and

    (e) be appointed by the Quality Assurance Committee.

Record-Keeping Assessment

6. A record-keeping assessment is an inspection of the records, including patient records, of the registrant for conformity with:

    (a) the Bylaws; and

    (b) the Policies.

7. A person conducting a record-keeping assessment may make copies of records related to the registrant's professional performance.

8. A person conducting a record-keeping assessment may attend at a registrant's place of practice for this purpose after giving the registrant reasonable notice.

9. Only records related to a registrant's professional performance may be assessed under this section.

Place of Practice Assessment

10. A place of practice assessment is an assessment of a registrant's place of practice for conformity with:

    (a) the Bylaws; and

    (b) Policies.

11. A person conducting a place of practice assessment may attend a registrant's place of practice for this purpose after giving the registrant reasonable notice.

Clinical Ability Assessment

12. A clinical ability assessment is an assessment of the registrant's clinical ability, including the registrant's:

    (a) knowledge relating to the examination, diagnosis and treatment of patients;

    (b) skill in providing optometric services, clinical procedures and techniques;

    (c) conformity with those Bylaws and policies relating to clinical ability; and

    (d) adherence to the standards of practice relating to clinical ability.

13. A person conducting a clinical ability assessment may attend at a registrant's place of practice for this purpose after giving the registrant reasonable notice.

14. A person conducting a clinical ability assessment may do anything a person conducting a record-keeping assessment or a place of practice assessment may do.

15. If, during an assessment conducted under Policy 2.6.2, the registrant raises any concerns about how the assessment is being conducted, the person conducting the assessment must note these concerns and communicate them to the Quality Assurance Committee and Registrar.

Notice of Assessment Outcome

16. If, after an assessment has been conducted, the Quality Assurance Committee concludes that there is a deficiency in the manner in which the registrant conducts his or her practice, the Quality Assurance Committee must, within 90 days of reviewing the assessment, notify the Registrar and the Registrar will then notify the registrant.

17. If the Quality Assurance Committee makes recommendations under subsection 16, the Quality Assurance Committee or an assessor appointed by that committee may conduct a follow- up assessment within 12 months of the first assessment.

18. A follow-up assessment under subsection 17 is conducted under subsection 2.6.3(2).

5. STANDARDS AND COMPETENCE AUDITS

1. Audits of a sample of registrants conducted under section 5.0 (Schedule 21) of the Bylaws must be conducted consistently according to this Policy.
2. Audits are conducted by the Quality Assurance Committee, or an assessor appointed by that committee, under the supervision of the Registrar.
3. Audits are conducted as professional performance assessments
4. The number of registrants audited is determined by the Quality Assurance Committee.
5. The identity of registrants audited must be determined randomly by the Registrar.
6. The method or methods used in the audit is determined by the Quality Assurance Committee from the assessment methods set out in Policy.

6. SUPPORT

1. The Quality Assurance Committee may:

   (a) develop and recommend to the Board courses for registrants wishing to serve as assessors or peer circle facilitators; and

   (b) determine whether persons taking training courses have completed them successfully.