

## RETIRED DOCUMENT

This document is retired, effective April 1, 2026, corresponding with the *Health Professions and Occupations Act* (HPOA) in-force date. As this document is retired, it is not considered a **Standard, Code of Ethics, or Code of Conduct** under the HPOA.



College of

**HEALTH AND CARE PROFESSIONALS OF BC**



# Standards of Practice for Specific Patient Care Activities

## *Preamble*

While the standards of practice which follow are designed to provide a comprehensive statement of expectations and requirements for the provision of patient care in optometry in British Columbia, no single document can anticipate every situation that may arise.

While compliance with the standards is critical, registrants must also be able to exercise sound professional judgment having regard to the specific needs of each individual patient. Optometric care must be tailored and responsive to the needs and expectations of each patient to optimize the outcome for the individual. Registrants must exercise appropriate clinical judgment in providing diagnostic and treatment services to provide proper individual care.

It is not necessary for all standards of practice to be in written form. In addition to the standard set out below, College committees may determine there are additional standards that are expected to comport with the requirements of safe and proper practice.

*[Note: See also Bylaw 2.7 (Schedule 14) "Registrants must appraise the oculo-visual status of their patients and record the results in accordance with the policies of the College"]*

## 1. STANDARDS FOR PATIENT CARE

1. The following standards set out the College's basic expectations for the conduct and competence of a reasonable and conscientious optometrist having regard to clinical and other relevant circumstances.
2. Despite any provision in standards 1.2.2 through 1.2.16, the College retains the discretion to determine by means of the usual procedures of the Board, the Registrar, the Quality Assurance Committee, the Inquiry Committee or the Disciplinary Committee, as the case may be:
  - (a) any additional requirements for patient care in optometry in British Columbia; and
  - (b) whether the standards or those requirements have been contravened.

## 2. BILLING AND PROVISION OF OPTOMETRIC SERVICES

### *Medical Services Plan*

1. Registrants must adhere to the British Columbia Medical Services Plan (MSP) agreement and are responsible for the accuracy of MSP billing statements.

### *Non-Insured Services*

2. Before providing non-insured optometric services to patients, registrants must advise patients of the fees for those services.



### *Provision of Emergency Services*

3. (1) Registrants must ensure adequate arrangements are in place for patients to receive emergency services outside normal business hours.  
  
(2) Registrants may withdraw from responsibility for the care of a patient after giving the patient adequate notice so that he or she may make alternative arrangements, but must continue to provide emergency services to the patient in the interim for a period of not less than 30 days.

*[Note: See also Bylaws 2.8.2 (Schedule 14): “A place of practice must...be accessible at all times”]*

## **3. EQUIPMENT AND OPHTHALMIC INSTRUMENTATION IN PLACE OF PRACTICE**

### *Requirements*

1. A place of practice must be equipped with the following:
  - (a) visual acuity charts, distance and near;
  - (b) keratometer, topographer, or other instrument for measuring corneal curvature;
  - (c) retinoscope and trial lens set;
  - (d) phoropter;
  - (e) lensometer;
  - (f) inter-pupillary testing device;
  - (g) prisms;
  - (h) stereoacuity test;
  - (i) colour vision test;
  - (j) Amsler grid;
  - (k) direct ophthalmoscope;
  - (l) indirect ophthalmoscope;
  - (m) condensing lenses for viewing the posterior segment of the eye;
  - (n) biomicroscope;
  - (o) tonometer;
  - (p) a transillumination device;
  - (q) appropriate sterile equipment for foreign body removal;
  - (r) appropriate diagnostic pharmaceuticals, stains and dyes; and
  - (s) equipment appropriate for providing adjunct services such as low vision management, contact lenses management or vision therapy in circumstances where the registrant provides these services.
2. All registrants providing comprehensive care must have access to the following:
  - (a) computerized visual field device;



- (b) pachymeter; and
- (c) other specialized equipment as may be required.

#### *Use of Equipment by Non-Registrants*

3. A registrant must not allow his or her equipment to be used by non-registrants in a manner which would permit the practice of optometry by a non-registrant, unless that person is
  - (a) a medical practitioner registered in British Columbia;
  - (b) a person to whom a registrant has delegated an aspect of practice consistently with the Bylaws; or
  - (c) a student intern, as defined in the Student Internships policy, acting under the direct supervision of a registrant.

## 4. PATIENT EXAMINATION

#### *Reasons for Visit*

1. In all cases, registrants must record the reasons for a patient's visit in the patient record, including the following:
  - (a) the patient's chief complaint;
  - (b) presenting symptoms; and
  - (c) any other optometric needs the registrant considers the patient to have, including occupational, recreational and environmental needs.
2. Registrants must elicit the reasons for a patient's visit with sufficient detail to enable immediate and ongoing patient care.

#### *Case History*

3. In this section, "case history" includes:
  - (a) the oculo-visual and ocular health history of the patient, including when the last comprehensive eye exam was performed, any past illness, surgical intervention, trauma, accident or injury of ocular or visual relevance;
  - (b) the general medical history of a patient, including any allergies and use of medications;
  - (c) relevant family history of eye and health related problems, including but not limited to diabetes and hypertension;
  - (d) the parameters of any ophthalmic appliance currently used by the patient; and
  - (e) any other information required for diagnosis, treatment and management of the patient.
4. Where clinically warranted, registrants must note in the patient record the following:
  - (a) duration, severity and progression of presenting symptoms;
  - (b) time of onset of the condition or symptoms;
  - (c) time and type of injury;



- (d) details of any ocular or systemic medications taken by the patient, including the medication's name, the dosage, and how it is administered;
  - (e) any non-prescriptive interventions;
  - (f) any prior assessments or treatments by other health professionals;
  - (g) any headaches;
  - (h) the occurrence of flashes, floaters or both;
  - (i) identification of risk factors for various eye conditions; and
  - (j) general observations of the patient including appearance, gait, movement, mobility, balance, posture, behaviour, speech, verbal responses, comfort and well-being.
5. A patient's case history must only be elicited from:
- (a) the patient;
  - (b) the patient's legal guardian; or
  - (c) with the patient's consent, other health professionals.

#### *Requirements for a Comprehensive Eye Examination*

6. When performing a comprehensive eye examination of a patient, registrants must perform the following examinations and tests:
- (a) visual acuity tests, unaided and aided, where necessary (near and distance);
  - (b) verification of the patient's previous lenses, where necessary;
  - (c) a colour vision test, where indicated;
  - (d) oculomotor and binocular vision assessments, where indicated, including tests of ocular motility, accommodation and binocular visual function at distance and near;
  - (e) refractive status, including:
    - 1) objective refraction, where indicated; and
    - 2) subjective refraction;
  - (f) ocular health and function, including:
    - 1) examination of adnexa, lids, puncta and lashes;
    - 2) anterior segment: tear film, cornea, conjunctiva, episclera, sclera, anterior chamber, anterior drainage angle, iris and pupillary functions, IOP, employing where indicated, pachymetry;
    - 3) posterior segment: lens, lens capsule, vitreous, retina, optic nerve, retinal nerve fibre layer, macula, peripheral retina, choroid; a dilated examination must be performed where indicated; and
    - 4) assessment of the central and peripheral sensory function and integrity of the visual pathway, including examination of the retina, optic nerve and visual pathway, employing, where indicated, computer-assisted visual field assessment, and/or cross sectional imaging (OCT).



7. When performing a limited eye examination (initial or follow up) of a patient, registrants must perform the following examinations and tests as necessary:
  - (a) visual acuity tests, unaided and aided;
  - (b) oculomotor and binocular vision assessments;
  - (c) refractive status; and
  - (d) ocular health and function.
8. During both initial, follow-up and limited examinations, registrants must:
  - (a) analyze the findings and make a diagnosis as set out in subsection 9 below;
  - (b) prepare a treatment and management plan as set out in subsection 9 below; and
  - (c) provide the patient with counselling regarding the treatment and management of their conditions.

#### *Diagnosis, Treatment and Management*

9. Registrants must:
  - (a) make each diagnosis by analyzing and interpreting the results of eye examinations under subsection 6 above, and present each diagnosis to the patient;
  - (b) counsel the patient regarding the treatment and management plan as it relates to each diagnosis; and
  - (c) outline the appropriate follow-up and ongoing care, where necessary.

#### *Informed Consent*

10. A registrant must give a patient all the information necessary for the patient to decide whether to consent to any optometric treatment or procedure the registrant proposes, including:
  - (a) the purpose of the treatment or procedure;
  - (b) any material risks to the patient in the proposed treatment or procedure;
  - (c) the nature and availability of any alternative treatments; and
  - (d) the registrant's advice regarding any further diagnostic steps that may be advisable.
11. The registrant must give the patient the information set out in subsection 10 personally, and not through a staff member or any other person, except that:
  - (a) in the case of patients under the age of 19 or who appear to be an adult of diminished capacity, consent must be obtained from the patient's parent or legal guardian; and
  - (b) parental consent is not required for children of 16 years or older who live independently.

## **5. PATIENT RECORDS**

### *Records Required*

1. Registrants must maintain a complete and legible patient record for each patient.



### *Content of Patient Record*

2. The patient record must contain the following information:
  - (a) the examining registrant's name;
  - (b) the dates of all entries to the record;
  - (c) the patient's name, date of birth and contact information;
  - (d) the patient's case history;
  - (e) the examination and/or assessment procedures used and results obtained; and
  - (f) the diagnoses;
  - (g) the counselling provided, if any;
  - (h) the treatments administered, if any;
  - (i) the referral made, if any;
  - (j) information from past sources, including past records and consultant reports, if any; and
  - (k) records of all patient-related financial transactions, including billings and receipts to third parties.

### *Maintenance of Patient Records*

3. Registrants must organize and maintain patient records in such a way that they may be retrieved in a timely manner for at least 10 years after the date of the last visit or at least 10 years after the date of the last visit after the patient reaches the age of majority, whichever is longer.
4. In accordance with scientific notation, corrections on paper versions of patient records are to be made by crossing through the text, writing in the correction and dating and initialing the changes to the record.
5. Correction fluid must not be used for corrections to paper versions of patient records.

### *Electronic Patient Records*

6. In this subsection, "electronic patient records" means an electronic version of a patient record, and "electronic records system" means a system for storing, securing and maintaining electronic patient records.
7. Registrants who use electronic patient records must have in place an electronic records system.
8. An electronic records system must:
  - (a) be secure against unauthorized access, whether internally or remotely;
  - (b) require every person who has access to electronic patient records to enter a unique identifier or password;
  - (c) require keystrokes for all data entries without auto-defaults or other forms of automated data entry;
  - (d) record changes to records, including what change was made, when the change was made, and who made the change;



- (e) back up records on a regular basis using off-site back-up or other disaster-resistant back-up schemes;
- (f) protect records against natural disasters;
- (g) be designed in such a way as to create an electronic audit trail;
- (h) produce paper versions of electronic patient records on request; and
- (i) prevent modification of an electronic patient record six days after the patient record is created or modified.

#### *Release of Examination Records*

9. Registrants must only release copies of examination records to the patient, the patient representative, a registrant of a recognized optometry college, a registered optometric corporation, a qualified medical practitioner, or other as defined in Bylaw 4.1.4 (*Schedule 14*), and only with the express consent of the patient or patient representative as defined in Bylaw Definitions 1.1 (*Schedule 14*).

*[Note: See also Bylaws 4—Record Keeping (Schedule 14)]*

## **6. PRESCRIPTIONS (GENERAL)**

#### *Definition*

1. In this section, “prescription” includes:
  - (a) a prescription for a therapeutic pharmaceutical agent;
  - (b) a record of authorization to dispense a corrective eyeglass lens for use by a named individual; and
  - (c) a record of the contact lens specifications derived from fitting a contact.

#### *Prescriptions*

2. Prescriptions written by registrants must include:
  - (a) the name of the patient for whom the prescription is written;
  - (b) the registrant’s signature;
  - (c) the phone number of the registrant’s place of practice;
  - (d) the date; and
  - (e) the registrant’s registration number when for a pharmaceutical.

*[Note: See also Bylaws 2.16 (Schedule 14) “The name of a Place of Practice, together with the Registrant’s name and address, must appear on the Registrant’s letterhead, prescription pads and electronic communications”]*

#### *Consent*

3. Except as provided by the Optometrists Regulation and Bylaw 4.1.4 (*Schedule 14*), registrants must only release personal patient information, including but not limited to a prescription, to a



third party, with the express consent of the patient or patient representative as defined in Bylaw Definitions 1.1 (*Schedule 14*).

#### *Release of Prescriptions*

4. Registrants must only release copies of prescriptions to the patient, the patient representative as defined in Bylaw Definitions 1.1 (*Schedule 14*), a registrant of a recognized optometry, optician or pharmacy college, a registered optometric corporation, a qualified medical practitioner, or other as defined by Bylaw 4.1.4 (*Schedule 14*).

#### *Expired Prescriptions*

5. If a patient requests a copy of a prescription that has expired, the registrant must:
  - (a) provide the patient with the copy;
  - (b) ensure that the date of the original examination is marked on the copy;
  - (c) not sign the copy; and
  - (d) indicate on the copy that the prescription has expired.

#### *Prescriptions Based Solely on Automated Refraction Prohibited*

6. Registrants must not write prescriptions for vision appliances based solely on stand-alone automated refraction without an accompanying comprehensive eye health examination.

## **7. PRESCRIPTIONS (SPECTACLES AND CONTACT LENSES)**

#### *Spectacle Prescriptions*

1. A spectacle prescription should contain at least the sphere, cylinder, axis, inter-pupillary distance, prism (if any), examination date, expiry date, patient's name, prescriber's name, prescriber's address and telephone number, and prescriber's signature.
2. A registrant must note on a spectacle prescription that it is "not a prescription for contact lenses" to ensure that any patient and / or optical dispenser clearly understand what it is.
3. A patient is entitled to receive a copy of their expired spectacle prescription on request.

#### *Provision of Spectacle Prescriptions*

4. A registrant must provide, free of charge, a legible written or electronic copy of a spectacle prescription, which includes the PD measurement, if a spectacle prescription is a reasonable outcome of an eye examination.
5. Spectacle prescription(s) must be provided to the patient, whether or not requested by the patient, immediately following the conclusion of the eye examination.
6. The cost of the PD measurement must be included in the eye examination fee rather than charged as a separate item.



7. If a patient subsequently requests an additional copy or copies of the spectacle prescription at a later date, a registrant must provide the spectacle prescription(s) as soon as reasonably possible. Registrants may only charge a reasonable fee for the retrieval, copying and transmission of the prescriptions following expiration of the prescription or following repeated requests for the spectacle prescription prior to expiration.
8. If, for any reason, the PD measurement was not obtained at the time of an eye examination, a registrant must offer the PD measurement free of charge. If the patient does not wish to return for the PD measurement, registrants must still forward a legible written or electronic copy of the spectacle prescription without the PD measurement to the patient free of charge if a copy has not already been provided.

### *Contact Lens Prescriptions*

9. A contact lens prescription is not one of the expected results of a routine eye examination. It is the expected result after a contact lens fitting has been completed.
10. A contact lens prescription is synonymous with the “record of contact lens specifications” as described in part 6(3)(b) of the Optometrists Regulation.
11. A contact lens fitting has been completed after a patient has been fitted and progress checks completed, to the satisfaction of the patient and the prescriber.
12. A contact lens prescription should contain at least the lens brand, lens design, lens power, lens diameter, lens base curve, expiry date, patient’s name, prescriber’s name, address and telephone number and prescriber’s signature. A registrant is required to provide a contact lens prescription to a patient only after the fitting and progress checks are completed and the contact lens fitting has been fully paid for.

## **8. SPECIFIC ASSESSMENTS**

### *Binocular Vision Examination and Management*

1. When examining a patient whose case history or clinical findings indicate binocular vision disorders or concerns, registrants must conduct, or have the records of the assessments necessary to determine the presence or absence of these conditions, including differential diagnosis ruling out organic pathology.
2. The registrant must counsel the patient with respect to vision therapy management, where indicated.

### *Contact Lens Examination, Management and Dispensing*

3. The registrant has a duty to ensure eye health is maintained. Eye health evaluations, measurements, patient history and testing over and above routine eye examinations are required prior to issuing a contact lens prescription. By issuing a contact lens prescription, the registrant assures a patient that their eyes are suitable for contact lens wear using particular lens specifications.
4. When fitting contact lenses, the lenses must be assessed for fit, effect on vision, and effect on ocular tissues, through the use of diagnostic lenses, follow-up examinations, and progress checks performed at appropriate intervals. Lens modifications should be made as necessary.



Periodic examinations must ensure that the health of the eye is maintained with continued use of the lens.

5. The registrant may charge fees for appropriate clinical time associated with contact lens fitting and follow-up.
6. The registrant has a duty to conduct appropriate tests and follow-up for all patients who are seeking to use, or are currently using, contact lenses.
7. Where the registrant determines that there are contact lens wear related disorders or concerns based on case history and/or clinical findings for a patient, the registrant must inform the patient and document the disorders or concerns.
8. Where the practice environment allows for the fitting to be delegated to a staff person, the registrant remains responsible for the fit. For clarity, the registrant should explain to the patient who will be responsible for each aspect of contact lens care, and document that explanation in the clinical record.

#### *Dilation*

9. A registrant must dilate a patient's eyes unless the registrant, exercising sound professional judgment, determines that dilation is contraindicated or unnecessary to be performed in the circumstances.
10. If a registrant, exercising sound professional judgment, determines that dilation is contraindicated or unnecessary to be performed in the circumstances, he or she must record in the patient record the reasons for not performing dilation.

#### *Recording the Use of Diagnostic Pharmaceutical Agents*

11. Registrants must record the following information in the patient record when using diagnostic pharmaceutical agents:
  - (a) the type of diagnostic pharmaceutical agents used;
  - (b) if the diagnostic pharmaceutical agent is used in one eye only, which eye;
  - (c) the time of instillation; and
  - (d) any adverse reaction.

#### *Low Vision Examination and Management*

12. When performing a low vision examination, registrants must conduct or have records of the assessments necessary, to determine the appropriate magnification and low vision aids.
13. The registrant must counsel the patient on the use and limitations of appropriate low vision aids.

#### *Ocular Health Examination and Management*

14. When examining a patient whose case history or clinical findings indicate an elevated risk for eye disease, registrants must, in addition to performing those examinations and tests required in Policy 1.2.4(6), perform any other examination and take any other steps reasonably necessary to determine the presence of eye disease.



15. Registrants who determine or suspect an elevated risk for eye disease, but do not discover eye disease in a patient, must take reasonable steps to perform regular follow-up examinations of the patient or refer the patient to an appropriate health professional.
16. Registrants who are treating or co-managing an ocular disease must inform the patient's family doctor of:
  - (a) the course of treatment; and
  - (b) any possible systemic etiology or general health component to the disease.

#### *Surgical Examination and Management*

17. When examining a patient whose case history or clinical findings require referral for surgery and subsequent surgical examination and management, the registrant has a duty to conduct appropriate tests and follow-up and to communicate with the surgeon to the benefit of the patient.
18. The registrant and the surgeon should have a mutual understanding of who is responsible for each aspect of pre- and post-surgical care.

#### *Spectacle Lens Dispensing*

19. In prescribing a spectacle lens, registrants must consider the patient's refractive error, accommodative status, binocular function, occupational requirements, recreational or environmental requirements, and frame and lens parameters.
20. When filling a spectacle lens prescription, and in accordance with Bylaw 5.2 (*Schedule 14*), registrants must order lenses and fit lenses to frames in accordance with accepted tolerance standards.
21. In dispensing spectacle lenses and in accordance with Bylaw 5.2 (*Schedule 14*), registrants or staff who are delegated to dispense must:
  - (a) verify the ophthalmic appliance (vision appliance) against the prescription; and
  - (b) fit the ophthalmic appliance to the patient.

## **9. TREATMENT OF EYE DISEASE**

#### *Treatment with Pharmaceuticals*

1. A registrant who prescribes a topical pharmaceutical agent must refer the patient to an ophthalmologist if there is no improvement to the condition after 7 days from the diagnosis.
2. A registrant who prescribes a topical corticosteroid must refer the patient to an ophthalmologist if the condition worsens after 72 hours of treatment.

#### *Treatment of the Nasal Lacrimal Apparatus*

3. A registrant who is qualified may, on patients over the age of 12, perform punctal dilation and irrigation of the lacrimal canaliculi but may not probe the nasal lacrimal tract.
4. A registrant may insert and remove punctal plugs.



5. A registrant may epilate eyelashes.

#### *Foreign Body Removal*

6. A registrant may perform non-surgical procedures on body tissues below the dermis or the mucous membrane for the removal of foreign bodies from the conjunctiva, lid or adnexa.
7. A registrant may remove central corneal foreign bodies within a 2mm radius of the visual axis if the foreign body is superficial and not deeper than Bowman's membrane. Central corneal foreign bodies deeper than Bowman's membrane must be referred to an ophthalmologist.
8. A registrant may remove corneal foreign bodies beyond 2mm from the visual axis provided the foreign body is not deeper than the mid stroma.
9. All Seidel positive, high velocity or penetrating corneal foreign bodies must be referred to an ophthalmologist.
10. Corneal foreign body removal may be performed outside of these guidelines if it is in the best interest of the patient, if immediate action must be taken and if immediate access to an ophthalmologist is not possible.

#### *Ultrasound*

11. A registrant may apply ultrasound for diagnostic purposes, to measure the thickness of the cornea or the axial length of the eye.

## 10. THERAPEUTIC PHARMACEUTICAL AGENTS

1. Where the use of a therapeutic pharmaceutical agent is indicated, the registrant must:
  - (a) prescribe the most appropriate therapeutic pharmaceutical agent and delivery method;
  - (b) note in the patient record the name/type, amount/volume, dose, treatment eye and refills (if any) of therapeutic pharmaceutical agent prescribed;
  - (c) instruct the patient on the correct use of the therapeutic pharmaceutical agent including precautionary procedures and non-pharmacological management;
  - (d) monitor and modify as necessary the prescribed treatment regimen; and
  - (e) follow up with the patient until the condition being treated is resolved.
2. In determining the most appropriate therapeutic pharmaceutical agent and delivery method, the registrant must consider microbiological, pharmacological, systemic, ocular and drug substitution factors.
3. A registrant may issue a prescription for a therapeutic pharmaceutical agent in writing or by verbal direction to a pharmacist.

## 11. ANTI-GLAUCOMA MEDICATION PRESCRIBING

1. A Therapeutic Qualified Registrant who prescribes anti-glaucoma medications must:
  - (a) have immediate access to, and be competent in the use of:



- 1) a Goldmann type applanation tonometer;
  - 2) an anterior chamber gonioscope;
  - 3) a stereo slit lamp biomicroscope with contact or non-contact lens;
  - 4) a standard Humphrey type automated threshold visual field analyzer;
  - 5) a corneal pachymeter; and
- (b) have access to, and be competent in the interpretation of information from:
  - 1) a tomographer;
  - 2) a stereo fundus camera; and
  - 3) a sphygmomanometer.
2. A Therapeutic Qualified Registrant who prescribes anti-glaucoma medications may, in accordance to a medical standard, monitor, manage and/or treat glaucoma or suspected glaucoma provided it is within their competence to do so.
3. If a registrant monitors, manages or treats a glaucoma or suspected glaucoma patient the registrant must:
  - (a) not prescribe an anti-glaucoma medication to a patient who is under the age of 30 except in the case of steroid induced glaucoma;
  - (b) refer the patient to an ophthalmologist if the patient is not responding to topical therapy;
  - (c) have a working relationship with an ophthalmologist who is accessible for consultation, referral, regular communication, collaboration and transfer of care when a patient is referred. The communication, consultation, reporting and referral schedule must be considered on a case-by-case basis by the optometrist and the ophthalmologist who share in the care of the glaucoma patient;
  - (d) be available, or assign a Therapeutic Qualified Registrant able to meet all requirements of these Standards, Limits and Conditions for Practice to be available, to a glaucoma or suspected glaucoma patient 24 hours a day seven days a week by phone or other electronic means;
  - (e) be knowledgeable about anti-glaucoma topical medications, including the latest available anti-glaucoma topical medications, their side effects and potential adverse events, and their indications and contraindications.
  - (f) work-up and follow-up glaucoma patients to a medical standard;
  - (g) maintain a written record of:
    - 1) patient history (ocular, medical and family);
    - 2) identifiable glaucoma risk factors; and
    - 3) the treatment plan, targets and progress; and
  - (h) provide a copy of the written record to the co-managing ophthalmologist:
    - 1) at any time requested by the ophthalmologist; and
    - 2) if there is a change in the treatment plan or a clinically significant change in the patient's status.



**Note:** Registrants are expected to stay current with the standards for glaucoma care.

*APPROVED: June 12, 2023*

## 12. LABORATORY TESTS

1. Registrants who order laboratory tests are responsible for follow-up care related to the information obtained from the tests.
2. Copies of laboratory tests ordered by registrants must be sent to the patient's family doctor, if known.

## 13. REFERRAL

1. In any case where a registrant determines that:
  - (a) he or she does not have the equipment needed to examine a patient to the extent called for by the circumstances; or
  - (b) the patient requires or may benefit from treatment by a health professional other than an optometrist,the registrant must refer the patient to the appropriate health professional.
2. A registrant who refers a patient to another health professional is responsible for all reasonable follow-up related to the referral.

## 14. TELEOPTOMETRY

### *Definitions*

1. In this section the following definitions apply:
  - (a) Teleoptometry: the provision of vision and eye health services within the scope of practice of optometry which are delivered remotely via information and communication technologies.
  - (b) Remotely: the absence of physical contact between the provider and patient because they are separated by remote distance.

### *Role of the College*

2. The role of the College is to regulate registrants rather than the technology used in the practice of optometry. The use of information and communication technologies to deliver optometric services does not alter the ethical, professional and legal requirements imposed on registrants to provide competent, ethical, and appropriate optometric care. (*\*including but not limited to Bylaws, Standards of practice and Policies*)

### *Requirements*

3. The requirements for treating patients via teleoptometry vary by jurisdiction. Registrants who provide teleoptometry must be aware of, and comply with, the registration requirements in British



Columbia as well as the requirements in the jurisdiction in which the patient is located. The College in British Columbia as well as regulators in some of the other jurisdictions require optometrists to hold registration in the jurisdiction in which the patient is physically located in order to provide treatment.

4. Optometrists who provide optometric services to patients in British Columbia must be registered with the College. The College exercises *in personam* jurisdiction over its registrants which means that it may investigate the conduct of a registrant in any jurisdiction regardless of where the optometric services were provided or the patient is located.
5. In providing teleoptometry services, registrants must:
  - (a) ensure they have sufficient training and competency to manage patients competently through teleoptometry;
  - (b) comply with the ethical and legal requirements to obtain valid informed consent from the patient recognizing that consent is a dynamic process;
  - (c) ensure at the outset that their identity, location and licensure status (including any limits or conditions on registration) are communicated to the patient, and the identity of the patient is confirmed and recorded at each consultation;
  - (d) ensure that the identities of all other participants involved in the teleoptometry encounter are disclosed to, and approved, by the patient in advance of receiving services and documented in the patient record;
  - (e) ensure that both the optometrist-site and the patient-site are using appropriate technology that complies with legal requirements regarding privacy and security;
  - (f) consider whether the teleoptometry medium affords adequate assessment of the presenting problem, and if it does not, arrange for a timely in-person assessment;
  - (g) explain the appropriateness, limitations, and privacy issues related to teleoptometry to the patient;
  - (h) provide an appropriate optometric assessment based on the current symptoms or condition, past history, medications and limited examination as possible;
  - (i) create and maintain optometric records of the examination, in accordance with professional and legal requirements;
  - (j) ensure patients have enduring access to their optometric records and that optometric records are available to other health care professionals for the provision of ongoing patient care;
  - (k) ensure adherence to the same obligations for patient follow up in teleoptometry as is expected with in- person examination;
  - (l) communicate with referring and other treating healthcare providers, and provide follow-up care as appropriate;
  - (m) ensure patients referred to specialists are adequately assessed and treated before referral, and are advised about accessing further optometric care following specialist assessment and treatment; and
  - (n) exercise caution when providing prescriptions or other treatment recommendations to patients whom have not been personally examined.



### *Additional Issues to Consider*

6. Registrants should advise patients that accessing optometric care remotely from an optometrist who is not physically located, or registered to practice, in British Columbia may pose risks relating to licensure status and/or training, and that the College may not be able to assist them in the event of a complaint.
7. Registrants should also be aware that practicing optometry through electronic communication and/or in different jurisdictions may adversely affect their professional liability insurance. Registrants must ensure that they maintain proper liability insurance in place to provide indemnity for malpractice and misconduct wherever the issues arise.

### *References*

Federation of Optometric Regulatory Authorities of Canada. FORAC/FAROC Policy on Teleoptometry (May 1, 2019).

[The College of Health and Care Professionals of British Columbia wishes to gratefully acknowledge the College of Physicians and Surgeons of British Columbia's *Telemedicine Practice Standard* (Revised June 24, 2019); found at: <https://www.cpsbc.ca/files/pdf/PSG-Telemedicine.pdf>.

## 15. SOCIAL MEDIA AND ONLINE NETWORKING GUIDELINES

### *Preamble*

1. The College recognizes the growing use of social media and online networking platforms on the part of health care professionals as a means to communicate both personally and professionally.
2. The use of social media and online networking forums raises professional and ethical considerations for registrants. Registrants should treat social media and online networking platforms as virtual public spaces potentially accessible by the public.
3. All registrants should understand that there are professional responsibilities involved with using social media and online networking platforms relating to professional boundaries, the parameters of professional distance, professional conduct, and protection of patient privacy. The College requires registrants to comply with the requirements of the Bylaws (including the Code of Ethics) and privacy legislation when engaging in social media and online networking platforms. Registrants are also responsible for the actions of their staff to ensure that these requirements are met when dealing with patient information.

## 16. STUDENT INTERNSHIPS

### *Definition*

1. In this section "student intern" means a student who:
  - (a) is currently enrolled in a recognized school of optometry; and
  - (b) has successfully completed at least three years of education there.



#### *Internships Permitted*

2. Registrants may permit student interns to undertake internships in their places of practice under their supervision.

#### *Requirements*

3. Registrants who wish to offer internships to student interns must provide the Registrar, at least seven days before the internship begins, with:
  - (a) the student intern's name and address;
  - (b) the name and address of a contact person at the student intern's school;
  - (c) the names of a registrant who will supervise the student intern;
  - (d) the place of practice where the internship will take place; and
  - (e) the duration of the internship.

#### *Examinations by Interns*

4. Before permitting a student intern to examine a patient, a registrant must inform the patient that they will be examined by a student intern.

## 17. CONFLICT OF INTEREST

#### *Definition*

1. A conflict of interest occurs when a registrant's personal or financial interest conflicts with his or her professional responsibility, including the duty to act in the best interest of the patient.

*[Note: See also Bylaws Table 1 (2) (Schedule 14).]*

## 18. COOPERATION WITH THE COLLEGE

#### *Cooperation Required*

1. Registrants must cooperate with all reasonable requests of the College, including the Board, Registrar, committees and staff.

#### *Cooperation*

2. For the purposes of section 18.1. cooperation includes:
  - (a) replying promptly to communications from the College;
  - (b) attending or appearing before the College, including the Board, Registrar and committees, when requested, directed, or ordered to do so; and
  - (c) assisting the College as reasonably requested including providing information and requests that are requested.



### *Communications With the College*

3. Communications with the College, including the Board, Registrar, committees and staff, must be courteous, professional, non-threatening and non-discriminatory.

## 19. PRIVACY

1. The College of Health and Care Professionals of BC endeavors at all times to ensure the privacy of all persons that visit our website. The College understands the requirement to maintain the privacy of all personal information that we file in our office or collect from persons from time to time. For greater detail in our privacy policy please review the following:

### *Freedom of Information and Protection of Privacy Act (FIPPA)*

2. The College must be in compliance with FIPPA (RSBC 1996, chapter 165, and amended in 2018-05-16).

### *Collection of Personal Information*

3. In cases where the registrant may be providing the College with personal information by sending an email message, attachment, or in on-line renewals etc, the College will ensure the personal information in that transmission will remain confidential to the College at all times, except under requests for release of that information made under the scope and restrictions of FIPPA.

### *Consent to Release of Personal Information*

4. In cases where the College requires the registrant's personal information from a third party and does not otherwise have consent to obtain it, the College will provide the registrant with a "Consent to release personal information" form to sign and return to the College. Subject to their duty to cooperate, the registrant has the option of not complying if they do not wish their personal information to be released to the College.

### *Retention Time Period*

5. The College will only retain personal information for the time period required by the College's current policy relating to information stored by the College. Any personal information will be destroyed and securely disposed of at the conclusion of this period.

### *Confidentiality Agreement*

6. All staff employed by the College and all persons participating on committees of the College will be required to sign a confidentiality agreement whereby they will commit to maintaining the privacy of personal information.

### *Protection of Personal Information*

7. The College will at all times ensure that all personal information is protected against unauthorized access by and/or disclosure to third parties.
8. The College, with and through the contractor providing the Professional Enhancement Program (PEP) Portal, will ensure that the personal information inputted by registrants and stored on the PEP Portal:



- a. is kept confidential and protected against unauthorized access by and/or disclosure to third parties; and
- b. is only accessed by the College to confirm the registrant's completion status of the requirements set out in Policy 2.6.3.

### *Complaints*

9. The College will accept any complaints or comments at any time from the public or from registrants of the College regarding this privacy policy or concern about their personal information. Please address any concerns or comments to:

Director of Inquiry and Discipline  
College of Health and Care Professionals of BC (CHCPBC)  
900-200 Granville Street  
Vancouver, BC V6C 1S4  
Fax : 1-604-608-9863

## 20. DESIGNATION OF PLACE OF PRACTICE

### *Place of Practice Name; Information to be Displayed*

1. Before commencing practice, a registrant must ensure that he/she has a name approved in writing by the Registrar for his/her place of practice.
2. The name for a place of practice must include the word "optometrist" or a derivative of that word.
3. The name for a place of practice must not include the reserved title of any other college unless that college has expressly authorized the use of its reserved title in the registrant's place of practice name in writing.
4. A place of practice name must not be confusing or misleading to the public and must not be identical to, or closely resemble, the name of any other place of practice name(s), unless they are affiliated.
5. The Registrar may approve a place of practice name which is descriptive of a community or neighbourhood local to the place of practice, and is not likely to be confused with another approved place of practice name.
6. The name of a place of practice, together with the registrant's name and address, must appear on all stationary used in the place of practice, including but not limited to the registrant's letterhead, business cards, prescription pads, and electronic communications.
7. A place of practice must prominently display the name and certificate of registration of every registrant who practices there.
8. If a registrant practices at more than one place of practice, the registrant must obtain from the College a certificate for each location. A photocopy is not acceptable.
9. A place of practice must not display the name of a registrant who does not personally provide optometric services at that location.
10. A place of practice must prominently display signage, visible from the exterior of the place of practice containing the name of each registrant who practises there.
11. A place of practice must prominently display the BC optometric corporation's permit if the place of practice is operated by or through a BC optometric corporation.



#### *New, Renamed and Relocated Places of Practice*

12. A registrant seeking approval to open a new place of practice must deliver to the Registrar a completed *Place of Practice - Request for Name Approval Form*
13. A registrant seeking approval to change a place of practice name must deliver to the Registrar a completed *Request To Change Place of Practice Name Form*
14. A registrant seeking approval to relocate a place of practice must deliver to the Registrar the following completed forms:
  - (a) *Place of Practice - Request for Name Approval Form*; and
  - (b) *Transfer of Records Containing Personal Information Form*;and in addition must remove any signage from the former location indicating it is a place of optometric practice.

#### *Transfer of Controlling Interest in a Previously Approved Place of Practice*

15. A registrant seeking approval to transfer controlling interest in a previously approved place of practice name must deliver to the Registrar the following completed forms:
  - (a) *Declaration of Transferring Controlling Interest Form*; and
  - (b) *Transfer of Records Containing Personal Information Form*, if applicable.

#### *Ceasing Practice and/or Closing a Place of Practice*

16. A registrant who ceases to practise/closes a place of practice must:
  - (a) complete and submit to the Registrar either a *Transfer of Records Containing Personal Information Form* or a *Declaration of Ownership of Records Form*; and
  - (b) update his or her online profile; and
  - (c) complete and submit to the Registrar a *Declaration of Transferring Controlling Interest Form*, if applicable; and
  - (d) remove signage from their former Place of Practice, if applicable.

[Note: See also Bylaws 2.8 – 2.29 (Schedule 14) —Places of Practice]

## 21. REGISTRANT NAMES

### *General Principles*

1. Registrants must not use names to confuse or mislead the public regarding their identity.
2. Names used in a place of practice providing optometric services must be consistent with the name registered with the College and with the name approved for an optometric corporation.
3. Registrants must notify the College in writing of any changes to their names if they intend to use a new name in a place of practice providing optometric services in accordance with Bylaw 4.44(Schedule 21).



### *Name Changes*

4. A registrant who intends to use a new name in a place of practice providing optometric services must notify the College in writing within five (5) business days of the name change.
5. The College will formally change the registrant's name on the College register upon receipt of government issued documents that satisfactorily establish the name change.
6. A registrant must also apply to the College for a change of name for an optometric corporation to correspond with the new name within five (5) business days of the name change.

### *Use of Familiar Names*

7. A registrant may apply to the College to include a familiar name in parenthesis in his or her registered name with the College. The approved familiar name may appear in parentheses immediately preceding the surname, for example: Robert (Bob) Smith.
8. A registrant must also apply to the College for a change of name for an optometric corporation to correspond with the familiar name in parenthesis within five (5) business days of the name change.

### *Contractions and Initials*

9. Contractions, initials, abbreviations, and other means of shortening a name are not acceptable for any name registered with the College.