

Nova Scotia College of Optometrists
Standards of Practice
Reflecting Decisions Made by the Board of Directors on September 17, 2017

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Preamble

The Nova Scotia College of Optometrists (NSCO) is a health professional regulatory college and corporation established under the *Optometry Act* 2005, the *Optometry Regulations* 2007, and the *NSCO Bylaws* 2007.

The College's primary responsibility is to regulate the profession of optometry in Nova Scotia, and to facilitate competent, safe and ethical optometric care to the public, in accordance with the Act, Regulations, Bylaws, "Rules of Professional Practice" (Standards of Practice and Code of Ethics), and College policies.

The *Optometry Act*, Regulations and Bylaws provide the NSCO and its Board with the authority to approve and enforce the Standards of Practice and Code of Ethics.

Optometrists are not compelled to offer the entire range of services within the profession's scope of practice. However, when a patient requires services within the scope of the profession but not provided by an individual optometrist, the optometrist must refer the patient to an appropriate practitioner.

1. Legislation and Policies

1.1 Optometry Act

The *Optometry Act* was proclaimed in 2005. Section 13 notes that the "Objects of the College" are to regulate the practice of optometry and govern optometrists by:

- (a) Establishing, developing and maintaining standards of qualification for the practice of optometry;
- (b) Establishing, developing, maintaining and promoting standards of professional practice, conduct, ethics and competency for optometrists;
- (c) Establishing and maintaining a register of optometrists and issuing licenses to those entitled to practice optometry in the province;
- (d) Establishing and maintaining a register of professional corporations and issuing permits to professional corporations entitled to engage in the practice of optometry in the province; and
- (e) Administering Sections 12 to 67 of the Act and performing such other duties or exercising such other powers as are imposed or confirmed on the College by or under any Act.

1.2. Optometry Regulation

Section 10 of the 2007 Regulation deals with "Unprofessional Misconduct." An optometrist shall maintain the proper standard of practice by not engaging in "unprofessional conduct," which includes one or more of the following:

- (a) Displaying a lack of competence, skill or judgment in the provision of professional services, including services related to diagnostic and therapeutic optometric drugs;
- (b) Contravening the Act, Regulations or the Bylaws;
- (c) Contravening other legislation applicable to the profession;
- (d) Failing or refusing to comply with an alternative complaint resolution process or disposition;
- (e) Carrying on the practice of the profession on behalf of a professional corporation that does not meet the requirements of the Act;
- (f) Engaging in conduct that harms the integrity of the profession and/or its reputation with the public.
- (g) Failing to ensure that any price advertising:
 - Specifies the nature and extent of services included in the price advertised.
 - Indicates whether expenses or disbursements are included in the price advertised.
 - Indicates whether additional services might be required which are not included in the price advertised and specifies the time availability for the advertised price.

An optometrist shall maintain the proper standard of practice by complying with the following Code of Ethics:

- (a) Practicing based on expert clinical knowledge, always with a primary concern for the health and well-being of each patient, by constantly endeavoring to achieve appropriate clinical outcomes;
- (b) Executing his/her professional responsibilities in a competent, efficient and effective manner;

- (c) Obtaining appropriate consent from a patient prior to undertaking any diagnostic or therapeutic procedure;
- (d) Limiting services to a level commensurate with his or her competence, and referring and consulting where appropriate;
- (e) Maintaining the privacy of all patient information, except where required or authorized by law to provide patient information to third parties;
- (f) Conducting themselves in a truthful and forthright manner in their dealings with patients, colleagues and the public;
- (g) Promoting and maintaining cordial and unselfish relationships with members of the optometric profession - for the benefit of patients and the public;
- (h) Avoiding any conflict of interest, including conflicts outlined in the Act, Regulations, Standards of Practice and College policies as revised from time to time;
- (i) Educating their patients and the public with respect to eye care issues and the profession of optometry; and
- (j) Reporting any suspected breach of this Standards of Practice Code of Ethics to the Chair of the Complaints Committee.

1.3 NSCO Bylaws

The Bylaws approved by the Board on April 15, 2007 reference the:

- (a) "*Bylaws*:" means Bylaws of the Nova Scotia College of Optometrists, and
- (b) "*Rules of Professional Practice*": means the Standards of Practice and Code of Ethics, as may be approved by the Board from time to time, in accordance with Board policies.

2. The National Competency Profile

2.1 Introduction

The National Competency Profile for Entry Level Optometry was developed over the period of July 2014-May 2015 and replaces the CEO-ECO's Competency Based performance standards (2005). The National Competency Profile (2015) lists the minimum, entry-level proficiencies that are required of optometrists in order to practice safely, effectively and ethically in the optometric profession within Canada.

The National Competency Profile is foundational to the NSCO's registration (entry to practice) and *continuing* competence program.

The National Competency Profile forms the basis for the CEO-ECO's *Canadian Assessment of Competence in Optometry (CACO)* and thus, the National Competency Profile is to be considered a minimum standard for meeting Standard of Practice requirements.

A simple, structural framework has been utilized in the National Competency Profile (2015) to organize the 92 competencies identified for the safe, effective, ethical practice of optometry in Canada. the 9 functional areas of practice include:

- 1) Communication
- 2) Professionalism
- 3) Patient-Centered Care
- 4) Assessment
- 5) Diagnosis and Planning
- 6) Patient management
- 7) Collaborative Practice
- 8) Scholarship
- 9) Practice Management

2.2 Contents of the National Competency Profile (2015)

All optometrists are expected to understand their obligations with respect to the CEO-ECO document, which can be referenced at:

https://www.ceo-eco.org/wp-content/uploads/2019/06/CEO-ECO-National-Competency-Profile-in-Optometry_English.pdf

2.3 Continuing Competency Program

Optometrists are obligated to remain competent following entry to practice for the remainder of their professional careers. The "Rules of Professional Practice" (Standards of Practice and Code of Ethics) are referenced in legislation and supporting policy.

2.3.1 Optometry Act

Section 19 (1) of the Optometry Act provides that:

"The College may, after consultation with the Association, and with the approval of the Governor in Council make regulations:

(c) ... respecting the continuing competency requirements, including continuing education requirements or practice requirements of applicants for registration...

(e) Respecting a peer assessment program or program of continuing education, including requiring optometrists to participate in any such program and providing for any other matter that will facilitate or give effect to such program;"

2.3.2 Optometry Regulations

Section 5 of the Regulations deals with "Obtaining and renewing a licence." An optometrist seeking renewal of an annual license must supply:

"(i) Confirmation that the optometrist has met or is in the process of meeting the requirements for continuing education and practice hours;"

Sections 6, 7, and 8 with "Minimum Hours of Practice," "Continuing Education Requirements," and "Approved Continuing Education Requirements," respectively, all of which (at least indirectly) address optometrists' obligations to maintain continuing competency.

2.3.3 Bylaws

The College's Bylaws provide that the Registration Committee, as a Standing Committee, conduct activities relevant to all aspects of practitioner registration, licensure and renewal. While accountable to the Board, the Registration Committee works closely with the Registrar to ensure regulated members' and Optometric Professional Corporations' compliance with the Act, Regulation, Bylaws and policies (including these Standards of Practice).

The Practice Enhancement Committee, also a Board Standing Committee, conducts activities, advises and makes recommendations to the Board regarding the development, ongoing operation and evaluation of the practice enhancement and continuing competence program, including practice visits.

3. Standards of Practice - Terminology

Standards of Practice provide regulated practitioners with principles and direction to govern their professional behavior. They address the competencies necessary for quality, safe, efficient and effective professional practice. While promoting the profession's accountability, they also act as a reference to reasonable and prudent practice.

Standards of Practice are necessary to demonstrate to the public and stakeholders that the profession is dedicated to maintaining the public interest, in part through adoption and enforcement of *legislated* requirements for all regulated practitioners.

Standards of Practice in optometry (and other) professional regulations and policies are most often derived from:

- The common practice of thoughtful and reasonable practitioners.
- Historic and current scientific research.
- Input from ethics, science and clinical matters experts.
- Feedback from optometrists and other regulated practitioners.
- Legislation, legal precedent and regulators' decisions.
- Evolving societal values and expectations.
- Professional practices in other comparable jurisdictions, particularly Canada.

Standards of Practice are competency- and evidence-based legally enforceable minimum standards, expected of all optometrists practicing in Nova Scotia. They are assessed and promoted initially through the registration process and on an ongoing basis through the practice enhancement and continuing competency programs.

The College may issue **Interpretation Bulletins** from time to time, in the event there is a need to provide further information or clarification of the Standards of Practice. In most cases, the Standards of Practice suffice, and will be updated as necessary.

Advisory Guidelines, which are not Standards of Practice, may be issued by the college from time to time. They are intended to provide non-legally binding advice and suggestions to optometrists on selected policy issues, such as business practice management.

4. Standards of Practice - Considerations

Health professional legislation in Canada presumes that regulated members limit themselves to providing appropriate health services that they are authorized and competent to perform.

Strict adherence to Standards of Practice does not substitute for good judgment exercised by individual optometrists in determining the actions to be taken - reflecting on each patient's circumstances.

Optometrists adjust the care they provide based on each patient's needs and expectations, to optimize the individual patient's outcomes. Optometrists may exceed common practice patterns to provide appropriate, effective, efficient and individual patient care.

5. Clinical Standards of Practice

5.1 Examination, Assessment, Diagnosis, Treatment and Management

5.1.1 An examination must be completed and an assessment plan created with the goal of being able to determine an appropriate diagnosis at the highest level of specificity. Once the diagnosis is determined, an appropriate treatment and management plan shall be developed.

5.1.2 The examination, assessment, treatment and/or management plan shall be modified appropriately based on clinical findings.

5.1.3 The urgency of the presenting symptoms and signs shall be considered.

5.1.4 The patient and/or authorized guardian or representative shall give informed consent for the initiation and continuation of any examination, assessment, treatment or, management plan.

5.1.5 Information and data required for examination, assessment, diagnosis, treatment and management shall be obtained from the patient and/or authorized guardian or representative, and/or other professionals with the patient's and/or authorized guardian or representative's permission.

5.1.6 Any subsequent examination, assessment, diagnosis, treatment and, management plans should be recorded in a manner that clearly separates the new information and data from earlier information and data so that an appropriate perspective can be made in the care of the patient.

5.2 Clinical Practice Guidelines

5.2.1 Clinical Practice Guidelines are considered to be a guide for the legislated service scope that an optometrist is authorized to provide and the manner in which the optometrist provides those services.

5.2.2 Clinical Practice Guidelines are constantly evolving based on changes in optometric and medical science, technology, certification of new optometric competencies and, changes to the scope of practice.

6. CPR requirement

The college understands the importance of maintaining a safe clinical environment. As such, optometrists are required to maintain current CPR certification. A minimum level A CPR is accepted.

7. Equipment and Facilities

In order to provide services, optometrists must maintain:

- (1) An individual address.
- (2) Telephone service.
- (3) Secure storage accessible only by the optometrist, the optometrists' employees and directly subcontracted individuals of the optometrist. No other individuals who are fully or partially employed by entities as described by Optometric Practice Associations shall have access to the secure storage of patient information. The optometrist must have the ability to retrieve patient health information in an accurate and timely manner.
- (4) Orderly and clean office facilities.
- (5) Examination areas that ensure that the patient's privacy and confidence in the optometrist.
- (6) Access to sinks and disposal facilities, consistent with infection control standards.
- (7) Equipment, including:
 - adequate technological devices are required to maintain and secure electronic health information, if utilized
 - Distance and near point visual acuity charts.
 - Lensometer.
 - Colour vision test.
 - A stereo-acuity test.
 - Inter-pupillary distance testing device.
 - A retinoscope and lens set, or other device appropriate for the accurate measurement of objective refractive conditions.
 - A phoropter/vision analyzer or other devices appropriate for accurate measurement of subjective refractive conditions and/or trial lenses with the frame.
 - Variable or loose prisms or prism bars.
 - A biomicroscope.
 - Amsler grid.
 - Appropriate lenses to view the central and peripheral fundus.
 - A tonometer.
 - Instruments to assess the visual field or an established system for referrals.
 - Diagnostic pharmaceuticals.
 - Vital dyes.

8. Records

Optometrists maintain a record of their care of each patient to allow accurate recall of prior findings, analysis, diagnosis, advice and management plans. The record of care includes:

- (1) The patient's identity, name and address.
- (2) The date of visits/entry to the record.
- (3) The patient's case history.
- (4) The assessment procedures used and results obtained, with sufficient detail to allow for detection of subsequent changes.
- (5) Clinical observations and impressions.
- (6) Diagnoses.
- (7) Counselling and advice provided relative to prescriptions.
- (8) Treatments administered.
- (9) Information from other sources, including past records and consultant reports, if applicable.
- (10) Financial transactions (fees and charges), including billing and receipts to third parties.
- (11) Records must be organized and maintained in a manner that allows for immediate retrieval.
- (12) Records must be legible and understandable to other optometrists.
- (13) Records may be moved to other locations with appropriate notification of the patient.
- (14) Information contained in a health record must be maintained in a confidential manner, and in accordance with legislation.
- (15) Optometrists must provide a patient with ready access to information in their health records.

9 Infection Prevention and Control

The college recognizes that standards for infection prevention and control develop and evolve over time. While optometrists are not expected to be experts in the scientific aspects of infection prevention and control, there is a required standard for an optometric examination room.

The following criteria shall be in place for any optometric practice or practice association:

5.9.1 The examination room should be in a general condition of orderliness and cleanliness.

5.9.2 There should be a sink and/or appropriate handwashing and disinfection equipment.

5.9.3 There should be a method to sterilize instruments that may come into contact with body fluids (e.g., tears). Acceptable methods of disinfection are the use of 2-3% hydrogen peroxide, 1/10 dilution (0.5% solution) of common household bleach (sodium hypochlorite), 70% ethanol, isopropyl alcohol, or the use of an autoclave.

5.9.4 Equipment expected to be sterilized after each contact with the patient includes but is not limited to:

- Goldmann or, Perkins tonometer probes.
- icare tonometer
- Osmolarity reader
- Rigid contact lenses.
- Contact lenses of non-disposable format.
- Pachymeter tip.
- Gonioscopy lenses.
- Equipment to remove foreign bodies such as spuds, algar brushes, needles and loops.
- Equipment used in dilation and irrigation such as caniculi probes and syringe tips.

5.9.5 There must be a means to cleanse and sanitize surfaces in the examination room that may have been in contact with the patient with a conjunctivitis or kerato-conjunctivitis.

The College recommends that optometrists consult guidelines published by the Centers for Disease Control, American Optometric Association, the American Academy of Optometry, and Health Canada.

Appendices to the Standards of Practice **Delegation of Acts of Optometry**

(Please note that these Standards of Practice do not apply to licensed opticians).

1. Principles

- 1.1 Delegation of acts of optometry is permissible so long as it does not pose a risk to a patient's visual or physical well being.
- 1.2 Assistants may perform delegated tasks that collect data about the eyes and the visual system, by using instruments and techniques that have been shown to be safe and do not pose a risk to the patient.
- 1.3 The list of tasks that may be delegated to an assistant will continue to evolve with developments in visual science and introduction of new instruments and techniques.
- 1.4 When deciding to delegate a specific task, the optometrist must ensure that the assistant can complete the task to the same level expected of the optometrist. This delegation of specific tasks does not constitute the delegation of clinical responsibility to the assistant.
- 1.5 Many instruments that gather data to aid in the formulation of a diagnosis can be used without the exercise of clinical judgment on the part of the operator. These include but are not limited to auto-refractors, auto-keratometers, non-contact tonometers, visual field testing instruments, stereo acuity tests, colour vision tests, pupillometers, fundus cameras, OCT, HRT, osmolarity readers, meibiographers, etc.
- 1.6 An assistant may be used to collect data. The interpretation of data and subsequent clinical direction remains the optometrist's responsibility.
- 1.7 Optometrists must ensure that assistants are sufficiently trained to complete delegated tasks accurately, efficiently and effectively.

2. Legislative References

Sections 26 and 27 of the 2007 Regulations under the 2005 Optometry Act provide that:

- 24 (a) In this section, "indirect supervision" means that the optometrist assesses the work delegated to the assistant on a routine basis, requiring the optometrist to have some form of regular practice audit in place to ensure the delegated services meet standards of practice. The optometrist must be prepared to certify that he or she has complied with the standards.
 - (b) With respect to optical dispensing tasks, only the following may be delegated by optometrists under indirect supervision:
 - (i) Assistance with frame selection, to the extent such assistance involves the aesthetic component of frame selection.
 - (ii) Replacement of temples, temple tips, nose pads, cleaning frames and lenses and tightening of screws where lens insertion is not required. None of these tasks shall affect the functionality of the eyewear for its intended purpose.
 - (iii) Training a patient to insert, remove and maintain contact lenses, to the extent that this does not involve the insertion or removal of lenses in the patient's eyes.
- (a) In this section, "direct supervision" means the review and approval of the eyewear or optical appliance by an optometrist before such eyewear or optical appliance is finalized for delivery to the patient.
- (b) With respect to optical dispensing tasks, only the measurement of segment heights in patients over the age of 10 years may be delegated by optometrists to assistants under direct supervision.

3. Delegation under Indirect Supervision

- 3.1 Indirect supervision implies that the optometrist need not be present when the activities are performed. However, the optometrist must monitor the assistant's performance in a frequency and manner appropriate to the assistant's experience and skill level, and the complexity of the delegated tasks.
- 3.2 With respect to **frame selection**, the optometrist is expected to provide direction to the assistant whenever the lens prescription places limitations on the frame that would be technically suitable. For instance, if the optometrist prescribes a multi-focal lens with particular fitting requirements (e.g. minimum fitting height, optimum vertex distance and pantoscopic angle), the optometrist would be expected to convey these fitting requirements to the assistant.

The patient may be assisted in choosing an aesthetically pleasing frame, if the frame meets all the technical requirements outlined by the optometrist. In the case of prescriptions for high refractive errors, the optometrist

will be expected to provide appropriate direction to the assistant about any size restrictions or special technical requirements.

3.3 With respect to **frame adjustments**, the following activities may be delegated: replacement of temples, temple tips, nose pads, cleaning frames and lenses and tightening of screws where lens insertion is not required. Minor adjustments to the frame required subsequent to the completion of these tasks, to ensure the functionality of the eyewear, may be delegated.

Whenever new lenses are inserted into a patient's own frame, or when existing lenses are re-inserted into a patient's own frame, the eyewear must be verified by the optometrist before delivery to the patient. The optometrist must ensure that the delivered appliance meets the prescription's specifications.

3.4 With respect to **contact lens training**, training a patient to insert, remove and care for contact lenses may be delegated.

Removal or insertion of contact lenses for the purposes of determining a contact lens prescription, modifying the contact lens design, or altering the fitting characteristics of contact lenses may not be delegated.

4. Delegation Under Direct Supervision

4.1 With direct supervision, the optometrist must review and approve the eyewear before it is finalized for delivery to the patient. The optometrist must verify that the lenses will provide an accurate refractive correction, and that the lenses are properly inserted into the frame. This includes consideration of the lateral placement prescribed by the optometrist, and the vertical placement as measured by the optometrist or the assistant to whom the task was delegated.

New or existing lenses that have been re-inserted into a patient's own frame must be verified to the same standards as if performed by the optometrist prior to delivery to the patient.

5. Tasks That May Not Be Delegated

5.1 Measurement of the inter-pupillary distance for the purpose of optical dispensing is not permitted, under direct or indirect supervision.

5.2 Assistants may measure the interpupillary distance of patients as part of the "pre-testing" procedures, in order to properly adjust refractometers (phoropter) prior to the optometrist's determination of a refractive correction. Continued delegation of this task is permitted. However, the optometrist must verify the inter-pupillary measurement before the measurement can be used for optical dispensing.

5.3 Patient counselling and making a final choice with respect to lens selection is not a task that may be delegated to an assistant.

During the course of selecting appropriate eyewear, the patient may bring to the assistant's attention additional information that may be relevant to the lens choice. The assistant must not dispense alternate or additional lenses without first consulting with the optometrist.

Patient File Ownership, Maintenance and Transfer

File Ownership

1. In a solo office, the office records (patient files, accounting records, correspondence from other practitioners, etc.) are considered to be the property of the optometrist who owns the practice.

2. In a partnership, associateship or other practice arrangement of more than one optometrist, the College recommends that the issue of ownership of office records be agreed to in writing in advance of starting practice by all optometrists in the group, partnership or associateship.

In the event that no written agreement is in place, ownership of the office records defaults to the following arrangement:

2.1 **Associateship**: office records belong to the owner of the practice.

2.2 **Regular Partnership and Group Practice**: office records belong to the optometrist who produced the chart or file.

2.3 **Group Professional Corporation**: office records belong to the group professional corporation.

2.4 **Limited Liability Partnership**: office records belong to the Limited Liability Partnership.

2.5 **Optometric Practice Association**: office records must only be accessible by the optometrist, the optometrists' employees and directly subcontracted individuals of the optometrist. No other individuals who

are fully or partially employed by entities as described by Optometric Practice Associations shall have access to the secure storage of patient information. The optometrist must have the ability to retrieve patient health information in an accurate and timely manner.

File Maintenance

1. All optometrists must ensure that sufficient information is recorded in the patient's file so that another practitioner is able to assume the patient's care at any point in the course of diagnosis or treatment - without unreasonable loss of patient care or continuity.
2. Privacy legislation provides that patients have the right to demand correction of erroneous records where the issue is about a factual matter that can be proven. This right does not extend to professional opinions with which the patient may disagree.
3. Patient records must be retained as follows:
 - 3.1 Ten years after an adult patient was last seen.
 - 3.2 Ten years after a child turns the legal age of majority.
4. In circumstances where the optometrist relocates to a community beyond the normal commuting distance or retires, the patient files must be retained or sold to another practitioner.
5. Where the optometrist is deceased, the files are retained by the optometrist's estate.
6. The optometrist shall respect privacy legislation applicable to the collection, use, transfer and disposal of personal information.
7. Adequate technological devices are required to maintain and secure electronic health information, if utilized.

Release of Prescriptions and Transfer of Information

General Principles

1. The optometrist must respect the patient's freedom of choice for the purchase of spectacles and/or contact lenses.
2. The patient should not be inconvenienced by any unreasonable delays in obtaining his or her prescription.
3. The optometrist must consider the patient's right to confidentiality when releasing or delegating the release of a patient's prescription to a third party, whether in writing, by telephone, facsimile or electronic transmission.

Transfer of Patient Information

1. Patients have the right to access pertinent clinical information contained in their optometrist's records.
2. Patients also have the right to request that this information be transferred to another regulated practitioner if they choose to seek vision care services elsewhere.
3. Although patients do not have the right to the optometrist's actual professional records, they may access the pertinent information contained in the records. Patients also have the right to request that this information be transferred to another practitioner.
4. Whenever patient information is sent by mail, facsimile or by electronic means, the optometrist should ensure that:
 - 4.1 The contents of the correspondence address all of the requested information.
 - 4.2 The facsimile number or electronic mail address is verified for accuracy.
 - 4.3 In the instance of a facsimile, the cover sheet must specify the name of a specific individual to whom the information is being sent.
 - 4.4 There must be a clear privacy statement about the confidentiality of the patient's information.
5. The optometrist who has received the file transfer request, is entitled to be paid a reasonable and customary fee for the administrative costs incurred in the review, production, and delivery of a patient's file. The fee is to be determined by the optometrist, who should notify the patient or the party requesting on the patient's behalf, the fee for the file transfer.

Expiry Date

1. All prescriptions should have an expiry date, which, for spectacles can be up to two years in length and for contact lenses can be up to one year in length.
2. The patient is entitled to a copy of the expired prescription. A notation on the prescription should clearly indicate that the prescription is expired and no longer valid.

Contact Lenses

1. Information released to the patient or an authorized third party about contact lenses should ideally be in the form of a prescription, and include but not be limited to:
 - 1.1 The manufacturer, lens type, material and other lens parameters required for another practitioner to place an order with a contact lens company.
 - 1.2 An expiry date, which should not be longer than one year after the optometrist last examined the patient.
2. Once the optometrist has determined that no further clinical evaluation is required prior to dispensing retail contact lenses to the patient, and the optometrist's fees have been paid, the patient is entitled to a copy of the contact lens specifications.

Preparation of Medical - Legal Reports

Optometrists should adhere to the following principles when requested to complete medical - legal or other expert reports that summarize the examination, diagnosis and treatment of particular patients:

1. All requests must be provided in writing, and should be accompanied by the patient's written consent.
2. The report should be provided only to the patient or a specific individual within an organization that requested the report on the patient's behalf. Should any other third party request a copy of the same report, appropriate written request and patient consent is additionally required.
3. The optometrist should answer only the question set out in the written request, as completely and unambiguously as possible.
4. Plain language should be used wherever possible. All statements should be supported by clinical observations and scientific evidence. If an opinion is requested, the optometrist should state "*in my opinion*" or "*in my experience*."
5. The optometrist should not provide an opinion about any clinical or other matter beyond the scope of practice of optometry and the individual optometrist's competencies.
6. The optometrist should use caution when expressing an opinion about the patient's prognosis.
7. The optometrist is entitled to be paid a reasonable fee for writing a medical - legal or other expert report. This fee will vary depending upon the nature, complexity and length of time required to prepare the report. The fees will be determined by the individual optometrist, and should be agreed to in writing in advance of proceeding.
8. If the person requesting a report is the patient's legal counsel, the optometrist should determine whether the lawyer intends to involve the optometrist as a witness at the pre-trial and/or trial stage. If the optometrist is to be called as a witness, the fee should be agreed upon in advance and confirmed in writing. The agreement should include the time required to prepare for testifying, the actual time spent testifying, and travel to and from the Court.
9. The optometrist is advised to seek independent legal advice to clarify legal obligations or expectations.

Care of Patients with Contact Lenses

General Principles

1. All patients who wear contact lenses should be encouraged to receive ongoing ocular health evaluations from an optometrist and/or physician.
2. Patients should be counselled that wearing contact lenses might adversely affect their ocular health.
3. When a patient chooses to obtain contact lenses from an individual unqualified to assess ocular health, the optometrist should make a reasonable and professional effort to encourage the patient to obtain follow-up care from an optometrist or physician.
4. A notation should be placed on the patient's file that the patient has been made aware of the desirability of regular optometric and/or medical care.

Recalling Patients

1. An optometrist may suggest that a re-examination is appropriate after a certain interval of time. It is appropriate to follow the guidelines for eye examination frequency, as recommended by the Canadian Association of Optometrists.
2. The interval of time will vary with the patient's age and any known visual or systemic condition(s).

3. Many progressive or transient conditions are best re-evaluated by the same practitioner. However, an optometrist's suggestion that the patient return for a reassessment must not intrude on the patient's right to choose their health care professional.

Closing an Optometric Practice

1. Optometric practices may be closed for a variety of reasons, including personal health, retirement, relocation, extended leave of absence, and sudden death.
2. When an optometrist closes his or her practice, continuity of patient care must be assured and patient records must be preserved.
3. If an optometrist closing his or her practice is unable to provide ongoing patient care, personally or through a colleague, the records should be placed into an appropriate medical records storage facility or transferred or sold to another optometrist.
4. At a minimum the following parties should be formally notified:
 - Patients.
 - Referring and consulting colleagues.
 - Other health care providers with whom the optometrist interacts.
 - The Nova Scotia College of Optometrists, as well as the Nova Scotia Association of Optometrists.
 - The Department of Health.
 - Insurance agencies.
5. Patients must be provided with access to information contained in the optometrist's professional records. This may be enabled by selling or transferring the records to an optometrist and/or ophthalmologist. Records may also be transferred to an appropriate medical records storage facility.
6. The optometrist or ophthalmologist assuming care and control of one or more patient records must ensure that patients have access to their records for a minimum of ten years after their last appointment or ten years after a child turns the legal age of majority.
7. The optometrist should also notify his or her accountant and legal counsel, so the appropriate steps are taken to wind up the practice and (if applicable) the professional corporation. The optometrist's outstanding invoices and receivables, as well as assets and liabilities should also be identified to the accountant.
8. If time allows, patients should ideally be assisted in their search for a new optometrist, and records should be transferred before the practice is closed.
9. Retiring optometrists must request that the College cancel their registration, recognizing they will be unable to practice optometry in the province.

Internship and Externship Programs

Externship Program

1. An extern is defined as a student enrolled in the program of optometry approved by the Registrar. The extern is allowed to perform any health services specified in the Optometry Act and Regulation under the direct supervision of a regulated member. The regulated member must be physically present on site when the procedure is being performed, and must be available to assist as necessary.
2. An Externship Application Form must be completed and signed by the supervising optometrist and a representative of the student's School of Optometry.
3. The supervising optometrist must either add the student extern to the optometrist's liability insurance coverage or obtain a copy of the optometry school's global insurance coverage that specifies coverage for students in the externship program. The minimum amount of liability insurance is \$2 million.
4. The extern student must also be clearly identified to the public and other staff (e.g., by a nametag).
5. Optometry students and supervising practitioners participating in the program must agree to the following conditions:
 - 5.1 The Registrar will review and approve the application if all information is found to be in order.
 - 5.2 The supervising optometrist must review patient charts, subjective examinations, ophthalmoscopy, biomicroscopy, other pertinent findings and patient recommendations.

5.3 The supervising optometrist will need to approve or alter the recommended therapy and co-sign each supervised eye examination on the patient chart, as well as the prescription form, prior to the patient leaving the office.

5.4 The arrangement will be in force for the course of time approved by the College's Registrar.

Internship Program

6. An intern is a graduate optometrist who is waiting to write the Canadian Standard Assessment in optometry (CSAO) or awaiting the results.

7. The College's Registrar must approve all arrangements, including maintenance of liability insurance to a minimum amount of \$2 million.

8. Interns must practice under the direct supervision of a regulated member.

9. The intern may be allowed to perform any of the health services specified in the Optometry Act and Regulation under the direct supervision of a regulated member. The regulated member must be physically present on-site when the procedure is being performed, and must be available to assist as necessary.

10. An Internship Application Form must be completed and signed by the supervising optometrist and intern, including proof of liability insurance coverage.

External Promotion and Marketing

Wording of the Regulation

1. Section 31, Subsection 2 of the 2007 Regulation notes that:

“An optometrist must not advertise in a manner that does any of the following:”

1.1 Compares or promotes the optometrist's abilities, services or goods provided in relation to that of another practitioner.

1.2 Discloses the names of patients.

1.3 Uses superlatives, endorsements or testimonials concerning the optometrist.

1.4 Creates unjustifiable expectations or appeals to the public's fears.

1.5 Makes references to discounts, allowances, terms of credit or similar information without specifying whether such descriptors are applied to ocular or visual exams or treatment services and information about the nature and degree of the financial accommodation or offer sufficient to allow the public to ascertain with clarity the nature, scope and extent of the offered accommodation.

1.6 Use logos or business trade names other than the optometrist's name and the title "optometrist."

1.7 Is part of a communication, advertising, promotion or offering by persons or corporate entities not regulated by the Optometry Act.

1.8 May be seen to bring the profession of optometry into disrepute.

2. Section 11, the Code of Ethics notes, "An optometrist shall maintain the proper standard of practice by complying with the following Code of Ethics...

(I) Conduct themselves in a truthful and forthright manner in their dealings with patients, colleagues in the public.

External Promotion and Marketing

3. Promotion and marketing of an optometrist's practice is to be guided by the following Standards of Practice:

3.1 References to being a "specialist" or "specializing in" are not allowed. Optometrists may state that they have a "special interest" or a "preferred area of interest" in a particular area of optometric practice.

3.2 Academic degrees, fellowships, certificates and diplomas earned by examination from programs formally recognized by the College may be stated, but only in a manner that does not present the optometrist as possessing superior competencies.

3.3 The optometrist may list his or her membership in professional associations and regulatory colleges.

3.4 Listing of optometric services available at the optometrist's practice is seen to be a valid public service. The terminology used to describe these services should be consistent with generally accepted terms such as:

- Eye examinations.
- Eye health examinations.
- Complete vision and eye health examinations.

- Eye surgery consultations.
- Contact lens fittings.
- Complete family vision care.
- Treatment of eye disease.
- On-site optical laboratory.
- Large selection of designer frames.
- Walk-in appointments welcome.
- Evening and weekend appointments available.

3.5 Terms such as the following that may be seen to be misleading to the public are **not** acceptable:

- Sight saving eye examinations.
- Most up-to-date vision testing equipment in the province.
- Most experienced vision care in town.
- Gentle eye examinations.
- Scientifically proven vision care results guaranteed.
- Voted the best office in patient or consumer satisfaction.

3.6 Statements that are false, inaccurate, offensive, unverifiable, misleading, undignified, in poor taste, or detrimental to the integrity of the profession and the public interest, are not acceptable.

3.7 Registrants may not solicit patronage by offering discounts on professional fees, services or products. Free or discounted eye examinations may not be advertised or offered as an inducement.

3.8 Unless they have the Chair's permission, registrants must not speak on behalf of the College. Registrants speaking as individuals must make it clear that views expressed are their own, and do not necessarily represent the College.