College of Opticians of Ontario

# BRIEFING NOTE

**TO:** Council

**FROM:** Registration Committee

**DATE:** May 28, 2019

**SUBJECT:** 17.0 Updated National Competencies for Canadian Opticians, 4th ed.

**ATTACHED:** National Competencies for Canadian Opticians, 4th ed.
National Competencies for Canadian Opticians, 4th ed. Technical Report

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**Purpose:**

To consider and approve the updated National Competencies for Canadian Opticians (4th ed.) and the technical report which sets out the development process.

**Background:**

Over the last 10 months, NACOR has been working towards a revised version of the National Competencies for Canadian Opticians (4th ed.) document[1]. The competencies are the entry to practice benchmarks that the educational programs are built around and that are tested by the national exam and the PLAR.[2]

The competencies were approved by the NACOR board on April 25, 2019, and now require approval by each provincial board.

The technical report, attached, describes the process that was undertaken to develop the revised competencies. In developing the competencies, almost 1700 Canadian opticians (including 679 Ontario ROs) participated in a survey to verify the validity of the competencies developed by practicing ROs, association members, educators, regulators and industry participants across Canada. Practice illustrations will be developed over the coming months to help add additional context to each competency indicator.

At its meeting on May 14, 2019, the Registration Committee reviewed the updated competencies and technical report and makes a recommendation to Council to approve the National Competencies for Canadian Opticians (4th ed.).

**Recommendation:**

To approve the National Competencies for Canadian Opticians (4th ed.).

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[1] Please click here to view the previous version of the competencies (3rd ed.)
[2] PLAR is the Prior Learning Assessment and Recognition process that is used to assess the knowledge and skill of applicants who have not completed their education through an accredited opticianry program.


# National Competencies for Canadian Opticians 4th Edition

## Domain 1. Professional Practice

*Has the ability to:*

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| **1.1 Professionalism and Ethics** | 1.1.1 Integrate ethics into professional practice as a basis for all decisions and actions. |
| | 1.1.2 Practise within applicable regulatory standards of practice and in accordance with the applicable regulatory code of ethics. |
| | 1.1.3 Recognize that the optician is bound firstly by their obligation to the patient and not by self-interest or the interest of the employer. |
| | 1.1.4 Serve as a patient advocate with other members of the eye-care team. |
| | 1.1.5 Manage professional boundaries when dealing with patients, co-workers, and other professionals. |
| | 1.1.6 Recognize ethically challenging situations that could put the patient at risk. |
| | 1.1.7 Manage ethically challenging situations methodically and transparently to protect the patient. |
| | 1.1.8 Communicate with patients and others clearly, truthfully, and transparently. |
| | 1.1.9 Maintain a professional relationship with other members of the healthcare team to facilitate management of the patient's overall eye-health needs. |
| | 1.1.10 Maintain a referral network to facilitate meeting all of the patient's eye-health needs. |
| | 1.1.11 Engage in business practices that are truthful and professional. |

*Has the ability to:*

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| **1.2 Informed Consent** | 1.2.1 Adhere to regulatory, legislative, and standards requirements relating to informed consent. |
| | 1.2.2 Exercise the process of obtaining informed consent. |
| | 1.2.3 Ensure the patient's informed consent throughout patient engagement. |
| | 1.2.4 Explain information in plain language to ensure patients understand their options. |
| **1.3 Privacy, Confidentiality, and Record Keeping** | 1.3.1 Apply privacy legislation related to patient care. |
| | 1.3.2 Maintain confidentiality of all patient information. |
| | 1.3.3 Document patient care in a clear and understandable format. |
| | 1.3.4 Maintain records consistent with federal and provincial legislation and standards of practice. |
| | 1.3.5 Release records in accordance with federal and provincial legislation and standards of practice. |
| **1.4 Patient and Workplace Safety** | 1.4.1 Contribute to a workplace that is free from all forms of harassment. |
| | 1.4.2 Adhere to polices, standards, and procedures as they relate to patient and workplace safety. |
| | 1.4.3 Manage abusive and aggressive behaviour to provide a safe work environment. |
| | 1.4.4 Follow provincial government procedures in response to contagious outbreaks. |
| **1.5 Jurisprudence and Regulatory Policies** | 1.5.1 Adhere to all provincial regulatory policies. |
| | 1.5.2 Adhere to all applicable provincial and federal legislation. |
| | 1.5.3 Maintain awareness of changes in regulations and legislation. |
| | 1.5.4 Communicate title and credentials accurately. |
| | 1.5.5 Report misconduct to the appropriate body. |

*Has the ability to:*

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| **1.6 Scope of Practice** | 1.6.1 Recognize personal and professional limits in relation to patient and regulatory expectations. |
| | 1.6.2 Practise within the scope of practice and professional competence. |
| | 1.6.3 Seek assistance or refer to other professionals when required to provide the best care for the patient. |
| | 1.6.4 Educate the employer, colleagues, and the public on the role of the optician. |
| **1.7 Maintaining Competence** | 1.7.1 Adapt practice in response to new products and technologies so that suitable options are available to patients. |
| | 1.7.2 Incorporate lessons learned from everyday practice experiences into future practice. |
| | 1.7.3 Engage in continuous learning to maintain and enhance ability to serve patients. |

## Domain 2. Refraction

*Has the ability to:*

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| **2.1 Anatomy and Pathology** | 2.1.1 Demonstrate an understanding of the visual pathway. |
| | 2.1.2 Demonstrate an understanding of the ocular system. |
| | 2.1.3 Demonstrate an understanding of the anatomy of the eye. |
| | 2.1.4 Demonstrate an understanding of the impact of systemic diseases and medications. |
| | 2.1.5 Demonstrate an understanding of the impact of ocular pathologies and conditions. |
| | 2.1.6 Demonstrate an understanding of external factors affecting the eye. |
| | 2.1.7 Demonstrate an understanding of visual fields. |
| | 2.1.8 Demonstrate an understanding of binocular function and ocular motility. |

 

*Has the ability to:*

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| **2.2 Optics** | 2.2.1 Demonstrate an understanding of monocular and binocular vision. |
| | 2.2.2 Demonstrate an understanding of physical optics. |
| | 2.2.3 Apply current ophthalmic theories and mathematical calculations to produce refractive specifications. |
| **2.3 Equipment and Tools** | 2.3.1 Verify the calibration of operating equipment. |
| | 2.3.2 Choose the equipment required to perform a refraction. |
| | 2.3.3 Recognize and name the equipment used in practice. |
| | 2.3.4 Maintain equipment in safe operating condition. |
| | 2.3.5 Operate the equipment necessary to perform a refraction. |
| | 2.3.6 Analyze the results found using refraction equipment. |
| **2.4 Infection Control** | 2.4.1 Follow infection control and prevention measures to maintain a hygienic environment. |
| | 2.4.2 Recognize infection hazards so that preventive measures can be implemented. |
| | 2.4.3 Address contagious outbreaks to avoid spreading illness to others. |
| | 2.4.4 Demonstrate proper disinfection techniques for refraction equipment prior to each patient's use. |

| | *Has the ability to:* |
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| **2.5 Needs Assessment** | 2.5.1 Compile a patient history to determine whether to proceed with the refraction. |
| | 2.5.2 Document patient information clearly and concisely. |
| | 2.5.3 Use objective techniques to identify and quantify ametropia. |
| | 2.5.4 Use subjective techniques to identify and quantify ametropia. |
| | 2.5.5 Assess accommodation to quantify near correction. |
| | 2.5.6 Identify previously-diagnosed visual deficiencies to set realistic patient expectations. |
| | 2.5.7 Conduct pupil testing to identify the need for referral. |
| | 2.5.8 Perform confrontation field testing to identify the need for referral. |
| | 2.5.9 Recognize significant signs and symptoms in relation to the patient's eyes to identify the need for referral. |
| | 2.5.10 Produce a refractive specification sufficient to fulfill an eyeglass or contact lens order. |
| **2.6 Patient Communication** | 2.6.1 Establish mutual understanding with the patient to build rapport and set expectations. |
| | 2.6.2 Set expectations to facilitate patient adaptation to their visual abilities and eyewear. |
| | 2.6.3 Demonstrate an understanding of surgical alternatives to eyewear to respond to patient enquiries. |
| | 2.6.4 Discuss with the patient systemic diseases and ocular conditions and their effect on vision to assist in setting patient expectations. |
| | 2.6.5 Verify that communications to the patient have been fully understood. |
| **2.7 Continuing Care** | 2.7.1 Develop a plan of care stemming from refraction if required to promote and maintain ocular health. |
| | 2.7.2 Troubleshoot adaptation problems to maximize patient comfort and visual acuity. |
| | 2.7.3 Develop an effective referral network to support the patient and maintain ocular health. |

## Domain 3. Eyeglasses and Low Vision

*Has the ability to:*

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| **3.1 Anatomy and Pathology** | 3.1.1 Demonstrate an understanding of the visual pathway. |
| | 3.1.2 Demonstrate an understanding of the ocular system. |
| | 3.1.3 Demonstrate an understanding of the anatomy of the eye. |
| | 3.1.4 Demonstrate an understanding of the impact of systemic diseases and ocular pathologies on eye health and vision. |
| | 3.1.5 Recognize the effects of categories of medications that have a potential effect on vision and ocular health. |
| | 3.1.6 Demonstrate an understanding of external factors affecting the eye. |
| | 3.1.7 Demonstrate an understanding of when it is necessary to refer. |
| **3.2 Optics** | 3.2.1 Demonstrate an understanding of physical optics. |
| | 3.2.2 Demonstrate an understanding of physical lens properties and their effects on optics. |
| | 3.2.3 Apply knowledge of monocular and binocular vision to the dispensing of appropriate lenses. |
| | 3.2.4 Demonstrate an understanding of lens treatments and their effect on optics. |
| | 3.2.5 Apply appropriate mathematical calculations for lens layout and edging. |
| **3.3 Equipment and Tools** | 3.3.1 Verify the calibration of operating equipment. |
| | 3.3.2 Choose the equipment required for fitting eyeglasses to the patient. |
| | 3.3.3 Identify and name the equipment used in practice. |
| | 3.3.4 Operate manual and automated equipment necessary for practice. |
| | 3.3.5 Maintain equipment in safe operating condition. |
| | 3.3.6 Interpret the results found using optical equipment and tools. |

*Has the ability to:*

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| **3.4 Infection Control** | 3.4.1 Recognize infection hazards so that preventive measures can be implemented. |
| | 3.4.2 Demonstrate proper disinfection techniques for equipment and dispensing area. |
| | 3.4.3 Follow infection control and prevention measures to maintain a hygienic environment. |
| | 3.4.4 Address contagious illness within the work environment to avoid spreading illness to others. |
| **3.5 Needs Assessment** | 3.5.1 Collect information from the patient regarding their visual needs and what they expect from their vision correction. |
| | 3.5.2 Document objective and subjective information from the patient to reference when recommending eyewear. |
| | 3.5.3 Determine external influences on patient vision to provide better recommendations. |
| | 3.5.4 Understand patient expectations related to their visual needs and visual acuity to ensure they are met or the expectations are modified. |
| | 3.5.5 Take accurate measurements with the appropriate tools to facilitate final frame and lens selection. |
| | 3.5.6 Collect information on the patient's wearing environment to adjust recommendations to best fit the patient's needs. |
| | 3.5.7 Obtain relevant optical and health history to allow the optician to make better recommendations. |
| **3.6 Prescription Interpretation and Lens Duplication** | 3.6.1 Demonstrate an understanding of the components of a prescription. |
| | 3.6.2 Demonstrate an understanding of the relationship between prescription requirements and lens selection for the best possible visual acuity. |
| | 3.6.3 Obtain lens specifications to duplicate eyeglasses. |

*Has the ability to:*

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| **3.7 Lens and Frame Selection** | 3.7.1 Use assessment data to support lens and frame recommendations. |
| | 3.7.2 Apply current relevant ophthalmic theories using mathematical calculations to select appropriate frames and lenses. |
| | 3.7.3 Demonstrate an understanding of the relationship between prescription requirements and lens and frame characteristics to ensure aesthetic and functional eyewear. |
| | 3.7.4 Recommend appropriate frame choices based on patient's requirements and preferences. |
| | 3.7.5 Recommend appropriate lenses based on patient's requirements and preferences. |
| | 3.7.6 Balance recommended frame and lens options to meet the patient's requirements and preferences. |
| | 3.7.7 Recommend lens treatments based on patient needs to enhance aesthetic and visual outcome. |
| **3.8 Ordering** | 3.8.1 Confirm the accuracy and completeness of the order before sending. |
| | 3.8.2 Provide required information to suppliers to complete the eyeglasses. |
| **3.9 Inspection and Industry Standards** | 3.9.1 Verify the accuracy of the received order against the patient record. |
| | 3.9.2 Ensure eyeglasses meet standard tolerances. |
| | 3.9.3 Ensure eyeglasses are in standard bench alignment to ready them for placement on the patient. |
| | 3.9.4 Perform final visual inspection of eyeglasses before dispensing. |
| **3.10 Verifying Fit and Patient Success** | 3.10.1 Perform appropriate adjustments to ensure optimal positioning of the eyeglasses on the patient. |
| | 3.10.2 Confirm that the eyeglasses meet the patient's needs and the expected visual acuity. |

| | *Has the ability to:* |
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| **3.11 Patient Communication** | 3.11.1 Communicate the advantages and limitations of products to patients clearly and meaningfully. |
| | 3.11.2 Advise the patient about care and cleaning of their eyeglasses to prolong eyeglass life and functionality. |
| | 3.11.3 Demonstrate an understanding of surgical and non-surgical alternatives to eyeglasses to make patient aware of all vision correction options. |
| | 3.11.4 Adapt communications to meet the needs of each patient. |
| | 3.11.5 Establish mutual understanding with the patient to build rapport and set expectations. |
| | 3.11.6 Encourage the patient to engage in appropriate follow-up care to maintain optimum performance of the eyeglasses. |
| | 3.11.7 Discuss the visual effects of the patient's systemic diseases and ocular conditions to assist in setting expectations. |
| | 3.11.8 Manage situations in which patient expectations cannot be met to promote patient satisfaction. |
| | 3.11.9 Verify that communications to the patient have been fully understood. |
| **3.12 Continuing Care** | 3.12.1 Identify patient concerns at follow-up assessment to create an action plan. |
| | 3.12.2 Determine patient compliance with the care and use of the eyeglasses to identify the need for re-education. |
| | 3.12.3 Resolve concerns presented at follow-up to promote patient comfort and optimum vision. |
| | 3.12.4 Maintain the functionality of the eyeglasses to promote patient comfort and optimum vision. |
| | 3.12.5 Perform appropriate repairs to fix damaged or broken frames. |
| | 3.12.6 Perform lens insertion and removal on various frame types. |
| | 3.12.7 Document patient visits to allow for effective continuity of care. |

| | *Has the ability to:* |
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| **3.13 Low Vision** | 3.13.1 Demonstrate an understanding of the effects of specific diseases that contribute to vision loss. |
| | 3.13.2 Recognize signs and symptoms specific to low vision to identify a patient as having reduced functional vision. |
| | 3.13.3 Conduct a detailed relevant visual history to determine previous successful and failed attempts to address low vision. |
| | 3.13.4 Conduct a low-vision assessment to determine visual restrictions to fully evaluate the functional vision a patient demonstrates. |
| | 3.13.5 Identify functional limitations of visual impairment to advise about devices suitable for vision enhancement. |
| | 3.13.6 Evaluate the probability of success for alternative devices based on patient capacity and resources. |
| | 3.13.7 Educate patients on proper use of devices to achieve the desired visual outcome. |
| | 3.13.8 Engage patients in decision-making to help them make informed choices that meet the patient's goals. |
| | 3.13.9 Generate preferred solutions for low-vision patients that meet their current visual needs. |
| | 3.13.10 Implement a continuum of care plan to maintain optimal functional vision for low-vision patients at least annually. |
| | 3.13.11 Monitor low-vision patients for changes in vision resulting in the need to alter the devices being used. |
| | 3.13.12 Identify new technology or devices that may be beneficial to new and existing patients. |

## Domain 3. Contact Lenses

*Has the ability to:*

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| **4.1 Anatomy and Pathology** | 4.1.1 Demonstrate an understanding of the visual pathway. |
| | 4.1.2 Demonstrate an understanding of the ocular system. |
| | 4.1.3 Demonstrate an understanding of the anatomy of the eye. |
| | 4.1.4 Demonstrate an understanding of the impact of systemic diseases and ocular pathologies on contact lens wear and ocular health. |
| | 4.1.5 Recognize potential effects of specific medications on contact lens wear and ocular health. |
| | 4.1.6 Demonstrate an understanding of external factors affecting the eye and contact lens wear. |
| | 4.1.7 Demonstrate an understanding of when it is necessary to refer. |
| **4.2 Optics** | 4.2.1 Demonstrate an understanding of physical optics. |
| | 4.2.2 Demonstrate an understanding of contact lens properties and their effects on optics. |
| | 4.2.3 Apply knowledge of monocular and binocular vision to dispense appropriate contact lenses. |
| **4.3 Equipment and Tools** | 4.3.1 Identify and name the equipment used in a contact lens practice. |
| | 4.3.2 Operate manual and automated equipment relevant to current contact lens practice safely and accurately. |
| | 4.3.3 Verify the calibration of operating equipment. |
| | 4.3.4 Choose the equipment required for fitting contact lenses. |
| | 4.3.5 Maintain equipment in safe operating condition. |
| | 4.3.6 Interpret the results found using optical equipment and tools. |

 

*Has the ability to:*

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| **4.4 Infection Control** | 4.4.1 Follow infection prevention and control measures to maintain a hygienic environment. |
| | 4.4.2 Recognize infection hazards so that preventive measures can be implemented. |
| | 4.4.3 Address contagious illness within the work environment to avoid infecting others. |
| | 4.4.4 Demonstrate proper disinfection techniques for equipment and fitting area prior to each patient's use. |
| | 4.4.5 Demonstrate proper disinfection techniques for contact lenses, cases, and fitting sets for safe reuse. |
| **4.5 Needs Assessment** | 4.5.1 Obtain wearing history to learn of potential contraindications. |
| | 4.5.2 Identify the patient's expectations and motivations for contact lens wear. |
| | 4.5.3 Collect objective medical and ocular health history information from the patient to identify contraindications. |
| | 4.5.4 Collect information on the patient's wearing environment to provide recommendations that meet the patient's needs. |
| | 4.5.5 Use equipment and tools to take accurate ocular measurements and readings for contact lens fitting. |
| | 4.5.6 Conduct a visual acuity test to assess current vision performance. |
| | 4.5.7 Determine dominant eye to optimize visual performance. |
| | 4.5.8 Assess suitability of the patient for contact lens wear. |
| | 4.5.9 Assess ocular health to determine if the patient can wear contact lenses safely. |

| | *Has the ability to:* |
|---|---|
| **4.6 Prescription Interpretation and Lens Selection** | 4.6.1 Demonstrate an understanding of the relationship between prescription requirements and lens selection for the best possible visual acuity. |
| | 4.6.2 Demonstrate an understanding of the components of a prescription. |
| | 4.6.3 Identify irregularities in a prescription and the cornea when fitting contact lenses for best fit and vision for the patient. |
| | 4.6.4 Apply mathematical calculations to determine appropriate contact lens specifications. |
| | 4.6.5 Select the appropriate contact lenses, considering prescription requirements and physiological findings. |
| | 4.6.6 Apply product knowledge to select lens design, material, and modality. |
| | 4.6.7 Apply product knowledge to select the appropriate contact lens care regime. |
| | 4.6.9 Insert a contact lens on a patient's eye safely. |
| | 4.6.10 Remove a contact lens from a patient's eye safely. |
| | 4.6.11 Recentre a contact lens on a patient's eye safely. |
| | 4.6.12 Select contact lenses that take into consideration the patient’s use of prescribed drugs, over-the-counter drugs, or other substances. |
| **4.7 Ordering** | 4.7.1 Provide suppliers with the information they require to produce contact lenses. |
| | 4.7.2 Confirm the accuracy and completeness of the order before sending. |
| **4.8 Inspection and Industry Standards** | 4.8.1 Verify the accuracy of the received order against the patient record. |
| | 4.8.2 Ensure rigid lenses meet standard tolerances. |
| | 4.8.3 Perform final visual inspection of rigid lenses before dispensing. |

*Has the ability to:*

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| **4.9 Verifying Fit and Patient Success** | 4.9.1 Evaluate whether the contact lenses fit as expected. |
| | 4.9.2 Evaluate whether visual acuity is as expected. |
| | 4.9.3 Refine lens selection when fit or visual acuity is not as expected. |
| | 4.9.4 Verify contact lens fit and comfort based on the patient's subjective responses to assess if lenses meet patient's expectations. |
| **4.10 Patient Communication** | 4.10.1 Explain contact lens options that meet the patient's needs. |
| | 4.10.2 Advise patients on any limitations of the recommended contact lenses to promote continued ocular health, visual acuity and wearing comfort. |
| | 4.10.3 Demonstrate an understanding of surgical and non-surgical alternatives to contact lenses to make patient aware of all vision correction options. |
| | 4.10.4 Discuss the visual effects of the patient's systemic diseases and ocular conditions to assist in setting expectations. |
| | 4.10.5 Provide patient-centred training on insertion and removal of contact lenses. |
| | 4.10.6 Provide patient-centred education on wearing schedule of contact lenses to maintain or restore ocular health. |
| | 4.10.7 Provide patient-centred training on safe and proper contact lens hygiene, solution usage, and storage. |
| | 4.10.8 Provide patient with a follow-up care schedule to monitor ocular health and vision. |
| | 4.10.9 Verify that communications to the patient have been fully understood. |

*Has the ability to:*

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| **4.11 Continuing Care** | 4.11.1 Identify patient concerns at follow-up assessment to create an action plan. |
| | 4.11.2 Determine patient compliance with the care and wear schedule to identify the need for re-education. |
| | 4.11.3 Resolve concerns presented at follow-up assessment to promote patient comfort and optimum vision. |
| | 4.11.4 Document patient visits to allow for effective continuity of care. |
| | 4.11.5 Conduct a follow-up assessment to confirm lens performance, patient outcomes, and continued ocular health. |
| | 4.11.6 Resolve problems identified in the follow-up assessment. |
| | 4.11.7 Refer to appropriate healthcare professional when necessary. |

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# Technical Report: National Competencies 4th Edition

## National Association of Canadian Optician Regulators

17 April 2019

ICKETT
MEASUREMENT SYSTEMS

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# Acknowledgements

Table 1 shows the list of all participants in the project to create the 4th edition of the *National Competencies for Canadian Opticians*. Not listed here are the 1,747 opticians who also took the time to complete the validation survey which was so essential to ensuring that the approved competencies reflected actual practice. Many thanks to all for their considerable effort, time, and expertise.

**Table 1: Contributors to the 4th Edition of the *National Competencies for Canadian Opticians***

| Participant | Organization | Province | Role |
|---|---|---|---|
| **Lisa Bannerman** | College of Opticians of British Columbia | BC | Regulator, Steering |
| **Jeannie Barr** | NAIT | AB | Educator |
| **Jennifer Bishop** | Opticians Association of New Brunswick | NB | Association |
| **Sandra Blanchette** | | AB | Developer |
| **Diana Carver** | PEI Opticians Association | PE | Association |
| **Brian Chapell** | Douglas College | BC | Educator |
| **Nathalie Cormier** | CCNB | NB | Educator |
| **Julie Cyr** | CCNB | NB | Educator |
| **Robert Dalton** | Opticians Association of Canada | NS | Association |
| **Jodi Dodds** | National Association of Canadian Optician Regulators | MB | NACOR |
| **Pat Driscoll** | Opticians Association of New Brunswick | NB | Regulator |
| **Michaël Dumoulin** | La Cite College | ON | Educator |
| **Carol Ellerbeck** | Opticians of Manitoba | MB | Regulator |
| **Bill Fedrau** | OAC – Saskatchewan Chapter | SK | Steering, Association |
| **Manon Fontaine** | Cégep Régional de Lanaudière à L'Assomption | QC | Educator |
| **Cynthia Fortier** | Cégep Garneau | QC | Educator |
| **Michelle Gennutt** | Saskatchewan College of Opticians | SK | Industry |
| **Fernand Ghobril** | Ordre des opticiens d'ordonnances du Québec | QC | Regulator |
| **Robert Grimard** | OAC - Quebec | QC | Industry, OCC Executive |
| **Erik Hahn** | | NS | Educator |

 

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| **Jaime Hay** | National Association of Canadian Optician Regulators | MB | NACOR |
| **Melonie Hebert** | Opticians Association of New Brunswick | NB | Regulator |
| **Karen Hirshfeld** | Georgian College | ON | Educator |
| **Maureen Hussey** | College of Opticians of Alberta | AB | Regulator, Developer |
| **Paul Johnson** | Saskatchewan College of Opticians | SK | Regulator |
| **Sheri Jones** | Saskatchewan College of Opticians | SK | Regulator |
| **Lorne Kashin** | Ontario Opticians Association | | Industry, Association |
| **Fazal Khan** | College of Opticians of Ontario | ON | Regulator, Steering |
| **Ingrid Koenig** | College of Opticians of Ontario | ON | Developer |
| **Michelle Kushnir** | College of Opticians of Ontario | ON | Developer |
| **Catherine Labrecque-Rowntree** | Ontario Opticians Association | ON | Association |
| **Marie-Pier Lamarre** | Cégep Régional de Lanaudière à L'Assomption | QC | Educator |
| **Pierre Landry** | CCNB | NB | Educator |
| **Renée Lavallée** | La Cité College | ON | Educator |
| **Martin Lebeau** | Ontario Opticians Association | ON | Association |
| **Bob Lee** | Opticians Association of New Brunswick | NB | Regulator |
| **Chris Lee** | College of Opticians of BC | BC | Regulator |
| **Chantal Lepage** | La Cité College | | Educator |
| **Glenna Locke** | Nova Scotia College of Dispensing Opticians | NS | Regulator, Steering |
| **Annie Ma** | Opticians of Manitoba | MB | Industry |
| **Kathleen MacLeod** | Stenberg College | | Educator |
| **Tanya MacPhee** | Nova Scotia College of Dispensing Opticians | NS | Regulator, Industry, Steering, OCC Executive |
| **Laura Lee Macquarrie** | PEI Board of Dispensing Opticians | PE | Regulator |
| **Nicole Maillet** | CCNB | NB | Educator |
| **Tony Mallette** | Seneca College | ON | Educator, Steering |
| **Gary Maynard** | Newfoundland Guild of Dispensing Opticians | NL | Association |

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|---|---|---|---|
| **Kim McEachern** | Stenberg College | BC | Educator, OCC Executive |
| **David McGowan** | College of Opticians of British Columbia | BC | Regulator |
| **Tatiana Mighiu** | Seneca College | | Educator |
| **Rick Miller** | Alberta College and Association of Opticians | AB | Industry |
| **David Milne** | College of Opticians of Ontario | ON | Regulator |
| **Wayne Mullen** | Douglas College | BC | Educator |
| **Korosh Nikeghbal** | Seneca College | ON | Educator |
| **Deanne Oleksyn** | Saskatchewan College of Opticians | SK | Regulator |
| **Angela Oulton** | Oulton College | NB | Educator, Steering |
| **Heather Power** | Opticians of Manitoba | MB | Regulator |
| **Claudia Rojas** | OAC – BC Chapter | BC | Association, OCC Executive |
| **Luc Sauvageau** | OAC – Quebec Chapter | QC | Association |
| **Dalie Schellen** | Opticians Association of Canada | | Association, Steering |
| **Tim Schmidt** | Georgian College | ON | Educator |
| **Shervin Shahidian** | Opticians of Manitoba | MB | Regulator |
| **Paul Sim** | Nova Scotia Society of Dispensing Opticians | NS | Association |
| **Michelle Skinner** | Dispensing Opticians Board of Newfoundland and Labrador | NL | Industry, Regulator |
| **Todd Smith** | OAC – MB Chapter | MB | Association |
| **Gail Stacey** | Nova Scotia College of Dispensing Opticians | NS | Regulator |
| **Derick Summers** | College of Opticians of Ontario | ON | Developer |
| **Yasmeen Syed** | Seneca College | ON | Educator |
| **Dean Thompson** | Alberta College and Association of Opticians | AB | Association |
| **Jim Thompson** | Alberta College and Association of Opticians | AB | Industry |
| **Bryan Todd** | College of Opticians of Ontario | ON | Regulator |
| **Dennis Tse** | College of Opticians of Ontario | ON | Regulator |
| **Cara Vezina** | Opticians Association of Ontario | ON | Industry |
| **Rob Vezina** | College of Opticians of Ontario | ON | Regulator |
| **Marian Walsh** | Dispensing Opticians Board of Newfoundland and Labrador | NL | Regulator |

| | | | |
|---|---|---|---|
| **Sandi Williamson** | College of Opticians of Alberta | AB | Regulator |
| **Melanie Woodbeck** | College of Opticians of Ontario | ON | Developer |

# Executive Summary

This report outlines the process followed and outcomes for the revision of the *National Competencies for Canadian Opticians* (3rd Edition). The 3rd edition was released in 2013 and though it generally functioned well, was due for revision.

In this report is described a 10-month project that involved stakeholders from regulators, educators, the member association, industry, and practising opticians. Every participating jurisdiction had opportunity for input. Over 1,700 opticians from across Canada responded to the validation survey, for an impressive response rate of 26%. The validation panel was able to use strong statistics as a foundation for their decisions on which competencies would form the 4th edition of the *National Competencies for Canadian Opticians*.

On February 9–10, 2019, the validation panel approved 204 competency statements across the 4 main domains of Professional Practice, Refraction, Eyeglasses and Low Vision, and Contact Lenses. Twelve Low Vision competencies were not formally validated pending additional review and input.

This report, the analyses performed, and the processes followed are consistent with NCCA standards[1] and ISO 17024 standards.[2]

[1] National Commission for Certifying Agencies (2014). *Standards for the accreditation of certification programs*. Washington, DC: Institute for Credentialing Excellence.

[2] International Organization for Standardization (2012). *ISO/IEC 17024:2012 Conformity assessment – General requirements for bodies operating certification of persons*. Geneva: International Organization for Standardization.

# Data Collection: Gap Analysis

The first activity in this project was to identify what was considered missing from or not working effectively in the 3rd edition of the *National Competencies*. To this end, Jodi Dodds (NACOR) provided input on observations made over the previous 5 years, and potential avenues for change were discussed informally prior to general discussions in Laval. The main gap information was to be collected at Council meetings in Laval.

## Laval Council Meetings

To collect general concerns and specific feedback on the 3rd edition, a session was held in Laval, QC, on May 25, 2018. The participants in this session were from across Canada and represented educators, regulators, and association executives. The session was hosted by Jodi Dodds and Jaime Hay from NACOR and Fazal Khan from COO. The full list of participants appears in Table 2.

**Table 2: Laval Council Meetings Participants**

| Participant | Organization | Role |
|---|---|---|
| **Lisa Bannerman** | College of Opticians of British Columbia | Regulator |
| **Jeannie Barr** | NAIT | Educator |
| **Nathalie Cormier** | CCNB | Educator |
| **Julie Cyr** | CCNB | Educator |
| **Pat Driscoll** | Opticians Association of New Brunswick | Regulator |
| **Carol Ellerbeck** | Opticians of Manitoba | Regulator |
| **Manon Fontaine** | Cégep Régional de Lanaudière à L'Assomption | Educator |
| **Cynthia Fortier** | Cégep Garneau | Educator |
| **Fernand Ghobril** | Ordre des opticiens d'ordonnances du Québec | Regulator |
| **Maureen Hussey** | Alberta College and Association of Opticians | Regulator |
| **Paul Johnson** | Saskatchewan College of Opticians | Regulator |
| **Lorne Kashin** | Opticians Association of Canada | Association |
| **Fazal Khan** | College of Opticians of Ontario | Regulator |
| **Marie-Pier Lamarre** | Cégep Régional de Lanaudière à L'Assomption | Educator |
| **Pierre Landry** | CCNB | Educator |

| | | |
|---|---|---|
| **Bob Lee** | Opticians Association of New Brunswick | Regulator |
| **Chantal Lepage** | La Cité College | Educator |
| **Glenna Locke** | Nova Scotia College of Dispensing Opticians | Regulator |
| **Kathleen MacLeod** | Stenberg College | Educator |
| **Nicole Maillet** | CCNB | Educator |
| **Tony Mallette** | Seneca College | Educator |
| **Kim McEachern** | Stenberg College | Educator |
| **David McGowan** | College of Opticians of British Columbia | Regulator |
| **Tatiana Mighiu** | Seneca College | Educator |
| **David Milne** | College of Opticians of Ontario | Regulator |
| **Deanne Oleksyn** | Saskatchewan College of Opticians | Regulator |
| **Angela Oulton** | Oulton College | Educator |
| **Heather Power** | Opticians of Manitoba | Regulator |
| **Tim Schmidt** | Georgian College | Educator |
| **Shervin Shahidian** | Opticians of Manitoba | Regulator |
| **Gail Stacey** | Nova Scotia College of Dispensing Opticians | Regulator |
| **Yasmeen Syed** | Seneca College | Educator |
| **Marian Walsh** | Dispensing Opticians Board of Newfoundland and Labrador | Regulator |
| **Sandi Williamson** | Alberta College and Association of Opticians | Regulator |
| **Tanya MacPhee** | Nova Scotia College of Dispensing Opticians | Regulator |

The session began with a presentation on the intended purpose of the project to revise the National Competencies and the planned work. No issues were raised with respect to the goals or process. The full group was then asked for some general feedback on what they liked and did not like about the 3rd edition. These were recorded as follows:

- Translation of national survey to French would be ideal.
- Competencies also used for standards of practice (practice directives).
- Competencies also used in audit programs.
- Would like to see more detailed introduction within document to describe what the document is and how items are separated.

- Practice illustrations – may be interpreted as the only possible description instead of examples. Should have clear instruction on this.
- Core competency Unit 4 – a lot of it applies to a very small number of opticians – needs revision.
- Core is over-weighted while the eyeglass and contact lens units are too light, particularly contact lens.
- In revision need to focus on the everyday skills in eyeglass and contact lens.
- There are items within the core that belong perhaps in eyeglass or contact lens; e.g., anatomy.
- Refracting competencies could need revision of layout but can wait until the rest is done.

After breaking for lunch, the participants split into 5 groups to provide more detailed feedback. These groups were as follows:

1. Professional Practice (Unit 1, 3, 4, 5)
2. Enabling Skills (Unit 2, 7)
3. Optics and Anatomy and Low Vision (Unit 6, 8, 12)
4. Eyeglasses (Unit 9)
5. Contact Lenses (Unit 10)

Because Refraction (Unit 11) was revised in 2017, it was not specifically considered for review in this session.

Participants selected their preferred groups and based on preferences there were 2 Professional Practice and 2 Eyeglasses groups formed, and for each of the other topics 1 group was formed (for a total of 7 groups). Each group had about 4–5 participants. The groups worked on laptops with a file provided for collecting feedback. That file contained the wording currently existing for their topics. The groups were asked for general feedback about gaps and what did and did not work within their assigned section. After working for about an hour, the groups reported back to the full group on their main observations. The electronic files were collected to formally record input.

The main general observations were:

- Most areas were already considered fairly complete and the current structure was generally considered suitable.
- Better consistency and clarity was generally requested.
- The Enabling Skills are necessary to meet the Essential Employability Skills and student success in the workplace.
- There need to be references to the independent practitioner and not just to the “bigger organizations.”
- Need to deal specifically with the proficiency of language skills and an established level of competency.
- Previous mapping done for development of bridging courses could be used here to determine where these competencies were lumped for this project.

- Low vision could be distributed within eyeglass and contact lens competencies rather than separated out.
- The practice illustrations need to be considered and definitely specified that they are examples, but not the only possibility.

All specific feedback and edits were incorporated tentatively into the working draft of the 4th edition. The general and specific feedback was collated for consideration in the next version of the competencies, with review by the Steering Committee.

# Drafting

With gaps identified and some initial reactions obtained to plans for the 4th edition, the project moved on to the drafting stage. In this stage, the goal was to work one-on-one with a handful of content developers to fill in gaps before taking the revised document to review.

## Initial Modifications

Based on feedback collected, the following initial changes were made by Wickett to the 3rd edition of the National Competencies to create the initial draft of the 4th edition:

- Re-labelling of the performance indicators to be competencies. The competency column content was shifted to also be competencies where it appeared potentially relevant. Practice illustrations were left as they appeared.
- Creation of Professional Practice domain.
- Creation of Advanced Practice domain.
- Creation of Enabling Skills domain.
- Adaptation of Eyeglasses, Contact Lenses, and Refraction into a category structure beginning with base knowledge, followed by the main steps in a patient engagement.
- Replacement of old Refraction section with the work completed in 2017.
- Removal of Core as a domain. Competencies were distributed to Professional Practice, Eyeglasses, Contact Lenses, Refraction, Advanced Practice, and Enabling Skills as seemed most appropriate.
- Low Vision moved to be part of Advanced Practice.
- Editing of competencies and practice illustrations to reflect wording approved as part of the PART project in 2016. As part of that project, an abbreviated version of the competencies was sent for editorial review and the changes made there were incorporated into this new draft of the 4th edition.
- Establishment of leveling hierarchy starting with Domains, followed by Categories, Competencies, and Practice Illustrations.

On June 6, 2018, the NACOR Executive Committee (see Table 3) met via conference call to review and approve these planned changes. The list as above was accepted.

**Table 3: NACOR Executive Committee**

| Member | Organization |
|---|---|
| **Lisa Bannerman** | College of Opticians of British Columbia |
| **Jodi Dodds** | National Association of Canadian Optician Regulators |
| **Fazal Khan** | College of Opticians of Ontario |
| **Tanya Wohlsclagel** | Nova Scotia College of Dispensing Opticians |

# Detailed Revisions

Wickett worked one-on-one remotely with each of the writers listed in Table 4. Each writer had access to the entire document, but was asked to focus in a particular section. They were asked to respond to feedback provided in the gap analysis, to make the competencies fit the desired style, and to adjust practice illustrations to be more observable. Each writer worked iteratively with Wickett, with feedback provided during the exercise. Work began in late June and ended in early August.

**Table 4: Writers**

| Writer | Target Section | Province |
|---|---|---|
| **Sandra Blanchette** | Contact Lenses | Alberta |
| **Maureen Hussey** | Professional Practice | Alberta |
| **Ingrid Koenig** | Low Vision | Ontario |
| **Derick Summers** | Eyeglasses | Ontario |

Refraction was intentionally omitted as it had been revised in 2017 and was not planned for additional revision at this time.

Only Low Vision with Advanced Practice were planned to get particular attention in this phase.

Though there were plans to spend time on Enabling Skills, each writer spent considerable time on their own section and so there was no opportunity to review Enabling Skills.

Generally, the writers spent most of their time creating and revising practice illustrations. This was unintentional, but likely by providing them with levels of detail, they naturally gravitated to the most detailed level. Ingrid created her own file to focus on competencies exclusively, and that seemed to work more effectively. In the end, the process provided a substantial amount of useful content at the practice illustration level, but not as much revision and development of competencies as would have been preferred.

To end the process, Sandra and Derick were provided with their respective sections with the competencies only to make a final set of changes.

# Steering Committee

The first meeting of the Steering Committee was held on August 13, 2018. The agenda and slide deck for that meeting appear in Appendix B. The members appear in Table 5.

During this session, the Steering Committee reviewed and approved the basic structure of the draft competencies document. They were not provided with the still-rough working draft with the competencies and practice illustrations.

No concerns were raised during this session, and the Steering Committee endorsed the direction being taken. It was asked to ensure that having a referral system in place was included in the competencies, and that was verified as being covered in the document after the session.

**Table 5: Steering Committee**

| Participant | Organization | Role |
|---|---|---|
| **Lisa Bannerman** | College of Opticians of British Columbia | Regulator |
| **Bill Fedrau** | OAC – Saskatchewan Chapter | Association |
| **Fazal Khan** | College of Opticians of Ontario | Regulator |
| **Glenna Locke** | Nova Scotia College of Dispensing Opticians | Regulator |
| **Tony Mallette** | Seneca College | Educator |
| **Angela Oulton** | Oulton College | Educator |
| **Dalie Schellen** | Opticians Association of Canada | Association |

Following the Steering Committee call, the full document was sent for editorial review.

# Data Collection: Review and Revision

The next stage of the project was undertaken to refine the work done in the drafting stage and identify gaps as the competency document neared readiness for survey.

## Session

The review session was held August 28–29, 2018, at the College of Opticians of Ontario office in Toronto, ON. In advance of the session, participants were sent the most up-to-date version of the National Competencies, including all practice illustrations, and were asked to become familiar with it before arriving at the session.

The agenda for this session appears in Appendix C and the slide deck in Appendix D. Jodi Dodds (NACOR) was also in attendance.

**Table 6: Review Session Participants**

| Participant | Province | Area of Expertise | Years of experience | Role |
|---|---|---|---|---|
| **Michelle Gennutt** | SK | Eyeglasses | 5 | Industry |
| **Robert Grimard** | QC | Eyeglasses | 43 | Industry |
| **Lorne Kashin** | ON | Eyeglasses, contact lenses, refraction | 42 | Industry |
| **Fazal Khan** | ON | Eyeglasses, contact lenses | 25 | Regulator |
| **Pierre Landry** | NB | Eyeglasses, contact lenses, low vision, refraction | 26 | Educator |
| **Annie Ma** | MB | Eyeglasses and contact lenses | 3 | Industry |
| **Tanya MacPhee** | NS | Eyeglasses and contact lenses | 15 | Industry |
| **Kim McEachern** | BC | Eyeglasses, contact lenses, low vision, refraction | 39 | Educator |
| **Rick Miller** | AB | Eyeglasses, contact lenses, refraction | 30 | Industry |
| **Tim Schmidt** | ON | Eyeglasses and contact lenses | 23 | Educator |
| **Michelle Skinner** | NL | Eyeglasses and contact lenses | 24 | Industry |
| **Cara Vezina** | ON | Eyeglasses and contact lenses | 3 | Industry |

Note that the work plan for this session changed considerably on day 1 when it was determined that much more time would need to be spent on reviewing and revising competencies. As a

result, many elements of the agenda were not covered and instead moved to be part of follow-up work.

After orienting the group to the purpose of the project and the competency profile, and to the intended format for each component of the National Competencies, the group began with an exercise to identify their “top 5” competencies that make the difference for safe and effective practice as an optician. This was undertaken to obtain impressions of what was important before the group was immersed in the detail of the competencies document. The intent was to circle back to this list before finalizing the competencies, but that activity had to be shifted to follow-up work.

The list as developed by the group was as follows:

- Be thoughtful about the Rx in front of them
- Protect the client
- Think critically about the information in front of them to generate a response
- Proper hygiene (e.g., hand washing)
- Good manual skills
- Communication skills
- Can explain to new multifocal wearer about going up and down stairs
- Demonstrate understanding of care and instructions to patient
- Checking for understanding
- Functional knowledge of all instruments
- Selling only what the patient needs
- Having complete product knowledge
- Knowing liabilities when making adjustments
- Ensuring informed consent before all steps
- Protect the client from disappointment; setting reasonable expectations
- Collaboration with other healthcare providers
- History taking
- Operate within scope
- Do not diagnose
- Refer when necessary
- Professionalism when commenting on other healthcare professionals
- Dealing with gender identification
- Online ordering?
- Follow-up care

After this exercise, the full group reviewed a small portion of Eyeglasses to calibrate to the task. The group was then broken into 3 subgroups to focus on Eyeglasses, Contact Lenses, and Refraction. Each group worked on an electronic copy of the draft competencies document, which did not have the practice illustrations. About 1 hour into this process it became clear that because of parallels between Eyeglasses, Contact Lenses, and Refraction, independent work was not going to be effective. The subgroups were abandoned and the process shifted to

working methodically through the competencies for the full document (Eyeglasses first, followed by Contact Lenses, Professional Practice, and Refraction).

In the end stages of the session, a Refraction subgroup was re-formed to work through Refraction while the rest worked through Eyeglasses and Contact Lenses in parallel to ensure consistency. Low Vision was also reviewed at this time.

Though almost all of the competencies were fully vetted and modified in this 2-day session, the following agenda items were not completed:

- Completion of review of Refraction competencies
- Review of Enabling Skills
- Review of Practice Illustrations
- Verification for gaps against competency profiles from other countries
- Verification for gaps against accreditation standards
- Verification for gaps against Top 5 list

The outstanding work was shifted to follow-up with a mix of methods to complete these tasks.

# Follow-up Work

The follow-up work was aimed primarily at readying the competencies for national survey and at clean-up work after the review session.

## Refraction

The Refraction competencies review was completed via teleconference with Gotomeeting support on September 6, 2018. Kim McEachern and Rick Miller reviewed and revised the competencies for that section exclusively to ready them for survey.

## Gap Review

To identify any potential missing competencies, Tanya MacPhee and Lorne Kashin met via teleconference with Gotomeeting support on September 13, 2018, to review the following documents:

1. National accreditation standards used in Canada for accrediting education programs.
2. Competency documents from New Zealand, the United Kingdom, and the United States for opticianry programs in those countries.
3. The Top 5 list generated at the August 2018 review session.

In this session, each of the documents was reviewed to identify if anything was covered elsewhere that had not yet been covered in the draft competency profile. Where elements were considered important but missing, they were added to the draft. Very little was added or modified as a result of this process, but it provided assurances that the draft competencies were comprehensive.

### Practice Illustrations

To continue the work with the practice illustrations, Derick Summers, Ingrid Koenig, and Sandra Blanchette were recruited to work on the Eyeglasses, Low Vision, and Contact Lenses domains. Subsequently, Melanie Woodbeck and Michelle Kushnir were recruited from the College of Opticians of Ontario to refine practice illustrations within the Professional Practice domain, and Rick Miller was recruited to add practice illustrations for Refraction.

Calls were held to orient each writer to the request, with the main aim being to have at least three practice illustrations produced for each competency statement, with the limitation that the competencies were not up for revision at this point. The participants were free to move and revise existing practice illustrations. Each was provided with a Word document to work independently.

Submissions were received and feedback provided to maintain the intent of the practice illustrations and consistency across the full document. This work continued into early October.

At that time, the decision was taken to put the development of practice illustrations on hold while the main focus shifted back to the competencies and the validation survey. It was felt that the competencies needed to be firmed up before returning to the practice illustrations.

## Steering Committee

A session was held September 20, 2018, with the Steering Committee to update on progress and obtain input on the text of the planned validation survey. The slide deck for that session is provided in Appendix E.

# Final Review

Prior to release of the competencies to the validation survey, stakeholders gathered in Quebec City weighed in on current wording and approach for the survey.

## Quebec City Council Meetings

The presentation of the competency statements and survey plans took place on October 13, 2018, in Quebec City. The listing of attendees appears in Table 7. The slide deck used to structure this meeting appears in Appendix F.

**Table 7: Quebec City Council Meeting Session Participants**

| Participant | Home Province | Role |
|---|---|---|
| **Robert Grimard** | QC | OCC Executive |
| **Kim McEachern** | ON | OCC Executive |
| **Fazal Khan, for Lisa Bannerman** | ON | OCC Executive |
| **Claudia Rojas** | BC | OCC Executive |
| **Tony Mallette** | ON | OCC Executive |
| **Tanya MacPhee** | ON | OCC Executive |
| **Martin Lebeau** | ON | OAC Guest |
| **Jennifer Bishop** | NB | OAC Guest |
| **Gary Maynard** | NL | OAC Guest |
| **Paul Sim** | NS | OAC Guest |
| **Todd Smith** | MB | OAC Guest |
| **Diana Carver** | PE | OAC Guest |
| **Bill Fedrau** | SK | OAC Guest |
| **Dean Thompson** | AB | OAC Guest |
| **Luc Sauvageau** | QC | OAC Guest |
| **Lorne Kashin** | ON | OAC Guest |
| **Catherine Labrecque-Rowntree** | ON | OAC Guest |
| **Robert Dalton** | NS | OAC Staff |

| | | |
|---|---|---|
| **David McGowan** | BC | NACOR Guest |
| **Maureen Hussey** | AB | NACOR Guest |
| **Deanne Oleksyn** | SK | NACOR Guest |
| **Paul Johnson** | SK | NACOR Guest |
| **Heather Power** | MB | NACOR Guest |
| **Carol Ellerbeck** | MB | NACOR Guest |
| **Shervin Shahidian** | MB | NACOR Guest |
| **Fernand Ghobril** | QC | NACOR Guest |
| **Bryan Todd** | ON | NACOR Guest |
| **Pat Driscoll** | NB | NACOR Guest |
| **Glenna Locke** | NS | NACOR Guest |
| **Marian Walsh** | NL | NACOR Guest |
| **Laura Lee Macquarrie** | PE | NACOR Guest |
| **Jodi Dodds** | MB | NACOR Staff |
| **Jaime Hay** | MB | NACOR Staff |
| **Angela Oulton** | NB | CAOE Guest |
| **Yasmeen Syed** | ON | CAOE Guest |
| **Tatiana Mighiu** | ON | CAOE Guest |
| **Jeannie Barr** | AB | CAOE Guest |
| **Wayne Mullen** | BC | CAOE Guest |
| **Brian Chapell** | BC | CAOE Guest |
| **Karen Hirshfeld** | ON | CAOE Guest |
| **Tim Schmidt** | ON | CAOE Guest |
| **Nicole Maillet** | NB | CAOE Guest |
| **Michaël Dumoulin** | ON | CAOE Guest |
| **Renée Lavallée** | ON | CAOE Guest |

At this meeting, the main purpose was to gain input on what would be best placed in Advanced Practice (and so not be included as a core competency required at entry) and to obtain feedback on the utility of the practice illustrations as they currently existed. The discussion on advanced practice competencies took most of the meeting, and for the most part reflected contrary positions on the inclusion of refraction as part of the opticianry scope of practice. The input on the practice illustrations suggested that detailed descriptions of examples was most useful.

Some revisions were suggested and approved for the competencies and category labels.

Following the meeting, participants were given opportunity over the course of the next three weeks to submit any additional input or revisions. Minor revisions to practice illustrations were provided, though not to the competencies. Several competencies were identified as potentially problematic from a teaching perspective in the Refraction and Low Vision sections by the CAOE, but there was no debate on their relevance if refraction was being performed by an optician.

An editorial review was performed at this point.

## Steering Committee

The Steering Committee was convened on November 28, 2018, to be updated on progress to date and provide final input on the validation survey. The slide deck for that call appears as Appendix G.

# Data Collection: National Validation Survey

## Development

Through several iterations with Jodi Dodds, the NACOR Executive Committee, and the Steering Committee, the survey text and main questions were approved. The competencies themselves had been finalized as per the process already described in this report, and except for minor editorial revisions were unchanged from what was agreed to in Quebec City.

The survey intro text appears in Appendix H. Replicated below are the main questions opticians were asked with respect to each competency statement.

What is the **applicability** of the competency in general in your province (across all practice settings)? You have three answer options:

1. This competency is relevant to opticians starting practice today.
2. This competency is achieved only after at least 3 years of practice.
3. This competency is not relevant to the safe and effective practice of an optician in my province.

How **critical** is this competency to safe and effective practice as an optician in your practice setting? Answer options:

1. Not necessary for safe and effective practice.
2. Indirectly related to safe and effective practice.
3. Important for safe and effective practice.
4. Essential for safe and effective practice.

How **frequently** do you demonstrate this competency in your own practice? Answer options:

1. Continuously or many times each day of practice.
2. Once or twice every day I practice.
3. Once every few days of practice (e.g., about once per week).
4. Infrequently (e.g., once per month or several times each year).
5. Never or almost never.

The first question on applicability was intended to gauge whether the competency was relevant at entry to practice (and so should be assessed as part of entry-to-practice requirements) or was something that was only expected to be demonstrated later in the optician's career (and so would not be assessed as part of entry-to-practice requirements) or was something that was simply not relevant to being a safe and effective optician. The questions on criticality and frequency were designed to gauge the relative importance of each competency, assuming applicability to practice.

## Survey Window

The survey was administered online by Futé Marketing.

All practising opticians were sent communications by their regulatory body to encourage participation in the survey. The survey went live on December 10, 2018, though not every province sent out communications to their licensees on that day. The survey closed January 9, 2019. Response rates by province were tracked throughout the survey window, and provinces that were lagging the target response rate were asked to send additional reminders. British Columbia was specifically asked to specially target refracting opticians to boost the number of responses from those practitioners.

# Response Rate

## Population

The population of opticians in Canada is shown in Table 8 for participating jurisdictions, separated by modalities the optician is licensed in. Also shown in Table 8 is the number of persons who were sent an email invitation to complete the survey. There were some relatively minor discrepancies noted here, and for the most part all licensed opticians had the opportunity to respond to the survey.

**Table 8: Optician Licence Holders across Canada by Modality (Participating Jurisdictions)**

| Modality‡ | BC | AB | SK | MB | ON | NB | NS | PE | NL | TOTALS |
|---|---|---|---|---|---|---|---|---|---|---|
| EG | 336 | 840 | 179 | 165 | 0 | 132 | 179 | 31 | 73 | **1935** |
| EG & CL | 408 | 320 | 76 | 132 | 2796 | 99 | 65 | 4 | 43 | **3943** |
| EG, CL, R | 251 | 0 | 0 | 0 | 31 | 0 | 0 | 0 | 0 | **282** |
| EG & R | 72 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **72** |
| TOTALS | **1067** | **1160** | **255** | **297** | **2827** | **231** | **244** | **35** | **116** | **6232** |
| *emailed* | 998 | 1160 | 254 | 297 | 2827 | 231 | 272 | 35 | 116 | |

‡ EG refers to Eyeglasses, CL to contact lenses, and R to refraction.

## Sample

Table 9 shows the number of respondents by modality and province (after removing the second submission for 31 respondents who completed the survey twice), along with response rates across the provinces and modalities. Overall, a very impressive 28% response rate was achieved. Though there were substantial differences in response rates across provinces ($\chi^2(8)= 82.4$, $p<.01$) all achieved a rate of at least 20%. Table 10 shows the same basic information, but more succinctly, by province. Table 11 shows the same information but compiled by modality. As targeted, the response rate for those licensed to perform refractions was higher owing to the special recruiting done in British Columbia.

**Table 9: Total Respondents to Survey by Province and Modality**

| Modality‡ | BC | AB | SK | MB | ON | NB | NS | PE | NL | TOTALS | % of Pop |
|---|---|---|---|---|---|---|---|---|---|---|---|
| EG | 63 | 220 | 64 | 57 | 48 | 64 | 36 | 5 | 17 | **574** | 30% |
| EG & CL | 95 | 96 | 28 | 55 | 675 | 57 | 13 | 5 | 9 | **1033** | 26% |
| EG, CL, R | 94 | 9 | 0 | 1 | 9 | 0 | 0 | 0 | 0 | **113** | 40% |
| EG & R | 16 | 3 | 2 | 0 | 1 | 1 | 1 | 0 | 0 | **24** | 33% |
| Not licensed | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **3** | |
| TOTALS | **268** | **331** | **94** | **113** | **733** | **122** | **50** | **10** | **26** | **1747** | |
| *response rate* | 25% | 29% | 37% | 38% | 26% | 53% | 20% | 29% | 22% | | |

‡ EG refers to Eyeglasses, CL to contact lenses, and R to refraction.

**Table 10: Total Respondents to Survey by Province**

| Province | Count | Response rate |
|---|---|---|
| British Columbia | 268 | 25% |
| Alberta | 331 | 29% |
| Saskatchewan | 94 | 37% |
| Manitoba | 113 | 38% |
| Ontario | 733 | 26% |
| New Brunswick | 122 | 53% |
| Nova Scotia | 50 | 20% |
| Prince Edward Island | 10 | 29% |
| Newfoundland and Labrador | 26 | 22% |
| **Total** | **1747** | **28%** |

**Table 11: Total Respondents to Survey by Modality**

| Modality | Count | Response rate |
|---|---|---|
| Eyeglasses | 1744 | 28% |
| Contact Lenses | 1146 | 27% |
| Refraction | 137 | 39% |
| **Total** | **1747** | **28%** |

Of the total respondents, 3 were removed because they did not indicate holding a licence to practice. A further 93 respondents were removed from analysis because of invariant responding across the competencies. These respondents showed almost no variability in responding (generally labelling all competencies as applicable at starting to practice, essential in terms of criticality, and continuous in terms of frequency). It was considered unlikely that these respondents were understanding the task or taking it seriously. After these removals, 1651 respondents remained, which was still very high at 26% of the total population. In general, at least 300 respondents are necessary at the overall level to be comfortable that proportions are stable (that is, they can be taken to be accurate within 5 percentage points 95% of the time), and at least 15% of the total population provides comfort that the sample is reflective of the

population. The actual values achieved in this survey exceeded these thresholds by a substantial margin.

Table 12, Table 13, and Table 14 show the counts and response rates by modality and province for the final set of 1651 respondents used for the remainder of the analyses.

**Table 12: Valid Respondents to Survey by Province and Modality**

| Modality‡ | BC | AB | SK | MB | ON | NB | NS | PE | NL | TOTALS | % of Pop |
|---|---|---|---|---|---|---|---|---|---|---|---|
| EG | 62 | 209 | 62 | 52 | 45 | 62 | 35 | 5 | 16 | **548** | 28% |
| EG & CL | 92 | 91 | 28 | 55 | 625 | 56 | 12 | 4 | 9 | **972** | 25% |
| EG, CL, R | 89 | 9 | 0 | 1 | 8 | 0 | 0 | 0 | 0 | **107** | 38% |
| EG & R | 16 | 3 | 2 | 0 | 1 | 1 | 1 | 0 | 0 | **24** | 33% |
| Not licensed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | |
| TOTALS | **259** | **312** | **92** | **108** | **679** | **119** | **48** | **9** | **25** | **1651** | |
| *response rate* | 24% | 27% | 36% | 36% | 24% | 52% | 20% | 26% | 22% | | |

‡ EG refers to Eyeglasses, CL to contact lenses, and R to refraction.

**Table 13: Valid Respondents to Survey by Province**

| Province | Count | Response rate |
|---|---|---|
| British Columbia | 259 | 24% |
| Alberta | 312 | 27% |
| Saskatchewan | 92 | 36% |
| Manitoba | 108 | 36% |
| Ontario | 679 | 24% |
| New Brunswick | 119 | 52% |
| Nova Scotia | 48 | 20% |
| Prince Edward Island | 9 | 26% |
| Newfoundland and Labrador | 25 | 22% |
| **Total** | **1651** | **26%** |

**Table 14: Valid Respondents to Survey by Modality**

| Modality | Count | Response rate |
|---|---|---|
| Eyeglasses | 1651 | 26% |
| Contact Lenses | 1079 | 26% |
| Refraction | 131 | 37% |
| **Total** | **1651** | **26%** |

With the samples obtained, endorsements for any competency can be taken as accurate within 1.8 percentage points for Eyeglasses competencies, within 2.2 percentage points for Contact Lenses competencies, and within 5.9 percentage points for Refraction competencies. These values are all for a 95% confidence interval, and assuming an endorsement level of 75%. Effectively, this means that if 75% of the obtained sample indicates an Eyeglasses competency

is applicable at entry to practice, then if all opticians in Canada had responded, there is confidence that the actual endorsement would be between 73% and 77% (a negligible range). The range is similar for Contact Lenses competencies, and wider at 69% to 81% for Refraction. Even though the response rate for those holding a licence to perform refraction was higher, the lower overall count of responding refracting opticians lends more sampling error. Accordingly, more caution will need to be exercised in interpreting endorsement frequencies to take this into account.

# Respondent Demographics

Appendix H contains the demographic and related questions respondents were asked before assessing each competency. Note that all respondents were asked to complete all demographic questions, but those who indicated they were not licensed in any modality were not asked to assess each competency.

Population values for each demographic were not available across jurisdictions, and so only the sample values are shown below (Table 16 through Table 23). Without comparable population values it is impossible to say with certainty that the sample is reflective of the population in terms of demographics. With 26% of the population responding, though, it is likely to be a close approximation at the very least.

Four provinces were able to provide population data for gender. The comparisons against the sample proportions are shown in Table 15. In no case was the difference meaningful or significant, suggesting that for these provinces at least, the distribution of males and females in the sample closely approximated the expected value given the proportions of licensed opticians.

**Table 15: Sample versus Population Comparisons for Gender**

| Province | Response | Survey Sample | Population Expectation | Chi-square |
|---|---|---|---|---|
| British Columbia | Female | 165 | 161 | 0.242, df = 1, *ns* |
| | Male | 89 | 93 | |
| Alberta | Female | 239 | 235 | 0.338, df = 1, *ns* |
| | Male | 69 | 73 | |
| Saskatchewan | Female | 68 | 72 | 1.281, df = 1, *ns* |
| | Male | 24 | 20 | |
| Manitoba | Female | 91 | 83 | 3.499, df = 1, *ns* |
| | Male | 15 | 23 | |

The first and fourth demographic questions related to modality and province, which have been covered above.

**Table 16: Demographic Question 2 by Province – Do you actively practise (i.e., at least 1 day per week on average) as an optician with patients?**

| Response | Agree rate | BC | AB | SK | MB | ON | NB | NS | PE | NL | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes | 95% | 247 | 286 | 83 | 102 | 657 | 108 | 46 | 9 | 23 | 1561 |
| No | 5% | 12 | 26 | 9 | 6 | 22 | 11 | 2 | 0 | 2 | 90 |
| | | **259** | **312** | **92** | **108** | **679** | **119** | **48** | **9** | **25** | **1651** |

**Table 17: Demographic Question 3 by Province – How much of your work week, on average, is spent practising as an optician?**

| Response | Agree rate | BC | AB | SK | MB | ON | NB | NS | PE | NL | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0% | 4% | 9 | 19 | 5 | 3 | 11 | 10 | 2 | 0 | 2 | 61 |
| 1–20% | 3% | 9 | 14 | 4 | 2 | 12 | 3 | 0 | 1 | 0 | 45 |
| 21–40% | 3% | 12 | 9 | 5 | 1 | 12 | 3 | 2 | 0 | 1 | 45 |
| 41–60% | 7% | 21 | 30 | 3 | 10 | 38 | 6 | 5 | 1 | 0 | 114 |
| 61–80% | 19% | 49 | 48 | 16 | 18 | 147 | 28 | 4 | 1 | 3 | 314 |
| 81–100% | 65% | 159 | 192 | 59 | 74 | 459 | 69 | 35 | 6 | 19 | 1072 |
| | | **259** | **312** | **92** | **108** | **679** | **119** | **48** | **9** | **25** | **1651** |

**Table 18: Demographic Question 5 by Province – For how long have you been licensed?**

| Response | Agree rate | BC | AB | SK | MB | ON | NB | NS | PE | NL | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Less than 1 year | 3% | 8 | 20 | 2 | 4 | 14 | 6 | 1 | 0 | 0 | 55 |
| 1 to 3 years | 13% | 40 | 30 | 9 | 13 | 99 | 20 | 1 | 1 | 2 | 215 |
| 3+ to 5 years | 9% | 13 | 33 | 8 | 8 | 71 | 12 | 4 | 0 | 2 | 151 |
| 5+ to 10 years | 19% | 45 | 70 | 19 | 17 | 123 | 22 | 13 | 1 | 2 | 312 |
| 10+ to 15 years | 15% | 37 | 50 | 11 | 21 | 104 | 18 | 6 | 1 | 3 | 251 |
| 15+ to 20 years | 12% | 41 | 31 | 12 | 11 | 74 | 12 | 6 | 3 | 4 | 194 |
| 20+ to 25 years | 11% | 53 | 20 | 14 | 13 | 56 | 8 | 6 | 1 | 3 | 174 |
| More than 25 years | 18% | 22 | 58 | 17 | 21 | 138 | 21 | 11 | 2 | 9 | 299 |
| | | **259** | **312** | **92** | **108** | **679** | **119** | **48** | **9** | **25** | **1651** |

**Table 19: Demographic Question 6 by Province – In what setting do you practise most of the time?**

| Response | Agree rate | BC | AB | SK | MB | ON | NB | NS | PE | NL | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Independent optician-owned | 28% | 83 | 63 | 26 | 10 | 257 | 13 | 6 | 1 | 9 | 468 |
| Independent optometric-owned | 18% | 41 | 76 | 24 | 31 | 80 | 16 | 18 | 1 | 4 | 291 |
| Chain | 49% | 117 | 158 | 38 | 62 | 308 | 82 | 22 | 7 | 11 | 805 |
| Education | 1% | 1 | 2 | 0 | 0 | 7 | 3 | 0 | 0 | 0 | 13 |
| Other | 4% | 17 | 13 | 4 | 5 | 27 | 5 | 2 | 0 | 1 | 74 |
| | | **259** | **312** | **92** | **108** | **679** | **119** | **48** | **9** | **25** | **1651** |

**Table 20: Demographic Question 7 by Province – How many opticians, including yourself, normally work in your practice at the same time?**

| Response | Agree rate | BC | AB | SK | MB | ON | NB | NS | PE | NL | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 24% | 57 | 56 | 11 | 19 | 219 | 18 | 4 | 1 | 9 | 394 |
| 2 or 3 | 53% | 131 | 169 | 54 | 59 | 344 | 69 | 32 | 4 | 13 | 875 |
| More than 3 | 23% | 71 | 87 | 27 | 30 | 116 | 32 | 12 | 4 | 3 | 382 |
| | | **259** | **312** | **92** | **108** | **679** | **119** | **48** | **9** | **25** | **1651** |

**Table 21: Demographic Question 8 by Province – What is your primary work role?**

| Response | Agree rate | BC | AB | SK | MB | ON | NB | NS | PE | NL | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Practising optician | 84% | 208 | 242 | 76 | 93 | 595 | 104 | 41 | 9 | 24 | 1392 |
| Supervisory / administration (oversight of practising opticians) | 10% | 35 | 44 | 11 | 8 | 58 | 7 | 6 | 0 | 1 | 170 |
| Order processing / manufacturing | 2% | 7 | 10 | 2 | 6 | 9 | 1 | 0 | 0 | 0 | 35 |
| Educator in full- or part-time program | 1% | 1 | 2 | 0 | 0 | 6 | 3 | 0 | 0 | 0 | 12 |
| Other | 3% | 8 | 14 | 3 | 1 | 11 | 4 | 1 | 0 | 0 | 42 |
| | | **259** | **312** | **92** | **108** | **679** | **119** | **48** | **9** | **25** | **1651** |

**Table 22: Demographic Question 9 by Province – What language do you speak most often in your practice as an optician?**

| Response | Agree rate | BC | AB | SK | MB | ON | NB | NS | PE | NL | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| English | 97% | 252 | 307 | 92 | 108 | 666 | 92 | 48 | 9 | 25 | 1599 |
| French | 2% | 0 | 0 | 0 | 0 | 1 | 27 | 0 | 0 | 0 | 28 |
| Other | 1% | 7 | 5 | 0 | 0 | 12 | 0 | 0 | 0 | 0 | 24 |
| | | **259** | **312** | **92** | **108** | **679** | **119** | **48** | **9** | **25** | **1651** |

**Table 23: Demographic Question 10 by Province – With what gender do you identify?**

| Response | Agree rate | BC | AB | SK | MB | ON | NB | NS | PE | NL | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Female | 69% | 165 | 239 | 68 | 91 | 423 | 92 | 35 | 8 | 14 | 1135 |
| Male | 30% | 89 | 69 | 24 | 15 | 246 | 26 | 13 | 1 | 11 | 494 |
| Other identity | 0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Prefer not to say | 1% | 5 | 4 | 0 | 2 | 10 | 1 | 0 | 0 | 0 | 22 |
| | | **259** | **312** | **92** | **108** | **679** | **119** | **48** | **9** | **25** | **1651** |

Additional questions were posed to respondents regarding refraction, low vision, and rigid gas permeable lenses. These were not related to the validation of the National Competencies and are detailed in a separate report.

# Rating Scales

The first step in assessing the 3 rating scales was to convert the values into an index to easily evaluate the extent to which a competency is applicable, critical, and frequent.

- For applicability, this was accomplished by simply taking the proportion of respondents who indicated that the competency was applicable for opticians at the start of practice.
- For frequency, the value was derived by applying a weight of 4 for ratings of 'essential,' 3 for ratings of 'important,' 1 for ratings of 'indirect only,' and 0 for ratings of 'not critical.' This total was then divided by 4 (the highest weight) to yield an index expressed as a percentage. Higher values could thus be interpreted as a greater indication of the competency being essential. The weights selected were intended to quantify the psychological distance between rating levels (e.g., 'important' as a rating is not far removed from 'essential' as a rating, but 'indirect only' is much farther away).
- For criticality, the value was derived by applying a weight of 12 for 'continuously,' 10 for 'daily,' 7 for 'weekly,' 4 for 'monthly,' and 1 for 'never/rarely.' This total was then divided by 12 (the highest weight) to yield an index expressed as a percentage. Higher values could thus be interpreted as a greater indication of the competency being necessary continuously. The weights selected were intended to quantify the time distance between rating levels (e.g., 'daily' as a rating is not far removed from 'continuously' as a rating, but 'monthly' is much less frequent).

Table 24 shows the range, mean, and standard deviation of these indices across all competencies. This is helpful for assessing competencies against average values to determine what is a high or low relative value. Figure 1 and Figure 2 show the degree to which most competencies were rated highly (greater than 75%) for applicability and criticality, with a much smaller number of competencies receiving lower ratings. For frequency, Figure 3 shows that the ratings were more spread out, though still with a strong tendency to high ratings.

Note that despite the generally high ratings, many competencies received low ratings, suggesting that respondents were differentiating between competencies in a meaningful and consistent manner.

**Table 24: First and Second Moment Statistics for the Index Values of the Rating Scales**

| Statistic | Applicability | Criticality | Frequency |
|---|---|---|---|
| minimum | 40% | 49% | 35% |
| **mean** | **81%** | **79%** | **79%** |
| maximum | 92% | 92% | 96% |
| standard deviation | 10% | 9% | 13% |

**Figure 1: Distribution of Applicability Index Ratings**

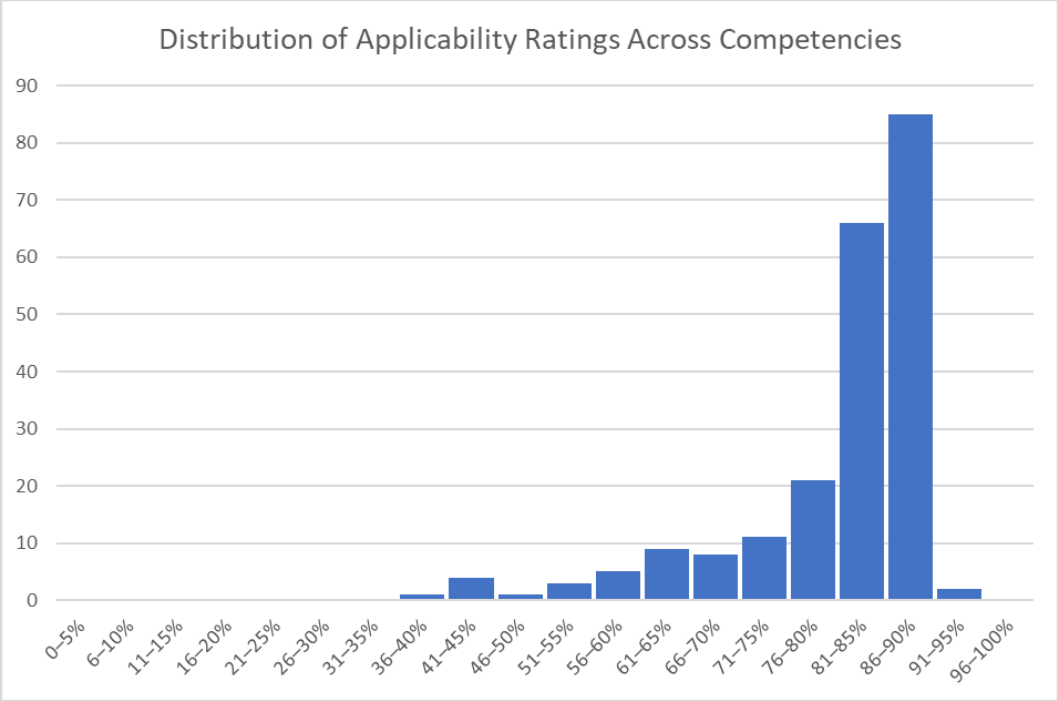


**Figure 2: Distribution of Criticality Index Ratings**

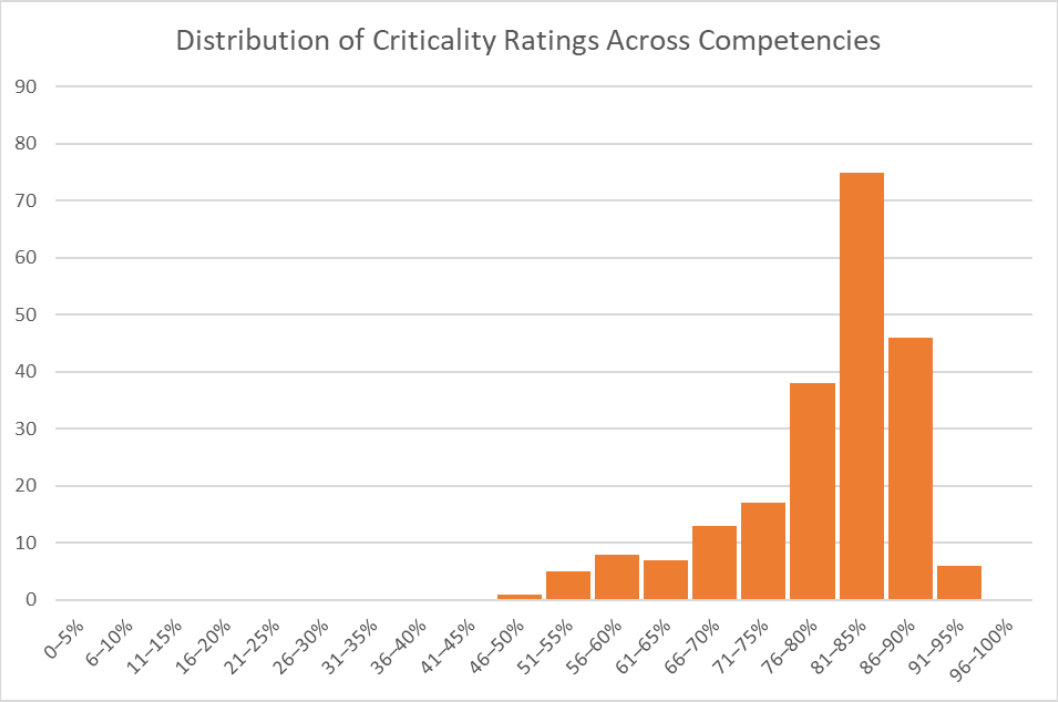
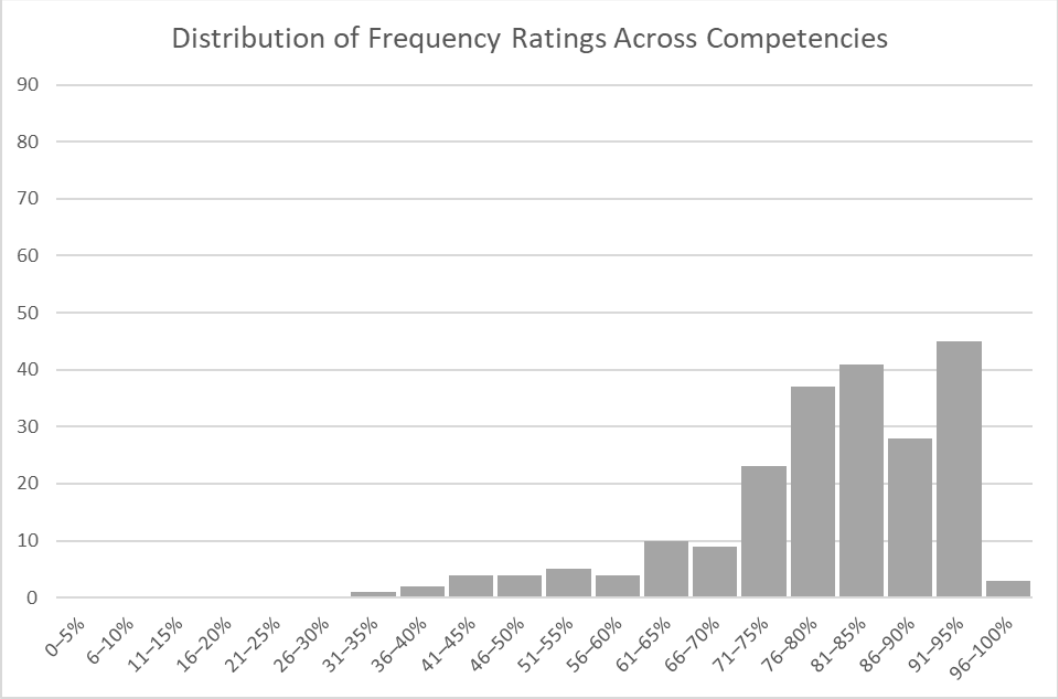



**Figure 3: Distribution of Frequency Index Ratings**



Across provinces there was little evidence of any difference in mean ratings across the 3 indices (see Table 25 and Figure 4), suggesting that though there were differences in response rates across provinces, this would be to no meaningful effect on aggregated ratings.

**Table 25: Mean Index Values by Province**

| Province | Applicability | Criticality | Frequency |
|---|---|---|---|
| British Columbia | 78% | 78% | 80% |
| Alberta | 79% | 79% | 80% |
| Saskatchewan | 79% | 81% | 80% |
| Manitoba | 80% | 80% | 81% |
| Ontario | 83% | 81% | 81% |
| New Brunswick | 81% | 80% | 80% |
| Nova Scotia | 77% | 81% | 79% |
| Prince Edward Island | 82% | 75% | 77% |
| Newfoundland and Labrador | 78% | 82% | 79% |

**Figure 4: Mean Index Values by Province**

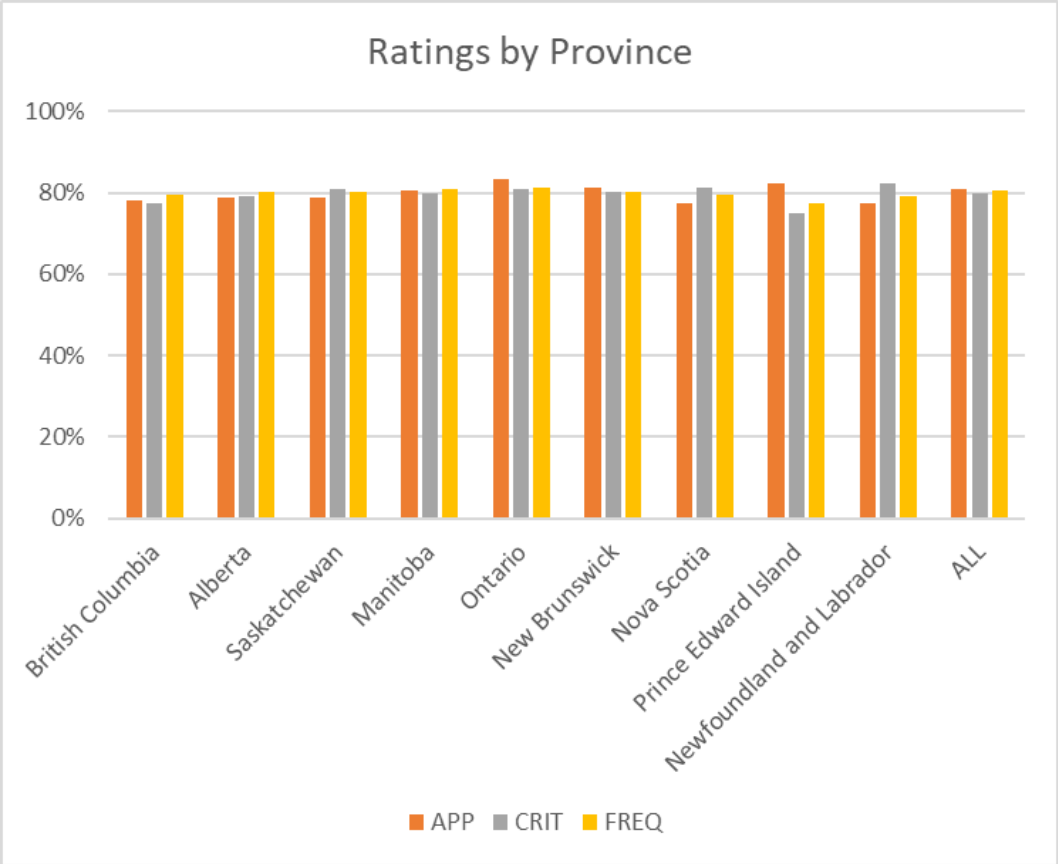



Table 26 through Table 33 show the mean index values for each rating scale and each demographic question. Table 26 shows a very modest reduction in ratings for those who

indicate that they do not actively practise. Table 27 shows a modest dip in ratings for those indicating that they spend 1–20% of their work week practising. Table 28 shows elevated ratings for those practising for less than 1 year on all scales, and a small uptick on applicability for those practising more than 20 years. Table 29 shows an increase in ratings of applicability and a decrease in ratings of frequency for those working in education, but this is on very few respondents. Table 30 shows essentially no difference in any ratings based on the number of opticians working in the practice. Table 31 shows that educators tend to rate higher for applicability. Table 32 shows a very small increase in the ratings of respondents who generally practise in French. Table 33 shows essentially no difference in ratings between those identifying as male or female, with a small dip in applicability ratings for those who 'prefer not to say.' For the most part, however, the mean ratings were about the same regardless of response to the demographic questions, and the small variations tended to occur only with subgroups with small numbers of respondents. This suggests that all opticians, regardless of the specific nature of their practice, are generally evaluating the competencies in the same way.

**Table 26: Demographic Question 2 by Rating – Do you actively practise (i.e., at least 1 day per week on average) as an optician with patients?**

| Response | n | Applicability | Criticality | Frequency |
|---|---|---|---|---|
| Yes | 1561 | 81% | 80% | 81% |
| No | 90 | 79% | 79% | 78% |

**Table 27: Demographic Question 3 by Rating – How much of your work week, on average, is spent practising as an optician?**

| Response | n | Applicability | Criticality | Frequency |
|---|---|---|---|---|
| 0% | 61 | 79% | 79% | 80% |
| 1–20% | 45 | 74% | 76% | 72% |
| 21–40% | 45 | 81% | 78% | 77% |
| 41–60% | 114 | 82% | 78% | 81% |
| 61–80% | 314 | 80% | 80% | 79% |
| 81–100% | 1072 | 81% | 81% | 81% |

**Table 28: Demographic Question 5 by Rating – For how long have you been licensed?**

| Response | n | Applicability | Criticality | Frequency |
|---|---|---|---|---|
| Less than 1 year | 55 | 92% | 86% | 85% |
| 1 to 3 years | 215 | 85% | 81% | 80% |
| 3+ to 5 years | 151 | 75% | 78% | 80% |
| 5+ to 10 years | 312 | 80% | 80% | 81% |
| 10+ to 15 years | 251 | 78% | 79% | 82% |
| 15+ to 20 years | 194 | 80% | 79% | 79% |
| 20+ to 25 years | 174 | 82% | 81% | 80% |
| More than 25 years | 299 | 83% | 80% | 80% |

**Table 29: Demographic Question 6 by Rating – In what setting do you practise most of the time?**

| Response | n | Applicability | Criticality | Frequency |
|---|---|---|---|---|
| Independent optician-owned | 468 | 80% | 80% | 81% |
| Independent optometric-owned | 291 | 81% | 79% | 79% |
| Chain | 805 | 81% | 80% | 81% |
| Education | 13 | 90% | 79% | 75% |
| Other | 74 | 80% | 81% | 77% |

**Table 30: Demographic Question 7 by Rating – How many opticians, including yourself, normally work in your practice at the same time?**

| Response | n | Applicability | Criticality | Frequency |
|---|---|---|---|---|
| 1 | 394 | 80% | 80% | 81% |
| 2 or 3 | 875 | 81% | 80% | 80% |
| More than 3 | 382 | 81% | 80% | 81% |

**Table 31: Demographic Question 8 by Rating – What is your primary work role?**

| Response | n | Applicability | Criticality | Frequency |
|---|---|---|---|---|
| Practising optician | 1392 | 81% | 80% | 81% |
| Supervisory / administration (oversight of practising opticians) | 170 | 78% | 79% | 82% |
| Order processing / manufacturing | 35 | 82% | 79% | 80% |
| Educator in full- or part-time program | 12 | 91% | 81% | 78% |
| Other | 42 | 74% | 80% | 75% |

**Table 32: Demographic Question 9 by Rating – What language do you speak most often in your practice as an optician?**

| Response | n | Applicability | Criticality | Frequency |
|---|---|---|---|---|
| English | 1599 | 81% | 80% | 80% |
| French | 28 | 82% | 83% | 84% |
| Other | 24 | 74% | 77% | 84% |

**Table 33: Demographic Question 10 by Rating – With what gender do you identify?**

| Response | n | Applicability | Criticality | Frequency |
|---|---|---|---|---|
| Female | 1135 | 81% | 80% | 80% |
| Male | 494 | 80% | 79% | 81% |
| Other identity | 0 | | | |
| Prefer not to say | 22 | 72% | 78% | 81% |
| | | **259** | **312** | **92** |

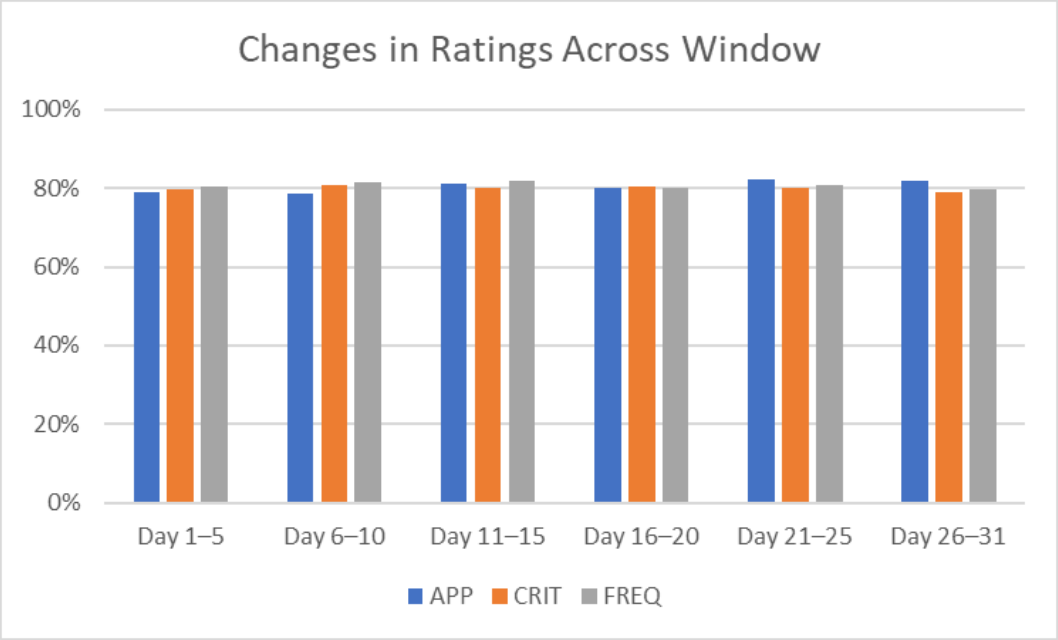
With respect to consideration of whether non-responders to the survey would have shown different ratings, there is no clear reason to be concerned with this overall. One proxy measure to search for this effect comes in looking at any differences between the early responders (those requiring no reminders) and late responders (those requiring several reminders). As can be seen in Table 34 and Figure 5 there is almost no change in mean ratings across the window, except for a very modest uptick in applicability ratings (which is due to Ontario respondents being mostly loaded toward the end of the survey window, and Ontario rated the applicability of competencies modestly higher than did other provinces).

**Table 34: Mean Index Values for Ratings across the Survey Window**

| Province | Applicability | Criticality | Frequency |
|---|---|---|---|
| Day 1–5 | 79% | 80% | 80% |
| Day 6–10 | 79% | 81% | 82% |
| Day 11–15 | 81% | 80% | 82% |
| Day 16–20 | 80% | 81% | 80% |
| Day 21–25 | 82% | 80% | 81% |
| Day 26–31 | 82% | 79% | 80% |

**Figure 5: Mean Index Values for Ratings across the Survey Window**




# Analysis

Based on assessment of the demographic data and the general lack of variation in mean responding across demographic variables, coupled with the relatively high response rate and number of responders, the data was taken as reflective of the general optician population. For the purposes of making decisions on each competency, basic statistics were computed for each domain (shown in Table 35 through Table 38, and in Figure 6). As can be seen, the 36 Professional Practice competencies received the highest ratings for applicability, criticality, and frequency. The 68 Contact Lens competencies followed closely on all rating scales. The 75 Eyeglasses and Low Vision competencies showed lower ratings, primarily because of the low ratings for Low Vision competencies. Finally, the 40 Refraction competencies showed the lowest ratings across all rating scales (though still not far off the approximate mean of 80% for all competencies combined).

**Table 35: First and Second Moment Statistics for the Index Values of the Rating Scales – Professional Practice**

| Statistic | Applicability | Criticality | Frequency |
|---|---|---|---|
| Minimum | 71% | 73% | 61% |
| **Mean** | **86%** | **84%** | **87%** |
| Maximum | 90% | 91% | 96% |
| Standard deviation | 4% | 4% | 8% |

**Table 36: First and Second Moment Statistics for the Index Values of the Rating Scales – Refraction**

| Statistic | Applicability | Criticality | Frequency |
|---|---|---|---|
| Minimum | 56% | 52% | 52% |
| **Mean** | **76%** | **74%** | **75%** |
| Maximum | 92% | 85% | 92% |
| Standard deviation | 9% | 8% | 9% |

**Table 37: First and Second Moment Statistics for the Index Values of the Rating Scales – Eyeglasses and Low Vision**

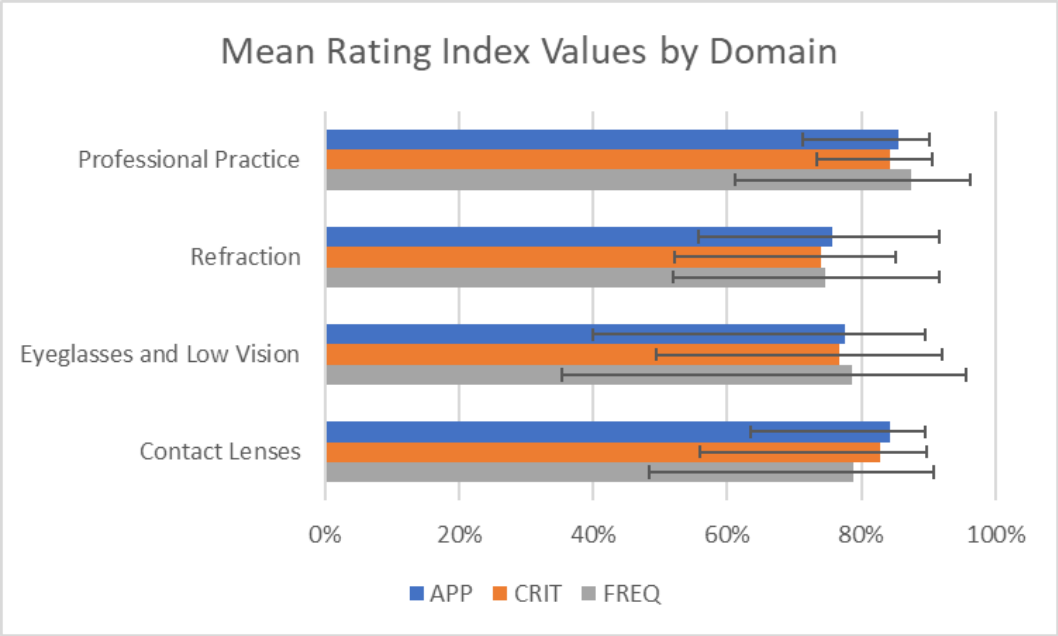
| Statistic | Applicability | Criticality | Frequency |
|---|---|---|---|
| Minimum | 40% | 49% | 35% |
| **Mean** | **78%** | **77%** | **79%** |
| Maximum | 90% | 92% | 96% |
| standard deviation | 14% | 11% | 17% |

**Table 38: First and Second Moment Statistics for the Index Values of the Rating Scales – Contact Lenses**

| Statistic | Applicability | Criticality | Frequency |
|---|---|---|---|
| Minimum | 64% | 56% | 48% |
| **Mean** | **84%** | **83%** | **79%** |
| Maximum | 89% | 90% | 91% |
| Standard deviation | 5% | 5% | 9% |

**Figure 6: Mean Index Values for Ratings by Domain (with Minimum/Maximum bars)**




Appendix I contains the responses and index values for all competencies. The index values for each of the 3 rating scales was colour coded green if at or above the mean value (across all 216 competencies), red if more than 2 standard deviations below the mean value, and white if between the mean and 2 standard deviations below. The intent of this colour coding was to provide the validation panel with general guidance of high ratings (green), borderline ratings (white), and low ratings (red).

Table 39 through Table 42 show the number of competencies in each evaluation category (green, white, or red) across the 4 domains. Eyeglasses and Low Vision showed the highest number of 'red' competencies and this was due almost entirely to the very low ratings on Low Vision competencies.

**Table 39: Counts of Competencies in Each Evaluation Category – Professional Practice**

| Evaluation | Applicability | Criticality | Frequency |
|---|---|---|---|
| Mean + (green) | 30 | 32 | 29 |
| Below mean (white) | 6 | 4 | 7 |
| Far below mean (red) | 0 | 0 | 0 |

**Table 40: Counts of Competencies in Each Evaluation Category – Refraction**

| Statistic | Applicability | Criticality | Frequency |
|---|---|---|---|
| Mean + (green) | 14 | 11 | 11 |
| Below mean (white) | 24 | 25 | 28 |
| Far below mean (red) | 2 | 4 | 1 |

**Table 41: Counts of Competencies in Each Evaluation Category – Eyeglasses and Low Vision**

| Statistic | Applicability | Criticality | Frequency |
|---|---|---|---|
| Mean + (green) | 51 | 41 | 47 |
| Below mean (white) | 12 | 24 | 18 |
| Far below mean (red) | 12 | 10 | 10 |

**Table 42: Counts of Competencies in Each Evaluation Category – Contact Lenses**

| Statistic | Applicability | Criticality | Frequency |
|---|---|---|---|
| Mean + (green) | 58 | 54 | 37 |
| Below mean (white) | 7 | 10 | 25 |
| Far below mean (red) | 0 | 1 | 3 |

# Validation

The validation session was held in Montreal on February 9–10, 2019. The 21 panel members are shown in Table 43. Jodi Dodds (NACOR) helped manage the session. Appendix J contains the agenda and Appendix K contains the slide deck used to guide this session.

**Table 43: Montreal Validation Session Panel**

| Participant | Province | Role | Years Licensed | Areas of Expertise |
|---|---|---|---|---|
| **Korosh Nikeghbal** | ON | Refracting expert | 27 years | EG, CL, R |
| **Chris Lee** | BC | Refracting expert | 29 years | EG, CL, R - some LV |
| **Jim Thompson** | AB | Refracting expert | 45 years | CL, R |
| **Rick Miller** | AB | Refracting expert | 30 years | EG, CL, R |
| **Dennis Tse** | ON | Refracting expert | 29 years | EG, CL, R |
| **Erik Hahn** | NS | Refracting expert | 33 years | EG, CL, R - some LV |
| **Lisa Bannerman** | BC | Regulator | 31 years | EG, CL - R limited automated |
| **Maureen Hussey** | AB | Regulator | 30 years | EG, CL - some R and LV |
| **Sheri Jones** | SK | Regulator | 15 years | EG, CL - some R |
| **Shervin Shahidian** | MB | Regulator | 17 years | EG, CL, LV |
| **Rob Vezina** | ON | Regulator | 38 years | EG, CL, LV - some R |
| **Melonie Hebert** | NB | Regulator | 17 years | EG, CL |
| **Tanya MacPhee** | NS | Regulator | 16 years | EG, CL - some LV |
| **Michelle Skinner** | NL | Regulator | 25 years | EG, CL |
| **Lorne Kashin** | ON | Association | 45 years | EG, CL, R |
| **Kim McEachern** | BC | Educator | 40 years | EG, LV, R - some CL |
| **Jeannie Barr** | AB | Educator | 25 years | EG, CL, LV, R |
| **Wayne Mullen** | BC | Educator | 28 years | EG, CL, LV - automated R |
| **Tim Schmidt** | ON | Educator | 24 years | EG, CL |
| **Nicole Maillet** | NB | Educator | 9 years | EG, CL |
| **Robert Grimard** | QC | Industry | 44 years | EG - some CL |

The main purpose of the validation session was to determine which competencies would be required at entry to practice for future opticians. As such, the applicability rating was the most relevant to that decision, though the criticality and frequency values were also presented.

The session began with an overview of the purpose, the survey response rate, and a review of the demographic questions. This introductory portion was designed to give the panel members evidence for the utility of the competency ratings in making decisions about what would be included in the next edition of the *National Competencies*.

The panel was oriented to the rating scales and index values, and told that

- Competencies rated highly should be retained because opticians view them to be important in practice.
- Competencies rated low should be removed because opticians do not view them to be important in practice.
- Divergences from the decisions suggested by data need to be justified.
- The final decision should be made based on a combination of data, policy, and professional judgement.

The intent for this session was to give panelists time for independent ratings prior to group discussion. The group opted to review each statement as a group, and so the process was modified to fit that preference. Each participant had all competency statements and survey ratings in front of them as the discussion proceeded. Every competency statement was reviewed for approval regardless of the survey data.

Each domain was considered in turn. Professional Practice was the first set reviewed, and all panelists participated in this portion (see Table 43). Refraction was considered next, and only those with expertise and experience with refracting were part of the decision-making (see Table 44). Eyeglasses and Low Vision was considered next (with everyone participating except for three refracting opticians who were attending primarily just for that portion; see Table 45) and was partially completed on the first day of the session. On the second day, Eyeglasses and Low Vision was completed. The panel reviewed the Low Vision competencies briefly but based on discussion and group consensus these competencies were not validated as part of the session. The primary concern was having the right experts around the table to make appropriate judgements on inclusion. An alternate plan was to be formulated for after completion of this session. To close out the domains, Contact Lenses was competed with just those who were qualified to provide judgement (see Table 46).

**Table 44: Montreal Validation Session Panel – Refraction Panelists**

| Participant | Province | Role | Years Licensed | Areas of Expertise |
|---|---|---|---|---|
| **Korosh Nikeghbal** | ON | Refracting expert | 27 years | EG, CL, R |
| **Chris Lee** | BC | Refracting expert | 29 years | EG, CL, R - some LV |
| **Jim Thompson** | AB | Refracting expert | 45 years | CL, R |
| **Rick Miller** | AB | Refracting expert | 30 years | EG, CL, R |
| **Dennis Tse** | ON | Refracting expert | 29 years | EG, CL, R |
| **Erik Hahn** | NS | Refracting expert | 33 years | EG, CL, R - some LV |
| **Lorne Kashin** | ON | Association | 45 years | EG, CL, R |
| **Kim McEachern** | BC | Educator | 40 years | EG, LV, R - some CL |
| **Wayne Mullen** | BC | Educator | 28 years | EG, CL, LV - automated R |

**Table 45: Montreal Validation Session Panel – Eyeglasses and Low Vision Panelists**

| Participant | Province | Role | Years Licensed | Areas of Expertise |
|---|---|---|---|---|
| **Chris Lee** | BC | Refracting expert | 29 years | EG, CL, R - some LV |
| **Jim Thompson** | AB | Refracting expert | 45 years | CL, R |
| **Dennis Tse** | ON | Refracting expert | 29 years | EG, CL, R |
| **Lisa Bannerman** | BC | Regulator | 31 years | EG, CL - R limited automated |
| **Maureen Hussey** | AB | Regulator | 30 years | EG, CL - some R and LV |
| **Sheri Jones** | SK | Regulator | 15 years | EG, CL - some R |
| **Shervin Shahidian** | MB | Regulator | 17 years | EG, CL, LV |
| **Rob Vezina** | ON | Regulator | 38 years | EG, CL, LV - some R |
| **Melonie Hebert** | NB | Regulator | 17 years | EG, CL |
| **Tanya MacPhee** | NS | Regulator | 16 years | EG, CL - some LV |
| **Michelle Skinner** | NL | Regulator | 25 years | EG, CL |
| **Lorne Kashin** | ON | Association | 45 years | EG, CL, R |
| **Kim McEachern** | BC | Educator | 40 years | EG, LV, R - some CL |
| **Jeannie Barr** | AB | Educator | 25 years | EG, CL, LV, R |
| **Wayne Mullen** | BC | Educator | 28 years | EG, CL, LV - automated R |
| **Tim Schmidt** | ON | Educator | 24 years | EG, CL |
| **Nicole Maillet** | NB | Educator | 9 years | EG, CL |
| **Robert Grimard** | QC | Industry | 44 years | EG - some CL |

**Table 46: Montreal Validation Session Panel – Contact Lenses Panelists**

| Participant | Province | Role | Years Licensed | Areas of Expertise |
|---|---|---|---|---|
| **Chris Lee** | BC | Refracting expert | 29 years | EG, CL, R - some LV |
| **Jim Thompson** | AB | Refracting expert | 45 years | CL, R |
| **Dennis Tse** | ON | Refracting expert | 29 years | EG, CL, R |
| **Lisa Bannerman** | BC | Regulator | 31 years | EG, CL - R limited automated |
| **Maureen Hussey** | AB | Regulator | 30 years | EG, CL - some R and LV |
| **Sheri Jones** | SK | Regulator | 15 years | EG, CL - some R |
| **Shervin Shahidian** | MB | Regulator | 17 years | EG, CL, LV |
| **Rob Vezina** | ON | Regulator | 38 years | EG, CL, LV - some R |
| **Melonie Hebert** | NB | Regulator | 17 years | EG, CL |
| **Tanya MacPhee** | NS | Regulator | 16 years | EG, CL - some LV |
| **Michelle Skinner** | NL | Regulator | 25 years | EG, CL |
| **Lorne Kashin** | ON | Association | 45 years | EG, CL, R |
| **Kim McEachern** | BC | Educator | 40 years | EG, LV, R - some CL |
| **Jeannie Barr** | AB | Educator | 25 years | EG, CL, LV, R |
| **Wayne Mullen** | BC | Educator | 28 years | EG, CL, LV - automated R |
| **Tim Schmidt** | ON | Educator | 24 years | EG, CL |
| **Nicole Maillet** | NB | Educator | 9 years | EG, CL |

Appendix M shows the changes made at the validation session and the decisions on each competency. Table 47 shows the summary of the changes.

**Table 47: Counts of Competencies as Impacted by Validation Session**

| Domain | Start | Left as is | Edited | Added | Deleted | Postponed | Final |
|---|---|---|---|---|---|---|---|
| Professional Practice | 36 | 33 | 3 | – | – | – | 36 |
| Refraction | 40 | 37 | 2 | – | 1 | – | 39 |
| Eyeglasses and Low Vision | 75 | 58 | 5 | – | – | 12 | 63 |
| Contact Lenses | 65 | 46 | 14 | 3 | 2 | – | 66 |
| **Totals** | **216** | **174** | **24** | **3** | **3** | **12** | **204** |

The session wrapped up with a review of the write-in suggestions for missing competencies provided by the survey respondents. Of the 1651 respondents, only 103 provided suggestions for missing competencies (see Appendix L); 1454 indicated that nothing was missing, 30 indicated almost everything was covered or were not sure, 64 left irrelevant comments. Sets of statements were reviewed in 4 groups and each group presented their impressions to the full panel. In the end, it was decided that all write-in suggestions were already covered in the final approved set of competencies.

At the end of the session, each panelist was asked to indicate if they endorsed the set of competencies as approved for validation, understanding that they would be ratified by each regulator for use in establishing entry-to-practice requirements for opticians. All participants signaled their approval of this.

The remaining participants were asked to complete a post-session evaluation. Those results can be found in Table 48. Write-in comments received were

- Good job John!!
- Great workshop!
- Don’t throw out my comments because they were all Strongly Agree.
- Awesome.
- A bit more time to go over the questions before discussion.
- It was a challenge to avoid excessive wordsmithing but was controlled. The validation group could have had fewer participants. Overall well facilitated and results were achieved.
- Session was well organized; discussion time was ample and well governed. Validation group at times seemed too large.
- I felt that some participant failed to understand 1. Grammar; 2. Sentence structure; 3. English composition. Some of our time could have been utilized more efficiently. I feel honored to have participated in this important activity. Thank you.
- It is wonderful to have representations from provinces across Canada to address concerns related to competency. I can’t wait to see the final version of the “Newly Revised National Competencies.” Will like to do it again, anytime!

**Table 48: Validation Participant Feedback**

| Functional Area | Strongly Disagree | Disagree | Neither | Agree | Strongly Agree |
|---|---|---|---|---|---|
| **I had enough training to participate in validating the national competencies.** | | | | 1 | 16 |
| **I understand the requirements for safe and competent opticians.** | | | | 1 | 16 |
| **The group had sufficient time to discuss and agree on competencies.** | | | | 2 | 15 |
| **The group discussions were useful.** | | | | 4 | 13 |
| **I am confident in my input regarding competencies for Canadian opticians.** | | | | 2 | 15 |
| **I am confident in the final set of competencies established by the group.** | | | | 1 | 16 |

# Close

Appendix N contains the final set of validated competencies, including Low Vision competencies, though they have not been formally validated as of the writing of this report. The competencies were submitted to a final editorial review and except for the addition of the word 'the' before 'patient' for the sake of consistency on several competencies, and the addition of a comma in one competency, the statements remained unchanged.

Next steps for consideration include:

1. Review and validation of Low Vision competencies.
2. Formal acceptance by each regulator.
3. Establishment of an effective date for the new competency profile.
4. Finalization of practice illustrations.
5. Revisiting for completion of Advanced Practice and Enabling Skills.

As a matter of record, the final version of the draft full competencies document (including the most recent versions of Advanced Practice, Enabling Skills, and the practice illustrations), dated November 13, 2018, appears below. The competencies in the 4 main domains have undergone changes since that time, but not the other content.

Nat Comp 4
WORKING DRAFT 3.8

# APPENDICES

# Appendix A

## Laval National Council Meetings Session

**Nat Comp 4.0**

**Collecting Feedback**

**National Association of Canadian Optician Regulators**

25 May 2018
Laval, QC

### Goals for the Day

- Review the planned process for revising the National Competencies for Canadian Opticians.
- Obtain input on potential changes to the National Competencies.
- Obtain input on what would constitute a successful revision.

 2

### Rules of Engagement

- No decisions today
  - Collecting feedback that will be collated so that effective decisions can be made.
- All feedback will be considered, but not all will be acted on (probably)
  - Will consider everything offered as part of the 'wish list.'
  - Some requests may not fit the scope of the project or purpose of a competency profile.
- Detailed feedback will be easiest to incorporate.
  - We will get down into the weeds today.
- Want to collect feedback on what is good and what is missing.
  - We won't spend too much time on solutions to fill gaps.

 3

### Development Process

| | |
|---|---|
| ☑ Start up | (March 2018) |
| ☛ Gap analysis | (April–June) |
| ¢ Drafting | (June–August) |
| ¢ Revising | (August–September) |
| ¢ Interim approval | (October) |
| ¢ National survey | (November–December) |
| ¢ Validation and blueprinting | (January–February) |
| ¢ Close out | (March 2019) |

 4

### Competency Profile

- The primary purpose of the competency profile for a profession is to define what is required for safe and effective practice.
- It defines the scope of the profession and the expectations for professionals.
- It is not intended to directly serve as a teaching or testing tool, but rather as the basis for how teaching and assessment will be constructed.

 5

### Competency Profile

- When applied to examinations:

  The competency profile defines the limit of what can be tested (if it is not in the profile, it cannot be on the exam).
- When applied to education:

  It defines the minimum of what must be taught (if it appears in the profile, it must be covered in some way, but there is nothing to stop any program from going beyond that scope).

 6

## Competency Profile

- Has the following intended purposes:
  1. Form the basis for the accreditation requirements for opticianry programs in Canada.
  2. Serve as a guide to candidates studying for opticianry examinations as to the scope of what is expected of them.
  3. Form the basis for the blueprints of what is tested on the national examinations.
  4. Form the basis for the blueprints of what is tested on the Prior Learning Assessment and Recognition examinations.

 7

## Competency Profile

- Has the following intended purposes:
  5. Serve as a guide for what is taught in continuing education courses.
  6. Form the basis for the blueprints of what is tested on continuing competency assessments.
  7. Provide information to the public and policy makers as to what opticians do.

Other purposes?

 8

## Process for rest of session

- Full group discussion on main structure of the profile.
- Small group discussions and revisions on components of the profile
  - Scribe
  - Presenter (main observations only)
- Full group presentations

 9

## Overall document

- General observations on what works and what does not.

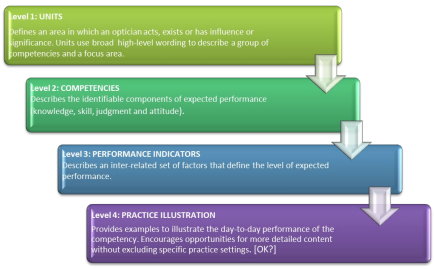
 10

## Main domain groupings

- Core
  - Professional Practice
  - Enabling Skills
  - Optics and Anatomy
  - Some indicators will go to EG or CL
- Eyeglasses
- Contact Lenses
- Refraction
- Low Vision

 11

## Leveling structure




 12

## Small group work

- Group 1: Professional Practice
- Group 2: Enabling Skills
- Group 3: Optics and Anatomy (and Low Vision)
- Group 4: Eyeglasses
- Group 5: Contact Lenses

- Overall?
- Gaps?
- What is not good?
- What is good?

 13

## Wrap up

- Final considerations?
- What will success look like?

 14

# Appendix B

## Steering Committee Meeting #1

### Agenda

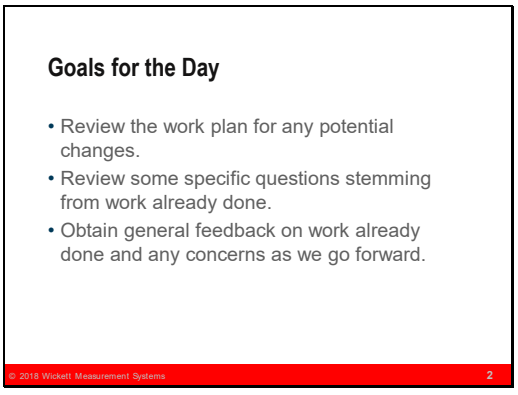
**National Competencies 4.0: Steering Committee**
**National Association of Canadian Optician Regulators**

**13 August 2018**
**Web meeting**

## AGENDA

| | |
|---|---|
| 3:00pm (Central) | Introductions and opening remarks |
| | Purpose |
| | Development process |
| | Review of domains |
| | Review of categories within each domain |
| | Format of the competencies and practice illustrations |
| 4:00pm | Closing |

### Slide Deck

## Development Process

| | |
|---|---|
| ☑ Start up | (March 2018) |
| ☑ Gap analysis | (April–June) |
| ☛ Drafting | (June–August) |
| ¢ Revising | (August–September) |
| ¢ Interim approval | (October) |
| ¢ National survey | (November–December) |
| ¢ Validation and blueprinting | (January–February) |
| ¢ Close out | (March 2019) |

 3

## Competency Profile

- The primary purpose of the competency profile for a profession is to define what is required for safe and effective practice.
- It defines the scope of the profession and the expectations for professionals.
- It is not intended to directly serve as a teaching or testing tool, but rather as the basis for how teaching and assessment will be constructed.

 4

## Competency Profile

- When applied to examinations:

  The competency profile defines the limit of what can be tested (if it is not in the profile, it cannot be on the exam).
- When applied to education:

  It defines the minimum of what must be taught (if it appears in the profile, it must be covered in some way, but there is nothing to stop any program from going beyond that scope).

 5

## Competency Profile

- Has the following intended purposes:
  1. Form the basis for the accreditation requirements for opticianry programs in Canada.
  2. Serve as a guide to candidates studying for opticianry examinations as to the scope of what is expected of them.
  3. Form the basis for the blueprints of what is tested on the national examinations.
  4. Form the basis for the blueprints of what is tested on the Prior Learning Assessment and Recognition examinations.

 6

## Competency Profile

- Has the following intended purposes:
  5. Form the basis for standards of practice or practice directives.
  6. Serve as a guide for audits of opticianry practice.
  7. Serve as a guide for what is taught in continuing education courses.
  8. Form the basis for the blueprints of what is tested on continuing competency assessments.
  9. Provide information to the public and policy makers as to what opticians do.

 7

## Structure

Domain A
- Category 1
- Category 2
- Category 3
- ….

Competency 1
Competency 2
Competency 3
Competency 4
….

*Practice illustration 1*
*Practice illustration 2*
*Practice illustration 3*
*Practice illustration 4*
*Practice illustration 5*
….

Domain B
- Category 1
- Category 2
- Category 3
- …

 8

## Domains

1. Professional practice
2. Eyeglasses
3. Contact Lenses
4. Refraction
5. Advanced Practice
6. Enabling Skills

 9

## Professional Practice

1.1 Professionalism and Ethics
1.2 Informed Consent
1.3 Record Keeping
1.4 Patient and Workplace Safety
1.5 Jurisprudence and Regulatory Policies
1.6 Scope of Practice
1.7 Works within the Health Care Team
1.8 Maintaining Competence

 10

## Eyeglasses

2.1 Anatomy
2.2 Optics
2.3 Equipment
2.4 Infection Control
2.5 Needs Assessment – Subjective
2.6 Needs Assessment – Objective
2.7 Prescription Interpretation
2.8 Lens and Frame Selection
2.9 Ordering
2.10 Inspection and Industry Standards
2.11 Verifying Fit & Patient Success
2.12 Patient Education
2.13 Follow up Care

 11

## Contact Lenses

2.1 Anatomy
2.2 Optics
2.3 Equipment
2.4 Infection Control
2.5 Needs Assessment – Subjective
2.6 Needs Assessment – Objective
2.7 Prescription Interpretation
2.8 Lens Selection
2.9 Ordering
2.10 Inspection and Industry Standards
2.11 Verifying Fit
2.12 Patient Education
2.13 Follow up Care

 12

## Refraction

4.1 Anatomy
4.2 Optics
4.3 Needs Assessment
4.4 Follow up Care

 13

## Advanced Practice

5.1 Low Vision
5.2 Advanced Eyeglasses
5.3 Advanced Contact Lenses
5.4 Managing Staff
5.5 Mentoring
5.6 Inventory Management
5.7 Financial Management

 14

## Enabling Skills

6.1 Effective Communication
6.2 Teaching Effectiveness
6.3 Conflict Resolution
6.4 Problem Solving
6.5 Diligence
6.6 Prioritization
6.7 Computer Skills

 15

## Competencies and Practice Illustrations

| **Competency** *Has the ability to:* | | **Practice Illustrations** *This ability is demonstrated when an optician:* |
|---|---|---|
| 1.1.1 | Implement effective preventative measures in response to infectious disease outbreaks to protect patient and staff health. | • Has a documented emergency response plan<br>• Implements procedures to react to an acute infectious disease outbreak.<br>• Keeps abreast of public safety and infectious outbreaks.<br>• Monitors changes in regulations and standards related to public health. |

 16

## Questions

- Does general flow make sense?
- Is anything missing?
- How to handle infection control and patient safety?
- Additional information to consider?

 17

# Appendix C

## Review Session Agenda

### Competency Review: National Competencies 4.0

National Association of Canadian Optician Regulators

August 28–29, 2018
Toronto, ON

# AGENDA – Day 1

| | |
|---|---|
| 9:00am | Introductions and opening remarks<br>Goals for session<br>Roles and rules of engagement<br>Development process<br>Orientation to new competency profile document<br>Orientation to competencies and practice illustrations |
| 10:00am | **Break** |
| 10:15am | Process<br>Top 5 competencies of a safe and effective optician<br>Top level headings (Domains)<br>2nd level headings (Categories)<br>Eyeglasses competencies (sampling)<br>Terminology questions |
| 12:00pm | **Lunch** |
| 12:30pm | Subgroup work<br>1. Eyeglasses competencies<br>2. Contact Lenses competencies<br>3. Refraction competencies |
| 2:30pm | **Break** |
| 2:45pm | Professional Practice<br>Advanced Practice<br>Enabling Skills |
| 5:00pm | **End of day** |

# AGENDA – Day 2

| | |
|---|---|
| 9:00am | Finish up Day 1 work<br>Compare against<br>1. Profiles from other countries<br>2. Current accreditation competencies<br>3. Top 5 competencies of a safe and effective optician<br>Current trends and the next 5 years |
| 10:00am | **Break** |
| 10:15am | Subgroup work<br>1. Eyeglasses practice illustrations<br>2. Contact Lenses practice illustrations<br>3. Refraction practice illustrations<br>4. Professional Practice practice illustrations<br>5. Advanced Practice practice illustrations<br>6. Enabling Skills practice illustrations |
| 12:00pm | **Lunch** |
| 12:30pm | Subgroup work continues |
| 2:30pm | **Break** |
| 2:45pm | Clean up and verifications of Domains, Categories and Competencies<br>Terminology questions<br>Debrief<br>Next steps |
| 5:00pm | **End of day** |

# Appendix D

## Review Session Slide Deck

**Nat Comp 4.0**

**Review Panel**

**National Association of Canadian Optician Regulators**

August 28–29, 2018

### Goals for the session

- Finalize the competencies required for safe and effective practice as an optician.
- Finalize practice illustrations for each competency.
- Assess that the scope of coverage is complete for the purpose of examinations and accreditation.

 2

### Rules of Engagement

- Participation
  - Everyone should be fully participating throughout the session.
- Speaking
  - If you have something to say, just say it (no hand raising or other mechanisms, unless we all feel we would benefit from that).
- Voting
  - Generally, we will be shooting for consensus.
  - If consensus not possible, then a majority will carry the vote.

 3

### Development Process

| | |
|---|---|
| ☑ Start up | (March 2018) |
| ☑ Gap analysis | (April–June) |
| ☑ Drafting | (June–August) |
| ☛ Revising | (August–September) |
| ¢ Interim approval | (October) |
| ¢ National survey | (November–December) |
| ¢ Validation and blueprinting | (January–February) |
| ¢ Close out | (March 2019) |

 4

### Competency Profile

- The primary purpose of the competency profile for a profession is to define what is required for safe and effective practice.
- It defines the scope of the profession and the expectations for professionals.
- It is not intended to directly serve as a teaching or testing tool, but rather as the basis for how teaching and assessment will be constructed.

 5

### Competency Profile

- When applied to examinations:

  The competency profile defines the limit of what can be tested (if it is not in the profile, it cannot be on the exam).
- When applied to education:

  It defines the minimum of what must be taught (if it appears in the profile, it must be covered in some way, but there is nothing to stop any program from going beyond that scope).

 6

## Competency Profile

- Has the following intended purposes:
  1. Form the basis for the accreditation requirements for opticianry programs in Canada.
  2. Serve as a guide to candidates studying for opticianry examinations as to the scope of what is expected of them.
  3. Form the basis for the blueprints of what is tested on the national examinations.
  4. Form the basis for the blueprints of what is tested on the Prior Learning Assessment and Recognition examinations.

 7

## Competency Profile

- Has the following intended purposes:
  5. Form the basis for standards of practice or practice directives.
  6. Serve as a guide for audits of opticianry practice.
  7. Serve as a guide for what is taught in continuing education courses.
  8. Form the basis for the blueprints of what is tested on continuing competency assessments.
  9. Provide information to the public and policy makers as to what opticians do.

 8

## Structure

Domain A
- Category 1
- Category 2
- Category 3
- ….

Domain B
- Category 1
- Category 2
- Category 3
- …

Competency 1
Competency 2
Competency 3
Competency 4
….

*Practice illustration 1*
*Practice illustration 2*
*Practice illustration 3*
*Practice illustration 4*
*Practice illustration 5*
….

 9

## Competencies

- An effective competency takes the form:
  - Do something
  - To something *or* with something
  - In a particular way *or* for a particular purpose

*An optician has the ability to:*

**Recommend appropriate frame choices based on patient's requirements and preferences.**

 10

## Practice Illustrations

- An effective practice illustration takes the form:
  - Does something that can be observed by someone else.
- It should be specific
- Examples only

*This ability is demonstrated when an optician:*

**Recommends hypoallergenic frame materials for patients with allergy concerns.**

 11

## Competencies and Practice Illustrations

| **Competency** *Has the ability to:* | | **Practice Illustrations** *This ability is demonstrated when an optician:* |
|---|---|---|
| 1.1.1 | Implement effective preventative measures in response to infectious disease outbreaks to protect patient and staff health. | • Has a documented emergency response plan<br>• Implements procedures to react to an acute infectious disease outbreak.<br>• Keeps abreast of public safety and infectious outbreaks.<br>• Monitors changes in regulations and standards related to public health. |

 12

## Top 5

- Step back from all the detail.
- Think about your own practice, and what you have seen of others.
- What are the top 5 competencies (knowledge, skills, or abilities) that you believe make for a safe and effective optician?
- Will share them with the group, and reference them later to make sure we have captured everything that is important.

 13

## Process

1. As a group
   a) Review domains
   b) Review categories
   c) Start into Eyeglasses competencies
2. Break into subgroups to review and revise
   a) **Eyeglasses** competencies
   b) **Contact Lenses** competencies
   c) **Refraction** competencies
3. As a group, review and revise
   a) **Professional Practice** competencies
   b) **Advanced Practice** competencies
   c) **Enabling Skills** competencies

 14

## Process

4. Address some terminology concerns.
5. Review profiles from other countries.
6. Review current accreditation requirements.
7. Review compiled Top 5s
8. Break into subgroups to review and revise
   a) **Eyeglasses** practice illustrations
   b) **Contact Lenses** practice illustrations
   c) **Refraction** practice illustrations
   d) **Professional Practice** practice illustrations
   e) **Advanced Practice** practice illustrations
   f) **Enabling Skills** practice illustrations

 15

## Process

- The competencies are what is important
  - The domains and categories just provide structure to ease reading.
  - The practice illustrations just provide additional context.
- Competencies need to be exhaustive and non-overlapping.
- Except for editorial and minor tweaks, the competencies will not change after this.

 16

## Domains

1. Professional Practice
2. Eyeglasses
3. Contact Lenses
4. Refraction
5. Advanced Practice
6. Enabling Skills

 17

## Professional Practice

1.1 Professionalism and Ethics
1.2 Informed Consent
1.3 Record Keeping
1.4 Patient and Workplace Safety
1.5 Jurisprudence and Regulatory Policies
1.6 Scope of Practice
1.7 Works within the Healthcare Team
1.8 Maintaining Competence

 18

## Eyeglasses

2.1 Anatomy
2.2 Optics
2.3 Equipment and Tools
2.4 Infection Control
2.5 Needs Assessment – Subjective
2.6 Needs Assessment – Objective
2.7 Prescription Interpretation
2.8 Lens and Frame Selection
2.9 Ordering
2.10 Inspection and Industry Standards
2.11 Verifying Fit & Patient Success
2.12 Patient Education
2.13 Follow-up Care

 19

## Contact Lenses

2.1 Anatomy
2.2 Optics
2.3 Equipment and Tools
2.4 Infection Control
2.5 Needs Assessment – Subjective
2.6 Needs Assessment – Objective
2.7 Prescription Interpretation
2.8 Lens Selection
2.9 Ordering
2.10 Inspection and Industry Standards
2.11 Verifying Fit & Patient Success
2.12 Patient Education
2.13 Follow-up Care

 20

## Refraction

4.1 Anatomy
4.2 Optics
4.3 Needs Assessment
4.4 Follow-up Care

 21

## Advanced Practice

5.1 Low Vision
5.2 Advanced Eyeglasses
5.3 Advanced Contact Lenses
5.4 Managing Staff
5.5 Mentoring
5.6 Inventory Management
5.7 Financial Management

 22

## Enabling Skills

6.1 Effective Communication
6.2 Teaching Effectiveness
6.3 Conflict Resolution
6.4 Problem-Solving
6.5 Diligence
6.6 Prioritization
6.7 Computer Skills

 23

## Domains (with competency counts)

1. Professional Practice (40 competencies)
2. Eyeglasses (62 competencies)
3. Contact Lenses (54 competencies)
4. Refraction (29 competencies)
5. Advanced Practice (29 competencies)
6. Enabling Skills (16 competencies)

 24

## Eyeglasses

Group work on Eyeglasses competencies

 25

## Terminology

- Happy with Domains, Categories and Competencies as labels?

 26

## Terminology

- 'Practice illustration' is the term used in the past, but could also consider
  - performance indicator *or*
  - behavioural indicator *or*
  - practice example

 27

## Terminology

- Use eyeglasses and contact lenses when appropriate to be specific, but what about the general term?
  - corrective lenses *or*
  - ophthalmic appliance *or*
  - vision solution *or*
  - visual solution *or*
  - eyewear

 28

## Terminology

- Solution is used sometimes to refer to something generated in answer to a problem (or as a synonym for 'option'), and sometimes in reference to a cleaning solution.
  - On occasion this causes confusion.
  - Thoughts on usage?

 29

## Subgroup Work

Eyeglasses competencies
Contact Lenses competencies
Refraction competencies

 30

## Group Work

Professional Practice competencies
Advanced Practice competencies
Enabling Skills competencies

 31

## Group Work

Profiles from other countries
Current accreditation competencies
Top 5 lists

 32

## Group Work

Current trends
Next 5 years?

 33

## Subgroup Work

Eyeglasses practice illustrations
Contact Lenses practice illustrations
Refraction practice illustrations
Professional Practice practice illustrations
Advanced Practice practice illustrations
Enabling Skills practice illustrations

 34

## Wrap up

- Terminology revisited
- Debrief
- Next steps

 35

# Appendix E

## Steering Committee Meeting #2

**Nat Comp 4.0**

**Steering Committee**

**National Association of Canadian Optician Regulators**

20 September 2018

### Goals for the Day

- Update on progress.
- Obtain feedback on current state of the competencies.
- Obtain feedback on validation survey.
- Obtain general feedback on work already done and any concerns as we go forward.

 2

### Development Process

| | |
|---|---|
| ☑ Start up | (March 2018) |
| ☑ Gap analysis | (April–June) |
| ☑ Drafting | (June–August) |
| ☛ Revising | (August–September) |
| ¢ Interim approval | (October) |
| ¢ Validation survey | (November–December) |
| ¢ Validation and blueprinting | (January–February) |
| ¢ Close out | (March 2019) |

 3

### Next Up

- Input at National Meetings on what goes in advanced practice and general feedback on document.
- Incorporate practice illustrations.
- National survey.

 4

### Domains

1. Professional practice
2. Refraction
3. Eyeglasses and Low Vision
4. Contact Lenses

Separate documents for:
- Advanced practice
- Enabling skills

 5

### 1. Professional Practice

1.1 Professionalism and Ethics
1.2 Informed Consent
1.3 Privacy, Confidentiality and Record Keeping
1.4 Patient and Workplace Safety
1.5 Jurisprudence and Regulatory Policies
1.6 Scope of Practice
1.7 Maintaining Competence and Professional Development

 6

## 2. Refraction

2.1 Anatomy and Pathology
2.2 Optics
2.3 Equipment and Tools
2.4 Infection Control
2.5 Needs Assessment
2.6 Patient Education
2.7 Continuing Care

 7

## 3. Eyeglasses and Low Vision

3.1 Anatomy and Pathology
3.2 Optics
3.3 Equipment and Tools
3.4 Infection Control
3.5 Needs Assessment
3.6 Prescription Interpretation and Lens Duplication
3.7 Lens and Frame Selection
3.8 Ordering
3.9 Inspection and Industry Standards
3.10 Verifying Fit & Patient Success
3.11 Patient Education
3.12 Continuing Care
3.13 Low Vision

 8

## 4. Contact Lenses

4.1 Anatomy and Pathology
4.2 Optics
4.3 Equipment and Tools
4.4 Infection Control
4.5 Needs Assessment
4.6 Prescription Interpretation and Lens Selection
4.7 Ordering
4.8 Inspection and Industry Standards
4.9 Verifying Fit & Patient Success
4.10 Patient Education
4.11 Continuing Care

 9

## Advanced Practice

.1 Advanced Refraction
.2 Advanced Eyeglasses
.3 Advanced Low Vision
.4 Advanced Contact Lenses
.5 Ocular Prosthetics
.6 Managing Staff
.7 Mentoring
.8 Inventory Management
.9 Financial Management

 10

## Enabling Skills

.1 Effective Communication
.2 Teaching Effectiveness
.3 Conflict Resolution
.4 Problem Solving
.5 Diligence
.6 Prioritization
.7 Computer Skills
.8 Manual Dexterity

 11

## Validation Survey

- General comments on content?
- Initial instructions?
- Rating scales?
- Demographic questions?
- Sampling plan
- Maximizing response rate

 12

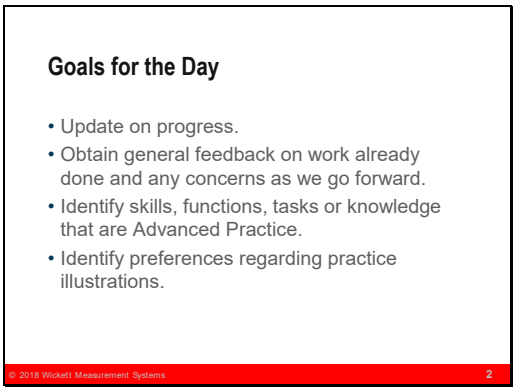
## Questions

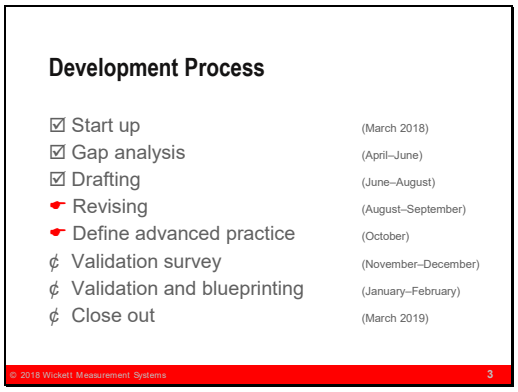
- Does general flow make sense?
- Is anything missing?
- Additional information to consider?

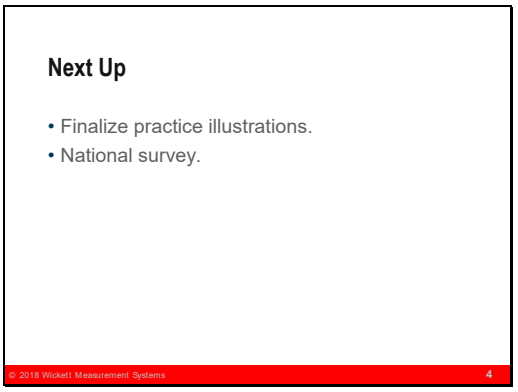
 13

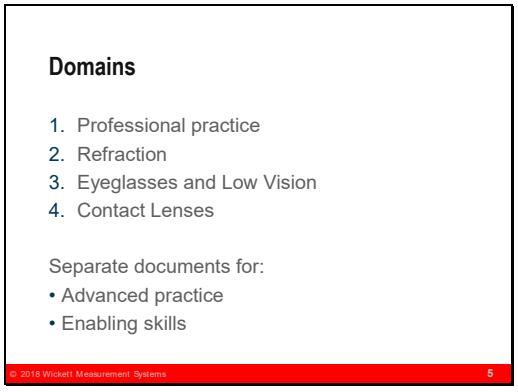
# Appendix F

## Quebec City Council Meetings Final Review Session



## 2. Refraction

2.1 Anatomy and Pathology
2.2 Optics
2.3 Equipment and Tools
2.4 Infection Control
2.5 Needs Assessment
2.6 Patient Education
2.7 Continuing Care

 7

## 3. Eyeglasses and Low Vision

3.1 Anatomy and Pathology
3.2 Optics
3.3 Equipment and Tools
3.4 Infection Control
3.5 Needs Assessment
3.6 Prescription Interpretation and Lens Duplication
3.7 Lens and Frame Selection
3.8 Ordering
3.9 Inspection and Industry Standards
3.10 Verifying Fit & Patient Success
3.11 Patient Education
3.12 Continuing Care
3.13 Low Vision

 8

## 4. Contact Lenses

4.1 Anatomy and Pathology
4.2 Optics
4.3 Equipment and Tools
4.4 Infection Control
4.5 Needs Assessment
4.6 Prescription Interpretation and Lens Selection
4.7 Ordering
4.8 Inspection and Industry Standards
4.9 Verifying Fit & Patient Success
4.10 Patient Education
4.11 Continuing Care

 9

## Advanced Practice

.1 Advanced Refraction
.2 Advanced Eyeglasses
.3 Advanced Low Vision
.4 Advanced Contact Lenses
.5 Ocular Prosthetics
.6 Managing Staff
.7 Mentoring
.8 Inventory Management
.9 Financial Management

 10

## Enabling Skills

.1 Effective Communication
.2 Teaching Effectiveness
.3 Conflict Resolution
.4 Problem Solving
.5 Diligence
.6 Prioritization
.7 Computer Skills
.8 Manual Dexterity

 11

## Questions

- Does general flow make sense?
- Is anything missing?
- Additional information to consider?

 12

## Advanced Practice

- The Advanced Practice section will house any competencies and practice illustrations that are not required for entry-to-practice.
- If it is in Advanced Practice, it means that opticians getting their licence do not require proficiency in that competency/practice illustration to be considered safe and effective.
- If it is in Advanced Practice, it will not be tested on the National Exams.

 13

## Advanced Practice

- If it is in Advanced Practice, it will not be required to be part of the curriculum for accreditation as an education provider.
- If it is in Advanced Practice, an education provider may opt to have it be part of their curriculum.
- If it is in the **main body** of competencies, it is part of the scope that will be evaluated on the National Exams and is required for accreditation.

 14

### Advanced Practice

- Will go through the main categories in the competency document and generate activities, skills, competencies, or knowledge that may be Advanced Practice.
- The goal of this is to clearly delineate the line when something moves from being entry-to-practice and becomes advanced.

 15

### Advanced Practice

- Anything else we did not already cover?
- Any big surprises?
- Anything that leads to substantive change to expectations for new opticians?

 16

### Practice Illustrations

- The purpose of the practice illustrations is to provide context for the competencies.
- They should be useful to everyone reading the document, but particularly should provide meaningful guidance to test developers and educators.
- They are to be observable examples of optician behaviour, which if observed provide evidence that the optician has the underlying competency.

 17

### Practice Illustrations

- They are not intended to indicate everything an optician should do or must do. Some will be applicable in some situations and not in others.
- They are not intended to provide full details on what should be taught or tested . . . Rather they provide a sense of the level of expectations for each competency.
- Because they are examples, there will be gaps and that is intentional: It allows for professional judgment and new techniques/skills.

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### Practice Illustrations

- The risk of this approach is that the lists of practice illustrations will appear incomplete (because they are) and readers will miss that they are examples only.
- The benefit of this approach is that it allows for focus at the competency level which prioritizes professional judgment and outcomes, and it allows the practice illustrations to easily change in the future.

 19

### Practice Illustrations

- So, that's been the intent and we've built lots of content.
- Some of that content is specific, and some general. Some gets into detailed process, and some stays at a high level.
- Creating these practice illustrations is a lot of work, and we want to make sure the path we are going down is going to be useful.

 20

### Practice Illustrations

- So, we want your input on what will be most useful to you as you create curriculum or teach students.
- The developers have created a variety of styles of practice illustration, all of which have value in terms of setting context, but this would be a good time to calibrate and get the most value out of this process.
- There will be future work . . . Interested in being a part of it?

 21

# Appendix G

## Steering Committee Meeting #3

**Nat Comp 4.0**

**Steering Committee**

**National Association of Canadian Optician Regulators**

28 November 2018

### Goals for the Day

- Update on progress.
- Final input on validation survey.
- Obtain general feedback on work already done and any concerns as we go forward.

 2

### Development Process

| | |
|---|---|
| ☑ Start up | (March 2018) |
| ☑ Gap analysis | (April–June) |
| ☑ Drafting | (June–August) |
| ☑ Revising | (August–September) |
| ☑ Interim approval | (October–November) |
| ☛ Validation survey | (December–January) |
| ¢ Validation | (February) |
| ¢ Close out | (March 2019) |

**Changes**

- ►Moved finalization of practice illustrations to after validation
- ►Moved blueprint setting to after end of project
- ►Survey expected to wrap up in early January

 3

### Last activities

- Quebec City meeting
  - Input on competencies and practice illustrations
  - Largely 'tweaks' made to competency statements
- Refraction and Low Vision
  - Though no resolution on how they will fit in education programming, agreement on what is relevant to being an effective optician who practices refraction and who works with low vision patients.
- Survey
  - Working on technology platform
  - Agreement from regulators to distribute links to opticians
- Editorial
  - This is in progress

 4

### Draft Competencies

- Any concerns?

 5

### Validation Survey

- Planned launch week of December 10.
- Will need a handful of volunteers to pilot it.
- Working out precise deadline communications
  - Ideally done by December 21, but that may not be realistic.
  - Could extend another 2 weeks after that.
- Reminders to drive responding.
- General concerns?

 6

### Validation Survey

What is the **applicability** of the competency in general in Canada (across all practice settings)?

1. This competency is relevant to opticians starting practice today.
2. This competency is only achieved after at least 3 years of practice.
3. This competency is not relevant to the safe and effective practice of a Canadian optician.

 7

### Validation Survey

How **critical** is this competency to safe and effective practice as an optician in your practice setting?

1. Not necessary for safe and effective practice.
2. Indirectly related to safe and effective practice.
3. Important for safe and effective practice.
4. Essential for safe and effective practice.

 8

### Validation Survey

How **frequently** do you need to demonstrate this competency in your own practice?

1. Continuously or many times through the day.
2. Once or twice every day I practice.
3. Once every few days of practice (e.g., once per week or so).
4. Infrequently (e.g., once per month or just a few times each year).
5. Never or almost never.

 9

### Validation Survey - Demographics

National competency survey DRAFT2 APPROVED.docx

 10

### Questions

• Anything to keep in mind as we go forward?

 11

# Appendix H

## Validation Survey

### Screen shots of opening introduction to survey

## CANADIAN OPTICIAN COMPETENCY SURVEY

To practise effectively in Canada, an optician needs, and is expected to have, many different skills and abilities (called "competencies"). These competencies are learned either in training or on the job and are refined and improved over the course of an optician's career. No one is expected to be an expert in all competencies, but every optician is expected to be able to safely perform each one of these tasks when required.

The National Competencies for Canadian Opticians (3 rd edition) is currently being revised to establish the competencies required for the safe and effective practice of future opticians.

An essential element of building a useful competency profile is the input of those who actually do the work. Only you can provide data on what actually happens in your practice.

When you are completing this survey, please consider your own practice as it is now and what you foresee in the near future (the next year or two). Also, our only focus with this competency profile is the time you spend practising as an optician, so if you also teach students or manage staff (or perform any other functions), please consider only the time you practise as an optician.

If you only manage staff or only teach in an opticianry program, then please respond to these questions based on what you feel is important for your staff or your students, respectively.

The information you provide will be combined with that of other opticians from across Canada to form an accurate depiction of what is essential for safe and effective practice. Your responses are confidential and will only be used in aggregate.

Thank you in advance for completing this survey. We appreciate that it is lengthy, but please do take the time to consider all competencies uniquely before making your ratings. If you find yourself making the same ratings for several competencies in a row, please go back and consider whether they truly should be the same.

If you have any questions about this survey, please contact Jaime Hay at 1-866-949-1950 ext. 2 or jhay@nacor.ca.

# COMPLETING THE SURVEY

This survey starts with several demographic questions that will help categorize the aggregate data. Please answer these as completely as you can.

Once you have completed those questions, you will be guided to the main body of the competency survey. For each competency, you will be asked to consider three questions:

What is the applicability of the competency in general in your province (across all practice settings)? You have three answer options:

1. This competency is relevant to opticians starting practice today.
2. This competency is achieved only after at least 3 years of practice.
3. This competency is not relevant to the safe and effective practice of an optician in my province.

How critical is this competency to safe and effective practice as an optician in your practice setting? Answer options:

1. Not necessary for safe and effective practice.
2. Indirectly related to safe and effective practice.
3. Important for safe and effective practice.
4. Essential for safe and effective practice.

How frequently do you demonstrate this competency in your own practice? Answer options:

1. Continuously or many times each day of practice.
2. Once or twice every day I practice.
3. Once every few days of practice (e.g., about once per week).
4. Infrequently (e.g., once per month or several times each year).
5. Never or almost never.

Please indicate for each competency the response option that most closely describes your experience and opinion.

## Demographic questions

1. In what area(s) are you licensed?
   - ❑ Eyeglasses [ONLY COMPLETES PROFESSIONAL PRACTICE + EYEGLASSES AND LOW VISION]
   - ❑ Eyeglasses and Contact Lenses [ONLY COMPLETES PROFESSIONAL PRACTICE + EYEGLASSES AND LOW VISION + CONTACT LENSES]
   - ❑ Eyeglasses and Refracting [ONLY COMPLETES PROFESSIONAL PRACTICE + REFRACTION + EYEGLASSES AND LOW VISION]
   - ❑ Eyeglasses, Contact Lenses, and Refracting [COMPLETES PROFESSIONAL PRACTICE + REFRACTION + EYEGLASSES AND LOW VISION + CONTACT LENSES]
   - ❑ Not licensed in any (END OF SURVEY)

2. Do you actively practise (i.e., at least 1 day per week on average) as an optician with patients?
   - ❑ Yes
   - ❑ No

3. How much of your work week, on average, is spent practising as an optician?
   - ❑ 0%
   - ❑ 1–20%
   - ❑ 21–40%
   - ❑ 41–60%
   - ❑ 61–80%
   - ❑ 81–100%

4. In what province are you licensed?
   - ❑ Newfoundland and Labrador
   - ❑ Nova Scotia
   - ❑ Prince Edward Island
   - ❑ New Brunswick
   - ❑ Quebec
   - ❑ Ontario
   - ❑ Manitoba
   - ❑ Saskatchewan
   - ❑ Alberta
   - ❑ British Columbia

5. For how long have you been licensed?
   - ❑ Less than 1 year
   - ❑ 1 to 3 years
   - ❑ 3+ to 5 years
   - ❑ 5+ to 10 years
   - ❑ 10+ to 15 years
   - ❑ 15+ to 20 years
   - ❑ 20+ to 25 years
   - ❑ More than 25 years

6. In what setting do you practise most of the time?
   - ❑ Independent optician-owned
   - ❑ Independent optometric-owned
   - ❑ Chain
   - ❑ Education
   - ❑ Other

7. How many opticians, including yourself, normally work in your practice at the same time?
   - ❑ 1
   - ❑ 2 or 3
   - ❑ More than 3

8. What is your primary work role?
   - ❑ Practising optician
   - ❑ Order processing / manufacturing
   - ❑ Supervisory / administration (oversight of practising opticians)
   - ❑ Educator in full- or part-time program
   - ❑ Other

9. What language do you speak most often in your practice as an optician?
   - ❑ English
   - ❑ French
   - ❑ Other

10. With what gender do you identify?
    - ❑ Female
    - ❑ Male
    - ❑ Other identity
    - ❑ Prefer not to say

11. How frequently do you dispense rigid gas permeable lenses or advise patients on their use?
    - ❑ I have never worked with RGP lenses with a patient
    - ❑ Less than once per year
    - ❑ 1–3 times per year
    - ❑ 4–12 times per year
    - ❑ More than once per month

12. Do you feel sufficiently competent to dispense rigid gas permeable lenses?
    - ❑ Yes
    - ❑ Yes, though I would benefit from additional training to keep up my skills
    - ❑ No

13. Do you feel sufficiently competent to dispense low-vision devices?
    - ❑ Yes
    - ❑ Yes, though I would benefit from additional training to keep up my skills
    - ❑ No

14. Do you feel that having refracting within the scope of practice for opticians would be beneficial to the public?
    - ❑ Yes
    - ❑ No
    - ❑ I do not have an opinion on this

15. If refracting were added to the scope of practice for new opticians, how likely would you be to pursue training to become competent to perform refractions?
    - ❑ Very unlikely
    - ❑ Unlikely
    - ❑ Possibly
    - ❑ Likely
    - ❑ Very likely

### Main Body of Survey

*The main body of the survey was comprised of each of the competency statements grouped by their domain and topic, with each competency being followed by the three question on applicability, criticality and frequency. The structure and text appear below.*

## Domain 1. Professional Practice

| Competency<br>*Has the ability to:* | |
|---|---|
| **1.1** | **Professionalism and Ethics** |
| 1.1.1 | Integrate ethics into professional practice as a basis for all decisions and actions. |
| 1.1.2 | Practise within applicable regulatory standards of practice and in accordance with the applicable regulatory code of ethics. |
| 1.1.3 | Recognize that the optician is bound firstly by their obligation to the patient and not by self-interest or the interest of the employer. |
| 1.1.4 | Serve as a patient advocate with other members of the eye-care team. |
| 1.1.5 | Manage professional boundaries when dealing with patients, co-workers, and other professionals. |
| 1.1.6 | Recognize ethically challenging situations that could put the patient at risk. |
| 1.1.7 | Manage ethically challenging situations methodically and transparently to protect the patient. |
| 1.1.8 | Communicate with patients and others clearly, truthfully, and transparently. |
| 1.1.9 | Maintain a professional relationship with other members of the healthcare team to facilitate management of the patient's overall eye-health needs. |
| 1.1.10 | Maintain a referral network to facilitate meeting all of the patient's eye-health needs. |
| 1.1.11 | Engage in business practices that are truthful and professional. |
| **1.2** | **Informed Consent** |
| 1.2.1 | Adhere to regulatory, legislative, and standards requirements relating to informed consent. |
| 1.2.2 | Exercise the process of obtaining informed consent. |
| 1.2.3 | Ensure the patient's informed consent prior to and throughout patient engagement. |
| 1.2.4 | Explain information in plain language to ensure patients understand their options. |
| **1.3** | **Privacy, Confidentiality, and Record Keeping** |
| 1.3.1 | Apply privacy legislation related to patient care. |
| 1.3.2 | Maintain confidentiality of all patient information. |

| Competency<br>*Has the ability to:* | |
|---|---|
| 1.3.3 | Document patient care in a clear and understandable format. |
| 1.3.4 | Maintain records consistent with federal and provincial legislation and standards of practice. |
| 1.3.5 | Release records in accordance with federal and provincial legislation and standards of practice. |
| 1.4 | Patient and Workplace Safety |
| 1.4.1 | Contribute to a workplace that is free from all forms of harassment. |
| 1.4.2 | Adhere to polices, standards, and procedures as they relate to patient and workplace safety. |
| 1.4.3 | Manage abusive and aggressive behaviour toward patients and staff to provide a safe work environment. |
| 1.4.4 | Follow provincial government procedures in response to contagious outbreaks. |
| 1.5 | Jurisprudence and Regulatory Policies |
| 1.5.1 | Adhere to all provincial regulatory policies. |
| 1.5.2 | Adhere to all applicable provincial and federal legislation. |
| 1.5.3 | Maintain awareness of changes in regulations and legislation. |
| 1.5.4 | Communicate title and credentials accurately. |
| 1.5.5 | Report misconduct to the appropriate body. |
| 1.6 | Scope of Practice |
| 1.6.1 | Recognize personal and professional limits in relation to patient and regulatory expectations. |
| 1.6.2 | Practise within the scope of practice and professional competence. |
| 1.6.3 | Seek assistance or refer to other professionals when required to provide the best care for the patient. |
| 1.6.4 | Educate the employer, colleagues, and the public on the role of the optician. |
| 1.7 | Maintaining Competence |
| 1.7.1 | Adapt practice in response to new products and technologies so that the best options are available to patients. |
| 1.7.2 | Incorporate lessons learned from everyday practice experiences into future practice. |
| 1.7.3 | Engage in continuous learning to maintain and enhance ability to serve patients. |

## Domain 2. Refraction

| Competency<br>*Has the ability to:* | |
|---|---|
| **2.1** | **Anatomy and Pathology** |
| 2.1.1 | Demonstrate an understanding of the visual pathway. |
| 2.1.2 | Demonstrate an understanding of the ocular system. |
| 2.1.3 | Demonstrate an understanding of the anatomy of the eye. |
| 2.1.4 | Demonstrate an understanding of the impact of systemic diseases and medications. |
| 2.1.5 | Demonstrate an understanding of the impact of ocular pathologies and conditions. |
| 2.1.6 | Demonstrate an understanding of external factors affecting the eye. |
| 2.1.7 | Demonstrate an understanding of visual fields. |
| 2.1.8 | Demonstrate an understanding of the photochemistry of vision. |
| 2.1.9 | Demonstrate an understanding of binocular function and ocular motility. |
| **2.2** | **Optics** |
| 2.2.1 | Demonstrate an understanding of monocular and binocular vision. |
| 2.2.2 | Demonstrate an understanding of physical optics. |
| 2.2.3 | Apply current ophthalmic theories and mathematical calculations to produce refractive specifications. |
| **2.3** | **Equipment and Tools** |
| 2.3.1 | Verify the calibration of operating equipment. |
| 2.3.2 | Choose the equipment required to perform a refraction. |
| 2.3.3 | Recognize and name the equipment used in practice. |
| 2.3.4 | Maintain equipment in safe operating condition. |
| 2.3.5 | Operate the equipment necessary to perform a refraction. |
| 2.3.6 | Analyze the results found using refraction equipment. |
| **2.4** | **Infection Control** |
| 2.4.1 | Follow infection control and prevention measures to maintain a hygienic environment. |
| 2.4.2 | Recognize infection hazards so that preventive measures can be implemented. |
| 2.4.3 | Address contagious outbreaks to avoid spreading illness to others. |
| 2.4.4 | Demonstrate proper disinfection techniques for refraction equipment prior to each patient's use. |

| Competency<br>*Has the ability to:* | |
|---|---|
| **2.5** | **Needs Assessment** |
| 2.5.1 | Compile a patient history to determine whether to proceed with the refraction. |
| 2.5.2 | Document patient information clearly and concisely. |
| 2.5.3 | Use objective techniques to identify and quantify ametropia. |
| 2.5.4 | Use subjective techniques to identify and quantify ametropia. |
| 2.5.5 | Assess accommodation to quantify near correction. |
| 2.5.6 | Identify visual deficiencies to set realistic patient expectations. |
| 2.5.7 | Conduct pupil testing to identify the need for referral. |
| 2.5.8 | Perform confrontation field testing to identify the need for referral. |
| 2.5.9 | Recognize significant signs and symptoms in relation to the patient's eyes to identify the need for referral. |
| 2.5.10 | Produce a refractive specification sufficient to fulfill an eyeglass or contact lens order. |
| **2.6** | **Patient Communication** |
| 2.6.1 | Establish mutual understanding with the patient to build rapport and set expectations. |
| 2.6.2 | Set expectations to facilitate patient adaptation to their visual abilities and eyewear. |
| 2.6.3 | Demonstrate an understanding of surgical alternatives to eyewear to make the patient aware of all vision correction options. |
| 2.6.4 | Discuss with the patient systemic diseases and ocular conditions and their effect on vision to assist in setting patient expectations. |
| 2.6.5 | Verify that communications to the patient have been fully understood. |
| **2.7** | **Continuing Care** |
| 2.7.1 | Develop a plan of care stemming from refraction if required to promote and maintain ocular health. |
| 2.7.2 | Troubleshoot adaptation problems to maximize patient comfort and visual acuity. |
| 2.7.3 | Develop an effective referral network to support the patient and maintain ocular health. |

## Domain 3. Eyeglasses and Low Vision

| Competency<br>*Has the ability to:* | |
|---|---|
| **3.1** | **Anatomy and Pathology** |
| 3.1.1 | Demonstrate an understanding of the visual pathway. |
| 3.1.2 | Demonstrate an understanding of the ocular system. |
| 3.1.3 | Demonstrate an understanding of the anatomy of the eye. |
| 3.1.4 | Demonstrate an understanding of the impact of systemic diseases and ocular pathologies on eye health and vision. |
| 3.1.5 | Recognize potential effects of specific medications on vision and ocular health. |
| 3.1.6 | Demonstrate an understanding of external factors affecting the eye. |
| 3.1.7 | Demonstrate an understanding of when it is necessary to refer. |
| **3.2** | **Optics** |
| 3.2.1 | Demonstrate an understanding of physical optics. |
| 3.2.2 | Demonstrate an understanding of physical lens properties and their effects on optics. |
| 3.2.3 | Apply knowledge of monocular and binocular vision to the dispensing of appropriate lenses. |
| 3.2.4 | Demonstrate an understanding of lens treatments and their effect on optics. |
| 3.2.5 | Apply appropriate mathematical calculations for lens layout and edging. |
| **3.3** | **Equipment and Tools** |
| 3.3.1 | Verify the calibration of operating equipment. |
| 3.3.2 | Choose the equipment required for fitting eyeglasses to the patient. |
| 3.3.3 | Identify and name the equipment used in practice. |
| 3.3.4 | Operate manual and automated equipment necessary for practice. |
| 3.3.5 | Maintain equipment in safe operating condition. |
| 3.3.6 | Interpret the results found using optical equipment and tools. |
| **3.4** | **Infection Control** |
| 3.4.1 | Recognize infection hazards so that preventive measures can be implemented. |
| 3.4.2 | Demonstrate proper disinfection techniques for equipment and dispensing area. |
| 3.4.3 | Follow infection control and prevention measures to maintain a hygienic environment. |
| 3.4.4 | Address contagious illness within the work environment to avoid spreading illness to others. |

| Competency<br>*Has the ability to:* | |
|---|---|
| **3.5** | **Needs Assessment** |
| 3.5.1 | Collect information from the patient regarding their visual needs and what they expect from their vision correction. |
| 3.5.2 | Document objective and subjective information from the patient to reference when recommending eyewear. |
| 3.5.3 | Determine external influences on patient vision to provide better recommendations. |
| 3.5.4 | Understand patient expectations related to their visual needs and visual acuity to ensure they are met or the expectations are modified. |
| 3.5.5 | Take accurate measurements with the appropriate tools to facilitate final frame and lens selection. |
| 3.5.6 | Collect information on the patient's wearing environment to adjust recommendations to best fit the patient's needs. |
| 3.5.7 | Obtain relevant optical and health history to allow the optician to make better recommendations. |
| **3.6** | **Prescription Interpretation and Lens Duplication** |
| 3.6.1 | Demonstrate an understanding of the components of a prescription. |
| 3.6.2 | Demonstrate an understanding of the relationship between prescription requirements and lens selection for the best possible visual acuity. |
| 3.6.3 | Obtain lens specifications to duplicate eyeglasses. |
| **3.7** | **Lens and Frame Selection** |
| 3.7.1 | Use assessment data to support lens and frame recommendations. |
| 3.7.2 | Apply current relevant ophthalmic theories using mathematical calculations to select appropriate frames and lenses. |
| 3.7.3 | Demonstrate an understanding of the relationship between prescription requirements and lens and frame characteristics to ensure aesthetic and functional eyewear. |
| 3.7.4 | Recommend appropriate frame choices based on patient's requirements and preferences. |
| 3.7.5 | Recommend appropriate lenses based on patient's requirements and preferences. |
| 3.7.6 | Balance recommended frame and lens options to meet the patient's requirements and preferences. |
| 3.7.7 | Recommend lens treatments based on patient needs to enhance aesthetic and visual outcome. |
| **3.8** | **Ordering** |
| 3.8.1 | Confirm the accuracy and completeness of the order before sending. |

| Competency<br>*Has the ability to:* | |
|---|---|
| 3.8.2 | Provide required information to suppliers to complete the eyeglasses. |
| **3.9** | **Inspection and Industry Standards** |
| 3.9.1 | Verify the accuracy of the received order against the patient record. |
| 3.9.2 | Ensure eyeglasses meet standard tolerances. |
| 3.9.3 | Perform final visual inspection of eyeglasses before dispensing. |
| 3.9.4 | Ensure eyeglasses are in standard bench alignment to ready them for placement on the patient. |
| **3.10** | **Verifying Fit and Patient Success** |
| 3.10.1 | Perform appropriate adjustments to ensure optimal positioning of the eyeglasses on the patient. |
| 3.10.2 | Confirm that the eyeglasses meet the patient's needs and expected visual acuity. |
| **3.11** | **Patient Communication** |
| 3.11.1 | Communicate the advantages and limitations of products to patients clearly and meaningfully. |
| 3.11.2 | Advise the patient about care and cleaning of their eyeglasses to prolong eyeglass life and functionality. |
| 3.11.3 | Demonstrate an understanding of surgical alternatives to eyeglasses to make the patient aware of all vision correction options. |
| 3.11.4 | Adapt communications to meet the needs of each patient. |
| 3.11.5 | Establish mutual understanding with the patient to build rapport and set expectations. |
| 3.11.6 | Encourage the patient to engage in appropriate follow-up care to maintain optimum performance of the eyeglasses. |
| 3.11.7 | Discuss with the patient systemic diseases and ocular conditions and their effect on vision to assist in setting patient expectations. |
| 3.11.8 | Manage situations in which patient expectations cannot be met to promote patient satisfaction. |
| 3.11.9 | Verify that communications to the patient have been fully understood. |
| **3.12** | **Continuing Care** |
| 3.12.1 | Determine patient concerns at follow-up assessment and address if possible. |
| 3.12.2 | Determine patient compliance with the care and use of the eyeglasses to identify the need for re-education. |
| 3.12.3 | Resolve concerns presented at follow-up to promote patient comfort and optimum vision. |

| Competency<br>*Has the ability to:* |
|---|
| 3.12.4 Maintain the functionality of the eyeglasses to promote patient comfort and optimum vision. |
| 3.12.5 Perform appropriate repairs to fix damaged or broken frames. |
| 3.12.6 Perform lens insertion and removal on various frame types. |
| 3.12.7 Document patient visits to allow for effective continuity of care. |
| **3.13 Low Vision** |
| 3.13.1 Demonstrate an understanding of the effects of specific diseases that contribute to vision loss. |
| 3.13.2 Recognize signs and symptoms specific to low vision to identify a patient as having reduced functional vision. |
| 3.13.3 Conduct a detailed relevant visual history to determine previous successful and failed attempts to address low vision. |
| 3.13.4 Conduct a low-vision assessment to determine visual restrictions to fully evaluate the functional vision a patient demonstrates. |
| 3.13.5 Identify functional limitations of visual impairment to advise about devices suitable for vision enhancement. |
| 3.13.6 Evaluate the probability of success for alternative devices based on patient capacity and resources. |
| 3.13.7 Educate patients on proper use of devices to achieve the desired visual outcome. |
| 3.13.8 Engage patients in decision-making to help them make informed choices that meet the patient's goals. |
| 3.13.9 Generate preferred solutions for low-vision patients that meet their current visual needs. |
| 3.13.10 Implement a continuum of care plan to maintain optimal functional vision for low-vision patients at least annually. |
| 3.13.11 Monitor low-vision patients for changes in vision resulting in the need to alter the devices being used. |
| 3.13.12 Identify new technology or devices that may be beneficial to new and existing patients. |

## Domain 4. Contact Lenses

| Competency<br>*Has the ability to:* | |
|---|---|
| **4.1** | **Anatomy and Pathology** |
| 4.1.1 | Demonstrate an understanding of the visual pathway. |
| 4.1.2 | Demonstrate an understanding of the ocular system. |
| 4.1.3 | Demonstrate an understanding of the anatomy of the eye. |
| 4.1.4 | Demonstrate an understanding of the impact of systemic diseases and ocular pathologies on contact lens wear and ocular health. |
| 4.1.5 | Recognize potential effects of specific medications on contact lens wear and ocular health. |
| 4.1.6 | Demonstrate an understanding of external factors affecting the eye and contact lens wear. |
| 4.1.7 | Demonstrate an understanding of the anterior segment and related structure of the surrounding eye area. |
| 4.1.8 | Demonstrate an understanding of when it is necessary to refer. |
| **4.2** | **Optics** |
| 4.2.1 | Demonstrate an understanding of physical optics. |
| 4.2.2 | Demonstrate an understanding of contact lens properties and their effects on optics. |
| 4.2.3 | Apply knowledge of monocular and binocular vision to the dispensing of appropriate contact lenses. |
| **4.3** | **Equipment and Tools** |
| 4.3.1 | Identify and name the equipment used in a contact lens practice. |
| 4.3.2 | Operate manual and automated equipment relevant to current contact lens practice safely and accurately. |
| 4.3.3 | Verify the calibration of operating equipment. |
| 4.3.4 | Choose the equipment required for fitting contact lenses to the patient. |
| 4.3.5 | Maintain equipment in safe operating condition. |
| 4.3.6 | Interpret the results found using optical equipment and tools. |
| **4.4** | **Infection Control** |
| 4.4.1 | Follow infection control and prevention measures to maintain a hygienic environment. |
| 4.4.2 | Recognize infection hazards so that preventive measures can be implemented. |
| 4.4.3 | Address contagious illness within the work environment to avoid spreading illness to others. |

| Competency<br>*Has the ability to:* | |
|---|---|
| 4.4.4 | Demonstrate proper disinfection techniques for equipment and fitting area prior to each patient's use. |
| 4.4.5 | Demonstrate proper disinfection techniques for contact lenses, cases, and fitting sets for safe reuse. |
| **4.5** | **Needs Assessment** |
| 4.5.1 | Obtain wearing history to learn of potential contraindications. |
| 4.5.2 | Demonstrate an understanding of the patient's expectations and motivations for contact lens wear. |
| 4.5.3 | Collect objective medical and ocular health history information from the patient to identify contraindications. |
| 4.5.4 | Collect information on the patient's wearing environment to adjust recommendations to best fit the patient's needs. |
| 4.5.5 | Use equipment and tools to take accurate ocular measurements and readings for contact lens fitting. |
| 4.5.6 | Conduct a visual acuity test to assess current vision performance. |
| 4.5.7 | Determine dominant eye to optimize visual performance. |
| 4.5.8 | Assess suitability of the patient for contact lens wear. |
| 4.5.9 | Assess ocular health to ensure the patient's eye is healthy and can wear contact lenses safely. |
| **4.6** | **Prescription Interpretation and Lens Selection** |
| 4.6.1 | Demonstrate an understanding of the relationship between prescription requirements and lens selection for the best possible visual acuity. |
| 4.6.2 | Demonstrate an understanding of the components of a prescription. |
| 4.6.3 | Identify irregularities in a prescription or the cornea when fitting contact lenses for best fit and vision for the patient. |
| 4.6.4 | Apply mathematical calculations to determine appropriate contact lens specifications. |
| 4.6.5 | Select the appropriate contact lens, considering prescription requirements and physiological findings. |
| 4.6.6 | Apply product knowledge to select lens design, material, and modality. |
| 4.6.7 | Apply product knowledge to select the appropriate contact lens care regime. |
| 4.6.8 | Select contact lenses that take into consideration the patient's use of prescribed drugs, over-the-counter drugs, or other substances. |
| **4.7** | **Ordering** |
| 4.7.1 | Confirm the accuracy and completeness of the order before sending. |

| Competency<br>*Has the ability to:* | |
|---|---|
| 4.7.2 | Provide suppliers with the information they require to produce contact lenses. |
| **4.8** | **Inspection and Industry Standards** |
| 4.8.1 | Verify the accuracy of the received order against the patient record. |
| 4.8.2 | Ensure rigid lenses meet standard tolerances. |
| 4.8.3 | Perform final visual inspection of rigid lenses before dispensing. |
| **4.9** | **Verifying Fit and Patient Success** |
| 4.9.1 | Evaluate whether the contact lenses fit as expected. |
| 4.9.2 | Evaluate whether visual acuity is as expected. |
| 4.9.3 | Refine lens selection when fit or visual acuity is not as expected. |
| 4.9.4 | Verify contact lens fit and comfort based on the patient's subjective responses to ensure lenses meet patient's expectations. |
| **4.10** | **Patient Communication** |
| 4.10.1 | Explain contact lens options that meet the patient's needs. |
| 4.10.2 | Advise patients on any limitations of the recommended contact lenses to promote continued ocular health and wearing comfort. |
| 4.10.3 | Demonstrate an understanding of surgical alternatives to contact lenses to make patient aware of all vision correction options. |
| 4.10.4 | Discuss with the patient systemic diseases and ocular conditions and their effect on vision to assist in setting patient expectations. |
| 4.10.5 | Provide patient-centred training on insertion and removal of contact lenses. |
| 4.10.6 | Provide patient-centred education on wearing schedule of contact lenses to maintain or restore ocular health. |
| 4.10.7 | Provide patient-centred training on safe and proper contact lens hygiene, solution usage, and storage. |
| 4.10.8 | Provide patient with a follow-up care schedule to monitor ocular health and vision. |
| 4.10.9 | Verify that communications to the patient have been fully understood. |
| **4.11** | **Continuing Care** |
| 4.11.1 | Determine patient concerns at follow-up assessment and address if possible. |
| 4.11.2 | Determine patient compliance with the care and wear schedule to identify the need for re-education. |
| 4.11.3 | Resolve concerns presented at follow-up assessment to promote patient comfort and optimum vision. |
| 4.11.4 | Document patient visits to allow for effective continuity of care. |

| Competency<br>*Has the ability to:* | |
|---|---|
| 4.11.5 | Conduct a follow-up assessment to confirm lens performance, patient outcomes, and continued ocular health. |
| 4.11.6 | Resolve problems identified in the follow-up assessment. |
| 4.11.7 | Refer to appropriate healthcare professional if necessary. |
| 4.11.8 | Remove a lens from the eye of a patient whether it is displaced or not. |

## End of Survey

1. Are there any competencies that you feel were missing from this survey?

2. Are there any general comments you would like to provide regarding this survey?

3. Please provide your name, the province you are licensed in, and your email address if you want to receive continuing education credits. Your name will also be entered into the draw.

# Appendix I

## Survey Ratings

In this table, the column headers are as follows:

APP Percentage of respondents who indicated the competency was necessary at entry.

3+ Percentage of respondents who indicated the competency was achieved only after 3 or more years.

NR Percentage of respondents who indicated the competency was not relevant to safe and effective practice.

CRIT Mean index value for criticality (see main body of report for computation method).

NC Percentage of respondents who indicated the competency was not necessary for safe and effective practice.

IO Percentage of respondents who indicated the competency was only indirectly related to safe and effective practice.

Im Percentage of respondents who indicated the competency was important for safe and effective practice.

Es Percentage of respondents who indicated the competency was essential for safe and effective practice.

FREQ Mean index value for frequency (see main body of report for computation method).

NR Percentage of respondents who indicated the competency was never or almost never needed.

M Percentage of respondents who indicated the competency was infrequently needed (about monthly).

W Percentage of respondents who indicated the competency was needed every few days (about weekly).

D Percentage of respondents who indicated the competency was needed every day.

C Percentage of respondents who indicated the competency was needed continuously.

See the main text for an explanation of the colour coding scheme.

## Professional Practice

1651 respondents

| | *Has the ability to:* | **APP** | 3+ | NR | **CRIT** | NC | IO | Im | Es | **FREQ** | NR | M | W | D | C |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **1.1 Professionalism and Ethics** | 1.1.1 Integrate ethics into professional practice as a basis for all decisions and actions. | **86%** | 12% | 2% | **86%** | 2% | 3% | 40% | 55% | **94%** | 1% | 2% | 3% | 15% | 79% |
| | 1.1.2 Practise within applicable regulatory standards of practice and in accordance with the applicable regulatory code of ethics. | **87%** | 12% | 1% | **87%** | 1% | 2% | 38% | 58% | **95%** | 0% | 2% | 3% | 15% | 80% |
| | 1.1.3 Recognize that the optician is bound firstly by their obligation to the patient and not by self-interest or the interest of the employer. | **87%** | 11% | 2% | **86%** | 2% | 4% | 36% | 58% | **94%** | 1% | 2% | 2% | 17% | 78% |
| | 1.1.4 Serve as a patient advocate with other members of the eye-care team. | **79%** | 16% | 5% | **78%** | 4% | 8% | 49% | 40% | **86%** | 4% | 4% | 9% | 20% | 63% |
| | 1.1.5 Manage professional boundaries when dealing with patients, co-workers, and other professionals. | **87%** | 12% | 1% | **85%** | 1% | 5% | 42% | 52% | **93%** | 1% | 2% | 3% | 20% | 74% |
| | 1.1.6 Recognize ethically challenging situations that could put the patient at risk. | **81%** | 16% | 3% | **85%** | 1% | 5% | 39% | 55% | **84%** | 7% | 6% | 7% | 16% | 65% |
| | 1.1.7 Manage ethically challenging situations methodically and transparently to protect the patient. | **80%** | 18% | 2% | **83%** | 2% | 5% | 44% | 49% | **84%** | 7% | 7% | 7% | 17% | 63% |
| | 1.1.8 Communicate with patients and others clearly, truthfully, and transparently. | **89%** | 10% | 1% | **89%** | 1% | 2% | 33% | 64% | **96%** | 0% | 1% | 2% | 15% | 82% |
| | 1.1.9 Maintain a professional relationship with other members of the healthcare team to facilitate management of the patient's overall eye-health needs. | **85%** | 14% | 2% | **84%** | 1% | 5% | 43% | 50% | **91%** | 1% | 3% | 7% | 20% | 69% |
| | 1.1.10 Maintain a referral network to facilitate meeting all of the patient's eye-health needs. | **71%** | 22% | 7% | **73%** | 6% | 12% | 49% | 33% | **78%** | 7% | 11% | 12% | 20% | 51% |
| | 1.1.11 Engage in business practices that are truthful and professional. | **89%** | 10% | 1% | **88%** | 2% | 3% | 31% | 64% | **95%** | 1% | 1% | 2% | 13% | 82% |
| **1.2 Informed Consent** | 1.2.1 Adhere to regulatory, legislative, and standards requirements relating to informed consent. | **88%** | 10% | 2% | **87%** | 1% | 4% | 38% | 57% | **92%** | 2% | 3% | 3% | 19% | 74% |
| | 1.2.2 Exercise the process of obtaining informed consent. | **88%** | 10% | 2% | **84%** | 2% | 4% | 42% | 52% | **91%** | 2% | 2% | 5% | 22% | 69% |
| | 1.2.3 Ensure the patient's informed consent prior to and throughout patient engagement. | **88%** | 10% | 2% | **85%** | 1% | 4% | 43% | 52% | **92%** | 2% | 2% | 4% | 19% | 73% |
| | 1.2.4 Explain information in plain language to ensure patients understand their options. | **89%** | 10% | 1% | **87%** | 1% | 2% | 40% | 57% | **95%** | 1% | 1% | 1% | 16% | 80% |

| | *Has the ability to:* | **APP** | 3+ | NR | **CRIT** | NC | IO | Im | Es | **FREQ** | NR | M | W | D | C |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **1.3 Privacy, Confidentiality, and Record Keeping** | 1.3.1 Apply privacy legislation related to patient care. | **90%** | 9% | 1% | **88%** | 2% | 3% | 33% | 62% | **95%** | 1% | 1% | 2% | 16% | 80% |
| | 1.3.2 Maintain confidentiality of all patient information. | **90%** | 9% | 1% | **91%** | 1% | 2% | 28% | 69% | **96%** | 0% | 1% | 1% | 13% | 84% |
| | 1.3.3 Document patient care in a clear and understandable format. | **89%** | 10% | 1% | **88%** | 1% | 2% | 40% | 57% | **95%** | 1% | 1% | 2% | 17% | 80% |
| | 1.3.4 Maintain records consistent with federal and provincial legislation and standards of practice. | **88%** | 10% | 2% | **87%** | 2% | 3% | 34% | 60% | **93%** | 2% | 2% | 2% | 16% | 78% |
| | 1.3.5 Release records in accordance with federal and provincial legislation and standards of practice. | **86%** | 11% | 3% | **83%** | 3% | 5% | 42% | 50% | **83%** | 7% | 7% | 8% | 16% | 63% |
| **1.4 Patient and Workplace Safety** | 1.4.1 Contribute to a workplace that is free from all forms of harassment. | **90%** | 9% | 1% | **90%** | 1% | 2% | 30% | 67% | **94%** | 2% | 2% | 1% | 14% | 81% |
| | 1.4.2 Adhere to polices, standards, and procedures as they relate to patient and workplace safety. | **90%** | 9% | 1% | **87%** | 1% | 3% | 37% | 59% | **94%** | 1% | 2% | 2% | 16% | 78% |
| | 1.4.3 Manage abusive and aggressive behaviour toward patients and staff to provide a safe work environment. | **84%** | 14% | 2% | **88%** | 1% | 3% | 33% | 62% | **80%** | 14% | 6% | 4% | 12% | 64% |
| | 1.4.4 Follow provincial government procedures in response to contagious outbreaks. | **82%** | 11% | 6% | **83%** | 3% | 7% | 33% | 56% | **72%** | 24% | 4% | 3% | 12% | 57% |
| **1.5 Jurisprudence and Regulatory Policies** | 1.5.1 Adhere to all provincial regulatory policies. | **88%** | 10% | 2% | **86%** | 2% | 4% | 37% | 57% | **92%** | 3% | 3% | 2% | 15% | 76% |
| | 1.5.2 Adhere to all applicable provincial and federal legislation. | **88%** | 10% | 2% | **86%** | 1% | 4% | 39% | 56% | **92%** | 2% | 4% | 2% | 16% | 75% |
| | 1.5.3 Maintain awareness of changes in regulations and legislation. | **84%** | 15% | 2% | **81%** | 2% | 6% | 50% | 42% | **75%** | 5% | 23% | 6% | 12% | 54% |
| | 1.5.4 Communicate title and credentials accurately. | **86%** | 10% | 4% | **76%** | 5% | 9% | 48% | 38% | **84%** | 6% | 6% | 5% | 21% | 61% |
| | 1.5.5 Report misconduct to the appropriate body. | **85%** | 12% | 4% | **82%** | 3% | 6% | 43% | 48% | **61%** | 36% | 5% | 3% | 10% | 47% |
| **1.6 Scope of Practice** | 1.6.1 Recognize personal and professional limits in relation to patient and regulatory expectations. | **86%** | 12% | 1% | **83%** | 2% | 4% | 47% | 47% | **88%** | 3% | 6% | 5% | 18% | 67% |
| | 1.6.2 Practise within the scope of practice and professional competence. | **89%** | 10% | 1% | **89%** | 1% | 2% | 36% | 61% | **94%** | 1% | 2% | 2% | 15% | 80% |
| | 1.6.3 Seek assistance or refer to other professionals when required to provide the best care for the patient. | **88%** | 11% | 1% | **86%** | 1% | 3% | 42% | 54% | **83%** | 4% | 9% | 11% | 17% | 59% |
| | 1.6.4 Educate the employer, colleagues, and the public on the role of the optician. | **80%** | 16% | 3% | **75%** | 5% | 9% | 51% | 34% | **76%** | 8% | 14% | 10% | 18% | 50% |

| | *Has the ability to:* | **APP** | 3+ | NR | **CRIT** | NC | IO | Im | Es | **FREQ** | NR | M | W | D | C |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **1.7 Maintaining Competence** | 1.7.1 Adapt practice in response to new products and technologies so that the best options are available to patients. | **80%** | 18% | 2% | **80%** | 2% | 6% | 55% | 37% | **77%** | 2% | 23% | 7% | 14% | 53% |
| | 1.7.2 Incorporate lessons learned from everyday practice experiences into future practice. | **80%** | 18% | 2% | **79%** | 2% | 6% | 55% | 37% | **84%** | 2% | 11% | 9% | 19% | 59% |
| | 1.7.3 Engage in continuous learning to maintain and enhance ability to serve patients. | **83%** | 16% | 1% | **81%** | 2% | 5% | 54% | 40% | **76%** | 1% | 27% | 7% | 12% | 53% |

## Refraction

131 respondents

| | *Has the ability to:* | **APP** | 3+ | NR | **CRIT** | NC | IO | Im | Es | **FREQ** | NR | M | W | D | C |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **2.1 Anatomy and Pathology** | 2.1.1 Demonstrate an understanding of the visual pathway. | **79%** | 15% | 6% | **72%** | 7% | 15% | 43% | 36% | **74%** | 11% | 14% | 10% | 18% | 48% |
| | 2.1.2 Demonstrate an understanding of the ocular system. | **82%** | 14% | 4% | **76%** | 5% | 11% | 43% | 41% | **77%** | 7% | 15% | 10% | 18% | 51% |
| | 2.1.3 Demonstrate an understanding of the anatomy of the eye. | **83%** | 14% | 3% | **75%** | 4% | 15% | 43% | 39% | **78%** | 7% | 12% | 11% | 19% | 51% |
| | 2.1.4 Demonstrate an understanding of the impact of systemic diseases and medications. | **68%** | 24% | 8% | **70%** | 8% | 16% | 42% | 34% | **70%** | 17% | 12% | 11% | 13% | 47% |
| | 2.1.5 Demonstrate an understanding of the impact of ocular pathologies and conditions. | **73%** | 24% | 3% | **70%** | 6% | 16% | 46% | 32% | **73%** | 12% | 15% | 9% | 16% | 48% |
| | 2.1.6 Demonstrate an understanding of external factors affecting the eye. | **76%** | 22% | 2% | **76%** | 4% | 8% | 56% | 31% | **77%** | 9% | 10% | 11% | 18% | 52% |
| | 2.1.7 Demonstrate an understanding of visual fields. | **69%** | 24% | 7% | **65%** | 9% | 18% | 49% | 24% | **65%** | 21% | 12% | 15% | 12% | 40% |
| | 2.1.8 Demonstrate an understanding of the photochemistry of vision. | **61%** | 25% | 14% | **59%** | 15% | 21% | 42% | 22% | **58%** | 30% | 13% | 11% | 12% | 34% |
| | 2.1.9 Demonstrate an understanding of binocular function and ocular motility. | **71%** | 26% | 3% | **71%** | 5% | 16% | 50% | 30% | **70%** | 15% | 15% | 11% | 14% | 46% |
| **2.2 Optics** | 2.2.1 Demonstrate an understanding of monocular and binocular vision. | **85%** | 14% | 2% | **79%** | 4% | 8% | 46% | 43% | **81%** | 5% | 9% | 10% | 21% | 54% |
| | 2.2.2 Demonstrate an understanding of physical optics. | **78%** | 18% | 5% | **70%** | 8% | 14% | 45% | 33% | **73%** | 17% | 9% | 6% | 18% | 50% |
| | 2.2.3 Apply current ophthalmic theories and mathematical calculations to produce refractive specifications. | **67%** | 22% | 11% | **61%** | 16% | 19% | 34% | 31% | **64%** | 24% | 11% | 8% | 21% | 36% |

| | *Has the ability to:* | **APP** | 3+ | NR | **CRIT** | NC | IO | Im | Es | **FREQ** | NR | M | W | D | C |
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| **2.3 Equipment and Tools** | 2.3.1 Verify the calibration of operating equipment. | **74%** | 23% | 3% | **76%** | 4% | 11% | 50% | 36% | **65%** | 14% | 21% | 13% | 17% | 36% |
| | 2.3.2 Choose the equipment required to perform a refraction. | **68%** | 24% | 8% | **70%** | 11% | 11% | 39% | 38% | **64%** | 26% | 11% | 6% | 15% | 42% |
| | 2.3.3 Recognize and name the equipment used in practice. | **81%** | 15% | 4% | **68%** | 11% | 14% | 43% | 33% | **75%** | 13% | 11% | 8% | 13% | 55% |
| | 2.3.4 Maintain equipment in safe operating condition. | **81%** | 17% | 2% | **79%** | 2% | 10% | 47% | 41% | **78%** | 8% | 9% | 12% | 16% | 54% |
| | 2.3.5 Operate the equipment necessary to perform a refraction. | **64%** | 25% | 11% | **76%** | 8% | 8% | 40% | 44% | **72%** | 18% | 10% | 6% | 18% | 49% |
| | 2.3.6 Analyze the results found using refraction equipment. | **73%** | 20% | 8% | **77%** | 5% | 11% | 39% | 45% | **75%** | 16% | 7% | 6% | 18% | 53% |
| **2.4 Infection Control** | 2.4.1 Follow infection control and prevention measures to maintain a hygienic environment. | **89%** | 8% | 3% | **85%** | 3% | 5% | 34% | 59% | **89%** | 2% | 7% | 2% | 18% | 71% |
| | 2.4.2 Recognize infection hazards so that preventive measures can be implemented. | **86%** | 12% | 2% | **85%** | 3% | 5% | 35% | 57% | **87%** | 3% | 10% | 2% | 15% | 69% |
| | 2.4.3 Address contagious outbreaks to avoid spreading illness to others. | **86%** | 10% | 4% | **83%** | 2% | 8% | 36% | 54% | **81%** | 8% | 12% | 2% | 15% | 63% |
| | 2.4.4 Demonstrate proper disinfection techniques for refraction equipment prior to each patient's use. | **91%** | 8% | 2% | **85%** | 2% | 6% | 33% | 59% | **88%** | 5% | 5% | 5% | 15% | 71% |
| **2.5 Needs Assessment** | 2.5.1 Compile a patient history to determine whether to proceed with the refraction. | **80%** | 11% | 8% | **81%** | 5% | 7% | 34% | 53% | **81%** | 11% | 8% | 2% | 16% | 63% |
| | 2.5.2 Document patient information clearly and concisely. | **92%** | 8% | 1% | **85%** | 2% | 3% | 42% | 53% | **90%** | 3% | 5% | 3% | 18% | 72% |
| | 2.5.3 Use objective techniques to identify and quantify ametropia. | **76%** | 18% | 7% | **73%** | 8% | 11% | 38% | 42% | **73%** | 17% | 10% | 5% | 17% | 51% |
| | 2.5.4 Use subjective techniques to identify and quantify ametropia. | **70%** | 19% | 11% | **70%** | 11% | 10% | 43% | 36% | **70%** | 21% | 8% | 7% | 19% | 46% |
| | 2.5.5 Assess accommodation to quantify near correction. | **75%** | 20% | 5% | **76%** | 7% | 8% | 44% | 41% | **75%** | 15% | 8% | 7% | 21% | 50% |
| | 2.5.6 Identify visual deficiencies to set realistic patient expectations. | **77%** | 19% | 4% | **78%** | 5% | 7% | 44% | 44% | **79%** | 11% | 8% | 5% | 18% | 58% |
| | 2.5.7 Conduct pupil testing to identify the need for referral. | **56%** | 19% | 25% | **64%** | 17% | 14% | 34% | 35% | **55%** | 38% | 8% | 6% | 12% | 36% |
| | 2.5.8 Perform confrontation field testing to identify the need for referral. | **56%** | 21% | 22% | **60%** | 18% | 16% | 40% | 27% | **52%** | 39% | 11% | 6% | 13% | 31% |
| | 2.5.9 Recognize significant signs and symptoms in relation to the patient's eyes to identify the need for referral. | **78%** | 18% | 5% | **78%** | 3% | 12% | 38% | 47% | **72%** | 15% | 14% | 8% | 15% | 50% |
| | 2.5.10 Produce a refractive specification sufficient to fulfill an eyeglass or contact lens order. | **76%** | 18% | 7% | **83%** | 5% | 5% | 37% | 53% | **76%** | 17% | 5% | 6% | 17% | 56% |

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| **2.6 Patient Communication** | 2.6.1 Establish mutual understanding with the patient to build rapport and set expectations. | **85%** | 14% | 1% | **81%** | 2% | 7% | 47% | 44% | **92%** | 2% | 3% | 2% | 19% | 73% |
| | 2.6.2 Set expectations to facilitate patient adaptation to their visual abilities and eyewear. | **87%** | 12% | 1% | **82%** | 1% | 8% | 47% | 45% | **89%** | 4% | 5% | 2% | 23% | 66% |
| | 2.6.3 Demonstrate an understanding of surgical alternatives to eyewear to make the patient aware of all vision correction options. | **63%** | 24% | 14% | **52%** | 20% | 24% | 39% | 17% | **64%** | 21% | 16% | 11% | 11% | 40% |
| | 2.6.4 Discuss with the patient systemic diseases and ocular conditions and their effect on vision to assist in setting patient expectations. | **62%** | 24% | 15% | **67%** | 6% | 20% | 48% | 26% | **68%** | 18% | 13% | 11% | 15% | 44% |
| | 2.6.5 Verify that communications to the patient have been fully understood. | **87%** | 11% | 2% | **82%** | 2% | 5% | 47% | 45% | **88%** | 2% | 5% | 6% | 21% | 66% |
| **2.7 Continuing Care** | 2.7.1 Develop a plan of care stemming from refraction if required to promote and maintain ocular health. | **70%** | 19% | 11% | **69%** | 9% | 13% | 50% | 28% | **70%** | 18% | 9% | 8% | 19% | 45% |
| | 2.7.2 Troubleshoot adaptation problems to maximize patient comfort and visual acuity. | **82%** | 17% | 2% | **81%** | 2% | 7% | 48% | 43% | **82%** | 5% | 8% | 8% | 22% | 56% |
| | 2.7.3 Develop an effective referral network to support the patient and maintain ocular health. | **72%** | 21% | 7% | **71%** | 6% | 15% | 48% | 31% | **74%** | 10% | 15% | 10% | 16% | 49% |

## Eyeglasses and Low Vision

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| **3.1 Anatomy and Pathology** | 3.1.1 Demonstrate an understanding of the visual pathway. | **79%** | 17% | 4% | **71%** | 6% | 13% | 53% | 28% | **71%** | 12% | 13% | 13% | 21% | 41% |
| | 3.1.2 Demonstrate an understanding of the ocular system. | **81%** | 15% | 4% | **72%** | 5% | 13% | 53% | 29% | **72%** | 9% | 14% | 14% | 21% | 41% |
| | 3.1.3 Demonstrate an understanding of the anatomy of the eye. | **83%** | 14% | 3% | **73%** | 5% | 12% | 52% | 31% | **73%** | 9% | 15% | 14% | 21% | 41% |
| | 3.1.4 Demonstrate an understanding of the impact of systemic diseases and ocular pathologies on eye health and vision. | **72%** | 22% | 6% | **69%** | 6% | 16% | 54% | 25% | **67%** | 13% | 16% | 16% | 19% | 36% |
| | 3.1.5 Recognize potential effects of specific medications on vision and ocular health. | **62%** | 27% | 12% | **64%** | 7% | 22% | 50% | 21% | **60%** | 21% | 18% | 15% | 16% | 30% |
| | 3.1.6 Demonstrate an understanding of external factors affecting the eye. | **76%** | 21% | 4% | **73%** | 3% | 13% | 58% | 26% | **73%** | 8% | 15% | 14% | 23% | 40% |
| | 3.1.7 Demonstrate an understanding of when it is necessary to refer. | **78%** | 18% | 5% | **80%** | 3% | 8% | 44% | 45% | **72%** | 10% | 15% | 14% | 16% | 45% |

| | *Has the ability to:* | **APP** | 3+ | NR | **CRIT** | NC | IO | Im | Es | **FREQ** | NR | M | W | D | C |
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| **3.2 Optics** | 3.2.1 Demonstrate an understanding of physical optics. | **82%** | 14% | 3% | **74%** | 5% | 11% | 50% | 34% | **77%** | 9% | 10% | 11% | 22% | 48% |
| | 3.2.2 Demonstrate an understanding of physical lens properties and their effects on optics. | **84%** | 14% | 2% | **82%** | 3% | 5% | 48% | 44% | **84%** | 4% | 7% | 8% | 23% | 58% |
| | 3.2.3 Apply knowledge of monocular and binocular vision to the dispensing of appropriate lenses. | **84%** | 14% | 1% | **84%** | 2% | 4% | 45% | 50% | **86%** | 2% | 7% | 9% | 23% | 59% |
| | 3.2.4 Demonstrate an understanding of lens treatments and their effect on optics. | **86%** | 12% | 1% | **85%** | 2% | 3% | 43% | 52% | **91%** | 2% | 3% | 5% | 22% | 69% |
| | 3.2.5 Apply appropriate mathematical calculations for lens layout and edging. | **71%** | 18% | 11% | **66%** | 11% | 17% | 44% | 28% | **67%** | 22% | 8% | 9% | 22% | 39% |
| **3.3 Equipment and Tools** | 3.3.1 Verify the calibration of operating equipment. | **73%** | 20% | 7% | **73%** | 6% | 13% | 46% | 35% | **65%** | 15% | 19% | 12% | 20% | 33% |
| | 3.3.2 Choose the equipment required for fitting eyeglasses to the patient. | **84%** | 13% | 3% | **83%** | 2% | 5% | 42% | 51% | **88%** | 5% | 4% | 3% | 21% | 67% |
| | 3.3.3 Identify and name the equipment used in practice. | **84%** | 11% | 4% | **70%** | 9% | 12% | 49% | 30% | **80%** | 9% | 7% | 7% | 27% | 51% |
| | 3.3.4 Operate manual and automated equipment necessary for practice. | **84%** | 13% | 3% | **80%** | 4% | 6% | 45% | 45% | **88%** | 4% | 3% | 4% | 25% | 64% |
| | 3.3.5 Maintain equipment in safe operating condition. | **80%** | 16% | 4% | **80%** | 4% | 7% | 44% | 45% | **81%** | 6% | 11% | 8% | 23% | 53% |
| | 3.3.6 Interpret the results found using optical equipment and tools. | **85%** | 13% | 2% | **84%** | 2% | 5% | 42% | 51% | **89%** | 3% | 3% | 5% | 25% | 64% |
| **3.4 Infection Control** | 3.4.1 Recognize infection hazards so that preventive measures can be implemented. | **84%** | 12% | 3% | **83%** | 3% | 6% | 37% | 54% | **82%** | 8% | 7% | 7% | 19% | 59% |
| | 3.4.2 Demonstrate proper disinfection techniques for equipment and dispensing area. | **89%** | 9% | 2% | **87%** | 1% | 4% | 36% | 59% | **91%** | 2% | 2% | 4% | 22% | 70% |
| | 3.4.3 Follow infection control and prevention measures to maintain a hygienic environment. | **88%** | 10% | 2% | **87%** | 1% | 3% | 37% | 59% | **91%** | 3% | 2% | 4% | 22% | 69% |
| | 3.4.4 Address contagious illness within the work environment to avoid spreading illness to others. | **87%** | 10% | 3% | **84%** | 2% | 5% | 41% | 52% | **80%** | 9% | 10% | 6% | 19% | 57% |

| | *Has the ability to:* | **APP** | 3+ | NR | **CRIT** | NC | IO | Im | Es | **FREQ** | NR | M | W | D | C |
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| **3.5 Needs Assessment** | 3.5.1 Collect information from the patient regarding their visual needs and what they expect from their vision correction. | **88%** | 11% | 1% | **86%** | 1% | 3% | 42% | 54% | **93%** | 1% | 2% | 2% | 23% | 71% |
| | 3.5.2 Document objective and subjective information from the patient to reference when recommending eyewear. | **85%** | 12% | 3% | **77%** | 5% | 8% | 48% | 39% | **88%** | 4% | 3% | 3% | 29% | 61% |
| | 3.5.3 Determine external influences on patient vision to provide better recommendations. | **83%** | 16% | 1% | **80%** | 2% | 6% | 55% | 37% | **90%** | 2% | 2% | 6% | 28% | 62% |
| | 3.5.4 Understand patient expectations related to their visual needs and visual acuity to ensure they are met or the expectations are modified. | **84%** | 15% | 1% | **85%** | 1% | 3% | 47% | 49% | **92%** | 1% | 2% | 4% | 27% | 67% |
| | 3.5.5 Take accurate measurements with the appropriate tools to facilitate final frame and lens selection. | **89%** | 10% | 1% | **91%** | 1% | 2% | 26% | 71% | **96%** | 1% | 1% | 2% | 16% | 81% |
| | 3.5.6 Collect information on the patient's wearing environment to adjust recommendations to best fit the patient's needs. | **86%** | 13% | 1% | **84%** | 1% | 4% | 47% | 47% | **93%** | 1% | 1% | 4% | 25% | 70% |
| | 3.5.7 Obtain relevant optical and health history to allow the optician to make better recommendations. | **83%** | 15% | 2% | **80%** | 2% | 7% | 52% | 39% | **89%** | 2% | 3% | 6% | 29% | 60% |
| **3.6 Prescription Interpretation and Lens Duplication** | 3.6.1 Demonstrate an understanding of the components of a prescription. | **89%** | 10% | 1% | **91%** | 1% | 2% | 26% | 71% | **95%** | 0% | 1% | 2% | 17% | 80% |
| | 3.6.2 Demonstrate an understanding of the relationship between prescription requirements and lens selection for the best possible visual acuity. | **87%** | 13% | 1% | **90%** | 1% | 2% | 31% | 66% | **95%** | 0% | 1% | 2% | 18% | 79% |
| | 3.6.3 Obtain lens specifications to duplicate eyeglasses. | **84%** | 14% | 2% | **81%** | 4% | 5% | 45% | 46% | **77%** | 9% | 9% | 11% | 20% | 50% |

| | *Has the ability to:* | **APP** | 3+ | NR | **CRIT** | NC | IO | Im | Es | **FREQ** | NR | M | W | D | C |
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| **3.7 Lens and Frame Selection** | 3.7.1 Use assessment data to support lens and frame recommendations. | **86%** | 12% | 2% | **83%** | 2% | 5% | 49% | 45% | **91%** | 2% | 2% | 3% | 27% | 67% |
| | 3.7.2 Apply current relevant ophthalmic theories using mathematical calculations to select appropriate frames and lenses. | **74%** | 17% | 9% | **66%** | 11% | 14% | 48% | 27% | **71%** | 16% | 9% | 10% | 23% | 42% |
| | 3.7.3 Demonstrate an understanding of the relationship between prescription requirements and lens and frame characteristics to ensure aesthetic and functional eyewear. | **85%** | 14% | 1% | **86%** | 1% | 3% | 44% | 52% | **93%** | 1% | 1% | 3% | 23% | 71% |
| | 3.7.4 Recommend appropriate frame choices based on patient's requirements and preferences. | **89%** | 10% | 1% | **85%** | 2% | 3% | 44% | 52% | **94%** | 0% | 1% | 2% | 23% | 74% |
| | 3.7.5 Recommend appropriate lenses based on patient's requirements and preferences. | **88%** | 11% | 1% | **87%** | 1% | 2% | 40% | 57% | **95%** | 0% | 1% | 1% | 22% | 75% |
| | 3.7.6 Balance recommended frame and lens options to meet the patient's requirements and preferences. | **87%** | 12% | 1% | **84%** | 1% | 3% | 49% | 47% | **93%** | 1% | 1% | 3% | 26% | 69% |
| | 3.7.7 Recommend lens treatments based on patient needs to enhance aesthetic and visual outcome. | **87%** | 12% | 1% | **85%** | 1% | 3% | 47% | 48% | **94%** | 1% | 1% | 2% | 24% | 72% |
| **3.8 Ordering** | 3.8.1 Confirm the accuracy and completeness of the order before sending. | **88%** | 11% | 1% | **91%** | 1% | 2% | 28% | 69% | **95%** | 0% | 1% | 1% | 19% | 79% |
| | 3.8.2 Provide required information to suppliers to complete the eyeglasses. | **88%** | 10% | 1% | **89%** | 1% | 3% | 31% | 65% | **94%** | 1% | 1% | 2% | 20% | 75% |
| **3.9 Inspection and Industry Standards** | 3.9.1 Verify the accuracy of the received order against the patient record. | **88%** | 12% | 1% | **92%** | 1% | 2% | 26% | 72% | **94%** | 1% | 1% | 2% | 22% | 74% |
| | 3.9.2 Ensure eyeglasses meet standard tolerances. | **87%** | 12% | 1% | **92%** | 1% | 1% | 26% | 72% | **94%** | 1% | 1% | 1% | 21% | 76% |
| | 3.9.3 Perform final visual inspection of eyeglasses before dispensing. | **88%** | 11% | 1% | **90%** | 1% | 2% | 31% | 66% | **95%** | 0% | 0% | 2% | 21% | 77% |
| | 3.9.4 Ensure eyeglasses are in standard bench alignment to ready them for placement on the patient. | **89%** | 10% | 1% | **84%** | 2% | 4% | 45% | 49% | **94%** | 1% | 1% | 1% | 24% | 73% |
| **3.10 Verifying Fit and Patient Success** | 3.10.1 Perform appropriate adjustments to ensure optimal positioning of the eyeglasses on the patient. | **87%** | 13% | 0% | **90%** | 1% | 2% | 32% | 65% | **95%** | 0% | 1% | 1% | 20% | 78% |
| | 3.10.2 Confirm that the eyeglasses meet the patient's needs and expected visual acuity. | **88%** | 12% | 0% | **89%** | 1% | 2% | 34% | 63% | **95%** | 0% | 1% | 1% | 20% | 77% |

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| **3.11 Patient Communication** | 3.11.1 Communicate the advantages and limitations of products to patients clearly and meaningfully. | **85%** | 14% | 1% | **85%** | 1% | 3% | 48% | 49% | **94%** | 0% | 1% | 2% | 27% | 70% |
| | 3.11.2 Advise the patient about care and cleaning of their eyeglasses to prolong eyeglass life and functionality. | **90%** | 9% | 1% | **79%** | 3% | 5% | 56% | 35% | **93%** | 0% | 1% | 3% | 28% | 67% |
| | 3.11.3 Demonstrate an understanding of surgical alternatives to eyeglasses to make the patient aware of all vision correction options. | **57%** | 23% | 20% | **49%** | 20% | 29% | 36% | 15% | **53%** | 30% | 18% | 12% | 12% | 28% |
| | 3.11.4 Adapt communications to meet the needs of each patient. | **85%** | 14% | 2% | **79%** | 2% | 7% | 53% | 38% | **87%** | 3% | 4% | 8% | 27% | 59% |
| | 3.11.5 Establish mutual understanding with the patient to build rapport and set expectations. | **85%** | 14% | 1% | **80%** | 2% | 6% | 53% | 38% | **92%** | 1% | 2% | 4% | 27% | 66% |
| | 3.11.6 Encourage the patient to engage in appropriate follow-up care to maintain optimum performance of the eyeglasses. | **88%** | 11% | 2% | **75%** | 4% | 7% | 59% | 29% | **88%** | 2% | 4% | 6% | 29% | 58% |
| | 3.11.7 Discuss with the patient systemic diseases and ocular conditions and their effect on vision to assist in setting patient expectations. | **59%** | 26% | 14% | **62%** | 9% | 22% | 48% | 21% | **63%** | 20% | 14% | 16% | 19% | 31% |
| | 3.11.8 Manage situations in which patient expectations cannot be met to promote patient satisfaction. | **70%** | 29% | 1% | **78%** | 2% | 7% | 57% | 33% | **73%** | 7% | 17% | 15% | 20% | 42% |
| | 3.11.9 Verify that communications to the patient have been fully understood. | **85%** | 14% | 1% | **82%** | 1% | 4% | 54% | 40% | **90%** | 1% | 3% | 6% | 29% | 61% |
| **3.12 Continuing Care** | 3.12.1 Determine patient concerns at follow-up assessment and address if possible. | **82%** | 16% | 2% | **80%** | 2% | 5% | 57% | 36% | **82%** | 2% | 8% | 14% | 25% | 49% |
| | 3.12.2 Determine patient compliance with the care and use of the eyeglasses to identify the need for re-education. | **82%** | 15% | 3% | **72%** | 6% | 10% | 58% | 26% | **78%** | 5% | 11% | 16% | 26% | 43% |
| | 3.12.3 Resolve concerns presented at follow-up to promote patient comfort and optimum vision. | **82%** | 17% | 1% | **81%** | 1% | 5% | 57% | 37% | **82%** | 2% | 8% | 16% | 25% | 49% |
| | 3.12.4 Maintain the functionality of the eyeglasses to promote patient comfort and optimum vision. | **87%** | 12% | 1% | **81%** | 2% | 4% | 57% | 37% | **87%** | 1% | 5% | 8% | 29% | 57% |
| | 3.12.5 Perform appropriate repairs to fix damaged or broken frames. | **83%** | 16% | 1% | **77%** | 4% | 8% | 51% | 37% | **86%** | 1% | 5% | 10% | 32% | 52% |
| | 3.12.6 Perform lens insertion and removal on various frame types. | **86%** | 12% | 2% | **79%** | 5% | 6% | 47% | 42% | **87%** | 2% | 3% | 10% | 32% | 52% |
| | 3.12.7 Document patient visits to allow for effective continuity of care. | **86%** | 10% | 4% | **73%** | 6% | 10% | 53% | 30% | **82%** | 5% | 6% | 10% | 28% | 51% |

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| **3.13 Low Vision** | 3.13.1 Demonstrate an understanding of the effects of specific diseases that contribute to vision loss. | **61%** | 27% | 11% | **64%** | 7% | 22% | 51% | 20% | **56%** | 24% | 20% | 15% | 15% | 26% |
| | 3.13.2 Recognize signs and symptoms specific to low vision to identify a patient as having reduced functional vision. | **58%** | 29% | 13% | **65%** | 7% | 20% | 52% | 21% | **53%** | 29% | 20% | 13% | 13% | 26% |
| | 3.13.3 Conduct a detailed relevant visual history to determine previous successful and failed attempts to address low vision. | **51%** | 29% | 20% | **59%** | 12% | 24% | 45% | 19% | **46%** | 41% | 16% | 9% | 10% | 24% |
| | 3.13.4 Conduct a low-vision assessment to determine visual restrictions to fully evaluate the functional vision a patient demonstrates. | **41%** | 29% | 30% | **53%** | 17% | 27% | 40% | 16% | **39%** | 53% | 12% | 7% | 8% | 19% |
| | 3.13.5 Identify functional limitations of visual impairment to advise about devices suitable for vision enhancement. | **45%** | 29% | 26% | **56%** | 15% | 24% | 45% | 16% | **42%** | 48% | 14% | 7% | 9% | 21% |
| | 3.13.6 Evaluate the probability of success for alternative devices based on patient capacity and resources. | **44%** | 30% | 26% | **54%** | 17% | 25% | 43% | 15% | **41%** | 50% | 13% | 8% | 9% | 21% |
| | 3.13.7 Educate patients on proper use of devices to achieve the desired visual outcome. | **51%** | 28% | 21% | **60%** | 13% | 20% | 46% | 21% | **47%** | 43% | 12% | 7% | 11% | 26% |
| | 3.13.8 Engage patients in decision-making to help them make informed choices that meet the patient's goals. | **64%** | 23% | 13% | **69%** | 9% | 14% | 48% | 29% | **63%** | 27% | 10% | 7% | 18% | 38% |
| | 3.13.9 Generate preferred solutions for low-vision patients that meet their current visual needs. | **48%** | 28% | 24% | **57%** | 14% | 23% | 47% | 16% | **43%** | 47% | 14% | 8% | 9% | 23% |
| | 3.13.10 Implement a continuum of care plan to maintain optimal functional vision for low-vision patients at least annually. | **43%** | 28% | 29% | **53%** | 17% | 25% | 43% | 14% | **38%** | 54% | 14% | 6% | 7% | 19% |
| | 3.13.11 Monitor low-vision patients for changes in vision resulting in the need to alter the devices being used. | **40%** | 28% | 32% | **51%** | 18% | 27% | 41% | 14% | **35%** | 58% | 13% | 5% | 7% | 18% |
| | 3.13.12 Identify new technology or devices that may be beneficial to new and existing patients. | **51%** | 28% | 20% | **58%** | 13% | 23% | 45% | 18% | **44%** | 43% | 19% | 6% | 8% | 24% |

## Contact Lenses

1079 respondents

| | *Has the ability to:* | **APP** | 3+ | NR | **CRIT** | NC | IO | Im | Es | **FREQ** | NR | M | W | D | C |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **4.1 Anatomy and Pathology** | 4.1.1 Demonstrate an understanding of the visual pathway. | **85%** | 12% | 3% | **78%** | 3% | 9% | 49% | 39% | **77%** | 9% | 10% | 13% | 21% | 48% |
| | 4.1.2 Demonstrate an understanding of the ocular system. | **85%** | 12% | 3% | **79%** | 2% | 9% | 48% | 40% | **78%** | 7% | 10% | 14% | 22% | 48% |
| | 4.1.3 Demonstrate an understanding of the anatomy of the eye. | **87%** | 11% | 2% | **81%** | 2% | 8% | 44% | 46% | **79%** | 6% | 10% | 13% | 22% | 50% |
| | 4.1.4 Demonstrate an understanding of the impact of systemic diseases and ocular pathologies on contact lens wear and ocular health. | **84%** | 14% | 2% | **83%** | 1% | 5% | 48% | 45% | **79%** | 5% | 9% | 16% | 19% | 51% |
| | 4.1.5 Recognize potential effects of specific medications on contact lens wear and ocular health. | **79%** | 17% | 4% | **79%** | 1% | 9% | 49% | 40% | **75%** | 9% | 11% | 16% | 18% | 46% |
| | 4.1.6 Demonstrate an understanding of external factors affecting the eye and contact lens wear. | **85%** | 14% | 1% | **84%** | 1% | 4% | 49% | 46% | **82%** | 4% | 7% | 15% | 22% | 52% |
| | 4.1.7 Demonstrate an understanding of the anterior segment and related structure of the surrounding eye area. | **82%** | 15% | 3% | **76%** | 4% | 11% | 50% | 36% | **72%** | 12% | 13% | 12% | 19% | 44% |
| | 4.1.8 Demonstrate an understanding of when it is necessary to refer. | **85%** | 13% | 2% | **86%** | 1% | 5% | 38% | 56% | **75%** | 9% | 15% | 11% | 15% | 50% |
| **4.2 Optics** | 4.2.1 Demonstrate an understanding of physical optics. | **84%** | 12% | 4% | **76%** | 5% | 9% | 49% | 37% | **77%** | 9% | 10% | 11% | 21% | 48% |
| | 4.2.2 Demonstrate an understanding of contact lens properties and their effects on optics. | **85%** | 14% | 1% | **81%** | 3% | 6% | 50% | 42% | **81%** | 5% | 8% | 14% | 22% | 51% |
| | 4.2.3 Apply knowledge of monocular and binocular vision to the dispensing of appropriate contact lenses. | **84%** | 15% | 2% | **83%** | 2% | 4% | 49% | 45% | **80%** | 4% | 10% | 15% | 20% | 51% |
| **4.3 Equipment and Tools** | 4.3.1 Identify and name the equipment used in a contact lens practice. | **86%** | 11% | 2% | **77%** | 4% | 10% | 47% | 40% | **79%** | 6% | 9% | 12% | 24% | 48% |
| | 4.3.2 Operate manual and automated equipment relevant to current contact lens practice safely and accurately. | **85%** | 12% | 2% | **83%** | 2% | 5% | 44% | 49% | **82%** | 6% | 8% | 10% | 23% | 53% |
| | 4.3.3 Verify the calibration of operating equipment. | **79%** | 15% | 6% | **76%** | 5% | 10% | 49% | 36% | **64%** | 15% | 21% | 13% | 18% | 34% |
| | 4.3.4 Choose the equipment required for fitting contact lenses to the patient. | **84%** | 13% | 4% | **82%** | 2% | 6% | 45% | 46% | **78%** | 9% | 7% | 11% | 22% | 51% |
| | 4.3.5 Maintain equipment in safe operating condition. | **83%** | 14% | 3% | **81%** | 2% | 8% | 43% | 47% | **77%** | 8% | 12% | 9% | 22% | 49% |
| | 4.3.6 Interpret the results found using optical equipment and tools. | **85%** | 13% | 2% | **84%** | 2% | 4% | 44% | 50% | **83%** | 5% | 6% | 9% | 23% | 56% |

| | *Has the ability to:* | **APP** | 3+ | NR | **CRIT** | NC | IO | Im | Es | **FREQ** | NR | M | W | D | C |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **4.4 Infection Control** | 4.4.1 Follow infection control and prevention measures to maintain a hygienic environment. | **89%** | 10% | 1% | **89%** | 1% | 3% | 31% | 65% | **90%** | 3% | 4% | 4% | 20% | 69% |
| | 4.4.2 Recognize infection hazards so that preventive measures can be implemented. | **87%** | 11% | 1% | **87%** | 1% | 3% | 37% | 59% | **85%** | 5% | 6% | 6% | 19% | 64% |
| | 4.4.3 Address contagious illness within the work environment to avoid spreading illness to others. | **88%** | 10% | 2% | **86%** | 1% | 5% | 39% | 55% | **80%** | 8% | 10% | 7% | 18% | 57% |
| | 4.4.4 Demonstrate proper disinfection techniques for equipment and fitting area prior to each patient's use. | **89%** | 10% | 1% | **89%** | 1% | 2% | 31% | 65% | **91%** | 3% | 2% | 5% | 17% | 72% |
| | 4.4.5 Demonstrate proper disinfection techniques for contact lenses, cases, and fitting sets for safe reuse. | **88%** | 10% | 2% | **90%** | 1% | 2% | 30% | 66% | **88%** | 4% | 4% | 6% | 18% | 68% |
| **4.5 Needs Assessment** | 4.5.1 Obtain wearing history to learn of potential contraindications. | **86%** | 12% | 2% | **85%** | 2% | 4% | 43% | 52% | **85%** | 4% | 5% | 10% | 25% | 56% |
| | 4.5.2 Demonstrate an understanding of the patient's expectations and motivations for contact lens wear. | **86%** | 12% | 1% | **83%** | 2% | 4% | 48% | 46% | **86%** | 3% | 4% | 10% | 25% | 57% |
| | 4.5.3 Collect objective medical and ocular health history information from the patient to identify contraindications. | **86%** | 12% | 1% | **84%** | 2% | 5% | 44% | 50% | **84%** | 4% | 6% | 11% | 24% | 55% |
| | 4.5.4 Collect information on the patient's wearing environment to adjust recommendations to best fit the patient's needs. | **87%** | 12% | 1% | **83%** | 1% | 4% | 49% | 46% | **84%** | 4% | 6% | 11% | 24% | 56% |
| | 4.5.5 Use equipment and tools to take accurate ocular measurements and readings for contact lens fitting. | **86%** | 11% | 3% | **86%** | 2% | 3% | 38% | 57% | **84%** | 5% | 5% | 10% | 23% | 57% |
| | 4.5.6 Conduct a visual acuity test to assess current vision performance. | **86%** | 11% | 2% | **85%** | 2% | 4% | 41% | 53% | **83%** | 5% | 5% | 12% | 23% | 55% |
| | 4.5.7 Determine dominant eye to optimize visual performance. | **86%** | 12% | 2% | **81%** | 2% | 6% | 50% | 42% | **79%** | 6% | 8% | 17% | 22% | 48% |
| | 4.5.8 Assess suitability of the patient for contact lens wear. | **86%** | 12% | 2% | **85%** | 1% | 4% | 41% | 53% | **83%** | 5% | 5% | 12% | 23% | 56% |
| | 4.5.9 Assess ocular health to ensure the patient's eye is healthy and can wear contact lenses safely. | **85%** | 13% | 2% | **88%** | 1% | 4% | 34% | 61% | **83%** | 5% | 6% | 10% | 21% | 58% |

| | *Has the ability to:* | **APP** | 3+ | NR | **CRIT** | NC | IO | Im | Es | **FREQ** | NR | M | W | D | C |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **4.6 Prescription Interpretation and Lens Selection** | 4.6.1 Demonstrate an understanding of the relationship between prescription requirements and lens selection for the best possible visual acuity. | **86%** | 12% | 1% | **87%** | 1% | 3% | 41% | 55% | **87%** | 4% | 4% | 9% | 22% | 61% |
| | 4.6.2 Demonstrate an understanding of the components of a prescription. | **89%** | 10% | 1% | **88%** | 1% | 2% | 36% | 61% | **90%** | 3% | 3% | 7% | 20% | 68% |
| | 4.6.3 Identify irregularities in a prescription or the cornea when fitting contact lenses for best fit and vision for the patient. | **82%** | 17% | 2% | **86%** | 1% | 3% | 43% | 53% | **80%** | 7% | 7% | 12% | 20% | 53% |
| | 4.6.4 Apply mathematical calculations to determine appropriate contact lens specifications. | **83%** | 12% | 5% | **79%** | 5% | 6% | 42% | 46% | **77%** | 11% | 6% | 11% | 22% | 50% |
| | 4.6.5 Select the appropriate contact lens, considering prescription requirements and physiological findings. | **85%** | 13% | 2% | **85%** | 1% | 4% | 42% | 53% | **83%** | 6% | 5% | 10% | 24% | 55% |
| | 4.6.6 Apply product knowledge to select lens design, material, and modality. | **84%** | 14% | 2% | **84%** | 1% | 4% | 47% | 47% | **84%** | 5% | 5% | 11% | 23% | 56% |
| | 4.6.7 Apply product knowledge to select the appropriate contact lens care regime. | **87%** | 12% | 2% | **84%** | 1% | 4% | 47% | 48% | **84%** | 4% | 5% | 11% | 23% | 57% |
| | 4.6.8 Select contact lenses that take into consideration the patient's use of prescribed drugs, over-the-counter drugs, or other substances. | **77%** | 19% | 5% | **77%** | 3% | 10% | 49% | 38% | **73%** | 13% | 11% | 11% | 20% | 45% |
| **4.7 Ordering** | 4.7.1 Confirm the accuracy and completeness of the order before sending. | **88%** | 10% | 2% | **87%** | 2% | 3% | 36% | 58% | **87%** | 4% | 3% | 8% | 24% | 62% |
| | 4.7.2 Provide suppliers with the information they require to produce contact lenses. | **85%** | 12% | 4% | **84%** | 3% | 5% | 38% | 54% | **82%** | 8% | 5% | 8% | 23% | 55% |
| **4.8 Inspection and Industry Standards** | 4.8.1 Verify the accuracy of the received order against the patient record. | **88%** | 10% | 1% | **88%** | 1% | 3% | 34% | 61% | **86%** | 4% | 3% | 9% | 23% | 60% |
| | 4.8.2 Ensure rigid lenses meet standard tolerances. | **65%** | 18% | 17% | **76%** | 9% | 8% | 35% | 47% | **48%** | 47% | 8% | 3% | 9% | 32% |
| | 4.8.3 Perform final visual inspection of rigid lenses before dispensing. | **68%** | 16% | 16% | **76%** | 9% | 8% | 36% | 47% | **48%** | 47% | 8% | 3% | 8% | 33% |
| **4.9 Verifying Fit and Patient Success** | 4.9.1 Evaluate whether the contact lenses fit as expected. | **85%** | 13% | 2% | **88%** | 1% | 3% | 35% | 61% | **82%** | 7% | 6% | 11% | 20% | 56% |
| | 4.9.2 Evaluate whether visual acuity is as expected. | **86%** | 12% | 2% | **86%** | 2% | 3% | 39% | 56% | **83%** | 6% | 5% | 11% | 21% | 57% |
| | 4.9.3 Refine lens selection when fit or visual acuity is not as expected. | **83%** | 15% | 2% | **86%** | 1% | 3% | 41% | 54% | **78%** | 8% | 9% | 13% | 18% | 52% |
| | 4.9.4 Verify contact lens fit and comfort based on the patient's subjective responses to ensure lenses meet patient's expectations. | **85%** | 14% | 2% | **85%** | 1% | 3% | 45% | 51% | **82%** | 6% | 6% | 13% | 22% | 54% |

| | *Has the ability to:* | **APP** | 3+ | NR | **CRIT** | NC | IO | Im | Es | **FREQ** | NR | M | W | D | C |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **4.10 Patient Communication** | 4.10.1 Explain contact lens options that meet the patient's needs. | **87%** | 12% | 1% | **84%** | 1% | 4% | 48% | 47% | **84%** | 4% | 5% | 13% | 25% | 53% |
| | 4.10.2 Advise patients on any limitations of the recommended contact lenses to promote continued ocular health and wearing comfort. | **86%** | 12% | 1% | **85%** | 1% | 3% | 45% | 51% | **84%** | 3% | 6% | 13% | 24% | 55% |
| | 4.10.3 Demonstrate an understanding of surgical alternatives to contact lenses to make patient aware of all vision correction options. | **64%** | 18% | 19% | **56%** | 16% | 25% | 39% | 20% | **53%** | 34% | 14% | 10% | 12% | 30% |
| | 4.10.4 Discuss with the patient systemic diseases and ocular conditions and their effect on vision to assist in setting patient expectations. | **76%** | 17% | 7% | **72%** | 5% | 13% | 51% | 30% | **66%** | 18% | 15% | 13% | 18% | 37% |
| | 4.10.5 Provide patient-centred training on insertion and removal of contact lenses. | **87%** | 11% | 2% | **89%** | 1% | 3% | 34% | 63% | **80%** | 4% | 8% | 18% | 20% | 50% |
| | 4.10.6 Provide patient-centred education on wearing schedule of contact lenses to maintain or restore ocular health. | **87%** | 11% | 1% | **87%** | 1% | 3% | 39% | 57% | **82%** | 3% | 7% | 17% | 20% | 52% |
| | 4.10.7 Provide patient-centred training on safe and proper contact lens hygiene, solution usage, and storage. | **88%** | 10% | 1% | **88%** | 1% | 3% | 33% | 63% | **83%** | 3% | 5% | 15% | 22% | 54% |
| | 4.10.8 Provide patient with a follow-up care schedule to monitor ocular health and vision. | **87%** | 12% | 1% | **84%** | 2% | 4% | 46% | 48% | **79%** | 5% | 8% | 18% | 21% | 48% |
| | 4.10.9 Verify that communications to the patient have been fully understood. | **88%** | 11% | 1% | **85%** | 1% | 4% | 46% | 50% | **84%** | 4% | 5% | 12% | 22% | 57% |
| **4.11 Continuing Care** | 4.11.1 Determine patient concerns at follow-up assessment and address if possible. | **85%** | 13% | 1% | **83%** | 1% | 4% | 51% | 43% | **79%** | 5% | 9% | 17% | 20% | 49% |
| | 4.11.2 Determine patient compliance with the care and wear schedule to identify the need for re-education. | **86%** | 12% | 2% | **83%** | 2% | 4% | 50% | 44% | **77%** | 6% | 11% | 17% | 19% | 48% |
| | 4.11.3 Resolve concerns presented at follow-up assessment to promote patient comfort and optimum vision. | **84%** | 14% | 2% | **83%** | 2% | 4% | 50% | 45% | **77%** | 6% | 10% | 16% | 20% | 47% |
| | 4.11.4 Document patient visits to allow for effective continuity of care. | **87%** | 11% | 2% | **84%** | 2% | 5% | 45% | 49% | **82%** | 5% | 8% | 12% | 20% | 55% |
| | 4.11.5 Conduct a follow-up assessment to confirm lens performance, patient outcomes, and continued ocular health. | **85%** | 13% | 2% | **83%** | 1% | 5% | 49% | 45% | **77%** | 6% | 11% | 16% | 18% | 49% |
| | 4.11.6 Resolve problems identified in the follow-up assessment. | **83%** | 16% | 2% | **84%** | 1% | 4% | 48% | 48% | **77%** | 6% | 11% | 16% | 17% | 48% |
| | 4.11.7 Refer to appropriate healthcare professional if necessary. | **85%** | 13% | 2% | **85%** | 1% | 5% | 39% | 55% | **68%** | 15% | 17% | 10% | 13% | 45% |
| | 4.11.8 Remove a lens from the eye of a patient whether it is displaced or not. | **84%** | 13% | 4% | **82%** | 3% | 6% | 40% | 50% | **59%** | 25% | 19% | 9% | 12% | 35% |

# Appendix J

## Validation Meeting Agenda

### National Competencies for Canadian Opticians (4th edition)
**Final Validation**
NACOR

Montreal, QC
9–10 February 2019

# AGENDA – Day 1

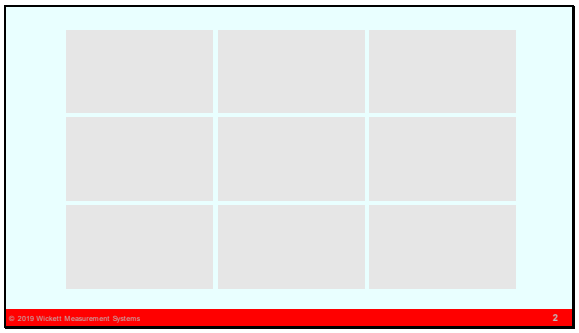
| | |
|---|---|
| 9:00am | Introductions<br>Opening remarks<br>Purpose<br>Roles<br>Rules of engagement<br>Process to date<br>Competency profile overview<br>Survey overview<br>Survey demographics |
| 10:15am | **Break** |
| 10:30am | Validation process<br>Professional Practice validation |
| 12:00pm | **Lunch** |
| 1:00pm | Professional Practice validation (cont.)<br>Refraction validation |
| 2:45pm | **Break** |
| 3:00pm | Refraction validation (cont.) |
| 5:00pm | **End of day** |

# AGENDA – Day 2

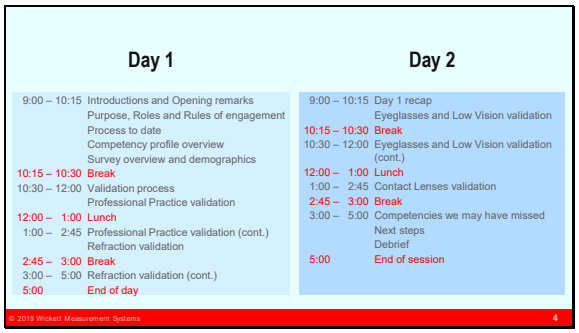
| | |
|---|---|
| 9:00am | Day 1 recap<br>Eyeglasses and Low Vision validation |
| 10:15am | **Break** |
| 10:30am | Eyeglasses and Low Vision validation (cont.) |
| 12:00pm | **Lunch** |
| 1:00pm | Contact Lenses validation |
| | **Break** |
| 3:00pm | Competencies we may have missed<br>Next steps<br>Debrief |
| 5:00pm | **End of session** |

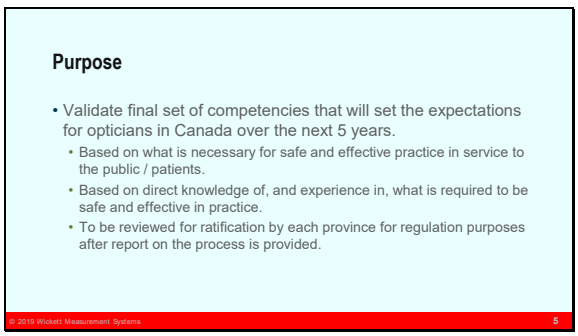
# Appendix K

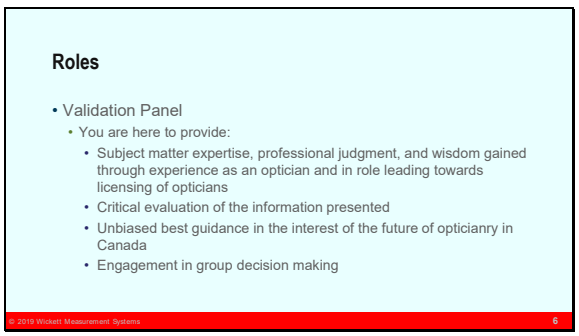
## Validation Meeting Slide Deck

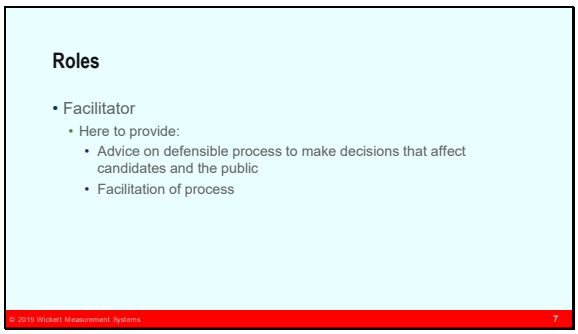



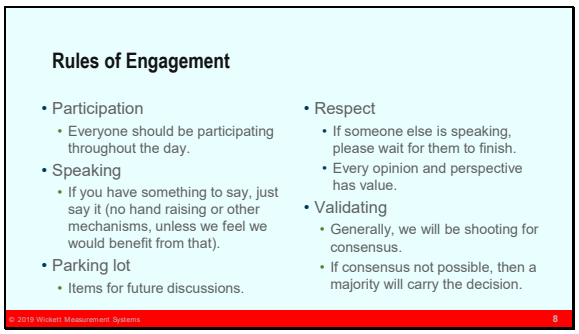




## DEVELOPMENT PROCESS

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### Development Process

| | |
|---|---|
| ☑ Start up | (March 2018) |
| ☑ Gap analysis | (April–June) |
| ☑ Drafting | (June–August) |
| ☑ Revising | (August–September) |
| ☑ Interim approval | (October–November) |
| ☑ Validation survey | (December–January) |
| ☛ Validation | (February) |
| ¢ Close out | (March 2019) |

**Changes**

- ▶Moved finalization of practice illustrations to after end of project
- ▶Moved blueprint setting to after end of project

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## COMPETENCY PROFILE

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### Competency Profile

- The primary purpose of the competency profile for a profession is to define what is required for safe and effective practice.
- It defines the scope of the profession and the expectations for professionals.
- It is not intended to directly serve as a teaching or testing tool, but rather as the basis for how teaching and assessment will be constructed.

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### Competency Profile

Has the following intended purposes:

1. Form the basis for the accreditation requirements for opticianry programs in Canada.
2. Serve as a guide to candidates studying for opticianry examinations as to the scope of what is expected of them.
3. Form the basis for the blueprints of what is tested on the national examinations.
4. Form the basis for the blueprints of what is tested on the Prior Learning Assessment and Recognition examinations.

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### Competency Profile

Has the following potential purposes:

5. Form the basis for standards of practice or practice directives.
6. Serve as a guide for audits of opticianry practice.
7. Serve as a guide for what is taught in continuing education courses.
8. Form the basis for the blueprints of what is tested on continuing competency assessments.
9. Provide information to the public and policy makers as to what opticians do.

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### Profile Structure

Leveling

Domain A
- Category 1
- Category 2
- Category 3
- ….

Domain B
- Category 1
- Category 2
- Category 3

Competency 1
Competency 2
Competency 3
Competency 4
….

*Behavioural indicator 1*
*Behavioural indicator 2*
*Behavioural indicator 3*
*Behavioural indicator 4*
*Behavioural indicator 5*
….

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### Competencies

- An effective competency takes the form:
  - Do something
  - To something *or* with something
  - In a particular way *or* for a particular purpose

*An optician has the ability to:*

**Recommend frame choices based on patient's requirements and preferences.**

VERB
Object
MODIFIER

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## Competencies

- The competencies are what is important
  - The domains and categories just provide structure to ease reading.
  - The practice illustrations just provide additional context.
- Competencies need to be exhaustive and non-overlapping.
- The competencies will not change after this.

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## 1. Professional Practice

1.1 Professionalism and Ethics
1.2 Informed Consent
1.3 Privacy, Confidentiality and Record Keeping
1.4 Patient and Workplace Safety
1.5 Jurisprudence and Regulatory Policies
1.6 Scope of Practice
1.7 Maintaining Competence

## 2. Refraction

2.1 Anatomy and Pathology
2.2 Optics
2.3 Equipment and Tools
2.4 Infection Control
2.5 Needs Assessment
2.6 Patient Communication
2.7 Continuing Care

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## 3. Eyeglasses and Low Vision

3.1 Anatomy and Pathology
3.2 Optics
3.3 Equipment and Tools
3.4 Infection Control
3.5 Needs Assessment
3.6 Prescription Interpretation and Lens Duplication
3.7 Lens and Frame Selection
3.8 Ordering
3.9 Inspection and Industry Standards
3.10 Verifying Fit and Patient Success
3.11 Patient Communication
3.12 Continuing Care
3.13 Low Vision

## 4. Contact Lenses

4.1 Anatomy and Pathology
4.2 Optics
4.3 Equipment and Tools
4.4 Infection Control
4.5 Needs Assessment
4.6 Prescription Interpretation and Lens Selection
4.7 Ordering
4.8 Inspection and Industry Standards
4.9 Verifying Fit and Patient Success
4.10 Patient Communication
4.11 Continuing Care

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## VALIDATION SURVEY OVERVIEW

 20

## Validation Survey

- Launched December 10, 2018.
- Closed January 9, 2019.
- All provinces except Quebec.
- Sent to all opticians with an email.
- 6232 licensed opticians.
- Several reminders to drive responding.

 21

## Validation Survey

What is the **applicability** of the competency in general in Canada (across all practice settings)?

1. This competency is relevant to opticians starting practice today.
2. This competency is only achieved after at least 3 years of practice.
3. This competency is not relevant to the safe and effective practice of a Canadian optician.

 22

## Validation Survey

How **critical** is this competency to safe and effective practice as an optician in your practice setting?

1. Not necessary for safe and effective practice.
2. Indirectly related to safe and effective practice.
3. Important for safe and effective practice.
4. Essential for safe and effective practice.

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## Validation Survey

How **frequently** do you need to demonstrate this competency in your own practice?

1. Continuously or many times through the day.
2. Once or twice every day I practice.
3. Once every few days of practice (e.g., once per week or so).
4. Infrequently (e.g., once per month or just a few times each year).
5. Never or almost never.

 24

## Survey Response Rate

| Licence | Count | Response rate |
|---|---|---|
| British Columbia | 268 | 25% |
| Alberta | 331 | 29% |
| Saskatchewan | 94 | 37% |
| Manitoba | 113 | 38% |
| Ontario | 733 | 25% |
| New Brunswick | 122 | 53% |
| Nova Scotia | 50 | 20% |
| Prince Edward Island | 10 | 29% |
| Newfoundland and Labrador | 26 | 22% |
| | 1747 | 28% |

| Modality | Count | Response rate |
|---|---|---|
| Eyeglasses | 1744 | 28% |
| Contact Lenses | 1146 | 27% |
| Refraction | 137 | 39% |

All respondents after removing duplicates

 25

## Survey Response Rate

- Strong response rate gives confidence that the opinions of the population of opticians are reflected.
- Provinces did not respond in the same proportions ($\chi^2(8)=82.4$, $p<.01$) . . . Driven mostly by higher than expected response rates in New Brunswick and Manitoba.

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## Survey Response Rate

| Modalities | British Columbia | Alberta | Saskatchewan | Manitoba | Ontario | New Brunswick | Nova Scotia | Prince Edward Island | Newfoundland and Labrador | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Eyeglasses | 268 | 328 | 94 | 113 | 733 | 122 | 50 | 10 | 26 | 1744 | |
| Contact Lenses | 189 | 105 | 28 | 56 | 684 | 57 | 13 | 5 | 9 | 1146 | |
| Refraction | 110 | 12 | 2 | 1 | 10 | 1 | 1 | 0 | 0 | 137 | |

 27

## Survey Response Rate

- 93 respondents showed almost no variability in responding (usually everything rated as Starting, Essential, Continuous).
  - Removed from analysis for all further analyses.
  - These respondents showed clearly that either they did not understand the task or they did not take it seriously.
- Left with 1651 respondents with usable data for all further analyses (26% of all opticians in Canada).

 28

## Survey Response Rate

| Licence | Count | Response rate |
|---|---|---|
| British Columbia | 259 | 24% |
| Alberta | 312 | 27% |
| Saskatchewan | 92 | 36% |
| Manitoba | 108 | 36% |
| Ontario | 679 | 24% |
| New Brunswick | 119 | 52% |
| Nova Scotia | 48 | 20% |
| Prince Edward Island | 9 | 26% |
| Newfoundland and Labrador | 25 | 22% |
| | 1651 | 26% |

| Modality | Count | Response rate |
|---|---|---|
| Eyeglasses | 1651 | 26% |
| Contact Lenses | 1079 | 26% |
| Refraction | 131 | 37% |

All respondents after removing duplicates and invariant respondents

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## Survey Response Rate

- Strong response rate gives confidence that the opinions of the population of opticians are reflected.
- Margin of error (95% confidence level) around EG endorsements of 75% is 1.8%, for CL endorsements it is 2.2%, and for Refraction it is 5.9%.
- No clear reason to doubt being able to use sample data to extrapolate to what opticians in general would report.

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## Validation Survey Demographics

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## Survey Demographic Questions

| Do you actively practise (i.e., at least 1 day per week on average) as an optician with patients? | | British Columbia | Alberta | Saskatchewan | Manitoba | Ontario | New Brunswick | Nova Scotia | Prince Edward Island | Newfoundland and Labrador | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes | 95% | 247 | 286 | 83 | 102 | 657 | 108 | 46 | 9 | 23 | 1561 |
| No | 5% | 12 | 26 | 9 | 6 | 22 | 11 | 2 | 0 | 2 | 90 |
| | | 259 | 312 | 92 | 108 | 679 | 119 | 48 | 9 | 25 | 1651 |

| How much of your work week, on average, is spent practising as an optician? | | British Columbia | Alberta | Saskatchewan | Manitoba | Ontario | New Brunswick | Nova Scotia | Prince Edward Island | Newfoundland and Labrador | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0% | 4% | 9 | 19 | 5 | 3 | 11 | 10 | 2 | 0 | 2 | 61 |
| 1–20% | 3% | 9 | 14 | 4 | 2 | 12 | 3 | 0 | 1 | 0 | 45 |
| 21–40% | 3% | 12 | 9 | 5 | 1 | 12 | 3 | 2 | 0 | 1 | 45 |
| 41–60% | 7% | 21 | 30 | 3 | 10 | 38 | 6 | 5 | 1 | 0 | 114 |
| 61–80% | 19% | 49 | 48 | 16 | 18 | 147 | 28 | 4 | 1 | 3 | 314 |
| 81–100% | 65% | 159 | 192 | 59 | 74 | 459 | 69 | 35 | 6 | 19 | 1072 |
| | | 259 | 312 | 92 | 108 | 679 | 119 | 48 | 9 | 25 | 1651 |

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## Survey Demographic Questions

**For how long have you been licensed?**

| | | British Columbia | Alberta | Saskatchewan | Manitoba | Ontario | New Brunswick | Nova Scotia | Prince Edward Island | Newfoundland and Labrador | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Less than 1 year | 3% | 8 | 20 | 2 | 4 | 14 | 6 | 1 | 0 | 0 | 55 |
| 1 to 3 years | 13% | 40 | 30 | 9 | 13 | 99 | 20 | 1 | 1 | 2 | 215 |
| 3+ to 5 years | 9% | 13 | 33 | 8 | 8 | 71 | 12 | 4 | 0 | 2 | 151 |
| 5+ to 10 years | 19% | 45 | 70 | 19 | 17 | 123 | 22 | 13 | 1 | 2 | 312 |
| 10+ to 15 years | 15% | 37 | 50 | 11 | 21 | 104 | 18 | 6 | 1 | 3 | 251 |
| 15+ to 20 years | 12% | 41 | 31 | 12 | 11 | 74 | 12 | 6 | 3 | 4 | 194 |
| 20+ to 25 years | 11% | 53 | 20 | 14 | 13 | 56 | 8 | 6 | 1 | 3 | 174 |
| More than 25 years | 18% | 22 | 58 | 17 | 21 | 138 | 21 | 11 | 2 | 9 | 299 |
| | | 259 | 312 | 92 | 108 | 679 | 119 | 48 | 9 | 25 | 1651 |



## Survey Demographic Questions

**In what setting do you practise most of the time?**

| | | British Columbia | Alberta | Saskatchewan | Manitoba | Ontario | New Brunswick | Nova Scotia | Prince Edward Island | Newfoundland and Labrador | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Independent optician-owned | 28% | 83 | 63 | 26 | 10 | 257 | 13 | 6 | 1 | 9 | 468 |
| Independent optometric-owned | 18% | 41 | 76 | 24 | 31 | 80 | 16 | 18 | 1 | 4 | 291 |
| Chain | 49% | 117 | 158 | 38 | 62 | 308 | 82 | 22 | 7 | 11 | 805 |
| Education | 1% | 1 | 2 | 0 | 0 | 7 | 3 | 0 | 0 | 0 | 13 |
| Other | 4% | 17 | 13 | 4 | 5 | 27 | 5 | 2 | 0 | 1 | 74 |
| | | 259 | 312 | 92 | 108 | 679 | 119 | 48 | 9 | 25 | 1651 |

**How many opticians, including yourself, normally work in your practice at the same time?**

| | | British Columbia | Alberta | Saskatchewan | Manitoba | Ontario | New Brunswick | Nova Scotia | Prince Edward Island | Newfoundland and Labrador | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 24% | 57 | 56 | 11 | 19 | 210 | 18 | 4 | 1 | 9 | 394 |
| 2 or 3 | 53% | 131 | 169 | 54 | 59 | 344 | 69 | 32 | 4 | 13 | 875 |
| More than 3 | 23% | 71 | 87 | 27 | 30 | 116 | 32 | 12 | 4 | 3 | 382 |
| | | 259 | 312 | 92 | 108 | 679 | 119 | 48 | 9 | 25 | 1651 |



## Survey Demographic Questions

**What is your primary work role?**

| | | British Columbia | Alberta | Saskatchewan | Manitoba | Ontario | New Brunswick | Nova Scotia | Prince Edward Island | Newfoundland and Labrador | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Practising optician | 84% | 208 | 242 | 76 | 93 | 595 | 104 | 41 | 9 | 24 | 1392 |
| Supervisory / administration (oversight of practising opticians) | 10% | 35 | 44 | 11 | 8 | 58 | 7 | 6 | 0 | 1 | 170 |
| Order processing / manufacturing | 2% | 7 | 10 | 2 | 6 | 9 | 1 | 0 | 0 | 0 | 35 |
| Educator in full- or part-time program | 1% | 1 | 2 | 0 | 0 | 6 | 3 | 0 | 0 | 0 | 12 |
| Other | 3% | 8 | 14 | 3 | 1 | 11 | 4 | 1 | 0 | 0 | 42 |
| | | 259 | 312 | 92 | 108 | 679 | 119 | 48 | 9 | 25 | 1651 |

**What language do you speak most often in your practice as an optician?**

| | | British Columbia | Alberta | Saskatchewan | Manitoba | Ontario | New Brunswick | Nova Scotia | Prince Edward Island | Newfoundland and Labrador | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| English | 97% | 252 | 307 | 92 | 108 | 666 | 92 | 48 | 9 | 25 | 1599 |
| French | 2% | 0 | 0 | 0 | 0 | 1 | 27 | 0 | 0 | 0 | 28 |
| Other | 1% | 7 | 5 | 0 | 0 | 12 | 0 | 0 | 0 | 0 | 24 |
| | | 259 | 312 | 92 | 108 | 679 | 119 | 48 | 9 | 25 | 1651 |



## Survey Demographic Questions

**With what gender do you identify?**

| | | British Columbia | Alberta | Saskatchewan | Manitoba | Ontario | New Brunswick | Nova Scotia | Prince Edward Island | Newfoundland and Labrador | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Female | 69% | 165 | 239 | 68 | 91 | 423 | 92 | 35 | 8 | 14 | 1135 |
| Male | 30% | 89 | 69 | 24 | 15 | 246 | 26 | 13 | 1 | 11 | 494 |
| Other identity | 0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Prefer not to say | 1% | 5 | 4 | 0 | 2 | 10 | 1 | 0 | 0 | 0 | 22 |
| | | 259 | 312 | 92 | 108 | 679 | 119 | 48 | 9 | 25 | 1651 |



## Survey Demographic Questions

**How frequently do you dispense rigid gas permeable lenses or advise patients on their use?**

| | | British Columbia | Alberta | Saskatchewan | Manitoba | Ontario | New Brunswick | Nova Scotia | Prince Edward Island | Newfoundland and Labrador | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| I have never worked with RGP lenses with a patient | 57% | 147 | 223 | 76 | 84 | 272 | 84 | 39 | 7 | 17 | 949 |
| Less than once per year | 25% | 57 | 48 | 12 | 14 | 246 | 30 | 4 | 1 | 6 | 418 |
| 1–3 times per year | 10% | 29 | 26 | 3 | 6 | 101 | 3 | 1 | 1 | 0 | 170 |
| 4–12 times per year | 5% | 17 | 10 | 0 | 3 | 47 | 1 | 3 | 0 | 2 | 83 |
| More than once per month | 2% | 9 | 5 | 1 | 1 | 13 | 1 | 1 | 0 | 0 | 31 |
| | | 259 | 312 | 92 | 108 | 679 | 119 | 48 | 9 | 25 | 1651 |

**Do you feel sufficiently competent to dispense rigid gas permeable lenses?**

| | | British Columbia | Alberta | Saskatchewan | Manitoba | Ontario | New Brunswick | Nova Scotia | Prince Edward Island | Newfoundland and Labrador | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes | 14% | 33 | 34 | 4 | 4 | 139 | 12 | 5 | 0 | 1 | 232 |
| Yes, though I would benefit from additional training to keep up my skills | 34% | 78 | 71 | 15 | 25 | 324 | 33 | 6 | 3 | 6 | 561 |
| No | 52% | 148 | 207 | 73 | 79 | 216 | 74 | 37 | 6 | 18 | 858 |
| | | 259 | 312 | 92 | 108 | 679 | 119 | 48 | 9 | 25 | 1651 |



## Survey Demographic Questions

**Do you feel sufficiently competent to dispense low-vision devices?**

| | | British Columbia | Alberta | Saskatchewan | Manitoba | Ontario | New Brunswick | Nova Scotia | Prince Edward Island | Newfoundland and Labrador | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes | 16% | 52 | 50 | 14 | 14 | 107 | 15 | 8 | 0 | 4 | 264 |
| Yes, though I would benefit from additional training to keep up my skills | 44% | 100 | 120 | 40 | 49 | 318 | 63 | 17 | 3 | 11 | 721 |
| No | 40% | 107 | 142 | 38 | 45 | 254 | 41 | 23 | 6 | 10 | 666 |
| | | 259 | 312 | 92 | 108 | 679 | 119 | 48 | 9 | 25 | 1651 |



## Survey Demographic Questions

**Do you feel that having refracting within the scope of practice for opticians would be beneficial to the public?**

| | | British Columbia | Alberta | Saskatchewan | Manitoba | Ontario | New Brunswick | Nova Scotia | Prince Edward Island | Newfoundland and Labrador | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes | 58% | 149 | 167 | 42 | 53 | 424 | 73 | 27 | 6 | 16 | 957 |
| No | 18% | 48 | 68 | 27 | 18 | 106 | 17 | 7 | 1 | 4 | 296 |
| I do not have an opinion on this | 24% | 62 | 77 | 23 | 37 | 149 | 29 | 14 | 2 | 5 | 398 |
| | | 259 | 312 | 92 | 108 | 679 | 119 | 48 | 9 | 25 | 1651 |

**If refracting were added to the scope of practice for new opticians, how likely would you be to pursue training to become competent to perform refractions?**

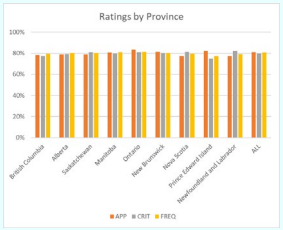
| | | British Columbia | Alberta | Saskatchewan | Manitoba | Ontario | New Brunswick | Nova Scotia | Prince Edward Island | Newfoundland and Labrador | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Very unlikely | 15% | 38 | 49 | 24 | 14 | 97 | 16 | 10 | 1 | 2 | 251 |
| Unlikely | 13% | 44 | 46 | 15 | 17 | 69 | 18 | 7 | 2 | 4 | 222 |
| Possibly | 27% | 63 | 95 | 23 | 40 | 158 | 29 | 16 | 4 | 10 | 438 |
| Likely | 18% | 41 | 54 | 17 | 17 | 133 | 28 | 4 | 1 | 6 | 301 |
| Very likely | 27% | 73 | 68 | 13 | 20 | 222 | 28 | 11 | 1 | 3 | 439 |
| | | 259 | 312 | 92 | 108 | 679 | 119 | 48 | 9 | 25 | 1651 |



## VALIDATION SURVEY RATINGS

## Survey Ratings

| Province | APP | CRIT | FREQ |
|---|---|---|---|
| British Columbia | 78% | 78% | 80% |
| Alberta | 79% | 79% | 80% |
| Saskatchewan | 79% | 81% | 80% |
| Manitoba | 80% | 80% | 81% |
| Ontario | 83% | 81% | 81% |
| New Brunswick | 81% | 80% | 80% |
| Nova Scotia | 77% | 81% | 79% |
| Prince Edward Island | 82% | 75% | 77% |
| Newfoundland and Labrador | 78% | 82% | 79% |
| ALL | 81% | 80% | 81% |

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## Survey Ratings by Demographics

**Do you actively practise (i.e., at least 1 day per week on average) as an optician with patients?**

| | n | APP | CRIT | FREQ |
|---|---|---|---|---|
| Yes | 1561 | 81% | 80% | 81% |
| No | 90 | 79% | 79% | 78% |

**How much of your work week, on average, is spent practising as an optician?**

| | n | APP | CRIT | FREQ |
|---|---|---|---|---|
| 0% | 61 | 79% | 79% | 80% |
| 1–20% | 45 | 74% | 76% | 72% |
| 21–40% | 45 | 84% | 78% | 77% |
| 41–60% | 114 | 82% | 78% | 81% |
| 61–80% | 114 | 80% | 80% | 79% |
| 81–100% | 1072 | 81% | 81% | 81% |

**For how long have you been licensed?**

| | n | APP | CRIT | FREQ |
|---|---|---|---|---|
| Less than 1 year | 55 | 92% | 86% | 85% |
| 1 to 3 years | 215 | 85% | 81% | 80% |
| 3+ to 5 years | 151 | 75% | 78% | 80% |
| 5+ to 10 years | 312 | 80% | 80% | 81% |
| 10+ to 15 years | 251 | 78% | 79% | 82% |
| 15+ to 20 years | 194 | 80% | 79% | 79% |
| 20+ to 25 years | 174 | 82% | 81% | 80% |
| More than 25 years | 299 | 83% | 80% | 80% |

**In what setting do you practise most of the time?**

| | n | APP | CRIT | FREQ |
|---|---|---|---|---|
| Independent optician-owned | 468 | 80% | 80% | 81% |
| Independent optometric-owned | 291 | 81% | 79% | 79% |
| Chain | 805 | 81% | 80% | 81% |
| Education | 13 | 90% | 79% | 75% |
| Other | 74 | 80% | 81% | 77% |

**How many opticians, including yourself, normally work in your practice at the same time?**

| | n | APP | CRIT | FREQ |
|---|---|---|---|---|
| 1 | 394 | 80% | 81% | 81% |
| 2 or 3 | 875 | 81% | 80% | 80% |
| More than 3 | 382 | 81% | 80% | 81% |

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## Survey Ratings by Demographics

**What is your primary work role?**

| | n | APP | CRIT | FREQ |
|---|---|---|---|---|
| Practising optician | 1392 | 81% | 80% | 81% |
| Supervisory / administration (oversight of practising opticians) | 170 | 78% | 79% | 82% |
| Order processing / manufacturing | 35 | 82% | 79% | 80% |
| Educator in full- or part-time program | 12 | 91% | 81% | 78% |
| Other | 42 | 74% | 80% | 75% |

**What language do you speak most often in your practice as an optician?**

| | n | APP | CRIT | FREQ |
|---|---|---|---|---|
| English | 1599 | 81% | 80% | 80% |
| French | 28 | 82% | 83% | 84% |
| Other | 24 | 74% | 77% | 84% |

**With what gender do you identify?**

| | n | APP | CRIT | FREQ |
|---|---|---|---|---|
| Female | 1135 | 81% | 80% | 80% |
| Male | 494 | 80% | 79% | 81% |
| Other identity | 0 | | | |
| Prefer not to say | 22 | 72% | 78% | 81% |

**How frequently do you dispense rigid gas permeable lenses or advise patients on their use?**

| | n | APP | CRIT | FREQ |
|---|---|---|---|---|
| I have never worked with RGP lenses with a patient | 949 | 80% | 79% | 80% |
| Less than once per year | 418 | 80% | 80% | 81% |
| 1–3 times per year | 170 | 83% | 83% | 83% |
| 4–12 times per year | 83 | 83% | 81% | 84% |
| More than once per month | 31 | 91% | 86% | 84% |

**Do you feel sufficiently competent to dispense rigid gas permeable lenses?**

| | n | APP | CRIT | FREQ |
|---|---|---|---|---|
| Yes | 232 | 83% | 82% | 83% |
| Yes, though I would benefit from additional training to keep up my skills | 561 | 82% | 82% | 82% |
| No | 858 | 79% | 78% | 79% |

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## Survey Ratings by Demographics

**Do you feel that having refracting within the scope of practice for opticians would be beneficial to the public?**

| | n | APP | CRIT | FREQ |
|---|---|---|---|---|
| Yes | 957 | 81% | 81% | 81% |
| No | 296 | 81% | 79% | 79% |
| I do not have an opinion on this | 398 | 81% | 79% | 80% |

**Do you feel sufficiently competent to dispense low-vision devices?**

| | n | APP | CRIT | FREQ |
|---|---|---|---|---|
| Yes | 264 | 80% | 82% | 84% |
| Yes, though I would benefit from additional training to keep up my skills | 721 | 82% | 81% | 81% |
| No | 666 | 80% | 78% | 78% |

**If refracting were added to the scope of practice for new opticians, how likely would you be to pursue training to become competent to perform refractions?**

| | n | APP | CRIT | FREQ |
|---|---|---|---|---|
| Very unlikely | 251 | 81% | 79% | 79% |
| Unlikely | 222 | 80% | 78% | 78% |
| Possibly | 438 | 79% | 79% | 79% |
| Likely | 301 | 80% | 81% | 82% |
| Very likely | 439 | 83% | 82% | 82% |

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## Confidence in Ratings

- For a survey to be useful, need to have confidence that the results are reflective of the whole population.
- Expect a small amount of fluctuation due to sampling, but not much.
- Analysis proceeding with sample of 26% of all opticians; margin of error about 2% for all ratings except Refraction (about 6%).
- Nothing apparent it the demographics to suggest this sample is skewed in any fashion.
  - For the most part, no meaningful differences across responses.

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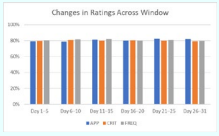
## Confidence in Ratings

- Should be able to have confidence that the results are a sound reflection of practice, as reported, across Canada.
- As such, these results reflect the views (on average) of all licensed opticians.




- Do not know if non-responders are truly different
  - But no variation between with and without reminders.
  - No reason to think those not sufficiently engaged to fill in survey would have given meaningfully different ratings.

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## Confidence in Ratings

| | APP | CRIT | FREQ |
|---|---|---|---|
| min | 40% | 49% | 35% |
| mean | 81% | 79% | 79% |
| max | 92% | 92% | 96% |
| sd | 10% | 9% | 13% |

- Respondents are not rating all competencies the same.
  - Shows they are differentiating, which provides confidence that low ratings and high ratings are meaningful.


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## Confidence in Ratings

- And so:
  - Competencies rated highly should be retained because opticians view them to be important in practice.
  - Competencies rated low should be removed because opticians do not view them to be important in practice.
- This panel need not agree with those views in every instance, but the onus is on the panel to justify very divergent decisions.
- In the end the best decisions are those that take into account professional judgment, policy and data.

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# VALIDATION PROCESS

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## Validation Process

- Review competencies in blocks.
- Individual ratings followed by group review.
- Each competency rated as:
  - Competency is **required at entry to practice** for a safe and effective optician practising in Canada today and into the near future.
  - Competency is important, but comes only with **3+ years** of experience and is not required to be safe and effective at entry to practice in the applicable domain.
  - Competency is required or important, but needs minor **edits**.
  - Competency is **not required or important** for a safe and effective optician practicing in Canada today or into the near future.

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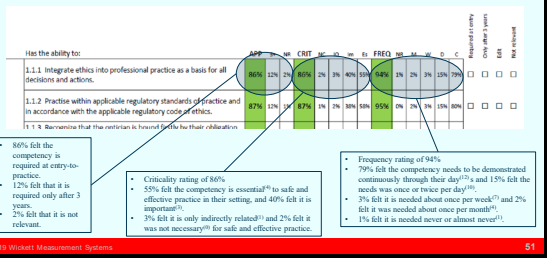
## Validation Process

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## Points of Reference

| | APP | CRIT | FREQ |
|---|---|---|---|
| min | 40% | 49% | 35% |
| mean | 81% | 79% | 79% |
| max | 92% | 92% | 96% |
| sd | 10% | 9% | 13% |

- At or above mean is green (81%, 79%, 79%).
- At or below 2 SDs below mean is red (60%, 61%, 53%).

| | APP | CRIT | FREQ |
|---|---|---|---|
| PP | 71% – **86%** – 90% *4%* | 73% – **84%** – 91% *4%* | 61% – **87%** – 96% *8%* |
| R | 56% – **76%** – 92% *9%* | 52% – **74%** – 85% *8%* | 52% – **75%** – 92% *9%* |
| EG & LV | 40% – **78%** – 90% *14%* | 49% – **77%** – 92% *11%* | 35% – **79%** – 96% *17%* |
| CL | 64% – **84%** – 89% *5%* | 56% – **83%** – 90% *5%* | 48% – **79%** – 91% *9%* |

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# VALIDATION

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## 1. Professional Practice

- 7 categories
- 36 competencies

| | APP | CRIT | FREQ |
|---|---|---|---|
| PP | 71% – **86%** – 90% *4%* | 73% – **84%** – 91% *4%* | 61% – **87%** – 96% *8%* |
| R | 56% – **76%** – 92% *9%* | 52% – **74%** – 85% *8%* | 52% – **75%** – 92% *9%* |
| EG & LV | 40% – **78%** – 90% *14%* | 49% – **77%** – 92% *11%* | 35% – **79%** – 96% *17%* |
| CL | 64% – **84%** – 89% *5%* | 56% – **83%** – 90% *5%* | 48% – **79%** – 91% *9%* |

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## 2. Refraction

- 7 categories
- 40 competencies

| | APP | CRIT | FREQ |
|---|---|---|---|
| PP | 71% – **86%** – 90% *4%* | 73% – **84%** – 91% *4%* | 61% – **87%** – 96% *8%* |
| R | 56% – **76%** – 92% *9%* | 52% – **74%** – 85% *8%* | 52% – **75%** – 92% *9%* |
| EG & LV | 40% – **78%** – 90% *14%* | 49% – **77%** – 92% *11%* | 35% – **79%** – 96% *17%* |
| CL | 64% – **84%** – 89% *5%* | 56% – **83%** – 90% *5%* | 48% – **79%** – 91% *9%* |

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## 3. Eyeglasses and Low Vision

- 13 categories
- 75 competencies

| | APP | CRIT | FREQ |
|---|---|---|---|
| PP | 71% – **86%** – 90% *4%* | 73% – **84%** – 91% *4%* | 61% – **87%** – 96% *8%* |
| R | 56% – **76%** – 92% *9%* | 52% – **74%** – 85% *8%* | 52% – **75%** – 92% *9%* |
| EG & LV | 40% – **78%** – 90% *14%* | 49% – **77%** – 92% *11%* | 35% – **79%** – 96% *17%* |
| CL | 64% – **84%** – 89% *5%* | 56% – **83%** – 90% *5%* | 48% – **79%** – 91% *9%* |

 56

 

### 4. Contact Lenses

- 11 categories
- 65 competencies

| | APP | CRIT | FREQ |
|---|---|---|---|
| PP | 71% – **86%** – 90% *4%* | 73% – **84%** – 91% *4%* | 61% – **87%** – 96% *8%* |
| R | 56% – **76%** – 92% *9%* | 52% – **74%** – 85% *8%* | 52% – **75%** – 92% *9%* |
| EG & LV | 40% – **78%** – 90% *14%* | 49% – **77%** – 92% *11%* | 35% – **79%** – 96% *17%* |
| ➡ CL | 64% – **84%** – 89% *5%* | 56% – **83%** – 90% *5%* | 48% – **79%** – 91% *9%* |

 57

### Write-in Competencies

- *"The competencies examined by the survey appear sufficient to safely and confidently conduct duties and interactions between optician, coworkers and clients for a safe, professional and client satisfaction-oriented workplace and environment for the benefit of all involved with a primary importance placed on client happiness and satisfaction."*
- *"I wish I would not have started the survey. It reminded me I'm getting too old for this stuff."*

 58

### Write-in Competencies

- Of the 1651 responses, 1454 were a variation on 'Nothing was missing'.
- 22 felt that 'almost' everything was covered, and 8 were not sure. 13 found a way to leave the question blank.
- Only 4 complained about the survey being too long, and 47 left comments unrelated to whether anything was missing.
- There were 103 comments related to there being something potentially missing.
  - These we will review to determine if anything should be added.

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## WRAP-UP AND CLOSE

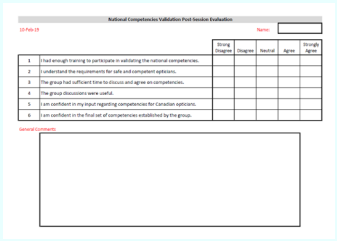
 60

### Next steps

- Ratify competency profile in each jurisdiction
- Establish effective dates for education and examinations
- Review and revise practice illustrations
- Release competency profile, with practice illustrations
- Revise accreditation requirements
- Revise examination blueprints
- Revise examinations

 61

### Evaluation


National Competencies Validation Post-Session Evaluation

10-Feb-19 Name:

| | | Strong Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| 1 | I had enough training to participate in validating the national competencies. | | | | | |
| 2 | I understand the requirements for safe and competent opticians. | | | | | |
| 3 | The group had sufficient time to discuss and agree on competencies. | | | | | |
| 4 | The group discussions were useful. | | | | | |
| 5 | I am confident in my input regarding competencies for Canadian opticians. | | | | | |
| 6 | I am confident in the final set of competencies established by the group. | | | | | |

General Comments:

 62

### Debrief

- Confidence in decisions?
- Feedback on process?

 63

## CONFIDENTIALITY

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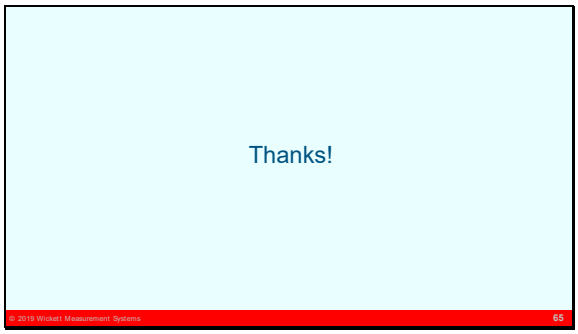
Thanks!
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65

# Appendix L

## Write-in Suggestions

| **Are there any competencies that you feel were missing from this survey?** |
|---|
| 1. Discuss benefits of purchasing eyewear from a qualified optical professional, as opposed to buying online,<br>2. More questions regarding refraction for opticians. |
| Adjustments, the number of terrible adjustments that I fix daily blows my mind.<br>PD's as well. |
| Anything that refers to a slit lamp operations. |
| are you hand sanitizing before and after patient care? |
| Assisting px's with disabilities<br>- fitting minors with contact lenses (medically necessary, sports, etc) |
| Basic surfacing and finishing knowledge |
| Being a supervisor to a new student |
| Being able to communicate clearly and effectively.<br>Having patience to listen to the patient's case and concerns.<br>Verify patient's answers by repeating what was said. |
| Being able to communicate with the patients and on proper education of the patients and the products/devices they are receiving. |
| Being an optician and a business owner. How to manage everything including employees. |
| Being approachable and understanding as a compassionate person. |
| better questions for the scope of practice. |
| Better understanding of frame technology and the requirements for lenses needed to fit into the new technology frames. |
| Business acumen |
| Communication between eye care professionals is needed. |
| Communication skills with customers, |
| Communication skills. |
| Competencies related to manufacturing techniques of lenses and related knowledge are missing. |
| conflict resolution / patient > business > patient |
| Conflict resolution would be very valuable in new opticians. |
| Customer Service Skills |
| Customer service/retail/sales skills |
| Dealing with interpersonal relationships and conflicts in the work environment. |
| dealing with minority and elderly |
| Edging and hand edging of lenses. |
| Educating patient on first-time PAL wearing. Adjusting frames/lenses for adaptation of new PAL. Selecting frames that fit correctly. Proper disposal of patient files. |
| Effective communication in either English or French should be mandatory to be licenced. |
| Emphasize proper hand washing and its importance. |

 

| |
|---|
| ensure that the optician has the skills to fit |
| Ensuring that professional is competent in neutralization |
| explain terminology to patients |
| Face shape and frame shapes. |
| Financial dealings that involve medical insurance. I personally have had patients ask me to commit fraud and when refuse their request they say they know places that will. |
| FITTING AND ADJUSTING THE FRAMES ACCORDING TO PHYSICAL ANATOMY OF CLIENT<br>TROUBLE SHOOTING NON ADAPT ESPECIALLY IN PROGRESSIVE LENSES |
| Generally I felt all competencies were covered , however considering the "times " we live in ,a focused competency on social media , with regards to privacy laws. |
| how to communicate effectively with patients |
| How to deal with unreasonable customers. Conflict resolution |
| how to deal with upset client! |
| How to work with different frame materials and basic lens finishing |
| Knowing proper adjustments<br>knowing about bicentric use, Ptosis crutch and other special fittings |
| Lensometer |
| Lenses Design |
| Lensometer tolerances |
| Listening to the patient is important. |
| Maintenance and basic repair of equipment; alternatives if equipment is down. |
| Manufacturing of eye wear |
| Maybe on practical and hands on. |
| Maybe salesmanship and business expectations. It’s a retailed based business especially when working for large corporations. |
| Mental Illness and the effect on vision and patient care. |
| More about refracting and refracting possibilities |
| More business models and Public Relation models to convince employers and patients for the need for seeing Eye professionals. |
| more disease related ocular problems |
| Must be competent in general mathematics. Some students these days cannot add or subtract, or divide , multiply simple numbers without calculators. |
| Prism |
| problem solving in work environment |
| product information rise and more skillfull |
| Product knowledge with the brand and companies itself |
| Proper and correct adjustment to each client's unique face form is essential for client's comfort. Also custom pre-adjustment of eyeglass frame is important before taking the Segment height, Optical Height, etc. (which is not taking place in many practices) |
| Properly adjusting eyewear to fit comfortably: on the nose, along the temples and behind the ears. The proper angles, pressures and curves.<br>Are OC heights taken on appropriate Rx's?<br>Are jobs that are checked initialed by the attending optician for accountability?<br>Are jobs dispensed initialed by the attending Optician for accountability? |

| |
|---|
| Are notes documented at Pick-up of eyewear?<br>Are permission forms signed by the patient if the Optician is billing insurance directly? |
| Refracting |
| Refraction and sunglasses |
| Relevance of hand washing and explanation of hygiene of clean hands |
| RGP's and Low Vision are very rare in my scope of practice. Why is this included? Maybe focus more on future opticians learning the importance of edging lenses and frequent use of equipment. I was recently hired at a place that only uses digital lensometers. The opticians I work with dont know how to use a manual. |
| Safety Eyeglasses |
| selling skills |
| Selling techniques |
| Selling/retail, accounting, business skills |
| Sent by email after completion: In contact lens patient evaluation- Slit lamp pre and post fit. Refraction- Cover uncover test, pupil evaluation for light response & unequal size Pin hole evaluation pre refraction when needed.<br>Lens evaluation for cataract ? |
| Specific to eyeglasses:<br>1) Ability to take 'position of wear' measurements for eyeglasses. The curriculum covers the ability to take basic measurements (in mm) which include pupillary distance, vertex distance, segment height and ocular center heights, however many of todays lenses require or have options for additional measurements, ie "position of wear" measurements which include frame wrap, pantoscopic tilt (and angle) and reading distance.<br>2) ability to calculate an approximate base curve for a given prescription. Many of todays graduates have zero understanding of how a lens base curve is calculated and find themselves and their patients disappointed when the eyeglasses are completed and presented for dispensing.<br>3) An understanding of the basic troubleshooting procedure when confronted with a patient who "cant see" with their new eyeglasses. Many recent graduates will opt to "switch" a lens design or base curve as their first attempt at resolving an issue, without an understanding or ability to properly follow a set cadence for troubleshooting.<br>4) Ability to use automatic lensometer(s)<br>5) Knowledge of the various settings of an automatic lensometer and their individual functions and effects on the final reading.<br>5) Ability to take eyeglass measurements with automated devices ... our industry has evolved from traditional surfacing, which could grind a lens to 1/8th of a diopter. Todays digital surfacing can grind a lens to 1/100th of a diopter. It seems silly to only ask a graduate to know how to take manual measurements and not possess knowledge of how to take measurements with automated devices. |
| Survey is quite comprehensive, however I believe Opticians should generally, in their training, have more exposure to other various medical sciences, including neurosciences,, have a better understanding of overall good health, of the importance of being healthy, a bit more general culture, basic notions of anthropology, more ability to recognize and respond to the needs of a diverse Canadian public and their many ocular health issues. |
| Technology competencies. |
| the art of repairing and customer relations. |
| Importance of getting recheck appointment for contact lenses wears. |
| is there any skills to improve the sales which most practice preferred? |

 

| |
|---|
| I feel it's important that a better competency in record keeping would go a long way. When I was in Opticians school it was something that wasn't even touched on. |
| I think it covers most of the important competencies, may be it can include more Jurisprudence competency questions. |
| I think that the lens selection information was a little vague.<br>Product knowledge is one of the biggest potholes for opticians to learn and get comfortable with. |
| I thinks we should be more focused on getting best visual acuity of the patient at their current state of ocular health. this would include refracting to get the best result. Assessing health condition is more OD domain. |
| No- just more push on ocular health |
| One of the core competencies that I had to deal with but was never explored was dealing with multifocal or monovision contact lens fittings. As a student, I did not even have any inclination how to handle either until my practicum for the contact lens fits. I believe that these kinds of contact lens fittings are essential knowledge, or every student should at least have the background knowledge for these. |
| Othokerarology, mini-scleral, rose-K cl fits, identifying kerataconus/ topography interpretation and retina, Corneal, photography, potential training for Oct, hrt, tonometry with refraction course |
| Personal Hygiene |
| no. it covered all the health related competencies. the only thing in not much detail was how retail integrate sales with a health care provider. how to balance what customers can afford with what they require and how to deal with unrealistic expectations regarding a product that a customer has purchased. |
| Nothing was mentioned/asked about operating equipment relating to making glasses (lensmeter, blocker, edger, manual grover, feathering wheel etc.) |
| Overall, survey very thorough. Communication among office staff members is critical. Having RO in refraction room with OD gives greater importance to ODs recommendation as does dialogue between OD and RO. |
| patient education. relating to glasses i.e. progressives, screen time, and lifestyle needs<br>to contact lenses education regarding schedule, meds, replacement, and follow up<br>relating to contact len- recalls for follow up |
| -Perform more complex frame adjustments/ modifications ie. Adding nosepads to plastic frames<br>-Edging lenses and assembly<br>-Measurements using automated equipment ( as these are more commonly used in offices)- how to ensure measurements are accurate. |
| performance "attitudes" among occupational peers in the same market place<br>peer reviews have been open, where comments are servicing other interests other than the consumer.<br>professionals conduct should be based on, what's in the best interest on the consumer in the delivery of health care |
| Perhaps competencies of managing staff and not only problem solving with patients but with staff conflicts also. |
| The need to make employers aware of the importance of having trained Opticians perform Opticianry |
| The rigid lens section was not clear about whether small diameter lenses or scleral lenses were the focus of the questions. |

| |
|---|
| There should a trouble shooting competency to figure it out when things go wrong. We have developed a checklist in our office for the less experienced to troubleshoot if they need to, along with ideas for different adjustments that could help or when to just send back the lab or back to doctor. |
| There should be more areas covering customer services ie: repairing problems, frame selection, or dealing with insurance companies. |
| There was nothing to address general communications skill with clients, or any competency in discussing the importance with the clients or public at large of visiting and continuing to visit with opticians vs. purchasing eyewear online or in other countries that may have laxer regulations. Communication skills to address the value of good quality eyewear vs. price, and communication to the public that they are in fact dealing with medical devices. Also competency specific to dealing with seniors or children. |
| Tolerance |
| Trouble shooting |
| Trouble shooting questions |
| troubleshooting of progressive eyeglass lenses ( visual comfort or issues)<br>fitting and troubleshooting of multifocal contact lenses, or monofitting SV contact lenses |
| Types of progressive lenses. |
| Understanding frame materials |
| Use of recreational drugs and their effect on contact lens wearer. How to handle patient who uses recreational drugs? |
| workplace communication and problem solving |
| Yes! How to overcome price objections of the patient based on their visual needs? |

# Appendix M

## Decisions Made at Validation

### Professional Practice

| | Has the ability to: | APP | CRIT | FREQ | Decision | Rationale |
|---|---|---|---|---|---|---|
| 1.1 Professionalism and Ethics | 1.1.1 Integrate ethics into professional practice as a basis for all decisions and actions. | 86% | 86% | 94% | Valid as is | |
| | 1.1.2 Practise within applicable regulatory standards of practice and in accordance with the applicable regulatory code of ethics. | 87% | 87% | 95% | Valid as is | |
| | 1.1.3 Recognize that the optician is bound firstly by their obligation to the patient and not by self-interest or the interest of the employer. | 87% | 86% | 94% | Valid as is | |
| | 1.1.4 Serve as a patient advocate with other members of the eye-care team. | 79% | 78% | 86% | Valid as is | |
| | 1.1.5 Manage professional boundaries when dealing with patients, co-workers, and other professionals. | 87% | 85% | 93% | Valid as is | |
| | 1.1.6 Recognize ethically challenging situations that could put the patient at risk. | 81% | 85% | 84% | Valid as is | |
| | 1.1.7 Manage ethically challenging situations methodically and transparently to protect the patient. | 80% | 83% | 84% | Valid as is | |
| | 1.1.8 Communicate with patients and others clearly, truthfully, and transparently. | 89% | 89% | 96% | Valid as is | |
| | 1.1.9 Maintain a professional relationship with other members of the healthcare team to facilitate management of the patient's overall eye-health needs. | 85% | 84% | 91% | Valid as is | |
| | 1.1.10 Maintain a referral network to facilitate meeting all of the patient's eye-health needs. | 71% | 73% | 78% | Valid as is | |
| | 1.1.11 Engage in business practices that are truthful and professional. | 89% | 88% | 95% | Valid as is | |
| 1.2 Informed Consent | 1.2.1 Adhere to regulatory, legislative, and standards requirements relating to informed consent. | 88% | 87% | 92% | Valid as is | |
| | 1.2.2 Exercise the process of obtaining informed consent. | 88% | 84% | 91% | Valid as is | |
| | 1.2.3 Ensure the patient's informed consent throughout patient engagement. | 88% | 85% | 92% | Valid as edited | Minor edit for conciseness. |
| | 1.2.4 Explain information in plain language to ensure patients understand their options. | 89% | 87% | 95% | Valid as is | |

| | Has the ability to: | APP | CRIT | FREQ | Decision | Rationale |
|---|---|---|---|---|---|---|
| **1.3 Privacy, Confidentiality, and Record Keeping** | 1.3.1 Apply privacy legislation related to patient care. | **90%** | **88%** | **95%** | Valid as is | |
| | 1.3.2 Maintain confidentiality of all patient information. | **90%** | **91%** | **96%** | Valid as is | |
| | 1.3.3 Document patient care in a clear and understandable format. | **89%** | **88%** | **95%** | Valid as is | |
| | 1.3.4 Maintain records consistent with federal and provincial legislation and standards of practice. | **88%** | **87%** | **93%** | Valid as is | |
| | 1.3.5 Release records in accordance with federal and provincial legislation and standards of practice. | **86%** | **83%** | **83%** | Valid as is | |
| **1.4 Patient and Workplace Safety** | 1.4.1 Contribute to a workplace that is free from all forms of harassment. | **90%** | **90%** | **94%** | Valid as is | |
| | 1.4.2 Adhere to polices, standards, and procedures as they relate to patient and workplace safety. | **90%** | **87%** | **94%** | Valid as is | |
| | 1.4.3 Manage abusive and aggressive behaviour to provide a safe work environment. | **84%** | **88%** | **80%** | Valid as edited | Minor edit for conciseness. |
| | 1.4.4 Follow provincial government procedures in response to contagious outbreaks. | **82%** | **83%** | **72%** | Valid as is | |
| **1.5 Jurisprudence and Regulatory Policies** | 1.5.1 Adhere to all provincial regulatory policies. | **88%** | **86%** | **92%** | Valid as is | |
| | 1.5.2 Adhere to all applicable provincial and federal legislation. | **88%** | **86%** | **92%** | Valid as is | |
| | 1.5.3 Maintain awareness of changes in regulations and legislation. | **84%** | **81%** | **75%** | Valid as is | |
| | 1.5.4 Communicate title and credentials accurately. | **86%** | **76%** | **84%** | Valid as is | |
| | 1.5.5 Report misconduct to the appropriate body. | **85%** | **82%** | **61%** | Valid as is | |
| **1.6 Scope of Practice** | 1.6.1 Recognize personal and professional limits in relation to patient and regulatory expectations. | **86%** | **83%** | **88%** | Valid as is | |
| | 1.6.2 Practise within the scope of practice and professional competence. | **89%** | **89%** | **94%** | Valid as is | |
| | 1.6.3 Seek assistance or refer to other professionals when required to provide the best care for the patient. | **88%** | **86%** | **83%** | Valid as is | |
| | 1.6.4 Educate the employer, colleagues, and the public on the role of the optician. | **80%** | **75%** | **76%** | Valid as is | |
| **1.7 Maintaining Competence** | 1.7.1 Adapt practice in response to new products and technologies so that suitable options are available to patients. | **80%** | **80%** | **77%** | Valid as edited | Minor edit to clarify purpose. |
| | 1.7.2 Incorporate lessons learned from everyday practice experiences into future practice. | **80%** | **79%** | **84%** | Valid as is | |
| | 1.7.3 Engage in continuous learning to maintain and enhance ability to serve patients. | **83%** | **81%** | **76%** | Valid as is | |

## Refraction

| | Has the ability to: | APP | CRIT | FREQ | Decision | Rationale |
|---|---|---|---|---|---|---|
| **2.1 Anatomy and Pathology** | 2.1.1 Demonstrate an understanding of the visual pathway. | **79%** | **72%** | **74%** | Valid as is | |
| | 2.1.2 Demonstrate an understanding of the ocular system. | **82%** | **76%** | **77%** | Valid as is | |
| | 2.1.3 Demonstrate an understanding of the anatomy of the eye. | **83%** | **75%** | **78%** | Valid as is | |
| | 2.1.4 Demonstrate an understanding of the impact of systemic diseases and medications. | **68%** | **70%** | **70%** | Valid as is | |
| | 2.1.5 Demonstrate an understanding of the impact of ocular pathologies and conditions. | **73%** | **70%** | **73%** | Valid as is | |
| | 2.1.6 Demonstrate an understanding of external factors affecting the eye. | **76%** | **76%** | **77%** | Valid as is | |
| | 2.1.7 Demonstrate an understanding of visual fields. | **69%** | **65%** | **65%** | Valid as is | |
| | ~~2.1.8 Demonstrate an understanding of the photochemistry of vision.~~ | **61%** | **59%** | **58%** | DELETED | Covered by other competencies and not required to refract. |
| | 2.1.9 Demonstrate an understanding of binocular function and ocular motility. | **71%** | **71%** | **70%** | Valid as is | |
| **2.2 Optics** | 2.2.1 Demonstrate an understanding of monocular and binocular vision. | **85%** | **79%** | **81%** | Valid as is | |
| | 2.2.2 Demonstrate an understanding of physical optics. | **78%** | **70%** | **73%** | Valid as is | |
| | 2.2.3 Apply current ophthalmic theories and mathematical calculations to produce refractive specifications. | **67%** | **61%** | **64%** | Valid as is | Refracting opticians are doing this in all engagements but may not think of it as such. |
| **2.3 Equipment and Tools** | 2.3.1 Verify the calibration of operating equipment. | **74%** | **76%** | **65%** | Valid as is | |
| | 2.3.2 Choose the equipment required to perform a refraction. | **68%** | **70%** | **64%** | Valid as is | |
| | 2.3.3 Recognize and name the equipment used in practice. | **81%** | **68%** | **75%** | Valid as is | |
| | 2.3.4 Maintain equipment in safe operating condition. | **81%** | **79%** | **78%** | Valid as is | |
| | 2.3.5 Operate the equipment necessary to perform a refraction. | **64%** | **76%** | **72%** | Valid as is | |
| | 2.3.6 Analyze the results found using refraction equipment. | **73%** | **77%** | **75%** | Valid as is | |
| **2.4 Infection Control** | 2.4.1 Follow infection control and prevention measures to maintain a hygienic environment. | **89%** | **85%** | **89%** | Valid as is | |
| | 2.4.2 Recognize infection hazards so that preventive measures can be implemented. | **86%** | **85%** | **87%** | Valid as is | |
| | 2.4.3 Address contagious outbreaks to avoid spreading illness to others. | **86%** | **83%** | **81%** | Valid as is | |
| | 2.4.4 Demonstrate proper disinfection techniques for refraction equipment prior to each patient's use. | **91%** | **85%** | **88%** | Valid as is | |

| | Has the ability to: | APP | CRIT | FREQ | Decision | Rationale |
|---|---|---|---|---|---|---|
| **2.5 Needs Assessment** | 2.5.1 Compile a patient history to determine whether to proceed with the refraction. | **80%** | **81%** | **81%** | Valid as is | |
| | 2.5.2 Document patient information clearly and concisely. | **92%** | **85%** | **90%** | Valid as is | |
| | 2.5.3 Use objective techniques to identify and quantify ametropia. | **76%** | **73%** | **73%** | Valid as is | |
| | 2.5.4 Use subjective techniques to identify and quantify ametropia. | **70%** | **70%** | **70%** | Valid as is | |
| | 2.5.5 Assess accommodation to quantify near correction. | **75%** | **76%** | **75%** | Valid as is | |
| | 2.5.6 Identify previously-diagnosed visual deficiencies to set realistic patient expectations. | **77%** | **78%** | **79%** | Valid as edited | Minor edit to clarify that the deficiencies were previously diagnosed. |
| | 2.5.7 Conduct pupil testing to identify the need for referral. | **56%** | **64%** | **55%** | Valid as is | This is clearly necessary, but opticians are not doing it when autorefracting. This is a skill gap in current practitioners. |
| | 2.5.8 Perform confrontation field testing to identify the need for referral. | **56%** | **60%** | **52%** | Valid as is | This is clearly necessary, but opticians are not doing it when autorefracting. This is a skill gap in current practitioners. |
| | 2.5.9 Recognize significant signs and symptoms in relation to the patient's eyes to identify the need for referral. | **78%** | **78%** | **72%** | Valid as is | |
| | 2.5.10 Produce a refractive specification sufficient to fulfill an eyeglass or contact lens order. | **76%** | **83%** | **76%** | Valid as is | |
| **2.6 Patient Communication** | 2.6.1 Establish mutual understanding with the patient to build rapport and set expectations. | **85%** | **81%** | **92%** | Valid as is | |
| | 2.6.2 Set expectations to facilitate patient adaptation to their visual abilities and eyewear. | **87%** | **82%** | **89%** | Valid as is | |
| | 2.6.3 Demonstrate an understanding of surgical alternatives to eyewear to respond to patient enquiries. | **63%** | **52%** | **64%** | Valid as edited | Reworded to downgrade level of requirement |
| | 2.6.4 Discuss with the patient systemic diseases and ocular conditions and their effect on vision to assist in setting patient expectations. | **62%** | **67%** | **68%** | Valid as is | |
| | 2.6.5 Verify that communications to the patient have been fully understood. | **87%** | **82%** | **88%** | Valid as is | |
| **2.7 Continuing Care** | 2.7.1 Develop a plan of care stemming from refraction if required to promote and maintain ocular health. | **70%** | **69%** | **70%** | Valid as is | |
| | 2.7.2 Troubleshoot adaptation problems to maximize patient comfort and visual acuity. | **82%** | **81%** | **82%** | Valid as is | |
| | 2.7.3 Develop an effective referral network to support the patient and maintain ocular health. | **72%** | **71%** | **74%** | Valid as is | |

## Eyeglasses and Low Vision

| | Has the ability to: | APP | CRIT | FREQ | Decision | Rationale |
|---|---|---|---|---|---|---|
| 3.1 Anatomy and Pathology | 3.1.1 Demonstrate an understanding of the visual pathway. | 79% | 71% | 71% | Valid as is | |
| | 3.1.2 Demonstrate an understanding of the ocular system. | 81% | 72% | 72% | Valid as is | |
| | 3.1.3 Demonstrate an understanding of the anatomy of the eye. | 83% | 73% | 73% | Valid as is | |
| | 3.1.4 Demonstrate an understanding of the impact of systemic diseases and ocular pathologies on eye health and vision. | 72% | 69% | 67% | Valid as is | |
| | 3.1.5 Recognize the effects of categories of medications that have a potential effect on vision and ocular health. | 62% | 64% | 60% | Valid as edited | Reworded to focus on categories of medication rather than specific medications. |
| | 3.1.6 Demonstrate an understanding of external factors affecting the eye. | 76% | 73% | 73% | Valid as is | |
| | 3.1.7 Demonstrate an understanding of when it is necessary to refer. | 78% | 80% | 72% | Valid as is | |
| 3.2 Optics | 3.2.1 Demonstrate an understanding of physical optics. | 82% | 74% | 77% | Valid as is | |
| | 3.2.2 Demonstrate an understanding of physical lens properties and their effects on optics. | 84% | 82% | 84% | Valid as is | |
| | 3.2.3 Apply knowledge of monocular and binocular vision to the dispensing of appropriate lenses. | 84% | 84% | 86% | Valid as is | |
| | 3.2.4 Demonstrate an understanding of lens treatments and their effect on optics. | 86% | 85% | 91% | Valid as is | |
| | 3.2.5 Apply appropriate mathematical calculations for lens layout and edging. | 71% | 66% | 67% | Valid as is | |
| 3.3 Equipment and Tools | 3.3.1 Verify the calibration of operating equipment. | 73% | 73% | 65% | Valid as is | |
| | 3.3.2 Choose the equipment required for fitting eyeglasses to the patient. | 84% | 83% | 88% | Valid as is | |
| | 3.3.3 Identify and name the equipment used in practice. | 84% | 70% | 80% | Valid as is | |
| | 3.3.4 Operate manual and automated equipment necessary for practice. | 84% | 80% | 88% | Valid as is | |
| | 3.3.5 Maintain equipment in safe operating condition. | 80% | 80% | 81% | Valid as is | |
| | 3.3.6 Interpret the results found using optical equipment and tools. | 85% | 84% | 89% | Valid as is | |

| | Has the ability to: | APP | CRIT | FREQ | Decision | Rationale |
|---|---|---|---|---|---|---|
| **3.4 Infection Control** | 3.4.1 Recognize infection hazards so that preventive measures can be implemented. | **84%** | **83%** | **82%** | Valid as is | |
| | 3.4.2 Demonstrate proper disinfection techniques for equipment and dispensing area. | **89%** | **87%** | **91%** | Valid as is | |
| | 3.4.3 Follow infection control and prevention measures to maintain a hygienic environment. | **88%** | **87%** | **91%** | Valid as is | |
| | 3.4.4 Address contagious illness within the work environment to avoid spreading illness to others. | **87%** | **84%** | **80%** | Valid as is | |
| **3.5 Needs Assessment** | 3.5.1 Collect information from the patient regarding their visual needs and what they expect from their vision correction. | **88%** | **86%** | **93%** | Valid as is | |
| | 3.5.2 Document objective and subjective information from the patient to reference when recommending eyewear. | **85%** | **77%** | **88%** | Valid as is | |
| | 3.5.3 Determine external influences on patient vision to provide better recommendations. | **83%** | **80%** | **90%** | Valid as is | |
| | 3.5.4 Understand patient expectations related to their visual needs and visual acuity to ensure they are met or the expectations are modified. | **84%** | **85%** | **92%** | Valid as is | |
| | 3.5.5 Take accurate measurements with the appropriate tools to facilitate final frame and lens selection. | **89%** | **91%** | **96%** | Valid as is | |
| | 3.5.6 Collect information on the patient's wearing environment to adjust recommendations to best fit the patient's needs. | **86%** | **84%** | **93%** | Valid as is | |
| | 3.5.7 Obtain relevant optical and health history to allow the optician to make better recommendations. | **83%** | **80%** | **89%** | Valid as is | |
| **3.6 Prescription Interpretation and Lens Duplication** | 3.6.1 Demonstrate an understanding of the components of a prescription. | **89%** | **91%** | **95%** | Valid as is | |
| | 3.6.2 Demonstrate an understanding of the relationship between prescription requirements and lens selection for the best possible visual acuity. | **87%** | **90%** | **95%** | Valid as is | |
| | 3.6.3 Obtain lens specifications to duplicate eyeglasses. | **84%** | **81%** | **77%** | Valid as is | |

| | Has the ability to: | APP | CRIT | FREQ | Decision | Rationale |
|---|---|---|---|---|---|---|
| **3.7 Lens and Frame Selection** | 3.7.1 Use assessment data to support lens and frame recommendations. | **86%** | **83%** | **91%** | Valid as is | |
| | 3.7.2 Apply current relevant ophthalmic theories using mathematical calculations to select appropriate frames and lenses. | **74%** | **66%** | **71%** | Valid as is | |
| | 3.7.3 Demonstrate an understanding of the relationship between prescription requirements and lens and frame characteristics to ensure aesthetic and functional eyewear. | **85%** | **86%** | **93%** | Valid as is | |
| | 3.7.4 Recommend appropriate frame choices based on patient's requirements and preferences. | **89%** | **85%** | **94%** | Valid as is | |
| | 3.7.5 Recommend appropriate lenses based on patient's requirements and preferences. | **88%** | **87%** | **95%** | Valid as is | |
| | 3.7.6 Balance recommended frame and lens options to meet the patient's requirements and preferences. | **87%** | **84%** | **93%** | Valid as is | |
| | 3.7.7 Recommend lens treatments based on patient needs to enhance aesthetic and visual outcome. | **87%** | **85%** | **94%** | Valid as is | |
| **3.8 Ordering** | 3.8.1 Confirm the accuracy and completeness of the order before sending. | **88%** | **91%** | **95%** | Valid as is | |
| | 3.8.2 Provide required information to suppliers to complete the eyeglasses. | **88%** | **89%** | **94%** | Valid as is | |
| **3.9 Inspection and Industry Standards** | 3.9.1 Verify the accuracy of the received order against the patient record. | **88%** | **92%** | **94%** | Valid as is | |
| | 3.9.2 Ensure eyeglasses meet standard tolerances. | **87%** | **92%** | **94%** | Valid as is | |
| | 3.9.3 Perform final visual inspection of eyeglasses before dispensing. | **88%** | **90%** | **95%** | Valid as is | Reorder with 3.9.4. |
| | 3.9.4 Ensure eyeglasses are in standard bench alignment to ready them for placement on the patient. | **89%** | **84%** | **94%** | Valid as is | Reorder with 3.9.3. |
| **3.10 Verifying Fit and Patient Success** | 3.10.1 Perform appropriate adjustments to ensure optimal positioning of the eyeglasses on the patient. | **87%** | **90%** | **95%** | Valid as is | |
| | 3.10.2 Confirm that the eyeglasses meet the patient's needs and the expected visual acuity. | **88%** | **89%** | **95%** | Valid as edited | Minor grammatical edit. |

| | Has the ability to: | APP | CRIT | FREQ | Decision | Rationale |
|---|---|---|---|---|---|---|
| **3.11 Patient Communication** | 3.11.1 Communicate the advantages and limitations of products to patients clearly and meaningfully. | **85%** | **85%** | **94%** | Valid as is | |
| | 3.11.2 Advise the patient about care and cleaning of their eyeglasses to prolong eyeglass life and functionality. | **90%** | **79%** | **93%** | Valid as is | |
| | 3.11.3 Demonstrate an understanding of surgical and non-surgical alternatives to eyeglasses to make patient aware of all vision correction options. | **57%** | **49%** | **53%** | Valid as edited | Downgraded in requirement to make it a more suitable expectation. |
| | 3.11.4 Adapt communications to meet the needs of each patient. | **85%** | **79%** | **87%** | Valid as is | |
| | 3.11.5 Establish mutual understanding with the patient to build rapport and set expectations. | **85%** | **80%** | **92%** | Valid as is | |
| | 3.11.6 Encourage the patient to engage in appropriate follow-up care to maintain optimum performance of the eyeglasses. | **88%** | **75%** | **88%** | Valid as is | |
| | 3.11.7 Discuss the visual effects of the patient's systemic diseases and ocular conditions to assist in setting expectations. | **59%** | **62%** | **63%** | Valid as edited | Downgraded in requirement to make it a more suitable expectation. |
| | 3.11.8 Manage situations in which patient expectations cannot be met to promote patient satisfaction. | **70%** | **78%** | **73%** | Valid as is | |
| | 3.11.9 Verify that communications to the patient have been fully understood. | **85%** | **82%** | **90%** | Valid as is | |
| **3.12 Continuing Care** | 3.12.1 Identify patient concerns at follow-up assessment to create an action plan. | **82%** | **80%** | **82%** | Valid as edited | Minor edit to clarify action verb. |
| | 3.12.2 Determine patient compliance with the care and use of the eyeglasses to identify the need for re-education. | **82%** | **72%** | **78%** | Valid as is | |
| | 3.12.3 Resolve concerns presented at follow-up to promote patient comfort and optimum vision. | **82%** | **81%** | **82%** | Valid as is | |
| | 3.12.4 Maintain the functionality of the eyeglasses to promote patient comfort and optimum vision. | **87%** | **81%** | **87%** | Valid as is | |
| | 3.12.5 Perform appropriate repairs to fix damaged or broken frames. | **83%** | **77%** | **86%** | Valid as is | |
| | 3.12.6 Perform lens insertion and removal on various frame types. | **86%** | **79%** | **87%** | Valid as is | |
| | 3.12.7 Document patient visits to allow for effective continuity of care. | **86%** | **73%** | **82%** | Valid as is | |

| | Has the ability to: | APP | CRIT | FREQ | Decision | Rationale |
|---|---|---|---|---|---|---|
| **3.13 Low Vision** | 3.13.1 Demonstrate an understanding of the effects of specific diseases that contribute to vision loss. | **61%** | **64%** | **56%** | POSTPONED | |
| | 3.13.2 Recognize signs and symptoms specific to low vision to identify a patient as having reduced functional vision. | **58%** | **65%** | **53%** | POSTPONED | |
| | 3.13.3 Conduct a detailed relevant visual history to determine previous successful and failed attempts to address low vision. | **51%** | **59%** | **46%** | POSTPONED | |
| | 3.13.4 Conduct a low-vision assessment to determine visual restrictions to fully evaluate the functional vision a patient demonstrates. | **41%** | **53%** | **39%** | POSTPONED | |
| | 3.13.5 Identify functional limitations of visual impairment to advise about devices suitable for vision enhancement. | **45%** | **56%** | **42%** | POSTPONED | |
| | 3.13.6 Evaluate the probability of success for alternative devices based on patient capacity and resources. | **44%** | **54%** | **41%** | POSTPONED | |
| | 3.13.7 Educate patients on proper use of devices to achieve the desired visual outcome. | **51%** | **60%** | **47%** | POSTPONED | |
| | 3.13.8 Engage patients in decision-making to help them make informed choices that meet the patient's goals. | **64%** | **69%** | **63%** | POSTPONED | |
| | 3.13.9 Generate preferred solutions for low-vision patients that meet their current visual needs. | **48%** | **57%** | **43%** | POSTPONED | |
| | 3.13.10 Implement a continuum of care plan to maintain optimal functional vision for low-vision patients at least annually. | **43%** | **53%** | **38%** | POSTPONED | |
| | 3.13.11 Monitor low-vision patients for changes in vision resulting in the need to alter the devices being used. | **40%** | **51%** | **35%** | POSTPONED | |
| | 3.13.12 Identify new technology or devices that may be beneficial to new and existing patients. | **51%** | **58%** | **44%** | POSTPONED | |

## Contact Lenses

| | Has the ability to: | APP | CRIT | FREQ | Decision | Rationale |
|---|---|---|---|---|---|---|
| **4.1 Anatomy and Pathology** | 4.1.1 Demonstrate an understanding of the visual pathway. | **85%** | **78%** | **77%** | Valid as is | |
| | 4.1.2 Demonstrate an understanding of the ocular system. | **85%** | **79%** | **78%** | Valid as is | |
| | 4.1.3 Demonstrate an understanding of the anatomy of the eye. | **87%** | **81%** | **79%** | Valid as is | |
| | 4.1.4 Demonstrate an understanding of the impact of systemic diseases and ocular pathologies on contact lens wear and ocular health. | **84%** | **83%** | **79%** | Valid as is | |
| | 4.1.5 Recognize potential effects of specific medications on contact lens wear and ocular health. | **79%** | **79%** | **75%** | Valid as is | |
| | 4.1.6 Demonstrate an understanding of external factors affecting the eye and contact lens wear. | **85%** | **84%** | **82%** | Valid as is | |
| | ~~4.1.7 Demonstrate an understanding of the anterior segment and related structures of the surrounding eye area.~~ | **82%** | **76%** | **72%** | DELETED | Too specific; to be made a practice illustration. |
| | 4.1.8 Demonstrate an understanding of when it is necessary to refer. | **85%** | **86%** | **75%** | Valid as is | |
| **4.2 Optics** | 4.2.1 Demonstrate an understanding of physical optics. | **84%** | **76%** | **77%** | Valid as is | |
| | 4.2.2 Demonstrate an understanding of contact lens properties and their effects on optics. | **85%** | **81%** | **81%** | Valid as is | |
| | 4.2.3 Apply knowledge of monocular and binocular vision to dispense appropriate contact lenses. | **84%** | **83%** | **80%** | Valid as edited | Minor grammatical edit. |
| **4.3 Equipment and Tools** | 4.3.1 Identify and name the equipment used in a contact lens practice. | **86%** | **77%** | **79%** | Valid as is | |
| | 4.3.2 Operate manual and automated equipment relevant to current contact lens practice safely and accurately. | **85%** | **83%** | **82%** | Valid as is | |
| | 4.3.3 Verify the calibration of operating equipment. | **79%** | **76%** | **64%** | Valid as is | |
| | 4.3.4 Choose the equipment required for fitting contact lenses. | **84%** | **82%** | **78%** | Valid as edited | Minor edit for conciseness. |
| | 4.3.5 Maintain equipment in safe operating condition. | **83%** | **81%** | **77%** | Valid as is | |
| | 4.3.6 Interpret the results found using optical equipment and tools. | **85%** | **84%** | **83%** | Valid as is | |

| | Has the ability to: | APP | CRIT | FREQ | Decision | Rationale |
|---|---|---|---|---|---|---|
| **4.4 Infection Control** | 4.4.1 Follow infection prevention and control measures to maintain a hygienic environment. | **89%** | **89%** | **90%** | Valid as is | |
| | 4.4.2 Recognize infection hazards so that preventive measures can be implemented. | **87%** | **87%** | **85%** | Valid as is | |
| | 4.4.3 Address contagious illness within the work environment to avoid infecting others. | **88%** | **86%** | **80%** | Valid as edited | Minor edit for clarity. |
| | 4.4.4 Demonstrate proper disinfection techniques for equipment and fitting area prior to each patient's use. | **89%** | **89%** | **91%** | Valid as is | |
| | 4.4.5 Demonstrate proper disinfection techniques for contact lenses, cases, and fitting sets for safe reuse. | **88%** | **90%** | **88%** | Valid as is | |
| **4.5 Needs Assessment** | 4.5.1 Obtain wearing history to learn of potential contraindications. | **86%** | **85%** | **85%** | Valid as is | |
| | 4.5.2 Identify the patient's expectations and motivations for contact lens wear. | **86%** | **83%** | **86%** | Valid as edited | Clarified the action verb. |
| | 4.5.3 Collect objective medical and ocular health history information from the patient to identify contraindications. | **86%** | **84%** | **84%** | Valid as is | |
| | 4.5.4 Collect information on the patient's wearing environment to provide recommendations that meet the patient's needs. | **87%** | **83%** | **84%** | Valid as edited | Clarified the purpose. |
| | 4.5.5 Use equipment and tools to take accurate ocular measurements and readings for contact lens fitting. | **86%** | **86%** | **84%** | Valid as is | |
| | 4.5.6 Conduct a visual acuity test to assess current vision performance. | **86%** | **85%** | **83%** | Valid as is | |
| | 4.5.7 Determine dominant eye to optimize visual performance. | **86%** | **81%** | **79%** | Valid as is | |
| | 4.5.8 Assess suitability of the patient for contact lens wear. | **86%** | **85%** | **83%** | Valid as is | |
| | 4.5.9 Assess ocular health to determine if the patient can wear contact lenses safely. | **85%** | **88%** | **83%** | Valid as edited | Clarified the purpose. |

| | Has the ability to: | APP | CRIT | FREQ | Decision | Rationale |
|---|---|---|---|---|---|---|
| **4.6 Prescription Interpretation and Lens Selection** | 4.6.1 Demonstrate an understanding of the relationship between prescription requirements and lens selection for the best possible visual acuity. | **86%** | **87%** | **87%** | Valid as is | |
| | 4.6.2 Demonstrate an understanding of the components of a prescription. | **89%** | **88%** | **90%** | Valid as is | |
| | 4.6.3 Identify irregularities in a prescription and the cornea when fitting contact lenses for best fit and vision for the patient. | **82%** | **86%** | **80%** | Valid as edited | Minor grammatical edit. |
| | 4.6.4 Apply mathematical calculations to determine appropriate contact lens specifications. | **83%** | **79%** | **77%** | Valid as is | |
| | 4.6.5 Select the appropriate contact lenses, considering prescription requirements and physiological findings. | **85%** | **85%** | **83%** | Valid as edited | Minor grammatical edit. |
| | 4.6.6 Apply product knowledge to select lens design, material, and modality. | **84%** | **84%** | **84%** | Valid as is | |
| | 4.6.7 Apply product knowledge to select the appropriate contact lens care regime. | **87%** | **84%** | **84%** | Valid as is | |
| | 4.6.9 Insert a contact lens on a patient's eye safely. | | | | ADD | Note the numbering; omission noted by group |
| | 4.6.10 Remove a contact lens from a patient's eye safely. | | | | ADD | Note the numbering; omission noted by group |
| | 4.6.11 Recentre a contact lens on a patient's eye safely. | | | | ADD | Note the numbering; omission noted by group |
| | 4.6.8 Select contact lenses that take into consideration the patient's use of prescribed drugs, over-the-counter drugs, or other substances. | **77%** | **77%** | **73%** | Valid as is | Keep this one last in 4.6 |
| **4.7 Ordering** | 4.7.1 Confirm the accuracy and completeness of the order before sending. | **88%** | **87%** | **87%** | Valid as is | Reorder with 4.7.2 |
| | 4.7.2 Provide suppliers with the information they require to produce contact lenses. | **85%** | **84%** | **82%** | Valid as is | Reorder with 4.7.1 |
| **4.8 Inspection and Industry Standards** | 4.8.1 Verify the accuracy of the received order against the patient record. | **88%** | **88%** | **86%** | Valid as is | |
| | 4.8.2 Ensure rigid lenses meet standard tolerances. | **65%** | **76%** | **48%** | Valid as is | Opticians are not doing this, but they should be when dispensing a rigid lens |
| | 4.8.3 Perform final visual inspection of rigid lenses before dispensing. | **68%** | **76%** | **48%** | Valid as is | Opticians are not doing this, but they should be when dispensing a rigid lens |
| **4.9 Verifying Fit and Patient Success** | 4.9.1 Evaluate whether the contact lenses fit as expected. | **85%** | **88%** | **82%** | Valid as is | |
| | 4.9.2 Evaluate whether visual acuity is as expected. | **86%** | **86%** | **83%** | Valid as is | |
| | 4.9.3 Refine lens selection when fit or visual acuity is not as expected. | **83%** | **86%** | **78%** | Valid as is | |
| | 4.9.4 Verify contact lens fit and comfort based on the patient's subjective responses to assess if lenses meet patient's expectations. | **85%** | **85%** | **82%** | Valid as edited | Clarified the purpose. |

| | Has the ability to: | APP | CRIT | FREQ | Decision | Rationale |
|---|---|---|---|---|---|---|
| **4.10 Patient Communication** | 4.10.1 Explain contact lens options that meet the patient's needs. | **87%** | **84%** | **84%** | Valid as is | |
| | 4.10.2 Advise patients on any limitations of the recommended contact lenses to promote continued ocular health, visual acuity and wearing comfort. | **86%** | **85%** | **84%** | Valid as edited | Addition to the purpose. |
| | 4.10.3 Demonstrate an understanding of surgical and non-surgical alternatives to contact lenses to make patient aware of all vision correction options. | **64%** | **56%** | **53%** | Valid as edited | Downgraded in requirement to make it a more suitable expectation. |
| | 4.10.4 Discuss the visual effects of the patient's systemic diseases and ocular conditions to assist in setting expectations. | **76%** | **72%** | **66%** | Valid as edited | Narrowed the scope to visual effects. |
| | 4.10.5 Provide patient-centred training on insertion and removal of contact lenses. | **87%** | **89%** | **80%** | Valid as is | |
| | 4.10.6 Provide patient-centred education on wearing schedule of contact lenses to maintain or restore ocular health. | **87%** | **87%** | **82%** | Valid as is | |
| | 4.10.7 Provide patient-centred training on safe and proper contact lens hygiene, solution usage, and storage. | **88%** | **88%** | **83%** | Valid as is | |
| | 4.10.8 Provide patient with a follow-up care schedule to monitor ocular health and vision. | **87%** | **84%** | **79%** | Valid as is | |
| | 4.10.9 Verify that communications to the patient have been fully understood. | **88%** | **85%** | **84%** | Valid as is | |
| **4.11 Continuing Care** | 4.11.1 Identify patient concerns at follow-up assessment to create an action plan. | **85%** | **83%** | **79%** | Valid as edited | Clarified the action verb. |
| | 4.11.2 Determine patient compliance with the care and wear schedule to identify the need for re-education. | **86%** | **83%** | **77%** | Valid as is | |
| | 4.11.3 Resolve concerns presented at follow-up assessment to promote patient comfort and optimum vision. | **84%** | **83%** | **77%** | Valid as is | |
| | 4.11.4 Document patient visits to allow for effective continuity of care. | **87%** | **84%** | **82%** | Valid as is | |
| | 4.11.5 Conduct a follow-up assessment to confirm lens performance, patient outcomes, and continued ocular health. | **85%** | **83%** | **77%** | Valid as is | |
| | 4.11.6 Resolve problems identified in the follow-up assessment. | **83%** | **84%** | **77%** | Valid as is | |
| | 4.11.7 Refer to appropriate healthcare professional when necessary. | **85%** | **85%** | **68%** | Valid as edited | Minor grammatical edit. |
| | ~~4.11.8 Remove a lens from the eye of a patient whether it is displaced or not.~~ | **84%** | **82%** | **59%** | DELETED | Split into 3 competencies in 4.6 more generically, but need to capture this statement as a practice illustration. |

# Appendix N

## Final Validated Competencies

### Domain 1. Professional Practice

*Has the ability to:*

| | |
|---|---|
| **1.1 Professionalism and Ethics** | 1.1.1 Integrate ethics into professional practice as a basis for all decisions and actions. |
| | 1.1.2 Practise within applicable regulatory standards of practice and in accordance with the applicable regulatory code of ethics. |
| | 1.1.3 Recognize that the optician is bound firstly by their obligation to the patient and not by self-interest or the interest of the employer. |
| | 1.1.4 Serve as a patient advocate with other members of the eye-care team. |
| | 1.1.5 Manage professional boundaries when dealing with patients, co-workers, and other professionals. |
| | 1.1.6 Recognize ethically challenging situations that could put the patient at risk. |
| | 1.1.7 Manage ethically challenging situations methodically and transparently to protect the patient. |
| | 1.1.8 Communicate with patients and others clearly, truthfully, and transparently. |
| | 1.1.9 Maintain a professional relationship with other members of the healthcare team to facilitate management of the patient's overall eye-health needs. |
| | 1.1.10 Maintain a referral network to facilitate meeting all of the patient's eye-health needs. |
| | 1.1.11 Engage in business practices that are truthful and professional. |

 

*Has the ability to:*

| | |
|---|---|
| **1.2 Informed Consent** | 1.2.1 Adhere to regulatory, legislative, and standards requirements relating to informed consent. |
| | 1.2.2 Exercise the process of obtaining informed consent. |
| | 1.2.3 Ensure the patient's informed consent throughout patient engagement. |
| | 1.2.4 Explain information in plain language to ensure patients understand their options. |
| **1.3 Privacy, Confidentiality, and Record Keeping** | 1.3.1 Apply privacy legislation related to patient care. |
| | 1.3.2 Maintain confidentiality of all patient information. |
| | 1.3.3 Document patient care in a clear and understandable format. |
| | 1.3.4 Maintain records consistent with federal and provincial legislation and standards of practice. |
| | 1.3.5 Release records in accordance with federal and provincial legislation and standards of practice. |
| **1.4 Patient and Workplace Safety** | 1.4.1 Contribute to a workplace that is free from all forms of harassment. |
| | 1.4.2 Adhere to polices, standards, and procedures as they relate to patient and workplace safety. |
| | 1.4.3 Manage abusive and aggressive behaviour to provide a safe work environment. |
| | 1.4.4 Follow provincial government procedures in response to contagious outbreaks. |
| **1.5 Jurisprudence and Regulatory Policies** | 1.5.1 Adhere to all provincial regulatory policies. |
| | 1.5.2 Adhere to all applicable provincial and federal legislation. |
| | 1.5.3 Maintain awareness of changes in regulations and legislation. |
| | 1.5.4 Communicate title and credentials accurately. |
| | 1.5.5 Report misconduct to the appropriate body. |

 

*Has the ability to:*

| | |
|---|---|
| **1.6 Scope of Practice** | 1.6.1 Recognize personal and professional limits in relation to patient and regulatory expectations. |
| | 1.6.2 Practise within the scope of practice and professional competence. |
| | 1.6.3 Seek assistance or refer to other professionals when required to provide the best care for the patient. |
| | 1.6.4 Educate the employer, colleagues, and the public on the role of the optician. |
| **1.7 Maintaining Competence** | 1.7.1 Adapt practice in response to new products and technologies so that suitable options are available to patients. |
| | 1.7.2 Incorporate lessons learned from everyday practice experiences into future practice. |
| | 1.7.3 Engage in continuous learning to maintain and enhance ability to serve patients. |

## Domain 2. Refraction

*Has the ability to:*

| | |
|---|---|
| **2.1 Anatomy and Pathology** | 2.1.1 Demonstrate an understanding of the visual pathway. |
| | 2.1.2 Demonstrate an understanding of the ocular system. |
| | 2.1.3 Demonstrate an understanding of the anatomy of the eye. |
| | 2.1.4 Demonstrate an understanding of the impact of systemic diseases and medications. |
| | 2.1.5 Demonstrate an understanding of the impact of ocular pathologies and conditions. |
| | 2.1.6 Demonstrate an understanding of external factors affecting the eye. |
| | 2.1.7 Demonstrate an understanding of visual fields. |
| | 2.1.8 Demonstrate an understanding of binocular function and ocular motility. |

 

*Has the ability to:*

| | |
|---|---|
| **2.2 Optics** | 2.2.1 Demonstrate an understanding of monocular and binocular vision. |
| | 2.2.2 Demonstrate an understanding of physical optics. |
| | 2.2.3 Apply current ophthalmic theories and mathematical calculations to produce refractive specifications. |
| **2.3 Equipment and Tools** | 2.3.1 Verify the calibration of operating equipment. |
| | 2.3.2 Choose the equipment required to perform a refraction. |
| | 2.3.3 Recognize and name the equipment used in practice. |
| | 2.3.4 Maintain equipment in safe operating condition. |
| | 2.3.5 Operate the equipment necessary to perform a refraction. |
| | 2.3.6 Analyze the results found using refraction equipment. |
| **2.4 Infection Control** | 2.4.1 Follow infection control and prevention measures to maintain a hygienic environment. |
| | 2.4.2 Recognize infection hazards so that preventive measures can be implemented. |
| | 2.4.3 Address contagious outbreaks to avoid spreading illness to others. |
| | 2.4.4 Demonstrate proper disinfection techniques for refraction equipment prior to each patient's use. |

*Has the ability to:*

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| **2.5 Needs Assessment** | 2.5.1 Compile a patient history to determine whether to proceed with the refraction. |
| | 2.5.2 Document patient information clearly and concisely. |
| | 2.5.3 Use objective techniques to identify and quantify ametropia. |
| | 2.5.4 Use subjective techniques to identify and quantify ametropia. |
| | 2.5.5 Assess accommodation to quantify near correction. |
| | 2.5.6 Identify previously-diagnosed visual deficiencies to set realistic patient expectations. |
| | 2.5.7 Conduct pupil testing to identify the need for referral. |
| | 2.5.8 Perform confrontation field testing to identify the need for referral. |
| | 2.5.9 Recognize significant signs and symptoms in relation to the patient's eyes to identify the need for referral. |
| | 2.5.10 Produce a refractive specification sufficient to fulfill an eyeglass or contact lens order. |
| **2.6 Patient Communication** | 2.6.1 Establish mutual understanding with the patient to build rapport and set expectations. |
| | 2.6.2 Set expectations to facilitate patient adaptation to their visual abilities and eyewear. |
| | 2.6.3 Demonstrate an understanding of surgical alternatives to eyewear to respond to patient enquiries. |
| | 2.6.4 Discuss with the patient systemic diseases and ocular conditions and their effect on vision to assist in setting patient expectations. |
| | 2.6.5 Verify that communications to the patient have been fully understood. |
| **2.7 Continuing Care** | 2.7.1 Develop a plan of care stemming from refraction if required to promote and maintain ocular health. |
| | 2.7.2 Troubleshoot adaptation problems to maximize patient comfort and visual acuity. |
| | 2.7.3 Develop an effective referral network to support the patient and maintain ocular health. |

 

## Domain 3. Eyeglasses and Low Vision

*Has the ability to:*

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| **3.1 Anatomy and Pathology** | 3.1.1 Demonstrate an understanding of the visual pathway. |
| | 3.1.2 Demonstrate an understanding of the ocular system. |
| | 3.1.3 Demonstrate an understanding of the anatomy of the eye. |
| | 3.1.4 Demonstrate an understanding of the impact of systemic diseases and ocular pathologies on eye health and vision. |
| | 3.1.5 Recognize the effects of categories of medications that have a potential effect on vision and ocular health. |
| | 3.1.6 Demonstrate an understanding of external factors affecting the eye. |
| | 3.1.7 Demonstrate an understanding of when it is necessary to refer. |
| **3.2 Optics** | 3.2.1 Demonstrate an understanding of physical optics. |
| | 3.2.2 Demonstrate an understanding of physical lens properties and their effects on optics. |
| | 3.2.3 Apply knowledge of monocular and binocular vision to the dispensing of appropriate lenses. |
| | 3.2.4 Demonstrate an understanding of lens treatments and their effect on optics. |
| | 3.2.5 Apply appropriate mathematical calculations for lens layout and edging. |
| **3.3 Equipment and Tools** | 3.3.1 Verify the calibration of operating equipment. |
| | 3.3.2 Choose the equipment required for fitting eyeglasses to the patient. |
| | 3.3.3 Identify and name the equipment used in practice. |
| | 3.3.4 Operate manual and automated equipment necessary for practice. |
| | 3.3.5 Maintain equipment in safe operating condition. |
| | 3.3.6 Interpret the results found using optical equipment and tools. |

*Has the ability to:*

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| **3.4 Infection Control** | 3.4.1 Recognize infection hazards so that preventive measures can be implemented. |
| | 3.4.2 Demonstrate proper disinfection techniques for equipment and dispensing area. |
| | 3.4.3 Follow infection control and prevention measures to maintain a hygienic environment. |
| | 3.4.4 Address contagious illness within the work environment to avoid spreading illness to others. |
| **3.5 Needs Assessment** | 3.5.1 Collect information from the patient regarding their visual needs and what they expect from their vision correction. |
| | 3.5.2 Document objective and subjective information from the patient to reference when recommending eyewear. |
| | 3.5.3 Determine external influences on patient vision to provide better recommendations. |
| | 3.5.4 Understand patient expectations related to their visual needs and visual acuity to ensure they are met or the expectations are modified. |
| | 3.5.5 Take accurate measurements with the appropriate tools to facilitate final frame and lens selection. |
| | 3.5.6 Collect information on the patient's wearing environment to adjust recommendations to best fit the patient's needs. |
| | 3.5.7 Obtain relevant optical and health history to allow the optician to make better recommendations. |
| **3.6 Prescription Interpretation and Lens Duplication** | 3.6.1 Demonstrate an understanding of the components of a prescription. |
| | 3.6.2 Demonstrate an understanding of the relationship between prescription requirements and lens selection for the best possible visual acuity. |
| | 3.6.3 Obtain lens specifications to duplicate eyeglasses. |

 

*Has the ability to:*

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| **3.7 Lens and Frame Selection** | 3.7.1 Use assessment data to support lens and frame recommendations. |
| | 3.7.2 Apply current relevant ophthalmic theories using mathematical calculations to select appropriate frames and lenses. |
| | 3.7.3 Demonstrate an understanding of the relationship between prescription requirements and lens and frame characteristics to ensure aesthetic and functional eyewear. |
| | 3.7.4 Recommend appropriate frame choices based on the patient's requirements and preferences. |
| | 3.7.5 Recommend appropriate lenses based on the patient's requirements and preferences. |
| | 3.7.6 Balance recommended frame and lens options to meet the patient's requirements and preferences. |
| | 3.7.7 Recommend lens treatments based on patient needs to enhance aesthetic and visual outcome. |
| **3.8 Ordering** | 3.8.1 Confirm the accuracy and completeness of the order before sending. |
| | 3.8.2 Provide required information to suppliers to complete the eyeglasses. |
| **3.9 Inspection and Industry Standards** | 3.9.1 Verify the accuracy of the received order against the patient record. |
| | 3.9.2 Ensure eyeglasses meet standard tolerances. |
| | 3.9.3 Ensure eyeglasses are in standard bench alignment to ready them for placement on the patient. |
| | 3.9.4 Perform final visual inspection of eyeglasses before dispensing. |
| **3.10 Verifying Fit and Patient Success** | 3.10.1 Perform appropriate adjustments to ensure optimal positioning of the eyeglasses on the patient. |
| | 3.10.2 Confirm that the eyeglasses meet the patient's needs and the expected visual acuity. |

*Has the ability to:*

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| **3.11 Patient Communication** | 3.11.1 Communicate the advantages and limitations of products to patients clearly and meaningfully. |
| | 3.11.2 Advise the patient about care and cleaning of their eyeglasses to prolong eyeglass life and functionality. |
| | 3.11.3 Demonstrate an understanding of surgical and non-surgical alternatives to eyeglasses to make the patient aware of all vision correction options. |
| | 3.11.4 Adapt communications to meet the needs of each patient. |
| | 3.11.5 Establish mutual understanding with the patient to build rapport and set expectations. |
| | 3.11.6 Encourage the patient to engage in appropriate follow-up care to maintain optimum performance of the eyeglasses. |
| | 3.11.7 Discuss the visual effects of the patient's systemic diseases and ocular conditions to assist in setting expectations. |
| | 3.11.8 Manage situations in which patient expectations cannot be met to promote patient satisfaction. |
| | 3.11.9 Verify that communications to the patient have been fully understood. |
| **3.12 Continuing Care** | 3.12.1 Identify patient concerns at follow-up assessment to create an action plan. |
| | 3.12.2 Determine patient compliance with the care and use of the eyeglasses to identify the need for re-education. |
| | 3.12.3 Resolve concerns presented at follow-up to promote patient comfort and optimum vision. |
| | 3.12.4 Maintain the functionality of the eyeglasses to promote patient comfort and optimum vision. |
| | 3.12.5 Perform appropriate repairs to fix damaged or broken frames. |
| | 3.12.6 Perform lens insertion and removal on various frame types. |
| | 3.12.7 Document patient visits to allow for effective continuity of care. |

| | *Has the ability to:* |
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| ***3.13 Low Vision***<br><br>***PENDING REVIEW AND VALIDATION*** | *3.13.1 Demonstrate an understanding of the effects of specific diseases that contribute to vision loss.* |
| | *3.13.2 Recognize signs and symptoms specific to low vision to identify a patient as having reduced functional vision.* |
| | *3.13.3 Conduct a detailed relevant visual history to determine previous successful and failed attempts to address low vision.* |
| | *3.13.4 Conduct a low-vision assessment to determine visual restrictions to fully evaluate the functional vision a patient demonstrates.* |
| | *3.13.5 Identify functional limitations of visual impairment to advise about devices suitable for vision enhancement.* |
| | *3.13.6 Evaluate the probability of success for alternative devices based on patient capacity and resources.* |
| | *3.13.7 Educate patients on proper use of devices to achieve the desired visual outcome.* |
| | *3.13.8 Engage patients in decision-making to help them make informed choices that meet the patient's goals.* |
| | *3.13.9 Generate preferred solutions for low-vision patients that meet their current visual needs.* |
| | *3.13.10 Implement a continuum of care plan to maintain optimal functional vision for low-vision patients at least annually.* |
| | *3.13.11 Monitor low-vision patients for changes in vision resulting in the need to alter the devices being used.* |
| | *3.13.12 Identify new technology or devices that may be beneficial to new and existing patients.* |

## Domain 3. Contact Lenses

*Has the ability to:*

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| **4.1 Anatomy and Pathology** | 4.1.1 Demonstrate an understanding of the visual pathway. |
| | 4.1.2 Demonstrate an understanding of the ocular system. |
| | 4.1.3 Demonstrate an understanding of the anatomy of the eye. |
| | 4.1.4 Demonstrate an understanding of the impact of systemic diseases and ocular pathologies on contact lens wear and ocular health. |
| | 4.1.5 Recognize potential effects of specific medications on contact lens wear and ocular health. |
| | 4.1.6 Demonstrate an understanding of external factors affecting the eye and contact lens wear. |
| | 4.1.7 Demonstrate an understanding of when it is necessary to refer. |
| **4.2 Optics** | 4.2.1 Demonstrate an understanding of physical optics. |
| | 4.2.2 Demonstrate an understanding of contact lens properties and their effects on optics. |
| | 4.2.3 Apply knowledge of monocular and binocular vision to dispense appropriate contact lenses. |
| **4.3 Equipment and Tools** | 4.3.1 Identify and name the equipment used in a contact lens practice. |
| | 4.3.2 Operate manual and automated equipment relevant to current contact lens practice safely and accurately. |
| | 4.3.3 Verify the calibration of operating equipment. |
| | 4.3.4 Choose the equipment required for fitting contact lenses. |
| | 4.3.5 Maintain equipment in safe operating condition. |
| | 4.3.6 Interpret the results found using optical equipment and tools. |

 

*Has the ability to:*

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| **4.4 Infection Control** | 4.4.1 Follow infection prevention and control measures to maintain a hygienic environment. |
| | 4.4.2 Recognize infection hazards so that preventive measures can be implemented. |
| | 4.4.3 Address contagious illness within the work environment to avoid infecting others. |
| | 4.4.4 Demonstrate proper disinfection techniques for equipment and fitting area prior to each patient's use. |
| | 4.4.5 Demonstrate proper disinfection techniques for contact lenses, cases, and fitting sets for safe reuse. |
| **4.5 Needs Assessment** | 4.5.1 Obtain wearing history to learn of potential contraindications. |
| | 4.5.2 Identify the patient's expectations and motivations for contact lens wear. |
| | 4.5.3 Collect objective medical and ocular health history information from the patient to identify contraindications. |
| | 4.5.4 Collect information on the patient's wearing environment to provide recommendations that meet the patient's needs. |
| | 4.5.5 Use equipment and tools to take accurate ocular measurements and readings for contact lens fitting. |
| | 4.5.6 Conduct a visual acuity test to assess current vision performance. |
| | 4.5.7 Determine dominant eye to optimize visual performance. |
| | 4.5.8 Assess suitability of the patient for contact lens wear. |
| | 4.5.9 Assess ocular health to determine if the patient can wear contact lenses safely. |

| | *Has the ability to:* |
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| **4.6 Prescription Interpretation and Lens Selection** | 4.6.1 Demonstrate an understanding of the relationship between prescription requirements and lens selection for the best possible visual acuity. |
| | 4.6.2 Demonstrate an understanding of the components of a prescription. |
| | 4.6.3 Identify irregularities in a prescription and the cornea when fitting contact lenses for best fit and vision for the patient. |
| | 4.6.4 Apply mathematical calculations to determine appropriate contact lens specifications. |
| | 4.6.5 Select the appropriate contact lenses, considering prescription requirements and physiological findings. |
| | 4.6.6 Apply product knowledge to select lens design, material, and modality. |
| | 4.6.7 Apply product knowledge to select the appropriate contact lens care regime. |
| | 4.6.8 Insert a contact lens on a patient's eye safely. |
| | 4.6.9 Remove a contact lens from a patient's eye safely. |
| | 4.6.10 Recentre a contact lens on a patient's eye safely. |
| | 4.6.11 Select contact lenses that take into consideration the patient’s use of prescribed drugs, over-the-counter drugs, or other substances. |
| **4.7 Ordering** | 4.7.1 Provide suppliers with the information they require to produce contact lenses. |
| | 4.7.2 Confirm the accuracy and completeness of the order before sending. |
| **4.8 Inspection and Industry Standards** | 4.8.1 Verify the accuracy of the received order against the patient record. |
| | 4.8.2 Ensure rigid lenses meet standard tolerances. |
| | 4.8.3 Perform final visual inspection of rigid lenses before dispensing. |

*Has the ability to:*

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| **4.9 Verifying Fit and Patient Success** | 4.9.1 Evaluate whether the contact lenses fit as expected. |
| | 4.9.2 Evaluate whether visual acuity is as expected. |
| | 4.9.3 Refine lens selection when fit or visual acuity is not as expected. |
| | 4.9.4 Verify contact lens fit and comfort based on the patient's subjective responses to assess if lenses meet the patient's expectations. |
| **4.10 Patient Communication** | 4.10.1 Explain contact lens options that meet the patient's needs. |
| | 4.10.2 Advise patients on any limitations of the recommended contact lenses to promote continued ocular health, visual acuity, and wearing comfort. |
| | 4.10.3 Demonstrate an understanding of surgical and non-surgical alternatives to contact lenses to make the patient aware of all vision correction options. |
| | 4.10.4 Discuss the visual effects of the patient's systemic diseases and ocular conditions to assist in setting expectations. |
| | 4.10.5 Provide patient-centred training on insertion and removal of contact lenses. |
| | 4.10.6 Provide patient-centred education on wearing schedule of contact lenses to maintain or restore ocular health. |
| | 4.10.7 Provide patient-centred training on safe and proper contact lens hygiene, solution usage, and storage. |
| | 4.10.8 Provide the patient with a follow-up care schedule to monitor ocular health and vision. |
| | 4.10.9 Verify that communications to the patient have been fully understood. |

*Has the ability to:*

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| **4.11 Continuing Care** | 4.11.1 Identify patient concerns at follow-up assessment to create an action plan. |
| | 4.11.2 Determine patient compliance with the care and wear schedule to identify the need for re-education. |
| | 4.11.3 Resolve concerns presented at follow-up assessment to promote patient comfort and optimum vision. |
| | 4.11.4 Document patient visits to allow for effective continuity of care. |
| | 4.11.5 Conduct a follow-up assessment to confirm lens performance, patient outcomes, and continued ocular health. |
| | 4.11.6 Resolve problems identified in the follow-up assessment. |
| | 4.11.7 Refer to appropriate healthcare professional when necessary. |