



OPTOMETRY EXAMINING  
BOARD OF CANADA

BUREAU DES EXAMINATEURS  
EN OPTOMÉTRIE DU CANADA

## **National Competency Profile for Entry-Level Optometry**

### **May 2015**

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National Competency Profile for Entry-Level Optometry, May 2015

\*Formerly known as Canadian Examiners in Optometry. This document was originally published in August 2015 by Canadian Examiners in Optometry.

## Introduction

The National Competency Profile for Entry-Level Optometry lists the competencies required of optometrists for safe, effective and ethical practice at point of entry to the profession in Canada. It was developed over the period July 2014 – May 2015, and it replaces CEO-ECO's *Competency-Based Performance Standards* (2005).

The primary purpose of the National Competency Profile is to guide the content of OEBC's written examination and OEBC OSCE or "OEBC exam". This is achieved through the development of indicators derived from the competencies. The indicators describe behaviours which are observable within the assessment vehicles that comprise the OEBC exam, and form the framework of the OEBC exam Blueprint.

The National Competency Profile may serve other purposes within the profession; it may be particularly helpful to the work of provincial regulatory bodies and to education programs. OEBC encourages other organizations associated with optometry in Canada to make broad use of the document, with permission and acknowledgment.

## Conceptual Framework

We define a *competency* as *the ability to perform a practice task with a specified level of proficiency*.

At entry-to-practice, *entry-level proficiency* is required, as a minimum. We define entry-level proficiency as having the following characteristics:

*Entry-level proficiency involves addressing common patient presentations, and critical patient presentations, independently, within an appropriate time frame, and achieving outcomes consistent with the generally-accepted*



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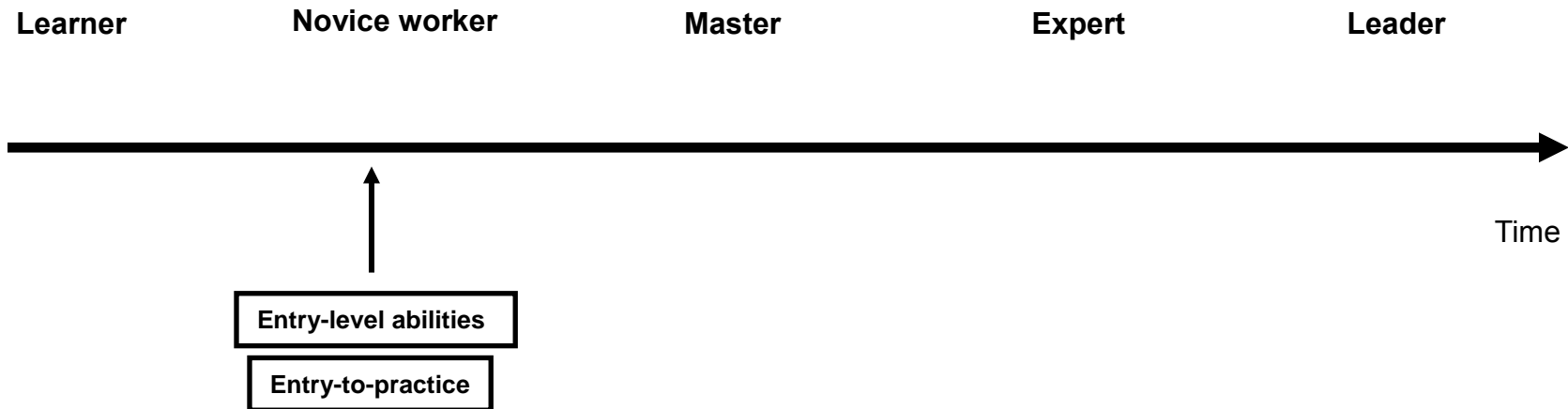
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*standards of the profession. Entry-level proficiency includes the ability to recognize complex situations that are beyond the capacity of the entry-level optometrist, and addressing them by seeking advice or consultation, by reviewing research literature, and / or by referral to a more experienced optometrist or a more appropriate health care professional.*

The competencies listed in this document should be regarded as an integrated set of abilities, each competency informing and qualifying the others. They are applied in practice, according to the practice context.

Following entry-to-practice, the optometrist's competency set will continue to evolve. Learning from experience, from the guidance of more experienced colleagues and from professional development will lead to higher levels of proficiency; also, new abilities may be added. This is illustrated graphically below.

**Development of abilities over career span**



It is also important to recognize that entry-to-practice abilities may not be retained over time. If certain competencies are not utilized in the optometrist's practice setting, level of proficiency may deteriorate, and some level of "refreshment" may be necessary before these competencies can be proficiently performed in the workplace.

## Structural Framework

A simple structural framework has been used to organize the competencies, to enhance readability. The 92 competencies are grouped into the following 9 functional areas of practice:

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

## Development Process

OEBC appointed a 4-person expert team of optometrists to work with the consultant. The team developed proposed competencies using as source documents the CEO-ECO *Competency-Based Performance Standards for the Canadian Assessment of Competency in Optometry* (2005) as well as a wide range of published materials describing optometric practice, standards and education in North American and internationally. The proposed competencies were refined through a national survey to which 23% of Canadian optometrists responded, providing information about the importance, frequency-of-use, and entry-to-practice relevance of each

competency. The team then went on to develop, for each competency, indicators for assessment within a written and OSCE format (indicators are listed in a separate document).

<b>1. Communication</b>	
1.1	Communicate clearly both orally and in writing.
1.2	Select communication style appropriate to situation.
1.3	Adapt communication approach when verbal communication is not possible.
1.4	Engage in active listening.
1.5	Apply conflict resolution strategies.
1.6	Deliver bad news sensitively and effectively.
<b>2. Professionalism</b>	
2.1	Act with professional integrity.
2.2	Foster relationships that are open, respectful and supportive.
2.3	Maintain professional boundaries.
2.4	Maintain comprehensive records.
2.5	Comply with mandatory reporting requirements.
2.6	Make responsible choices for the utilization of health care resources.
2.7	Practice in accordance with ethical principles.
2.8	Promote community understanding of the role of the optometrist as a health care professional.
2.9	Comply with federal legislation relevant to optometric practice.
2.10	Comply with provincial / territorial legislation relevant to optometric practice.



2.11	Comply with requirements of provincial regulatory body.
2.12	Practice within the bounds of individual expertise and limitations.
2.13	Maintain personal health and wellness consistent with the needs of professional practice.
<b>3. Patient Centered Care</b>	
3.1	Adapt approach to care in response to patient's physical, emotional, intellectual and cultural background.
3.2	Establish a shared decision making process with the patient.
3.3	Involve patient's family and support persons in care decisions where appropriate.
3.4	Discuss all aspects of optometric care and related health issues in a manner that is comprehensible to the patient.
3.5	Make recommendations for care in the context of the patient's overall wellbeing.
3.6	Recognize the patient's right to determine course of assessment and management.
3.7	Ensure and document ongoing informed consent to assessment and management.
3.8	Maintain patient privacy and confidentiality.
3.9	Advocate beyond the clinical environment to support patient's vision care needs.
<b>4. Assessment</b>	
4.1	Interview patient in a systematic, responsive and adaptable manner.
4.2	Determine reasons for patient visit, and patient perspectives.
4.3	Obtain relevant information from health care professionals and other sources.
4.4	Obtain relevant information regarding ocular / vision history, medical history, family and social history, and risk factors.
4.5	Make general observations of patient status that may assist in assessment.
4.6	Develop an assessment plan based upon initial differential diagnosis, or establishing normality.
4.7	Select assessments based upon patient's abilities and contraindications.
4.8	Adapt assessments in response to patient's physical, emotional, intellectual and cultural background.



4.9	Assess refractive status.
4.1	Assess ocular health status.
4.11	Assess binocular status.
4.12	Assess sensory status.
4.13	Modify assessment strategy based upon emerging information.
4.14	Select laboratory and diagnostic imaging tests.
<b>5. Diagnosis &amp; Planning</b>	
5.1	Use clinical reasoning to interpret assessment data and determine a differential, working or final diagnosis.
5.2	Use clinical reasoning to interpret assessment data and identify risk of developing ocular conditions.
5.3	Recognize urgent medical conditions and respond accordingly.
5.4	Recognize ocular conditions that require management by other health care professionals.
5.5	Recognize possible systemic conditions that require assessment by other health care professionals.
5.6	Formulate a management plan.
5.7	Recognize and respond to the complexities and ambiguities inherent in diagnosis and treatment.
<b>6. Patient Management</b>	
6.1	Prescribe vision enhancing devices, corrective devices, and therapy.
6.2	Prescribe pharmacological treatments.
6.3	Dispense vision enhancing and corrective devices.
6.4	Perform therapeutic techniques.
6.5	Educate patient to assist in management of ocular conditions.
6.6	Provide counselling about ocular safety in workplace and recreational applications.
6.7	Advise patient of action to take in event of ineffectiveness or undesired effects of management plan.





6.8	Advise patient of need for and frequency of follow-up.
6.9	Modify management plan as required, based on patient response to treatment.
6.1	Refer patient to appropriate health care professional.
6.11	Provide first aid and CPR.
<b>7. Collaborative Practice</b>	
7.1	Identify other professionals who should be consulted during patient care.
7.2	Maintain a network of health care professionals for consultation and referral purposes.
7.3	Work collegially with optometrists and other health care professionals providing primary and secondary care.
7.4	Communicate effectively with patient and other health care professionals to enable collaborative care.
7.5	Participate effectively as a member of a multidisciplinary team.
7.6	Maintain knowledge of available social support services.
7.7	Co-manage patient care.
<b>8. Scholarship</b>	
8.1	Practice optometry as a science-based discipline.
8.2	Ensure currency in practice.
8.3	Use information technology to access scientific literature.
8.4	Appraise literature to determine quality and relevance to practice.
8.5	Integrate evidence into clinical decision making.
8.6	Recognize limitations in individual ability.
8.7	Self-evaluate performance, and set goals for improvement.
8.8	Undertake professional development aimed at improving practice.
8.9	Share information to assist in the learning of others.



<b>9. Practice Management</b>	
9.1	Provide services consistent with the optometric needs of the community.
9.2	Ensure the availability of physical and human resources required for practice.
9.3	Recruit, train and supervise support personnel to ensure effective performance.
9.4	Maintain procedures to ensure hygiene and infection control.
9.5	Promote safety in the workplace.
9.6	Maintain triage procedures.
9.7	Ensure timely provision of emergency optometric care.
9.8	Manage workflow effectively.
9.9	Maintain an effective appointment system.
9.1	Maintain a system for referral to other health care professionals.
9.11	Maintain a system of record management and security.
9.12	Maintain a system for the transfer of patient records to other health care professionals.
9.13	Maintain an appropriate patient fee structure.
9.14	Ensure sound financial and business management.
9.15	Maintain a system of continuous quality improvement.
9.16	Ensure compliance with requirements of municipal and local authorities relevant to business operation.

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