Original OPR	Revised OPR	Rationale
OPR Last revised December 2022	Reordered and grouped sections to align with the five standards developed in the updated new QA practice assessment tools; removed numbering	Consistency across the College's quality assurance tools
All standards included relevant portions of the Act and Regulations	The specific wording was deleted, and links to this information were added in the introduction	Reduce length and repetition; allow for potential updates to the legislation
Some Standards contained repeated information that is applicable to optometric practice more broadly, such as conflicts of interest, registrants' obligation to stay current with practice guidelines and scientific developments, equipment, infection control and record-keeping	Content related to this kind of core information was moved out of individual Standards and into their own sections	Ensure that content with a wider relevance is clearly visible; reduce repetition
Many Standards repeated information about the initial assessment	Content related to the initial assessment was given its own section and subsequent repetitions were deleted	Ensure that content with a wider relevance is clearly visible; reduce repetition; distinguish between initial and subsequent examinations
Information about dispensing appeared in multiple places, sometimes with overlapping information	A new section on dispensing (s. E7) was created	Reduce repetition and ensure that this content is clearly visible
Contained references to "members", "optometrists", and "practitioners"	Changed references to "registrants" except when discussing referrals to other optometrists	Consistency and clarity
Standards included information about general and specialist care, as well as health conditions with higher risk of ocular effects (OPR, s. 7)	Moved information on specific diseases, procedures, visual rehabilitation and health conditions that pose a risk to eye health to the Appendix and organized in logical order	Ensuring the longevity of the core Standards while preserving the information contained in these sections.
7.1 Patients with Age-related Macular Degeneration	Updated in F3.3 Macular Degeneration (AMD)	Additional assessment of macular function and structure (e.g., Amsler grid and OCT if indicated) was added to the core considerations for the diagnosis and management of AMD.
7.2 Patients with Glaucoma	Updated in F3.4 Glaucoma	Imaging of the optic nerve head and retinal nerve fiber layer was added to the core considerations for the diagnosis and management of glaucoma. The test may not be required if the patient's signs and/or symptoms

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		indicate a referral to a secondary or tertiary eye care provider for the continuing diagnosis and/or management of glaucoma.
7.3 Patients with Cataract and 7.8 Shared Care in Refractive Surgery	Incorporated into E7 Shared Care	Shared care relationships include but are not limited to glaucoma management, cataract surgery and refractive surgery. The optometrist is responsible for maintaining collaboration and communication with the practitioner, upholding standards of practice and acting in the patient's best interest.
7.4 Patients with Diabetes and 7.5 Patients with Systemic Hypertension	Incorporated into F4 Health Conditions with Ocular Risk	All patients with systemic disease with high risk of retinal/vascular complications require periodic assessment of the eye and vision system. For such patients dilation is indicated and OCT/imaging is highly recommended.
7.6 Cycloplegic Refraction	Incorporated into D2 Refractive Assessment	Indications for cycloplegia remain the same. Indications include those with suspected clinically significant latent hyperopia, unexplained reduced visual acuity, suspected amblyopia and those who are at risk of developing amblyopia secondary to accommodative esotropia or asymmetric refractive error.
7.7 Dilation and Irrigation of the Naso-Lacrimal Ducts	Incorporated into F3.1 Dry Eye Disease	Registrants may choose evidence-informed techniques, instrumentation and therapies that have the support of peer-reviewed literature, do not compromise patient safety and that comply with the standards of practice.
7.9 Patients with Learning Disorders	Incorporated into F2.2 Vision Therapy	Registrants do not diagnose learning disorders, concussion or TBI, but they play a role in investigating whether visual signs and symptoms could be a contributing factor for a patient with a suspected or recognized learning disorder. Management

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		may involve vision therapy and/or consultations with other healthcare professionals.
7.10 Orthokeratology	Incorporated into F1.3 Myopia Management	Specialty contact lenses that alter the corneal shape, including orthokeratology (Ortho-K) are listed as a treatment option for myopia management.
7.11 Patients With Dry Eye Disease	Updated in F3.1 Dry Eye Disease	Treatment of dry eye disease aims to restore homeostasis of the tear film and ocular surface and address patient symptoms. Specific treatments were removed from OPR to reflect expanded treatment modalities available. Thereby, broadening the option for registrants to choose evidence-informed techniques, instrumentation and therapies that have the support of peer-reviewed literature, do not compromise patient safety and that comply with the standards of practice.
7.12 Patients With Amblyopia	Updated in F2.1 Amblyopia Therapy	Recognition that amblyopia is a diagnosis of exclusion. Diagnostic and management considerations remained similar to original OPR.
7.13 Patients With Uveitis	Updated in F3.2 Uveitis	Case-specific assessment and treatment options with referral when indicated.
7.14 Myopia Management	Updated in F1.3 Myopia Management	Assessment and treatment considerations that should be considered for emerging and existing myopic children.
Addition:	Section on Telehealth (s. B7) and Form of Energy (s. B2.1)	To address emergent modes of optometric service provision, as well as diagnostic and treatment technology.
	Incorporated information on acting with respect and integrity	Reflecting the College's commitment to diversity, equity and inclusion
	Plain language edit	Remove redundant or confusing language and improve clarity and readability
	Numbering updated to reflect revised structure	To provide quick reference for users.
Word count: 23,301	Word count: 6,373	