

## Diagnostic Ultrasound in the Optometric Practice

### Proposed Regulation circulated for comment

The College of Optometrists of Ontario has determined that it is in the public interest to allow optometrists to use diagnostic ultrasound in the practice of the profession. One of the controlled acts authorized to the profession of optometry is “applying a prescribed form of energy”. A proposed amendment to O.Reg 107/96 has been developed by the College’s Clinical Practice Committee to clarify that the authorized act includes the use of diagnostic ultrasound. An additional amendment would allow optometrists to delegate the application of ultrasound to qualified persons.

Ultrasound imaging equipment allows optometrists to obtain detailed, noninvasive images of the internal components of the eye. There is no risk of harm when ultrasound of the eye is properly performed by qualified personnel using appropriate equipment. In addition, there is no evidence to suggest that the procedure itself poses any threat to a healthy eye, or worsens the condition of a diseased or injured eye. Several new technologies using ultrasound to enhance diagnostic capabilities have recently become commercially available.

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Currently, the most common use for optometric ultrasonography is to measure corneal thickness and assist in the diagnosis of glaucoma, a disease often characterized by increased pressure within the eye.

Research has shown that thick corneas will give artificially low intraocular pressure readings whereas thin corneas will give artificially high readings. If caught early, glaucoma can be controlled. If left untreated, peripheral vision and central vision may be permanently destroyed and almost complete blindness may occur.

Included as an insert to this edition of the Bulletin is a Call for Input on the proposed Regulation amendment regarding the use of diagnostic ultrasound in the optometric practice. Members and other stakeholders are being invited to comment on these proposed amendments. Your feedback – both positive and negative – is important to us. Please send your comments to the attention of the Director, Office and Membership Services by Monday May 1, 2006.

### Upcoming Events

#### General Meeting & Continuing Education Session

March 30, 2006

London Convention Centre

*General Meeting:*

3:00-4:00

*Continuing Education Session:*

4:00-5:30

#### Council Meeting

April 5, 6, 2006

College Offices, Toronto

#### Jurisprudence Seminar and Examination

May 11-12, 2006

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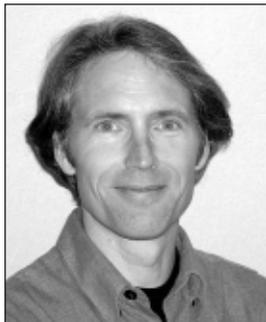
# A Word from the President

## Volunteering, An Unexpected Privilege

Being president of the College is both a privilege and a responsibility. The demands of the position are evident – involving days away from home and practice, hours on the phone, late nights and weekends at the computer. Like my predecessors, I willingly give up this time for the sake of our profession and the public we care for. An unexpected privilege of being president has been the opportunities I have had to meet members across the province and other optometric leaders at national and international meetings. These optometrists invariably reaffirm my passion for our profession and my hope for its future.

The College is invited to some regional meetings. As a representative that often attends, I value these opportunities to update members on College activities. I also value the opportunity to hear, first-hand, the challenges that members face – challenges that differ significantly between the regions of the province. College effectiveness is enhanced by representation from all regions. For that reason, I encourage members from all areas of the province, to consider volunteering for a College committee. This involvement will afford the volunteer an opportunity to have some input and to learn more about the various roles the College fulfils within its mission “serving the public interest by guiding the profession.” I also invite all regions to consider inviting a College representative when planning local meetings.

Opportunities to work with members have been provided for me, through our interaction with the Ontario Association of Optometrists, the University of Waterloo School of Optometry, the Vision Institute, and other organizations. These optometrists exhibit the same dedication to serving the profession, within the various mandates of their organizations, as our own volunteers demonstrate. Invariably they bring their experience, thoughtfulness, dedication, energy, and good nature to their involvement. Although our individual missions differ, there is not one of these optometric leaders for whom serving and protecting the public are not important concerns.



Mark Teeple, O.D., President

The Canadian Association of Optometrists hosts an annual Optometric Leaders Forum, bringing together CAO delegates, provincial association leaders, representatives of each regulatory body, as well as representatives of the Schools of Optometry, and the Canadian Examiners in Optometry. This amazing group of men and women, ranging from early in their careers to “seasoned” professionals, from academic environments to clinical settings, from large cities to remote towns, from each province, are remarkably unified in their desire to see a strong profession with a regulatory framework that will permit them to provide excellent care to their patients. It is indeed a privilege to know them and work with them.

Understanding the range of practice settings that are commonplace in various regions of Canada informs my consideration of the direction that our proposed Conflict of Interest and Professional Misconduct regulation amendments would take our profession in Ontario. In speaking with optometrists from across the Country, it is apparent that in areas where eye care providers (optometrists, ophthalmologists, and opticians) have worked in association there is improved professional cooperation. The College believes that the public is well served when health care providers work cooperatively, both at an individual level and as a group. The proposed COI regulation amendments that were circulated last fall are intended to permit associations among practitioners that encourage access to care and continuity of care while controlling actual and perceived conflict of interest. The comments received from members and stakeholders were appreciated and considered by the Ethics Committee. At its January 2006 meeting, Council approved some minor changes to the proposed COI regulation amendments as well as the remaining proposed Professional Misconduct regulation amendments that support them, including the advertising and practice names regulations. The complete package, with explanatory notes, will be circulated for your comment this spring.

With this issue of the Bulletin, we are circulating a proposed amendment to the regulations under the *Regulated Health Professions Act* regarding optometry’s authority to use diagnostic ultrasound. The College has determined that it is in the public interest for optometrists to use diagnostic ultrasound in the practice of the profession, and the proposed amendment would clarify the profession’s authority to do so. I encourage each of you to read the material and provide your feedback.

In closing, I remind you that Council elections are coming up, and encourage you to learn about the candidates and exercise your right to shape your College Council by electing Councillors who you feel will fairly and appropriately serve the public interest by guiding the profession.

Mark Teeple, O.D.

# Registrar's Report

The College serves as a valuable (albeit underutilized) resource to a variety of stakeholders including not only members, but also members of the public, the government and other health care professionals. Recently, I had a call from an optician that caused me to pause. The question he asked is why optometrists do not “stand behind their prescriptions”. He inquired if this was due to a lack of confidence or incompetence. I asked for further clarification.



*Murray J. Turnour, O.D., Registrar*

As we spoke on the telephone, I found out that this optician had received prescriptions from a number of different optometrists with a caveat printed on them. Although the exact wording may vary, the gist is that the optometrist is telling the dispenser not to fill the prescription unless he or she agrees that any doctor's changes will be made at no cost to the patient. I appreciate that it is likely the optometrist has included this note to protect the patient from additional charges if there is difficulty adapting to a new prescription. From the dispenser's perspective though, the effect of such a note is to shift the burden of “re-dos” from the prescriber to the dispenser.

I'm sure we've all got a favourite story about maladaptation. It may be in relation to a first-time astigmatic or prismatic prescription, or it may be to new bifocals. Fortunately, many

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times we're able to identify risk factors, and may adjust the prescription to aide adaptation. Appropriate counselling is also important in preparing the patient for what to expect from the prescribed

treatment. But, sometimes maladaptation sneaks up on us unexpectedly. Regardless of whether it could or should have been predicted, the question is: Who is responsible for the efficacy of the prescription?

I would suggest that the answer to this question is quite obvious: If I issued the prescription then it follows that I should be responsible for the efficacy of that prescription.

In my conversation with the optician it was quite obvious that he perceived the note as a thinly veiled attempt to shift the responsibility for maladaptation from the prescriber to the dispenser. In this context, his concern was well founded. In fact, it was with that idea in mind that the Council of the College accepted a policy, many years ago, which prohibits notes of this type or standardized expiry periods on prescription forms.

Over the next little while, I thought about this telephone call further. Most optometrists already counsel their patients that if the recommended treatment does not alleviate the symptoms, or if unexpected symptoms arise, to return for further investigation. This type of counselling is just good clinical practice. It then became clear to me that the call from the dispenser would not have been needed if the optometrists involved had redirected their concerns to the most appropriate person – the patient. Why not include a reminder to the patient to return for further investigation, if necessary, on the prescription form? This would serve to reinforce the counselling that was provided to the patient that at the time of the assessment.

In those very few cases when a patient does return to us with problems, and a change in the treatment plan is made, those changes could be communicated to the dispenser. At this time, it would also be reasonable to discuss with the dispenser a solution that is appropriate in the circumstances, and is in each party's best interests.

*Murray J. Turnour, O.D., M.Sc.*

# Continuing Education Policy

## New Category B equivalency introduced

Effective January 1, 2006

The following Continuing Education Policy has been approved by Council and is effective as of January 1, 2006. It includes study groups as a new continuing education equivalency for Category B providers.

It is the College's continuing education policy that each member is required to obtain a minimum of **sixty (60)** credit hours from an organized program of learning during every three-year cycle. All credit hours must be related to the maintenance of the member's standards of practice or competence. The current cycle runs from **January 1, 2006 to December 31, 2008**. Members who obtain more than the required number of hours in the period can carry forward a maximum of **twenty (20)** hours to the cycle immediately following the one in which the continuing education was obtained.

### Category A Providers

A minimum of **40** credit hours must be obtained from the following providers:

- Canadian Association of Optometrists or the American Optometric Association
- Ontario Association of Optometrists or other Provincial and State Associations of Optometry
- School of Optometry University of Waterloo, other Schools and Colleges of Optometry and Accredited Universities of Health Sciences (including medical and nursing schools)
- American Academy of Optometry
- Association for Research in Vision and Ophthalmology (ARVO)
- Vision Institute of Canada
- Council on Optometric Practitioner Education (COPE) approved courses
- College of Optometrists of Ontario and other provincial or state regulatory bodies

### Continuing education equivalencies

- **Graduate Studies** – one full year of full-time graduate studies is equivalent to the 60 hours of the cycle requirements – one year of part-time studies is equivalent to 20 hours of the cycle requirements

- **Residency** – one full year of residency training is equivalent to 60 hours of the cycle requirements
- **Faculty Appointment** – an appointment as a full-time faculty member is equivalent to 20 credit hours per year
- **Fellowship in the American Academy of Optometry** – is equivalent to 30 hours during the cycle the fellowship is awarded
- **Diplomate of the American Academy of Optometry** – is equivalent of 60 hours during the cycle that the diplomate is awarded
- **Publication of an article in a refereed optometric journal** - is equivalent to 10 hours
- **Publication of a case report in a refereed journal** is equivalent to 2 hours
- **Lectures** are given 3 credit hours – each lecture may be counted one time only
- **Appointment as a Clinical Supervisor** is equivalent to 7 hours of continuing education credit per academic year
- **Distance education** (e.g. Review of Optometry, CD-ROM or Internet based programs) are allowed the number of credit hours recommended by the sponsoring body.
- **Participation in Study Groups** (see following policy)

## Study Groups Recognized as Continuing Education

### What is a study group?

A study group consists of regulated health professionals who meet on a regular or one time basis to discuss a selected optometry related topic or topics. The objectives of study groups are to improve clinical, practice management and communication skills.

A study group meeting should last for at least 1\_ hours. The College will accept 1 continuing education (CE) credit hour for each study group meeting, even if the meeting lasts longer than 1\_ hours. Study Groups are considered under Category B of the

College's Continuing Education (CE) policy. Accordingly, no more than 20 CE credit hours for study group meetings are permitted within each continuing education three-year cycle.

### Criteria for Study Group

1. Participation is limited to between three and eight regulated health professionals in a study group to allow for adequate participation and meaningful discussion.
2. At least one regulated health professional of the study group meeting will research and lead discussion on the topic.
3. Discussion topics are to be circulated at least one week in advance of the meeting to allow for member preparation.
4. The discussion topic is relevant to the practice of all College members within the group.
5. Each member must sign a Study Group Report Form.
6. Distance study groups via telephone or Internet are permitted.

### Administrator

An 'administrator' is elected within a study group. This individual will be responsible for taking attendance, recording the length of time the topic was discussed and taking notes from the discussion. The administrator would not necessarily be required to research and lead discussion.

For a productive study group, the College suggests having members prepare a list of questions in advance for each study group meeting; take turns leading discussions and take notes from the discussion. It also recommends that the study group reserve time at the end of the meeting to evaluate whether all areas of the discussion topic have been covered.

# Advisory for Optometrists who have Contracted a Communicable Disease

*The following advisory was developed by the Clinical Practice Committee and was approved by Council on January 16, 2006*

This advisory is in response to a recent case in which a Canadian healthcare professional contracted HIV and continued to work directly with patients without notifying any authority of their positive HIV status. Although no known transmission of the virus to a patient took place, the event identified the need for the College to advise members on how to deal with such matters.

Optometrists are responsible for infection control in their practices and are expected to be knowledgeable about:

- the ocular and systemic modes of transmission of communicable diseases;
- the manifestations of communicable diseases;
- the increased susceptibility of certain patient populations to infection; and
- preventative measures that are both effective and patient-friendly.

Under the *Health Protection and Promotion Act*, physicians must report to the local Medical Officer of Health if a patient is suspected of having one of the communicable diseases listed in Appendix A of this document. Accordingly, if an optometrist is diagnosed with a communicable disease, his/her attending physician is required to report that diagnosis to the Medical Officer of Health as soon as possible.

An ethical optometrist diagnosed with a communicable disease will speak with his/her physician and local Medical Officer of Health regarding appropriate infection control measures that should be taken in order to protect patients, staff and the general public from infection. Depending on the risks associated with the specific condition, appropriate measures may include voluntary restriction of the scope of practice until the condition resolves.

## Appendix A

### List of Communicable Diseases

Acquired Immunodeficiency Syndrome (AIDS)	Listeriosis
Amebiasis	Lyme disease
Anthrax	Malaria
Botulism	Measles
Brucellosis	Meningitis, acute:
Campylobacter enteritis	i. Bacterial
Chancroid	ii. Viral
Chickenpox (Varicella)	iii. Other
Chlamydia trachomatis infections	Meningococcal disease, invasive
Cholera	Mumps
Cryptosporidiosis	Ophthalmia neonatorum
Cyclosporiasis	Paratyphoid Fever
Cytomegalovirus infection, congenital	Pertussis (Whooping Cough)
Diphtheria	Plague
Encephalitis, including:	Pneumococcal disease, invasive
i. Primary, viral	Poliomyelitis, acute
ii. Post-infectious	Psittacosis/Ornithosis
iii. Vaccine-related	Q Fever
iv. Subacute sclerosing panencephalitis	Rabies
v. Unspecified	Respiratory infection outbreaks in institutions
Food poisoning, all causes	Rubella
Gastroenteritis, institutional cases	Rubella, congenital syndrome
Gonorrhoea	Salmonellosis
Group A Streptococcal disease, invasive	Shigellosis
Group B Streptococcal disease, neonatal	Smallpox
Haemophilus influenzae b disease, invasive	Syphilis
Hantavirus pulmonary syndrome	Tetanus
Hemorrhagic fevers, including:	Trichinosis
i. Ebola virus disease	Tuberculosis
ii. Marburg virus disease	Tularemia
iii. Other viral causes	Typhoid Fever
Hepatitis, viral:	Verotoxin-producing E. coli infection indicator conditions, including Haemolytic Uraemic Syndrome (HUS)
i. Hepatitis A	Yellow Fever
ii. Hepatitis B	Yersiniosis
iii. Hepatitis C	
iv. Hepatitis D (Delta hepatitis)	
Herpes, neonatal	
Influenza	
Lassa Fever	
Legionellosis	
Leprosy	

*(Taken from the Health Protection and Promotion Act)*

# General Meeting of the College

Council has called a General Meeting of the membership to take place on March 30, 2006 in London, Ontario. The President and Registrar will provide an update of College activities throughout 2005, and members will have an opportunity to ask questions during an informal 'question and answer' period.

As in past years, the College is holding our General Meeting in conjunction with the Ontario Association of Optometrists Annual Symposium. Following our General Meeting, we are sponsoring a continuing education session in which Mr. Lionel Laroche will be speaking about cultural sensitivity in professional practice. Please note that all members are welcome to attend the College General Meeting and Education Session and do not have to be members of the Ontario Association of Optometrists (OAO) in order to do so. We hope you'll join us in London!

London Convention Centre  
300 York Street, London, Ont.

## College of Optometrists General Meeting

March 30, 2006  
3:30-4:30  
General Meeting

## Continuing Education Session

March 30, 2006  
4:30-5:30 p.m.  
Mr. Lionel Laroche: Cultural Sensitivity and Your Practice

# Other News

## Use of Drugs in Optometric Practice

Member are reminded that the *Drug and Pharmacies Regulation Act* permits pharmacists to sell to optometrists those drugs that may be used in the course of engaging in the practice of optometry, including prescription drugs for emergency care. Specifically, Part VI, Section 118(3) of the Act states, "Nothing in this Part prevents any person from selling, to a member of the College of Chiropractors of Ontario, the College of Dental Hygienists of Ontario, the College of Midwives of Ontario or the College of Optometrists of Ontario, a drug that the member may use in the course of engaging in the practice of his or her profession. 1991, c. 18, s. 47 (9)."

## Council Welcomes a New Member

At its meeting in April, Council will welcome Emad Hussain as our newest public member. Mr. Hussein is from Toronto and is currently employed by USC Education Savings Plans Inc. Mr. Hussain has extensive experience working in his community, and is currently the Director & Area Co-ordinator of the Bangladeshi-Canadian Political Action Committee (BPAC).

# The College Online

## Find an Optometrist

The College regularly receives telephone calls or email from the public requesting contact information for optometrists in particular regions in Ontario. To provide this information, staff may utilize the *Find an Optometrist* tool found on the College's website to search the College membership database for up-to-date and accurate listings of optometrists by name, city, postal code and/or language of fluency used in practice.

While the *Find and Optometrist* tool is helpful to the public, it is also useful to members of the College. Should you wish to locate a colleague for consultation or information sharing you are encouraged to visit the College website to take advantage of this quick and effective method of retrieving contact information.

To access this tool, visit the College website at [www.collegeoptom.on.ca](http://www.collegeoptom.on.ca) and simply click on *Find an Optometrist* at the bottom of the menu on the left hand side of your screen.

# Why not Volunteer?

The governance of the profession of optometry in Ontario requires the participation of registered members of the College to serve on Council and various committees. As a member of the College it is your right and privilege to take on an active role.

The College currently has ten committees in place covering a wide variety of governance and professional practice areas. The

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work undertaken as a Council or committee member brings a new understanding of the College's mandate to serve the public interest and the different

roles played by Council, committees and College staff. You will have the opportunity to work collaboratively with your colleagues, interacting in a positive manner to manage and resolve issues facing the College.

Many of the responsibilities of Council and committee members involve learning, developing, understanding and contributing in a meaningful way. This is an opportunity to give back to the profession while developing your own knowledge in a whole new way.

The College's governance structure includes a number of statutory and standing committees. Like Council, these committees are made up of optometric and public members. Each year, a number of optometrists are recommended by the Executive Committee and appointed by Council to serve on these committees. Interested members are asked to fill in an Application for Committee Membership that will assist the Executive Committee in making its recommendations.

If you would like to get involved with the College, we encourage you to fill in the Volunteer Application Form included with the nominations form mailed to you in January. It can also be found on the College website in the college documents section. Please don't hesitate to contact us for further information. The deadline for applications is March 3, 2006.

## Excellence in Optometric Care

Serving the Public Interest by Guiding the Profession



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