

Bulletin



FALL 2011

The College has moved...

... to **Suite 901, 1867 Yonge Street, Toronto** effective Monday, October 17, 2011.

Our sincere thanks go to the Office Relocation Committee that has been looking for a new office space for the College for a few months. The new office location is within steps of the Davisville subway station in Toronto.



Upcoming Events

Ontario Optometric Jurisprudence Exam

December 13, 2011 – Toronto, ON

Council Meeting

January 18, 2011 – Toronto, ON

YOU ARE CORDIALLY INVITED

to a reception in honour of

Dr. Murray Turnour

in recognition of his many years of dedication to the College of Optometrists of Ontario.

Saturday, November 5, 2011 from 7 p.m. to 9 p.m.

Hilton Suites Hotel and Conference Centre
Butternut/Holly Room

8500 Warden Avenue, at Highway 7, Markham, Ontario L6G 1A5

(in conjunction with the
Vision Institute Annual Fall Conference and Trade Show)

RSVP by Friday, October 28, 2011 to Louise Kassabian
lkassabian@collegeoptom.on.ca

Renewal Period Reminder

This is a reminder that our web portal will be open from **November 15th through to December 15th, inclusive**, for members to submit their annual reports electronically for 2011. Please submit them on time to avoid the late fee!

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A word from the President



In my last letter, I wrote that change has been the way of life for the practice of optometry. This has particularly been true over the last 12 months as College committee members, Council and staff have worked on new regulations and policies.

I am pleased to update you on the status of three important regulations that focus on our mandate to guide the profession and protect the public interest.

Designated Drugs Regulation

After years of anticipation and hard work by numerous dedicated members, the regulation that designates the drugs that optometrists are authorized to prescribe was approved by an Order in Council of the Government of Ontario on March 23, 2011. Ontarians now benefit from greatly improved access to medical eye care from optometrists, including the independent management of glaucoma. The College has published standards of practice and practice guidelines for the prescribing of drugs to guide members in this exciting scope expansion. Congratulations to Ontario optometry!

Conflict of Interest Regulation

This regulation fundamentally affects every optometrist in the way they practice, maintain professionalism, and preserve their fiduciary obligations to their patients. I am pleased to announce that the College has extensively revised the Professional Misconduct Regulation pertaining to conflict of interest under the Optometry Act and submitted this draft to the Ministry of Health and Long-term Care for approval.

When redrafting this regulation, we took a proactive approach by incorporating research and recommendations from the most recent HPRAC report while preserving only those elements that are truly necessary to protect the public. The result: a modernized and streamlined regulation that removes barriers to inter-professional collaboration, brings optometry business practices into the 21st century, and allows optometrists to better meet the challenges of providing

accessible, patient-centered care in a quickly-evolving landscape. We also have unprecedented support from a majority of major stakeholders, which we anticipate will expedite the approval process.

Registration Regulation

Registration has been an area of intense focus and challenge for members of the Registration Committee, Executive Committee, and College Council over the past year. In particular, much time and effort has been committed to a re-evaluation of the International Optometric Bridging Program (IOBP).

While we support the Ontario government's vision "that Ontario will be known as a place where all professionals are qualified and all qualified individuals have access to their profession", the College has concerns about a number of issues that include transparency and accountability issues. We are working to have these issues resolved in the near future.

At this time, we have committed a significant portion of the College budget to new regulations and policies that protect the public while also meeting government requirements that registration processes be transparent, objective, impartial and fair. We also remain strongly committed to collaboration with the Ministry of Health and Long-Term Care, the Ministry of Immigration and Citizenship, the Office of the Fairness Commissioner, and other important stakeholders, to provide an appropriate mechanism for international optometric graduates to become registered in Ontario.

As you can see, the only constant is change. Ontario optometry is changing very quickly and your College is also working hard to respond to these changes just as quickly to help you meet the challenges of a new regulatory landscape.

Richard Kniaziew, O.D.

Optometric Practice Reference update

The OPR has been updated and the most recent version is now available on the College website, www.collegeoptom.on.ca by clicking on "Resources". It is only available online.

The documents below have been updated or added:

- Table of Contents (updated)
- 2.2 Authorized Acts (updated)
- 4.4 The Use and Prescribing of Drugs in Optometric Practice (replaces 4.4 Guideline for the Use of Drugs by Optometrists)
- 4.7 Infection Control in the Optometric Office (new document)
- 5.2 The Prescription (published on April 7, 2011, and replaces section 5.2 The Written Prescription)
- 6.6 Low Vision Assessment and Therapy (new document)
- 6.7 Binocular Vision Assessment and Therapy (new document)
- 7.2 Patients with Glaucoma (published April 7, 2011)

These documents come into effect on the date of publication and members are responsible for maintaining the standard of practice as described in these documents.

Council has decided that the College will no longer print OPR documents for distribution. Instead, members will be informed when new documents are published on the website and are encouraged to print copies of new documents if they prefer a hard copy.

If you would like the College to provide you with a print-out of the new OPR documents, please contact Sonya Kadarally at the College office. She can be reached at: skadarally@collegeoptom.on.ca. A nominal fee will be charged to cover College costs.

Part-time position available for a Practice Advisor

As the successful candidate, you are an experienced, self-motivated optometrist with a focus on stakeholder needs and issues and an interest in joining the College and a small professional team in downtown Toronto. The primary goal of all College activities is to ensure that patients have access to safe, ethical, and high quality optometric care. The Practice Advisor is instrumental in assisting the College in achieving this goal.

Reporting to the Registrar, you will act as staff resource to the Clinical Practice Panel of the Quality Assurance Committee (CPP). On behalf of the CPP, you will assist the Chair with the administration of the Panel including minute-taking, liaison between members and the Panel, communications and ensuring Panel activities are conducted in a timely fashion. In addition, you will provide support to the Registrar in responding to inquiries from the public and members of the profession with respect to the mandate of the College and the application of the regulations in optometric practice. You may also assist with policy development, represent the College in various venues and work with the Registrar and other staff members to contribute to the management and development of the College. Occasional travel within the Province will be required.

You have a degree in optometry and are a member in good standing with the College. You have a working knowledge of health legislation, including the Regulated Health Professions Act and the Optometry Act, and the role of a regulatory authority. Your superior interpersonal, presentation and writing skills, excellent analytical, conflict and risk management skills, make you a good candidate for this position. Your computer skills include Microsoft Office and database systems.

The College offers competitive compensation and benefits, based on experience. If you are interested in this opportunity for two or three days per week, and meet the above criteria, please e-mail your resume and a cover letter highlighting your qualifications for the position and salary expectations, to Dianne Jones at dijones1@sympatico.ca by November 18, 2011. Only those candidates selected for an interview will be contacted.

Thank you for your interest.

Do you need to comply with the Accessibility for Ontarians with Disabilities Act (AODA)?

Providing accessible services for people with disabilities is not just good practice, it is the law.

In 2005, the Ontario Legislature passed the *Accessibility for Ontarians with Disabilities Act (AODA)*. Under this legislation, five standards set out requirements about: accessible customer service, information and communication, transportation, employment and the built environment which deals with buildings, entranceways and parking.

The first standard on accessible customer service is now in force.

Who Needs to Comply? Is my organization included?

All organizations and businesses that operate in Ontario and have at least one employee must comply. The only organizations that do not need to comply are unincorporated sole practitioners and organizations run entirely by volunteers. If you are a sole practitioner but your incorporation documents name you as an employee of your company, you need to comply. Even if you only have part-time or seasonal employees, you still need to comply. In other words, if your organization issues T4s, you need to comply.

When do I need to comply?

January 1, 2012 is the date that all organizations in the private and non-profit sector must be in compliance with the accessible customer service standard. Organizations in the broader public sector such as hospitals, universities and municipal governments, were required to comply by January 1, 2010.

I don't have "customers".

Are you sure this applies to me?

The government chose the word "customer" as shorthand to refer to anyone that an organization provides with goods and services. Students, patients and clients are all included.

What do I need to do?

There are eight requirements that apply to all organizations with one or more employees.

1. Establish a set of policies, practices and procedures on how you and your employees will provide goods and/or services to customers with disabilities.
2. Allow customers with disabilities to use personal assistive devices e.g. hearing aids, wheelchairs, walkers, oxygen tanks, to access your services and/or goods.
3. Communicate with a person with a disability in a manner that takes into account his or her disability.
4. Train all staff to provide accessible customer service. The regulation is clear that it is not just front line staff, but also management that must understand how to provide accessible customer service. You must also train volunteers and contractors if they will be acting on your behalf with patients, clients or customers.
5. Allow people with disabilities to bring a guide dog or service animal with them to your premises, unless otherwise prohibited by law. For example, animals are

not allowed by law in a restaurant kitchen or an operating theatre in a hospital.

6. Permit people with disabilities who require a support person to bring that person with them. If you charge a fee, your organization can decide whether to waive or lower the fee for the support person.
7. Provide notice when facilities or services that people with disabilities rely on to access your goods or services are temporarily disrupted.
8. Establish a process for people to provide feedback on how you provide goods and/or services to people with disabilities.

Organizations and businesses with 20 or more employees will also need to file regular compliance reports. These are on-line checklist reports that are quick and easy to complete. If your organization has 20 or more employees, the government will be sending you instructions on how to complete your compliance report. Organizations and businesses with 20 or more employees are also required to prepare written policies, practices and procedures. Smaller organizations and businesses need to develop such policies, practices, and procedures and communicate them to all employees, but do not have to have them written down.

What will happen if I don't comply?

The government is hoping that most organizations and businesses will see the benefits to them of providing accessible customer service in terms of providing more effective service to all their customers or clients, gaining loyalty, and attracting new clients or customers. Therefore, the emphasis is on education and support to help organizations come into compliance. If your organization is found to be out of compliance either through a complaint received, through your submitted report, or through an audit, the government will first attempt to provide the support and information you need to come into compliance. You may also be issued a director's order detailing when and how you must comply, and you may be levied an administrative monetary penalty. While the emphasis is on helping organizations to come into compliance, there are serious penalties for organizations that commit an offence under this legislation by refusing to comply with a director's order, preventing an inspector from inspecting your premises, or submitting a false report. If an offence

is committed, your organization may be fined up to \$100,000/day, and/or the individual responsible for the offence may be fined up to \$50,000/day.

How will the regulatory colleges help?

Regulatory colleges, as well as their members must comply with this regulation. Colleges are not enforcing regulations under the AODA, nor are we authorized to provide tools or official advice. However, we are positioned to provide information and support. The College of Optometrists of Ontario is part of an advisory committee working with the National Quality Institute (NQI) to provide free or low-cost support and information to organizations in the health care sector and to health care providers.

Where can I learn more?

You can go to www.accesson.ca to view the legislation and the accessible customer service regulation, and to access the tools that the government has developed to help you comply.

How can I get started so I will be in compliance by January 1, 2012?

People Access, a division of NQI devoted to helping organizations in different sectors plan and implement the legislated AODA standards, is a one-stop source of free and low-cost products, services, resources and tools to help you meet the upcoming deadline. Go to www.peopleaccess.ca to learn more about what they provide.

This is an opportunity for your organization to make a real difference to your clients by providing accessible service. Together with the College of Optometrists of Ontario, we can help you achieve that.

*Russ Gahan, Vice-President
People Access Division,
National Quality Institute (NQI)*

Quality Assurance – Continuing Education cycle renewal

The College's current Continuing Education cycle is coming to an end effective December 31, 2011, and will be renewed for a new three-year period effective January 1, 2012 to December 31, 2014 inclusive.

All members must meet the requirements of the Continuing Education Policy and should note that the ONLY change to the upcoming cycle will be a change to the statement in relation to costs specific to non-members for continuing education courses administered by Category A

Providers. Specifically, the statement "the non-members should be charged an appropriate fee as determined by the provider of the course" will now read: "how appropriate fees are applied and what are considered appropriate fees for non-members will be determined by Category A Providers". There are no changes to the number of credit hours required of members.

As a reminder – the College continues to offer two online distance education courses: Professional

Boundaries as well as Professionalism and Professional Ethics. Upon completion, members are eligible for six continuing education credit hours for each module. However, each course can only be taken once.

More information on our Continuing Education Policy and distance education courses can be found at <http://www.collegeoptom.on.ca/qualityassurance/continuingeducation.asp>, or you can contact Agnes O'Donohue at (416) 962-4071, ext. 29.

Designated Drugs Regulation: Frequently Asked Questions

1. Can I provide samples of therapeutic drugs to my patients?

Answer: Optometrists are not authorized to perform the controlled act of dispensing a drug. Providing a drug to a patient for therapeutic use (whether the patient is charged a fee or the drug is provided free of charge) is considered dispensing and therefore is prohibited under the current regulations. The College recognizes that providing a trial amount of drug to determine its therapeutic effect prior to writing a prescription may be advantageous to their patients, especially in the management of patients with glaucoma. In order to address this issue, a proposed policy to provide a trial amount of a drug to determine its effect in some clinical conditions has been developed and currently is being discussed with the Ministry of Health. Members will be informed of the outcome of these discussions.

2. Can I prescribe Latisse®?

Answer: Optometrists can provide treatment for prescribed diseases, which are defined as diseases of the eye and vision system that can be treated by other than the application of surgery. Accordingly, the cosmetic use of Latisse® may not qualify as treatment of a disease of the eye and vision system. There may be a rare situation where Latisse® may fit these criteria (i.e. a patient who has lost their lashes as a result of chemotherapy treatment).

The second consideration is that currently pharmacies do not carry Latisse®. Optometrists do not have the authority to dispense drugs, only to prescribe drugs. Therefore, there is no process in place for patients to obtain Latisse® from an optometrist's prescription. It may be preferable to direct the patient to a cosmetic centre where physicians prescribe and dispense Latisse®.

3. Why are topical natamycin and topical azithromycin on the drug list (Schedule 1) when they are not available at a pharmacy?

Answer: These two drugs have Health Canada approval but are not marketed here yet.

4. How do I use the limited use (LU) codes for the Ontario Drug Benefits Plan (ODBP)? What are the requirements to prescribe these?

Answer: Certain drugs covered by ODBP have LU codes; that is, they are only covered under the Plan if certain clinical criteria are met and the relevant LU code is written on the prescription. Each particular LU code represents a specific set of clinical criteria, which must be identified and documented in the patient record. An example is prostaglandin therapy for glaucoma: topical prostaglandins (ex – Lumigan RC, Travatan Z, Xalatan) are covered by ODBP only when used as a second line therapy; only topical Beta blockers are covered by ODBP for first line therapy. A topical prostaglandin can be prescribed using an LU code only in clinical situations where it will be used in addition to a topical Beta blocker or where a topical Beta blocker is contraindicated or has been proven ineffective.

5. How do I find the formulary for ODB?

Answer: Use the link:

<https://www.healthinfo.moh.gov.on.ca/formulary/index.jsp>. Choose 52.00 “Eye Ear Nose and Throat Preparations” or 52:36 “Other Eye Ear Nose and Throat Agents” from the “Therapeutic Classification” menu. Eye medications, including those requiring an LU code, are listed. The details of the clinical criteria for each LU code are accessed through additional links.

6. What are the OHIP codes for billing for therapeutic services?

Answer: There are no specific OHIP codes for the assessment, diagnosis and management of conditions requiring treatment with a therapeutic drug, that is, there is no “red eye code”.

7. Will Restasis® be added to the list of drugs that optometrists can prescribe? Also, optometrists are limited to prescribing doxycycline (and other oral antibacterials) for only 14 days which is too short a course for treating some conditions. Can this be changed?

Answer: In order to amend any current regulation, a proposed regulation amendment must go through the same process as recently undertaken by the College to bring the Designated Drugs Regulation into force. Changes to this regulation can only be made when the Ministry of Health and Long-Term Care is prepared to open up the regulation for amendments. At that time, new drugs can be added and revisions can be made to dosing limitations.

8. Please provide an explanation and examples for Paragraph 7.(1) of the Regulation where it states “...a member may only treat a patient with glaucoma where the patient has primary open-angle glaucoma the treatment of which is not complicated by either a concurrent medical condition or a potentially interacting pharmacological treatment”.

Answer: The Designated Drugs and Standards of Practice Regulation gives optometrists the authority to treat primary open angle glaucoma (POAG). Any other form of glaucoma (for example, neovascular, pigmentary or pseudoexfoliative glaucoma) must be referred to a physician or a hospital. The Ministry has expressed concern that some concurrent systemic health conditions or their pharmacological treatment could complicate the treatment of POAG. In such situations, it was felt optometrists should refer patients to ophthalmologists. The Panel identified the following examples that justify concern:

- i) An optometrist has diagnosed a patient with POAG and the patient also has been diagnosed with chronic obstructive pulmonary disease (COPD). This particular patient has had inadequate therapeutic effect and/or experienced unacceptable adverse effects with all classes of glaucoma medications, with the exception of topical beta-blockers. Given that serious respiratory disease may be considered a contraindication for the use of beta-blockers, consideration should be given to referral to an ophthalmologist for (surgical) glaucoma treatment.

- i) A patient has had an oral beta-blocker prescribed by their family doctor for a heart arrhythmia. All glaucoma

medications, except topical beta-blockers, were found to have inadequate therapeutic effect and/or unacceptable adverse effects. The optometrist measured the patient's blood pressure, and found it to be excessively low. Rather than adding a topical beta-blocker (and risking systemic hypotension), the optometrist recognized that the systemic treatment of this concurrent medical condition may complicate glaucoma treatment, and referred the patient to an ophthalmologist.

In rare situations, systemic conditions (and/or their treatment) may complicate the treatment of POAG. Optometrists are expected to recognize there are times that patients will present with conditions that are beyond their level of comfort or competence, and, to maintain patient protection, must refer them to the appropriate medical practitioner.

9. A patient has been diagnosed with secondary glaucoma and there is a long wait time for an appointment for the patient to see an ophthalmologist, can I initiate the treatment?

Answer: Under the Regulation, optometrists may not initiate treatment for secondary glaucoma. In the event of a long wait time, and subject to local availability, optometrists may refer patients to a general ophthalmologist to initiate treatment prior to sending them to a glaucoma specialist.

10. Please provide an explanation of Paragraph 8.(2) and the statement “...a member may initiate treatment for a patient having angle-closure glaucoma only in an emergency and where no physician is available to treat the patient”.

Answer: If emergency care of angle-closure glaucoma is required, optometrists are expected to exercise clinical judgement in determining whether to initiate treatment or to arrange for a physician to treat the patient in a timely manner. This decision will take into account patient circumstances (how much pain a patient is experiencing, the level to which the IOP is elevated, etc.) and practice location circumstances. It is most important that treatment is initiated in the best interests of the patient. OPR 7.2 states that angle-closure glaucoma is an ocular emergency and guidelines for such an occurrence are included in the document.

Registrar's Report

By Paula L. Garshowitz, O.D.

Change Is Inevitable – Except From A Vending Machine. ~Robert C. Gallagher

Everyone has their own perspective on how to adjust to change and certainly, over the past months, there has been more change than usual here at the College. For me, it is an opportunity because it often allows us to move forward on many important issues.

In April, the profession experienced its most significant increase in its scope of practice in decades with the passage of the Designated Drugs and Standards of Practice Regulation under the Optometry Act. The College also saw the departure of long-time staff members Valerie Browne, director of Office and Membership Services and Wendy Maharaj, manager of Quality Programs. The College wishes them well in their future endeavours. With their departures, it was necessary to hire new senior staff.

Hanan Jibry is our new director of Office and Membership Services, providing staff support to the Registration Committee and overseeing the Registration process and office operations. Hanan is familiar to the College as she filled two maternity leave positions here in the past.

Mina Kavanagh is now director of Investigations and Resolutions. Mina joined the College staff in August. Her primary responsibility is to provide support to the Inquiries Complaints and Reports Committee and the Patient Relations Committee.

Agnes O'Donohue has been appointed manager of Quality Programs: Agnes also joined the College in August. She will be supporting the Quality Assurance Panel and Discipline, Fitness to Practise and Optometry Review Committees.

Hanan, Mina and Agnes bring a wealth of knowledge and experience and I am very pleased to welcome them to the College team.

I would also like to recognize our strong administrative team: Louise Kassabian, Sonya Kadarally, April Hack and Anna Sharma. They keep our operation running smoothly and I am grateful.

We are also seeking a Practice Advisor for the College. I would encourage any member with an interest in the regulation of our profession to apply. A posting notice appears in this Bulletin.

In addition to staff changes, there will be a location change for the College office. Our hard-working Office Relocation Committee has found a new office space, within steps of the Davisville subway station in Toronto. We will be packing our boxes and moving in mid-October.

Dr. Kniaziew's report reviews Council's activities with respect to the proposed Registration Regulation and the proposed Professional Misconduct Regulation including conflict of interest provisions. Until these proposals have been accepted by the legislature, all optometrists are required to abide by the existing Regulations which require optometrists to break-down fees and charges to patients, prohibit practising in association, partnership or otherwise with an optician, or other person or corporation, and with respect to the name(s) an optometrist can use when naming their practices. The current regulations are available on the College website, under "Governance" and I encourage members to review them to ensure that their current practices and practice names comply with them. The College is required to uphold the current regulation should an issue be brought to its attention. If you have any questions or concerns, I encourage you to contact the College. I can always be reached at: PGarshowitz@collegeoptom.on.ca. I look forward to hearing from you.

Paula



Excellence in Optometric Care
Serving the Public Interest
by Guiding the Profession

**College of
Optometrists of Ontario**
1867 Yonge St., Suite 901
Toronto, Ontario M4S 1Y5
Telephone (416) 962-4071
Toll Free (888) 825-2554
Facsimile (416) 962-4073
www.collegeoptom.on.ca

**Ordre des
Optométristes de l'Ontario**
1867 Rue Yonge, Suite 901
Toronto, Ontario M4S 1Y5
Téléphone (416) 962-4071
Sans frais (888) 825-2554
Facsimile (416) 962-4073
www.collegeoptom.on.ca