

# Bulletin



FALL 2009

## New Annual Report for Members

### Additional information requirements being implemented this year

Members reporting on their 2009 activities in this year's Annual Report will find that the Report form is much longer and there are many, many more questions being asked than in previous years.

One reason for the additional questions is that the College By-laws have been updated and require some supplementary information from members, for example home address information (which is for College use only and will not be publicly available), and practice address information for members working outside Ontario.

Far more of the additional information being requested from members comes as a result of the new Health Professions Database, an initiative of the Ministry of Health and Long-Term Care that captures demographic, education and employment information from health professionals across the province. Information provided to the Ministry has all identifying information removed and will be used to answer questions such as: Where do health professionals work? How many may retire over the next few years? How many work full-time and how many work part-time? What type of care do they provide? This information will shape research, policy and programs that will help build stronger healthcare teams.

As in previous years, all members will be mailed a copy of their Annual Report form and will be asked to review, revise and update their information. The form may be completed online or filled in on paper and mailed back to the College. Members who choose to complete their Annual Report online will have the option of online payment or mailing a cheque to the College for their annual membership fee. More information regarding the online process will be provided when the Annual Report forms are mailed out in November.

### Annual Report Deadline

Members should expect to receive their Annual Report form by the end of November. If you don't, please contact the College. Annual Reports and annual fees must be returned by December 15th, 2009 or a late fee will be applied.

### Upcoming Events

#### Jurisprudence Seminar and Examination

October 5-6, 2009  
Toronto, ON

#### Jurisprudence Examination

December 1, 2009  
Toronto, ON

#### Council Meeting

October 20, 2009  
Niagara-on-the-Lake, ON

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# A Word from the President

## Designated Drugs Regulation – round two

Earlier this summer, the College circulated an updated draft Designated Drugs Regulation to members and stakeholders for their review and feedback. Unlike the previous draft Regulation, this updated version includes agents used in the treatment of glaucoma. After the first draft Regulation was submitted to the Ministry of Health and Long-Term Care, the Health Professions Regulatory Advisory Council (HPRAC) published a recommendation that optometrists be authorized to prescribe topical anti-glaucoma medications for the treatment of primary open angle glaucoma. When the Minister accepted this recommendation, the College drafted the updated Regulation to include glaucoma drugs.



Richard Kniaziew, O.D.,  
President

The consultation period for the updated draft Regulation is open until October 5, 2009 so there is still time to let us know what you think. In the feedback we have received to date, some members have expressed concern over having a list of specific medications rather than categories of drugs in the Regulation, and the difficulty we will have updating that list in future.

This is a very valid concern. The first draft Designated Drugs Regulation that was submitted to the Ministry identified categories of drugs that could be prescribed by optometrists. So what happened? In discussions with the Ministry, we explained our rationale that using drug categories in the regulation would allow us to be more responsive to the introduction of newer and more effective drugs as they became available, rather than waiting for approval of a regulation amendment updating the list of designated drugs. The Ministry representatives were sympathetic to this concern and assured us that it has been appropriately addressed by Bill 179, the *Regulated Health Professions Statute Law Amendment Act*. This Bill, once passed, will allow the Lieutenant Governor in Council (Provincial Cabinet) to appoint an expert committee to review and, if appropriate, approve proposals by the health colleges to update the document listing the drugs their members are authorized to prescribe.

The idea is that the expert committee will be able to approve an updated list of drugs more quickly than the current process that requires a regulation amendment. Our options were to submit a Designated Drugs Regulation for approval now, or wait for Bill 179 to be passed, an expert committee to be appointed and brought up to speed, and a document listing the drugs optometrists are authorized to prescribe to be reviewed and approved by them. We believe that it is in the public interest for optometrists to be authorized to prescribe TPAs as soon as possible, and we believe it will take less time to approve the proposed Designated Drugs Regulation than to go through the expert committee process (considering the committee does not yet exist). The Ministry representatives made it clear that, with the expert committee mechanism likely to be approved, a TPA regulation with categories of drugs rather than a list of specific medications would not be acceptable at this time. The first time the College wishes to update the list of drugs, we will amend the Designated Drugs Regulation to refer to a document approved by the expert committee, and all future updates will be done through them. Clear as mud? I thought so.

*“... some members have expressed concern over having a list of specific medications rather than categories of drugs in the Regulation ...”*

### TPA education

If you have not yet reviewed the College TPA Education Policy, I urge you to do so as soon as possible to identify whether or not you need to upgrade your education in order to meet the Policy requirements. Full 100-hour TPA courses are going to be more and more difficult to find. If you aren't sure where you fit in the Policy, College staff will be pleased to help you navigate your way through it and determine if you need any additional education.

### Authorization to prescribe

And finally, I would remind you that until the required Designated Drugs Regulation is in place, members are not authorized to prescribe drugs. Please don't send your proof of TPA education to the College, it is too early to list anyone on the College Register as authorized to prescribe TPAs. When the Designated Drugs Regulation is farther along the Ministry's approval process, the College will ask members to submit proof of their TPA education so we can identify which members should be authorized to prescribe drugs once the legislation is passed. I'm certainly looking forward to that day!

*Richard Kniaziew, O.D.*

# Registrar's Report

## On the move

There's little doubt that we live in an increasingly mobile society. Signs seem to be everywhere. Not only are there more cars on the road to move people, those cars are travelling faster. In a professional context, the Executive Committee of the College deals with many more requests from members to work in multiple locations. Governments across Canada recently amended the Agreement on Internal Trade as a means to facilitate mobility of workers between and among jurisdictions.



Murray J. Turnour,  
O.D., Registrar

*"The Register is used by members of the public ... to locate and communicate with an optometrist."*

You probably think you know where this article is going. Right? Well read on, and you may be surprised!

If an optometrist decides to move his or her practice, to relocate or to retire, there are a number of things that may need to be done depending on circumstances. Notifying suppliers probably springs to mind. And Canada Post so the mail is forwarded, and Bell Canada so the phones continue to ring. But one thing that also needs to be done is to notify the College of the change of business address. Some members only notify the College when they update their information on the Annual Report, but having accurate and up-to-date information is important. The Register is used by members of the public (and College staff on behalf of members of the public) to locate and communicate with an optometrist. So, if you are moving, opening a new practice location or retiring, be sure to let the College know right away.

The College also collects information from members that is not kept in the Register. The By-laws provide that members have thirty (30) days to communicate changes of this information to the College. Examples of this type of information include home address and telephone number, and the member's e-mail address.

Patients have the right to reasonable access to their records. In order to have reasonable access, patients need to know where their records are. If records are being moved to a new location, the College expects that optometrists will take reasonable steps to notify patients of the new location. Starting early to notify patients in person of an upcoming move is one strategy. Placing a notice in the local newspaper advising of the move is another strategy. Sometimes it is appropriate to retain the old telephone number for a period of time and play a recording of the new address and other contact information

Sometimes an optometrist moves but the practice remains open in the same location. If the records have not been re-located, there is no requirement to notify patients. However, depending on circumstances, patients may want to "follow the optometrist". In order to facilitate patient choice of practitioner, the Regulations make it professional misconduct if an optometrist fails to provide the contact information of a former partner or associate. Of course, it is not professional misconduct if the information is not known. So, if you leave a practice and there is a reasonable expectation that some patients may want to see you at your new location, be sure to communicate your new address and telephone number to your former partner or associate.

Moving is always a challenge. Keeping the College and your patients informed is a professional responsibility. Planning in advance will reduce disruptions and frustration.

*Murray J. Turnour, O.D.*



*The following article is one of a series of three articles written by Mr. Richard Steinecke regarding amendments to the Regulated Health Professions Act that came into effect in June, 2009.*

# The Register

**“If you don’t like change, you’re going to like irrelevance even less.”** — *General Eric Shinseki [Chief of Staff, U. S. Army]*

*The Regulated Health Professions Act, 1991* (“the RHPA”), which is the legislation that governs Ontario’s health regulatory Colleges has changed significantly. These changes, which came into effect on June 4, 2009, have an impact on almost every area of the College’s operations. Although many of these changes relate to College processes, a significant number of the revisions have a direct impact on members. The purpose of this series of articles is to highlight some of the biggest areas of change and to explain the specific impact those revisions have on members.

The majority of the legislative changes touch upon one of the following three subject areas: (i) mandatory reports; (ii) the register; and (iii) the Inquiries, Complaints and Reports Committee (“the ICRC”). A separate article will deal with each topic.

## The Register

The public, including potential employers, obtain information about members through the College’s register. The changes to the register affect both the amount of information available to the public as well as the overall accessibility of that information. Three of the most significant areas of change related to the register are as follows: (i) form; (ii) content; and (iii) permanence. In addition there are some new provisions protecting personal information about members in compelling circumstances.

### Form

One of the biggest changes to the RHPA is the new requirement for every College to post its entire register on its website. This allows the public to view all of the register information about every member directly through the internet. In addition, the new legislation requires the College to advise individuals who inquire about a member, whether in person, by phone, letter, email, or through the College’s website, of all of the register information that is available regarding that member. In other words, the inquirer does not have to know what to ask for; the College must actively assist the inquirer to locate the information that will help him or her.

## Content

In addition to the information already required for the register, several new categories of information were added on June 4, 2009. These include the following:

- i) referrals to the discipline committee (previously information only had to be included in the register after a finding was made);
- ii) a synopsis of every finding made against a member by the Discipline Committee or the Fitness to Practise Committee (previously only the actual sanction or order was recorded on the register and discipline summaries were found elsewhere on the College’s website);
- iii) findings of professional negligence or malpractice made against the member unless the finding is reversed on appeal (previously this information was not collected by the College or posted on the register); and
- iv) a notation of the resignation and agreement where a member, during or as a result of an investigation, has resigned and agreed never to practice again in Ontario (previously this was only done if the member consented or the matter had gone to the Discipline Committee).

Additional Information now required by the College of Optometrist’s By-laws includes members’ home address information and continuing education participation. This additional information does not appear on the register.

## Permanence

One of the most significant changes to the current register requirements relates to the length of time that information is expected to remain on the register. Previously under the RHPA, a significant portion of a member’s history with respect to most discipline and/or fitness to practice proceedings would automatically be removed from the register after six years. Under the new provisions, however, all register information remains posted indefinitely, subject to a few limited opportunities for the member to ask for the information to be removed. In essence the member has to go through a pardon-like process asking for the information to be removed. The committee imposing the order would have to consider whether the removal of the information is consistent with the public interest. In discipline matters, a pardon is only available where the sole sanction was a reprimand or a fine. A pardon is not available for any finding of sexual abuse.

## Personal safety and other compelling concerns

There are some exceptions to the duty of the College to post information about members on the public register. The major one is where the information would jeopardize the safety of any person. For example, if a member is being stalked, the

Registrar can withhold contact information from the register and the public. Non-contact information would still be included on the register (e.g., any terms, conditions and limitations on the member's registration). However, the Registrar can only do this if he or she knows about the concern and has reasonable and probable grounds to support the request. It is important for members who feel that their safety, or anyone else's safety, would be jeopardized by the public register provisions to notify the Registrar of this concern with any supporting documentation.

In addition, the College can only put on the register the minimum personal health information about members necessary to protect the public interest. For example, if a member is incapacitated, details of the nature of the incapacity are unlikely to be placed on the register. Often, only the fact that there has been an incapacity finding made and the nature of the terms, conditions and limitations needed to protect the public interest (e.g., the member must work with a colleague) is sufficient to protect the public.

The Registrar also has the ability to withhold information from the register that is obsolete and no longer relevant to the member's suitability to practice. This is intended to be a narrow exception. An example might be removing from the register a finding against a member for conduct that is no longer prohibited (e.g., an old advertising infraction for a type of advertisement that is now permitted).

Members should appreciate that their professional lives are now more transparent than ever.

## Optometry Professional Corporation Renewal

### **A reminder for members to mark the date!**

If you are the owner of an Optometry Professional Corporation (OPC), you are reminded that you are responsible for submitting your annual renewal in a timely manner. Every OPC has a unique renewal date. If you run an OPC, please mark the renewal date in your calendar. As a courtesy, the College sends out a reminder notice approximately 30 days in advance of the renewal date, including fee information and the renewal forms to be completed. The College is not responsible if our correspondence gets lost or delayed. A \$100 late fee is charged for all renewals arriving after the annual renewal date.



## Coming Soon: New College Website Improvements underway

The College is currently developing a new – and improved! – website to update and expand the information available to members of the public as well as members of the College. The goal is to make information easy to find, complete, and easy to understand, while at the same time updating the look of the site. We will also be incorporating technology that makes our site more accessible to individuals with a visual impairment.

Categories of information on the website will include: About the College (the role of the College as well as the composition and role of Council and Committees), Governance (the scope of practice, legislation and by-laws, policies and guidelines), Quality Assurance (policies and forms, distance education), Complaints, Discipline, Resources (College publications, the Optometric Practice Reference, the Ontario Optometric Jurisprudence Resource, patient FAQs) and more. Members will still be able to login to a password protected portion of the site to update their practice location information. Online completion of the Annual Report and payment of the annual membership fee will also be available again this year.

The new website will be complete and ready for use by the end of October. We hope that you will take a look and let us know what you think. Feedback can be sent to Valerie Browne at email: [director@collegeoptom.on.ca](mailto:director@collegeoptom.on.ca).

# Self-regulation and Social Responsibility

## The economics of practice and the public good

Most practitioners would agree that every person has a right to adequate health care regardless of their economic, social, or legal status. That said, the provision of health care is also a business. How is an optometrist to resolve the tension between the economics of practice and the desire to serve the public good? What is the responsibility of an optometrist to provide care to a disadvantaged member of the public?

Under self-regulation, optometrists are in the privileged position of having been delegated the authority to regulate their own profession. There are obligations that go along with this power. Self-regulation works because there is an understanding that professionals will apply their specialized knowledge and skill in the public interest. There is an agreement between the professions and the public they serve that in return for the privilege of self-governance, the profession has a duty to attend to the welfare of everyone, not just those who are socio-economically advantaged.

The first principle listed on the Ethical Guide developed by the Ontario Association of Optometrists is:

***Treat all patients with respect. Consider first their visual well-being and provide appropriate care for all your patients. Do not exploit for personal advantage; nor discriminate against any patient.***

Discrimination can take many forms, including the level of access an individual is given to a practitioner's services, or whether an individual is accepted as a patient at all. An optometrist is not required to accept every person who walks

through the door as a patient, but you must be sure that your reasons for not accepting a patient, or for limiting a patient's access to your services, are not rooted in your own personal financial interest.

Optometrists must abide by the Human Rights Code which prohibits discrimination on the following grounds: race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, and disability. Failure to abide by the Human Rights Code may result in a proceeding before the Ontario Human Rights Tribunal. It could also result in disciplinary action by the

*Discrimination can take many forms, including the level of access an individual is given to a practitioner's services.*

College. Paragraph 1. (1) 53. of the Professional Misconduct Regulation states that it is professional misconduct to engage in conduct or perform an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, unprofessional or unethical.

An ethical and transparent approach to economic issues will result in fair transactions. An optometrist's policies related to accepting patients, booking patients and setting fees for professional services are legitimate as long as professional ideals are upheld and just principles are followed.

An optometric practice operates as a business and if the business isn't sound, no one benefits. A balance between social and fiscal responsibility is essential. The key is in appreciating that you can earn a good living while cultivating a good social conscience.



# Managing Mistakes

By Richard Steinecke

We all make mistakes. Usually, we are fortunate that no real harm has occurred. Sometimes, however, someone is hurt when a mistake occurs. In a recent incident that came to the attention of the College, an optometrist is reported to have asked a patient to remove her contact lenses for an examination. The patient was directed into a room used for this purpose, she removed her contacts, placed them in a container provided for her, and put a solution into the container. In fact, the solution she used was a contact lens cleaner, not a soaking solution. The solution seemed different than the one the patient was used to using, and so she emptied the fluid and replaced it with proper contact lens solution. After the examination, she re-inserted the contact lenses and left the optometrist's office. Soon her eyes became sore and her vision foggy. Fearing she had damaged her eyes, the patient returned to the optometrist where she received flushing treatment and was referred to an ophthalmologist. Within a few days her eyes were back to normal.

There are two lessons to be learned from this incident:

1. design is destiny, and
2. respond appropriately.

## Design is Destiny

One does not have to be an automotive engineer to know that how one designs one's products, space and systems will have a major impact on the outcome. One has to plan for human nature. In this case, having a contact lens cleaner bottle readily available on a table in a room used by patients to store their contact lenses was a prescription for trouble.

In an ideal world, patients will read the labels of bottles while they can still see (i.e., before removing their contact lenses). In a perfect society, a patient who feels that something may be 'off' will mention it to the optometrist.

In the real world people will act like people. One needs to think about how to prevent misadventures from occurring. Potentially toxic contact lens solutions should be clearly separated from other products. Staff should direct the patient right to the location where they will be removing their contacts. Ideally, although this may not always be possible, patients should be assisted during this process.

Just like pills have unique colours, shapes and sizes so that they are easy to distinguish, vision products should be clearly separated and discernible even by people with very limited vision. Just like modern cars cannot be put into Drive unless one's foot is on the brake, the office layout should ensure that visually challenged people will not trip over hazards. Ideally, handrails are readily available. Even the physical flow

of patients through the office should minimize the distance that patients have to walk without their eyewear or while their pupils are dilated.

## Respond Appropriately

Despite one's best efforts, misadventures will occur. When a misadventure does occur, the key is responding with sensitivity and empathy while addressing the underlying issues. In the scenario described above, the optometrist apparently did a lot of things right. The patient was seen immediately after reporting a problem. Appropriate treatment was implemented right away. The patient was referred to a specialist. The optometrist called the patient soon afterwards to see if she was recovering. These steps were sensible and engendered some appreciation from the patient.

However, while the College does not know everything that occurred, some additional steps could have been taken that were not mentioned in the report to the College. First, nothing should be done that could be perceived as blaming the patient. For example, the referral letter to the specialist used language referring to the patient mistakenly putting lens cleaner solution on her contact lenses. Any statements about the cause (and here it was necessary to describe the cause) should be as neutral as possible. In fact, what occurred here was that there was an unfortunate series of events that ended up with the patient's contact lenses not being properly rinsed, and lens cleaner solution being introduced into the eye.

Second, it is useful to express concern for what has occurred. Unfortunately, out of a primal urge to deny imperfection or an exaggerated fear of admitting legal liability, many people are afraid to say they are sorry. Or, if a statement is made, language is used (e.g., "we regret to hear") that insults the patient. Fortunately, the concern about legal liability has hopefully been placed to its final rest. The Apology Act, 2009 came into force on April 23, 2009. It protects people who apologize for their mistakes (or their role in an incident). An apology "does not, in law, constitute an express or implied admission of fault or liability by the person in connection with that matter". Neither can an apology be used to deny the person insurance coverage. Also, an apology cannot be taken into account when determining fault or liability.

Third, it is often useful to advise patients as to what steps you will take to prevent such events from occurring in the future. People often like to know that some good has come of their misfortune. In this case, advising the patient how the contact removal station has been re-designed might have been appreciated by the patient.

# Welcome to our New Members

The College is pleased to welcome the following individuals who became members between May 1 and August 31, 2009:

Name	Registration No.	Name	Registration No.	Name	Registration No.
Dr. Dipty Acharya	0972	Dr. Jacquelyn Fleming	0986	Dr. Cassandra Ng	0955
Dr. Anna Ador-Dionisio	0973	Dr. Sonja Marie Gascoyne	0925	Dr. Tien Hung Nguyen	0956
Dr. Sanyukta Awale	0929	Dr. Leslie Gilliver	0996	Dr. Constance Odiase	0994
Dr. Haley Backus	0974	Dr. Dannielle Gojmerac	0987	Dr. Lindsey Pardys	0958
Dr. Diana Balcarras Berg	0930	Dr. Juliusz Gorecki	0981	Dr. Atif Parvaiz	0959
Dr. Arinder Basra	0975	Dr. Trevor Graham	0998	Dr. Philip Patafio	0954
Dr. Nestor Bayona	0976	Dr. Jeffrey Guthrie	0988	Dr. Angela Peddle	0944
Dr. William Bohnert	0999	Dr. Patrick Hector	0990	Dr. Kristin Person	0937
Dr. Ryan Bowser	0948	Dr. Adam Hill	0991	Dr. Benjamin Pezick	0961
Dr. Crystal Chan	0936	Dr. Annie Hsia	0995	Dr. Phong Pham	0912
Dr. Vivienne Chan	0932	Dr. Rachel Irwin	0946	Dr. Kristyn Pozzer	0962
Dr. Sio Fan Cheung	0928	Dr. Neeru Khullar	0993	Dr. Billi Jayne Prinzen	0963
Dr. Sen Wah Cheung	0978	Dr. Kimberly Krmpotic	0957	Dr. Cristina Schirripa	0934
Dr. Rebecca Chippior	0979	Dr. Jean-Robert Lalonde	0971	Dr. Pink Sidhu	0933
Dr. Angela De Berardis	09101	Dr. Norris Lam	0945	Dr. Jana Siemon	0964
Dr. Luisa De Faveri	0982	Dr. Karen Lam	0965	Dr. Sokpheaktra Sin	0927
Dr. Balprit Dhillon	0938	Dr. Ernest Lucchetti	0931	Dr. Jeffrey Speers	0966
Dr. Peter DiPasquale	0939	Dr. Michael Luu	0949	Dr. Brandon Stephens	0967
Dr. Olivia Do	0923	Dr. Andree Mainville	0935	Dr. Charlene To	0920
Dr. Brian Eckensviller	0983	Dr. Katherine Mann	0950	Dr. Lindsey Tretiak	0977
Dr. Ian Erkelens	0940	Dr. Karina Cecile Marcovitch	0924	Dr. Stephanie Veale	0969
Dr. Darryl Fabris	0921	Dr. Miranda Mok	9102	Dr. Beatrice Wong	0926
Dr. Lisa Marie Federico	0942	Dr. Patrick Monaghan	0951	Dr. Vivian Wong	0970
Dr. Ashley Firby	0984	Dr. Christopher Morey	0952	Dr. Jane Yam	0997
Dr. Teri Fisher	0943	Dr. Sarah Morris	0947	Dr. Diana Yue	0941
Dr. Brian Flatt	0985				

## Excellence in Optometric Care

Serving the Public Interest by Guiding the Profession



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