

Preparing for TPAs

Council approves educational requirements

In anticipation that the profession of optometry will be authorized to prescribe therapeutic pharmaceutical agents (TPAs), Council approved the Educational Requirements for Members to Prescribe Drugs policy. This policy is designed to ensure that all members who prescribe TPA's are competent to do so.

Bill 171, the *Health System Improvements Act*, has received first reading in the Legislature but has not yet been passed. One of the provisions of the Act is to amend the *Optometry Act* to include the controlled act of prescribing (designated) drugs.

While the College has no information regarding when Bill 171 will make it through the legislative process, Council felt it was in the public interest to develop a policy now regarding educational requirements for members to prescribe drugs. This will allow optometrists an opportunity to meet

It is important to ensure that members who wish to be authorized to prescribe TPAs have an appropriate educational background, proof of competence and currency of knowledge.

the requirements and be ready to prescribe drugs as soon as the Bill and related regulations are passed. The Registration Committee was charged with the task of drafting the policy for Council approval. They felt it was important to ensure that members who wish to be

authorized to prescribe TPAs have an appropriate educational background, proof of competence and currency of knowledge.

It is important to note that the policy applies to current members only. Council previously passed a policy that all new applicants must show they have the requisite knowledge, skill and judgement to prescribe TPAs by successful completion of the Canadian Standard Assessment in Optometry (CSAO) exam, including the Ocular Therapeutics component.

Members are encouraged to carefully review the Educational Requirements for Members to Prescribe Drugs policy on page four of this issue of the Bulletin to see where their own education and qualifications fit in and to determine what, if any, upgrading or continuing education program they may need to complete.

Upcoming Events

Council Election

Election Day
March 8, 2007

General Meeting

March 29, 2007
Sheraton Centre Hotel
Osgoode Ballroom
Toronto, Ontario

Council Meeting

April 16, 2007
Toronto, Ontario

Jurisprudence Seminar and Examination

May 14-15, 2007
Waterloo, Ontario

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A Word from the President

Anticipation

The next five months will, no doubt, speed along at the usual rate, but I suspect it will feel like an eternity! Bill 171, conveniently titled “An Act to improve health systems by amending or repealing various enactments and enacting certain Acts” (I’ll use the more manageable, *Health Systems Improvement Act*) was introduced into the Legislature on December 12, 2006. Tucked in with many changes to health care provision systems, a substantial overhaul to the manner in which Colleges operate, and with changes for several other professions, is the long-awaited addition to the controlled acts authorized to optometrists: “Prescribing drugs designated in the regulations”. If passed, this Bill will make a number of changes to the way health care is delivered in Ontario. But will it pass? There is a very tight timeline to achieve final approval by the legislature before June of 2007 when the election is expected to take over the political agenda. Many stakeholders and interest groups outside of our profession have an interest in seeing this Bill, or an amended version of this Bill, passed.



Mark Teeple, O.D., President

The proposed amendment to the *Optometry Act* contained within Bill 171 also provides that “Council may make regulations. . .specifying the drugs that a member may use. . .”, and that such a regulation may “designate individual drugs or categories of drugs.”

The Clinical Practice Committee is preparing a draft regulation that will be circulated to members and stakeholders following passage of Bill 171 by the legislature. The timeline for approval of the Drug Regulation is difficult to predict, but based upon past experience it could be one to two years after approval of Bill 171. Upon legislative approval of the Drug Regulation, eligible optometrists in Ontario will finally be authorized to practice to the full extent of their training.

So what, you ask, is an “eligible optometrist”? Council has approved an educational requirements policy for TPA practice developed by the Registration Committee. That policy is reported elsewhere in this Bulletin to assist members in planning their educational activities for the next year or two. The objective of the policy is to ensure public protection by requiring that those members who prescribe drugs have achieved the required skill and knowledge and demonstrated

competence in all aspects of the treatment of ocular disease by prescription drugs. Members who have not yet achieved the educational requirements, or who do not intend to prescribe drugs, will be restricted by means of an “undertaking” with the College, or by having a “term, condition or limitation” placed on their Certificate of Registration. The Quality Assurance Committee will also be reviewing the Quality Assurance program, including the continuing education component, to reflect the expanded scope of practice. In addition, the Clinical Practice Committee will be reviewing practice guidelines to reflect the use of TPAs.

I made reference to the substantial overhaul Bill 171 makes to the manner in which Colleges operate. Many of the changes are intended to facilitate the transparency, and improve the processes, of handling inquiries, complaints and reports. These are outlined by Dr. Turnour elsewhere in this Bulletin.

The Colleges are given three new “objects”:

- dealing with public relations (the manner in which the College deals with members, other Colleges, stakeholders and the public),
- inter-professional collaboration, and
- managing “environmental” changes (practice environs, technological advances and emerging issues).

Accountability is a major theme in the amendments to the legislation. College Committees will have new reporting requirements to Council. Colleges will have increased accountability to the public and the Ministry. Transparency is heightened by measures dealing with public accessibility to the information contained in the College register which is to include referrals to the Discipline Committee, findings against a member of the Discipline or Fitness to Practise Committees, reprimands and certain undertakings. These and other changes are generally viewed as an improvement to the way Colleges operate, but will require careful planning to implement.

An unexpected provision of Bill 171 is to impose a lifetime maximum of nine years that optometrists can serve on Council. The current regulation specifies a limit of nine consecutive years. This may create a challenge, particularly for smaller professions, to find willing and qualified individuals to serve on Council. We are fortunate that the College of Optometrists has been well supported by the profession and, in recent years at least, has not had a shortage of willing, qualified and “fresh” volunteers. In that regard, I encourage any member who is committed to serving the public to consider volunteering for a committee of the College. It is truly an exciting time to be involved as we anticipate the future of eye and vision care in Ontario.

Mark Teeple, O.D.

Registrar's Report

Key changes proposed in Bill 171

On December 12, 2006 the Minister of Health and Long-Term Care introduced Bill 171 into the Legislature for first reading. It is 143 pages long and includes 17 schedules. Each schedule deals with a specific issue in health care. A few of the schedules will have an impact on optometry and the College of Optometrists. In this issue of the Bulletin, I'd like to describe some of the more important implications Bill 171 will have on the profession.



Murray J. Turnour, O.D., Registrar

In the President's report, Dr. Teeple noted that Bill 171 will amend the Optometry Act to add a new authorized act for optometry: prescribing drugs designated in the regulations. Associated with this new authorized act are new regulation-making authorities. Council will now be able to make regulations specifying the drugs that optometrists may use in their practices, and designating the drugs that optometrists may prescribe.

The College is excited (the College is excited?) about these amendments. But amending the Act is just one of a number of steps in the process that will allow optometrists to practice to their full scope. In addition to amending the Act, regulations that specify and designate the drug categories also need to be developed and approved by the Government.

Other changes that Bill 171 will bring about relate to how the College conducts its "business" of protecting the public. For instance, the investigative role relating to complaints and reports will be centralized in a re-named Inquiries, Complaints and Reports (ICR) Committee. Just as its name has expanded – from Complaints – so too has its mandate. Any investigation related to individual members will be directed by the ICR Committee. (Currently, there is provision within the legislation for the Executive Committee to deal with members in some situations. This will be revoked.) By centralizing all investigations in one committee, consistency in decision-making should be increased.

The ICR Committee process will also be changing. The importance of alternative dispute resolution as an informal and effective alternative

within the complaints process is receiving recognition within the legislation. When necessary, the ICR Committee will be responsible for monitoring compliance with any activities that it directs members to participate in.

Currently, the amount of information that the College can release about members is limited. Bill 171 proposes to expand the information that is available to the public, including allowing Colleges to confirm investigations of members "if there is a compelling public interest". Currently, colleges can only release information if there has been a referral of allegations of professional misconduct, but cannot confirm or deny details about an ongoing investigation.

One of the primary roles of the health regulatory colleges is to promote the provision of quality care among members. To this end, the existing legislation requires colleges to have a Quality Assurance Program. The proposed legislation will broaden and strengthen the Quality Assurance Program to include activities related to (i) promoting continuing education activities that promote competence, address changes in practice environments and incorporate standards of practice and technological advances, (ii) conducting self, peer and practice assessments, and (iii) monitoring members' participation in other components of the program.

Bill 171 proposes to expand the information that is available to the public, including allowing Colleges to confirm investigations of members "if there is a compelling public interest".

Bill 171 also includes changes to the Health Insurance Act that affect how physicians are reviewed. The Compendium to Bill 171 prepared by the Ministry explains that the changes to the medical audit process are intended to (i) educate and assist physicians in meeting OHIP billing requirements, (ii) support early resolution of payment concerns that might arise, (iii) establish a fair and fairly-administered means of resolving concerns that cannot be resolved by the General Manager of OHIP and the physician, and (iv) ensure responsible use of public funds. These changes have not been extended to optometry, and the potential for optometrists to be referred to the Optometry Review Committee continues.

It is obvious from the nature of the changes that are included in Bill 171 that the government is attempting to protect the public in a changing environment and build the capacity within the existing health care system to do so. Time will tell if the proposed changes will achieve those ends.

TPA Policy

Educational Requirements for Members to Prescribe Drugs

On February 12, 2007, Council approved the following policy on educational requirements for members to prescribe drugs.

General Certificate of Registration

A. Each member who holds a General Certificate of Registration and who wishes to be authorized to prescribe therapeutic pharmaceutical agents must meet one of the following:

1. On or after January 1, 1995, have graduated from an ACOE accredited program or had their education deemed equivalent to the education received by a graduate of the University of Waterloo School of Optometry, and

a. have successfully completed on or after January 1, 2002 either the Canadian Standard Assessment in Optometry exam including the Ocular Therapeutics component or the Treatment and Management of Ocular Disease exam administered by the National Board of Examiners in Optometry; or

b. have successfully completed,
i. on or after January 1, 1995 and prior to January 1, 2002 either the Canadian Standard Assessment in Optometry exam including the Ocular Therapeutics component or the Treatment and Management of Ocular Disease exam administered by the National Board of Examiners in Optometry; and

ii. on or after January 1, 2002, a refresher course of a minimum of 20 hours in the treatment of ocular disease approved by the Council or that meets the criteria set by the Council; or

c. have successfully completed,
i. on or after January 1, 1995, the Canadian Standard Assessment in Optometry but not the Ocular Therapeutics component, and

ii. on or after January 1, 2002, the Ocular Therapeutics component of the Canadian Standard Assessment in Optometry, or the Treatment and Management of Ocular Disease exam administered by the National Board of Examiners in Optometry; or

d. have successfully completed, on or after January 1, 2002, a course of a minimum of 100 hours in the treatment and management of ocular disease approved by the Council or that meets the criteria set by the Council, and passed the course exam; or

e. have successfully completed,

i. prior to January 1, 2002, a course of a minimum of 100 hours in the treatment and management of ocular disease that meets the criteria set by the Council and passed the course exam; and

ii. on or after January 1, 2002, a refresher course of a minimum of 20 hours in the treatment of ocular disease approved by the Council or that meets the criteria set by the Council.

2. Prior to January 1, 1995, have graduated from an ACOE accredited program or had their education deemed equivalent to the education received by a graduate of the University of Waterloo School of Optometry, and

a. have successfully completed, on or after January 1, 2002, a course of a minimum of 100 hours in the treatment and management of ocular disease approved by the Council or that meets the criteria set by the Council and passed the course exam; or

b. have successfully completed,

i. prior to January 1, 2002, a course of a minimum of 100 hours in the treatment and management of ocular disease that meets the criteria set by the Council and passed the course exam; and

ii. on or after January 1, 2002, a refresher course of a minimum of 20 hours in the treatment of ocular disease approved by the Council or that meets the criteria set by the Council, or the Ocular Therapeutics component of the Canadian Standard Assessment in Optometry, or the Treatment and Management of Ocular Disease exam administered by the National Board of Examiners in Optometry.

Academic Certificate of Registration

B. Each member who holds an Academic Certificate of Registration and who wishes to be authorized to prescribe therapeutic pharmaceutical agents must meet one of the following:

1. have successfully completed, on or after January 1, 2002, a course of a minimum of 100 hours in the treatment and management of ocular disease approved by the Council or that meets the criteria set by the Council and passed the course exam; or
2. have successfully completed,
 - a. prior to January 1, 2002, a course of a minimum of 100 hours in the treatment and management of ocular disease that meets the criteria set by the Council and passed the course exam; and
 - b. on or after January 1, 2002, a refresher course of a minimum of 20 hours in the treatment of ocular disease approved by the Council or that meets the criteria set by the Council; or
3. have successfully completed a program that the Registration Committee, having considered the rest of the member's qualifications, determines is acceptable.

Criteria for 100- and 20-hour TPA Courses

The Educational Requirements for Members to Prescribe Drugs policy refers to a 100-hour course and a 20-hour refresher course. Council has approved the following criteria for these courses (where appropriate, an explanation of the criteria is included in italics).

100-hour Course:

- Course content must be developed by an Accreditation Council on Optometric Education (ACOE)-accredited school. (*The ACOE requirement will ensure the quality of the course content but a non-ACOE provider may work with the ACOE school re: providing a venue and putting on the course.*)
- The content must have a minimum of 60 hours didactic and a minimum of 40 hours clinical instruction.
- Participants must pass the course exam.

20-hour Refresher Course:

- The course must be a single, cohesive course that refreshes and updates members' knowledge regarding the categories of therapeutic pharmaceutical agents that would usually be used for the treatment and management of ocular disease. (*A 20-hr refresher course that is too narrow in scope [focused particularly on one condition or area of practice] does not meet this criterion. CE courses taken over the last five years are unlikely to meet this criterion unless they were designed specifically as a 20-hour, comprehensive TPA refresher course.*)
- The course content must be developed by an ACOE-accredited school.

Registration Matters

Fair Access to Regulated Professions Act, 2006

The *Fair Access to Regulated Professions Act, 2006* will ensure that the 34 regulated professions in Ontario have registration practices that are fair, transparent and expeditious. The intent is to ensure that the registration process is fair for all applicants and that there are no unintentional systemic barriers affecting any one group, including internationally educated professionals.

The Act will require regulatory bodies to:

- review requirements for registration including academic courses and work experience;
- provide complete information about how the registration process works, the approximate amount of time it would take to get a decision, fees required, and the criteria for acceptance into the profession;
- decide whether an individual is successful or not in obtaining a licence within a reasonable amount of time and provide applicants with written reasons for the decision;
- ensure applicants have the right to an internal review or appeal if they don't agree with the decision, and receive a written response to a request for a review or appeal; and
- ensure officials making decisions on registration, internal reviews or appeals are trained so that they have knowledge of the processes.

Members should be aware that the College of Optometrists of Ontario is already in compliance with most of the requirements of the Act. Comprehensive information regarding our registration process, documents required and timelines for completion is available on our website. We were one of the first health regulators to develop a profession-specific credential assessment process for internationally educated optometrists. With government funding, this process has expanded into the current International Optometric Bridging Program run on behalf of the College and other Canadian regulators by the University of Waterloo School of Optometry.

It is important to note that the *Fair Access to Regulated Professions Act* applies to all applicants, not just the internationally educated. It in no way changes the requirements for registration, which remain the same for all applicants regardless of where they received their optometric education, and in no way favours one group of applicants over another.

The *Fair Access to Regulated Professions Act, 2006* will come into force on a day to be named by proclamation of the Lieutenant Governor.

Complaint Summary:

Failure to Diagnose Glaucoma

In many cases dealt with by the Complaints Committee, there are several issues that come to light during the investigation of a complaint. The Committee has authority to deal only with those issues that are directly related to the complaint. In some cases, a multi-faceted disposition is appropriate to address all aspects of the matter. The following case illustrates this point.

The Complaint

The College received a complaint from a patient alleging that her optometrist failed to diagnose her glaucoma, which started several years ago. She had been a patient of the optometrist for many years and had been diagnosed with dry eyes. The optometrist had never recommended a visual field assessment nor had he mentioned glaucoma to her on any of her visits. She continued to experience problems with her eyes and saw an ophthalmologist at the hospital who diagnosed her with advanced glaucoma. He estimated she'd had this condition for approximately ten years.

The Optometrist's Response

The member wrote in his response to the complaint that he had recommended artificial tears for the patient's symptoms of dry eye and referred her to a dry eye specialist when her condition worsened three years later. He had also asked her to return for an automated visual field test, but she did not book this appointment. He explained that over the years, she had seen two other ophthalmologists, neither of whom had diagnosed her with glaucoma.

The Complaints Committee Review

The Complaints Committee reviewed the information obtained in its investigation of this complaint. It concluded that additional information would be required prior to making its decision and invited the member to attend an interview to discuss the clinical findings and the management of the patient in the context of his practice. The Committee identified the following concerns: (i) the member's failure to diagnose and manage a patient with glaucoma or with risk factors of developing glaucoma, (ii) his poor record keeping practices and (iii) his failure to properly counsel the patient with respect to the need for follow-up testing.

The Committee was concerned that the member did not provide a proper evaluation of the optic nerve head in his assessment of the patient's ocular health. The member voluntarily signed an Undertaking and Agreement with the College to participate in directed continuing education activities to address any deficiencies in his practice with respect to his knowledge, skill and judgement in the area of glaucoma diagnosis and management.

The Committee also concluded that the optometrist failed to properly counsel the patient with respect to the need for an automated visual field test, as the patient had no recall that he had recommended this test. It also noted omissions in the record of dilated fundus examination results, concerns or suspicions of any condition, and his counsel to the patient in some instances.

In addition, the Committee became aware that the member had not provided them with the patient's entire clinical record. The member explained that although the patient had been seen for over ten years, it is his practice to only maintain any part of a patient's record relating to the last ten years.

The Decision

The Complaints Committee acknowledged that the member had voluntarily agreed to enter into an Undertaking and Agreement with the College to participate in directed continuing education activities, at his cost, intended to address any deficiencies in his practice with respect to his knowledge skill and judgement in the area of glaucoma diagnosis and management.

The optometrist was cautioned to appropriately counsel patients with respect to communicating clinical findings including the importance of the frequency of monitoring, any tentative diagnosis and the management plan. The Committee also cautioned him to ensure that all clinical findings, counsel and management plans discussed with the patient are properly documented in the record.

The Committee reminded the member that he is required to maintain the entire clinical record for all patients and only destroy those records that have been inactive for 10 years or longer, according to the Regulation [O.Reg. 119/94 Part IV Records 10.(5)].

CE Policy Clarification

Carry forward hours explained

It has come to our attention that there is some confusion among members regarding the carry forward provision of the Continuing Education (CE) Policy.

Members are required to obtain a minimum of 60 hours of CE in each three-year period. The CE Policy states that, "Members who obtain more than the required number of hours in the period can carry forward a maximum of twenty hours to the cycle immediately following the one in which the continuing education was obtained."

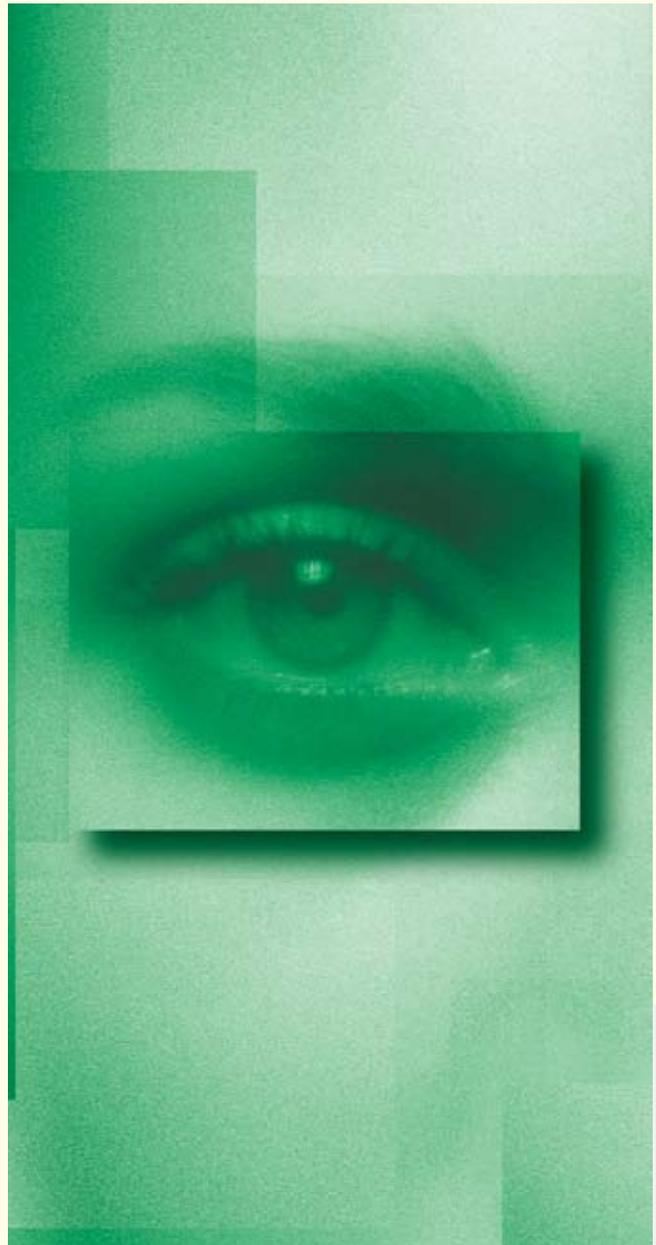
This means that a member who obtains more than 60 hours of CE in any given three-year cycle may use those hours in the immediate next cycle if they would otherwise not meet the 60 hour requirement. If the member obtains at least 60 hours of CE in the immediate next cycle, the carry forward hours are not needed. They cannot be forward again to the next three-year period.

A member who obtains more than 60 hours of CE in any given three-year cycle may use those hours in the immediate next cycle only.

Standards of practice evolve over time and the CE policy is designed to ensure that members remain current and grow with the profession. If members were permitted to carry forward their CE hours indefinitely, it would be possible for a member to carry forward 20 hours from one CE cycle and use them up over several cycles following.

This would entirely defeat the purpose of the CE policy. The carry forward provision is intended to help members who are deficient in hours in the current CE period and who more than met the 60 hour requirement in the previous period. It is not intended for members to have a 'bumper' year of CE and then avoid meeting the 60-hour CE requirement for several years (or several three-year cycles) following.

The complete CE policy can be viewed on the College website at www.collegeoptom.on.ca.



College Donation

It is a policy of the College to make a donation each year to an optometric organization in memory of members who have passed away during that year. This year, a donation has been made to Optometry Giving Sight, an international organization established in 2003 to address the needs of the 250 million men, women and children around the world who are blind or visually impaired because they don't have access to an eye exam and a pair of glasses. OGS supports programs that offer not only eye exams and glasses in countries with little or no access to them, but that establish the infrastructure and train the local human resources required for sustainable, quality vision care. For more information, visit the OGS website: www.givingsight.org.

Other News

Ontario's Plan for Health

The Ministry of Health and Long-Term Care is seeking input from all Ontarians to help develop a 10-year Strategic Plan for healthcare in this province. Feedback will be gathered through focus groups, community dialogues and telephone surveys. For additional information regarding this public engagement initiative, call 1-866-532-3631 or visit www.ourplanforhealth.ca where you can provide feedback, gain access to materials and find out about ways to get involved.

Keeping you informed

If you haven't visited the College website lately, we encourage you to do so. The Current Issues section (listed under 'Communications' in the left-hand menu on our home page) includes updates on issues currently being pursued by the College, such as the result of the contempt of court action the College pursued against Mr. Bruce Bergez et al related to a 2003 court order requiring Great Glasses to cease dispensing spectacles on the basis of Eyelogic® test results and without a valid prescription.

We also use the Current Issues section to provide members with important updates from the Ministry of Health and Long-Term Care. For example, you will now find information in this section related to emergency preparedness, including links to the Pandemic Planner, a monthly newsletter produced by the Ministry that is tailored to healthcare professionals and provides information and updates on pandemic planning and related activities at the federal, provincial and local levels.

Whenever there is something new of note in the Current Issues section, you will find a link to it directly on our website homepage: www.collegeoptom.on.ca.

Roadshow Planned

In January, Council gave approval to the Quality Assurance Committee and the Clinical Practice Committee to develop a new College 'Roadshow'. The presentation, called 'Towards Excellence in Optometric Care,' will include a review of the Optometric Practice Reference (an update to the Guide to the Practice of Optometry), and practical advice related to records management. The Roadshow will be delivered in a variety of locations across Ontario this fall. Details will be posted on the College website as they become available, and will be published in a future edition of the Bulletin.

College General Meeting

Council has called a General Meeting of the membership to take place on March 29, 2007 in Toronto, Ontario. The President and Registrar will provide an update of College activities throughout 2006, 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:

College of Optometrists of Ontario General Meeting

Date: Thursday, March 29, 2007

Time: 4:30 pm - 5:30 pm

Location: Toronto Sheraton Centre Hotel Osgoode Ballroom
123 Queen St. W. Toronto, Ontario, M5H 2M9

Excellence in Optometric Care

Serving the Public Interest by Guiding the Profession



College of Optometrists of Ontario **Ordre des Optométristes de l'Ontario**

6 Crescent Road, 2nd Floor

Toronto, Ontario M4W 1T1

Telephone (416) 962-4071

Toll Free (888) 825-2554

Facsimile (416) 962-4073

Website www.collegeoptom.on.ca

6 Rue Crescent, 2ième Etage

Toronto, Ontario M4W 1T1

Téléphone (416) 962-4071

Sans frais (888) 825-2554

Facsimile (416) 962-4073

Site web www.collegeoptom.on.ca