



Revised TPA Policy

It's complicated we know. Now posted on the College website, the revised TPA policy attempts to address all possible combinations of TPA-related education fairly and appropriately. Flowcharts have been developed (please refer to inserts) to facilitate understanding of the revised policy. The following is the TPA policy as updated on February 25, 2008:

Therapeutic Pharmaceutical Agents Policy:

Educational Requirements for Members to Prescribe Drugs

On February 6, 2008, the Council of the College of Optometrists of Ontario approved the following amended policy on educational requirements for members to prescribe drugs. Amendments are highlighted in **bold**.

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 Accreditation Council on Optometric Education 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

Continued on Page 4...

Upcoming Events

Council By-Election
April 16, 2008

Council Meeting
April 17, 2008
Toronto, Ontario

**College-sponsored breakfast
at OAO Conference**
May 1, 2008

**Jurisprudence Seminar
and Examination**
May 5-6, 2008
Waterloo, Ontario

Also in this Issue

The Word from the
Presidentpage 2

Continuing Education:
Carry-forward policy to be
discontinuedpage 3

Complaint Summarypage 6

It's your profession -
get involved!page 7

Policy on the Use of
Digital Imaging/Fundus
Photographypage 8

TPA Regulation Approved
by Council.....page 8

The Word

from the President

Ontario Optometrists have long had the privilege of self-regulation. But what does that really mean? This privilege has been extended to the profession with the expectation that we will abide by the framework of self-regulation that is provided for in the Regulated Health Professions Act (RHPA). In fact, one of the objects of each of the health regulatory colleges is to administer the specific health professions Act, the Health Professions Procedural Code, and the RHPA as it relates to the profession. This can be a challenging task at the best of times, but is even more challenging when regulations are in the process of being amended to reflect new practice and societal realities.



Linda Bathe, O.D., President

The process to amend regulations is laid out in the RHPA. The College's internal process begins with the draft amendments being developed by committee with the help of legal counsel. Next, this document is brought to Council for approval in principle and direction to circulate to members and stakeholders for comment. The comment period must be for at least 60 days. Member and stakeholder input is considered by committee and the proposed amendments are brought back to Council with any recommended changes. If the changes are considered substantial, the regulation must be circulated again. Once the regulation has the final approval of Council, a submission is prepared for the Ministry of Health and Long-Term Care (MOHLTC). Part of this submission must answer all questions and concerns raised by members or stakeholders. The College has no control of the time line once the submission is made.

Staff members at the MOHLTC review the amendments from a policy and a legal perspective. If this review determines that the proposed amendments are appropriate, they are then returned to the College to be "sealed". The sealed amendments are then sent to the Legislation and Regulations Committee of the Legislature for approval and filing with the Registrar of Regulations and publication in the Ontario Gazette.

As most of you know, the College developed new Conflict of Interest Regulations and related amendments to the Professional Misconduct Regulations that, among other changes, would open up association between optometrists and opticians. After extensive review of stakeholder input and three circulations, the proposal was submitted

to the MOHLTC in April of 2007. The Council heartily endorsed the proposed amendments and continues to firmly believe that they strike an appropriate balance between adequate public protection and fairness to members. We believe we have taken each step in the process with appropriate public protection as our primary objective. Although we attempted to collaborate with members and stakeholders, this College's public interest perspective was not appreciated by all. This lack of consensus makes the process at the MOHLTC more onerous. The College continues to press our agenda with the Ministry by all means at our disposal.

The College realizes that the current legislation is outdated and in need of amendment. We look forward to increased inter-professional collaboration and enhanced patient access to optometric care that the new Conflict of Interest and related Professional Misconduct Regulations would allow. It is now left to the MOHLTC to fulfill its obligation to complete the process in a reasonable time frame and bring the new regulations into force.

Unfortunately, circumstances have made it necessary for me to step away from College work. I have enjoyed the challenge and working with the many quality people involved with the College including staff and members of Council and committees, both professional and public. I urge you as members to support these people as they continue to navigate, often through rough seas.

Linda Bathe, O.D.

Continuing Education

Carry-forward policy to be discontinued

On January 1, 2003, the College implemented a policy that allows members to carry forward a maximum of 20 continuing education (CE) hours from the cycle in which they are earned to the immediate next cycle. Carry-forward hours not needed (and therefore not used) in the immediate next cycle are lost – they cannot be carried forward again.

This policy was designed to encourage members to increase their participation in continuing education activities while recognizing that knowledge has a finite life span. In practice, the policy has caused a great deal of confusion with regard to the number of hours and the category of CE that is to be carried from one cycle to the next. In addition, there is some question as to whether allowing members to obtain less than the required 60 hours of continuing education in any given period is in the public interest. As a result, Council has approved a policy change such that the carry-forward of continuing education credits will be discontinued from the current cycle (2006-2008) and beyond. This means that hours earned in excess

of 40 Category A hours and 20 Category B hours from January 1, 2003 through December 31, 2005, may be used in the current cycle, if needed. However, excess hours earned from January 1, 2006 through December 31, 2008 will not be carried forward to the 2009-2011 cycle. You are advised to plan your continuing education activities accordingly.

The carry-forward of continuing education credits will be discontinued from the current cycle (2006-2008) and beyond.

We would like to remind you that there is no minimum annual CE requirement; the required 60 hours may be earned at any time within each defined three-year cycle. We believe that this provides sufficient flexibility to members to earn the required credits even if a member is unable, for whatever reason, to participate in CE activities for a year or more.

Generally, members seem to be able to meet the 60-hour CE requirement with little difficulty, and many members consistently earn more than the required number of hours. We commend all our members for their dedication to the philosophy of lifelong learning.

CE Random Audits

Members are reminded that at the conclusion of each three-year CE reporting cycle, the College will randomly select members for an audit of CE activities reported on their Annual Report. Accordingly, all members are encouraged to retain proof of continuing education activities for at least six months after the completion of the reporting cycle, that is at least until July 1, 2009 for the current CE cycle. Please remember that submitting false information on your Annual Report could lead to an allegation of professional misconduct.

Distance Education Module: Professional Boundaries

If you have not yet taken advantage of the College's Professional Boundaries distance education module, there is still time to do so. The module focuses on awareness of professional boundaries, how to maintain them, and how to restore the doctor/patient relationship when it is crossed. If you wish to participate in this home study continuing education program, go to the College website (www.collegeoptom.on.ca) and click on College Communications/Distance Education. The fee of \$94.50 (\$90 + GST) is due only when you submit your answer sheet to the College. Upon completion, the College will issue you a certificate for six hours of continuing education.

Revised TPA Policy

...Continued from page 1

- 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
 - i. passed the course exam; or
 - ii. successfully completed the Ocular Therapeutics component of the Canadian Standard Assessment in Optometry after taking the 100-hour course; or**
 - iii. successfully completed the Treatment and Management of Ocular Disease exam administered by the National Board of Examiners in Optometry after taking the 100-hour course; 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
 - 1. passed the course exam; or
 - 2. successfully completed the Ocular Therapeutics component of the Canadian Standard Assessment in Optometry after taking the 100-hour course; or**
 - 3. successfully completed the Treatment and Management of Ocular Disease exam administered by the National Board of Examiners in Optometry after taking the 100-hour course; 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 Accreditation Council on Optometric Education 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 provided proof to the College in the form of a transcript from an Accreditation Council on Optometric Education accredited school of having successfully completed ocular therapeutic training including an externship that focused on the prescribing of drugs in the optometric practice, and have successfully completed, on or after January 1, 2002,**
 - i. 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
 - ii. the Ocular Therapeutics component of the Canadian Standard Assessment in Optometry; or**
 - iii. the Treatment and Management of Ocular Disease exam administered by the National Board of Examiners in Optometry; or**
- b. 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
 - i. passed the course exam; or
 - ii. successfully completed the Ocular Therapeutics component of the Canadian Standard Assessment in Optometry after taking the 100-hour course; or**
 - iii. successfully completed the Treatment and Management of Ocular Disease exam administered by the National Board of Examiners in Optometry after taking the 100-hour course; or**
- c. 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
 - 1. passed the course exam; or
 - 2. successfully completed the Ocular Therapeutics component of the Canadian Standard Assessment in Optometry after taking the 100-hour course; or**
 - 3. successfully completed the Treatment and Management of Ocular Disease exam administered by the National Board of Examiners in Optometry after taking the 100-hour course; 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.
3. Have satisfied the College that you have previously been registered or licensed as an optometrist in another province or territory in Canada or one of the United States of America and had the authority to prescribe therapeutic pharmaceutical agents in that jurisdiction, and
 - a. have practiced using that authority on or after January 1, 2002; or**



b. have successfully completed on or after January 1, 2002

- i. a refresher course of a minimum of 20 hours in the treatment and management of ocular disease approved by the Council or that meets the criteria set by the Council; or**
- ii. the Ocular Therapeutics component of the Canadian Standard Assessment in Optometry; or**
- iii. 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

a. passed the course exam; or

b. successfully completed the Ocular Therapeutics component of the Canadian Standard Assessment in Optometry after taking the 100-hour course; or

c. successfully completed the Treatment and Management of Ocular Disease exam administered by the National Board of Examiners in Optometry after taking the 100-hour course; 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

i. passed the course exam

ii. successfully completed the Ocular Therapeutics component of the Canadian Standard Assessment in Optometry after taking the 100-hour course; or

iii. successfully completed the Treatment and Management of Ocular Disease exam administered by the National Board of Examiners in Optometry after taking the 100-hour course; 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.

Complaint Summary

Counseling for informed decisions

The following Complaint Summary deals with an allegation that an optometrist failed to warn a patient about the potential dangers of wearing extended wear contact lenses.

Complaint

In her letter of complaint to the College, the complainant wrote that her optometrist fit her with new contact lenses that were safe for thirty-day wear. The complainant explained that one year later she began to experience redness and irritation in her right eye after wearing a new pair of lenses for about a week. She removed the contact lens and, when the discomfort continued, she went to see a doctor at a walk-in clinic. She was subsequently diagnosed with a corneal ulcer.

The complainant wrote that following her diagnosis, she learned from information obtained from the Health Canada website and other sources, that extended wear contact lenses are known to cause corneal ulcers. She went to see the optometrist who had prescribed the lenses and asked why she had not been informed of the dangers of wearing extended wear contact lenses. The optometrist responded that, given the complainant's pattern of use, the contact lenses that had been prescribed for extended wear, were safer than the lenses she had been wearing previously. The complainant believed that the optometrist should be held accountable for failing to provide her with written information warning about the potential dangers of extended wear contact lenses.

The Optometrist's Response

In response to the complaint, the optometrist wrote that all contact lens patients in her office, without exception, are counseled about the risks associated with wearing contact lenses for extended periods of time. This education is done verbally and in writing, including an in-office educational insert that is provided each time a patient picks up a supply of contact lenses. In addition, all contact lens patients are verbally instructed to contact the office if they experience any symptoms of redness, pain, discharge or blurred vision; these patients are accommodated on the same day. The optometrist explained that she had last seen the complainant ten months prior to the development of the corneal ulcer, and believed that she should not be held responsible if the patient subsequently sought care elsewhere.

The Committee's Review

The Committee reviewed the information obtained in its investigation of the complaint, including a copy of the clinical record of the care provided to the complainant by the ophthalmologists who treated the corneal ulcer. The Committee observed, from the optometrist's

clinical record, that the complainant had informed the optometrist that she would occasionally nap with her previous contact lenses which were made from a material that is not approved for extended wear. The record also showed that the complainant indicated to the optometrist that she was interested in wearing her lenses for more extended or overnight wear. Based on the patient's request, the optometrist fit her with lenses that were approved for overnight wear. The Committee considered this to be an appropriate course of action.

The Committee accepted that there was a disagreement between the parties regarding the communication of any risks associated with wearing contact lenses for extended periods of time. The complainant alleged that the optometrist did not advise her of the potential dangers of wearing extended wear lenses. However, the clinical record showed that the optometrist counseled the patient verbally on the risks of these lenses. In addition, the optometrist wrote in her response to the complaint that her usual and customary office procedure is to explain the risk of infection to all contact lens patients and to provide an in-office brochure to all patients when they pick up a new supply of lenses. The Committee reviewed the brochure and concluded that it informs patients of an increased risk of infection if contact lenses are worn during sleep. The brochure also advises patients to return to the optometrist's office if they experience redness, pain or other unusual symptoms. The complainant submitted information to the Committee that she obtained from Health Canada and the manufacturer of the contact lenses, and asked why the optometrist had not provided her with these specific documents. The Committee discussed the expectation of the profession with respect to counseling patients on the risks of wearing contact lenses. They concluded that an optometrist is expected to use their professional judgement when deciding on the kind and amount of information or literature to provide to a patient to ensure that the patient is able to make an informed decision. The Committee concluded that the information contained in the optometrist's patient information brochure, supplemented by verbal counseling by the optometrist, was sufficient information for a patient to make the decision whether or not to wear their contact lenses for an extended period of time.

The Committee's Decision

The Committee concluded that the optometrist had dispensed appropriate lenses for safe overnight wear. While the Committee empathized with the outcome of the corneal ulcer experienced by the complainant, it concluded that the optometrist had done what was expected of her with respect to providing the complainant with adequate information about the risks of extended wear lenses. Accordingly, the Committee took no further action in this matter.

It's your profession – get involved!

College volunteer opportunities for members

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 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. The knowledge, skill and enthusiasm of Council and committee members is one of the College's greatest assets, and by participating you will gain the satisfaction of having contributed in a very tangible way to your profession.

Run for election to Council

Council is made up of registered optometrists and members of the public. Public members are appointed by the Lieutenant-Governor-in-Council (Provincial Cabinet) to bring the public perspective to Council discussions and decisions. Optometrist members are elected by their peers in district elections.

Council functions as the board of directors of the College. Members of Council establish goals and policies in accordance with relevant legislation and the mission and values of the College. In addition to participating in Council meetings, all Council members serve on at least one statutory committee and may also serve on standing and ad hoc committees.

Apply for committee membership

The College's governance structure includes a number of statutory and non-statutory committees. Like Council, these committees are made up of optometrist 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 complete an Application for Committee Membership that will assist the Executive Committee in making its recommendations.

What the College expects of Volunteers

No one walks into their first Council or committee meeting an expert; it will take a little time to understand the new role you have assumed. All new Council and committee members are given an orientation session to help familiarize them with their responsibilities.

Some of your responsibilities as a Council or committee member will require you to:

- **understand** and apply College policies and procedures;
- **develop** a working knowledge of the relevant legislation, values and strategic directions that govern the workings of the College;
- **develop** a working knowledge of the functions of the College and its various committees, including issues facing the profession and the public during your tenure;
- **review** all materials sent to you before meetings;
- **identify** and bring forward information that will enhance the discussions and decision-making of Council or committees; and
- **raise** issues to Council or the committee on which you serve.

Participation in the business of the College does require a personal commitment from you. To be most effective in your role, you will be asked to:

- **arrange** your schedule to allow you to attend meetings;
- **contribute** to discussions and decision-making in a constructive fashion; and
- **maintain** a positive working relationship with other members of Council, College committees and College staff.

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 and skills in a whole new way.

The term of office

Council members generally sit for a three-year term and may serve up to nine consecutive years on Council.

Appointments to statutory committees are for one year. Members may be re-appointed. However, there is a limit of nine consecutive years of service for a member of any one committee.

The term of an appointment to an ad hoc committee is established through each committee's terms of reference.

Apply now!

For more information about running for Council or applying for committee membership, please do not hesitate to get in touch with us. If you are ready to apply to join a College committee, an application for committee membership can be downloaded from the College website at www.collegeoptom.on.ca.

Policy on the Use of Digital Imaging/ Fundus Photography in Optometric Practice

The College is aware that some members have established a policy of using digital imaging and/or fundus photography for all patients as the only method of examining the fundus. Currently, there is no peer-reviewed, scientific evidence that shows digital imaging to be effective for all patients as a stand-alone technique for examination of the fundus. Accordingly, the College does not support such a policy.

The College believes that there is no single technique currently available that can be used exclusively for the examination of the fundus of all patients. The College acknowledges that in some subsequent examinations, retinal digital imaging/photography alone may be sufficient. In other cases, digital imaging or photography will reveal the need for further examination using one or more additional techniques, including binocular examination through a dilated pupil. In these cases, use of digital imaging/photography alone may lead the optometrist to miss certain pathologies. Accordingly, the College believes that digital imaging/photography should be used in conjunction with other current techniques, including pupil dilation.

With regard to record keeping, the College expects members to record their analysis of a digital image or photograph in the patient's record. This may be accomplished using a note-taking feature of a digital imaging system if it is so equipped. Simply acknowledging that the picture was taken is not considered an analysis of the fundus.

TPA Regulation Approved by Council

Members show overwhelming support

At its meeting of February 6, 2008, Council approved the draft TPA Regulations for submission to the Ministry of Health and Long-Term Care for approval. These Regulations were circulated for 60 days to members and other stakeholders for comment. There was an overwhelming response from members in support of the Regulations. While some stakeholders expressed some concerns, Council believes the Regulations as drafted are in the public interest and will help optometrists provide efficient, effective care in a timely manner. In addition, the College received letters from stakeholders such as the College of Physicians and Surgeons of Ontario, the Ontario College of Pharmacists, the College of Nurses of Ontario, the Vision Institute, and Canadian Examiners in Optometry.

As part of the submission to the Ministry, the College asked an independent third party to conduct a study on the average length of time a patient must wait after an optometrist's diagnosis of glaucoma and their first appointment with an ophthalmologist.

The College will provide an update on this important issue in a future edition of the Bulletin.

Member Invitation

Members are invited to meet with representatives of the College either for breakfast at the OAO Annual Symposium on Thursday, May 1, 2008, or Friday, May 2, 2008, at the Infomart.

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