



Drug Regulation Submitted to Ministry

Optometrists one step closer to drug prescribing rights

The Designated Drugs Regulation describing the therapeutic pharmaceutical agents (TPAs) to be authorized to the profession of optometry in Ontario was submitted to the Ministry of Health and Long-Term Care on November 6, 2009. Once this regulation is approved, optometrists in Ontario who are in compliance with the College's Therapeutic Pharmaceutical Agents Policy: Educational Requirements for Members to Prescribe Drugs (TPA Education Policy) will have the authority to prescribe the drugs identified in the Regulation.

The draft Designated Drugs Regulation was circulated to members and other stakeholders for comment in the Fall of 2009. The College received 458 responses and members who responded were overwhelmingly in favour of the proposed regulation. Representatives from the Ministry of Health and Long-Term Care have indicated that this regulation is a priority for the Ministry and will be expedited as much as possible.

Authorizing Members to use TPAs

We will soon begin contacting members regarding submitting proof of having met the requirements of the TPA Education Policy. Given the volume of information to be received and processed, we will be contacting groups of members over the next several months. **Please do not submit your TPA documents to the College until you have been requested to do so.**

You are reminded that submission to the College of your TPA education documents does not mean you are authorized to prescribe TPAs. You must receive confirmation from the College that:

- you are in compliance with the TPA Education Policy; and
- the Designated Drugs Regulation has been approved and is in force.

Members will be contacted individually with the result of the College's review of their TPA education documents and we will do our best to inform members immediately once the Designated Drugs Regulation is in force.

A copy of the TPA Education Policy and information regarding the availability of 100-hour TPA courses is available on the College website (linked on the home page) at www.collegeoptom.on.ca.

Upcoming Events

Ontario Optometric Jurisprudence Exam

February 2, 2010
Toronto, ON

Council Election

Election Day
March 11, 2010

Council Meeting

April 8, 2010
Toronto, ON

Ontario Optometric Jurisprudence Seminar and Examination

April 23-24 2010
Waterloo, ON

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A Word from the President

Volunteering

Volunteers play a critical role in the functioning of the College. Without members of the profession – and members of the public – who volunteer to serve on Council and its committees, the College would cease to exist as we know it.

That's a pretty dramatic statement. But we are a self-governing profession and that means professional members getting involved.

Some of the reasons that are often given for volunteering include: to contribute to an organization that means something to you; to meet new people; to share your knowledge and skills, etc., etc. Those are fine, valid reasons, but I think the reasons for getting involved with the College are even more compelling: the work is challenging, you will learn more than you ever imagined and, above all, it's interesting. I know what many of you are thinking – “College work? Regulations, legislation, dry as toast, wake me up when it's over.” Think again.

“My experience as a member of Council has been an eye-opener for me.”

The College mission statement is: Serving the public interest by guiding the profession. The College is here for the public – your patients. Our job is to make sure that they receive high quality optometric care. Does that mean the College is the ‘optometry police’? Sometimes, yes. But you'll notice that the second part of our mission is about guiding the profession, not policing the profession. The College shapes legislation, creates policy and articulates standards in the public interest. This means working to ensure that regulations, policies and guidelines reflect the needs of the public while acknowledging how the practice of optometry has changed and grown over the years. It means working with groups such as other

regulated health professions, educators, the government and industry to promote mutual understanding and appropriate collaboration. It means taking advantage of the opportunities we have to be a ‘go to’ resource for members, patients and others with regard to standards of care.

Our new Strategic Plan (a summary is available on page four of this Bulletin) has the College taking a very pro-active, creative, collaborative approach to the diverse projects we have planned for the next five years. The plan is ambitious, but it is also practical and achievable. After reviewing the activities we have planned, you'll see that there is no shortage of demanding, interesting work on the horizon.

My experience as a member of Council has been an eye-opener for me. As a member of the Quality Assurance Committee, I became versed in the details of the College's Quality Assurance Program and learned that the vast majority of members who undergo a random assessment provide excellent care to their patients. As College President, I've had the opportunity to travel across Ontario, meet with members and discuss the issues that are important to them. I've met with optometry regulators from across Canada and the U.S., shared information and learned that the issues and concerns we're all dealing with are surprisingly similar. I've met with officials from the Ministry of Health and Long-Term Care and leaders in the optometric community to ensure that the voice of public interest in optometry is heard and shared.

College volunteers work hard and, though there is an honorarium paid for time spent in Council and Committee meetings, there is plenty of unpaid preparation and follow-up time. Working on Council or a College Committee is a commitment, but if you're up to the challenge, we'd like to hear from you. You should have received information about volunteering for the College with the 2010 Council Election materials that were recently mailed out. A volunteer application form is also available on the college website www.collegeoptom.on.ca

As a member of the College, it is your right and privilege to take on an active role in self-regulation. 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.

Richard Kniaziew, O.D.

Registrar's Report

Strategic Thinking

January 12, 2009. Probably not a particularly significant date for most optometrists, but this is the date that Council approved a new Strategic Plan for the College. The intent last spring was to review, revise and renew the direction that the College would be taking over the next several years. Council felt that this was a necessary investment given recent changes including changes in the legislation, the College's membership, expectations of the public and technology.



Murray J. Turnour,
O.D., Registrar

"The process of developing the new Strategic Plan was founded on engagement."

The process of developing the new Strategic Plan was founded on engagement. Telephone interviews were conducted and a focus group was held to gather background information from key stakeholders. These key stakeholders included representatives from the Ontario Association of Optometrists, the Government, other Colleges, practising optometrists and the public. Environmental factors that can and do have an impact on the operation of the College were identified along with related strategic imperatives necessary for the College to achieve "success". From this information, specific projects were identified and plans devised to ensure that the projects were implemented.

Included with this Bulletin and on the College website (www.collegeoptom.on.ca) is a one-page summary of the strategic plan. This summary identifies communication between the College and members, government, the public and other professions as strategic to our success. Also identified as a strategic imperative is improving governance and the effectiveness of Council and its Committees.

Future issues of the Bulletin will highlight the College's progress on various aspects of the strategic plan including progress on achieving regulatory changes. Even now, the College is working with the Health Professions Regulatory Advisory Council (HPRAC) as they develop recommendations for the Minister of Health and Long-Term Care. HPRAC describes this review in the following way:

HPRAC is reviewing inter-professional collaboration among health professions in the eye care sector in order to provide advice to the Minister of Health and Long-Term Care. This review will include research and analysis, engagement of those with an interest in the issues, jurisdictional, literature and jurisprudence reviews, and written submissions from interveners.

The College was invited and responded to HPRAC's invitations to provide input on two occasions. Copies of the College's submissions are posted on the College's website home page under News. HPRAC has indicated that it is planning to provide its recommendations to the Minister on or before March 31, 2010. It is then up to the Minister of Health and Long-Term Care to determine when those recommendations are released to the public. Once HPRAC's recommendations are released, Council will consider whether or not further amendments to the proposed Conflict of Interest Regulations are appropriate.

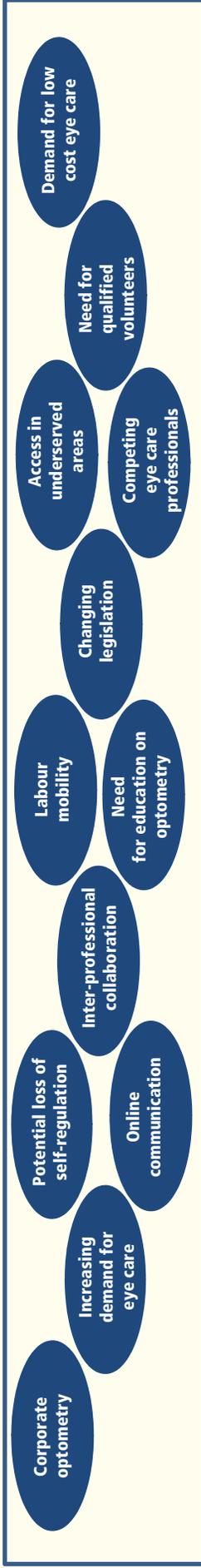
It took approximately six months to work through the strategic planning process from start to finish and the process has rejuvenated Council. Committees of the College and staff will be charged with the responsibility of bringing life to the plan. Certainly, some limits will need to be placed on how quickly the projects can be implemented based on financial and manpower limitations. Nevertheless, members and the public alike can look forward to new and more focused initiatives from the College.

Murray J. Turnour, O.D.

College of Optometrists of Ontario Strategic Plan 2010

Our Vision: Excellence in Optometric Care
Our Mission: To serve and protect the public, and guide and govern the optometric profession in Ontario.

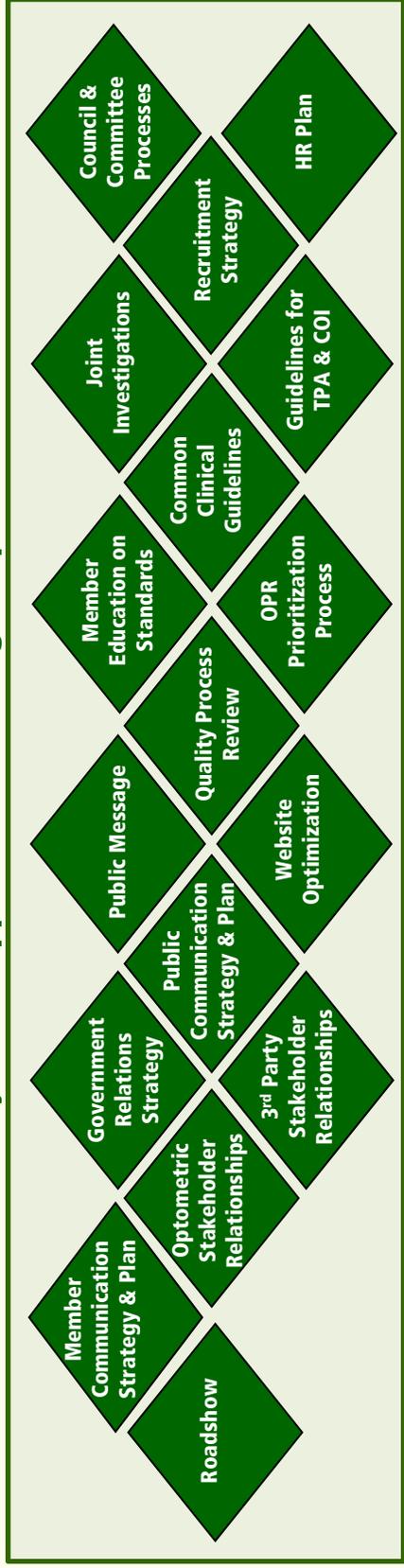
Environmental Drivers affecting the profession and the College



The College's Strategic Imperatives



Projects in support of the Strategic Imperatives



Protect Patient Privacy

Ensuring Secure Destruction of Personal Health Information

When personal health information has reached the end of its life cycle, it must be destroyed in a consistently secure and privacy-protective manner. To provide some guidance to health care professionals, the Information and Privacy Commissioner, Dr. Ann Cavoukian, has released a joint publication in collaboration with Robert Johnson, Executive Director of the National Association for Information Destruction (NAID), called *Get Rid of it Securely to Keep it Private: Best Practices for the Secure Destruction of Personal Health Information*.

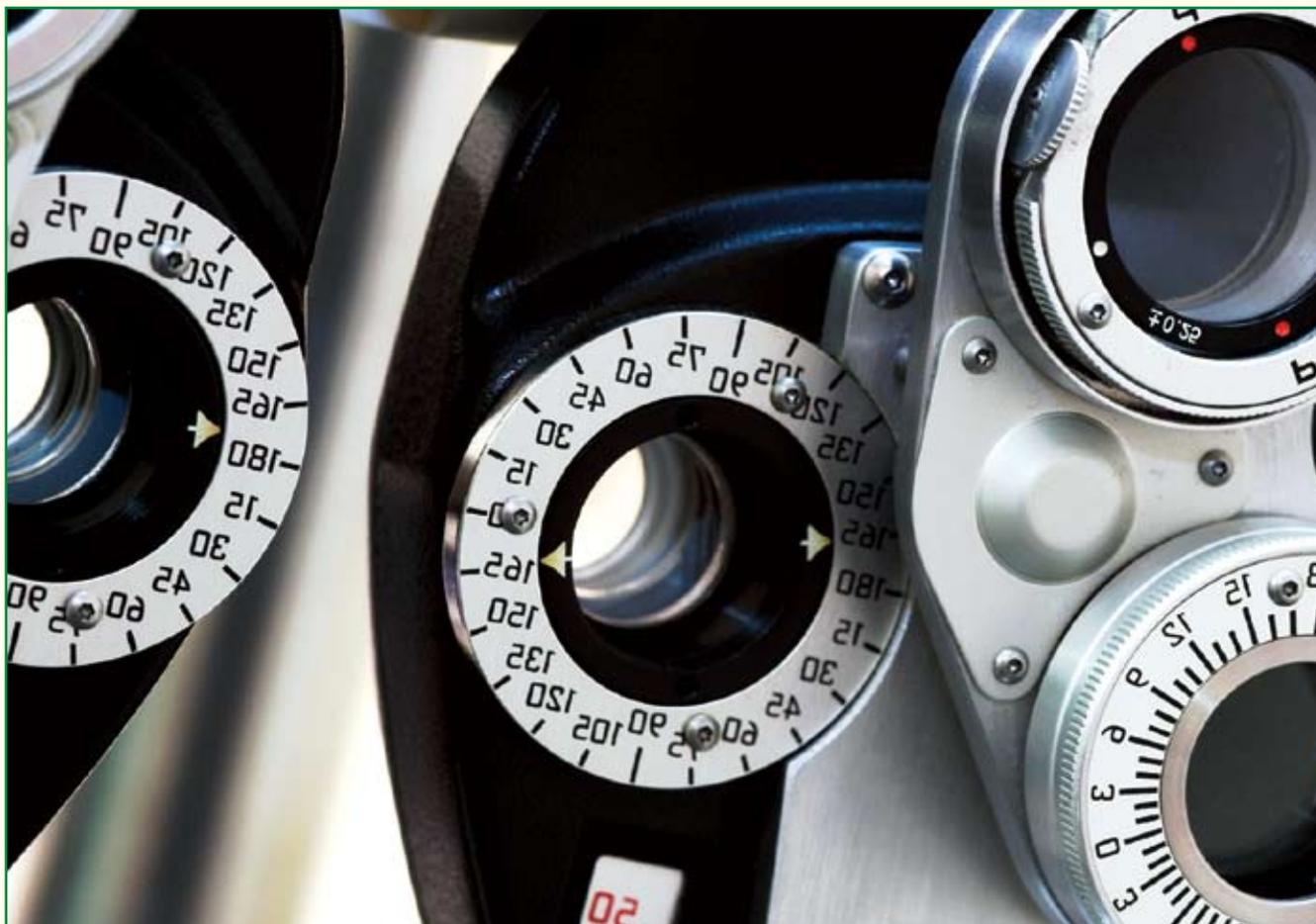
This new publication followed the second Health Order issued by the Commissioner related to personal health information records being found scattered in the streets, the first time in Toronto and more recently in Ottawa.

The Best Practices publication outlines a number of measures that can be employed in the secure destruction of personal health information records. These include:

- developing a secure destruction policy that is clear, understandable and leaves no room for interpretation;
- segregating and securely storing records;
- determining the best methods of destruction;
- documenting the destruction process;
- considerations prior to employing a third-party service provider;
- disposal of securely destroyed materials; and
- ensuring compliance.

The approach taken in developing these Best Practices comes from Commissioner Cavoukian's concept of *Privacy by Design* which she first developed in the 1990s. *Privacy by Design* involves proactively building privacy into the design, operation and management of information processing systems. By adopting *Privacy by Design*, privacy can be built into secure destruction programs at the outset in a way that provides for both functionality and security.

A copy of *Get Rid of it Securely to Keep it Private: Best Practices for the Secure Destruction of Personal Health Information*, can be downloaded free of charge from the IPC website at, www.ipc.on.ca.



Complaint Summary

Electronic Records: Risks and Requirements

Prior to its transition to the Inquiries Complaints and Reports Committee, the Complaints Committee considered a complaint in which it was alleged that an optometrist had failed to diagnose a patient with a retinal detachment. As is usual and customary, the Committee asked the member to provide the original clinical record, however the optometrist was unable to produce the record for the investigation.

The Complaint

The patient went to see her optometrist because she could not see out of her right eye and did not know what was wrong with it. She wrote in her letter of complaint that the optometrist took “pictures of my eyes through a computer” and told her there was nothing wrong. He prescribed glasses for her and gave her a note to get some drops at a medical clinic if the vision did not clear up in a week. She tried the drops and when her vision did not clear up, she was given different drops by her family physician. Over the next few weeks, her vision got progressively worse so her family physician referred her to an ophthalmologist. The ophthalmologist diagnosed a retinal detachment and arranged for retinal surgery soon after. She contacted the optometrist to tell him what had happened. He offered to remake the glasses for free once her eye was better but she refused his offer as she had been told that changing the lenses in her glasses would not improve her vision.

The Optometrist's Response

The optometrist was sent a copy of the complaint and responded that, when given the option to have either a digital retinal image or a dilated fundus examination, the patient chose the digital retinal image. The optometrist explained that he will dilate a patient if he feels it is necessary. Upon examination of the digital retinal images, the optometrist did not detect any retinal tears or detachments in either eye. He explained that if there had been a peripheral detachment that was not evident in the images, it would not have affected her central vision which she complained was blurry.

The optometrist wrote that he could not provide the College with the original clinical record of the examination because he had a serious computer “crash” around the time that this patient was seen at his office. Data was lost, including the record of this particular patient's visit that day. He wrote that he was unable to recover her file and does not remember her visit because it occurred more than two years before she lodged the complaint.

The optometrist explained that his usual protocol is to provide a thorough investigation for a patient who reports that they cannot see. If the patient's vision had been as she described, then he would not have been able to prescribe glasses and would have referred her to an ophthalmologist for a second opinion, particularly if there were no clinical findings to explain the vision loss. He remarked that the digital retinal images, which he was able to produce for the College, showed a healthy retina. He would not have prescribed glasses for someone with vision reduced to the extent described by the patient in her complaint letter.

Committee Review

The Committee considered the letters from the complainant and the optometrist, as well as reports from the patient's family physician and the ophthalmologist who diagnosed and treated the retinal detachment. In addition, the Committee studied the copies of the digital retinal images as this was the only portion of the clinical record available to them. The Committee agreed that a digital retinal image on its own has its limitations and a dilated fundus examination may have shown a problem that was not apparent on the digital image.

In her letter of complaint, the patient wrote that she had reported to the optometrist that she could not see out of her right eye when she went to see him that day. In the absence of a clinical record and with the optometrist's admission that he could not remember this patient, the Committee could only base its conclusions on the patient's recollection of the events. Accordingly, the Committee was concerned that the optometrist had not provided her with a dilated fundus examination when she presented with symptoms that indicate the need for such an exam.

The patient reported that she had been given the option of having a dilated fundus exam or paying an additional charge for digital retinal imaging. She chose the retinal imaging because she had been told it would not affect her vision and the dilating drops might blur her vision for driving home. Also, she had understood that the images were more accurate than a dilated fundus exam. The Committee discussed the merits of digital retinal imaging and concluded that while it may serve as an adjunct method to observe the retina, it should be not considered a replacement for a dilated fundus examination. (See Policy on the Use of Digital Retinal Imaging/Fundus Photography in Optometric Practice, Spring 2008 Bulletin)

Decision

The standard of practice of the profession requires an optometrist to provide a dilated fundus examination when patients present with symptoms or signs that indicate

the need for this exam, such as when a patient presents with symptoms of unexpected or sudden vision change or loss. (OPR 6.2-Ocular Fundus Examination) Accordingly, the optometrist was cautioned to provide a dilated fundus examination when required.

In addition, the Committee was concerned that the optometrist had lost the patient's record through a computer malfunction. The Records Regulation requires optometrists to keep a patient health record for each patient and to maintain that record for a minimum of ten years following their last visit. (O. Reg. 119/94 Part IV Records). Accordingly, the Committee cautioned the optometrist to maintain patient records according to the regulation, including having appropriate back-up systems in place for all electronic patient information and performing periodic and regular checks on the back-up system to ensure that the system is functional.

Member Service: Updating your information online

The College implemented a new online reporting system for the 2009 Annual Report period. While the vast majority of members who chose to submit their Annual Report and fee payment online experienced no difficulties, there were a few glitches in the new system and we would like to thank you for your patience as we worked our way through them. We are in the process of ensuring that the online experience for members will go even more smoothly in the next reporting period.

Members who have submitted their Annual Report information do not currently have the ability to go online and modify any of that information. Once all of the 2009 information has been input and processed, we will open certain sections of your member information to allow you to edit it without contacting the College. Specifically, you will be able to edit your home address, preferred mailing address, and practice location information. You will be able to see but not edit all of the other information the College has for you. Continuing Education hours and Practice Hours can only be updated once annually during the annual reporting cycle.

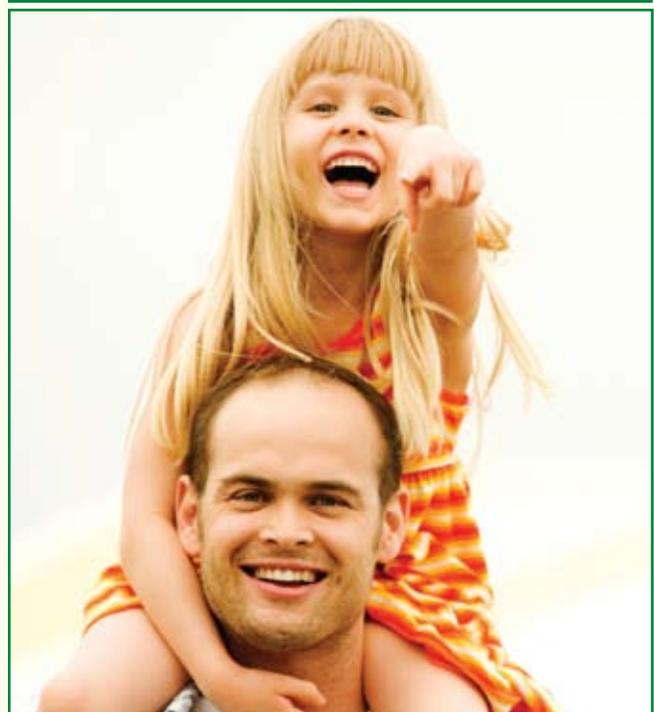
We anticipate that you will be able to edit your contact/address information as of March 1, 2010. If you have any questions, please don't hesitate to contact us.

New College Website Updated information and resources online

The College's new website was up and running in time for the member Annual Reporting period at the end of 2009. Goals for the new site included:

- updating and expanding information available (e.g., more information re: Governance and College committees, detailed information regarding the complaints and discipline processes);
- making information easy to find (limit the number of 'clicks' required to access information);
- developing and updating resources that will be useful to members (e.g., online OPR and Optometric Jurisprudence Resource Binder, information and forms related to the Quality Assurance Program);
- developing resources that will be useful to the public (e.g., Patient Relations page, patient FAQs);
- ensuring key/topical information is linked directly from the home page (news, calendar, FAQs); and
- updating the look and feel of the site to reflect the role of the College today.

In addition, we have incorporated some elements designed to make the site more accessible to individuals with a visual impairment. More work remains to be done in that area. We invite you to take a look at the new website and let us know what you think. Feedback can be sent to Valerie Browne at email: director@collegeoptom.on.ca.



Welcome to our New Members

The College would like to welcome the following individuals who became members between September 1 and December 31, 2009:

Name	Registration No.	Name	Registration No.
Dr. Laure Andrea Bidaisee	09121	Dr. Cynthia Nardone	0953
Dr. France Corriveau	09107	Dr. Paula Oh	09105
Dr. Joanna Marie Deluco	0960	Dr. Himmat Singh Sandhu	10007
Dr. Therika Gayathri Kumari Ekanayake	09116	Dr. Thavajinee Seevaratnam	09109
Dr. Husam Elkassem	09115	Dr. Nijesh Shah	0989
Dr. Camy Grewal	10009	Dr. Michelle Jennifer Steenbakkers-Woolley	09110
Dr. Roger Habib	09112	Dr. Dominique Vienneau	09114
Dr. Ali Hussen	09106	Dr. Joshua Michael Weston	09111
Dr. Amy Elizabeth Kates	09104	Dr. Kerri Laine Winger	10008
Dr. Maimouna Koala	0980	Dr. Liana Wong	0992
Dr. Michael Lewis	10002	Dr. Craig Anton Woods	0922
Dr. Yan Ling Liang	09100	Dr. Jill Woods	09103
Dr. Robert James MacAlpine	0968	Dr. Caixia Wu	10015

Excellence in Optometric Care

Serving the Public Interest by Guiding the Profession



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