



## Designated Drugs Regulation now in effect Optometrists in Ontario are prescribing TPAs

The Designated Drugs Regulation is in effect. Optometrists in Ontario are now authorized to prescribe therapeutic pharmaceutical agents (TPAs) for their patients. All members were sent notification of this important event and updated policies and guidelines are available on the College's website at [www.collegeoptom.on.ca](http://www.collegeoptom.on.ca). This information is being incorporated into the comprehensive Optometric Practice Reference, also available on the website.

Doug Ross, Senior Policy Analyst, Ministry of Health and Long-Term Care presented the proposed Designated Drugs Regulation for the signature of College President Dr. Richard Kniaziew and Interim Registrar Dr. Christopher Nicol at the December College Council meeting. That effectively sealed (finalized) the regulation and it was sent to be reviewed by the Ontario Cabinet for approval.

The authorization of optometrists to practise with an expanded scope that includes prescribing TPAs creates a number of benefits for patients, including more timely initiation of treatment and greater access to a wider range of safe and effective health care providers. In addition, permitting optometrists to treat and manage uncomplicated open angle glaucoma will, to a certain degree, free up ophthalmologists to deal with more complex cases.

Every member has been contacted and informed of their status with regard to meeting the requirements of the College's TPA Education Policy. If you have not received confirmation that you have met those requirements, you are not authorized to prescribe drugs. The vast majority of College members have met the educational requirements and are now authorized to prescribe therapeutics. The College's online Register indicates whether or not a member has the authority to prescribe TPAs.

For more information about the TPA Education Policy or the submission of education documents, please contact the college at [info@collegeoptom.on.ca](mailto:info@collegeoptom.on.ca).

### Upcoming Events

#### Council Meeting

April 27, 2011 — Windsor, ON

#### Continuing Education Session: Prescription Writing for Optometrists

April 27, 2011 — Windsor, ON

#### Ontario Optometric Jurisprudence Seminar

April 29, 2011 — Waterloo, ON

#### Ontario Optometric Jurisprudence Exam

April 30, 2011 — Waterloo, ON

#### Ontario Optometric Jurisprudence Exam

June 14, 2011 — Toronto, ON

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# A Word from the President

For much of the last few years, in the practice of optometry, change has been a way of life.

To begin, our universe of professional colleagues has evolved. Over the last years, as Canada has eagerly welcomed newcomers from all over the world – much needed to help our country grow – our proud optometric heritage has been enriched by diversity: new people with new experiences and ideas.

Other changes will affect the way we practise and our practice management. Proposed changes to the Professional Misconduct and Conflict of Interest Regulation, if approved by Council and accepted by the Ministry of Health and Long Term Care, will provide more latitude when it comes to identifying, naming and promoting your practice. And, of course, we are also in the midst of a sea change with respect to the health care services we can offer our patients: the new authorization for optometrists to prescribe therapeutic pharmaceutical agents. You can read about these in detail in the pages of this newsletter.

There is more change coming.

First, there will be advances in science and technology. Contact lenses that release drugs and medicine into the eye are already being trialed with horses to treat fungal eye infections. Innovative “smart” contact lenses will contain pressure-sensing technology to detect static or changing levels in the eye and transmit the data to a computer. And “bionic” implants could be available in just five years – ‘super lenses’ that correct both long and short-sightedness as well as prevent the development of cataracts in old age.



Richard Kniaziew, O.D.,  
President

Which brings us to the second major change: the aging of the population.

One of the leading factors in preventable death in the elderly is falls. And one of the leading causes of falls is poor vision. Whether deterioration is disease-related or simply the result of aging, vision health is critical to the health of seniors.

In 2008, the president of the AARP, a U.S.-based non-profit advocacy organization for people over 50, said “Each year, one in three Americans 65 and older falls and nearly 16,000 die from complications from a fall. That’s more than the number of deaths that would have occurred if one 737 airliner had crashed every week of the year, killing all aboard.”

More, the rate of falls increases from one in three to one in two for people over the age of 80. This means that an estimated 1.3 million Canadians over age 65 are likely to fall this year. Almost half of those people will experience a minor injury and up to 25% will sustain a serious injury such as a fracture or a sprain. If the fall results in a serious injury, this can lead to long-term disability or even death.

Apart from the obvious humanitarian considerations, as health care professionals we also need to be aware of the impact of falls on our health care system: one study indicated that the odds of entry into care were three times as high for seniors who reported an injurious fall as for those who did not.

Clearly, the profession is evolving – new colleagues, new regulations and, not least, the very real potential for optometrists to play an increasingly important role as the population ages. Through it all, your College will remain committed to its simple mandate: safeguarding standards of practice for the better health of Ontarians.

*Richard Kniaziew, O.D.*

# Interim Registrar's Report

## What an exciting time it's been!

I am delighted to have this opportunity to address members of the College and to share with you some of the news and events of the last few months.

Shortly after Dr. Murray Turnour's departure, I was asked to step in as Interim Registrar for a few weeks while the Council conducted a search for a permanent replacement.

Well, as is so often the case in situations like this, the 'few weeks' extended to more than four months. It has been an incredibly busy and eventful time. That said, it's easy to pinpoint the highlight of the last four months – the sealing of the Designated Drugs Regulation. I was honoured to be in a position to sign the proposed regulation with your President, Dr. Richard Kniaziew, just prior to it being sealed for delivery to Cabinet. We have all been waiting for the authority to prescribe drugs for so long, the sealing of the proposed regulation was quite an emotional moment. And now, at long last, the Ontario Cabinet has approved the regulation and optometrists in Ontario have the legislative authority to prescribe drugs.

Another highlight has been the opportunity to meet – along with Dr. Kniaziew – the Hon. Deb Matthews, Minister of Health and Long-Term Care. Although our allotted time was brief, we managed to discuss the three regulations currently undergoing revision. The Minister was very receptive to our presentation, particularly with respect to the drug regulation.

We have also been working on preparing the proposed amendments to the Professional Misconduct Regulation, including conflict of interest provisions. The proposed Regulation has been circulated to members and other stakeholders for comment. The College is confident that the proposed changes will modernize the regulation of the profession while continuing to offer appropriate public protection. You still have an opportunity to provide feedback; the circulation period closes April 25, 2011. For more information and a copy of the proposed Regulation, please check the College website at [www.collegeoptom.on.ca](http://www.collegeoptom.on.ca) – the link to the proposed Professional Misconduct and Conflict of Interest Regulation is under 'News'.

The third piece of legislation currently being considered is the Registration Regulation. The circulation period for the proposed amendments to that Regulation closed on December 24, 2010. Of the members who submitted feedback, the vast majority were in support of the changes. Both the University of Waterloo School of Optometry and the Office of the Fairness Commissioner expressed some concern about the academic requirement for registration. We are working with those bodies to address those concerns and ensure that the proposed Regulation can move forward at the Ministry of Health and Long-Term Care.

I fully expect that this will be my one and only Bulletin column as Interim Registrar. I would like to take this opportunity to thank your Council and College staff for the tremendous support that I received when I stepped into this demanding role. It would be difficult to find a harder working group of people and I respect their effort and dedication on behalf of the public and the profession.



*Christopher Nicol, OD  
Interim Registrar*

# Complaint Summary: Mandatory Reporting

Legislation requires optometrists faced with certain situations to report their findings to government Ministries or agencies.

For example, the *Highway Traffic Act* requires an optometrist to report to the Ministry of Transportation any patient over the age of 16 who, in the opinion of the optometrist, is suffering from an eye condition that may make it dangerous for him or her to operate a motor vehicle.

The *Child and Family Services Act* requires all persons to report incidents of child neglect or abuse to the Children's Aid Society (CAS). This duty to report would apply, for example, when an optometrist becomes aware that a parent is refusing to consent to treatment which the optometrist believes is necessary to alleviate a developmental condition of a child's eye and vision system.

The College's Inquiries Complaints and Reports Committee (ICRC) often receives complaints from patients who believe that a report made by an optometrist to a government agency should not have been made. In the following case, a parent complained that a report made by an optometrist to the Children's Aid Society was unnecessary.

## The complaint

The College received a complaint from the mother of a three-year-old child. She explained that the optometrist had prescribed what she understood to be a "serious prescription" for her daughter. The mother wrote that when the optometrist found out that she did not fill the prescription, he informed her that if she did not get the glasses from him she must fax him another doctor's prescription by a specified date or he would call the Children's Aid Society. The mother did not trust the optometrist's opinion and subsequently consulted two more optometrists. She ordered glasses for her daughter from another optometrist but only after the deadline specified by the first optometrist for notifying him that she had done so. She wrote in her letter of complaint that, in the meantime, the Children's Aid was coming to her house within the next two days. The mother felt that the first optometrist did not have the right to tell her what to do with her child and then threaten to call Children's Aid if she did not follow his orders.

## The optometrist's response

In response to the complaint, the optometrist wrote that his examination of the child led him to a diagnosis of

high hyperopic astigmatism causing bilateral meridional amblyopia. He recommended a follow-up appointment for a cycloplegic refraction to confirm the prescription. During the follow-up examination, the mother was given information about amblyopia and was counseled on the recommended treatment plan for her daughter. The mother was informed and understood that her daughter would have to wear glasses during every waking hour. The mother ordered frames from the optometrist's dispensary but when she was informed that the frames had arrived, she told the optometrist's staff person that she had taken her daughter for a second opinion and had been told there was nothing wrong with her daughter's eyes and she did not need glasses at all.

The optometrist sought advice from the College and from other practitioners about how he should proceed given his concern for the child's visual welfare. Based on the advice he received, he contacted the mother and informed her that if her daughter did not get glasses, significant physiological harm would be done that is irreversible later in life. The optometrist gave the mother three options. These were:

- (i) to fill the prescription at the optometrist's office and continue with his treatment plan,
- (ii) to fill the prescription elsewhere and bring the glasses back to him to check the prescription or
- (iii) obtain another opinion and fax the prescription to him so he would know that another optometrist had taken over her daughter's care.

When the mother did not inform the optometrist that she had followed through with one of these options by the date specified by the optometrist, he felt that he was left with no choice but to fulfil his obligation to file a mandatory report with the Children's Aid Society. The optometrist informed the ICRC that he only wanted the best outcome for the child. Although he was not happy to have a complaint made against him, he was relieved to learn that the mother had taken her daughter to a third optometrist and that her daughter now has glasses.

## ICRC review

The *Child and Family Services Act*, R.S.O. 1990, Chapter 1, requires anyone, including a person who performs professional duties with respect to children, to report to the CAS if they suspect that a child is being physically or emotionally harmed. The report must include the information on which that suspicion is based. More specifically, an optometrist has a duty to report if they believe that a child suffers from a developmental condition that, if not remedied, could seriously impair the child's development and they suspect the child's parent – or guardian – will not provide or refuses to consent to treatment to remedy or alleviate the

condition. In this case, the optometrist diagnosed the child with amblyopia, a developmental condition of the eye and vision system.

The ICRC reviewed the patient's clinical record and noted that the optometrist had provided a thorough examination and had the child return for a cycloplegic refraction prior to arriving at a definitive diagnosis and prescription. Clinical support for the diagnosis was evident in the record. Treatment recommendations with respect to that diagnosis, including the necessity for the treatment to begin immediately, were appropriate. The record showed that the mother was thoroughly counseled about the diagnosis and treatment recommendations.

The ICRC reviewed the steps taken by the optometrist before he contacted the CAS. He called the mother to explain his position to her again and he sought advice from the College and from an optometrist who has experience with children's eye conditions. The optometrist spoke with the mother and believed that she had no intention of following his recommendations. The ICRC agreed that the optometrist had a valid concern when he concluded that the mother might not obtain glasses for her child, amounting to refusal to provide the treatment necessary to alleviate the developmental condition of amblyopia.

The optometrist's concern was compounded by his experience in a similar situation when he diagnosed two children with amblyopia. In that instance, the parent did not follow through with his recommended spectacle treatment and the result was poor vision in both children that could not be reversed. It is understandable that a practitioner who has had this experience would do what he felt was necessary to ensure that treatment was initiated while there was the highest possibility that the amblyopia would be reversed.

### **Decision**

The members of the ICRC were moved by the concern that both parties exhibited for the well-being of the child. They understood that this experience was embarrassing and frustrating for the mother. However, they agreed that, under the circumstances, the optometrist had been left with little choice but to fulfill his mandatory reporting obligation to file a report with the CAS when he suspected that the mother had refused to consent to treatment for a developmental condition that, if not remedied, could seriously impair the child's development. The ICRC determined that the report was made in the best interests of the child, not out of any form of malice, and they took no further action in this matter.

## **OTHER NEWS IN BRIEF**

### **Your College team has a new member**

Meet the newest member of the College staff, Ms April Hack. April joined the College in October 2010 and is providing administrative support for the quality assurance and complaints processes. Most recently, April has been helping members navigate the TPA Education Policy and submit their TPA forms and educational certificates. April has a very strong background in administration and optometry having acted as both manager and optometric assistant for a busy optometry clinic for several years. April's enthusiasm and dedication to the profession are a tremendous addition to the College and we are delighted that she has joined the team.

### **OPR available electronically**

On the recommendation of the Clinical Practice Panel, Council recently decided that the Optometric Practice Reference (OPR) and all related updates will be published only as a downloadable PDF document available on the College website.

The OPR articulates and clarifies new and existing standards of practice, regulatory requirements and clinical practice guidelines for the practice of optometry. The most up-to-date version of the OPR is available at [www.collegeoptom.on.ca](http://www.collegeoptom.on.ca) under Resources/College Publications. Members will be notified whenever an update has been made and hard copies of the OPR will be made available on a cost-recovery basis.

### **Prescription Writing: College Continuing Education**

The College is offering members a one-hour continuing education session called "Prescription Writing for Optometrists".

The seminar will be held on Wednesday, April 27, 2011 at Caesar's Windsor, from 7 p.m. to 8 p.m. prior to the start of the Ontario Association of Optometrists Symposium and will be presented by Christopher Leung, a local Windsor pharmacist. The focus of the seminar will be writing prescriptions for drugs and building collaborative relationships with your local pharmacist.

# The Therapeutic Prescription

With the Designated Drugs Regulation now in effect, optometrists in Ontario have the authority to issue prescriptions for topical and oral drugs used to treat ocular disease. The following information may help you prepare for your new authority and responsibilities.

As an optometrist, you may issue a prescription only after establishing a professional relationship with the patient, completing an appropriate examination and obtaining a full understanding of the relevant aspects of the patient's needs, ocular health, refractive status and/or binocular condition.

The prescribed therapy must be within the optometry scope of practice and in your patient's best interest. You are responsible for counseling your patient in the use of any prescribed therapy and required follow-up. The prescription and counseling you provide must be documented in the patient record. In the event that your patient experiences an adverse or unexpected response to the prescribed therapy, you must provide additional diagnostic and/or counseling services and, if required, make appropriate modifications to the management plan.

All prescriptions must contain information that

- Clearly identifies you as the prescriber including your name (with your optometry degree and profession), address, telephone number and signature
- Clearly specifies the identity of your patient and
- Specifies the date prescribed

If you determine that a prescribed therapy is required, you must issue a prescription as part of the assessment without additional charges, regardless of whether the examination is an insured or uninsured service. Charges for additional copies of the prescription may be made at your discretion.

In addition to the above, which applies to optical prescriptions as well as a prescription for drugs, the prescription for drugs must also contain

- The drug name, dose, dose form
- Directions to the pharmacist such as quantity to be dispensed, refills allowed and indicate if **no** substitutions are permitted
- Directions to your patient
- Your license (registration) number and **original** signature

To provide timely care, it may be necessary to fax a prescription for drugs to a pharmacy. This fax must contain appropriate information verifying that it originates from your office.

When you need to verbally communicate a prescription for drugs to a pharmacy, the details must be fully documented in your patient's record, including the name of the pharmacy and any staff members assisting in the call.

Though not required, you may wish to consider

- Including additional information on the prescription including fax and email information, office hours, etc.
- Retaining a copy of every issued prescription with the patient's health record.
- Avoiding prescription forms with pre-printed lists of medications to reduce the possibility of alteration by the patient.
- Ensuring there is clinical justification when you specify "no substitutions" for a prescribed medication.
- Using clear, modern language to avoid the potential for errors and misinterpretation often found with short-forms and out-dated Latin abbreviations.
- Reporting medications prescribed for patients to their primary health care provider to enhance the provision and co-ordination of care.
- Including, where appropriate, a printed recommendation to discard the unused portion of the medication once the treatment is completed.



# Did You Know?

Proposed changes to the Professional Misconduct and Conflict of Interest Regulation, if approved by Council and accepted by the Ministry of Health and Long Term Care, will provide more latitude when it comes to identifying, naming and promoting your practice.

On April 27, 2011, the Council of the College will vote on whether to submit the draft – which has already been made available to you for comment – to the Ministry.

Remarkable in a number of respects, the new regulation includes wholesale changes to the ability of optometrists to advertise their professional practice.

Here, some highlights:

- You would be able to freely choose your practice name provided that it is not offensive or derogatory, misleading or, generally judged to bring the reputation of the profession into disrepute. Optometrists would no longer be required to practise under their own name or, where there are a number of optometrists practicing together, to only use the words 'optometric centre' or 'optometric clinic';
- You would be able to advertise your services on a business card, business sign, Web site or in any other format, as long as the advertisement, announcement or information:
  - i. only contains information that is relevant to the public's ability to make an informed choice;
  - ii. does not contain information or omit information that would result in the advertisement being false or deceptive;
  - iii. does not suggest that the optometrist is a specialist or that they are specially educated, trained or qualified other than where the reference is to an educational achievement that has been specifically approved by Council;
  - iv. does not contain comparative or superlative statements;
  - v. does not contain a testimonial by any person or organization;
  - vi. does not contain an endorsement by any person or organization other than endorsements where the optometrist has first satisfied Council that the individual or organization making the endorsement has sufficient expertise to do so and has appropriately assessed the optometrist as providing quality care;

- vii. does not contain statements that are persuasive or create expectations of favourable results, or appeals to the fears of prospective patients;
- viii. only contains factual, objectively verifiable and readily comprehensible information, and
- ix. does not contain anything that would be regarded by other optometrists as demeaning the integrity or dignity of the profession or likely to bring the profession into disrepute.

- You would also be able to have your name appear in advertisements attesting to your professional expertise, but only those publications intended to be viewed by other optometrists and health care professionals.

If Council approves the proposed changes to the Regulation, it will then be submitted to the Ministry of Health and Long-Term Care for consideration. The process can take many months and, in some cases, a year or more. When or how the College's proposal emerges remains to be seen.

While these proposals are being considered, strict limits continue on what you may use as a practice name. The Professional Misconduct Regulation currently provides that:

- a sole practitioner may only use their name, their occupational designation – 'optometrist' or 'doctor of optometry' – and their degrees or fellowships, as part of their practice name;
- If more than one optometrist is practicing at a location the words 'associate' or 'and associates', in conjunction with one or more of their names, may be used. If at least three optometrists practice at the location, then they can use the words 'optometric centre' or 'optometric clinic' provided that those phrases are used in conjunction with one or more of their names or with a geographical location reasonably referable to the location of their practice. To be clear, there is no situation where it would be appropriate for an optometrist to use such terms as 'Eye Clinic' or 'Eye Care Centre' in naming or referring to their practice.

These restrictions extend to all forms of media, including business cards, signs, web sites, advertisements or other promotional material. The College will continue to keep you up-to-date on the progress of these proposals. In the interim, if you have any questions regarding your obligations on the use of your practice or business name, wherever it may appear, please contact the College at 416.962.4071 or [info@collegeoptom.on.ca](mailto:info@collegeoptom.on.ca).

# Welcome to our New Members

The College would like to welcome optometrists who became members between May 1, 2010 and February 28, 2011.

Name	Registration No.	Name	Registration No.	Name	Registration No.
Dr. Rajiv Aggarwal	10117	Dr. Ahmed Elakrat	10035	Dr. Jessica Nhan	10081
Dr. Ansar Ahmed	10070	Dr. Jasmintha Ellaurie	10005	Dr. Jerilee Nyman	10092
Dr. Gail Akerman	10030	Dr. Osama Farag	10109	Dr. Irena Odelet	9586
Dr. Priya Amin	10043	Dr. Ibrahim Faruq	11001	Dr. Rajvinder Pabla	10123
Dr. Faramarz Arjmand	10098	Dr. Nasrin Ghasemi	11009	Dr. Ravi Panjabi	10124
Dr. Mathangi Arunthavaraja	10093	Dr. Harpreet Gill	10129	Dr. Lindsay Paquette	10080
Dr. Carrie Badgley	10082	Dr. Nabih Hamaed	10038	Dr. Hetal Patel	10058
Dr. Pamela Bederaux-Cayne	10045	Dr. Wahdat Hamidi	10078	Dr. Nilesh Patel	10057
Dr. Eric Bella	10050	Dr. Kathleen Hill	10037	Dr. Aziza Patel	10091
Dr. Bert Benavidez	10106	Dr. Alex Hui	10111	Dr. Ritesh Patel	10113
Dr. Jenna Bender	10102	Dr. Aneesha Jain	10059	Dr. Anjali Pathak	10103
Dr. Michael Boikovitis	10068	Dr. Jodi Kaplovitch	10046	Dr. Robin Pearson	10049
Dr. Philip Bolous	10094	Dr. Anjali Kapoor	10052	Dr. Dominique Pepin	10086
Dr. Melanie Bolton	10085	Dr. Navdeep Kaur	11007	Dr. Julio Perez Carrillo	10128
Dr. Colin Bowser	10053	Dr. Mohammad Khan	10107	Dr. Lisa Pray	10088
Dr. Susie Bowser	10069	Dr. Sareya Khatkur	10066	Dr. Cassandra Reid	10095
Dr. Alissa Brearley	10112	Dr. Sara Kim	10110	Dr. Patrizia Rossi	10126
Dr. Karine Briand	10048	Dr. Mahindokht Kimiagarar	10060	Dr. Homayoun Safavian	10114
Dr. Christine Brown	10087	Dr. Michael Lee	10097	Dr. Sunjeev Sangha	11013
Dr. Krista Bruni	10036	Dr. Kimberly Lee	10115	Dr. Heather Sangster	10041
Dr. Alexandra Buttle	10062	Dr. Karen Leung	10064	Dr. Sarah Schaffels	10089
Dr. Claudia Calogero	10084	Dr. Hai Yun Li	10099	Dr. Laleh Sharifzadeh	11016
Dr. Peter Chan	10074	Dr. Benjie Liao	10034	Dr. Darrell Shedden	10100
Dr. Vick Chan	11005	Dr. Matthew Lim Ah Ken	11006	Dr. Darryl Sher	10105
Dr. Matthew Chavoustie	10119	Dr. Karen Louie	10073	Dr. Emad Soliman	10104
Dr. Angel Chen	10116	Dr. Jean Lye	10051	Dr. Dawn Song	11015
Dr. Rosanna Chui	10044	Dr. Laura MacDonald	10031	Dr. Fanny Szutu	10067
Dr. Catrina Costanzo	10056	Dr. Christina Mak	11008	Dr. Sok-Yun Tang	10042
Dr. Carlos Cueva Fuentes	11002	Dr. Nektaria Mandadakis	10029	Dr. Ernest Tang	10083
Dr. Michelle Davidson	10090	Dr. Sandy Manso	10040	Dr. Sanjay Vakani	11011
Dr. Jasdeep Deol	10076	Dr. Elena Marenyy	10101	Dr. Katherine Vuong	10079
Dr. Megan Despres	10077	Dr. Sharon Markowitz	11012	Dr. Amany Wissa	10127
Dr. Ramandeep Dhaliwal	10096	Dr. Michael McGuinness	11014	Dr. Wan-Yin Jeannie Wong	10075
Dr. Sara Di Carlo	10054	Dr. Timothy McMahon	10118	Dr. Christopher Wong	10061
Dr. Iuliana Dragomir	10072	Dr. Suneli Mehdirata	10108	Dr. Debbie Yeh	10065
Dr. Shawna D'Silva	10055	Dr. Neil Merritt	10032	Dr. Jessica Young	10121
Dr. Angela Duque	11010	Dr. Johanna Nelson-Dowding	10071	Dr. Xiuli Zhang	11003

## Excellence in Optometric Care

Serving the Public Interest by Guiding the Profession



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