

Proposed Amendments to the *Optometry Act*

*The College proposes to amend the authorized acts provision of the *Optometry Act* to provide greater flexibility to optometrists in prescribing oral and topical drugs and to permit the removal of foreign objects from below the surface of the cornea and the dispensing of sample drugs for trial therapy. The selling of drugs would remain prohibited.*

*New ophthalmic drugs are continually approved for patients in Canada, and the existing list of drugs in regulation has proven difficult to update. The College believes that the public interest is served when optometrists are able to prescribe the indicated best-treatment for patients in a timely manner. The amendment to paragraph 4.2.1 and related amendments to the *Designated Drugs Regulation* (below) would revoke the current drug list and allow optometrists to prescribe any topical or oral drug that is Health Canada–approved, within the [scope of practice of optometry](#). These amendments would bring Ontario in line with recent changes in Alberta and Saskatchewan, and the majority of U.S. states.*

Authorized acts

4. In the course of engaging in the practice of optometry, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

2.1 [Prescribing or dispensing, while practising within the scope of practice of optometry, a drug within the meaning of the *Drug and Pharmacies Regulation Act* to be administered or taken topically or orally.](#) ~~Prescribing drugs designated in the regulations.~~

2.2 [Performing a procedure, in or below the surface of the cornea, in order to remove a superficial foreign body from the eye.](#)

Proposed Amendments to the *Designated Drugs Regulation* (112/11)

The College proposes to amend the existing drug regulations to

- *make them consistent with the above statutory amendments*
- *introduce regulatory standards related to the dispensing of drugs*
- *introduce important safeguards when certain categories of oral drugs are prescribed*

Paragraph 1.(f) prohibits the prescribing or dispensing of controlled substances by optometrists.

Paragraph 2.(a) limits optometrists to dispensing drugs for trial/sample therapy only (e.g., a monocular glaucoma trial).

Part II introduces safeguards related to the prescribing of certain classes of oral drugs as follows:

- *Oral secretagogues may only be prescribed in collaboration with a physician.*
- *Oral CAIs or steroids may only be prescribed in an emergency, where no physician is available to treat the patient, and with immediate referral to a physician or hospital.*

Regulations related to the management of glaucoma by optometrists are unchanged.

PART I

[PRESCRIBING AND DISPENSING DRUGS](#)

Common requirements for prescribing and dispensing

1. A member may only prescribe or dispense a drug if,

- (a) the member possesses sufficient knowledge, skill and judgment respecting the drug and the patient's condition to prescribe or dispense the drug for the patient;
- (b) the member has considered whether prescribing or dispensing the drug for the patient is appropriate, given the known risks and benefits of prescribing or dispensing the drug for the patient and other relevant factors respecting the patient;
- (c) the member complies with all applicable federal and provincial laws related to prescribing or dispensing the drug;
- (d) the member does not delegate the performance of prescribing or dispensing a drug to any other person;
- (e) the member has an optometrist-patient relationship with the patient for whom the drug is prescribed or dispensed; and
- (f) the drug is not a controlled substance within the meaning of the Controlled Drugs and Substances Act (Canada).

Additional requirements for dispensing

2. In addition to the requirements specified above, a member may only dispense a drug when the following additional requirements are met:

- (a) the drug is only dispensed for the purpose of initiating, or testing the quality, value or usefulness, of a therapy;
- (b) the member must provide the drug directly to the patient or the patient's authorized representative;
- (c) the member must have ensured that the drug has been obtained and stored in accordance with any applicable laws;
- (d) the member must have ensured that the drug has not expired and will not expire before the date on which the patient is expected to take the last of the drug; and
- (e) the member must provide directions for use of the drug, including its dose, frequency, route of administration and any special instructions, and record this information in the patient's record.

PART II

STANDARDS OF PRACTICE — ~~GLAUCOMA~~ SPECIFIC DRUGS AND CONDITIONS

Open-angle glaucoma Specified conditions

76. (1) Subject to subsection (2) and to section ~~86~~, it is a standard of practice of the profession that a member may only treat a patient with glaucoma where the patient has primary open-angle glaucoma the treatment of which is not complicated by either a concurrent medical condition or a potentially interacting pharmacological treatment. O. Reg. 112/11, s. 7 (1).

(2) It is a standard of practice of the profession that a member may only treat a patient having open-angle glaucoma, the treatment of which is complicated by either a concurrent medical condition or a potentially interacting pharmacological treatment, in collaboration with a physician with whom the member has established a co-management model of care for that patient and who is,

- (a) certified by the Royal College of Physicians and Surgeons of Canada as a specialist in ophthalmology; or
- (b) formally recognized in writing by the College of Physicians and Surgeons of Ontario as a specialist in ophthalmology. O. Reg. 112/11, s. 7 (2).

[\(3\) It is a standard of practice of the profession that a member may not prescribe or treat a patient with oral secretagogues unless the patient has Sjogrens syndrome, and any prescription or treatment with oral secretagogues shall only be in collaboration with a physician with whom the member has established a co-management model of care for that patient.](#)

Referral to physician or hospital

87. (1) Subject to subsections (2) and (3), it is a standard of practice of the profession that a member shall immediately refer a patient having a form of glaucoma other than primary open-angle glaucoma to a physician or to a hospital. O. Reg. 112/11, s. 8 (1).

(2) It is a standard of practice of the profession that a member may initiate treatment for a patient having angle-closure glaucoma only in an emergency and where no physician is available to treat the patient. O. Reg. 112/11, s. 8 (2).

[\(2.1\) It is a standard of practice of the profession that a member may only prescribe or treat a patient with oral carbonic anhydrase inhibitors in an emergency and if the patient has high intraocular pressure, and where no physician is available to treat the patient.](#)

[\(2.2\) It is a standard of practice of the profession that a member may only prescribe or treat a patient with oral steroids in an emergency and where no physician is available to treat the patient.](#)

(3) It is a standard of practice of the profession that a member shall immediately refer any patient being treated in accordance with subsections (2), [\(2.1\)](#) and [\(2.2\)](#) to a physician or hospital once the emergency no longer exists or once a physician becomes available, whichever comes first. O. Reg. 112/11, s. 8 (3).

(4) In this [section Part](#),

“hospital” means a hospital within the meaning of the *Public Hospitals Act*. O. Reg. 112/11, s. 8 (4).

SCHEDULE 1

[\(Repealed\)](#)

Proposed Amendment to the Controlled Acts Regulation (107/96)

Optometrists in Ontario are already authorized to perform the controlled act of “Applying a prescribed form of energy.” However, no forms of energy are currently prescribed under O. Reg. 107/96 Controlled Acts.

The following amendment is proposed for addition to the Controlled Acts Regulation:

[A member of the College of Optometrists of Ontario is exempt from subsection 27 \(1\) of the Act for the purpose of applying soundwaves for diagnostic ultrasound in order to perform corneal pachymetry or A/B scan ocular ultrasonography.](#)