COLLEGE OF
**OPTOMETRISTS**
OF ONTARIO

# COUNCIL MEETING

FRIDAY, SEPTEMBER 13, 2024
AT 9:00 A.M.

(PUBLIC INVITED TO ATTEND ONLINE)

HYBRID MEETING

COLLEGE OF OPTOMETRISTS OF ONTARIO

## Vision and Mission

**Vision: To ensure that the public understands, trusts and has confidence in optometrists.**

**Mission: To regulate Ontario's Doctors of Optometry in the public interest.**

# 1 - 5 / INTRODUCTION & DEI PRESENTATION

1. Call to Order/Attendance
    a. Land Acknowledgement
    b. Public Interest Statement

2. Adopt the Agenda
    a. Conflict of Interest Declaration

3. DEI Presentation: Vision Loss Rehabilitation Canada

4. Committee Updates

5. Consent Agenda

PART 1 - Minutes of Prior Council Meetings

i. June 21, 2024

ii. Motions and Actions Arising from the Minutes

PART 2 - Reports

b. Committee Reports

i. Executive

ii. Patient Relations

iii. Quality Assurance

iv. ICRC

v. Registration

vi. Discipline

vii. Governance/HR

viii. Audit/Finance/Risk

COLLEGE OF OPTOMETRISTS OF ONTARIO

# Council Agenda

Date: Friday, September 13, 2024 | 9:00 a.m. - 1:50 p.m.
Hybrid Meeting

| Agenda Item | Item Lead | Time (mins) | Action Required | Page No. |
|---|---|---|---|---|
| 1. Call to Order/Attendance<br>b. Land Acknowledgement<br>c. Public Interest Statement | M. Eltis | 5 | Decision | 3 |
| 2. Adopt the Agenda<br>a. Conflict of Interest Declaration | M. Eltis | 2 | Decision | 3 |
| 3. DEI Presentation: Vision Loss Rehabilitation Canada | L. Tyrell, C. McLean | 60 | Presentation | 3 |
| 4. Committee Updates | Committee Chairs | 15 | Presentation | 3 |
| 5. Consent Agenda<br>PART 1 - Minutes of Prior Council Meetings<br>i. June 21, 2024<br>ii. Motions and Actions Items Arising from the Minutes<br>PART 2 - Reports<br>b. Committee Reports<br>i. Executive<br>ii. Patient Relations<br>iii. Quality Assurance<br>iv. ICRC<br>v. Registration<br>vi. Discipline<br>vii. Governance/HR<br>viii. Audit/Finance/Risk | M. Eltis | 15 | Decision | 3<br><br><br>6<br>12<br><br><br><br>14<br>15<br>16<br>19<br>21<br>23<br>24<br>25 |
| **10:40–11:10 a.m. – Morning break and Council Photo** | | 30 | | |
| 6. Registrar's Report<br><br>In Camera Session: Legal Advice<br><br>Council will go **in camera** under: | J. Jamieson | 60 | Presentation | 27 |

COLLEGE OF OPTOMETRISTS OF ONTARIO

| | | | | |
|---|---|---|---|---|
| • Section 7(2)(e) of the *Health Professions Procedural Code*, which is Schedule 2 to the *Regulated Health Professions Act, 1991* | | | | |
| **12:10 p.m. – 1:00 p.m. - Lunch** | | 50 | | |
| 7. Motions Brought Forward from Committees<br>a. Audit/Finance/Risk<br>i. Approval of the new QA Practice Assessment fees for Chart-Review Protocol (CRP) and Chart-Stimulated Recall Protocol (CSRP) | N. Shah | 15 | Decision | 28 |
| b. Quality Assurance<br>i. Approval of the proposed scope of practice amendments submission to the Ministry of Health | K. Morcos | 10 | Decision | 32 |
| c. Registration<br>i. Approval of amendments to paragraph 18.03(15) of the College by-laws | A. Yuen | 10 | Decision | 75 |
| 8. Upcoming Council Meetings<br>a. Friday, December 13, 2024 | J. Jamieson | 5 | For information | 77 |
| 9. List of Acronyms | | | | 78 |
| 10. Governance Guide: Robert's Rules | | | | 84 |
| 11. Council Feedback Survey | M. Eltis | 5 | Discussion | |
| 12. Adjournment – approximately 1:50 p.m. | M. Eltis | 2 | Decision | |
| Generative Discussion (optional)<br>a. Generative Discussion Feedback Survey | M. Eltis | 30 | Discussion | |

**College of Optometrists of Ontario**
**Council Meeting**
**DR AFT – June 21, 2024**

**Attendance:**

Dr. Mark Eltis, President
Dr. Camy Grewal, Vice President
Ms. Suzanne Allen
Dr. Lisa Christian
Dr. Pooya Hemami
Ms. Lisa Holland
Ms. Esther Jooda
Mr. Howard Kennedy
Dr. Richard Kniaziew
Dr. Dino Mastronardi
Dr. Kamy Morcos
Dr. Patrick Quaid
Mr. Narendra Shah
Mr. Toye Soile
Mr. Andre Tilban-Rios
Dr. William Ulakovic
Dr. Abraham Yuen

**Staff:**

Mr. Joe Jamieson, Registrar & CEO
Ms. Hanan Jibry, Deputy Registrar
Mr. Chad Andrews
Mr. Edward Cho
Ms. Jaslin Facey
Ms. Debbie Lim
Ms. Adrita Shah Noor
Ms. Bonny Wong

**Guest:**

Ms. Julia Martin, legal counsel
Mr. Martin Sconci, BDO Canada
Ms. Nina Mann, BDO Canada

**1. Call to Order/Attendance:** Dr. Eltis called the meeting to order at 9:00 a.m.

Dr. Eltis read the land acknowledgement and public interest statement.

**2. Adoption of the Agenda:** A draft agenda was circulated prior to the meeting.

*Moved by Dr. Ulakovic and seconded by Dr. Quaid to* ***adopt the agenda.***

**Motion carried**

**2a. Conflict of Interest Declaration:** Dr. Eltis asked Council members if anyone has a conflict of interest with any item on the day's agenda.

No conflicts of interest were declared.

**3. Committee Updates:** The Committee Chairs presented updates on their respective committees.

**4. Consent Agenda**: A draft consent agenda was circulated prior to the meeting. The following items were included in the consent agenda:

PART 1 - Minutes of Prior Council Meetings
- a. March 22, 2024
- b. Motions and Action Items Arising from the Minutes

PART 2 - Reports
- b. Committee Reports
  - i. Executive
  - ii. Patient Relations
  - iii. Quality Assurance:
  - iv. ICRC
  - v. Registration
  - vi. Discipline
  - vii. Governance/HR Committee
  - viii. Audit/Finance/Risk Committee

*Moved by Ms. Allen and seconded by Mr. Shah to **adopt the consent agenda.***

Council inquired about the allegations in the ICRC report, and staff confirmed that the allegations against the registrant being referred to Discipline cannot be discussed at Council. Council also inquired about the Governance/HR report and the thought process behind the Registrar's review being conducted every two years instead of every year. Dr. Christian clarified the yearly review is not necessary if the registrar is performing well but it is at the discretion the Chair of Governance/HR.

Dr. Christian raised a point about the Governance/HR report and clarified that there is a section in the registrar's performance framework that is the purview of the AFR committee, rather than Gov/HR, and the Gov/HR committee is requesting to strike revenue growth from the scorecard.

Council asked about the demographic survey mentioned in the Executive Committee report and how the results would be used. Mr. Jamieson explained the survey will ask two questions regarding providing services in the French language and Indigenous background. He stated the survey would be both voluntary and anonymous, and the results of the survey could be used in a variety of ways, but that nothing would be done immediately.

Council requested further information about an incident with the spokesperson by-law mentioned in the Executive Committee report. Dr. Eltis explained there was an unauthorized lecture provided at a high school and it was posted on social media. Dr. Eltis said he and Mr. Jamieson met with the officer of the College involved in the incident and addressed the issue.

*Moved by Dr. Quaid and Dr. Yuen **to adopt the consent agenda.***

**Motion carried**

**5. Registrar's Report**

Mr. Jamieson presented his report which touched on modernization in health regulation, artificial intelligence, and accessibility on the College website.

Council asked several questions about the registration report including the number of applications started and the number completed, and how many Canadians are challenging the NBEO exam.

Council took a break at 10:35 a.m.

Council resumed at 11:04 a.m.

**6. Presentation from the Auditors**

Mr. Marcus Sconci and Ms. Nina Mann from BDO Canada presented the audited financial statements for 2023.

Council inquired about several aspects of the financial statements including the growth of assets, the disclosure of elected Council member compensation, and where the OEBC funding would come from. Regarding the disclosure of elected Council member compensation, Council suggested adding dots on the Committee table to demonstrate the President's involvement on every Committee. Dr. Eltis thanked Mr. Sconci and Ms. Mann for their presentation. They then left the meeting.

**7. Motions Brought Forward from Committees**

**a) Audit/Finance/Risk**

**i. Approval of the audited financial statements for 2023**

Mr. Shah presented the motion.

*Moved by Dr. Kniaziew and seconded by Dr. Grewal to* ***approve the audited financial statements for 2023.***

All in favour
**Motion carried**

**ii. Approval of the reappointment of BDO Canada as auditors for 2024.**

Mr. Shah presented the motion.

*Moved by Dr. Yuen and seconded by Dr. Hemami* ***to approve the reappointment of BDO Canada as auditors for 2024.***

All in favour
**Motion carried**

**iii. Approval of the proposed College's membership and corporation fees for 2025**

Mr. Shah presented the motion.

*Moved by consent* ***to approve the proposed College's membership and corporation fees for 2025.***

Council discussed the motion in detail and considered various aspects of it, including what the fees are used for, registrants' perception of the College, the option of using restricted funds as an alternative solution, and how long the College has gone without a fee increase.

All opposed
**Motion defeated**

Council adjourned for lunch at 12:05 p.m.

Council resumed at 12:47 p.m.

**8. Motions Brought Forward from Committees cont'd**

**a. Registration**

**i. Request Council's review of FORAC-FAROC Position Statement on National Licensure**

Dr. Yuen presented the motion.

Council asked for clarification about what FORAC is looking for in terms of expressing support or not support, or if the FORAC statement will come back to Council after the September meeting. Ms. Jibry said FORAC specifically requested the Councils review the statement as it is going back to the FORAC board in September. She reminded Council that Dr. Eltis is part of that board and will be voting on it then.

**ii. Approval of the 2024 OEBC written exam and OSCE as one of two standards assessment examinations for registration purposes.**

Dr. Yuen presented the motion. Dr. Quaid removed himself from the discussion on the motion as a conflict of interest.

*Moved by Dr. Kniaziew and seconded by Dr. Grewal to* ***approve the 2024 OEBC written exam and OSCE as one of two standards assessment examinations for registration purposes.***

All in favour
**Motion carried**

**iii. Approval to provide OEBC with $64,230 in funding for 2024**

Dr. Yuen presented the motion.

*Moved by Dr. Grewal and seconded by Dr. Morcos to* ***provide OEBC with $64,230 in funding for 2024.***

Council discussed the motion at length and considered the sustainability of the agreement, whether the funding will be on a yearly basis, where the money would come from, and the role of the College's mandate in providing registrations examinations Council discussed the option of including a statement

with the payment notifying OEBC that Council are looking for information on how they are going to sustain themselves.

1 opposed
**Motion carried**

**iv. Approval of the 2024 National Board of Examiners in Optometry (NBEO) exam as an alternate standards assessment examination for registration purposes**

Dr. Yuen presented the motion.

*Moved by Dr. Kniaziew and seconded by Dr. Hemami to* ***approve the 2024 National Board of Examiners in Optometry (NBEO) exam as an alternate standards assessment examination for registration purposes.***

Mr. Jamieson suggested removing the word 'alternate' from the motion.

Dr. Yuen announced he will abstain from voting on this motion due to a conflict of interest.

Council voted on the amended motion which removes the word "alternate".

All in favour
**Motion carried**

**v. Approval of the 2024 Jurisprudence exam for registration purposes**

Dr. Yuen presented the motion.

*Moved by Dr. Grewal and seconded by Ms. Jooda to* ***approve the 2024 Jurisprudence exam for registration purposes.***

All in favour
**Motion carried**

**b. Quality Assurance**

**i. Approval of the proposed amendments to various acts and regulations with respect to scope of practice for Optometry in Ontario and their circulation to College registrants and stakeholders for 60 days**

Dr. Morcos presented the motion.

*Moved by Dr. Kniaziew and seconded by Dr. Hemami to* ***approve the proposed amendments to various acts and regulations with respect to scope of practice for Optometry in Ontario and their circulation to College registrants and stakeholders for 60 days.***

Council discussed the motion and the proposed changes to scope of practice.

All in favour
**Motion carried**

**c. Governance/HR**

**i. Approval of the newly revised Code of Conduct, Confidentiality, Harassment, and Conflict of Interest policies**

Dr. Christian presented the motion.

*Moved by Ms. Jooda and seconded by Dr. Yuen to* ***approve the newly revised Code of Conduct, Confidentiality, Harassment, and Conflict of Interest policies.***

All in favour
**Motion carried**

**9. Dates of Upcoming Council Meetings**

a. Friday, September 13, 2024
b. Friday, December 13, 2024

**10. List of Acronyms**

**11. Governance Guide: Robert's Rules**

**12. Council Feedback Survey**

**13. Adjournment:** *Moved by Ms. Allen and seconded by Ms. Jooda* ***to adjourn the meeting at 1:05 p.m.***
**Motion carried**

COLLEGE OF OPTOMETRISTS OF ONTARIO

**Council Meeting – September 13, 2024**

**COUNCIL ACTION LIST STATUS**

Updated September 3, 2024

| Date mm/dd/yr | Minute Line | Action | Status | Comments |
|---|---|---|---|---|
| 06/18/21 | 155 | Staff, including practice advisors, will develop a practice advisory regarding advertising. | Ongoing | |

**Council Meeting – September 13, 2024**

**MOTION LIST**

Updated September 3, 2024

| Date mm/dd/yr | Minute Line | Motion | Committee | Decision |
|---|---|---|---|---|
| 06/21/24 | 91 | Moved by Dr. Kniaziew and seconded by Dr. Grewal **to approve the audited financial statements for 2023.** | Audit/Finance/Risk | Motion carried |
| 06/21/24 | 100 | Moved by Dr. Yuen and seconded by Dr. Hemami **to approve the reappointment of BDO Canada as auditors for 2024.** | Audit/Finance/Risk | Motion carried |
| 06/21/24 | 109 | Moved by consent **to approve the proposed College's membership and corporation fees for 2025** | Audit/Finance/Risk | Motion defeated |
| 06/21/24 | 142 | Moved by Dr. Kniaziew and seconded by Dr. Grewal to **approve the 2024 OEBC written exam and OSCE as one of two standards assessment examinations for registration purposes.** | Registration | Motion carried |
| 06/21/24 | 150 | Moved by Dr. Grewal and seconded by Dr. Morcos to **provide OEBC with $64,230 in funding for 2024.** | Registration | Motion carried |
| 06/21/24 | 165 | Moved by Dr. Kniaziew and seconded by Dr. Hemami to **approve the 2024 National Board of Examiners in Optometry (NBEO) exam as an alternate standards assessment examination for registration purposes.** | Registration | Motion carried |
| 06/21/24 | 181 | Moved by Dr. Grewal and seconded by Ms. Jooda to **approve the 2024 Jurisprudence exam for registration purposes.** | Registration | Motion carried |
| 06/21/24 | 194 | Moved by Dr. Kniaziew and seconded by Dr. Hemami to **approve the proposed amendments to various acts and regulations with respect to scope of practice for Optometry in Ontario and their circulation to College registrants and stakeholders for 60 days.** | Quality Assurance | Motion carried |
| 06/821/24 | 209 | Moved by Ms. Jooda and seconded by Dr. Yuen to **approve the newly revised Code of Conduct, Confidentiality, Harassment, and Conflict of Interest policies.** | Governance/H.R. | Motion carried |

COLLEGE OF OPTOMETRISTS OF ONTARIO

# Executive Committee Activity Report

**Reporting date:** September 13, 2024

**Chair:** Dr. Mark Eltis

**Meetings in 2024:** 3 over Zoom | most recent on August 21, 2024

**Key Priorities**

The Executive Committee meets before each Council session to review the Council meeting's agenda and committee motions. This is to ensure that Council sessions are efficient, transparent, and capable of meeting high standards in governance. The Committee also meets to address emerging and time-sensitive issues when necessary and appropriate.

**Discussion Items**

*Committee Agenda for September 13, 2024 Council Meeting*

The Executive Committee reviewed a draft agenda and motions for the September 13, 2024 meeting of Council.

*Other Items*

The group discussed the state of the scope of practice document, which is currently open for stakeholder feedback.

The idea of leveraging the upcoming DEI presentation at Council for social media or CE was discussed as well, with the group agreeing that it would be appropriate for staff to explore options.

**Attachments**

NA

COLLEGE OF OPTOMETRISTS OF ONTARIO

# Patient Relations Committee Activity Report

**Reporting date:** September 13, 2024

**Committee Chair:** Esther Jooda

**Meetings in 2024:** 1 (Zoom) | most recent on March 1, 2024

**Key Priorities**

The Patient Relations Committee manages the Program of Funding for Therapy and Counselling.

**Information Items**

*Program of Funding for Therapy and Counselling*

The patient therapy program continues to provide support for two patients.

As per the usual process, the patients have been provided an update on the status of their funding and will be reminded once more before the year is over.

**Discussion Items**

The Patient Relations Committee has no additional updates for Council at this time.

**Decision Items**

The Patient Relations Committee does not have any motions for Council to review at this meeting.

**Attachments**

N/A

COLLEGE OF OPTOMETRISTS OF ONTARIO

# Quality Assurance Committee Activity Report

**Reporting date:** September 13, 2024

**Chair:** Dr. Kamy Morcos

**Meetings in 2024:** 6 virtual meetings

**Tasks Completed Since Last Council Meeting:**

- Random practice assessments – reviewed and made decisions on:
    - SRA, CRA, Case Manager Reports, clarifications from registrants, remedial programs, and practice re-assessments.
    - Written submissions from registrants regarding their remediation requirements.
- Practice Assessment Revamp Project:
    - Continued working on phase 1 of the pilot test (i.e., Chart Review Protocol (CRP))
    - Approved new practice assessment fees for CRP and Chart-Stimulated Recall Protocol (CSRP)
- CE hour deficiency audit of the previous CE cycle (2021-2023) – reviewed and made decisions on:
    - Requests for consideration from registrants who failed to meet their CE hours
    - SRAs due to CE hours deficiency
- Reviewed CE inquiries from registrants
- Reviewed and decided on CRA and Case Manager Report due to practice hours deficiency
- Continued working on the OPR modernization project
- Proposed scope of practice amendments:
    - Reviewed public consultation feedback
    - Made a motion to Council to approve the submission of the proposed amendments to various acts and regulations with respect to scope of practice for Optometry in Ontario to the Ministry of Health.

**Key Priorities**

- Conducting pilot testing of the practice assessment revamp project.
- Reviewing practice assessments, remedial programs, and re-assessments
- Carrying out the CE audit of the 2021-2023 CE cycle
- Carrying out the OPR modernization project
- Completing the public consultation process for the proposed scope of practice amendments

**Information Items**

*Practice Assessment Stats*

| | Since Last Council Meeting | Throughout 2024 |
|---|---|---|
| SRA Reports Reviewed | 2 | 6 |
| CRP Reports Reviewed | 36 | 95 |
| CSRP Reports Reviewed | 2 | 13 |
| CRA and Case Manager Reports Reviewed | 2 | 15 |
| Ongoing Remediation Cases and Re-assessments Reviewed | 21 | 46 |
| New Referrals for Remediation | 1 | 9 |

**Discussion Items**

*Practice Assessment Revamp Project Pilot Testing Phase One (CRP):*

- Ninety-four (94) registrants were randomly selected to participate in the pilot testing of the CRP tool. Eighty-six have submitted files for their CRP assessments; the remaining 8 have been granted an extension of time.
- Two different assessors were assigned to each CRP assessment and independently completed their own assessments.
- A total of 172 CRP reports have been submitted and inter-rater reliability analysis is currently being conducted.

*Approved new practice assessment fees for CRP and CSRP:*

- Currently, as per the College's Schedule of Fees and Penalties, there are different fees for different types of QA practice assessments, depending on the type of deficiency (e.g., practice hours, CE hours)
- With the launch of the new practice assessment component of the QA program in 2025, the current SRA and CRA fees will be replaced by the proposed CRP and CSRP fees, respectively.
- Regardless of the type of deficiency, registrants will undergo the same screening assessment first (i.e., CRP), and if needed, a CSRP. This will streamline and result in a more consistent practice assessment process and fee structure.
- The new fees are based on cost recoveries of time spent by College staff, QAP members and assessors. Randomly selected registrants will not be required to pay for their first CRP and CSRP.
- The proposed fees were reviewed and approved by the AFR Committee on July 25, 2024.

*CE Hours Deficiency Audit of the 2021-2023 CE cycle:*

- Three registrants completed practice assessments and were discharged.
- The remaining 16 registrants are currently undergoing a practice assessment

*Modernization of the OPR*

- At the August 9, 2024 QA Special Projects (QASP) Panel meeting, the QASP Panel focused on condensing repetitive content in the OPR and ensuring the standards are relevant to current optometry practice.
- The QASP Panel will meet in November to ensure the final draft is clear, concise, and uses consistent language understood by the profession and public.

- The Panel aims to have the modernized OPR ready for public consultation by the December Council meeting.

*Proposed Scope of Practice Amendments:*

- Public consultation period took place between July 5, 2024 to September 3, 2024.
- The QASP Panel identified two substantial feedback (details provided in the motion to Council)
- The QASP Panel made a motion to Council to approve the submission of the proposed amendments to various acts and regulations with respect to scope of practice for Optometry in Ontario to the Ministry of Health.

**Attachments**

N/A

COLLEGE OF OPTOMETRISTS OF ONTARIO

# Inquiries, Complaints and Reports Committee (ICRC) Activity Report

**Reporting date:** September 13, 2024

**Committee Chair:** Dr. Dino Mastronardi

**Meetings in 2024:** 6

**Information Items**

This report is intended to provide Council with information on complaints and registrar's investigations while maintaining fairness throughout the process. In keeping with Section 36 of the *Regulated Health Professions Act, 1991* regarding confidentiality, details about specific cases are not shared as part of the Committee report.

Since the Committee last reported to Council, a meeting was held on June 27, 2024, with members of Dr. Mastronardi's panel. Dr. Jenna Astorino's panel also held a case review meeting on August 30, 2024.

The Committee intends to hold at least two more panel meetings before the end of the year.

**Discussion Items**

The ICRC has no additional updates for Council at this time.

**Decision Items**

There are no ICRC decisions or motions that require Council feedback or approval at this meeting.

**Cases Processed Since Last Reporting (June 8, 2024 – August 30, 2024)**

- Complaints newly filed: 9
- Cases reviewed by the panels: 10
- Complaint Cases to Alternative Dispute Resolution (ADR): 1
- Cases carried over: 1

| Decision Breakdown | Total |
|---|---|
| **Decisions Issued** | **14** |
| **Case Type** | |
| • Complaints | 14 |
| • Registrar's Investigations | 0 |
| • Incapacity Inquiry | 0 |
| **Dispositions (for cases above)** | |
| • No action/No further action (NFA) | 11 |
| • Advice/Recommendation | 1 |
| • Remedial agreement | 0 |

| | |
|---|---|
| • Specified Continuing Education or Remediation Program (SCERP) & Oral caution<br>• Acknowledgement and Undertaking<br>• Referral of specified allegations to the Discipline Committee | 1<br>1<br>0 |
| **Nature of Allegations (for dispositions above, no action/NFA excluded)****<br>• Failure to diagnose or misdiagnosis<br>• Related to patient record-keeping and documentation<br>• Inadequate eye examination and/or treatment<br>• Unprofessional behaviour & communication<br>• Related to eyeglasses or contact lens prescriptions<br>• Sexual abuse of a patient | <br>1<br>1<br>0<br>2<br>0<br>0 |
| **Timeline for Resolution (for cases above)**<br>• <120 Days<br>• 121-150 Days<br>• 151-180 Days<br>• 180+ Days | <br>0<br>0<br>0<br>14 |

*** Certain matters may contain more than one allegation.*

**HPARB Appeals**

- New appeals: 1
- Outstanding appeals to be heard: 5
- Appeals heard and awaiting decisions: 2
- ICRC Decision Confirmed: 1
- ICRC Decision Returned: 0

COLLEGE OF OPTOMETRISTS OF ONTARIO

# Registration Committee Activity Report

**Reporting date**: September 13, 2024

**Chair:** Dr. Abraham Yuen

**Meetings in 2024:** 3 (via videoconference)

**Tasks Completed Since Last Council Meeting:**

- Discussed the Ministry of Health (MOH), the Federation of Optometric Regulatory Authorities of Canada (FORAC), the Office of the Fairness Commissioner (OFC), Touchstone Institute and the Internationally Graduated Optometrist Evaluating Examination (IGOEE), the Optometry Examining Board of Canada (OEBC) and the National Board of Examiners in Optometry (NBEO) examinations, and the registration process.

**Key Priorities**

Ministry of Health

- Since June 26, 2024, MOH staff have been reaching out to the College with questions associated with the additional proposed amendments to the Registration Regulation.
- MOH staff met with College staff on August 21 and 22 to obtain clarification associated with the College responses.

Federation of Optometric Regulatory Authorities of Canada

- Following the review of the draft National Licensing position statement by the College Council on June 21, 2024, the draft statement is scheduled to be discussed and approved at the upcoming FORAC board meeting in Calgary on September 7, 2024.
- The FORAC Funding Review Committee met on June 11, 2024, to discuss proposed alternative funding models but was unable to establish a consensus view on how they were better and more equitable than the present formula. The Committee is to report back at the next FORAC board meeting in Calgary.
- Dr. Nadine Furtado has joined FORAC's Canadian Optometric Evaluation Committee (COEC) as an academic member replacing Dr. Patricia Hrynchak who served for five years on COEC and was a former Council member representing District 6.

Office of the Fairness Commissioner

- The OFC reviewed and approved the 2023 Fair Registration Practices report on July 11, 2024, for posting on the College website where it can now be found.
- Registration staff met with OFC staff on July 10 and discussed the compliance plan spreadsheet associated with the risk rating for the College with the OFC. Following the discussion and revision to the spreadsheet to provide more clarity about the statistics being required, registration staff are scheduled to meet again with OFC staff on November 13 following the submission of the required statistics by November 8.

Touchstone Institute

- Touchstone Institute shared their *2023-2024 Annual Report* with the Committee.

Optometry Examining Board of Canada

- The College provided the 2024 funds approved by the College Council to OEBC on July 3, 2024.
- There is an agenda item at the Sept. 7 FORAC Directors' meeting to discuss OEBC exam availability with OEBC members being presented with two options to ensure OEBC's financial stability: 1. Exclusive Provider and 2. Candidate Choice.

National Board of Examiners in Optometry

- The Committee reviewed news of the departure of Dr. Rich Castillo, Senior Director for Clinical Examination Development and Administration from the NBEO to be the founding Dean at the new School of Optometry at the University of North Carolina at Pembroke.
- Based on the Score Release schedule published on NBEO's website, the score release dates for the new NEO Part III PEPS exams challenged in August – October 2024, are in December 2024.

Registration Process

- College staff continue to accept applications for registration electronically and validate documents with applicants.
- There were 30 candidates registered for the August 2024 and 13 candidates registered for the September 2024 online Jurisprudence exam as of August 28.
- There has been a total of 139 online applications in 2024 as of August 28. There have been three applications by internationally trained applicants following clarification and seven applications using labour mobility since the online application portal was launched on September 1, 2023, for internationally trained, labour mobility, and Academic Certificate of Registration applicants.

**Discussion Items**

- The Committee discussed the following:
  - The Health Professions Procedural Code and the By-laws where the imposition of terms, conditions, and limitations on a certificate of registration are concerned.
  - Registration requirements for applicants using labour mobility provisions.
  - The criteria for additional optometric credentials.

COLLEGE OF OPTOMETRISTS OF ONTARIO

# Discipline Committee Activity Report

**Reporting date:** September 13, 2024

**Committee Chair:** Dr. William Ulakovic

**Meetings in 2024:** 1

**Information Items**

The Discipline Committee is the only committee of the College that has the authority to discipline optometrists. This authority is granted to the Committee under the *Regulated Health Professions Act, 1991* and the *Optometry Act, 1991*. When there are reasonable and probable grounds to suggest that professional misconduct has occurred, or that an optometrist may be incompetent, the Inquiries, Complaints and Reports Committee (ICRC) may refer such allegations to the Discipline Committee for a hearing.

The Discipline Committee has not received any referrals from the ICRC nor held any hearings since its last report to Council, and no reinstatement applications are currently pending.

There is 1 active matter before the Discipline Committee and a Pre-hearing Conference for it is scheduled to take place in November 2024.

**Discussion Items**

The Discipline Committee has no additional updates for Council at this time.

**Decision Items**

There are no Discipline Committee decisions or motions that require Council feedback or approval at this meeting.

COLLEGE OF OPTOMETRISTS OF ONTARIO

# Governance-HR Committee Activity Report

**Reporting date:** September 13, 2024

**Chair:** Dr. Lisa Christian

**Meetings in 2024:** 3 (2 Zoom, 1 in-person) | Most recent: August 22, 2024

**Tasks Completed Since Last Council Meeting:**

- The Committee reviewed the guiding document that is used for committee appointments

**Key Priorities**

The mandate of the Governance-HR Committee is to facilitate Council's ability to fulfill its functional and ethical responsibilities. Working within that mandate, a key focus for the committee is to review the College's governance policies and processes, and to make changes and additions where appropriate to enhance the College's governance portfolio.

**Discussion Items**

*Council election and volunteer applications*

During the August 22, 2024 meeting of the Committee, J. Jamieson and C. Andrews provided an update on this year's election for Council roles, focusing specifically on relevant timelines and processes.

The group discussed various ways that the College can generate interest amongst registrants in running for College positions. It was agreed that in future years, it would be appropriate for the Chair of Governance-HR to email fellow College chairs, asking that they inform their committees of the election and that self-nominations from volunteers are welcome.

*Preview of Committee Appointments and Framework*

The Committee also reviewed the guiding document used for committee appointments. The framework will be used for the upcoming committee appointment process conducted by the Governance-HR Committee on November 22. This tool has been in place for several years and is updated for relevance, effectiveness, and efficiency by Gov-HR every year.

COLLEGE OF OPTOMETRISTS OF ONTARIO

**Audit/Finance/Risk Committee Activity Report**

**Reporting date:** September 13, 2024

**Chair:** Mr. Narendra Shah

**Meetings in 2024:** Three (3) via teleconference

**Tasks Completed Since Last Council Meeting:**

- The Portfolio Manager from the Royal Bank of Canada Dominion Securities presented the investment report to the Committee for the second quarter which ended June 30, 2024. The report indicates net investment returns of almost 10% or a $277K change in portfolio value since July 2023. The Portfolio Manager also reported on how the investments are being positioned and kept in line with the market, current asset allocation, and an overview of the investment team which has no significant changes.
- The Committee reviewed the financial reports as of June 30, 2024. The year-end projections remain the same as planned. The only deviation from budget is the $64K funding to OEBC that was approved by the Council in June 2024.
- Following the Council's directions on the proposed fee increases, the Committee investigated the College's reserves and internally restricted funds to potentially avoid the fee adjustment in 2025. The Committee requested staff to draft guidelines based on financial data, assessing the movement between revenues, expenses and reserve funds which may indicate when to adjust the fees. The discussion will continue at the Committee's next meeting in October 2024.
- Staff reported that the College is compliant with the government reporting requirements. The corporate income tax return for 2023 has been assessed, as well as the second quarterly GST/HST returns.
- The new QA practice assessment fees for the Chart Review Protocol (CRP) and Chart Stimulated Recall Protocol (CSRP) developed by the Quality Assurance Committee, were discussed. The briefing note for AFR Committee's recommendation is enclosed for discussion.

**Key Priorities**

Review of 2025 budget is a priority for the Committee's next meeting in October.

The approval of new QA practice assessment fees is one of the priorities. Once approved, the new QA fees will be reflected in the Schedule of Fees and Penalties for 2025 that is published on the College's website.

The Committee also aims to create a policy document which assesses the College's fees based on financial indicators.

There is a constant review of operating costs against the budget; investment performance, and potential risks related to financial, operational, information technology, strategic, and organizational.

**Information Items**
The highlights of the financial results for the first half of the year 2024 include:

- **$2.98M Revenue** (96.5% of budget)
  Annual registration fees, new application fees, and QA practice assessment fees exceeded the 2024 budget projected fees while corporation fees reached 52% and 61% of targets on renewals and applications, respectively.

- **$1.60M Expenses** (43.7% of budget)
  The total year-to-date expenses consist of $1.35M administrative and $0.25M committee expenses. This includes $0.15M in strategic costs taken from restricted funds.

- **$7.09M Net assets**
  Current net assets can support average expenses for 23 months based on the 2024 overall expense budget.

**Discussion Item**
- Proposed 2025 QA practice assessment fees

**Decision Items**
The Audit/Finance/Risk Committee recommends to Council the approval of new QA Practice Assessment fees of $1,270.00 (+HST) for CRP and $1,680.00 (+HST) for CSRP.

**Attachments**
N/A

# 6-7 / PRESENTATIONS & MOTIONS

6. Registrar's Report: Registrar and CEO Mr. Joe Jamieson to provide College updates via PPT presentation.

7. Motions Brought Forward from Committees
    a. Audit/Finance/Risk
        i. Approval of the new QA Practice Assessment fees for Chart-Review Protocol (CRP) and Chart-Stimulated Recall Protocol (CSRP)

    b. Quality Assurance
        i. Approval of the proposed scope of practice amendments submission to the Ministry of Health

    c. Registration
        i. Approval of amendments to paragraph 18.03(15) of the College by-laws

COLLEGE OF OPTOMETRISTS OF ONTARIO

# BRIEFING NOTE

Council Meeting – September 13, 2024

## Subject

Proposed Quality Assurance Practice Assessment fees for the Chart Review Protocol (CRP) and Chart-Stimulated Recall Protocol (CSRP)

## Background

The Quality Assurance (QA) practice assessment fees are charged to registrants ***only*** if they are:

- deficient in CE hours, or
- deficient in practice hours, or
- required to do a re-assessment after remediation

The table below outlines the current QA practice assessment fees.

| Particulars | Current Fees | HST | Total |
|---|---|---|---|
| Quality Assurance Practice Assessment Fee (CRA) | $2,400.00 | $312.00 | $2,712.00 |
| QA Short Record Assessment Fee (for CE deficient hours): | | | |
| Deficient by 5 hours or less (5 records) | $1,000.00 | $130.00 | $1,130.00 |
| Deficient by more than 5 hours (25 records) | $5,000.00 | $650.00 | $5,650.00 |

The Quality Assurance Committee developed the new QA Practice Assessment fees below following the cost recovery approach.

| Particulars | Proposed Fees | HST | Total |
|---|---|---|---|
| Chart Review Protocol (CRP) Practice Assessment Fee | $1,270.00 | $165.10 | $1,435.10 |
| Chart-Stimulated Recall Protocol (CSRP) Practice Assessment Fee | $1,680.00 | $218.40 | $1,898.40 |

## Decision(s) for Council

To approve the new QA Practice Assessment fees of $1,270.00 (+HST) for Chart Review Protocol and $1,680.00 (+HST) for Chart-Stimulated Recall Protocol, effective in 2025 when the new practice assessments are officially launched.

COLLEGE OF OPTOMETRISTS OF ONTARIO

## Considerations

Factors that led to the reduction in fee include:

1. **Reduction in the number of records assessed**
   The current fee is for a 25-patient record Complete Record Assessment (CRA).
   The new fee is for a 10-patient record Chart Review Protocol (CRP).

2. **Reduction in the number of questions**
   An assessor must answer 76 questions/record for a CRA vs 20 questions/record for a CRP.

3. **Reduction in assessor remuneration**
   An assessor is remunerated $350 for the Short Record Assessment (SRA) vs $240 for a CRP.
   An assessor is remunerated $900 for the CRA vs $450 for a Chart-Stimulated Recall (CSR).

4. **Reduction in College staff and QAP time**
   Costs of a CRP are lower than a CRA due to #1-3 above.

The proposed practice assessment fee for the Chart Review Protocol (CRP) will replace all the current practice assessment fees. That is, regardless of the type of deficiency, registrants will undergo the same assessment (i.e., CRP) and pay a uniform fee.

Any registrant who fails the CRP practice assessment will be required to undergo the Chart-Stimulated Recall Protocol (CSRP) practice assessment at their expense.

Randomly selected registrants are ***not*** required to pay the assessment fee for the first 2 steps in the process (that is, the initial CRP, and if required, subsequent CSRP).

## Public Interest Mandate

Proficiency and competency requirements are important in protecting the public interest.

## Supporting Materials

- Proposed CRP Practice Assessment Fee – Cost Recovery Breakdown
- Proposed CSRP Practice Assessment Fee – Cost Recovery Breakdown

## Next Step

To update the Schedule of Fees and Penalties in the College By-Laws and published on the College's website.

## Contact

Deborrah Anne Lim, Manager – Finance and Office Administration

COLLEGE OF OPTOMETRISTS OF ONTARIO

65 St. Clair Avenue East
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## PROPOSED CHART REVIEW PROTOCOL (CRP) PRACTICE ASSESSMENT FEE – BREAKDOWN OF COST RECOVERY

| Item | Cost | Details |
|---|---|---|
| College Staff Time | $280.00 | Total 3.5 hours of administrative time spent per CRP assessment:<br>• Drafting and sending notification of assessment<br>• Receiving and processing patient files and questionnaire<br>• Assigning assessment to CRP assessor<br>• Processing CRP assessment report<br>• Preparing briefing materials and supporting documentation for QAP review<br>• Discharge/further investigation required notification<br>$80/hr (combined staff hourly rate) x 3.5 hours |
| Assessor Reimbursement | $240.00 | Chart Review Protocol (CRP) assessment:<br>• Fixed rate<br>• Reviewing patient files and questionnaire<br>• Report writing |
| QA Panel Expense | $750.00 | • Average 30 mins to review briefing materials, discuss the case at the meeting, and arrive at a decision<br>• 8 professional QAP members<br>• $187.50/hr x 0.5 hr x 8 |
| *Subtotal* | $1,270.00 | |
| *HST* | $165.10 | |
| **TOTAL** | $1,435.10 | |

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## PROPOSED CHART-STIMULATED RECALL PROTOCOL (CSRP) PRACTICE ASSESSMENT FEE – BREAKDOWN OF COST RECOVERY

| Item | Cost | Details |
|---|---|---|
| College Staff Time | $480.00 | Total 6 hours of administrative time spent per CSRP assessment:<br>• Drafting and sending notification of assessment<br>• Processing and uploading patient files and CRP report<br>• Assigning assessment to CRSP assessor<br>• Processing CSRP assessment report<br>• Preparing briefing materials and supporting documentation for QAP review<br>• Drafting and sending discharge/further investigation/remediation notification<br>$80/hr (combined staff hourly rate) x 6 hours |
| Assessor Reimbursement | $450.00 | Chart-Stimulated Recall Protocol (CSRP) assessment:<br>• Fixed rate<br>• Scheduling and conducting the assessment<br>• Report writing |
| QA Panel Expense | $750.00 | • Average 30 mins to review briefing materials, discuss the case at the meeting, and arrive at a decision<br>• 8 professional QAP members<br>• $187.50/hr x 0.5 hr x 8 |
| *Subtotal* | $1,680.00 | |
| *HST* | $218.40 | |
| **TOTAL** | $1,898.40 | |

COLLEGE OF OPTOMETRISTS OF ONTARIO

# BRIEFING NOTE

Council Meeting – September 2024

## Subject

Proposed Scope of Practice Amendments

## Background

The profession of optometry in Ontario has been working on regulatory changes to expand the scope of practice for optometrists.

A tripartite working group, consisting of the College of Optometrists of Ontario, the University of Waterloo School of Optometry and Vision Science, and the Ontario Association of Optometrists (OAO), was formed in 2018 to work on proposed changes to Ontario optometry's scope of practice. The OAO developed a proposal based on the work completed by the tripartite working group. The OAO submitted this proposal to the Ministry on March 26, 2024.

On June 10, 2024, the Quality Assurance Special Projects (QASP) Panel of the Quality Assurance Committee reviewed the proposal and made a motion to Council to approve the proposed amendments for circulation.

At its June 21 meeting, Council approved the proposed amendments to various acts and regulations with respect to the scope of practice for Optometry in Ontario and their circulation to College registrants and stakeholders for 60 days.

The proposed amendments were circulated to College registrants and stakeholders for 60 days (July 5, 2024 – September 3, 2023) as required under subsection 95 (1.4) of the Health Professions Procedural Code (the Code), which is Schedule 2 to the Regulated Health Professions Act, 1991 (the *RHPA*).

The QASP Panel identified the following feedback as substantial:

1. **OAO (August 16, 2024)**: the OAO submitted additional research on the authority to order diagnostic tests (Blood Tests, CT, MRIs, X-rays). The QASP Panel recognized the significance of this research and decided to include it as part the proposal; and

2. **Ontario Medical Association (OMA) (September 3, 2024):** the OMA did not find any factual errors in the June 10, 2024 proposal, but did voice their concerns about the requirement of additional training being paramount for most proposed changes. As this was also a top priority noted by the QASP Panel, no changes to the proposal were made. The QASP Panel also decided to submit the OMA letter to the Ministry as an appendix to the proposal.

To ensure fairness and transparency, all remaining consultation feedback will be submitted to the Ministry as an appendix to the proposal.

COLLEGE OF OPTOMETRISTS OF ONTARIO

## Decision(s) for Council

Approval of the submission of proposed amendments to various acts and regulations with respect to scope of practice for Optometry in Ontario to the Ministry of Health.

## Considerations

- Please refer to the rationale and jurisdictional evidence sections of the proposal.

## Public Interest Mandate

- Improve patient access to safe and competent eye care services, especially in rural communities
- Reduce wait times, improve patient outcomes, and increase the efficiency of health care delivery
- Improve collaboration with healthcare and other professionals in the community to provide patient-centered care.
- Decrease patient loads in emergency departments and walk-in clinics
- Decrease publicly funded eye care costs, especially for more complex care

## Diversity, Equity and Inclusion Considerations

- Increase patient access to timely eye care services and reduce barriers to patient care.

## Supporting Materials

- Scope of Practice Change Proposals for Ontario Optometry (June 10, 2024)
- Consultation feedback:
    - Ontario Association of Optometrists (OAO) (August 16, 2024)
    - Canadian Association of Optometrists (CAO) (August 22, 2024)
    - Ontario Medical Association (OMA) (September 3, 2024)
    - Ontario Opticians Association (OOA) (September 3, 2024)
    - Registrants of the College of Optometrists of Ontario

## Next Steps

- Once approved by Council, submit the proposed amendments to various acts and regulations with respect to scope of practice for Optometry in Ontario to the Ministry of Health.

## Contact

- Bonny Wong, Manager, Quality Programs

Submitted by the Ontario Association of Optometrists in collaboration with the University of Waterloo School of Optometry and Vision Science and the College of Optometrists of Ontario

# Scope of Practice Change Proposals for Ontario Optometry

**June 10, 2024**

# Form 1: Notification to Ministry of Health

## Section 1. Contact Information

### 1. What is the applicant/organization's name that is submitting the proposal?

Ontario Association of Optometrists

### 2. Please provide the date that you submitted this form.

February 14, 2024; updated version: June 10, 2024

### 3. What is the applicant/organization's address?

20 Adelaide Street East, Box 16, Suite 801
Toronto, Ontario, M5C 2T6

### 4. Who is the primary contact for this proposal?

Dr. Angela Yoon, Policy Consultant, Ontario Association of Optometrists
ayoon@optom.on.ca
(647) 388-6780

### 5. If the primary contact is not available, who is the secondary contact for this proposal?

Dr. Shaina Nensi, President, Ontario Association of Optometrists
oaopresident@optom.on.ca

## Section 2. Summary of Proposal

## 1. This proposed scope of practice change may require:

- Legislative amendment to the Optometry Act, 1991, S.O. 1991, c. 35; Drug and Pharmacies Regulations Act
- Amendment to Ontario Regulation 112/1 **(**Designated Drugs And Standards Of Practice under the Optometry Act)
- Amendment to Ontario Regulation 107/96 (Controlled Acts)
- Revocation of Schedule 1 of the Designated Drugs Regulation (112/11)

## 2. Please include the Act(s) that will be impacted by the proposed scope of practice change.

- Optometry Act, 1991, S.O. 1991, c. 35
- Drug and Pharmacies Regulations Act

## 3. Is this scope of practice proposal endorsed by the profession's regulatory college?

Council will be deliberating on this proposal on June 21, 2024.

## 4. Please provide a brief summary of the proposal. Be brief. This section should only be 2 paragraphs long.

The proposed amendments would give optometrists the authority to:

- prescribe all topical and oral drugs that are within the scope of practice of the profession, giving patients access to the most appropriate drug without requiring unnecessary referrals to physicians;

- remove superficial foreign bodies from below the surface of the cornea, reducing unnecessary referrals to hospitals and ophthalmologists, and improving access to local emergency care for patients;

- dispense and sell topical ophthalmic drugs;

- independently initiate and manage open-angle glaucoma, eliminating unnecessary referrals to physicians, reducing healthcare costs, and improving patient access to care (especially in rural and remote communities);
- use diagnostic ultrasound as a prescribed form of energy (e.g. for the performance of corneal pachymetry or ocular ultrasonography), so the optometrist can maintain the required standard of care in glaucoma and the management of other ocular disease conditions;
- order diagnostic tests (Blood Tests, CT, MRIs, X-rays);
- perform laser trabeculoplasty, laser peripheral iridotomy, and YAG capsulotomy;
- perform minor surgery/procedures for superficial, non-intraocular conditions, under local anesthesia.

# Form 2: Scope of Practice Change Proposal

# Section 1. Please provide a plain language description of the proposal.

The requested scope of practice changes would:

- Improve patient access to safe and competent eye care services, especially in rural communities
- Reduce wait times, improve patient outcomes, and increase the efficiency of health care delivery
- Decrease patient loads in emergency departments, walk-in clinics, and the offices of physician
- Improve interprofessional collaboration between optometrists and ophthalmologists
- Decrease publicly funded eye care costs, especially for more complex care

All of the requests require amendment to existing legislation and regulation and cannot be made solely through updated standards of practice. Ontario optometrists' antiquated scope no longer reflects the realities of today's patient pathways given the growing eye care demands of an aging population and the reduction of access to ophthalmology.

The proposed amendments would give optometrists the authority to:

## A. Prescribe all topical and oral drugs that are within the scope of practice of the profession, giving patients access to the most appropriate drug without requiring unnecessary referrals to physicians;

New and more efficacious ophthalmic drugs are continually approved for the treatment of eye disease in Canada and working off an outdated list of drugs in regulation results in a lag in optometrists' ability to provide the most appropriate care. The public interest is served when optometrists can prescribe the indicated best-treatment for patients in a timely manner.

Currently, optometrists must refer to physicians to access drugs not listed in regulation. This increases unnecessary costs to the healthcare system and impedes access to the best treatment plan. Often, in many parts of the province, those referrals are not even possible within a reasonable distance or timeline.

The amendment to paragraph 4.2.1 of the *Optometry Act* and related amendments to the *Designated Drugs Regulation* would revoke the current drug list and allow optometrists to prescribe any topical or oral drug that is Health Canada–approved, and within the scope of practice of optometry:

*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.*~~

These amendments would bring Ontario in line with Alberta, Saskatchewan, New Brunswick, Newfoundland, and most U.S. states. For decades, optometrists have been educated in pharmacology and have demonstrated their competency in the use and appropriate prescribing of drugs in optometric practice.

## B. Remove superficial foreign bodies from below the surface of the cornea.

Patients presenting with corneal foreign bodies are common in optometric practice. Optometrists are often the first point of access for patients with such eye emergencies and are trained to diagnose and manage these injuries competently and safely. Ocular foreign bodies are extremely painful, and their timely removal is in the public interest, particularly in rural areas where limited options for care often result in a circuitous journey by the patient and suboptimal outcomes. Busy hospitals, physician walk-in clinics, and ophthalmology clinics would be less burdened by these cases that can be easily managed by an optometrist.

Currently, gaps in the *Regulated Health Professions Act, 1991* and the *Optometry Act* create a situation in which Ontario optometrists do not have the controlled act of “performing a procedure in or below the surface of the cornea.”

The result of this present statutory status is that members may continue to remove a foreign body lodged *on* the surface of the cornea but not beneath the epithelium. An average cornea is 550 microns thick (about ½ mm) with the epithelium on the surface representing only about 50 microns. It is virtually impossible to determine if a foreign body lodged on the surface of the cornea is lodged less than or equal to 50 microns. Again, optometrists have the knowledge, training, and tools to safely remove and manage the removal of corneal foreign bodies, including those lodged deeper than 50 microns.

Optometrists in all Canadian and US jurisdictions may remove foreign bodies from the cornea and conjunctiva. However, Ontario is the only Canadian jurisdiction where there is a requirement for foreign bodies to be above the corneal/conjunctival epithelium.

Standards of practice are important for members and the public to inform what is expected when optometrists remove corneal foreign bodies. The College has already drafted standards of practice titled *OPR 7.14 Removal of Foreign Bodies from the Cornea*, which would be published in the Optometric Practice Reference (OPR) when the authority to perform the controlled act is proclaimed.

The amendment to paragraph 4.2.1 of the *Optometry Act* would be

> *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:*
>
> *2.2 Performing a procedure, in or below the surface of the cornea*

## C. Provide drug samples

The sampling of topical medication, especially in glaucoma care, would allow optometrists to determine the most appropriate drug therapy for patients before it is prescribed. Allowing optometrists to dispense samples for the sole purpose of trialling clinical effectiveness would improve patient adherence with therapy as it reduces cost barriers for patients, which can be significant at the onset of treatment.

The suggested amendment to paragraph 4.2.1 of the *Optometry Act* would permit optometrists to dispense drugs:

> *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~~*

The Designated Drugs Regulation (112/11) would also need to be amended.

## D. Sell topical ophthalmic drugs

There are some communities where the number of pharmacies is very limited. Not every patient has the means to be able to travel far distances. If they are commuting to an optometrist's office for diagnosis and treatment, they can pick up their eyedrops there as well, helping to ensure they receive the right treatment at the right time.

Patients routinely ask optometrists for prescriptions for Latisse, a drug indicated to increase the length, thickness, and darkness of a patient's eyelashes. This drug is not available in pharmacies and patients often request to purchase this product directly from their optometrist rather than searching for a cosmetic physician's office (which may not be available in their town).

Alberta allows optometrists to retail ophthalmic drugs.

The *Optometry Act* and *Drug and Pharmacies Regulations Act* would require amendment.

## E. Manage open-angle glaucoma independently

Permitting optometrists full independent management of open-angle glaucoma would remove unnecessary restrictions on optometrists to refer to physicians for co-management, reducing health care costs and improving access for patients, especially in the very common situations where ophthalmologic glaucoma care is not readily accessible, or not available in a timely manner. Early treatment is critical to prevent vision loss, which is permanent and cannot be regained. It is not uncommon for wait times to exceed six to twelve months for an initial consultation with a glaucoma specialist in Ontario.

In Ontario, optometrists may only treat a patient with primary open-angle glaucoma, the treatment of which is not complicated by either a concurrent medical condition or a potentially interacting pharmacological treatment. For example, a patient with diabetes that an optometrist has diagnosed with glaucoma must be referred to an ophthalmologist to initiate therapy because in some more rare cases, diabetes could complicate the glaucoma. However, optometrists are trained to identify these specific diabetic changes and refer to ophthalmology only when truly necessary. Alberta and Saskatchewan optometrists have broader authority, being permitted to treat all open-angle glaucoma with full independent authority (oral and topical).

In over half of US jurisdictions, optometrists have the full range of glaucoma management authority. They may treat with both topical and oral medications (in both emergency and non-emergency settings) without an ophthalmology consultation or co-management requirement, and without any conditions imposed by state law.

Removing these restrictions would not reduce collaboration between ophthalmologists and optometrists; rather, it would permit decision-making about the best arrangement to be based on the specific needs of the patient, and to be made more expeditiously. It would also reduce duplicate testing between optometrists and physicians and reduce unnecessary health care costs.

Amending the *Designated Drug Regulation* would grant optometrists to independently manage open angle glaucoma.

## E. Use diagnostic ultrasound as a prescribed form of energy for the performance of corneal pachymetry or ocular ultrasonography (A and B scans).

The use of diagnostic ultrasound by optometrists to perform corneal pachymetry is a standard of practice in glaucoma care. Pachymetry is a non-invasive diagnostic test that measures the thickness of the cornea and is required to meet the standard of care for diagnosing and managing patients with open-angle glaucoma. We include the following link that helps describe the importance of corneal thickness when managing glaucoma. https://glaucoma.org/the-importance-of-corneal-thickness/

The A-scan is a diagnostic test used to determine the length of the eye (e.g. for myopia management) and measure the size of intraocular structures (e.g. ocular tumours).

B-scans produce a cross-sectional image of the eye when the view of the back of the eye is obstructed due to conditions including vitreous hemorrhage, advanced cataract, or dense corneal opacities. It can also assist in imaging a suspicious nevus and for diagnosing buried optic nerve drusen.

The controlled act of *applying a prescribed form of energy* is currently authorized to optometrists; however, *applying soundwaves for diagnostic ultrasound* is not currently prescribed in Ontario Regulation 107/96 of the Regulated Health Professions Act, 1991.

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.*

All other Canadian and US jurisdictions are permitted to perform corneal pachymetry and ultrasound sonography.

## F. **Perform laser therapy**

- **Laser trabeculoplasty** (eg. Selective laser trabeculoplasty (SLT), argon laser trabeculoplasty). This is a treatment for open-angle glaucoma. It uses laser light that is applied to the trabecular meshwork, which is made up of tiny channels that allows fluid to drain from the eye. The energy from the laser lets fluid drain more easily from the front part of the eye, which lowers pressure in the eye.

- **Laser peripheral iridotomy**: This procedure uses a very focused beam of light to create a small hole on the outer edge of the iris. This opening acts as a bypass, allowing aqueous fluid to flow from behind the iris where it is produced to in front of the iris where it is drained. This opening is created to prevent and treat an ocular emergency called acute angle closure. In angle closure glaucoma, a sudden buildup of pressure (within hours) within the eye can lead to permanent blindness in just days.

- **YAG capsulotomy** is a procedure that creates an opening in the posterior capsule (a membrane that holds the intraocular lens inserted during cataract surgery) when it becomes cloudy, which can happen months or years after cataract surgery.

Access to timely secondary and tertiary eye care, especially in rural Ontario, is quickly reaching crisis levels. This is not hyperbole. Again, as previously mentioned, the Canadian Ophthalmological Society has stated that the reason the Alberta government appears ready to grant this expanded scope to their optometrists "**relates to expanding access to services in rural and remote areas."**

A substantial body of evidence supports the safety and efficacy of these procedures with minimal to no side effects regardless of whether they are trained in medicine or optometry. In addition, optometrists in Ontario are already managing the minimal side effects of these procedures done by ophthalmologists, since the side effects fall within the scope of practice.[1,2]

Access to a YAG capsulotomy and urgent LPI is limited in Northern parts of the province. SLT treatment is quickly being considered as a preferred first line treatment choice for glaucoma. Recent evidence suggests that early glaucoma treatment with SLT prior to using glaucoma eyedrops leads to better visual outcomes (reducing cost burden of visual impairment), less cataract and glaucoma surgery (therefore less cost to health care system), less overall drop use (less cost to health care system) and better intraocular pressure control compared to eyedrops.[3]

There is a concerning imbalance of a projection of a significant increase in glaucoma because of an aging population and not enough ophthalmologists in practice. The insufficient number of ophthalmologists available will prevent the required paradigm treatment shift towards SLT as first line treatment, and therefore, we will not see lower health care costs and improved patient outcomes for these patients.

This shift is happening in Europe and the UK, where they are training Optometrists to do SLT and also changing their clinical practice guidelines to include SLT as first line treatment. Optometrists in Ontario are already treating glaucoma and are in a favourable position to make this paradigm shift safely. Newer technology is available making these procedures even easier and safer to do such that these procedures are delegated to nurses and physician assistants in the US and Europe.

In the US:

- 12 states permit laser for glaucoma therapy (ALT, SLT, LPI) and YAG capsulotomy (Alaska, Arkansas, Colorado, Indiana, Kentucky, Louisiana, Mississippi, Oklahoma, South Dakota, Virginia, Wisconsin, Wyoming)

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[1] Konstantakopoulou, E., Jones, L., Nathwani, N et al (2022). Selective laser trabeculoplasty (SLT) performed by optometrists—enablers and barriers to a shift in service delivery. *Eye*, *36*(10), 2006-2012

[2] Lighthizer, N., Johnson, S., Holthaus, J., Holthaus, K., Cherian, B., Swindell, R., ... & Miller, J. M. (2023). Nd: YAG Laser Capsulotomy: Efficacy and Outcomes Performed by Optometrists. *Optometry and Vision Science*, 10-1097.

[3] Gazzard, Gus, et al. Laser in glaucoma and ocular hypertension (LiGHT) trial: Six-year results of primary selective laser trabeculoplasty versus eye drops for the treatment of glaucoma and ocular hypertension." *Ophthalmology* 130.2 (2023): 139-151

- Currently an additional 8 states are actively pursuing laser privileges in 2024 (Alabama, Missouri, Nebraska, New Hampshire, New Jersey, Ohio, Vermont, West Virginia)

Optometrists in the United States have been performing these laser procedures for the past thirty-five years in a safe and competent manner. No incident of incompetent or incorrect care has ever been documented in these jurisdictions.

The amendment to paragraph 4.2.1 of the *Optometry Act* would be

> *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:*
>
> *2.2* ***Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, or in or below the surface of the cornea.***

## G. Perform minor surgery/procedures under local anesthesia

These include:

- Removal of benign skin/conjunctival lesions (i.e. skin tags, papilloma, verrucae, seborrheic keratosis, cysts of Moll, cysts of Zeis, sebaceous cysts, epidermal/conjunctival inclusion cysts and incision/curettage of chalazion)
- Botox for blepharospasm (involuntary spasm of the lid)
- All proposed minor surgical procedures are for superficial, non-intraocular conditions that would be performed under local anesthesia (topical and injectable) and not under general anesthesia. These are easily performed in-office.

The approval of this authorization would improve access to treatment of these benign skin lesions, reducing the burden on physicians and hospitals, especially in rural and remote areas. In most regions in Ontario, it is becoming extremely difficult to find an ophthalmologist willing to take on these simple cases regardless of wait times.

Authorization would also reduce the need for patients to purchase and treat themselves with over the counter (OTC) treatments for warts and skin tags (e.g. Dr. Scholl's ®). Unfortunately, when this OTC is applied incorrectly, damage to healthy skin or the eye itself may ensue. In addition, the ingredients of dimethyl ether and propane are flammable and combustible which causes an additional health risk to the patient. As such, we do not recommend patients purchase these OTC kits and attempt to treat themselves.

All optometry programs in North America already teach and develop basic surgical skills (general skills which transfer laterally to a variety of specific procedures) and even some invasive procedures (procedures currently performed in a majority of states). Examples of transferable surgical skills that are taught at all North American optometry schools and part of a majority of optometry scope in North America and done on patients in clinical rotations:

- Embedded corneal foreign body removal
- Embedded conjunctival foreign body removal
- Corneal epithelial debridement/removal (a form of lamellar keratectomy)
- Corneal stromal rust extraction
- Naso-lacrimal duct probing and irrigation
- Intracanalicular plug insertion/removal

In addition to these skills, surgical skills are introduced and done on model skin/and human partners including: Intravenous/intramuscular injections, intralesional injections, intradermal, and subcutaneous lesions. The technique of intradermal injections is the same technique used for Botox.

Optometrists in the United States have been performing these minor surgical procedures in a safe and competent manner for the past forty-seven years. Currently, twenty states permit these minor surgical procedures for lids (e.g. chalazion removal) (Alaska, Arkansas, Colorado, Georgia, Idaho, Indiana, Iowa, Kentucky, Louisiana, Mississippi, New Mexico, Oklahoma, Oregon, South Dakota, Tennessee, Utah, Virginia, Washington, Wisconsin, Wyoming) with seven more (Alabama, Missouri, New Hampshire, New Jersey, Ohio, Vermont, West Virginia) currently pursuing in active legislation.

It is believed Alberta optometrists will soon be authorized to perform these procedures. Most other Canadian provinces have optometrists seeking similar scope.

The amendment to paragraph 4.2.1 of the *Optometry Act* would be

> *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:*
>
> *2.2 **Performing a procedure on tissue below the dermis or below the surface of a mucous membrane.***

**Summary of Excluded Procedures**

To provide more clarity, the following ophthalmic procedures would be specifically excluded, except for the preoperative and postoperative care of patients undergoing these procedures:

- Retina laser procedures

- Penetrating keratoplasty (corneal transplant)
- The administration of general anesthesia
- Surgery done with general anesthesia
- Laser or non-laser procedure into the vitreous chamber of the eye to treat any retinal or macular disease
- Intravitreal injections
- Surgery related to removal of the eye
- Surgery requiring full thickness incision or excision of the cornea or sclera other than paracentesis in an emergency situation requiring immediate reduction of the pressure inside the eye
- Surgery requiring incision of the iris and ciliary body, including diathermy or cryotherapy
- Surgery requiring incision of the vitreous
- Surgery requiring incision of the retina
- Surgical extraction of the crystalline lens
- Surgical intraocular implants
- Incisional or excisional surgery of the extraocular muscles
- Surgery of the eyelid for suspect malignancies or for incisional cosmetic or mechanical repair of blepharochalasis, ptosis, and tarsorrhaphy
- Surgery of the bony orbit, including orbital implants
- Incisional or excisional surgery of the lacrimal system other than probing or related procedures
- Surgery requiring full thickness conjunctivoplasty with graft or flap
- Pterygium surgery

### Does the profession's regulatory college support this scope of practice change proposal?

The Council of the College of Optometrists of Ontario will be reviewing the full proposal on June 21, 2024.

## Section 2. Impact on End Users and Outcomes

1. **What are the impacts that this proposed scope of practice change will have on specific populations?**

All patients will benefit from the proposed changes. However, rural and northern Ontarians, seniors, low-income individuals/families, Indigenous people and persons with disabilities, residents in long-term care homes or retirement residences will especially benefit from the improved access and reduced unnecessary referrals and extra appointments. None of the changes will affect OHIP-insurance coverage.

## 2. What is the impact on patient/client/resident experience?

In most cases, patients will be able to directly access care from their local optometrist rather than being referred to an ophthalmologist which often leads to delays, more travel, and financial burden (time off work, travel expenses). By allowing optometrists to practice to the level of their training, patients will have a much-improved experience with a net result of more timely care, and reduced risk of vision loss.

## 3. What are the impacts on the profession and activities to ensure practice readiness?

Optometrists are already equipped with both the knowledge and tools to provide the care that Ontarians require and deserve. All accredited optometry schools in both Canada and the US have been providing the necessary education and training required to practice to the proposed scope changes.

Entry-to-practice examinations already ensure that competency is attained before registration; no modifications would be needed if the proposed scope expansion requests are granted.

The OAO, the College and University of Waterloo School of Optometry and Vision Science routinely provide continuing education courses to keep optometrists current on the knowledge to handle the proposed changes. The OAO and College will provide extensive communication with its members to ensure that the profession is aware of the new professional obligations.

## 4. What are the impacts to the healthcare system?

- Reduced pressure on physicians and hospitals (especially emergency rooms), resulting also in a decrease in costs to the government as emergency room costs are exponentially greater.

- Reduced unnecessary referrals to family physicians and ophthalmologists, and thus reduced duplicative care and freeing of resources to perform complex care

## 5. If applicable, please include any additional information related to this section.

## Section 3. Costs and Savings

### 1. What are the costs and/or savings to patients?

- Some new drugs may not be covered by the Ontario Drug Benefit Plan (ODB) and are thus out-of-pocket for some patients.
- The ODB Plan will have reduced costs related to glaucoma drug trials, which are conducted before initiating life-long drug therapy; Patients not covered by ODB will also have reduced costs related to drug trialling.
- As patients will have improved access to care, closer to home, thus saving patients (especially in rural communities) from long commutes and time off work to access emergency and ophthalmology services.
- Some of the newer to market glaucoma drugs are not only more effective, but some are also less costly, saving the patient money. An example of this is given in Appendix 1 of Appendix C.

### 2. What are the costs and/or savings to healthcare providers?

- Physicians under the fee-for-service model will see fewer services related to emergency and glaucoma care
- Emergency departments will provide fewer services related to ocular emergencies

### 3. What are the costs and/or savings to the Government, ministry, and other ministries and government programs?

- There is reduced regulatory burden/costs of continually updating the drug list
- There will be reduced pressure and costs on emergency rooms

- Unnecessary referrals to physicians will be reduced, and thus reduced duplicative care and associated OHIP costs
- Some of the newer therapeutic drugs are less expensive and can save the government money
- Glaucoma laser therapy may reduce the need for publicly funded glaucoma medication, which will save the government money

### 4. If applicable, please include any additional information related to this section.

### 5. Please provide any evidence documentation that is related to this section.

## Section 4. Alignment with Healthcare Priorities

### 1. Please identify and explain where and how the proposal aligns with current healthcare priorities.

The requested changes are in line with the current healthcare priorities of increasing patient access to care, reducing the burden on physicians and hospitals, and reducing unnecessary healthcare costs, red tape, and wait times and helping to eliminate hallway medicine. The “right care by the right provider at the right time”.

### 2. Please identify and explain any possible negative impacts on current healthcare priorities.

There are no negative impacts on current healthcare priorities. In many regions of Ontario, optometrists are already expected by other healthcare providers and the public to provide these services.

### 3. If applicable, please include any additional information related to this section.

**4. Please provide any evidence documentation that is related to this section.**

## Section 5. Jurisdictional Comparison and Analysis

### 1. Please provide a detailed jurisdictional scan and analysis.

Please refer to Form 2, Section 1, Question 1 for relevant jurisdictional information. Most of the changes to scope of practice are already allowed in at least two or more provinces.

2. **If applicable, please include any additional information related to this section.**
3. **Please provide any evidence documentation that is related to this section**

## Section 6. Risk Identification & Mitigation

### 1. Are there any legal risks related to your proposal?

We are unaware of any legal risks to this proposal. Optometrists perform to this scope in other jurisdictions in Canada and the U.S. Ontario Optometrists are sometimes providing these services under “Good Samaritan Law” because of the time sensitivity of ocular emergencies presented to them and lack of any timely options but have potential exposure to not being covered by their professional liability insurance.

### 2. Are there any safety and public protection risks?

These are extremely minimal, as evidenced by the near-absence of both College complaints (only one) and professional liability insurance claims (only one) related to the prescribing of

drugs over the last seven or more years. Optometrists are well trained and experienced to handle these proposed changes.

Optometrists in the United States have been performing laser procedures for the past thirty-five years in a safe and competent manner. No incident of incompetent or incorrect care has ever been documented in these jurisdictions.

## 3. Are there any risks to other regulated health professionals?

There are no foreseeable risks, as the expanded duties will reduce the burden on other providers (emergency rooms, family physicians, ophthalmologists, walk-in clinics, and pharmacists). In fact, often these other providers refer to optometrists to manage these cases even though they fall outside of current scope for optometrists.

## 4. Are there any risks to integrated care?

No. The changes will not hinder interprofessional care; they will only remove unnecessary restrictions (especially around glaucoma care), remove duplicative care and enhance integrated care. The only risk to integrated care and logical patient pathways is by not making these amendments.

Patients are becoming more and more frustrated about being bounced around from provider to provider. For example, a family physician (who has scope but not the specific training and equipment to remove a corneal foreign body) refers to an optometrist (who has the specific training and the equipment to remove a corneal foreign body but not the scope) who must then refer to an Emergency Room. This is only one example of an inefficient patient pathway that happens every day in Ontario.

## 5. Are there any risks to health care service delivery partners or Ontario businesses?

No. The expanded scope will only make the healthcare system more efficient and cost-effective. There are no impacts on Ontario businesses.

**7. Please provide any evidence documentation that is related to this section.**

**8. If applicable, please include any additional information related to this section.**

## Section 7. Implementation Considerations

### 1. If, following ministry analysis and support, the change in scope proceeded for government approval, what steps need to be considered as part of an implementation plan.

Most members already have the competency and knowledge to perform services in line with the requested scope change. However, continuing education providers, including the OAO and University of Waterloo School of Optometry and Vision Science, will provide refresher courses (currently happens).

The OAO and College will provide in-depth communication to optometrists, stakeholders, and the public about the changes using social media, e-newsletters, and online resources.

The College will publish updated standards of practice to relay expectations related to safe and effective care. OAO will provide online modules to update their members.
Both OAO and the College are well-resourced to provide member support related to the changes, and resources can be made within 3-6 months of implementation.

### 2. If applicable, please include any additional information related to this section.

## Section 8. Approach for Ongoing Quality and Safety

### 1. Describe what mechanisms or monitoring processes need to be in place to ensure ongoing quality and safety if the scope of practice change is implemented?

Optometrists are already required to attain 70 hours of continuing education every three years to ensure their continuing competence and quality improvement, to address changes in practice environments, and to ensure they remain current with changes in technology, scope and standards of practice. The College of Optometrists of Ontario also has a rigorous quality assurance program to ensure standards of practice levels are met.

### 2. Please provide any evidence documentation that is related to this section.

August 16, 2024

College of Optometrists of Ontario
Suite 901, 1867 Yonge Street
Toronto, ON M4S 1Y5
Submitted by email: feedback@collegeoptom.on.ca

Dear Mr. Jamieson,

The Ontario Association of Optometrists (OAO) is pleased to voice our strong support of the College's proposed amendments to various acts and regulations with respect to the scope of practice for Ontario optometrists.

These amendments:

- Improve patient access to safe and competent eye care services, especially in rural communities;
- Reduce wait times, improve patient outcomes, and increase the efficiency of health care delivery;
- Improve collaboration with healthcare and other professionals in the community to provide patient-centered care;
- Decrease patient loads in emergency departments and walk-in clinics;
- Decrease publicly funded eye care costs, especially for more complex care; and
- Increase patient access to timely eye care services and reduce barriers to patient care.

OAO advocates that College's proposed changes be put in place as soon as possible so that Ontarians will benefit from a modernized eye health care system. The submission is well-researched, reasonable, and in the public's interest.

In the appended document, we include additional research about our mutual quest for the authority to order diagnostic tests (Blood Tests, CT, MRIs, X-rays).

Thank you for the opportunity to provide our feedback.

Sincerely,

Shaina Nensi, OD
OAO President

**Authority to order diagnostic tests (Blood Tests, CT, MRIs, X-rays)**

**Rationale:** Patients often present with ocular signs and symptoms related to systemic disease. To detect the underlying cause of our ocular findings, sometimes further diagnostic testing is required. Some patients do not have access to a family physician or they do but the family physician is not comfortable ordering the required tests based on the recommendation of the patient's optometrist. Optometrists have been trained in all North American schools for decades on the appropriate ordering of additional diagnostic tests required for comprehensive ocular disease diagnosis and management.

a. Blood Tests

**Autoimmune Diseases**: Conditions such as lupus, rheumatoid arthritis, and Sjögren's syndrome can affect the eyes and cause conditions like uveitis, scleritis, or keratitis. Blood work to detect specific autoantibodies and markers of inflammation aid in diagnosing and monitoring these conditions.

**Infectious Diseases**: Certain infectious diseases, such as syphilis, Lyme disease, and HIV/AIDS, can have ocular manifestations. Blood tests for detecting the pathogens or antibodies associated with these infections may be necessary to diagnose and manage ocular complications.

**Thyroid Disorders**: Thyroid dysfunction, including hyperthyroidism (overactive thyroid) and hypothyroidism (underactive thyroid), can affect the eyes and lead to conditions like thyroid eye disease (Graves' ophthalmopathy). Blood tests to assess thyroid hormone levels (T3, T4, and TSH) may be required for diagnosis and management.

**Diabetic Retinopathy**: Diabetes can lead to changes in blood vessels in the retina, causing diabetic retinopathy. Blood work, including tests for blood sugar levels (such as HbA1c) and lipid profile, is essential for managing diabetes and assessing the risk and progression of diabetic retinopathy.

**Hypertensive Retinopathy**: Uncontrolled high blood pressure can affect the blood vessels in the retina, leading to hypertensive retinopathy. Blood pressure measurements and blood tests to assess kidney function and electrolyte levels may be necessary to manage hypertension and evaluate its impact on the eyes.

**Blood Disorders**: Conditions like anemia or clotting disorders can affect the blood supply to the eyes or cause bleeding within the eye. Blood tests to assess hemoglobin levels, platelet count, and clotting factors may be necessary to evaluate these conditions.

**Vitamin Deficiencies**: Deficiencies in certain vitamins, such as vitamin A, vitamin B12, and vitamin D, can impact eye health and vision. Blood tests to

measure vitamin levels may be necessary to identify deficiencies and guide appropriate supplementation.

b. CT scans

**Eye Trauma**: In cases of severe eye trauma or injury, a CT scan may be necessary to assess the extent of damage to the eye and surrounding structures, including the bones of the orbit (eye socket) and soft tissues.

**Orbital Masses or Tumors**: CT scans can provide detailed imaging of the orbit and surrounding structures, making them valuable for detecting and characterizing masses or tumors in and around the eye. This information helps in diagnosis and treatment planning.

**Orbital Fractures**: CT scans are particularly useful for evaluating fractures of the orbital bones. These fractures can affect the alignment of the eyes, cause double vision, or lead to other complications that require precise diagnosis and management.

**Sinusitis or Sinus-related Issues**: Optometrists may order CT scans of the sinuses if they suspect sinus-related issues contributing to ocular symptoms, such as sinusitis causing pressure or pain around the eyes.

**Optic Nerve Evaluation**: CT scans can help assess the optic nerve and surrounding structures in cases of suspected optic nerve compression or other optic nerve abnormalities.

**Foreign Bodies**: In cases where there is suspicion of a foreign body lodged in or around the eye, a CT scan may be necessary to locate and evaluate the extent of the foreign object.

c. MRI

While MRI (magnetic resonance imaging) testing is not typically the first-line diagnostic tool for most eye diseases, there are certain conditions where MRI may be indicated for further evaluation. These include:

**Orbital Tumors**: MRI is valuable for detecting and characterizing tumors in and around the eye, including those affecting the orbit. It provides detailed imaging of soft tissues and helps in determining the size, location, and extent of the tumor.

**Optic Nerve Disorders**: MRI can be useful in evaluating conditions affecting the optic nerve, such as optic neuritis, optic nerve tumors (e.g., optic glioma),

or optic nerve compression. It can help identify structural abnormalities and assess the involvement of adjacent structures.

**Orbital Inflammatory Disorders**: Certain inflammatory conditions affecting the orbit, such as orbital pseudotumor or thyroid eye disease (Graves' ophthalmopathy), may require MRI for diagnosis and monitoring. MRI can help visualize inflammation and assess its extent.

**Orbital Trauma**: In cases of severe orbital trauma or fractures, MRI may be used to assess soft tissue damage, including muscle and nerve injuries, in addition to evaluating bony structures.

**Vascular Abnormalities**: MRI angiography can be used to assess blood flow and detect vascular abnormalities affecting the eye and surrounding structures, such as arteriovenous malformations or cavernous sinus thrombosis.

**Central Nervous System Disorders**: In some cases, neurological conditions affecting the visual pathways or structures within the brain may necessitate MRI imaging. This includes conditions like multiple sclerosis or tumors affecting the visual pathways.

**Congenital Abnormalities**: MRI can be helpful in diagnosing congenital abnormalities of the eye and orbit, such as congenital cysts, orbital dermoids, or optic nerve hypoplasia.

d. X-rays

X-rays are not typically used as a primary diagnostic tool for most eye diseases because X-rays are not effective in visualizing soft tissues like the eyes. However, X-rays may be used in certain specific circumstances related to eye conditions:

**i. Orbital X-Rays**

**Orbital Fractures**: X-rays can help diagnose fractures of the bones surrounding the eye (orbital bones) in cases of trauma or injury. They can provide information about the location, extent, and displacement of the fracture, which can guide treatment.

**Foreign Bodies**: X-rays may be used to detect metallic or radio-opaque foreign bodies that may be lodged in the eye or orbit. While X-rays are not effective for detecting non-metallic foreign bodies, they can be helpful if there is suspicion of a metallic object causing eye symptoms.

**Evaluation of Sinus Pathology**: X-rays of the paranasal sinuses may be ordered if there is suspicion of sinus-related issues contributing to ocular symptoms, such as sinusitis or sinus mucoceles.

li. **Chest X-Rays**

**Sarcoidosis:** Sarcoidosis is a multisystem inflammatory disorder that can affect various organs, including the eyes and lungs. In cases where sarcoidosis is suspected based on ocular findings (such as uveitis), a chest X-ray may be ordered to assess for pulmonary involvement, which is common in sarcoidosis.

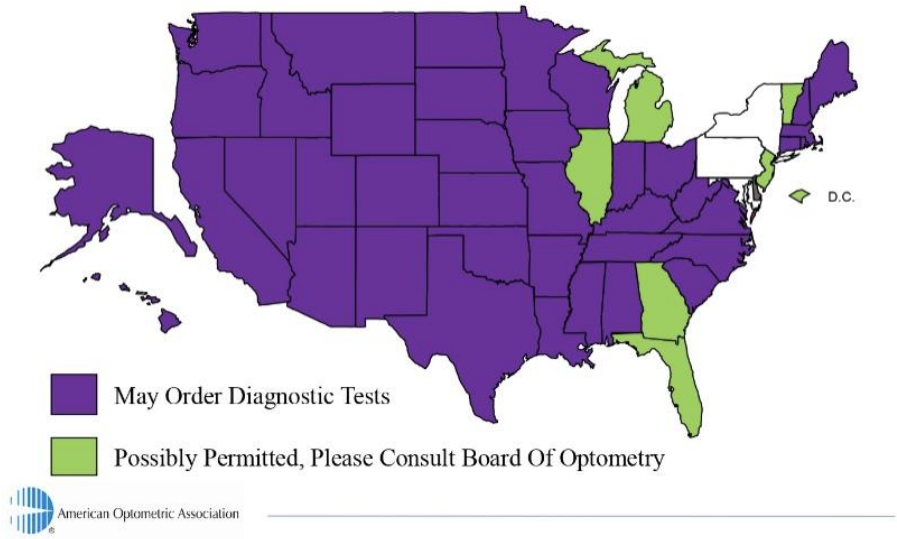
**Connective Tissue Disorders**: Some connective tissue disorders, such as rheumatoid arthritis or systemic lupus erythematosus (SLE), can have ocular manifestations and may also involve the lungs. A chest X-ray may be ordered as part of the systemic evaluation for these conditions.

**Infectious Diseases**: Some infectious diseases affecting the eyes, such as tuberculosis (TB), fungal infections, or atypical bacterial infections, may involve the respiratory system as well. In such cases, a chest X-ray may be ordered to assess for pulmonary involvement or complications.

**Horner's Syndrome**: With this rare condition the patient presents with a drooping eyelid, a constricted pupil, and the absence of sweating. A chest X-ray is indicated as there are several potential causes of this condition including a lung mass.

**Jurisdictional Evidence:** British Columbia, Alberta, and Manitoba permit optometrists to order blood tests, while in Manitoba, optometrists may order x-rays of the orbit. Alberta is anticipated to be able to order diagnostic imaging tests by the end of this year. In the US, almost every state permits ordering of diagnostic testing necessary to treat ocular disease and within the scope of optometry.

## Permitted to Order Diagnostic Testing




**Amendment Required:**

Laboratory and Specimen Collection Centre Licensing Act (RRO 1990, Regulation 682, Section 9(1)

- Laboratory and Specimen Collection Centre Licensing Act, Section 5
- Medical Laboratory Technology Act, 1991 (O Reg 207/94), Part III (Person prescribed to order tests)
- Health Insurance Act

August 22, 2024

Dr. Mark Eltis
President
College of Optometrists of Ontario
Toronto, Ontario

feedback@collegeoptom.on.ca

**Re: Scope of Practice for Optometrists in Ontario**

Dear Dr. Eltis:

I am writing on behalf of the Canadian Association of Optometrists (CAO) to express our full support for the proposed amendments to the scope of practice for optometrists in Ontario. The proposed changes, as detailed in the submission by the Ontario Association of Optometrists (OAO), represent a critical step forward in enhancing the quality, accessibility, and efficiency of eye care services across the province.

These amendments, which include expanded authority for optometrists to prescribe a broader range of medications, perform minor surgical procedures, and independently manage conditions such as open-angle glaucoma, are essential for meeting evolving eye care needs. In particular, these changes will enable optometrists to provide more timely and comprehensive care, reducing the need for unnecessary referrals and improving patient outcomes, especially in rural, remote and underserved areas.

The CAO strongly believes that this expanded scope of practice will alleviate the burden on healthcare systems by reducing the demand for emergency room visits and decreasing the caseload for family physicians and ophthalmologists. The ability for optometrists to remove superficial foreign bodies from the cornea, utilize diagnostic ultrasound, and perform specific laser therapies will further enhance their capacity to manage a wide range of eye conditions efficiently and safely.

We are confident that Ontario's optometrists are fully prepared to take on these expanded responsibilities. Their extensive training, coupled with their demonstrated commitment to continuing education, positions them to deliver these advanced services to the highest standard of care.

As the College of Optometrists of Ontario seeks stakeholders' feedback on this important proposal, we urge you to support these changes. These amendments are not only necessary to modernize optometric care but are also crucial for ensuring that patients have access to the most effective and timely eye care.

We appreciate your consideration of our perspective and look forward to working together to ensure the successful implementation of these scope of practice changes.

Sincerely,

Dr. Martin Spiro,
President, Canadian Association of Optometrists

Ontario Medical Association

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Canada

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September 3, 2024

To the College of Optometrists of Ontario,

Thank you for the opportunity to provide comments concerning the proposed expansion of practice of Optometrists. The Ontario Medical Association (OMA) has had the opportunity to consult with members, including Eye Physicians and Surgeons of Ontario, a section of the Ontario Medical Association, and have identified key concerns on the proposed expansion of optometry scope of practice. The feedback below is centred upon patient safety, continuity of care, conflict of interest and stewardship of system resources. The proposal focuses on prescribing, dispensing and selling ophthalmic drugs; ordering diagnostic tests and ultrasound; preforming minor surgery and procedures and managing open-angle glaucoma, as such this submission will focus on those areas.

The OMA is supportive of collaborative, team-based delivery of healthcare where every healthcare professional can work to their full scope of practice and be appreciated for their unique skills and experience. It is important to reinforce that the OMA values the contribution that optometry professionals bring to the healthcare team. To facilitate the review of proposed scope changes, the OMA has developed Scope of Practice Principles. While not every principle will be applicable in each instance, we feel it is beneficial to utilize a framework to consider proposed expanded scopes in a consistent, objective and evidence-based manner. These principles are listed below and together with feedback from our OMA members are the foundation for our comments.

The OMA Scope of Practice Principles state that any scope of practice change should:

1. Be consistent with the knowledge, skill and judgment of the professionals involved.
2. Be subject to a rigorous regulatory structure.
3. Support a truly collaborative, team-based approach to care as opposed to parallel care.
4. Not raise patient safety concerns.
5. Be accompanied by system initiatives/supports to ensure that no health-care provider is unreasonably burdened with complications arising from expanded scopes of practice from other professions.
6. Be subject to stringent conflict of interest provisions.

7. Be applied with consideration of current best practices and lessons learned from other jurisdictions.
8. Be applied with consideration to cost effectiveness at a health-system level.
9. Promote inter-professional communication and information sharing.
10. Promotes continuity of care.
11. Promote positive relationship with patient.
12. Should be subject to system evaluation to determine if leading to positive outcome.

## General Comments

The central justification for the proposed scope of practice changes is that this will allow patients to more easily access these services and that optometrists are equipped with the knowledge and tools to provide this care. There is no evidence to support that patients have been unable to access this care in a timely manner. Optometrists are well trained healthcare professionals that are a valued part of the system, however the training and skills of optometrists do not extend to the scope of practice changes being proposed. Further explanation is provided below.

## Prescribing, dispensing and selling ophthalmic drugs

The proposal recommends amendments that would give optometrists the authority to prescribe all topical and oral drugs related to services that optometrists provide without referral to a physician.

Patient Safety: As written, this is far too broad a proposal and the OMA has serious concerns about how it will be interpreted and impact patient care. Any expansion for optometrists prescribing must be limited to a specific list of ocular medications to treat infections, inflammation and/or glaucoma. These medications should be specified through a set list of drugs and substances that optometrists can prescribe.

The proposal goes on to suggest that optometrists be able to dispense and sell topical ophthalmic drugs. This piece of the proposal is a broad. To provide meaningful comment, more detail is required to properly understand the proposed safeguards and parameters. Without this additional detail we have significant concerns with this as follows:

Patient Safety and Continuity of Care: A number of topical ophthalmologic drugs can have serious contra-indications and interactions with other medications. This underscores the importance of these drugs being dispensed by a pharmacist that has a complete list of the patient's drug list.

Potential for Conflict of Interest: The OMA is interested in better understanding if payment by patients would be required if optometrists were to dispense medications. This detail raises implementation questions regarding access for patients and potential conflict of interest for a provider that can both prescribe and dispense. At the very least, the OMA would expect that optometrists would be held to the same regulations that physicians are held to under the Medicine Act and the standards established by the College of Physicians and Surgeons' (CPSO) Dispensing Drugs policy and Advice to the Profession: Dispensing Drugs be mirrored in policy by the College of Optometrists of Ontario.

## Ordering Diagnostic Tests and Diagnostic Ultrasound

The proposal recommends that optometrists be able to order diagnostic tests (blood tests, CT, MRIs, X-rays) as well as being able to use diagnostic ultrasound for management of ocular disease conditions and glaucoma.

### Diagnostic Tests

There are a number of questions and concerns on the issue of opening up diagnostic testing to optometrists.

Patient Safety and Continuity of Care: The training and education that ophthalmologists receive through medical school serves as the foundation for knowing which tests should be ordered and when. Any miscalculation on timing or type of test to order can result in delays of diagnosis or treatment for a patient. Moreover, a full list of blood tests should be provided for detailed comments. Further, the diagnostic tests listed in the proposal are currently ordered by ophthalmologists who are readily available. The OMA is unaware of lengthy wait time for initiation of these tests being ordered.

Stewardship of Resources: Finally, opening the listed diagnostic tests to optometry raises concerns regarding stewardship of system resources, due to the overordering of tests if tests are inappropriately ordered inappropriately or need to be re-ordered if a patient is referred to an ophthalmologist. This will add to the already overburdened lab and diagnostic imaging side of the healthcare system, cause additional financial strain on the system as well as potentially expose patients to unnecessary harm.

### Diagnostic Ultrasound

Patient Safety and Stewardship of System Resources: The OMA has significant concerns and questions about the proposed use of contact/immersion A-scan and B-scan ultrasonography by optometrists as outlined in the proposal. Clarification is needed on the intended use of both ultrasounds with reasoning as to explain why they should be considered for use by optometrists. Typically, the only use for contact/immersion A-scan ultrasonography is to determine the axial length of an eye, a routine pre-operative practice before cataract surgery. This type of ultrasound is rarely used in routine ophthalmic care for anything else. The proposal does outline clinical scenarios, such as measuring intra-ocular tumours to justify the expansion of use. However, even this would be an extremely atypical of the contact/immersion A-scan ultrasonography by practicing ophthalmologists.

It is important to note that the B-scan ultrasonography requires significant training and expertise to properly interpret the images. Incorrect interpretation can create significant delay in diagnosis and treatment which can lead to poor patient outcomes and directly contribute to higher costs to the system. Further, a B-scan ultrasonography is used infrequently enough that ophthalmologists do not generally have a B-scan in their office. This test should only be used if the retina is completely obscured during a physical exam and in these cases a referral should be made to a general

ophthalmologist or a retinal specialist for assessment. We strongly recommend that diagnostic ultrasounds not be added to the tools used by optometrists.

## Preforming Minor Surgery and Procedures

The proposal suggests allowing optometrists to be able to remove superficial foreign bodies below the surface of the cornea; preform laser trabeculoplasty, laser peripheral iridotomy, and YAG capsulotomy; and preform minor surgery and procedures for superficial, non-intraocular conditions under local anesthesia.

### Remove superficial foreign bodies below the surface of the cornea

Patient Safety: With the proper safeguards in place, peripheral superficial foreign bodies can potentially be removed by an optometrist. It is imperative to reinforce that central and deeper foreign bodies can result in corneal perforation and irreversible corneal scarring if removed incorrectly. Therefore, should this piece of the proposal move forward, strict guidelines on when a patient should be referred to an ophthalmologist must be co- developed with ophthalmologists.

### Perform laser trabeculoplasty, laser peripheral iridotomy, and YAG capsulotomy & perform minor surgery/procedures for superficial, non-intraocular conditions, under local anesthesia

Patient Safety: The OMA strongly opposes the proposed scope of practice expansion to allow optometrists to perform laser trabeculoplasty, laser peripheral iridotomy, YAG capsulotomy as well as performing minor surgery/procedures for superficial, non-intraocular conditions, under local anesthesia. The education, training and experience of optometrists does not extend to adopting these procedures safely in practice. In contrast, ophthalmologists' complete medical school, followed by a five-year residency and further fellowship for those who continue in more specialized care. Ophthalmology residency training programs have limited trainees, often as few as a single trainee and up to a maximum of five. This is purposeful and ensures every ophthalmologist graduates with hundreds of supervised surgical procedures to ensure positive outcomes for patients.

Further, looking at other jurisdictions in the United States that have allowed laser procedures to be preformed by optometrists shows a noteworthy likelihood of patients requiring more laser surgery if preformed by an optometrist rather than an ophthalmologist[1]. Procedures that can otherwise be avoided is better for both the patient and the system.

## Independently initiate and manage open-angle glaucoma

Patient Safety and Stewardship of System Resources: The proposal advocates for optometrists to be able to independently initiate and manage open-angle glaucoma patients. It is important to note that in 2011, the *Optometry Act, 1991* was amended to include prescribing privileges to a list of tropical drugs including glaucoma medications. Despite the increase in scope, glaucoma therapy

[1] [1] Stein JD, Zhao PY, Andrews C, Skuta GL. Comparison of Outcomes of Laser Trabeculoplasty Performed by Optometrists vs Ophthalmologists in Oklahoma. *JAMA Ophthalmol.* 2016;134(10):1095–1101.

initiated by optometrists remained low[2]. That said, there are several existing models of care where ophthalmologists and optometrists successfully work together to co-manage glaucoma patients. Given this, a constructive dialogue between ophthalmology and optometry could be worthwhile to determine if a collaborative model is appropriate.

## Closing Remarks

As with every proposed change in scope of practice, the OMA strongly recommends that every potential regulatory amendment be subject to system evaluation to determine if they would lead to positive outcomes for both patients and providers, including physicians. Given the concerns outlined in this submission, the OMA recommends that this proposal not move forward. The OMA appreciates the opportunity to respond to the consultation concerning the proposed expansion of scope of practice for optometrists and would welcome the opportunity to discuss this matter further.

OMA
Ontario Medical Association

EYE PHYSICIANS AND SURGEONS OF ONTARIO

[2] [2] Quinn, Matthew P. MD, PhD[*,†]; Johnson, Davin MD[*,†]; Whitehead, Marlo MSc[‡]; Gill, Sudeep S. MD, MSc[‡,§,‖]; Campbell, Robert J. MD, MSc[*,†,‡]. Distribution and Predictors of Initial Glaucoma Care Among Ophthalmologists and Optometrists: A Population-based Study. Journal of Glaucoma 30(6):p e300-e304, June 2021.

September 3rd, 2024

Dear Dr. Yoon, The Optometrists Association of Ontario and the College of Optometrists of Ontario,

We extend our gratitude for affording the Ontario Opticians Association (OOA) the opportunity to provide its insights regarding the proposed change to Optometry's scope of practice. The Ontario Opticians Association takes pride in its role as a representative of Ontario Opticians.

The Ontario Opticians Association and the Opticians Association of Canada are in favor of creating more access to eye care for rural, indigenous, and underserved communities throughout Ontario. Access to services, like in-office glaucoma treatment, closer to home is ideal for those who would have otherwise had to travel great distances or wait for referrals.

We also strongly believe that in order to lighten the load from emergency rooms, family physicians, and walk-in clinics, opening up opportunities to qualified medical professionals will be beneficial for Ontarians. As a province we have already seen results with the expansion of Pharmacists' scope of practice to include prescribing medications that would usually warrant an appointment with a family physician.

We, the Ontario Opticians Association and the Opticians Association of Canada, have read the proposed changes and would like clarification on a few items.

First, in the "Impact on End Users/Outcomes" section, it was stated that the changes will not affect OHIP-insurance coverage. It is noted later in the document that these changes will help decrease duplicate charges to OHIP. If the changes are made to Optometry's scope of practice, how will those who previously sought treatment be billed?
In addition, will all OHIP procedures that are within the scope of practice for other medical professionals who require a referral, for example Dermatology and Ophthalmology, still require a referral to be covered by OHIP when provided by an Optometrist?

Another area in need of clarification is when it comes to out-of-pocket procedures and drugs, will there be a schedule set forth by the College of Optometrists of Ontario or will it be up to the Optometrist to set the prices? The concern here is that if Optometrists are able to perform minor

dermatological surgeries and provide in-office glaucoma treatment, but the price fluctuates from office to office, region to region, what safeguards will be put in place to discourage those traveling from urban centers to rural areas to access care at a lower price and thus creating scarcity for the patients living in those communities?

In regards to patient safety, pharmacists provide an additional layer of safety by checking prescriptions for potential drug interactions, allergies, and other issues. Will the Prescribing Optometrist have full access to the patient's medical history including their current and previous medications? Also, will they be able to update these medical files so that other physicians do not prescribe contraindicated medications?
Furthermore, Pharmacists also educate patients on how to take their medications properly. This collaboration between doctors and pharmacists enhances patient safety. Will the task of delegating the prescribing and dispensing medications be permitted as per all other optometric services? Will there be specialized education courses or certification offered for the delegate?

Finally, how many Optometrists in Ontario are currently in rural settings and also prepared to offer these proposed services? Are there enough in rural settings currently to alleviate the pressure on their local hospital's emergency room? If not, is there a proposed plan to encourage those Optometrists in urban centers to relocate so that the change in scope of practice meets the needs of those in underserved communities?

The Ontario Opticians Association and the Opticians Association of Canada are dedicated to creating access to eye care and believe that the scope of practice change could be beneficial to Ontarians.

With respect,

Jennifer Wicks RO
Executive Director
Ontario Opticians Association
www.ontario-opticians.com

Robert Dalton RO, CAE
Executive Director
Opticians Association of Canada
www.opticians.ca

| # | Registrant Feedback |
|---|---|
| 1 | I love every single one of these recommended amendments.<br><br>I am fully behind this and so excited to provide a much better standard of care to our patients... literally, thinking of these changes being in effect almost makes me emotional. We'd be able to help our patients so much more!<br><br>If there's anything I can do to help, please let me know :)! |
| 2 | When would these changes be put into effect? Thank you |
| 3 | I support all of the proposed changes to the optometry scope of practice. |
| 4 | Also, which are the accredited advanced procedures/minor surgery courses? Obviously UW... but I see there's a few institutions in the states offering similar programs... would any of these programs be seen as accredited according to the college? |
| 5 | I agree with the broadening of scope of practice for optometrists. We are trained to a much higher level of practice than we are currently allowed to use in Ontario. Doing this will increase access to case for patients and increase their quality of life.<br><br>There will be a large financial investment to update our offices to provide the proposed increase in services. We need proper compensation for our services. The last time we had scope expansion, it came with more liability and responsibility and no extra compensation. It will not be feasible to offer some of the proposed items if we cannot be fairly compensated. |

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| 6 | I would like to express my thanks and congratulations to the College, the OAO and the U.W. School for their collaboration on developing these proposals for the expansion of the scope of practice for Optometrists in Ontario. I think all practicing optometrists are aware of the need for these changes and the potential benefits for our delivery of health care in the province.<br><br>After reading the proposals, I have only a few comments:<br><br>1.Regarding "selling" topical drugs from our offices<br>a.I would submit that this will need some form of control to avoid antagonizing the pharmacy profession. For instance, you mention the advantage to the public in situations with remote optometric practices. This is sensible, however the majority of rural and urban practices will have a pharmacy within a reasonable distance. So, some limitations on the ability to "sell and dispense" drugs, on the basis of the availability of pharmacies might be a consideration.<br>2.Regarding ordering lab tests<br>a.-there likely needs to be some parameters to control the extent of what could be ordered. For instance, our medical colleagues may be resistant to allowing ODs to order testing of other body parts that, on first blush, would be unrelated to eyes. For instance, it may seem reasonable to want to order a chest X ray as part of an evaluation for possible sarcoidosis, but it would likely be much better - politically - to involve the family physician in this regard. Similarly, an OD may suspect diabetes but again ordering blood tests in this regard without involvement of the family physician would likely be viewed in a negative manner. (you may recall in previous negotiations with the M o H how hard we had to declare that we were NOT diagnosing diabetes by observing diabetic retinopathy - I would suggest this could present a similar problem in the current proposals)<br>3.Regarding Laser Procedures<br>a.obviously this will be the most contentious proposal and will draw the most resistance from organized medicine. As with the expansion to prescribing drugs, showing appropriate education for these procedures will be mandatory. I would suggest developing a proposal for a formal certification process for these procedures. This formal certification will give credibility to the profession on who is properly trained and allowed to perform the procedures.<br>4.Regarding minor surgery<br>a.similar to the Laser Procedures, I would suggest a formal certification would be appropriate.<br><br>I hope these comments are helpful. Again, thank you for the on-going leadership of our profession. |

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| 7 | I saw the recent newsletter. My additional comment would be to include direct access to a patients medical history and their medication list just like how some of the other physicians are able to access this information directly.<br><br>I don't know if this is possible but when I interned in the states, I was able to see what medications the patients were on and what medical conditions they had. Patients can be poor historians and it would make more sense for us optometrists to have this information readily available when we do our case history rather than relying on potential inaccurate information. |
| 8 | Fantastic submission. Several comments:<br>- what about OHIP compensation for these proposed procedures, ie removal corneal foreign bodies, various laser procedures, etc? I know this is an OAO issue<br>- what about referrals directly to neurology, rheumatology? |
| 9 | My name is Dr. Robert Lima and I practice in Richmond, Ontario, a small town on the outskirts of Ottawa. I fully support the proposed scope of practice change as these amendments are way overdue in my opinion. Practicing in a more rural setting I see patients of all ages for everything and anything. I see patients routinely for foreign body removals, glaucoma management, and cataract management. Being the only Optometrist in my area I also accept all emergency patients as well. During my day I am routinely asked if I can either do a procedure myself or find a health care provider closer to my area to treat my patients. I see a large volume of seniors who can not travel alone or struggle to arrange for someone to take them to the provider I have to send them to due to our current scope. This coupled with the fact that an increasingly large percentage of Ontarians do not have access to a primary health care provider make access to eye care extremely difficult. If this scope expansion were to go through that would enable me to care for many more patients in my office and help so many patients receive better care in a much more timely fashion. I strongly support these changes and hope the College and Government of Ontario see the need for this scope expansion as much as my patients do. |
| 10 | I am fully in favour of the Proposed Changes to the Scope of Practice for Ontario Optometrists.<br><br>The current scope of practice for Ontario optometrists is not keeping up with the constantly evolving demands being placed on the profession. With the aging population and slow growth of the pool of ophthalmologists, optometrists can help fill the need with the approval of these proposals.<br><br>Additionally, patients in rural communities stand to benefit greatly from these proposals.<br><br>Hospital ERs and walk-in clinics don't need to be clogged with ocular emergencies that can be dealt with in a more efficient and effective manner by Ontario optometrists. |

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| 11 | I fully support the proposed changes to scope of practice. Particularly the glaucoma changes. Currently where I practice in Goderich there are no glaucoma specialists accepting referrals and I would love to offer SLT more often as treatment and have access to newer/more effective glaucoma medications. |
| 12 | I would also like to see optometry allowed to independently treat secondary glaucomas such as PXG or PDG. I think we should also be allowed to treat or manage more complicated glaucomas when the patient has been released by an OMD (ex. NVG). |
| 13 | I am thrilled to read the proposed changes to scope and fully support their integration. |
| 14 | I wanted to share that I think it's great to expand the scope for optometrists. This will ease up some of the burden on the health care system and give optometrists more to do with the entry of telemedicine and artificial intelligence |
| 15 | It is about time that Ontario optometry made these applications for change in scope of practice for the mutual benefit of optometrists, their patients and the efficiencies of the health community. |
| 16 | I am writing to you to provide comments regarding the endorsement of scope of practice changes for Optometry in Ontario. As a graduate in 2019 from the University of Waterloo, I am pleased that the College of Optometrists and the OAO are in recognition of and agree with the proposal for scope expansion. It is important to change and allow for prescription of all topical and oral drugs, so we can act and do more for patient care, instead of writing unnecessary referrals to GPs or specialists that can increase the wait times for patient treatment. Having the ability to order testing given if its blood work, neuro-imaging, and/or ultrasound again prevent more unnecessary referrals back and forth with the healthcare system which delays medical management for our patients. If we the optometrists are in full control of acquiring this practice change, then it further enhances our knowledge and abilities which we have trained for to provide better care for our patients. Albeit the time spent to write requestions for these tests and the interpretation of the results should have proper remuneration from the MOH. With the growing abundance of US states accepting and changing their mandates to allow optometrists to provide minor laser procedures such as SLT, YAG, and PIs can reduce the ophthalmology wait times and open up their schedules for more invasive surgical consults and urgent care referrals. What also would be interesting if included in the proposal was to allow hospital privileges to optometrists. Routinely the public is informed or goes to urgent care and the ER for non-urgent eye care conditions. They wait a long time in the ER to see a physician that is not formally trained in eye care, and ends up referring to the opthalmolgist on call, that might take more days to be seen. Majority of non-urgent eye care can be handled and processed by allowing optometrists in the ER, and frees up the ophthalmologist schedule for urgent trauma. Overall, I feel these changes will help to reduce duplicate care and billing to save MOH costs with unnecessary OHIP billing. |
| 17 | See "Registrant Feedback #17" |
| 18 | In addition to the newly mentioned procedures and activities, most optometrists with IMGs ophthalmology background are capable of performing more complex procedures, such as blepharoplasty, laser retinopexy for retinal tears, PRP, and administering subconjunctival, subtenon, and intraocular injections. For example, I have encountered cases of retinal tears without significant retinal detachment that could have been effectively managed in a short period of time. However, referring these patients to ophthalmologists often led to unnecessary complications, increased costs, and in some instances, partial vision loss for the patients. |

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| 19 | Thanks for the opportunity to provide two brief comments related to the content of the submission.<br><br>For example, a patient with diabetes that an optometrist has diagnosed with glaucoma must be referred to an ophthalmologist to initiate therapy because in some more rare cases, diabetes could complicate the glaucoma.<br>I'm not sure that this is an ideal example, as there really isn't any compelling evidence that diabetes makes POAG any more difficult to treat (in fact, I've never really understood the reference to complications in the current Regulation, and would definitely appreciate its removal, because by the letter of that law, essentially everyone diagnosed with glaucoma would require an initial referral).<br>I certainly do appreciate the effort to expand the spectrum to include independent management of secondary OAG, as well.<br><br>This opening is created to prevent and treat an ocular emergency called acute angle closure.<br>This isn't completely factual, as LPI is used in both chronic and acute ACG (and the former is much more common than the latter). |

Registrant Feedback #17

**From:** [redacted]
**To:** Feedback
**Subject:** Comments on Scope of Practice Changes, College of Optometrists of Ontario
**Date:** Friday, August 16, 2024 12:32:59 PM

Some people who received this message don't often get email from [redacted] Learn why this is important

Comments on the Proposed Scope Changes circulated by the College of Optometrists of Ontario

Thank you for circulating the Scope of Practice Change Proposals for Ontario Optometry. I commend the authors and the College for moving Optometric Services forward consistent with the College's mandates as listed in their email for the membership. As a retired member of both the College and Association my comments are simply for consideration. I hope they are helpful and not too naïve.

1. I presume that in the Summary of Proposal section, the fact that the Report was adopted by College Council will be identified and replace the plan for College Council to deliberate this on June 21.
2. The fact that the document was jointly developed by a committee formed of members of the College, Association and School is only stated in the email and not the report itself. Should the authorship not be clarified in the document? I realize that it is the OAO of course which will hold responsibility for the submission to the Ministry. However, the College has done more than adopted the document, members have participated in its development.

For Form 2 Scope of Practice Change, Section 1

3. Perhaps the order of items could be adjusted. There are two broad categorical changes one regarding pharmaceuticals and the other to do with the application of energy or surgery below the corneal surface. Would there be a benefit to listing all the pharmaceutical requests followed by those procedures involving energy or surgery below the corneal surface or vice versa?
4. There appear to be two different sections designated by "E".

For Section 2 Impact on End Users and Outcomes

5. When identifying scope changes that related to procedures that are practiced in the USA is there any advantage to identifying the fact that the School of Optometry and Vision Science in Waterloo is accredited by the same USA body that accredits USA Optometry Schools?
6. When discussing the impacts on professional activities regarding laser surgery for

glaucoma, while it is true that current graduates are trained in those procedures as part of the OD degree, what about those graduating at much earlier dates? Would there not be a need for those practitioners to upgrade?

7. Is there deeper evidence for limited availability of laser treatment for glaucoma and other minor surgeries under local anesthetic than what is described here that can be used when and if requested by the Ministry?
8. Can the fact that many in Ontario are now without a GP, be further exploited in this document as it impacts access to care?

Yours sincerely

[redacted]

COLLEGE OF OPTOMETRISTS OF ONTARIO

# BRIEFING NOTE

Council meeting – September 13, 2024

## Subject

Proposed By-law changes due to inconsistency with the Health Professions Procedural Code

## Background

College staff noticed a possible inconsistency between the information that the Health Professions Procedural Code (the Code") requires to be recorded in the College's public register regarding terms, conditions, and limitations ("TCLs") imposed on a registrant's certificate of registration and the information that the College's By-laws require to be recorded in the register. The College's legal counsel who was consulted, confirmed the inconsistency, and provided the following:

Below are the relevant provisions of the College's By-laws:

18.02 Information that the Code Requires be Kept in the Register Under subsection 23(2) of the Code and subject to certain exceptions contained in the Code, certain information must be contained in the register and must be available to the public.

(16) information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included in the register;

18.03 Additional Information that the College Requires Be Kept in the Register For the purposes of paragraph 20 of subsection 23(2) of the Code, and subject to sections 18.05 and 18.06, the register shall contain the following information, which is designated by the College as public pursuant to subsection 23(5) of the Code:

(14) where the Member's certificate of registration is subject to any terms, conditions and limitations, the reason for them, the Committee that imposed them and the date they took effect;

(15)where terms, conditions or limitations on the Member's certificate of registration have been varied or removed, the effective date of the variance or removal of those terms, conditions and limitations;

Paragraph 23(2)6 of the Code addresses TCLs and states as follows:

6. The terms, conditions and limitations that are in effect on each certificate of registration.

The use of "in effect" in this paragraph means that for TCLs which are imposed for either a limited period of time or until the registrant completes some requirement such as a practice assessment, once the time limit is up or the requirement completed the TCLs must be removed from the register.

Paragraph 18.03(14) is consistent with paragraph 23(2)6 of the Code because the phrase "is subject to any TCLs" is the same as "in effect". However, paragraph 18.03(15) is not consistent with paragraph

23(2)6 of the Code because it requires that TCLs that are no longer in effect remain on the register. This is unfair to registrants because TCLs that are not in effect should not be visible to the public. To be consistent with the Code, paragraph 18.03(15) of the By-laws should be amended to read as follows:

(15) where terms, conditions or limitations on the Member's certificate of registration have been varied, the details of the varied terms, conditions or limitations and their effective date;

## Decision for Council

To approve amending paragraph 18.03(15) of the College By-laws to read:

(15) where terms, conditions or limitations on the Member's certificate of registration have been varied, the details of the varied terms, conditions or limitations and their effective date;

## Public Interest Mandate

There is a fairness consideration for registrants because terms, conditions, and limitations which are no longer in effect should not be visible to the public.

## Diversity, Equity, and Inclusion Considerations

N/A

## Contact

Hanan Katerina Jibry, Deputy Registrar

# 9-13 / UPCOMING MEETINGS

9. Upcoming Council Meetings
    a. Friday, December 13, 2024

10. List of Acronyms

11. Governance Guide: Robert's Rules

12. Council Feedback Survey

13. Adjournment – approximately 1:50 p.m.

Generative Discussion (optional)
a. Generative Discussion Feedback Survey

COLLEGE OF OPTOMETRISTS OF ONTARIO

# List of Acronyms Used by the College of Optometrists of Ontario

| Acronym | Name | Description |
|---|---|---|
| AAO | American Academy of Optometry | Organization whose goal is to maintain and enhance excellence in optometric practice |
| ACO | Alberta College of Optometrists | Regulates optometrists in Alberta |
| ACOE | Accreditation Council on Optometric Education | A division of AOA Accredits optometry schools in US and Canada Graduates of these schools may register in Ontario without additional education |
| ADR | Alternative Dispute Resolution | An alternate process that may be used, where appropriate, to resolve some complaints |
| AGRE | Advisory Group for Regulatory Excellence | A group of six colleges (medicine, dentistry, nursing, physiotherapy, pharmacy and optometry) that provides leadership in regulatory matters |
| AIT | Agreement on Internal Trade | Federal/Provincial/Territorial agreement intended to foster mobility of workers |
| AOA | American Optometric Association | Main professional association for optometrists in the US |
| ARBO | Association of Regulatory Boards of Optometry | Association of optometric regulators including, US, Canada, Australia and New Zealand |
| ASOPP | Advanced Standing Prepatory Program | An education pathway for individuals who have completed optometry training outside of North America and who wish to obtain a license to practice in Canada |
| BV | Binocular Vision | The assessment of the relationship and coordination of the two eyes |
| CACO | Canadian Assessment of Competency in Optometry | Canadian entry-to-practice examination for optometry-administered by CEO-ECO to 2017 |
| CAG | Citizen's Advisory Group | A forum for patients and health-care practitioners to discuss issues of mutual concern |
| CAO | Canadian Association of Optometrists | Represents the profession of optometry in Canada; its mission is to advance the quality, availability, and accessibility of eye and vision health care |
| CAOS | Canadian Association of Optometry Students | The Canadian optometry student association with chapters in both Waterloo and Montreal |
| CE | Continuing Education | Courses, programs, or organized learning experiences usually taken after a degree is obtained to enhance personal or professional goals |
| CEO-ECO | Canadian Examiners in Optometry | Former name of OEBC; administered the CACO exam on behalf of the provincial and territorial optometric regulators (see OEBC) |

COLLEGE OF OPTOMETRISTS OF ONTARIO

# List of Acronyms Used by the College of Optometrists of Ontario

| Acronym | Name | Description |
|---|---|---|
| CJO | Canadian Journal of Optometry | Journal published by CAO whose mandateis to help optometrists build and manage a successful practice |
| CLEAR | Council on Licensure Evaluation and Regulation | International body of regulatory boards – mainly US and Canadian members |
| CMPA | Canadian Medical Protective Association | Professional liability insurer for physicians |
| CNAR | Canadian Network of Agencies for Regulation | |
| CNCA | *Canada Not-for-profit Corporation Corporations Act* | |
| CNIB | Canadian National Institute for the Blind | A voluntary, non-profit rehabilitation agency that provides services for people who are blind, visually impaired and deaf-blind |
| CNO | College of Nurses of Ontario | Regulates nurses in Ontario |
| COBC | College of Optometrists of British Columbia | Regulates optometrists in British Columbia |
| COEC | Canadian Optometric Evaluation Committee | Committee of FORAC that assesses the credentials of internationally educated optometrists who wish to practice in Canada |
| COI | Conflict of Interest | Situation in which someone in a position of trust has competing professional and personal interests |
| COO | College of Opticians of Ontario | A self-governing college that registers and regulates opticians in Ontario<br>**Note:** the College of Optometrists of Ontario does not have an acronym |
| COPE | Council on Optometric Practitioner Education | Accredits continuing education on behalf of optometric regulatory boards |
| COS | Canadian Ophthalmological Society | Society whose mission is to assure the provision of optimal eye care to Canadians |
| CPD | Continuing Professional Development | A quality assurance program |
| CPMF | College Performance Measurement Framework | The CPMF is a reporting tool developed by the Ontario Ministry of Health (the Ministry) in close collaboration with Ontario's health regulatory Colleges (Colleges), to assess how well Colleges are executing their mandate to act in the public interest. |
| CPP | Clinical Practice Panel | A panel of the Quality Assurance Committee that considers issues of clinical practice and updates the OPR |
| CPSO | College of Physicians and Surgeons of Ontario | A self-governing college as defined by the *Regulated Health Professions Act* |

COLLEGE OF OPTOMETRISTS OF ONTARIO

# List of Acronyms Used by the College of Optometrists of Ontario

| Acronym | Name | Description |
|---|---|---|
| CRA | Complete Record Assessment | A component of the College's practice assessment process of the Quality Assurance program |
| DAC | Diabetes Action Canada | |
| DFE | Dilated Fundus Examination | Eye health exam conducted after dilating pupils with drops |
| DPA | Diagnostic Pharmaceutical Agents | Drugs used by optometrists in practice to evaluate systems of the eye and vision |
| EEOC | Evaluating Exam Oversight Committee | Committee that oversees the Internationally Graduated Optometrists Evaluating Exam (IGOEE) administered by Touchstone Institute |
| EHCO | Eye Health Council of Ontario | A group made up of optometrists and ophthalmologists who collaborate on issues of mutual interest |
| ÉOUM | École d'optométrie-Université de Montréal | School of optometry at the University of Montreal-teaches optometry in French Accredited by ACOE |
| EPSO | Eye Physicians and Surgeons of Ontario | OMA Section of Ophthalmology |
| ETP | Entry-to-Practice | Describes the level of competency necessary for registration to practise the profession |
| FAAO | Fellow of the American Academy of Optometry | Designation issued by AAO following evaluation against standards of professional competence |
| FHRCO | Federation of Health Regulatory Colleges of Ontario | Comprised of the 26 health regulatory colleges in Ontario. Now known as *Health Profession Regulators of Ontario*. |
| FORAC-FAROC | Federation of Optometric Regulatory Authorities of Canada | Comprised of 10 national optometric regulators Formerly knowns as CORA |
| HPARB | Health Professions Appeal and Review Board | Tribunal whose main responsibility is to review decisions made by College ICRC or registration committees when an appeal is made by either the complainant or member, or applicant in the case of a registration appeal |
| HPPC | Health Professions Procedural Code | Schedule 2 to the *Regulated Health Professions Act, 1991* |
| HPRAC | Health Professions Regulatory Advisory Council | Provides independent policy advice to the Minister of Health and Long-Term Care on matters related to the regulation of health professions in Ontario |
| HPRO | Health Profession Regulators of Ontario | Comprised of the 26 health regulatory colleges in Ontario |
| HSARB | Health Services Appeal and Review Board | Created by the *Ministry of Health Appeal and Review Boards Act, 1998*, decisions of the ORC are heard here |

COLLEGE OF OPTOMETRISTS OF ONTARIO

# List of Acronyms Used by the College of Optometrists of Ontario

| Acronym | Name | Description |
|---|---|---|
| HSPTA | *The Health Sector Payment Transparency Act, 2017* | An Act that requires industry to disclose transfers of value to health care professionals |
| ICRC | Inquiries Complaints and Reports Committee | The ICRC is the statutory committee responsible for the investigation and disposition of reports and complaints filed with the College about the conduct of an optometrist |
| IOBP | International Optometric Bridging Program | A program to assist international graduates in meeting the academic equivalency requirement for registration and housed at the University of Waterloo |
| IGOEE | Internationally Graduated Optometrist Evaluating Exam | Developed and administered by Touchstone Institute on behalf of FORAC |
| IOG | International Optometry Graduates | Optometry graduates who have received their education outside North America |
| MOHLTC (or MOH) | Ministry of Health and Long-Term Care | Responsible for administering the health care system and providing services to the Ontario public |
| MOU | Memorandum of Understanding | |
| NBAO | New Brunswick Association and College of Optometrists | New Brunswick Association and College of Optometrists |
| NBEO | National Board of Examiners in Optometry | Entry to practice examination for all US states Also accepted in BC and QC |
| NCP | National Competency Profile | Articulates the requirements established by the profession upon which the blueprint for the OEBC exam is based |
| NLCO | Newfoundland and Labrador College of Optometrists | Regulates optometrists in Newfoundland and Labrador |
| NSCO | Nova Scotia College of Optometrists | Regulates optometrists in Nova Scotia |
| OAO | Ontario Association of Optometrists | The association that looks after the interests of optometrists in Ontario |
| OCP | Ontario College of Pharmacists | Regulates pharmacists, pharmacies and pharmacy technicians in Ontario |
| OD | Doctor of Optometry Degree | Optometrists' professional degree in North America |
| ODSP | Ontario Disability Support Program | Offers financial assistance to Ontarians with disabilities who qualify |
| OEBC-BEOC | Optometry Examining Board of Canada | Administers the national standards assessment exam on behalf of the provincial and territorial optometric regulators |

COLLEGE OF OPTOMETRISTS OF ONTARIO

# List of Acronyms Used by the College of Optometrists of Ontario

| Acronym | Name | Description |
|---|---|---|
| OFC | Office of the Fairness Commissioner of Ontario | The OFC ensures that certain regulated professions in Ontario have registration practices that are transparent, objective, impartial and fair |
| OLF | Optometric Leaders' Forum | Annual meeting of CAO, provincial associations and regulators |
| OMA | Ontario Medical Association | The association that looks after theinterests of medical practitioners |
| OOQ | Ordre des optométristes du Québec | Regulates optometrists in Quebec |
| OPR | Optometric Practice Reference | A College document provided to members and available to the public providing principles of Standards of Practice and Clinical Guidelines in two separate documents |
| OSCE | Objective Structured Clinical Examination | An objective clinical exam; part of the OEBC exam |
| PEICO | PEI College of Optometrists | The optometric regulatory college in Prince Edward Island |
| PHIPA | *Personal Health Information Protection Act* | Provincial act that keeps personal health information of patients private, confidential and secure by imposing rules relating to its collection, use and disclosure |
| PLA | Prior learning assessment | Formerly part of the IOBP to ascertain the candidate's current knowledge in optometry; replaced by IOGEE in 2015 |
| PRC | Patient Relations Committee | Promotes awareness among members and the public of expectations placed upon optometrists regarding sexual abuse of patients; also deals with issues of a broader nature relating to members' interactions with patients |
| QA (QAC) | Quality Assurance Committee | A statutory committee charged with the role of proactively improving the quality of care by regulated health professionals |
| RCDSO | Royal College of Dental Surgeons | Regulates dentists in Ontario |
| RHPA | *Regulated Health Professions Act* | An act administered by the Minister of Health, ensuring that professions are regulated and coordinated in the public interest by developing and maintaining appropriate standards of practice |
| SAO | Saskatchewan Association of Optometrists | Also functions as the regulatory College in Saskatchewan |
| SCERP | Specified Continuing Educational or Remediation Program | A direction to an optometrist by the ICRC to complete remediation following a complaint or report |

COLLEGE OF OPTOMETRISTS OF ONTARIO

# List of Acronyms Used by the College of Optometrists of Ontario

| Acronym | Name | Description |
|---|---|---|
| SRA | Short Record Assessment | A component of the College's practice assessment process of the Quality Assurance program |
| SOP | Standards of Practice | Defined by the profession based on peer review, evidence, scientific knowledge, social expectations, expert opinion and court decision |
| TPA | Therapeutic Pharmaceutical Agent | Drug Generally this term is used when describing drugs that may be prescribed by optometrists for the treatment of conditions of the eye and vision system |
| VIC | Vision Institute of Canada | A non-profit institute functioning as a secondary referral center for optometric services located in Toronto |
| VCC | Vision Council of Canada | A non-profit association representing the retail optical industry in Canada, with members operating in all Canadian provinces and US states |
| WCO | World Council of Optometry | International advocacy organization for world optometry – assists optometrists in becoming regulated where they are not |
| WOVS | University of Waterloo School of Optometry and Vision Science | The only school of optometry in Canada that provides education in English Accredited by ACOE; graduates are granted an OD degree; also has Masters and PhD programs |

Updated May 2023

# ROBERTS RULES CHEAT SHEET

| To: | You say: | Interrupt Speaker | Second Needed | Debatable | Amendable | Vote Needed |
|---|---|---|---|---|---|---|
| Adjourn | "I move that we adjourn" | No | Yes | No | No | Majority |
| Recess | "I move that we recess until…" | No | Yes | No | Yes | Majority |
| Complain about noise, room temp., etc. | "Point of privilege" | Yes | No | No | No | Chair Decides |
| Suspend further consideration of something | "I move that we table it" | No | Yes | No | No | Majority |
| End debate | "I move the previous question" | No | Yes | No | No | 2/3 |
| Postpone consideration of something | "I move we postpone this matter until…" | No | Yes | Yes | Yes | Majority |
| Amend a motion | "I move that this motion be amended by…" | No | Yes | Yes | Yes | Majority |
| Introduce business (a primary motion) | "I move that…" | No | Yes | Yes | Yes | Majority |

The above listed motions and points are listed in established order of precedence. When any one of them is pending, you may not introduce another that is listed below, but you may introduce another that is listed above it.

| To: | You say: | Interrupt Speaker | Second Needed | Debatable | Amendable | Vote Needed |
|---|---|---|---|---|---|---|
| Object to procedure or personal affront | "Point of order" | Yes | No | No | No | Chair decides |
| Request information | "Point of information" | Yes | No | No | No | None |
| Ask for vote by actual count to verify voice vote | "I call for a division of the house" | Must be done before new motion | No | No | No | None unless someone objects |
| Object to considering some undiplomatic or improper matter | "I object to consideration of this question" | Yes | No | No | No | 2/3 |
| Take up matter previously tabled | "I move we take from the table…" | Yes | Yes | No | No | Majority |
| Reconsider something already disposed of | "I move we now (or later) reconsider our action relative to…" | Yes | Yes | Only if original motion was debatable | No | Majority |
| Consider something out of its scheduled order | "I move we suspend the rules and consider…" | No | Yes | No | No | 2/3 |
| Vote on a ruling by the Chair | "I appeal the Chair's decision" | Yes | Yes | Yes | No | Majority |

The motions, points and proposals listed above have no established order of preference; any of them may be introduced at any time except when meeting is considering one of the top three matters listed from the first chart (Motion to Adjourn, Recess or Point of Privilege).

# PROCEDURE FOR HANDLING A MAIN MOTION

**NOTE:** Nothing goes to discussion without a motion being on the floor.

**Obtaining and assigning the floor**

A member raises hand when no one else has the floor

- The chair recognizes the member by name

**How the Motion is Brought Before the Assembly**

- The member makes the motion: *I move that (or "to")* ... and resumes his seat.
- Another member seconds the motion: *I second the motion* or *I second it* or *second*.
- The chair states the motion: *It is moved and seconded that ... Are you ready for the question?*

**Consideration of the Motion**

1. Members can debate the motion.
2. Before speaking in debate, members obtain the floor.
3. The maker of the motion has first right to the floor if he claims it properly
4. Debate must be confined to the merits of the motion.
5. Debate can be closed only by order of the assembly (2/3 vote) or by the chair if no one seeks the floor for further debate.

**The chair puts the motion to a vote**

1. The chair asks: *Are you ready for the question?* If no one rises to claim the floor, the chair proceeds to take the vote.
2. The chair says: *The question is on the adoption of the motion that ... As many as are in favor, say 'Aye'.* (Pause for response.) *Those opposed, say 'Nay'*. (Pause for response.) *Those abstained please say 'Aye'.*

**The chair announces the result of the vote.**

1. *The ayes have it, the motion carries, and* ... (indicating the effect of the vote) or
2. *The nays have it and the motion fails*

**WHEN DEBATING YOUR MOTIONS**

1. Listen to the other side
2. Focus on issues, not personalities
3. Avoid questioning motives
4. Be polite

# HOW TO ACCOMPLISH WHAT YOU WANT TO DO IN MEETINGS

## MAIN MOTION

You want to propose a new idea or action for the group.

- After recognition, make a main motion.
- Member: "Madame Chairman, I move that _____."

## AMENDING A MOTION

You want to change some of the wording that is being discussed.

- After recognition, "Madame Chairman, I move that the motion be amended by adding the following words _____."
- After recognition, "Madame Chairman, I move that the motion be amended by striking out the following words _____."
- After recognition, "Madame Chairman, I move that the motion be amended by striking out the following words, _____, and adding in their place the following words _____."

## REFER TO A COMMITTEE

You feel that an idea or proposal being discussed needs more study and investigation.

- After recognition, "Madame Chairman, I move that the question be referred to a committee made up of members Smith, Jones and Brown."

## POSTPONE DEFINITELY

You want the membership to have more time to consider the question under discussion and you want to postpone it to a definite time or day, and have it come up for further consideration.

- After recognition, "Madame Chairman, I move to postpone the question until _____."

## PREVIOUS QUESTION

You think discussion has gone on for too long and you want to stop discussion and vote.

- After recognition, "Madam President, I move the previous question."

## LIMIT DEBATE

You think discussion is getting long, but you want to give a reasonable length of time for consideration of the question.

- After recognition, "Madam President, I move to limit discussion to two minutes per speaker."

**POSTPONE INDEFINITELY**

You want to kill a motion that is being discussed.

- After recognition, "Madam Moderator, I move to postpone the question indefinitely."

**POSTPONE INDEFINITELY**

You are against a motion just proposed and want to learn who is for and who is against the motion.

- After recognition, "Madame  President, I move to postpone the motion indefinitely."

**RECESS**

You want to take a break for a while.

- After recognition, "Madame  Moderator, I move to recess for ten minutes."

**ADJOURNMENT**

You want the meeting to end.

- After recognition, "Madame  Chairman, I move to adjourn."

**PERMISSION TO WITHDRAW A MOTION**

You have made a motion and after discussion, are sorry you made it.

- After recognition, "Madam President, I ask permission to withdraw my motion."

**CALL FOR ORDERS OF THE DAY**

At the beginning of the meeting, the agenda was adopted. The chairman is not following the order of the approved agenda.

- Without recognition, "Call for orders of the day."

**SUSPENDING THE RULES**

The agenda has been approved and as the meeting progressed, it became obvious that an item you are interested in will not come up before adjournment.

- After recognition, "Madam Chairman, I move to suspend the rules and move item 5 to position 2."

**POINT OF PERSONAL PRIVILEGE**

The noise outside the meeting has become so great that you are having trouble hearing.

- Without recognition, "Point of personal privilege."
- Chairman: "State your point."
- Member: "There is too much noise, I can't hear."

**COMMITTEE OF THE WHOLE**

You are going to propose a question that is likely to be controversial and you feel that some of the members will try to kill it by various maneuvers. Also you want to keep out visitors and the press.

- After recognition, "Madame  Chairman, I move that we go into a committee of the whole."

**POINT OF ORDER**

It is obvious that the meeting is not following proper rules.

- Without recognition, "I rise to a point of order," or "Point of order."

**POINT OF INFORMATION**

You are wondering about some of the facts under discussion, such as the balance in the treasury when expenditures are being discussed.

- Without recognition, "Point of information."

**POINT OF PARLIAMENTARY INQUIRY**

You are confused about some of the parliamentary rules.

- Without recognition, "Point of parliamentary inquiry."

**APPEAL FROM THE DECISION OF THE CHAIR**

Without recognition, "I appeal from the decision of the chair."

## Rule Classification and Requirements

| Class of Rule | Requirements to Adopt | Requirements to Suspend |
|---|---|---|
| Charter | Adopted by majority vote or as proved by law or governing authority | Cannot be suspended |
| Bylaws | Adopted by membership | Cannot be suspended |
| Special Rules of Order | Previous notice & 2/3 vote, or a majority of entire membership | 2/3 Vote |
| Standing Rules | Majority vote | Can be suspended for session by majority vote during a meeting |
| Modified Roberts Rules of Order | Adopted in bylaws | 2/3 vote |