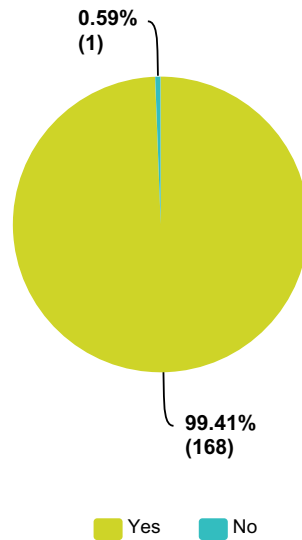


Q1 Do you agree that the current list of drugs that optometrists are allowed to prescribe should be abandoned and replaced with the authority to prescribe all topical and oral drugs within the scope of practice of optometry?

Answered: 169 Skipped: 0



	Yes	No	Total	Weighted Average
(no label)	99.41% 168	0.59% 1	169	1.01

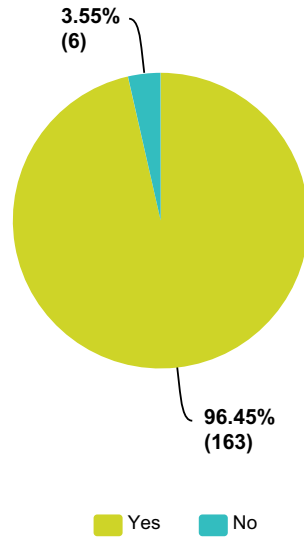
Q2 You answered no. Why do you not agree that the current list of drugs that optometrists are allowed to prescribe should be abandoned and replaced with the authority to prescribe all topical and oral drugs within the scope of practice of optometry? (Optional)

Answered: 1 Skipped: 168

#	Responses	Date
1	I believe that there should still be a list of drug categories and/or drug names that we are provided with to give us some guidelines.	3/23/2016 6:10 PM

Q3 Do you agree that optometrists should be allowed to remove superficial foreign bodies from below the surface of the cornea?

Answered: 169 Skipped: 0



	Yes	No	Total	Weighted Average
(no label)	96.45% 163	3.55% 6	169	1.04

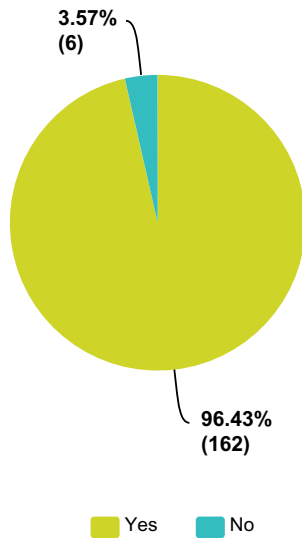
Q4 You answered no. Why do you not agree that optometrists should be allowed to remove superficial foreign bodies from below the surface of the cornea? (Optional)

Answered: 2 Skipped: 167

#	Responses	Date
1	Not something I am personally comfortable with	3/28/2016 8:28 PM
2	Not equipped to deal with complicated cases or surgical cases	1/29/2016 12:35 AM

Q5 Do you agree that optometrists should be allowed to dispense drugs for the sole purpose of sampling/trialling a therapy?

Answered: 168 Skipped: 1



	Yes	No	Total	Weighted Average
(no label)	96.43% 162	3.57% 6	168	1.04

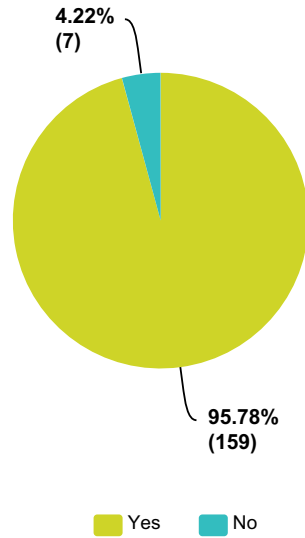
Q6 You answered no. Why do you not agree that optometrists should be allowed to dispense drugs for the sole purpose of sampling/trialling a therapy? (Optional)

Answered: 1 Skipped: 168

#	Responses	Date
1	If you prescribe something, follow up and make sure it's working. I don't see why a sample medication should be given. Patients can take the prescription to the pharmacy and pay for it.	3/22/2016 10:59 PM

Q7 Do you agree that diagnostic ultrasound should be specified as a prescribed form of energy for the performance of corneal pachymetry or ocular ultrasonography?

Answered: 166 Skipped: 3



	Yes	No	Total	Weighted Average
(no label)	95.78% 159	4.22% 7	166	1.04

Q8 You answered no. Why do you not agree that diagnostic ultrasound should be specified as a prescribed form of energy for the performance of corneal pachymetry or ocular ultrasonography? (Optional)

Answered: 3 Skipped: 166

#	Responses	Date
1	OCT uses infra red light and can measure corneal pachymetry and so ultrasound is not the only form of energy that can be used.	1/30/2016 11:03 AM
2	I am not sure that it would benefit the profession in the long run and it may damage our relationship with ophthalmology. Cost to practitioner for implementation	1/29/2016 10:07 AM
3	I do not understand this statement	1/29/2016 12:36 AM

Proposed Amendments to the Optometry Act, Designated Drugs and Standards of Practice Regulation, and Controlled Acts

Q9 We value and will consider your additional comments (optional):

Answered: 36 Skipped: 133

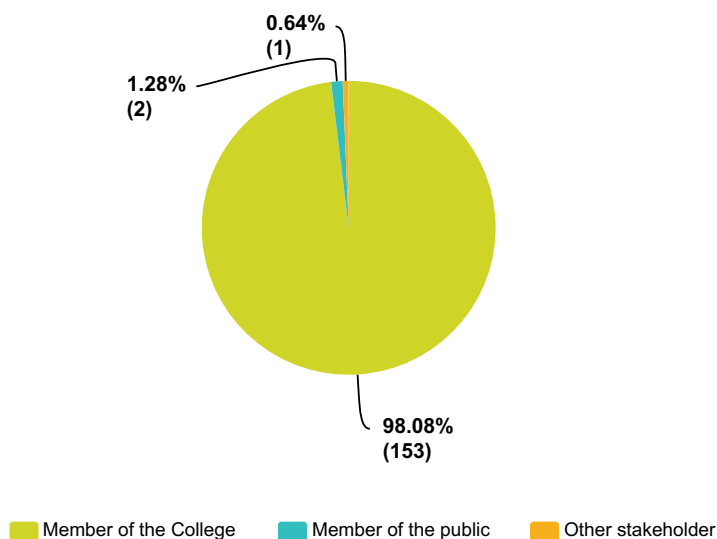
#	Responses	Date
1	These changes are long overdue and are in the best interest of the public.	3/27/2016 12:18 PM
2	Nothing to discuss. This is a logical progression for scope of practice .	3/24/2016 11:31 AM
3	Some therapies require a longer duration than 14 days. We can only prescribe meds for a 14 day period.	3/23/2016 8:26 PM
4	Who will decide which drugs we can use? And how to we get an update list- from College, Drug companies, Optom choice? Great idea to keep the list current - less red tape for each new drug to be added.	2/16/2016 9:43 AM
5	Thank you for these amendments! It will make a huge difference in our ability to treat patients effectively!	2/8/2016 2:41 PM
6	Professionals are highly educated and must practice within their scope, knowledge and experience. It is not practical to define these limits for an entire profession by applying and updating lists of medications, procedures or techniques. It is highly desirable to define the scope of optometric practice flexibly and in a manner consistent with of other health professions.	2/8/2016 12:34 PM
7	In mo opinion, due to difficulty of accessibility to ophthalmologists for patient , all of these procedures beside some more others, should be allowed to be done by optometrists, just for good of patients.	2/5/2016 12:15 PM
8	Ordering lab tests should be a consideration to bring Ontario's scope of practice to a level similar to that of other provinces such as Alberta or Manitoba.	2/3/2016 11:25 PM
9	I strongly agree with the College of Optometrists of Ontario for the Proposed Amendments tothe Optometry Act, Designated Drugs and Standards of Practice Regulation, and Controlled Acts. I believe this is a further step of the step-by-step processing for Ontario optometrists directing into more medical optometry practice, which will allow Ontario optometrists playing more significant role in ontarians health care.	2/2/2016 11:43 AM
10	The proposed changes ensure that optometry can continue to be a first-line source for patients to access eye care. The proposed change to abandon the list of drugs and simply authorize optometrists to use all topical and oral drugs within our scope of practice ensures that patients receive the appropriate and highest-level care from their primary provider. Currently, in some instances, it is necessary for optometrists to begin patients on less effective therapies while awaiting a referral to ophthalmology for the most appropriate and effective treatment. This is not in the best interest of the patient and the more appropriate and effective therapies are within the education and scope of optometrists, and only limited by the current regulations. The proposed changes will be especially beneficial to patients who reside in rural locations, where transportation can be difficult, especially in the winter months, and where wait times can be excessive for specialists. As a side note, the recent process of the College for soliciting feedback by publishing the proposed changes, a summary of these, and then a short survey is a great way to get more people to engage :)	2/1/2016 2:05 PM
11	In all reality, the proposed amendment just brings into light the proper scope of practice optometrists are already trained for and comfortable with. Sincerely, thank you for all your efforts and continued vigilance. darcy winch, optometrist 9948	1/31/2016 10:51 PM
12	1..NOT BEING ABLE TO SAMPLE TRIAL DRUGS, PLACES A FINANCIAL BURDEN ON PATIENTS WITHOUT COVERAGE. ESPECIALLY IF THE FIRST THERAPY IS NOT SUCCESSFUL OR THERE IS A REACTION. IF WE CAN SAMPLE, THERE WILL BE LESS FRICTION WITH PATIENTS WHO THINK WE ARE WASTING THEIR MONEY. 2. IF WE COULD START THERAPY WITH SAMPLES, PATIENTS WOULD HAVE TO RETURN FOR FOLLOWUP TO GET A PRESCRIPTION. WE WOULDN'T HAVE TO WRITE A SCRIPT WITH NO REPEATS AND THEN REWRITE ANOTHER SCRIPT WITH REPEATS WHEN WE KNOW THE THERAPY WORKS.	1/31/2016 5:24 PM
13	Excellent Ideas	1/31/2016 3:11 PM
14	The general public and family physicians need more education concerning the full scope of optometric practice, especially with FB removal and treating ocular disease.	1/29/2016 9:13 PM
15	I believe - in the best interest of our patients and the eye care in Ontario-optometrist should be given the privilege of having on call shifts at the local hospitals to see and triage ocular emergencies which are usually mishandled by the attending GP, or oftentimes need to wait for several hours to just hear reassurance from the ophthalmologist.	1/29/2016 7:35 PM

Proposed Amendments to the Optometry Act, Designated Drugs and Standards of Practice Regulation, and Controlled Acts

16	I presently remove any and all foreign bodies which have not penetrated through the cornea. It takes me minutes, as opposed to sitting at ER for hours, to see a physician who may not know how to use a slit lamp, to attempt to remove a simple foreign body.	1/29/2016 12:35 PM
17	I am very excited to see that these changes may be a possibility. I hope that they get approved soon so that we can better assist our patients and continue to evolve our profession.	1/29/2016 9:22 AM
18	Schedule 1 drugs are preferable to drug categories, which are preferable to the current list. It's definitely in the best interest of the public to allow all practitioners to practice to the full extent of their scope, and not be smothered by an already outdated list of medications. It's time to give MOH another kick in the ass.	1/29/2016 5:53 AM
19	All forms of optometry related drugs like latisse, restasis are my two drugs that I would like the authorization to prescribe	1/29/2016 12:37 AM
20	It is time that optometric regulations in Ontario reflect the education and expertise of the practising optometrists of the province. Granting our optometrists the right to prescribe and perform the proposed acts not only allows us to practise optometry to the best of our ability but will provide the people of Ontario with the highest level of care in a timely manner.	1/28/2016 11:23 PM
21	no coment	1/28/2016 10:29 PM
22	All of the requested procedures have been performed routinely for many years	1/28/2016 9:25 PM
23	Laboratory testing should be included as a designated act.	1/28/2016 8:56 PM
24	Foreign bodies--what is the definition of "superficial"? Presently, we are able to remove foreign bodies as long as they are not below the epithelium. How far down is superficial? If this doesn't allow for the removal of all non-penetrating foreign bodies, it doesn't go far enough. A metal foreign body lodged in the stroma (which I see all the time in my practice) must be included.	1/28/2016 6:36 PM
25	The current regulations put patients at risk of harm as optometrists may not able to prescribe the most effective treatment medication, as the regulatory framework of updating the lists of drugs has already proven too cumbersome to adequately update in a timely fashion. Optometrists are the current front line eye care specialists, with access to ophthalmology being difficult and not timely. For those with superficial corneal foreign bodies, the removal and appropriate prescribing of TPAs ensures timely patient care with excellent outcomes.	1/28/2016 6:30 PM
26	Allowing us to prescribe groups of drugs would also help, unless that is the intent of this change.	1/28/2016 6:17 PM
27	Love the new amendments!	1/28/2016 6:03 PM
28	I am glad these changes are considered.	1/28/2016 5:58 PM
29	About time !!!	1/28/2016 5:35 PM
30	make it happen! long overdue!	1/28/2016 5:11 PM
31	I am licensed in Ontario but practice mainly in Alberta where all of the proposed changes are already in effect. (Along with glaucoma privileges and much expanded billing capabilities). ODs are more than adequately trained to perform the proposed tasks competently. Most MDs have one or two weeks of training on the eyes and are more than happy to hand off all ocular cases to ODs (when they know our scope, our specialized equipment and that their patient will not have to pay). The benefit to the patient are also high: 1. They get eye care from an eye specialist (general health clinics have no visual field, slit lamp, OCT etc...) 2. They get the best possible treatment as the OD is not restricted to a drug list 3. Everything can be done in one place which makes it convenient for patients (who are busy).	1/28/2016 4:49 PM
32	We are a rural Optometric practice. Our local hospital refers a lot foreign bodies to us for removal now. Hope I'm not breaking the law. Time for the government to legitimize our potential.	1/28/2016 4:45 PM
33	For myself and many of my colleagues the removal of corneal foreign body is already a clinical reality. Sampling of pharmaceuticals would be a great help in the diagnostic and treatment of glaucoma.	1/28/2016 4:26 PM
34	With an aging population, with eye surgeons not available to perform such basic tasks, and considering almost every USA legal jurisdiction has allowed all of these for decades without increases in litigation, these requests to the MOHLTC are reasonable and timely. Also, it will lessen their work load on trying to alter a regulation to approve new drugs. Since they let optometry down by not approving the "drug czar" to facilitate this process as per HPRAC's recommendations, now's the time to "fix" their mistake.	1/28/2016 4:07 PM
35	Clinical guidelines re Alger brush would be advised if not done already	1/28/2016 3:59 PM
36	The training and licensing process are on par with our colleagues in the US for the most part and having attended many lectures and conferences and seen what is possible with some tweaks to our regulations, I feel it would be extremely beneficial to allow for expansion of the scope of practice and prescribing for Ontario optometrists. Better allowance for co-management would also alleviate some strain on the already stretched ophthalmologists' offices.	1/28/2016 3:15 PM

Q10 Which category best describes you? (Optional)

Answered: 156 Skipped: 13



Answer Choices	Responses	
Member of the College	98.08%	153
Member of the public	1.28%	2
Other stakeholder	0.64%	1
Total		156

Member Email Feedback to feedback@collegeoptom.on.ca

You have my 100% support, great work!

When the regulation was being considered, I urged the College to appear before the legislative committee but was told that this was not necessary. I then appeared before the legislative committee on my own, as I believed what you have come to realize would be problematic.

I applaud this effort and am willing to help in any way

I am not sure that my contacts are still viable but would be willing to look into it.

I am a little unclear how OTC medications such as Lubricants, Decongestants, Antibiotics like Polysporin or Vitamins for AMD are affected by the proposed changes. These are still classified as drugs under Health Canada. Would the proposed regulation mean it is acceptable to dispense trials of these products but retailing them is not permissible. I suspect many offices retail these currently.

The changes to the specific list is essential as many medications on our lists are no longer available as better and safer medications have become available. Our patients deserve better care. As it is virtually impossible to get patients to a local ophthalmologist for non-surgical glaucoma, and foreign bodies, these other changes would be welcome.

I'd like to propose a modification to the Controlled Acts of the College of Lab Technicians of Ontario which would allow OD's in Ontario to prescribe autologous serum eye drops (ASED's) for our patients. As the name implies, these are drops which are derived from the patient's own serum and can be used for many different forms of corneal disease (eg. recurrent erosion, recalcitrant epithelial defects, symptomatic epithelial basement dystrophy, corneal burns and others.) I have seen very exciting results with this therapy and would like to be able to prescribe it for my patients.

I discussed this situation with Dr. David Wilkinson recently and I was then in touch with the College of Medical Technologists. (Please see the e-mails below.) According to the Registrar of the Technologist's College, optometrists are not specifically listed as authorizers of technicians services so the processing of serum would not be allowed under the current Controlled Acts for Medical Technologists. (The Act also specifies MD's and dentists or "a prescribed person" as indicated in the e-mails below)

We absolutely need these items mentioned to pass legislation.

Thanks