

Response to Stakeholders' Feedback regarding Proposed Amendments to the Optometry Act, Designated Drugs and Standards of Practice Regulation, and Controlled Acts

The College would like to thank all members and stakeholders who reviewed the proposed amendments to the Optometry Act, Designated Drugs Regulation, and Controlled Acts, and for the thoughtful feedback you have provided.

Beyond the supportive responses, the College is appreciative of the questions, concerns and suggestions that were received. Topic-by-topic, the College is happy to provide the following responses to your feedback.

Proposed Amendments re: Prescribing Drugs

Members and stakeholders are reminded that the use of drugs, topical and oral, is currently authorized to optometrists in their practice.

Currently, optometrists may use oral carbonic anhydrase inhibitors (CAIs) in their offices for the urgent treatment of angle closure glaucoma. This standard is described under OPR 7.2 Patients with Glaucoma

(http://www.collegeoptom.on.ca/images/pdfs/030_iD_COO_OPR_book_WEB.pdf), and immediate referral to a physician or hospital is required.

Proposed paragraphs 7. (2.1) and 7. (3), under the Designated Drugs Regulation will restrict optometrists to using or prescribing oral CAIs, **only** in an emergency and where no physician is available, and immediate referral to a physician or hospital will continue as the standard of practice. Therefore, the proposed safeguards, with respect to oral CAIs, are not relaxed from the existing Designated Drugs Regulation.

The use of oral steroids in optometric practice is rare. The circulated proposal presented the same safeguards for oral steroids as for oral CAIs. The submission received from EPSO stated a preference for the safeguards proposed for oral secretagogues, that is, prescribing by an optometrist only with active physician oversight. The College agrees that this would be appropriate for oral steroids, and an amendment to paragraph 7. (2.2) under the Designated

Drugs Regulation is proposed to require that oral steroids are only prescribed when all of the following conditions are met:

- in an emergency;
- where no physician is available; and
- only in collaboration with a physician, under an established co-management model of care.

Additionally, immediate referral to a physician (when available) or hospital, is required under 7. (3).

The College maintains that the authority for optometrists to prescribe any topical eye drop/suspension/ointment, along with the safeguards discussed above for categories of oral drugs, serves and protects the public interest.

Proposed Amendments re: Dispensing Drugs

The draft amendments to the Optometry Act would give the authority to dispense drug samples for the purpose of “initiating, or testing the quality, value or usefulness, of a therapy” only.

Selling of drugs is different from the dispensing of drugs, and selling is similarly controlled under the RHPA. The circulated amendments did not request the authority to sell drugs, as the College does not believe that there is any public interest need for optometrists to sell drugs.

At the suggestion of other regulated health colleges, the College would like to make this point more explicit.

Paragraph 2.(e) under the Designated Drug Regulation is additionally proposed:

- (e) the member must not sell the drug that is dispensed for the purpose of initiating, or testing the quality, value or usefulness, of a therapy, to the patient.

Proposed Amendments re: Corneal Foreign Body removal

Stakeholders asked us about the training of optometrists in the removal of corneal foreign bodies.

For many years the curriculum at the University of Waterloo School of Optometry and Vision Science (WOVS) Doctor of Optometry degree program has included didactic and laboratory training on the removal of corneal foreign bodies. The laboratory uses either cow or pig eyes, which allow students to practice foreign body removal techniques. In addition, optometry students are exposed to patients with corneal foreign bodies in their clinical rotations. Removal

of non-perforating corneal foreign bodies is a competency of the profession and a regular activity of optometrists in practice throughout North America.

Standards of practice are important for members and the public to inform what is expected when optometrists remove corneal foreign bodies. The College presents the accompanying document, OPR 7.14 Removal of Foreign Bodies from the Cornea, for member and stakeholder review. This document would be published in the Optometric Practice Reference (OPR) when the authority to perform the controlled act is proclaimed.

Proposed Amendments re: Ocular Ultrasound

The College agrees that the use of diagnostic ultrasound by optometrists to perform corneal pachymetry is common compared to the use for A/B scans which is rare.

By way of background, optometry students at WOVS are trained in the following with respect to the use of A/B scans;

- about the concepts of ultrasound (physics and mechanics)
- to understand how the physiology of the ocular tissues are used and represented in acquiring measurements or photos.
- about the types of scans for ocular use, including A, B, and M-scans, and what types of ocular conditions it may be valuable for in clinical examinations, and the advantages and disadvantages of each; and
- to use the ultrasound unit during lab sessions.

In their ocular health clinic, optometry students use B scan for imaging the retina through hemorrhage or dense cataract, imaging a suspicious nevus, and for making the diagnosis of buried optic nerve head drusen.

Albeit rare in private practice, A/B scans are more commonly used by optometrists in university, hospital, or community health centre settings.