



February 22, 2016

College of Optometrists of Ontario
65 St. Clair Ave. E., Suite 900
Toronto, Ontario
M4T 2Y3

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

Thank you for including the College of Medical Laboratory Technologists of Ontario (CMLTO) on your list of stakeholders for the circulation of the Proposed Amendments to the *Optometry Act*, Designated Drugs and Standards of Practice Regulation, and Controlled Acts. We have reviewed the document and have no comments or suggested revisions to offer to the College of Optometrists of Ontario.

We thank you again for inviting us to review and comment on the Proposed Amendments to the *Optometry Act*, Designated Drugs and Standards of Practice Regulation, and Controlled Acts.

Yours very truly,

Kathy Wilkie, BHA, MLT
Registrar & Executive Director



The College of Naturopaths of Ontario

March 24, 2016

Dr. Paula Garshowitz
Registrar
College of Optometrists of Ontario
65 St. Clair Ave. E., Suite 900
Toronto, ON
M4T 2Y3

Dear Paula,

RE: Proposed Amendments to Drug Regulations

On behalf of the Council of the College of Naturopaths of Ontario, thank you for the opportunity to review and provide feedback on the proposed amendments to the *Optometry Act*, Designated Drugs and Standards of Practice Regulation, and Controlled Acts authorized to the profession. We are pleased to provide the following feedback.

Prescribing a Drug

We note that it is proposed that a list of drugs authorized to the profession be removed from the regulation. The College of Naturopaths of Ontario recognizes that a list of drugs in regulation may be difficult to revise; however, it is the standard approach to the granting of the controlled act and provides clarity to the public, the profession and other health professions as to what drugs optometrists may prescribe. The inclusion of a list of drugs authorized to the profession also provides the College with the necessary tools to clearly enforce the parameters of the regulations.

Separate and apart from the proposed removal of Schedule 1 from the Regulation, the College of Naturopaths of Ontario recommends that the College of Optometrists review section 9 of Ontario Regulation 168/15 and consider including similar provisions relating to the standards of practice for the performance of this controlled act into their proposal.

Dispensing a Drug

This is a new controlled act being proposed to be authorized to the profession and thus an expansion to the current scope of practice of optometrists in Ontario. The College of Naturopaths of Ontario is not in a position to evaluate whether optometrists possess the knowledge, skill and judgment necessary to perform

the proposed controlled act. However, the College of Naturopaths of Ontario recommends that the College of Optometrists review section 10 of Ontario Regulation 168/15 and consider including similar provisions relating to the standards of practice for the performance of this new controlled act into their proposal.

Performing a Procedure on or Below the Surface of the Cornea

This is a new controlled act being proposed to be authorized to the profession and thus an expansion to the current scope of practice of optometrists in Ontario. The College of Naturopaths of Ontario is unsure of the knowledge and training that an optometrist has in this area and would recommend the development of additional requirements surrounding education and examination as well as requirements regarding infection control, sterile/aseptic procedures etc. and, should the proposed amendments be accepted, consideration of the development of an inspection program.

The College of Naturopaths of Ontario is also unsure of what situations would require and deem it necessary for an optometrist to perform such a procedure and how the billing for the procedure would occur, as should a patient have the same procedure performed at a hospital, it would be covered by OHIP.

While the College of Naturopaths of Ontario is grateful for this opportunity to provide feedback on this consultation, we have significant concerns about the draft consultation materials. We hope our comments provide useful as the College of Optometrists proceeds with its review.

Sincerely yours,

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Andrew Parr, CAE
Registrar & CEO



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE
L'EXCELLENCE EN SOINS

101 Davenport Road, Toronto, Ontario
Canada M5R 3P1 www.cno.org
Telephone 416 928-0900
Toll Free (Ontario) 1 800 387-5526
Facsimile 416 928-6507

101, chemin Davenport, Toronto (Ontario)
Canada M5R 3P1 www.cno.org
Téléphone 416 928-0900
Sans frais (Ontario) 1 800 387-5526
Télécopieur 416 928-6507

March 28, 2016

By E-mail

Paula L. Garshowitz, OD
Registrar and CEO
College of Optometrists of Ontario
65 St. Clair Ave. E., 9th Floor
Toronto, ON M4T 2Y3

Dear Dr. Garshowitz:

Re: Proposed Amendments to the *Optometry Act, 1991*

The College of Nurses of Ontario (“the College”) is pleased to provide feedback on the proposed amendments to the *Optometry Act, Designated Drugs and Standards of Practice Regulation, and Controlled Acts*.

It is the College’s opinion that the College of Optometrists is in the best position to define the scope of practice of optometry and set the necessary parameters and standards of practice that are consistent with the public interest. With respect to broadening the prescribing authority, it is necessary that the appropriate regulatory mechanisms are in place to support the initial and ongoing competence of this expanded scope of practice and to ensure public protection.

It is important to note that prescribing is not an isolated activity. Specific expectations should be in place to support the continuity of safe and competent care. Defining the expectations required by optometrists to prescribe, dispense and follow-up with patients to ensure the treatment has the desired effect also need to be established. As stated in your standards of practice, training requirements are already in place for prescribing and dispensing of drugs in the optometry curriculum and the entry-to-practice requirements, which would provide the necessary competence to members to perform this expanded scope of practice.

In relation to the nursing profession, under the *Nursing Act, 1991* (ss.5 (1) paragraph b), Registered Nurses (RNs) and Registered Practical Nurses (RPNs) are limited to perform specific Controlled Acts such as: dispensing drugs, administering a substance by injection

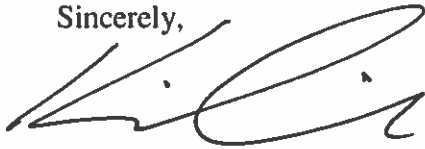
or inhalation and performing a procedure in or below the surface of the cornea, in the absence of a client specific order or a directive authorized by a physician, dentist, chiropodist, midwife or Nurse Practitioner (NP). Therefore, it is possible that this provision may have an impact for optometrists when working with RNs and RPNs.

In addition, it has been the College's experience with Nurse Practitioners' prescribing authority to receive reports from the Ministry of Health and Long-Term Care through the Narcotics Monitoring System (NMS). This is one source of information that the College of Optometrists should further explore with respect to the proposed regulations.

The College is supportive of this initiative. We believe that these amendments will improve the existing system and increase access to high quality care among Ontarians.

If you require additional information, please contact Kevin McCarthy, Manager of Strategy at kmccarthy@cnomail.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kevin McCarthy', with a large, stylized flourish at the end.

Kevin McCarthy, RN, BScN
Manager, Strategy

/it

March 23, 2015

College of Optometrists of Ontario
Consultation Feedback
65 St. Clair Ave. E., Suite 900
Toronto ON M4T 2Y3

Sent via email: feedback@collegeoptom.on.ca

Thank you for your invitation to the Ontario College of Pharmacists (OCP) to provide feedback on the consultation regarding proposed amendments to the *Optometry Act* and relevant regulations with respect to the prescribing of drugs.

We concur that listing specific medications in regulations presents a challenge to providing patients with access to optimal care. Lists can have unforeseen consequences and potentially act as a barrier by restricting access to new substances unless regulatory changes are made. When new medications or guidelines are approved for use in Canada, practitioners authorized to prescribe, dispense or administer substances based on specific lists are not able to incorporate advancements in care into their practice without regulatory changes.

We also support optometrist dispensing of medications for the purpose of initiating or determining the quality of a therapy. Permitting optometrists to dispense medications for trial or sampling purposes promotes optimal patient care through the determination and initiation of optimal therapy in a timely manner.

The College may wish to further clarify that the regulations authorize the act of dispensing a drug but are not intended to permit optometrists to sell drugs as defined in the *Drug and Pharmacies Regulations Act*.

The OCP is confident that the College of Optometrists of Ontario will establish the appropriate limits, conditions and processes to ensure that optometrist prescribing and dispensing will be safe and effective. The OCP will work collaboratively with the College of Optometrists to ensure that there will be effective understanding and communication between registrants of our respective colleges.

Sincerely,



Marshall Moleschi, R.Ph., B.Sc.(Pharm), MHA
CEO and Registrar



THE
COLLEGE
OF
PHYSICIANS
AND
SURGEONS
OF
ONTARIO

March 29, 2016

Dr. Paula Garshowitz
Registrar
College of Optometrists of Ontario
65 St. Clair Ave. E., Suite 900
Toronto, ON M4T 2Y3

Rocco Gerace MD
Registrar
Telephone: (416) 967-2600 x400
Facsimile: (416) 967-2618
E-mail: rgerace@cpso.on.ca

80 College Street,
Toronto, Ontario.
Canada M5G 2E2
Toll free in Ontario:
(800) 268-7096

Dear Dr. Garshowitz:

Thank you for requesting the College of Physicians and Surgeons of Ontario's (CPSO) feedback on the College of Optometrists of Ontario's (COO) proposed amendments to the *Optometry Act, 1991*, Designated Drugs and Standards of Practice Regulation under the *Optometry Act, 1991*, and Controlled Acts Regulation under the *Regulated Health Professions Act, 1991*. The CPSO appreciates the invitation to participate in the COO's consultation.

The CPSO values initiatives that ensure that every health care professional can work to their full scope of practice and that encourage the inter-professional and collaborative delivery of health care. The CPSO is generally supportive of most of the proposed amendments, but is concerned that some may exceed the scope of practice for optometrists, putting patients at risk. Bearing in mind that patient safety is of the utmost importance, the CPSO offers the following comments regarding each of the proposed amendments.

Proposed Amendments re: Prescribing and Dispensing Drugs

The CPSO has considered the amendment to the *Optometry Act, 1991* that authorizes the prescribing or dispensing of a drug to be administered or taken topically or orally (instead of prescribing from a drug list) and appreciates that limiting the prescribing of drugs to those on a list can be problematic given that it would prevent the prescribing of the newest drugs that may become the standard of care because the list would be difficult to amend and keep up-to-date. However, the CPSO is concerned with broadening the scope of drugs that can be prescribed to *all* topical and oral drugs that have been approved by Health Canada within the scope of practice of optometry. Given the broad spectrum of drugs this could include, not *all* of the drugs may be directly relevant to the day-to-day practise of optometry. As such, optometrists may be authorized to prescribe drugs, particularly new drugs, they have never prescribed before and do not have the knowledge, skill and judgment to prescribe, putting patients at risk. Instead, the CPSO suggests that the COO consider permitting categories of drugs that can be prescribed, such as: anti-infective agents, anti-inflammatory agents, mydriatics, anti-allergic agents, etc. and restricting optometrists from prescribing specific types of drugs such as oral steroids and oral immunosuppressants. This approach would be less

prescriptive than the current drug list, as the COO would not be specifying the individual drugs that could be prescribed within each category, and would help ensure the drugs optometrists are authorized to prescribe would be directly relevant to the practice of optometry. This may help mitigate the problems associated with the current drug list, while ensuring patient safety is not compromised.

Patient safety considerations are paramount when any regulated health care professional has the authority to prescribe and dispense drugs. Appropriate education and training is particularly important given the potential risks to patient safety that are inherent in prescribing and dispensing drugs. The CPSO's support for optometrists prescribing specified categories of drugs and dispensing drugs for trial/sample therapy would be contingent on optometrists having the appropriate education and training in pharmacology to do so in an a safe and effective manner. The CPSO notes that education and training in pharmacology for physicians is significant. For example, physicians receive comprehensive training in pharmacology at the basic sciences level, followed by the application of pharmacotherapeutic principles in clinical practice. The CPSO notes that if optometrists are now permitted to prescribe a broader range of drugs (e.g. specified categories of drugs instead of prescribing from a drug list) and to dispense drugs, they may require some additional education and training in pharmacology in order to do so safely and effectively. In particular, appropriate education, training and clinical judgment would be required to ensure optometrists are able to determine which specific drug(s) from a category should be prescribed.

The CPSO's [Prescribing Drugs](#) policy sets out expectations for physicians who prescribe drugs and the CPSO's [Dispensing Drugs](#) policy sets out expectations for physicians who dispense drugs. The policies contain a number of requirements physicians are expected to comply with in order to prescribe and dispense in a safe and effective manner. To ensure patient safety is maintained, any health care professional who prescribes and dispenses drugs should do so in a manner that is consistent with the CPSO's expectations for physicians. The CPSO's support for optometrists prescribing specified categories of drugs and dispensing drugs for trial/sample therapy would be contingent on this.

The CPSO notes that the proposed amendments to the Designated Drugs and Standards of Practice Regulation under the *Optometry Act, 1991* include stating the common requirements for prescribing. These requirements are generally consistent with the expectations set out in the CPSO's [Prescribing Drugs](#) policy, however, the COO may also want to consider including the following in regulation or policy:

- Requirements regarding consent to treatment and their applicability to prescribing.
- Clarifying what information must be included on a prescription.
- Clarifying the different ways in which a prescription can be authorized (e.g. verbal, signature, electronic).

- Stating that patients must receive follow-up care after prescribing, to monitor whether any changes to the prescription are required, and to manage a response to therapy or its complications.
- Stating expectations regarding prescription refills.

The CPSO also notes that the proposed amendments to the Designated Drugs and Standards of Practice Regulation under the *Optometry Act, 1991* include stating the common and specific requirements for dispensing. The requirements are generally consistent with the expectations set out in the CPSO's [Dispensing Drugs](#) policy, however, the COO may also want to consider including the following in regulation or policy:

- Clarifying that optometrists must use proper methods of procurement in order to be assured of the origin and chain of custody of drugs being dispensed.
- Clarifying that drugs must be stored securely and appropriately to prevent spoilage (e.g. temperature control where necessary).
- Requiring that optometrists have an audit system in place in order to identify possible drug loss.
- Requiring that appropriate packaging be provided.
- Requiring that optometrists dispose of drugs that are unfit to be dispensed (expired or damaged) safely and securely and in accordance with any environmental requirements.

The CPSO understands that the sale of drugs will remain prohibited and supports this position, given that sales can give rise to conflicts of interest. The COO may wish to explicitly state this prohibition in regulation.

The CPSO is supportive of the prohibition on prescribing/dispensing controlled substances as this is extremely complex, especially given the associated significant patient and public safety risks. Access to prescribing/dispensing controlled substances should not be provided to additional health care professions until prescribers/dispensers are able to get real-time access to patient medication histories.

The CPSO is supportive of the proposed amendments to the Designated Drugs and Standards of Practice Regulation under the *Optometry Act, 1991* that restrict when oral secretagogues and oral carbonic anhydrase inhibitors (CAIs) or steroids can be prescribed.

Proposed Amendments re: Removing Superficial Foreign Bodies from Cornea

The CPSO is generally supportive of the proposed amendment to the *Optometry Act, 1991* that authorizes optometrists to remove *superficial* foreign bodies from the *surface* of the cornea based on the understanding that needles and bores will not be involved and irrigation will be used. However, it may be difficult for optometrists to know where the foreign body is located in the cornea and whether the foreign body would go beneath the corneal layer. If there are

surface of the cornea, as these would be more complex and require surgical training, which optometrists do not have.

Proposed Amendments re: Application of Soundwaves for Diagnostic Ultrasound

The CPSO is supportive of the proposed amendments to the Controlled Acts Regulation under the *Regulated Health Professions Act, 1991* that authorize optometrists to apply soundwaves for diagnostic ultrasound in order to perform corneal pachymetry or A/B scan ocular ultrasonography. The CPSO's support for optometrists performing these forms of diagnostic ultrasonography would be contingent on optometrists having the appropriate education and training to do so in a safe and effective manner.

In conclusion, the CPSO is generally supportive of most of the proposed amendments, but is concerned that some may exceed the scope of practice for optometrists, putting patients at risk. More specifically, the CPSO is supportive of the proposed amendments regarding prescribing and dispensing provided that prescribing is limited to specified categories of drugs, optometrists have any additional education and training in pharmacology that may be required in order to prescribe a broader range of drugs (e.g. specified categories of drugs instead of prescribing from a drug list) and to dispense drugs in a safe and effective manner, and prescribing and dispensing is done in a manner that is consistent with the CPSO's expectations for physicians. The CPSO is generally supportive of the proposed amendments regarding removing *superficial* foreign bodies from the *surface* of the cornea provided that they are irrigated, but believes that patients would be put at risk if optometrists were authorized to remove foreign bodies from *in or below the surface* of the cornea as surgical training would be required. Finally, the CPSO is supportive of the proposed amendments regarding soundwaves for diagnostic ultrasound.

Should you require any further input or wish to discuss the above further, please do not hesitate to contact me. Thank you again for the opportunity to participate in your consultation.

Yours very truly,



Rocco Gerace MD
Registrar



Ontario Association of Optometrists
Healthy Eyes. Doctor Delivered.™

February 23, 2016

Dr. Paula Garshowitz, Registrar
College of Optometrists of Ontario
65 St Clair Ave E, Suite 900
Toronto, ON M4T 2Y3

Dear Dr. Garshowitz

The Ontario Association of Optometrists (OAO) is pleased to support the College's proposed amendments to the Optometry Act, Designated Drugs and Standards of Practice Regulation, and Controlled Acts Regulation. These amendments improve patient access and experience by optimizing the role of optometrists in primary eye care, and allow the optometrist to participate more fully in the medical model of eye care.

Amendments to the Designated Drug Regulation

Almost five years have passed since Ontario optometrists were authorized to prescribe therapeutic pharmaceutical agents, but the list of drugs has not expanded. The current process for approving drugs has created a barrier to access to safer and more effective treatments for patients. The requirement to prescribe from a restrictive and outdated list identifies Ontario as out of step with all other Canadian jurisdictions that allow optometrists to prescribe either by drug categories or Schedule 1 oral and topical drugs within the scope of practice of optometry.

OAO recommends that the College submit the proposed changes as soon as possible so that Ontarians will benefit from the most current therapies and will not require unnecessary referrals to other providers to access these drugs.

Amendments to the Optometry Act and Controlled Acts Regulation

OAO supports proposed amendments that would authorize optometrists to remove superficial foreign bodies beneath the corneal epithelium. If passed, Ontario optometrists will join all other Canadian jurisdictions in the ability to provide effective emergency eye care and reduce emergency department costs. Further, OAO recommends that the College consider amendments that would also permit optometrists to remove foreign bodies beneath the conjunctival and lid epithelium.

OAO advocates for changes that would authorize optometrists to provide drug samples to evaluate the clinical performance of a medication or to initiate therapy. This expanded authority would give optometrists more flexibility in determining the best treatment course, especially in glaucoma care, while reducing the financial burden on the patient and the health care system.

OAO supports the amendment of the Controlled Acts Regulation so that optometrists may perform corneal pachymetry and A/B scan ocular ultrasound.

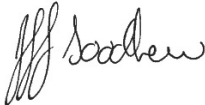
Additional Recommendations

OAO also recommends that the College consider additional amendments that would allow optometrists to fully manage glaucoma independently. The extra flexibility of independent glaucoma management will allow optometrists to more appropriately manage their patients, either through a co-management model or independently, depending on the clinical situation and the best interests of the patient.

Conclusion

The submission is well-researched, reasonable, and in the public's interest. Thank you for the opportunity to provide our comments.

Sincerely,

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Jeff Goodhew, OD
OAO President



EPSO SUBMISSION

College of Optometrists of Ontario-Proposed Amendments to Drug Regulation

Eye Physicians and Surgeons of Ontario Submission to the Ontario College of Optometry with
Respect to Proposed Legislative Changes

March 30th 2016

March 30th 2016

College of Optometrists of Ontario
Consultation Feedback
65 St. Clair Ave. E., Suite 900
Toronto ON M4T 2Y3

Submission on Proposed Amendments to the Optometry Act from the Eye Physicians and Surgeons of Ontario (EPSO) – (OMA Section on Ophthalmology)

Preamble:

Ontario Ophthalmologists value the important role Optometry plays in delivering quality eye care to Ontarians. The important work that Optometry and Ophthalmology have done in creating guidelines for ocular disease co-management through the Eye Health Council of Ontario (EHCO) has established a number of best practice guidelines in eye care. We anticipate continued advancement of this inter-professional collaboration to address issues in urgent care, ocular diagnostic testing and therapeutic prescribing and have discussed this expansion with our Optometry colleagues. Concerns that our group has identified surrounding the proposed modifications to the Optometry Act relate to scope of new medications proposed to be prescribed, and to concerns with the expanded indications for ocular ultrasonography in Controlled Acts Regulation, and performing a surgical procedure deep to the cornea for foreign body removal.

Section 1 – Amendments to Optometry Act Prescribing and Dispensing Drugs

Dispensing

We support the modifications regarding dispensing medicines for the purposes of “initiating, or testing the quality, value or usefulness, of a therapy” as proposed. This is a logical progression to the prescribing role of Optometry in managing Primary Open Angle Glaucoma currently. We endorse the comprehensive list of safeguards relating to dispensing practice listed in numbered item 2 of the proposal. We want to be clear that this should apply to topical agents only.

Scope of Medications Requested

Eye Physicians and Surgeons of Ontario recognize that the ocular therapeutics available to Optometry should expand as new therapies are introduced to Ontario We suggest that the list of available medications for Optometry be expanded - as appropriate - to allow for the best treatment for patients in

a timely manner. Examination of the current list reveals that it needs updating to reflect current practice. Ophthalmology is prepared to support expanding the indicated drugs, and to work with Optometry and Government, through the Eye Health Council of Ontario (EHCO), to develop a more responsive and rapid process to modify the drugs Optometry has access to. We are uncomfortable with opening the access to all Schedule 1 drugs, given the patient population that Optometry manages independently - which are by definition “uncomplicated” and should be able, for the most part, to be managed with existing therapeutic agents.

We suggest the following:

- 1) Modification of the pre-existing list will allow for the best treatment of patients in our current system. Codifying a method for ongoing adjustment to the list in a timely manner will keep therapeutic options up-to-date. As the proposed regulation seeks to limit these medications to the “scope of practice of Optometry,” this can easily be accomplished within the current system by allowing for regular adjustments to the pre-existing schedule.
- 2) Oral medications, particularly steroids, carbonic anhydrase inhibitors and oral secretagogues have significant side effects and risks that may endanger patient safety if not monitored properly. The proposed regulations for secretagogue use provide for active ongoing oversight of their use by a physician, and seem workable. It is not clear where a situation would arise that would require emergency use of oral steroids within a time frame that a physician could not be found to initiate and oversee treatment. In all conceivable situations that might require their use emergently, the patient is likely to have a disease process that poses risks to organ systems beyond the eye, and medical management would therefore be required. Use of carbonic anhydrase inhibitors pose significant risk in terms of medication interaction, hypokalemia, renal dysfunction and systemic acidosis which are particularly likely in the elderly or debilitated. “Emergency” use of these drugs to lower pressure usually develops in the postsurgical eye or in acute angle closure. In those situations an immediate working relationship with an Ophthalmologist is needed, even if not physically present, to oversee definitive - often surgical - management. Thus, we do not see expansion of oral medications such as steroids and carbonic anhydrase inhibitors as appropriate for introduction to Optometric practice currently.

The document references some safeguards around the use of these oral drugs by Optometrists in the setting where a physician was not available to treat the patient. This is not currently an issue in Ontario, as all communities have access to 24/7 emergency rooms with on-call ophthalmology coverage. Data from Criticall suggests that eye related emergencies are well handled by the current system. We would support the expansion of the Criticall system to allow for its handling of a rare but serious issue arising where a local Ophthalmologist was not available, or access to an ER department was not possible.

The College of Optometry should work to ensure that the appropriate continuing educational programs are enhanced as new medications are introduced to the current list of therapeutics. They should also establish benchmark educational objectives in therapeutics that promote best practices by the group. We do not see any concrete plans to deal with enhanced scope of practice for currently practicing Optometrists (or those in training) with regards to the expanded scope of practice. We highlight, again,

our concerns surrounding the side effects of oral medications, and potential liabilities in their use, that pose significant public health concerns if introduced rapidly and without proper educational footing.

Section 2 – Proposed Amendments to Authorized Acts

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

There is an understanding that an Optometrist can remove superficial foreign bodies present on the surface of the epithelium of the cornea, but any foreign body deeper than Bowman’s membrane (the termination of the superficial cornea) should be left to a surgically trained physician. In practical terms this would mean that Optometrists should not be permitted to use instruments to “dig” beneath the corneal surface in order to remove a foreign body. Key concerns related to performing surgery to remove a foreign body inside the cornea include:

- a) Risk of perforation of the eye and its subsequent need for immediate surgical repair with obvious inherent risk of infection, should that occur. This may occur during, or after, an intra-corneal foreign body is removed and may require immediate surgery to repair the open globe in a hospital-like setting.
- b) The ability to decide to remove the foreign body in an OR-like setting, if the perceived risk of globe perforation is significantly likely when the foreign body is removed.
- c) Potential to create vision-threatening scar via removal, as procedures below the level of Bowman’s membrane are far more likely to leave permanent scarring to the cornea than those that are superficial only. If the foreign body is located in the axis of sight, irreversible, vision-threatening scarring may result from removal.
- d) Ability to ascertain if additional foreign bodies are present in other ocular or orbital structures of the eye by ordering and interpreting radiographic images as part of the management and care of patients with intra-corneal foreign bodies.

EPSO would highlight concerns relating to training for both currently practicing Optometrists, and those still in registered Optometry programs, in dealing with the above concerns. The volume of cases required to achieve competence and safety for removing intra-corneal foreign bodies is not established, nor is the practice of introducing a surgical procedure to Optometry to be taken lightly. Where are current Optometrists to gain hands on experience in performing corneal foreign body removal surgery? Even if this is established for new trainees it would require - at minimum - an interprofessional collaborative educational project with Ophthalmology to supervise patients needing those procedures to ensure safety and standards of care are met. We suggest that if this is a desired skill set for Optometry, it should be overseen by those who do the removals in our current system. We would suggest that this be addressed via the Eye Health Council to create interprofessional guidelines and training, if needed, for these procedures.

Section 3 – Proposed Amendment to the Controlled Acts Regulation (107/96)

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.

We completely support the proposed amendment to include corneal pachymetry by any method, as we see this as an essential test necessary for the management, treatment and ongoing care of patients with Open Angle Glaucomas. We would also support including this as an insured benefit to patients under Optometry's Schedule of Benefits at a level equal to that for Ophthalmology. Management of ocular hypertension and low tension glaucoma have been changed dramatically by the use of pachymetry for best practice in these conditions, as examples, and it is essential that the controlled acts regulation be updated to include this test.

We respectfully disagree that expansion of soundwaves, for the purposes of performing diagnostic A and B scan ultrasounds, should also occur. Diagnostic A scans are used for the purposes of selecting an intraocular lens power at the time of cataract surgery, and for some very uncommon applications in ocular oncology. There is no current indication for an Optometrist to order such as test, and we would ask the College to establish a list of suggested indications before proposing such a regulatory change. We would be open to discussing any indications we may not have considered.

Diagnostic B scans are performed when visualization of the ocular fundus is impaired due to conditions such as advanced cataract or vitreous hemorrhage, and also for the purposes of monitoring potential tumours of the eye. These tests are highly subspecialized in nature, requiring extensive experience in their use and interpretation and are NOT routinely used even by general and comprehensive Ophthalmologists as they also are used in surgical planning and subspecialty retinal care. B scan ultrasonography is a dynamic test requiring the interpreting individual to be present with the operator to detect nuances. Given the skill required to do a good scan and interpret it, these scans will require duplication when a retinal specialist reviews the patient and there is a significant potential for false negative scans which may delay referral. For these reasons we do not believe it is in the patient's best interest to have this procedure done in an Optometric setting.

Conclusions

The Eye Physicians and Surgeons of Ontario remain committed to working in a collaborative, interprofessional, manner with our Optometry and Opticianry colleagues to deliver eye care in Ontario. This will continue to evolve as technology, medications, practice patterns, and scopes of practice

change. We see the proposed regulatory changes presented by the College of Optometry as an important step forward in this direction to enhance Optometry practice in the province. We support the proposal to always ensure that Optometry is “able to prescribe the indicated best treatment for patients in a timely manner,” and view changes to access to the prescription of medications as essential to that mandate. We have not only suggested that new medications be added, but that a timely and recurrent method to update that list be established. We commit to work collaboratively with government to achieve that endpoint. The ability to also dispense will be a logical progression that will help deliver better, high quality, care to patients directly under the auspices dictated by the proposed amendments.

As referenced in the above commentary, we do not support an open regulatory change to allow for Optometric prescription of oral non-narcotic medications that could be used in the treatment of ocular disease - specifically oral steroids or carbonic anhydrase inhibitors - due to safety concerns with those medications, and their wide ranging systemic effects.

Finally, we endorse the expansion of the controlled acts to include pachymetry use for open angle glaucoma management, but have concerns surrounding the expansion of corneal foreign body removal below the corneal surface due to the potential for surgical misadventure, which may occur in the absence of training standards and supervision in the acquisition of this skill.

The use of diagnostic A and B scan ultrasonography require specialized training, and experience to carry out and interpret, and do not appear to be needed to provide care within the scope of Optometric practice.

We finish by asking the College of Optometry to pair any proposed regulatory changes to a financial impact analysis that includes potential implications for government and patients who may have to fund the expanded scope of medication cost and expanded use of controlled acts.

Respectfully Submitted,

Dr. Kylene McReelis

A handwritten signature in black ink, appearing to read 'K. McReelis', written in a cursive style.

President
Eye Physicians and Surgeons of Ontario