

We hope this information brochure will assist in your review of the proposed changes to the Optometry Profession Regulations. We encourage you to review the proposed changes and respond with your comments.

For more information, contact the Registrar of the Alberta College of Optometrists, Dr. Gordon Hensel, at: registrar@collegeofoptometrists.ab.ca

Thank you for assisting optometrists to improve Albertans' access to eyecare services and patient outcomes.



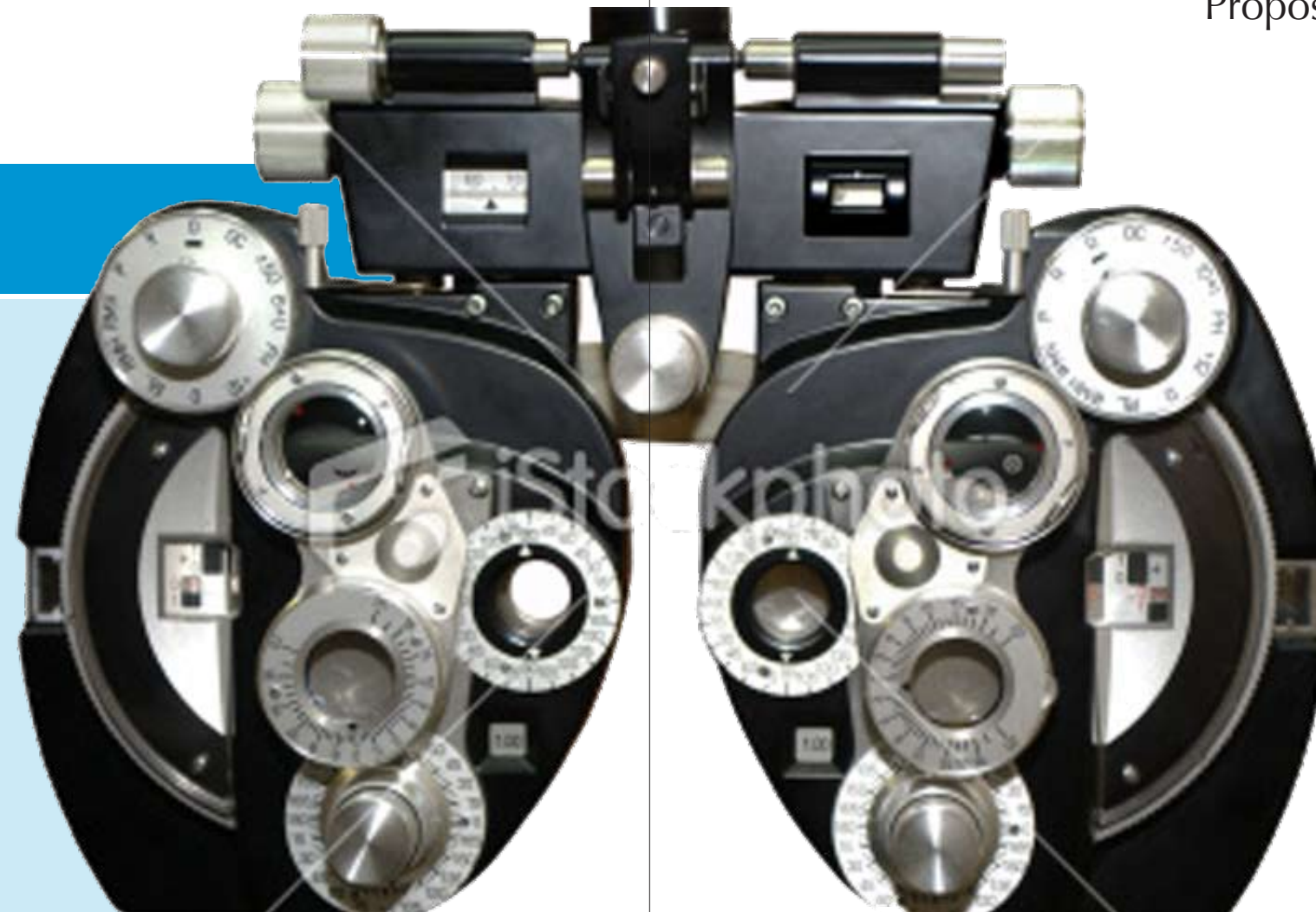
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Optometrists Profession Regulation Proposed Changes

Help us improve patient access to the health system, decrease overall vision care costs and improve patient outcomes by updating the Optometrists Profession Regulation.

On December 23, 2009 you will receive the 4-column document containing proposed amendments to the Optometrists Profession Regulation by email. The intent of these proposed amendments is to allow optometrists to practice to the degree to which they have been educated and trained.

To give you better insight into a few of the proposed changes, we developed this information brochure to supplement the 4-column document provided to you by the Department of Health & Wellness.



ALBERTA college
of OPTOMETRISTS

Tel: (780) 466-5999
Toll Free: 1-800-668-2694 (Alberta only)
Fax: (780) 466-5969

registrar@collegeofoptometrists.ab.ca
www.collegeofoptometrists.ab.ca



ALBERTA college
of OPTOMETRISTS

www.collegeofoptometrists.ab.ca



PROVISIONS IN CURRENT REGULATIONS

11 A regulated member may perform the following restricted activities, within the meaning of Schedule 7.1 to the *Government Organization Act*:

- (a) to prescribe and dispense corrective lenses;
- (b) to prescribe the following Schedule 1 drugs for the purpose of diagnosis:
 - (i) mydriatics;
 - (ii) cycloplegics;
 - (iii) miotics;

PROPOSED CHANGES

11 A regulated member may perform the following restricted activities, within the meaning of Schedule 7.1 to the *Government Organization Act*:

- (a) to prescribe and dispense corrective lenses;
- (b) to prescribe a Schedule 1 drug for the examination, assessment, measurement, diagnosis, treatment, management and correction of disorders and diseases of the human visual system, the eye and its associated structures.

COMMENTS

Many new drugs coming to market do not fit in the historical categories. In addition, many of these new ophthalmic drugs are being delivered via topical, oral or injectable routes (and not just topical applications).

The proposed new Regulation would allow optometrists to prescribe new drugs and deliver them via topical, oral or injectable routes for disorders and diseases of the human visual system, the eye and its associated structures. This change would improve patient outcomes by allowing optometrists to choose the best and most effective medication for their patient's condition or disease without having to wait for legislative changes.

The training programs for optometry students already include the didactic and clinical background necessary to ensure a competent and skilled practitioner. In addition, these students have to prove their competency by passing a National Board Exam that tests this area of expertise. Optometrists already in practice would have to pass a refresher course and exam before being deemed competent to engage in this activity.

PROVISIONS IN CURRENT REGULATIONS

12(1) A regulated member may perform the following restricted activities, within the meaning of Schedule 7.1 to the *Government Organization Act*:

- (b) perform surgical procedures on body tissue below the dermis or the mucous membrane or in or below the surface of the cornea in the removal of superficial foreign bodies from the eye.

PROPOSED CHANGES

- (a) to cut body tissue, to administer anything by invasive procedure on body tissue or to perform a surgical or other invasive procedures on body tissue for the examination, assessment, measurement, diagnosis, treatment, management and correction of disorders and diseases of the human visual system, the eye and its associated structures.

COMMENTS

The intent of this section is to bring the current legislated level of practice closer to the actual competence, education and current practice level of Alberta optometrists. Major surgical procedures that involve penetration of the globe such as cataract or retinal-vitreous surgery are not contemplated.

The exact specifics of what constitutes a minor optometric procedure would be defined in the ACO Standards of Practice. Examples of these anterior segment "minor surgical procedures" would include the removal of a chalazion and/or benign lesions, procuring a sample for biopsy, draining of conjunctival fluid cysts, suturing of small lacerations and YAG capsulotomies. Only optometrists who attain an advanced designation by successfully passing a didactic and clinical training

program for specific optometric surgical procedures would be allowed to perform them.

The use of a laser by itself is not a restricted activity; however, the use of a laser to cut body tissue or perform an invasive procedure is a restricted activity. Students who prove their competency by passing this section of the National Board Exam would be certified to perform these activities. Optometrists already in practice would have to successfully pass a specific didactic and clinical laser course and exam in order to be certified to perform these activities.

PROVISIONS IN CURRENT REGULATIONS

12(3) Despite subsection (1), regulated members may only prescribe anti-glaucoma medication referred to in subsection (1)(a)(viii) in a consultative, co-management arrangement with an ophthalmologist who is licensed to practice in Canada.

PROPOSED CHANGES

Delete the entire section.

COMMENTS

Optometrists in Alberta have 14 years of formal co-management of glaucoma and many years of informal co-management experience prior. Ontario is the most recent province to grant optometrists the privilege to treat glaucoma independently. Following an in-depth review, the Ontario Health Profession Regulatory Advisory Council (HPRAC) was convinced that optometrists possess the competencies and skills required to manage glaucoma independently. In the USA, only three jurisdictions remain that require mandatory co-management.

Allowing Alberta optometrists to independently treat and manage glaucoma allows them to practice to the full extent of their education, training and clinical experience, just as optometrists in other jurisdictions in North America currently do.

As optometrists are located in over 80 different cities, towns and villages across Alberta, removing the mandatory co-management clause would improve patient access, promote cost-effectiveness and increase patient outcomes. As primary care practitioners, optometrists are in the best position to follow patients and ensure they remain compliant with their medication.

Should this proposed section receive approval, optometrists would still be obliged to refer patients who present with conditions outside their level of competence to a glaucoma specialist ophthalmologist for appropriate medical evaluation and treatment.

PROPOSED CHANGES

The addition of two new sections:

- 12(1)
- (c) to order ionizing radiation for the examination, assessment, measurement and diagnosis of disorders and diseases of the human visual system;
- (d) to order or apply non-ionizing radiation for the examination, assessment, measurement, diagnosis, treatment, management and correction of disorders and diseases of the human visual system;

COMMENTS

With regard to ionizing radiation, the intent of this section is to allow optometrists to order an X-ray or CT scan for diagnostic purposes. The word "apply" is not included as it is not intended for optometrists to operate an X-ray or CT scan machine.

With regard to non-ionizing radiation, the intent of this section is to allow optometrists to order and apply non-ionizing radiation such as magnetic resonance imaging (MRI) or ultrasound. Order and apply would pertain to ultrasound while order only would pertain to MRI (again, it is not intended that optometrists operate a MRI machine). Currently, optometrists use regular ultrasound for corneal thickness measurements and B-scan ultrasonography for imaging selected eye tissues.

The reason for requesting this change is due to legislative restrictions lagging behind appropriate vision care standards. An example is in the diagnosis of glaucoma. Currently, optometrists and ophthalmologists routinely measure a patient's corneal thickness as part of a glaucoma workup as corneal thickness has been proven to be one (of many) independent risk factors for the disease. This is most commonly and cost-effectively measured with an ultrasound instrument.

Although not specifically legislated, optometrists have been using ultrasound for many years to ensure their patients receive the most appropriate and timely care. In addition, optometrists have been using other new and developing technologies that employ ultrasound to generate an image. This new section would allow the Alberta College of Optometrists to regulate their members accordingly.