



ALBERTA College
of OPTOMETRISTS

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January 09, 2010

Dr. Matthew Tennant
#400 10924 - 107 Ave.
Edmonton, Alberta

RE: Optometrists Profession Regulation

Dear Matt:

Thank you for taking the time for our telephone conversation last week. As requested, I hope this cover letter and the attached backgrounder will answer the questions you raised.

Historical Background

The Alberta College of Optometrists (ACO) submitted a request to the Minister of Health & Wellness to amend our regulations over two years ago. As with most government legislation, it has taken this long to finally circulate the proposed changes to stakeholders for comment. Unfortunately, the circulated document does not contain the exact wording that was originally contemplated, but rather, a general overview of the proposed changes. As such, the potential exists for possible misinterpretation of what was originally contemplated.

Reason for Requesting an Update to the Regulations

The profession of ophthalmology has evolved into a secondary care consultation and surgical medical specialty while the profession of optometry has evolved into providing primary vision care services. This evolution was logical as both of our didactic education and clinical training programs emphasize these different areas. It can also be argued that although ophthalmologists have the requisite training and competencies to provide primary vision care services, it is a better use of health care dollars to have them provide surgery and secondary care consultations and optometrists provide primary vision care services. In addition, since the vast majority of family physicians do not have the necessary equipment to provide primary vision care services and ophthalmologists are too busy providing surgery and secondary care consultations, it only stands to reason that the Optometrists Profession Regulation be updated. All schools of optometry in Canada and the United States already instruct students in all of the proposed areas of change and the National Optometric Board Exam tests these areas to ensure that all graduates are competent and skilled in these areas before being allowed to register. Existing practitioners would have to pass a recertification course and exam to be considered competent.

Bottom Line

As you and your colleagues review the proposed changes, we would ask that your comments be based on "what updates to the Optometrists Profession Regulation are required to continue to allow optometrists to provide primary vision care services?"

Should you require any further clarification on this document or have any further questions, please contact me anytime at the ACO office (780-466-5999) or at my private office (780-468-3390).

Sincerely,

Gordon Hensel OD, FAAO
Registrar, ACO

Summary of Proposed Changes

1. Pharmaceutical Prescribing

The current Optometrists Profession Regulation dates back to the mid-90's. It allowed optometrists to prescribe topically applied Schedule 1 drugs for the treatment of anterior segment disorders. Since our province was the first in Canada to allow optometrists to prescribe Schedule 1 pharmaceuticals (even though American States had been doing it 20 years previously); rather than specify each drug individually or simply give carte-blanche permission to use any drug, a compromise was agreed upon where a list of drug categories would be inserted into the optometry legislation.

Since some of the newly developed drugs do not "fit" into these archaic categories and since some eye conditions require the use of oral or injectable medications (as opposed to just topical medications), we requested that this section of our regulations be updated. Examples of optometric prescribing include topical antibiotics and steroids (for bacterial and inflammatory conditions), topical Restasis (for extreme dry eye that does not respond to other conventional therapy), oral antibiotics (for meibomian gland dysfunctions) and injectable Kenalog (for a chalazion that does not respond to conventional warm compress therapy and the patient does not wish to have surgery).

The current optometry curriculum already includes didactic and clinical training in topical, oral and injectable medications. As such, all optometry students who pass the Canadian or American National Optometry Board Exam (that tests these areas), would be considered competent to provide this service. Existing practitioners (like me) would have to take a recertification course and pass an exam before being considered competent to provide these services.

The Alberta College of Optometrists would like to make it absolutely clear of our intent with the proposed changes. Our anticipation is that the proposed changes will allow optometrists the ability to diagnose and treat primary eye-care conditions quickly and effectively. This will improve patient outcomes for patients treated in our offices and increase efficiencies on patient referrals to ophthalmologists for secondary and surgical care. **Our intent is to treat anterior segment disorders only.** We have **NO** intention to treat more advanced conditions requiring secondary care, posterior segment disorders (such as intra-ocular injection of Avastin) or systemic conditions (such as oral medications for hypertension or thyroid dysfunction). The final wording must make this limitation very clear.

The bottom line is that this proposed change would allow optometrists to use newer and more effective drugs, increase health system efficiencies and improve patient outcomes.



2. Co-Management of Glaucoma

Optometrists in Alberta have 14 years of formal co-management of glaucoma and many years of informal co-management experience prior. Forty-seven of the fifty US States no longer have any mandatory co-management clause. Last year, following an in-depth review, the Ontario Health Profession Regulatory Advisory Council (HPRAC) determined that optometrists' possess the competencies and skills required to diagnose and manage glaucoma independently.

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, increase patient compliance and improve patient outcomes. This proposed change would not allow optometrists to perform filtering surgery. In addition, should this proposed section receive approval, optometrists would still be obligated to refer patients who present with conditions outside their level of competence to a glaucoma specialist ophthalmologist for appropriate medical evaluation and treatment.

The bottom line is that nothing will really change in our day-to-day practices. Patients with stable glaucoma will continue to be monitored in optometrists' offices while complicated cases or those requiring surgery will continue to be referred to glaucoma specialists for appropriate treatment.

3. Ionizing and Non-Ionizing Radiation

The intent of this proposed change is to allow optometrists to order/apply ultrasound and order MRI, X-Ray or CT Scans. The current Optometrists Profession Regulation does not allow optometrists to provide any of these services. Although, these tests would not be provided to every patient who presents to an optometrist's office, select patients may require these additional diagnostic tests during their initial workups.

No ophthalmologist or optometrist would consider doing a complete glaucoma workup without measuring the patients' corneal thickness. This usually involves the use of an ultrasound instrument. Even though it is not specifically legislated, optometrists have been providing this service for many years because it is in the patient's best interest to do so. This is a classic case of how outdated legislation conflicts with current ophthalmic standards of care.

In the case of imaging technology, potential examples may include:

- a) The ordering of a MRI for a healthy, young patient who presents with recent onset nerve palsy. The results of the MRI along with a summary of the patient's eye examination would then be forwarded to the patient's physician for their medical opinion and appropriate treatment. This speeds up the diagnosis time, makes it more convenient for the patient, makes efficient use of the physician's time and reduces health care costs.



- b) The ordering of a CT scan for a suspected fresh bleed (stroke, aneurysm, etc.), possible intra-ocular foreign body or suspected orbital fracture. Again, the results would be forwarded to a retinal-vitreous specialist for appropriate treatment. Since a timely referral for all these conditions is essential, this would improve patient outcomes and make more efficient use of the specialist's time.

The bottom line is that this proposed change would allow optometrists to provide primary vision care services in a timely manner, reduce health care costs, increase referral efficiencies and improve patient outcomes. Ionizing and non-ionizing testing protocols have been a part of the optometry curriculum in our schools of optometry for many years and is also included as part of the Canadian or American National Optometry Board Exams.

To be absolutely clear, it is our intention to only use this for ophthalmic purposes only.

4. Minor Surgical Procedures

The intent of this proposed change is to bring the legislated level of practice closer to the actual competence, education and current practice level. Major surgical procedures such as cataract surgery, retinal detachment or laser refractive surgery are not contemplated.

Although, the government considers all eye surgery to be "minor surgery", the Alberta College of Optometrists does not. Possible examples of what we consider "minor surgical procedures" would include chalazion removal, lopping of a skin tag, procuring a lesion for biopsy, draining of conjunctival fluid sacs or suturing of small skin lacerations. Graduating optometry students would be considered certified to perform these procedures since these procedures are included in current optometry program curriculum and tested on the Canadian or American National Optometry Board Exam (both didactic and practical exams). Existing practitioners (like me) would have to successfully pass a special didactic and clinical training program and pass a final exam to be certified to perform these procedures.

The exact final wording would make the limitation of what procedures are contemplated very clear. The bottom line is that patients with conditions outside the optometrist's level of competency would continue to be referred to ophthalmologists for appropriate treatment.

5. Laser Procedures

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. The Alberta College of Optometrists and the College of Physicians and Surgeons of Alberta have both requested that any use of a laser should be considered a restricted activity. The government is expected to complete their review of restricted activities by the end of this year.



Currently, optometrists use laser aided instruments such as HRT or OCT for diagnostic purposes. In addition, many optometrists have received training in laser treatment procedures such as YAG capsulotomies, iridotomies and selective laser trabeculoplasty (which may become first-line therapy for glaucoma in the near future). The reason for requesting this change is to improve patient access by allowing patients to present to their local optometrist for selected laser treatments. What are not contemplated would be procedures such as pan-retinal or focal grid photocoagulation, photodynamic therapy for choroidal hemangioma or laser refractive correction.

As you requested, the following is a laser course listing from one of the optometry programs:

7031 Ophthalmic Applications of Lasers

Laser biophysics, hazards, safety precautions, indications and contraindications for specific procedures, performance of the procedures, and follow-up care including management of complications are reviewed. Prerequisites: Optometry 4126, 5263, 6072, and 6173.

As with other previously discussed changes, optometry students who pass the Canadian or American National Optometry Board Exam would be considered competent while existing practitioners would have to pass a special didactic and clinical recertification course and final exam to be considered competent to perform these services. The bottom line is that allowing optometrists to perform selected laser procedures would improve patient access, decrease health care costs and improve patient outcomes.

Concluding Comments

We appreciate the time taken by you and your colleagues in reviewing the proposed changes to the Optometrists Profession Regulation. We would appreciate your suggestions on finding the "right wording" so that Albertans continue to receive the high standard of eye-care they have been accustomed to and the Alberta College of Optometrists is able to regulate their members providing the full spectrum of primary eye-care services properly.

