

Review and Consultation
Proposals to amend the *Optometrists Profession Regulation*
Respecting the Authorizations to Perform Restricted Activities

| Current Authorizations | Proposed Change | AHW Comments | Stakeholder Comments |
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| <p>Prescribing Drugs</p> <p>All optometrists are authorised to prescribe schedule-1 drugs from the following drug categories for diagnostic purposes:</p> <ol style="list-style-type: none"> 1. mydriatics 2. cycloplegics 3. miotics <p>Optometrists who have demonstrated appropriate competencies are also authorized to prescribe the following schedule-1 drugs <u>for topical application</u> in the treatment of ocular anterior segment disorders:</p> <ol style="list-style-type: none"> 1. mydriatics 2. cycloplegics 3. miotics 4. non-steroidal anti-allergy medications 5. non-steroidal anti-inflammatory medications 6. corticosteroids 7. anti-infective medications, including steroidal anti-infectives 8. anti-glaucoma medications | <p>The Alberta College of Optometrists (ACO) proposes that all optometrists be authorized to prescribe schedule 1 drugs for both diagnostic and therapeutic purposes within the practice of optometry.</p> <p>The ACO also proposes that the limitation to topical administration of therapeutic drugs should be removed to enable administration by other routes where appropriate.</p> <p>The current regulation contains specific references to the ACO establishing criteria for administering and prescribing of drugs for therapeutic purposes. Without changing the intent of these provisions, it is proposed that these be replaced with a reference to professional standards of practice, in line with other regulations under the HPA.</p> <p>Also, in line with other regulations under the HPA, the regulation will be amended to include the specific regulatory requirement that regulated members must restrict themselves <i>in performing restricted activities to those activities that they are competent to perform and to those that are appropriate to the member's area of practice and the procedure being performed.</i></p> | <p>Removing the limitations on which drugs may be prescribed and on how they may be administered will provide optometrists with increased flexibility to choose the appropriate drugs for their clients without having to wait for regulatory changes. Some new drugs coming to market do not fit in the old, historical categories. Examples of such drugs include: <i>Dapiprazole</i> (used to speed the post-examination reversal of pupil dilation) and <i>Restasis</i> (used in the treatment of dry eye), Neither of these drugs fit within the categories identified in the current regulation.</p> <p>It is important to note that there will continue to be limitations on the drugs that optometrists prescribe. First, as is the case with dentists and podiatrists; optometrists may only prescribe drugs within the practice of their profession. Second, as is the case with all health professions regulated under the <i>Health Professions Act</i>, the performance of this and any other restricted activity is constrained by the provisions of the regulation and the profession's standards of practice.</p> | |
| <p>Collaboration with Ophthalmologists</p> <p>Currently regulated members may only prescribe anti-glaucoma medications in a consultative, co-management arrangement with an ophthalmologist who is licensed to practice in Canada.</p> | <p>The ACO proposes that the requirement for a pre-established consultative relationship be removed from the regulation.</p> | <p>Optometrists in Alberta have 14 years of formal co-management of glaucoma and many years of informal co-management before that. Removing the requirement for collaboration does not mean that optometrists and ophthalmologists would not collaborate in the care of glaucoma patients. Rather the decision to collaborate would be based on professional judgment and the needs of the client.</p> | |

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| Minor Surgical Procedures | | | |
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| <p>Currently, optometrists are authorized to perform surgical procedures on body tissue below the dermis or the mucous membrane or in or below the surface of the cornea <u>in the removal of superficial foreign bodies from the eye.</u></p> | <p>The ACO proposes that optometrists with advanced qualifications be authorised to “<i>to cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform surgical or other invasive procedures on body tissue below the dermis or the mucous membrane or in or below the surface of the cornea ...</i>” for the purpose of performing <u>minor</u> optometric surgical procedures during the examination, assessment, measurement, diagnosis, treatment, management and correction of disorders and diseases of the human visual system, the eye and its associated structures.</p> <p>The authority to perform surgical procedures would be limited to non-intraocular surgical procedures involving local anaesthesia only. Optometrists would not be authorised to perform cataract surgery, retinal detachment surgery, cosmetic lid surgery, or laser vision correction.</p> <p>Only optometrists who attain an advanced designation by successfully passing a didactic and clinical training program approved by the ACO Council for specific surgical procedures would be allowed to perform this restricted activity.</p> | <p>Examples of the types of minor surgery that the ACO is proposing its members be authorised to perform include the removal of periocular and surface eye tissue (chalazions, skin tags, benign lesions, samples for biopsy); draining of conjunctival fluid cysts; thermal punctoplasty; injections, and suturing of minor cuts.</p> <p>The ACO has also identified a number of procedures involving the use of lasers that some of its members are also competent to perform. At present, the use of lasers is not in itself a restricted activity¹; however, when a laser is used to cut body tissue or perform an invasive procedure, that activity is, nonetheless, restricted. Among the laser procedures that some optometrists would be competent to perform are photoablations of benign skin lesions, photodynamic therapy for the treatment of hemangioma, Yag capsulotomies, and procedures to reduce intraocular pressure in the treatment or management of glaucoma (trabeculoplasty, iridotomy).</p> | |

¹ The CPSA has suggested that the use of lasers be restricted in their own right and we are looking at this in the context of the department’s review of restricted activities.

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| Ionizing and Non-ionizing Radiation | | | |
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| <p>Currently, optometrists are not authorized to order or apply any form of ionizing or non-ionizing radiation.</p> | <p>The ACO proposes that optometrists be authorised to perform the restricted activity “<i>to <u>order any form of ionizing radiation in medical radiography</u></i>” and “<i>non-ionizing radiation in magnetic resonance imaging</i>”. This would allow optometrists to order X-rays, CAT scans and MRIs</p> <p>The COA is also proposing that optometrists be authorised to <u>order and apply</u> non-ionizing radiation in ultrasound imaging for the purpose of ultrasound pachymetry and B-scan Ultrasonography.</p> | <p>Authorising optometrists to order X-rays, CAT scans or MRI for the examination, assessment, measurement and diagnosis of disorders and diseases of the human visual system would remove the necessity to refer patients to a physician who would in turn refer the patient to a radiologist. Practitioners would not be authorised to apply these forms of ionizing and non-ionizing radiation.</p> <p>Ultrasound is used in ultrasound pachymetry to measure the thickness of the cornea. The measurement of corneal thickness is important during glaucoma testing, as corneal thickness can influence the measurement of the pressure inside the eye. Generally ultrasound pachimeters do not produce an image; however some more modern devices, which employ corneal waveform technology, can capture an ultra high definition echogram of cornea.</p> <p>B-scan Ultrasonography is a diagnostic test used to produce a two-dimensional, cross-sectional view of the eye and the orbit.</p> | |