CORPORATIONS RESTORED TO THE REGISTER
(2015)

| Name: | Date: | Jurisdiction: |
|---|---|---|
| *Council of Educational Facility Planners International – Saskatchewan Chapter Inc.* | Dec. 2 | Saskatchewan |
| *Mistatim First Responders Inc.* | Nov. 30 | Saskatchewan |
| *Moso Conference Incorporated* | Dec. 14 | Saskatchewan |

Amin Bardestani,
Director.

## PUBLIC NOTICES/AVIS PUBLICS

***The Municipalities Act***
[*section 214*]

NOTICE OF PREPARATION OF ASSESSMENT ROLL — URBAN MUNICIPALITY

*Village of Englefeld*

Notice is hereby given that the assessment roll for the Village of Englefeld for the year 2016 has been prepared and is open to inspection in the office of the assessor from 8 to 11:30 a.m. and 1 to 4 p.m., on the following days: Tuesday to Thursday, January 8 to February 9, 2016.

A bylaw pursuant to section 214 of *The Municipalities Act* has been passed and the assessment notices have been sent as required.

Any person who wishes to appeal against his or her assessment is required to file his or her notice of appeal, accompanied by a $100.00 fee for each assessment being appealed, with: The Assessor, Village of Englefeld, Box 44, Englefeld SK S0K 1N0, by the 9th day of February, 2016.

Dated this 8th day of January, 2016.

Lani Rae Best,
Assessor.

***The Optometry Act, 1985***
[*subsection 11(2)*]

SASKATCHEWAN ASSOCIATION OF OPTOMETRISTS – REGULATORY BYLAW AMENDMENTS

**Pursuant to subsection 11(2) of *The Optometry Act, 1985*, The Optometric Professional Bylaws are amended as follows:**

**Bylaw 3.3 is amended to read:**

**"3.3** To be eligible for licensure, an applicant must have the knowledge, skills and abilities that are substantially equivalent to the standards of academic or technical achievement and competencies as outlined in these bylaws:

(a) has demonstrated the applicant's skill and knowledge through an assessment in such form as may be established by the Council; or

(b) has demonstrated the applicant's skill and knowledge in an examination established or adopted by the Board of Examiners; or

(c) notwithstanding section 3.1, an applicant may be granted an initial license to practice if the applicant can provide evidence establishing to the satisfaction of the Registrar that he/she is registered as the equivalent of an optometrist in good standing pursuant to the legislation of another province or territory in Canada; provides a satisfactory criminal record background check; successfully passes the designated Jurisprudence examination, and demonstrates that he/she has practiced optometry in a jurisdiction in Canada within the last three (3) years".

**Bylaw 3.4 is amended to read:**

"3.4 An applicant shall not be granted a licence to practice unless all of the information required in the prescribed form has been provided to the Registrar, proof of malpractice insurance has been provided, and the prescribed fee has been paid".

**Subclause 4.8(a)(iii) is deleted.**

**Subclause 4.8(a)(iv) is renumbered as 4.8(a)(iii).**

**Subclause 4.8(a)(v) is renumbered as 4.8(a)(iv).**

**Subclause 4.8(a)(iv) is amended to read:**

"(iv) a school or college of optometry recognized by the University of Waterloo, and in which case an individual graduate from such a school is approved to challenge the Canadian Assessment of Competency in Optometry (CACO) or its equivalent, as determined by the council, by successfully completing a bridging program at the School of Optometry, University of Waterloo, or its equivalent as determined by Council".

**Bylaw 4.8(b) is amended to read:**

"(b) Graduates of institutions recognized under Subsection (a)(i),(ii),(iii) and (iv) shall, before applying for licensure in Saskatchewan, have successfully challenged the CACO, or its equivalent as determined by Council".

**Bylaws 4.8(b)(i) and (ii) are deleted**

**Bylaw 8.1(e) is amended to read:**

"8.1(e) fails to maintain the records that are required to be kept in respect of the member's patients or practice and in accordance with *The Health Information and Protection Act*".

**Bylaw 11.1 is deleted.**

**Bylaw 11.2 is deleted.**

**Bylaw 11.3(a) to (c) are deleted.**

**Bylaw 11.4 is deleted.**

**Bylaw 11.5(a) to (d) are deleted.**

**Bylaw 11.6(a) to (f) are deleted.**

**Bylaw 11.7 becomes (11.1).**

**Bylaw 11.8 is deleted.**

**Bylaws 11.9 and 11.9(a) are renumbered as 11.2 and 11.2(a):**

"11.2 The Registrar may issue a Therapeutic Pharmaceutical Agents Certificate to a member who provides satisfactory evidence that the member:

(a) holds a current license to practice optometry in Saskatchewan;"

**11.9(b) is deleted.**

**Bylaws 11.9(c) to (f) are renumbered as 11.2(b) to (e):**

(b) had successfully completed a course in the use of therapeutic pharmaceutical agents consisting of at least 60 hours of academic instruction and 40 hours of clinical instruction, delivered by a school or college of optometry approved by the Board of Examiners;

(c) has successfully completed an Ocular Therapeutic examination approved by the Board of Examiners with a passing grade prescribed by the Board of Examiners;

(d) possesses a current certificate in cardiopulmonary resuscitation (level B or equivalent); and

(e) has completed the prescribed application forms".

**Bylaw 11.10 is renumbered as 11.3:**

"**11.3** No member shall prescribe and use any therapeutic pharmaceutical agent unless the member holds a current Therapeutic Pharmaceutical Agents Certificate".

**Bylaw 11.11 is renumbered as 11.4:**

"**11.4** A member who holds a Therapeutic Pharmaceutical Agents Certificate will have the suffix "T" noted on the member's annual license following the member's license number. This license number with the suffix "T" must be included on every therapeutic prescription issued by the member".

**Bylaw 11.12 is renumbered as 11.5 and amended to read:**

"**11.5** Members who hold a Therapeutic Pharmaceutical Agents Certificate may prescribe all oral and topical Schedule I Drugs of the Saskatchewan College of Pharmacists Drug Schedules (as amended or replaced from time to time), for the assessment, measurement, diagnosis, treatment, management and correction of disorders and diseases of the human vision system, the eye and its associated structures in accordance with "The Saskatchewan Association of Optometrists Treatment Guidelines".

**The following bylaw is added after Bylaw 11.5:**

"**11.6** A member providing antiglaucoma treatment must have a working relationship with an ophthalmologist who is accessible for consultation, collaboration and transfer of care when referral is required as per the bylaws and the Saskatchewan Association of Optometrists Treatment Guidelines (2014)".

**Bylaw 11.13 is deleted.**

**Bylaw 11.14 is renumbered as 11.7:**

"**11.7** A Therapeutic Pharmaceutical Agents Certificate shall continue to be valid provided that:

(a) the member's license to practice optometry has not been suspended or revoked: and

(b) the member meets the continuing education requirements described in section 12".

**Bylaw 13.1 is amended to read:**

"**13.1** An application for registration by a Professional Corporation shall file with the Association 'Appendix D' to these bylaws and an application renewing a permit for a Professional Corporation shall file with the Association 'Appendix E' that:

(a) is legible;

(b) contains all the information required by the form;

(c) attaches all documents that are required by the form;

(d) includes the payment required by these bylaws; and

(e) is signed by all persons required to sign the form.

**Bylaw 13.5 is amended to read:**

"**13.5** The fees in connection with the registration and issuance of an annual permit for a professional corporation shall be prescribed by Council.

(a) to register a professional corporation;

(b) to grant an annual permit for a professional corporation;

(c) a late payment fee if the fee for an annual permit is not paid by December 31 of the year immediately prior to the issuance of the annual permit;

(d) during the first year of its registration, a professional corporation shall be required to pay both the registration fee and the fee for an annual permit; and

(e) the fees shall not be prorated for part of a year.

**Appendix A – Application for Professional Certificate is amended as follows:**

**Item 3 is amended to read:**

"**3** I am submitting herewith the registration fee as prescribed by the Saskatchewan Association of Optometrists".

**Item 8 is amended to read:**

"**8** I submit two testimonials of good character and conduct, or a Letter of Good Standing from the existing College in which I practice and/or have practiced within the last three years".

**The commissioner for oaths signature line is amended to read:**

"My Commission expires _____ ".

**Appendix B – Application Form for Licence is amended as follows:**

**Item 10 is amended to read:**

"**10** That I have been engaged in the active practice of optometry in good standing in a province or territory of Canada within the last three (3) years.

-or-

**10** That I have demonstrated my skill and knowledge through an assessment or examination in accordance with the bylaws of the Saskatchewan Association of Optometrists. The details are: _____

_____

_____".

**Appendix D – Application by a Professional Corporation for the Issuance of an Annual Permit is amended as follows:**

**Item 12 is deleted.**

**Item 13 is renumbered as new item 12.**

**Item 14 renumbered as new item 13.**

**Item 15 renumbered as new item 14 and is amended to read:**

"**14** attach the Articles of Incorporation for the Professional Corporation".

**Item 16 is deleted.**

**The following is added after Appendix D:**

"APPENDIX E – APPLICATION BY A PROFESSIONAL CORPORATION FOR THE ISSUANCE OF A RENEWAL OF AN ANNUAL PERMIT

I, _____ , holding College Registration Number _____ , am a director of

_____(*Professional Corporation's name*), and do hereby solemnly declare the following:

(i) that the corporation is in compliance with the *The Business Corporations Act* as of the date this statutory declaration is executed;

(ii) that the corporation does not carry on, and does not plan to carry on, any business that is not the practice of the profession governed by the College or activities related to or ancillary to the practice of that profession;

(iii) that there has been no change in the status of the corporation since the date of the certificate of status enclosed with this application for a renewal of a Certificate of Authorization that accompanies this statutory declaration;

(iv) a Corporations Branch, Corporate Registry Profile Report accompanies this statutory declaration as confirmation of accuracy and that the last year's return has been filed.

And I make this solemn declaration conscientiously believing it to be true and known that it is of the same force and effect as if made under oath.

Declared in the City of _____ in the Province of Saskatchewan this _____ day of _____ , 2014.

_____
(Signature of Declarant)

_____".
(Print Name)

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Certified to be a true copy of the Regulatory Professional Bylaws approved by the Council of the Saskatchewan Association of Optometrists (SAO) on May 4, 2014 and approved December 8, 2014 for re-submission.

CERTIFIED TRUE COPY:

Dr. Kevin Woodard,
Saskatchewan Association of Optometrists,
President.
Date: December, 8, 2014.

Dr. Leland Kolbenson,
Saskatchewan Association of Optometrists,
Registrar.
Date: December, 8, 2014.

APPROVED BY:

Honourable Dustin Duncan,
Minister of Health.
Date: December 17, 2015.

# GUIDELINES FOR TREATMENT AND MANAGEMENT OF OCULAR DISEASES WITH ORAL MEDICATIONS & TREATMENT AND MANAGEMENT OF GLAUCOMA
(Revised May 8, 2014)

## INTRODUCTION

The expanded scope of practice of Saskatchewan optometrists who hold a Therapeutic Pharmaceutical Agents Certificate will include prescribing privileges of all oral and topical Schedule I Drugs of the Saskatchewan College of Pharmacists (as amended or replaced from time to time), for the assessment, measurement, diagnosis, treatment, management, and correction of disorders and diseases of the human vision system, the eye and its associated structures.

When an oral drug is prescribed, it is required that:

1. When dispensed, the prescription is posted on the Pharmaceutical Information Program (PIP) database. For training and registration to access PIP contact the help desk at 1-800-316-7446 and register under a private clinic access (not a joint service agreement).

2. The patient's primary healthcare provider, (when known) is notified of the treatment initiated.

3. The effect of the prescribed drug is monitored. In general, if there is no marked improvement in the patient's eye condition within the expected or appropriate time, the patient should be referred to the appropriate healthcare practitioner.

The Saskatchewan Association of Optometrists (SAO) contracted the Saskatchewan Drug Information Service (SDIS) to develop guidelines for Saskatchewan optometrist's expanded scope. SDIS is a government sponsored organization with the mandate to provide reliable current evidence-based information about drugs and drug therapy to healthcare providers and the general public. The service recently designed similar guidelines for pharmacists to use when prescribing for minor ailments and self-limited conditions.

SDIS drug information pharmacists are available to answer questions about the guidelines or any drug- related therapy concerns Monday to Friday 8 a.m. to midnight, Saturday, Sunday and holidays 5 p.m. to midnight. There is no charge for this service.

Telephone: 966-6340 (Saskatoon); 1-800-667-3425 Email: druginfo@usask.ca
Website:www.druginfo.usask.ca

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## PATIENT-CENTERED MODEL OF CARE

Under the "Patient-Centered Model of Care", Saskatchewan optometrists who hold a Therapeutic Agents Certificate will have enhanced authority to prescribe Schedule I Drugs of the Saskatchewan College of Pharmacists Drug Schedules (as amended or replaced from time to time) and the authority to independently diagnose, treat and manage glaucoma.

The decision to diagnose, treat, co-manage or refer will depend on the optometrist's level of competence and the type and severity of the patient's condition. Optometrists are regulated to practice within their level of comfort and expertise.

Optometric Standards of Care will stress the following key principles of inter-professional collaboration in glaucoma care:

1. Patient centered approach.
2. Timely access to appropriate eye care professionals.
3. Ongoing commitment of high quality standards of care.
4. Evidence based approach to care.

5. Collegial relationships.
6. Effective, clear and timely communication.
7. Optimal utilization of professional competencies and finite resources.
8. Duplication of tests and services kept to a minimum.

Recommended Standards of Care for Glaucoma Management:

1. Glaucoma suspects low to moderate risk as defined by:
    (a) Ocular hypertension (IOP<27mmHg);
    (b) Suspicious optic nerves;
    (c) Suspicious visual field defect;
    (d) Presence of conditions such as pseudexfoliation or pigment dispersion.
2. Glaucoma suspects with high risk as defined by:
    (a) Ocular hypertension (IOP>27mmHg);
    (b) Very suspicious optic nerves (e.g. notching, disc hemorrhages);
    (c) Suspicious Visual Field Defects;
    (d) Elevated IOP caused by secondary causes (e.g. pseudoexfoliation, pigment dispersion, uveitis, or steroid induced).

Glaucoma suspects with low to moderate risk and high risk glaucoma patients can be diagnosed, treated and monitored by optometrists. If the attending optometrist initiates therapy and therapeutic treatment goals are not met in a timely manner consultation with an ophthalmologist to discuss treatment plans is required.

3. Stable glaucoma as defined by:
    (a) IOP within target, no visual field or disc progression for three or more years.

Stable moderate to advanced patients can be monitored and treated by an optometrist. Patients with advanced disease may be managed by an optometrist but periodic consultation with an ophthalmologist is advisable given the higher potential need for laser or surgical care in these cases. Any signs of unstable disease would initiate a referral to an ophthalmologist.

4. Unstable glaucoma as defined by:
    (a) Progressive visual field defects or progressive optic nerve damage;
    (b) Patients not achieving target IOP.

If a patient on anti-glaucoma treatment is managed by an optometrist and there is a repeatable, clinically significant change in the threshold visual field it is required that the optometrist refer the patient to an ophthalmologist. The optometrist should communicate the medications used, all pertinent test results and clinical findings.

If the patient on anti-glaucoma treatment is managed by an optometrist and there is a reasonable, significant change in the appearance of the nerve fiber layer it is required that the optometrist refer the patient to an ophthalmologist. The optometrist should communicate the medications used and the imaging results.

If a patient on anti-glaucoma treatment is being managed by an optometrist and the IOP is greater than the established target IOP with appropriate treatment it is required the optometrist refer the patient to an ophthalmologist. The optometrist should communicate the medications used and the resulting IOP.

Once the ophthalmologist assesses the patient and makes the appropriate management changes, they can be referred back to the optometrist for further follow-up and the monitoring of stability.

5. Acute glaucoma defined by:

(a) Primary acute glaucoma;

(b) Very high IOP from other causes such as pseudoexfoliation, pigmentary, uveitic or neovascular glaucoma.

Optometrists can initiate acute treatment including oral medication but immediate referral to an ophthalmologist is required. In remote locations where evacuation is not possible due to weather, available transportation or general health limitations, treatment may be conducted by an optometrist and the patient observed for reduction of IOP or adverse events in conjunction with discussion, and or guidance from an ophthalmologist.

Optometric practitioners diagnosing, treating and managing glaucoma patients will be required to be proficient in and have the instrumentation to perform and interpret the following tests:

1. Applanation tonometry with regularly calibrated tonometers.

2. Gonioscopy to detect angle abnormalities.

3. Optic nerve stereoscopic evaluation with either a Goldmann contact fundoscopy lens or a non contact 66, 78 or 90 diopter lens.

4. Visual field evaluation with standard automated perimetry and threshold testing.

5. Imaging technology is strongly recommended.

6. In depth knowledge of glaucoma treatment including effectiveness, side effect profile, and contraindications of all glaucoma medications, as well as indications and complications of incisional and laser surgeries performed by an ophthalmologist.

Communication and sharing results of all pertinent findings and testing is the key to effective, cost-efficient patient care. The Saskatchewan Association of Optometrists believes collaborative care is essential to patient welfare.

Goals of Treatment:

- Acute glaucoma
  - eliminate pain and improve vision, lower IOP quickly.
- Chronic glaucoma
  - prevent, stop or slow loss of vision with minimum effect on the patient's quality of life.
- Primary Open-Angle glaucoma
  - Initial goal of treatment is reduction of IOP by 20% to 40% but the target may be set higher than 40 % if there is severe optic nerve damage or if the patient is relatively young, i.e. in 40's, since they will have the disease for a long period of time.

The Canadian Ophthalmological Society (COS) guidelines recommend the following upper limits for initial IOP target based on stage of patient's glaucoma.

- Suspected: 24 mm Hg with at least 20% reduction from baseline;
- Early: 20 mm Hg with at least 25% reduction from baseline;
- Moderate: 17 mm Hg with at least 30% reduction from baseline;
- Advanced: 14 mm Hg with at least 30% reduction from baseline.

Treatment should be individualized: based on Standards of Care for glaucoma management (when to refer) consider patient age, medical history, concurrent medications, and compliance issues; consider drug effectiveness, side effects, dose frequency and cost.

Treatment Choices:

- First line: beta-blockers or prostaglandin analogs
  - Beta-blockers – betaxolol, levobunolol, timolol;
  - Prostaglandin analogs – bimatoprost, latanoprost, travoprost;
  - Prostaglandin analogs are more potent, better tolerated, have fewer contraindications.
- Second line: Alpha adrenergic agonists or topical carbonic anhydrase inhibitors
  - Alpha agonists – apraclonidine, brimonidine (apraclonidine recommended for short- term use only);
  - Carbonic anhydrase inhibitors – brinzolamide, dorzolamide;
  - Substitute for or combine with first line agents.
- Third line: Parasympathetic agent, oral carbonic anhydrase inhibitors
  - Parasympathetic – pilocarpine, carbachol;
  - Oral carbonic anhydrase inhibitors – acetazolamide, methazolamide;
  - Use the minimum number of medications with minimum dosing frequency needed to reach the IOP target;
  - Agents from each of the five drug classes can be combined, increasing as necessary up to a point of maximal tolerated medical therapy.

If target IOP is not achievable with maximal tolerated medical therapy, laser or incisional surgery should be considered and referral to an ophthalmologist is required. Drainage shunts may be required in refractory cases.

Glaucoma occurring during childhood often causes amblyopia and blindness. It requires aggressive treatment to prevent permanent vision loss. Surgery may be the preferred therapy. Refer pediatric patients to an ophthalmologist.

Indications for monitoring, adjusting treatment by an optometrist:

- Question patients about side effects – ocular and systemic;
- Re-examine in 4 to 6 weeks after starting a new beta-blocker or prostaglandin to evaluate effectiveness. Topical carbonic anhydrase inhibitors, alpha-agonists, and parasympathetic agents quickly achieve maximum effect, and re-examination can be done any time after first three days of therapy;
- If optic nerve damage is severe and the IOP is high, follow-up should be more frequent;
- Once the IOP has been reduced adequately, IOP and visual field should be checked every 3 to 6 months and nerve fibers analyzed annually;
- Intolerance of the prescribed medical regimen;
- Non-adherence to the prescribed medical regimen (cost, inconvenience, etc.);
- Development of contraindications to individual medicines;
- If IOP is at target and the optic nerve status is stable, consider reducing the medication regimen.

Indications for adjusting therapy, consultation or referral to an ophthalmologist:

- Target IOP not achieved and potential benefits of a change in therapy outweigh risks for the patient;
- Progressive optic nerve damage despite achieving the target IOP if optic nerve damage and/or visual field is deteriorating consider lowering the IOP target pressure;
- Check for compliance with medications before adding additional therapy.