I would like to start this newsletter by saying thank you. Thanks to EPSO’s executive for their time and support over the past year as EPSO’s Chair. Thanks to the membership for responding to my inquiries; providing me with feedback that was useful in tackling some important issues. Thanks to Marcia Kim for her amazing support behind the scenes, and to Dr. Kylen McReelis whose wise advice was greatly appreciated. Representing your interests has been a positive experience in highlighting the necessary renovations needed for Ontario’s health care system.

We accomplished a lot in 2017 and I invite you to have a look at our 2017 Year in Review which highlights our work as an association. Many of the issues we worked to address in 2017 will continue to be our focus in 2018 as we look to raise awareness for the good work Ontario’s ophthalmologists do, for eye and vision health and patient safety, but also to protect the profession – maintaining the highest standards of care, ensuring Ontarians have access to care, and ensuring ophthalmologists are supported in their practices.

“EYES ON ONTARIO” is EPSO’s quarterly newsletter. Our hope is that this quarterly bulletin will keep members up-to-date and informed about the issues and matters that concern Ontario’s ophthalmologists, as well as contribute towards a more engaged community. This and past issues of the newsletter can be accessed by visiting our website at: http://www.epso.ca/eyes-on-ontario/

This month EPSO’s executive will work towards transitioning the roles over to the new executive to ensure they have the support and knowledge to advance EPSO’s mission. Thanks to those who have volunteered - for their willingness to serve. Being an executive member is not a glamorous position but it is essential for EPSO’s success. I will continue to work with the executive in the role of Past Chair and I will finish 2017’s projects.

We encourage all of Ontario’s ophthalmologists to join EPSO so that our voice is stronger and louder as we navigate a new political environment and work towards negotiating a new PSA. Marcia Kim (mkim@epso.ca) can assist with any membership questions you may have.

- Dr. Jordan Cheskes, Past Chair of the Eye Physicians and Surgeons of Ontario
EPSO’s EXECUTIVE

Curious about being a part of EPSO’s leadership? Unsure of what they do?

The executive is responsible for Organizational Stewardship:
- Setting the mission, vision and values, and strategies for achieving the vision.
- Setting the corresponding business plans and budgets.
- Overseeing risk and the organization’s approach to risk management.
- Ensuring competent leadership, managing EPSO staff performance, and planning for succession.
- Overseeing and monitoring the organization’s financial and operational performance to ensure that the financial, human, and material resources are used appropriately to further the mission.
- Ensuring the organization complies with all legal requirements.
- Ensuring the organization behaves in an ethical manner, including setting the tone at the top.
- Ensuring the organization has adequate resources to achieve its plans.

Written out it may sound a bit tedious. In short, as a member of EPSO’s executive you become an Agent of Change. You have an opportunity to make a difference whether you are meeting with Ontario’s political leaders, working on a committee to develop guidelines, or hashing out the numbers with the OMA and the Ministry of Health. It’s an important role and a much needed one.

Remember Our Mission:
We are dedicated to preserving and restoring the vision of Ontario residents.

We do this by:
- Promoting patient safety,
- Collaborating with health organizations and agencies, technology leaders, hospitals, and our elected government, to maintain the highest standards of care
- Helping our member ophthalmologists to contribute to the very best health care for their patients.

Thanks to the following volunteers for joining EPSO’s 2018/2019 executive!

Dr. Jordan Cheskes, Past Chair
Dr. Baseer Khan, Tariff Chair
Dr. Robert Adam, Treasurer
Dr. Anuj Bhargava, Member-at-Large
Dr. Christine Suess, Member-at-Large
Dr. Andy Budning, Inter-Provincial Rep

Dr. Nav Nijhawan, Vice Chair
Dr. Amandeep Rai, Secretary
Dr. Stephen Kosar, Member-at-Large
Dr. Charlotte Wedge, Member-at-Large
Dr. Jeffrey Hurwitz, Academic Rep
EPSO’s Strategic Planning Survey
At the beginning of March, EPSO issued a survey to all EPSO members in good standing. The purpose of this survey was to gain an understanding of your priorities so that we can formulate a strategy and tactical plan for 2018/2019. The survey closed on March 30\textsuperscript{th}. There was a 32\% response rate. If you didn’t receive the survey link (which was sent by the OMA in an email,) please contact Marcia Kim at mkim@epso.ca.

The following is a sneak preview of some of the EPSO’s rankings:
More than eighty percent of the membership is satisfied or highly satisfied with EPSO’S effectiveness.

EPSO’S EFFECTIVENESS & VALUE

![Diagram showing effectiveness and value satisfaction levels]

Thanks to those of you who took the time to complete the survey. Marcia Kim will compile and analyze the results to share with the membership. The information will be used by the executive to formulate strategies for 2018/2019 aimed at bringing us closer to realizing our vision.

OUR VISION
\textit{All Ontario residents have access to, and receive, high quality eye care to preserve and restore their vision.}

CELEBRATING EXCELLENCE
EPSO’s Dr. Anuj Bhargava received the CNIB’s Century of Change medal to recognize his work as a member of the CNIB’s Eye Van Medical Advisory Committee.

Have we missed someone?
Send an email to membership@epso.ca so that we can feature it in our next newsletter.
The Future for Ophthalmology’s New Graduates

In the fall of 2017, EPSO worked with Ontario’s academic leaders and new ophthalmology graduates to better understand the employment environment. The information was compiled to form a document entitled “Ensuring Access and Excellence in Cataract Surgery”.

This issue is not new and the research conducted not unique. The Royal College of Physicians and Surgeons of Canada surveys graduates annually and in response to feedback from medical specialty societies about the growing number of specialist physicians that were under or unemployed, they undertook research to determine whether the issue was a by product of an oversupply of physicians. In 2013 they released their findings and hosted annual national summits on the topic in 2014 and 2015. In 2017 their survey results indicated that 31% of respondents were unable to find a job placement after completing their residency. Survey respondents identified “not enough funding for my position” as one of the most important reasons why they did not have a surgical job.

In March 2017, the Canadian Medical Association Journal published an article co-authored by EPSO members: Doctors Robert Campbell, Sherif El-Defrawy, Phil Hooper and Martin ten Hove et al, entitled “Effect of cataract surgery volume constraints on recently graduated ophthalmologists: a population-based cohort study”. (CMAJ 207 March 20:189:E424-30. doi:10.1502/cmaj.150674) The results showed that when surgery volume in Ontario entered a period of government mandated zero growth in 2007, the mean number of cataract operations performed by recent graduates dropped significantly, whereas the mean rate for established ophthalmologists remained stable.

So why the need for this report? Because Ontario is falling down on meeting its wait time commitments. Both CIHI and Health Quality Ontario data reporting show that wait times are not improving in Ontario. The population is aging and that includes practising ophthalmologists – if new graduates do not gain access to ORs to maintain their surgical skills, there is a real risk that we will have a big gap in services in ten to fifteen years.

This report differs in that it not only addresses the issues but if offers solutions. On March 7th, EPSO attended meetings at Queen’s Park and with Ministry of Health policy advisors to review our findings and discuss solutions.
On March 7th, EPSO’s Chair, Dr. Jordan Cheskes and Marcia Kim returned to Queen’s Park to meet with MPP Soo Wong (ophthalmic nurse and strong EPSO supporter), Health Minister Liaison Mark Tishman, the Ministry of Health/HQO staff, MPP Hardeman, MPP Martow, and MPP Jeff Yurek (PC Health Critic).

EPSO made two recommendations:

1) That Ontario should increase the number of funded cataract volumes (QBPs) by 5,000 cases with the goal of ensuring more patients receive their surgery within the clinically-appropriate benchmarks. An additional 1,000 cataract surgical cases should also be funded for surgery at the Kensington Eye Institute.

2) That these additional QBP funded cataract volumes form a dedicated pool of volumes available to Ontario hospitals who:
   - Commit to bringing on a new ophthalmology graduate through an appropriate open and competitive process (or have recently done so, but have not yet provided them with sufficient OR time);
   - Guarantee that the ophthalmology graduate that they designate under the program will be provided the opportunity to perform a minimum of 250 cataract surgeries annually
   - Ensure a commitment from the designated ophthalmologist that they will physically maintain enough of a presence in the community, including an office, so that they can meet their professional obligations to provide the clinically appropriate follow up for their surgical patients;
   - Ensure that each designated ophthalmology graduate who has signed on to the program is accessing new graduate program volumes through one location.

EPSO also recommends that the additional 1,000 cases allotted to the Kensington Eye Institute and governed in a similar manner, with volumes to be divided in to four 250-case blocks with the intent of supporting four new eye surgeons in that facility.

The feedback received was favourable and it is our assessment that the Ministry of Health is committed to working with EPSO to make these recommendations a reality. On March 23rd, Dr. Cheskes presented the report to the Vision Care Strategy Task Force and further discussions are anticipated in the upcoming months with the MOHLTC and Ontario Hospital Association.

85% of survey respondents agreed that being able to perform surgery is an essential part of being an ophthalmologist and being able to provide the best care for their patients.

“Doing surgery is not like riding a bicycle. You can’t just pick it up again after not doing it for a while.”

“If you haven’t operated in a long time, you lose your skills. Eventually you just give up because you don’t feel comfortable or safe operating.”

“It really comes down to being able to offer your patients everything you’re trained to provide them with.”

More than 1/3 of survey respondents indicated that they would perform ZERO surgeries in a ‘typical day’. 70% of respondents indicated that they had never had the opportunity to perform three (or more) cataract surgeries in a single day.

“Your’re doing 400, 500 cataracts in residency – it’s crazy to then do none.”
The Toronto Cataract Course & General Meeting

On February 24th the Department of Ophthalmology & Vision Sciences at the University of Toronto’s Faculty of Medicine, held their annual Cataract Conference in Toronto at the Hilton Downtown Toronto Hotel. EPSO member Dr. Ike Ahmed was the conference director and Dr. Warren E. Hill was the guest speaker. Many of EPSO’s members spoke including EPSO’s Chair, Dr. Jordan Cheskes. The conference was well attended and well organized.

Following the meeting, EPSO hosted a general meeting to provide an update on the state of cataracts in Ontario. EPSO’s meeting was sponsored by Bausch + Lomb and Glaukos. The meeting was well attended and we were pleased to see so many new ophthalmology residents join us. Dr. Jordan Cheskes delivered the following points on Ontario’s cataract situation:

- The Commonwealth Fund Analysis 2016 Health Policy Survey ranks Canada tenth out of eleven countries – slightly ahead of the USA – in terms of wait times and access.
- According to the Fraser Institute’s wait time report, Canada’s wait times are not improving and is in fact almost 17 weeks longer than reported in 1993
- Wait times in Ontario are the longest nationally for ophthalmic procedures with more than 62K patients waiting for care. Of the 62K, 90% are waiting for cataract procedures.
- According to CIHI Data, Ontario’s ophthalmologists are the lowest paid in Canada and Ontario has the lowest weighted cost per service nationally for ophthalmology
- Ontario’s ophthalmologists are and will struggle to keep up with the demand for care
- Current QBP allotments aren’t enough to meet the demand for services for Ontario’s residents.

OPHTHALMOLOGY PROFESSION GROWTH vs. ONTARIO POPULATION AGED 65+

- 37.5% increase in people aged 65+ over past 10 years. Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practising MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
- Practicing MD population relatively unchanged.
Resource Centre: Access to MIGS in Ontario

Dr. Cindy Hutnik is a full professor in the Departments of Ophthalmology and Pathology at the Schulich School of Medicine and Dentistry. She served as Medical Director of the Ophthalmology Basic Science Laboratory at the Lawson Health Research Institute in the Center for Clinical Investigation and Therapeutics for 18 years and Chair of Research in the Department of Ophthalmology for 15 years. She earned her doctoral degree at the National Research Council followed by undergraduate medical training, both in Ottawa, Canada. She then obtained her ophthalmology training at the University of Western Ontario, in London, Canada followed by subspecialty glaucoma training under the mentorship of Dr. Paul Kaufman at the University of Wisconsin, Madison, USA. She currently is a member of a number of editorial and research review boards. Dr. Hutnik is a member of EPSO’s tariff committee and provided this update to EPSO members.

Public funding for MIGS devices and disposables remains unavailable in Ontario.

June 2017, the Canadian Glaucoma Society (CGS) unanimously approved a position statement in support of MIGS.

November 2017 - A shared position statement between the CGS & COS was released.

Fall 2017 - An application was submitted to the Ontario Health Technology Advisory Committee (OHTAC) which makes recommendations to the MOHLTC on whether health interventions should be publicly funded or not.

A draft protocol has been prepared and a Health Technology Assessment report is planned to be ready for stakeholder feedback in the summer 2018.


The goal of this process is to develop recommendation and guidance based upon a systematic review of the clinical evidence, cost effectiveness, legal, social and ethical issues.

Completion Early 2019

Throughout all of this the EPSO executive and the Glaucoma Quality Standard committee have been diligent in ensuring they are aware, and conversant, regarding challenges facing access to care for patients with glaucoma. A patient-centered approach has guided an impressive collaboration among all committees, organizations and individuals.
Resource Centre: 
Corneal Collagen Cross-Linking (CXL) in Ontario

**Background:** The Ontario government funded a pilot project in 2012 where it covered the cost of corneal cross linking or CXL for some patients that were eligible for the study. The pilot project ended in March 2015. The government is still reviewing those results and has not yet decided if it will make CXL an insurable procedure under OHIP.

**Currently** there is no fee code for the procedure and with binding arbitration now in place the future fee setting process won’t be known until a final decision is made by the Board of Arbitration.

In February, the following information was posted on EPSO’s Facebook, Twitter, Instagram and on OntEye. This current program is an “investigational study” funded by the government that has been extended to other academic centres in Ontario.

On March 28th EPSO was contacted by a CBC reporter who was doing a piece on an Ottawa woman who is petitioning the government to cover the cost of her corneal collagen cross-linking (CXL) surgery. EPSO connected the reporter with Dr. Sherif El Defrawy (who oversaw the project) for an interview. The article was posted on April 2, 2018.

**Did You Know?**

Corneal Cross-Linking Treatment for Keratoconus is **Free** at Academic Vision Centres Across Ontario

Keratoconus is a disorder of the eye which results in a progressive thinning of the cornea. Corneal Cross-Linking Treatment is an in-office eye procedure that strengthens the cornea. This treatment is being offered at the following academic vision centres in Ontario:

- Kensington Eye Institute (Toronto)
- University of Ottawa Eye Institute
- Hotel Dieu Hospital at Queens University (Kingston)
- London Health Sciences Center
- McMaster University

Please contact your ophthalmologist to determine whether you are a suitable candidate.

The article also mentions the lack of awareness of the program amongst ophthalmologists.

A cornea specialist in his first year of practice is quoted “I haven't told a patient there is a program, because I didn't know about it actually. I think it should be advertised more. I think every ophthalmologist should know about it and give that option to the patient.” The physician is not a member of EPSO.

It is very important for ophthalmologists to be regarded as informed leaders of the eye care team. We encourage all ophthalmologists that are contacted by the media to connect with EPSO to ensure messaging is consistent and the profession is well represented. If you need support, please contact Marcia Kim at mkim@epso.ca
Negotiations Update

During the first two weeks of January, EPSO’s chair and past chair; Doctors Cheskes and McReelis, were asked to meet with the OMA’s negotiations team as well as Dr. Bob Bell and MOH staff, to provide feedback on the Ministry’s most recent proposal and a relativity proposal. Both doctors prepared written responses to the proposals however, it was determined by the OMA that binding arbitration would be triggered and the reports would not be shared with the government. Since then there has been little activity on EPSO’s part. Arbitration briefs will be submitted to the arbitration board in the spring and meetings are expected to resume later in the year. Ministry proposed targeted cuts to ophthalmology are expected to be presented to the arbitration board in early months of the arbitration.

We will keep you apprised of any developments.

Membership Update

Thanks to the 281 ophthalmologists that have renewed and joined EPSO this year! In joining EPSO you provide us with the resources to represent Ontario’s ophthalmologists; meeting with the provincial government and stakeholders, building a stronger public identity for the profession, and developing resources to support you professionally.

EPSO relies on the OMA’s membership department to collect EPSO dues its behalf. The deadline for collection by the OMA was March 31. Marcia Kim, EPSO’s membership director, will now start reaching out to the estimated 95 ophthalmologists that have not paid to try and recruit them to EPSO’s ranks. Often times, failure to renew is just a misunderstanding in which physicians aren’t receiving communications and/or assume their dues are automatically collected by the OMA. Sometimes, it is more than that and Marcia’s goal is to try and figure out why and how EPSO can support those members that currently don’t see the value in the membership. Ophthalmology is a small group in Ontario but one which is on the radar in terms of funding and negotiations. To be heard we need a unified voice.

Thank you for your support and commitment to EPSO!

more than a membership

IT’S A PARTNERSHIP
Raising Awareness

EPSO uses social media to promote patient safety and awareness for many eye conditions and diseases.

January was Glaucoma Awareness Month and a social media campaign discussed the what, who and associated symptoms. As well, EPSO featured members that specialize in glaucoma.

Congrats to Dr. Khalid Hasanee who’s mention reached more than 550 people and had the most engagements in the first month. Likely something to do with the suit 😃

If you would like to be featured on EPSO’s social media under the Meet-Our-Member campaign, please send an email to membership@epso.ca and include a photo.

Similar campaigns were run in February for Low Vision & AMD awareness and March for workplace safety month. Ongoing are posts regarding Ontario’s wait lists, the OMA’s #NotaSecondLonger campaign and recent media articles. The results? EPSO’s social media followers continues to grow with increasing engagement. Our new Instagram account has 75 followers.

Did You Know?

Patients who smoke cigarettes are often at a higher risk for eye-related diseases and complications such as AMD, cataracts, glaucoma & retinopathy.