

APPENDIX: D



THE
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OF
PHYSICIANS
AND
SURGEONS
OF
ONTARIO

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RECEIVED March 11 2005

March 14, 2005

From the Office of the President
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Cathi Mietkiewicz RO
President
College of Opticians of Ontario
85 Richmond St. W. Suite 902
Toronto ON M5H 2C9

Dear Ms. Mietkiewicz:

Thank you for your letter of December 23, 2004 asking the College of Physicians and Surgeons of Ontario to comment on the College of Opticians of Ontario's (COO) proposed Entry to Practice Refraction Competencies.

The Executive Committee has reviewed the proposed competencies and has asked me to convey their decision in this matter which is that at this time, the CPSO does not wish to comment on the COO's proposed entry to practice competencies for refraction.

The Committee reaffirms the comments of former College President, Dr. Graeme Cunningham, made in letters to you dated February 14 and September 5 2003 (attached) where the College's view of opticians who independently perform refraction is clearly stated. Our understanding of the Ministry of Health and Long-Term Care's position is that the prohibition on the practice of refraction by opticians can only be lifted by the Minister.

Sincerely,

G.C. Rowland, M.D.
President

February 14, 2003

Ms. Cathi Mietkiewicz RO
President
College of Opticians of Ontario
85 Richmond Street West
Suite 902
Toronto ON M5H 2C9

Dear Ms. Mietkiewicz:

Re: Draft Standards of Practice for Opticians Performing Refraction

Thank you for the opportunity to comment on the draft Standards of Practice for Opticians Performing Refraction (the draft standards). The members of the Executive Committee of the CPSO (the Committee) have reviewed the draft standards and asked me to convey their comments to you, as follows.

- The Committee is concerned that the draft standards purport to set out certain roles and responsibilities of the physician (referred to as “the patient’s prescriber” in the standard). Setting appropriate standards for physician involvement with refraction, as with any other professional activity, is the responsibility of the CPSO and not the College of Opticians.
- The Committee wishes to emphasize that any physician involved in issuing prescriptions based on results of refraction performed by another practitioner, should do so in a manner that is in keeping with the CPSO’s policies on Prescribing Outside an Established Physician-Patient Relationship (#8-00) and The Delegation of Controlled Acts (#1-99) [attached]. The Committee notes that although the draft standards use the terminology “assign the task of performing the refraction”, what is actually contemplated is the delegation of that task. The Committee is concerned that there is potential for conflict between the CPSO policies and the College of Opticians’ draft standards.
- The Committee is concerned that the draft standards do not, in fact, reflect “Track One”, the option agreed to during the Ministry-sponsored mediation process. The notes of the meeting of May 27, 2002 prepared by the Facilitator, Margaret Mottershead, state as follows:

Track One: Ended with the optician being able to perform refractometry but nothing more. Opticians could develop standards of practice for the performance of refractometry, however, the only option available to the optician would be to refer the patient to an optometrist or physician without the results of the test.

In contrast, the draft standards define the parameters for allowing an optician to perform the refraction not as a stand-alone action, but rather, specifically for the purpose of dispensing the optical appliance. According to this model, the optician both performs the test and dispenses the optical appliances. The role of the physician (or optometrist) – contrary to

what is envisioned by Track One - is to issue a prescription or authorize a change to a prescription based on the test performed by the optician.

This does not correspond to Track One, which explicitly states that the only option open to the optician is to refer the patient, without the results of the test, to a physician or optometrist.

- During the mediation process, Ms. Mottershead requested that the draft standards of practice to be developed by the College of Opticians be accompanied by a “contextual piece articulating why this position [of the College of Opticians] is in the public interest and how this promotes good eye health”. The Committee notes that no such context has been provided.
- It is not the role of the CPSO to comment on the optician’s proposed standard for record keeping.
- The CPSO is not in a position to comment on the appropriateness of the specific refraction training programs proposed for opticians; however, it would seem preferable that appropriate objectives and end points for educational programs be defined, based upon which various educational programs could be judged.

Once again, the CPSO appreciates the opportunity to review and comment on the draft standards. If we can provide any further assistance, please do not hesitate to contact us.

Yours truly,

Graeme Cunningham, MD
President

cc. Dr. Paul Chris, President, College of Optometrists of Ontario

Ms. Marilyn Wang, Program Policy Branch, Ministry of Health and Long-Term Care

September 5, 2003

Ms. Cathi Mietkiewicz RO
President
College of Opticians of Ontario
85 Richmond Street West
Suite 902
Toronto ON M5H 2C9

Dear Ms. Mietkiewicz:

Re: Draft Standards of Practice for Opticians Performing Refraction

I have been asked by the Executive Committee of the College of Physicians and Surgeons of Ontario (the CPSO) to write to you on their behalf. The CPSO has followed with interest the recent correspondence, which you have kindly provided, between the College of Opticians of Ontario and the Ministry of Health and Long-Term Care (MOHLTC) concerning the draft Standards of Practice for opticians performing refraction.

Both the former and current Ministers of Health and Long-Term Care have directed that the three eye care colleges - Physicians and Surgeons, Opticians and Optometrists - reach consensus on the subject of opticians performing refraction. As of this time no consensus has been reached.

As you are aware from my letter to you dated February 14, 2003, the CPSO has significant concerns about the Standards of Practice as currently drafted. Accordingly, the CPSO is troubled by the intention of the College of Opticians to "lift the prohibition on refraction at the June 25, 2003 Council meeting", as set out in a letter from you to the Minister of Health dated May 15, 2003. While we recognize that this intention was ultimately not carried out, we wish to convey our concerns in this respect.

Our understanding of the Ministry's position is that the prohibition on the practice of refraction by opticians can only be lifted by the Minister. In order to make such a decision, the Minister would have to be persuaded that it is in the public interest to do so and that appropriate standards of practice are in place. This

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understanding is confirmed by the recent letter to you from Marilyn Wang, dated June 24, 2003. We therefore find it disturbing that the College of Opticians was prepared to take action on its own to lift the prohibition.

Furthermore, most of our concerns about the draft Standards, as expressed in our letter of February 14, 2003, have not been addressed. Equally, the concerns raised by the College of Optometrists in a letter dated February 13, 2003 have not been addressed. The Standards themselves remain unchanged. In light of this and in light of the fact that the draft Standards do not, in fact, reflect the consensus reached at the mediation session of May 2002, we are disappointed that no attempts have been made to modify these Standards.

We do note that you have provided us with a copy of your discussion paper, "The Public Interest Rationale for the Standards of Practice for Refractometry by the College of Opticians of Ontario", which was requested by the facilitator at the mediation session. We would like to take this opportunity to provide our comments concerning that paper.

Re: 1. The Context:

In responding to the College of Opticians' discussion of the context for its public interest rationale, we think it is important to restate the principles that emerged from a meeting of the three Colleges in November 2001. These principles were summarized in a draft letter dated June 14, 2002 to the Minister of Health. While the College of Opticians did not ultimately sign this letter, both the College of Optometrists and the CPSO have endorsed the following statement:

Because HPRAC has determined that refraction does not fall within the scope of practice of opticians, nor does opticians' scope of practice include assessment or the controlled act of prescribing, it is not currently possible for opticians to conduct refraction and prescribe corrective lenses or glasses to patients without the additional public protection and accountability that would be provided via a cooperative working relationship with health professionals who *do* have assessment, diagnosis and prescribing within their scopes. Neither the College of Physicians and Surgeons, nor the College of Optometrists believes that prescribing corrective lenses based on refraction, in the absence of a complete oculo-visual assessment is in the public interest.

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Furthermore, we continue to have serious concerns that that there is potential for conflict between CPSO policies and the draft Standards. Any physician involved in issuing prescriptions based on results of refraction performed by another practitioner is expected to do so in a manner that is in keeping with the CPSO's policies on Prescribing Outside an Established Physician-Patient Relationship (#8-00) and The Delegation of Controlled Acts (#1-99).

Thus, in circumstances where the policies are adhered to, i.e., where there is direct supervision of the optician by a physician and the physician has properly delegated the act of refraction, the CPSO would have no objection if an optician were to perform refractions. The draft Standards, however, contemplate situations in which opticians would perform refractions without direct supervision. A physician who authorized a prescription based on an optician's refraction result where the physician did not attend the patient personally, would be in breach of CPSO policy – policy that is designed to promote public safety.

Finally, the CPSO takes issue with the interpretation of diagnosis posited by the College of Opticians. The RHPA does not suggest that a diagnosis - the act of "identifying a disease or disorder as the cause of symptoms of the individual" cannot be reached through an "objective data gathering exercise" such as refraction. Accordingly, we are surprised by the contention of the College of Opticians that communicating the results of a refraction does not amount to communicating a diagnosis under the legislation.

Re: 2. The Public Interest Objectives:

a) *Risk of Harm*: The College of Opticians states:

Refraction is not listed as a controlled act, meaning that the Legislature did not perceive a risk of harm associated with its performance. In the College's view, it should be incumbent upon groups wishing to prohibit individuals from performing an activity that is not a controlled act under the RHPA to prove the risk of harm in that activity, not the reverse (p. 2).

We disagree with the submission that "[t]here is no reasonable likelihood of any risk of harm to patients as a result of refraction being performed under the Standard of Practice". The proposed Standards contemplate situations in

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President, College of Opticians of Ontario

which neither a physician nor an optometrist examines the patient before issuing or changing a prescription. We believe that allowing refraction by opticians in such circumstances could constitute a material risk of harm to the public.

The CPSO wishes to emphasize that it has no wish to prevent opticians from performing the act of refraction, so long as that act is carried out in the public interest. We have stated before, and continue to believe, that refraction is merely one step in a full oculo-visual assessment. Thus, our College agreed with the others during the mediation session of May 27, 2002, that the College of Opticians would develop standards of practice for the performance of refractometry alone. However, we also wish to emphasize that, according to Track One, to which all three Colleges agreed at the time, the only option for follow-up open to an optician who had performed a refraction without direct supervision would be to refer the patient, without the results of the test, to a physician or optometrist.

- b) *Patient Choice*: The CPSO agrees that, in the current environment, patient access to health care practitioners can be a significant problem. Patient choice arguments, however – for example the contention that current circumstances are “leading to a monopoly situation for optometrists” – cannot be allowed to outweigh patient safety considerations.
- b) *Cost*: As discussed above, the primary consideration in determining the public interest must always be public safety. The CPSO is not in a position to comment further with respect to issues of competition concerning the other Colleges.
- c) *Reasonableness*: We reiterate that refractions done in compliance with the CPSO’s policies on Prescribing Outside an Established Physician-Patient Relationship (#8-00) and The Delegation of Controlled Acts (#1-99) – whether by opticians, optometric assistants or ophthalmic technicians – are acceptable and appropriate. Those done in contravention of these policies are not.

We cannot comment specifically with respect to the example raised in your letter, other than to repeat that our policy with respect to prescribing outside an established relationship between patient and physician is very clear. We would look seriously on any breach of this policy.

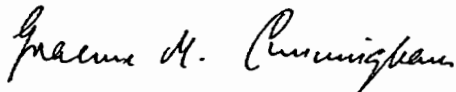
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d) *Flexibility*: We wholly agree that legislative change should not be necessary in all circumstances. For this reason we have participated in good faith in the current process, in an attempt to reach and implement consensus between the stakeholders in this issue.

Re: 3. Conclusions:

For the many reasons outlined above, the CPSO takes issue with the contention that it lies within the powers of the College of Opticians to implement the draft Standards of Practice as currently proposed.

Yours truly,



Graeme Cunningham MD
President

cc. Dr. Paul Chris, President, College of Optometrists of Ontario

Ms. Marilyn Wang, MOHLTC
Ms. Allison Henry, MOHLTC

College of Optometrists of Ontario
L'Ordre des optométristes de l'Ontario

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February 24, 2005

Cathi Mietkiewicz, President
College of Opticians of Ontario
#902 - 85 Richmond Street West
Toronto, ON M5H 2C9

Dear Ms. Mietkiewicz 

Re.: Entry to Practice Competencies for Refraction

Thank you for inviting the College of Optometrists to comment on the proposed entry to practice competencies for opticians to perform refractions.

We note in the Preamble that the competency statements have been developed "in order [that opticians] may provide the public with safe and ethical care." The College of Optometrists of Ontario is on record as opposing the performance of "stand alone" refractions by any group. As you are aware, we do agree that opticians could perform refractions safely and ethically when these refractions are performed under the supervision of, and as part of an oculo-visual assessment performed by, a physician or optometrist. It is in this context that the College of Optometrists makes the following comments.

We would point out that the formatting of the document could be improved, and should be made consistent with the Entry to Practice document so that it could be readily interpreted in that context. For instance, sub-competency D1 appears in both documents. In the Entry to Practice document, the descriptor reads as "Demonstrate an understanding of the structures and functions of the eye" while, on the Refraction document it reads, "Demonstrate knowledge of anatomical systems". We are unsure if this difference is a deliberate intent to change the language in the Entry to Practice document, or is simply an oversight.

Under sub-competency D4.1 there appears to be a greater amount of detail concerning ocular pharmacology than would appear to be necessary simply to expand the scope of practice to include refractions. There needs to be greater

clarity that the knowledge of pharmacology that will be required will be limited to how the listed classes of drugs can potentially affect the refractive and accommodative systems.

It appears to us that there is redundancy between the two documents. As an example, keratometry and biomicroscopy are currently required (under G3 and G4 respectively) but appear again under X2. We would recommend that the College of Opticians consider eliminating such redundancies.

We also note that many of the functions listed in sub-competency X3.1 do not relate to an assessment of patients' refractive status and recommend that they be removed.

As this matter progresses, we would certainly be prepared to meet with representatives of the College of Opticians to discuss this further if you feel that that would be beneficial.

Best regards,

A handwritten signature in black ink, appearing to read 'Murray', written in a cursive style.

Murray J. Turnour, O.D., M.Sc.
Registrar