

APPENDIX: X



COLLEGE OF
OPTICIANS
Ontario

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June 3, 2003

Murray Turnour
College of Optometrists of Ontario
6 Crescent Rd.
Toronto, Ontario M4W 1T1

cc' BEN
cc' CAROLINE ✓ 5/06/03
orig. CATHI

Dear Dr. Turnour,

Re: Refractometry

During the mediation exercise last May, it was agreed that the College of Opticians would prepare a paper outlining the public interest rationale behind whatever Standard of Practice this College produced relating to the performance of refractometry by our members.

Attached for your information is a copy of the paper we've produced in this regard.

Best regards,

Cathi Mietkiewicz RO
President



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June 3, 2003

Ms. Robin Martin
Policy Analyst, Minister's Office
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Ms. Martin:

Re: Refractometry

During the mediation exercise last May, it was agreed that the College of Opticians would prepare a paper outlining the public interest rationale behind whatever Standard of Practice this College produced relating to the performance of refractometry by our members.

Attached for your information is a copy of the paper we've produced in this regard.

Best regards,

A handwritten signature in black ink, appearing to read "Cathi Mietkiewicz", with a large, sweeping flourish at the end.

Cathi Mietkiewicz RO
President

Attach.



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June 3, 2003

Dr. Rocco Gerace
Registrar
College of Physicians and Surgeons
80 College St.
Toronto, ON
M5G 2E2

Dear Dr. Gerace,

Re: Refractometry

During the mediation exercise last May, it was agreed that the College of Opticians would prepare a paper outlining the public interest rationale behind whatever Standard of Practice this College produced relating to the performance of refractometry by our members.

Attached for your information is a copy of the paper we've produced in this regard.

Best regards,

Cathi Mietkiewicz RO
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The Public Interest Rationale for the Standards of Practice for Refractometry by the College of Opticians of Ontario

1. The Context

The attached Standard of Practice has been prepared within the context of the existing legislation, namely the *Regulated Health Professions Act, 1991* (RHPA) and the *Opticianry Act, 1991*, the report of the Health Professions Regulatory Advisory Council (HPRAC) dated September 27, 2000, the former Minister of Health and Long-Term Care's letter to the College of Opticians dated February 7, 2001 and the report of a mediation exercise among the College of Opticians, the College of Optometrists and the College of Physicians and Surgeons of Ontario held on June 27, 2002.

Under the RHPA, refraction is a public domain activity meaning, in essence, that its performance creates no material risk of harm to patients. This interpretation was confirmed by HPRAC and is not disputed by any of the regulatory colleges or professional associations in the vision care sector.

Under the RHPA, the act of prescribing for sub normal vision devices, contact lenses or eyeglasses other than simple magnifiers, is a controlled act authorized for physicians and optometrists, but not for opticians.

Since refraction is an objective, data gathering exercise, the College of Opticians does not believe that communicating the results of a refraction amount to "communicating a diagnosis" as defined by subsection 27.-(2) 1. of the RHPA. In any event, the attached Standard of Practice contemplates opticians relaying the results of any refractions to the prescribing practitioners (i.e. physicians/ophthalmologists or optometrists), not to the patients. The prescribing practitioner could arrange for a full ocular visual assessment and/or issue a prescription as per the practitioner's own regulatory requirements and standards.

Accordingly, the attached Standard of Practice:

- a) Allows opticians, who have met the College's training requirements, to perform the public domain act of refraction by virtue of an instruction from the prescriber.
- b) Requires opticians to convey the results of the refraction to the prescriber for the prescriber to make whatever adjustments may be required to the prescription, or to take whatever other action the prescriber deems necessary, such as arranging for a full ocular visual assessment. Alternatively, the prescriber may authorize the optician to alter the patient's existing prescription in order to reflect the results of the refraction.

The College of Opticians asserts that this is a *de minimus* Standard of Practice that falls completely within the existing legislative framework and reflects the consensus reached through the mediation exercise.

2. The Public Interest Objectives

The statutory duty of the College of Opticians is to serve and protect the public interest. The College has concluded that allowing its registrants to refract, as specified by the Standard of Practice, serves and protects the public interest in the following ways:

a) Risk of Harm: There is no reasonable likelihood of any risk of harm to patients as a result of refraction being performed under the Standard of Practice. As referenced above, refraction in and of itself is a public domain activity. Under the Standard of Practice any changes to a prescription resulting from a refraction, no matter how minor, will be made by each patient's authorized prescriber, or by an optician under the prescriber's expressed delegation.

The principal concern expressed about opticians refracting is that diseases or disorders of the eye might be missed, thereby putting patients' health at risk. The College of Opticians and many other authorities believe that the potential for ocular-visual assessments to identify systemic diseases and disorders is overstated. In any event, in her presentation to the Alberta Health Professions Advisory Board (September, 2002), Dr. Barbara E. Robertson, Associate Professor, School of Optometry, University of Waterloo, provided data on the percentages of high risk patients present in the general population. The consensus was that there is not a large segment of the population at risk in the age groups of 18 to 60 years of age.

Furthermore, during the period in which opticians refracted prior to the ban, there was not a single misadventure reported to this College.

Finally, a primary purpose of the RHPA is to protect the public from risk. It does so in part by listing controlled acts that entail a risk of harm and authorizing the performance of those acts (in whole or in part) only by those professions with the competence to perform them safely. 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.

b) Patient Choice: Under section 3 of the RHPA, one duty of the Minister is to ensure

".... that individuals have access to services provided by the health professions of their choice."

The College of Opticians asserts that prohibiting opticians from refraction unreasonably limits patient choice. There is a growing shortage of physicians in Ontario, particularly in rural and remote areas of the Province. In addition, hard caps on professions' OHIP pools (which apply to both medicine and optometry) discourage discretionary utilization. There is a growing demand for access to the services of Ophthalmologists and there are virtually no general practitioners in small communities who provide general eye care. This is leading to a monopoly situation for optometrists.

The ability of opticians to refract as contemplated by the Standards of Practice will enhance patient access by allowing Opticians to work in the same environments as general practitioners, ophthalmologists and optometrists.

Patients will still have the medical overview and advice and then be referred to the refracting optician on staff or in close proximity to the medical practitioner if an eye exam is requested or recommended.

The work currently being done by the MOHLTC on the issue of freedom of association under the guidance of Margaret Mottershead in the context of the Conflict of Interest guidelines is direct evidence of the viability of this scenario. Allowing opticians to refract will provide another avenue of access to health care and thereby reduce waiting times for care and help reduce the burden on physicians.

c) Cost: Continuation of the ban on refraction by opticians supports the growing monopolization by optometry in the vision care sector, both in refracting and dispensing of eyeglasses and contact lenses. Elementary economics and market behavior demonstrate that enhanced competition improves quality of care, the choice of care and creates balance in the prices charged to consumers. Allowing opticians to refract, coupled with accompanying competitive forces in dispensing, will create greater choice of access to primary eye care for the public

Inter-professional competition was one of the principles introduced by the RHPA through the articulation of overlapping scopes of practice, authorized acts and public domain activities. The Standard of Practice is entirely compatible with this principle.

d) Reasonableness : The College of Opticians is aware that refractions are being performed daily in Ontario by unregulated optometric assistants and ophthalmic technicians. The results of those refractions are relayed to authorized prescribers (usually the employer) to issue prescriptions for eyeglasses, contact lenses and other vision devices. It is unreasonable for the College to prohibit opticians from doing the same thing.

It is also unreasonable for one profession (in this case Optometry) to require higher standards of another profession than from its own members. Dr. Judy Parks, President of the Ontario Optometrists Association, appeared before the Standing Committee on Finance and Economic Affairs on February 3, 2003. She was asked how prescriptions for TPA's (Therapeutic Pharmaceutical Agents) are obtained for optometrists' patients since optometrists are not currently allowed to prescribe drugs under the RHPA. The situation of optometrists with respect to TPA's is very similar to that of opticians with refracting. In response to the question, Dr. Parks replied:

"I think every physician does what they (sic) feel comfortable doing. Some, I think, because they personally know me – the ones I would normally deal with – may just take what I tell them at face value and write the prescription. Others, probably if it's a physician I don't know or don't have a relationship with, probably would bring the patient in and have a look at the eye..."

The Standard of Practice of the College of Opticians compares very favourably to this practice.

f) *Flexibility*: The Health Professions Legislation Review, which gave rise to the RHPA, recommended a regulatory framework for health-care professions that was flexible enough to adapt to changing circumstances and requirements without the necessity of legislative change every time.

3. Conclusions

The Standard of Practice reflects a *de minimus* approach that is entirely within current legislation, namely the *Regulated Health Professions Act, 1991* and the *Opticianry Act, 1991* and is entirely within the powers of the College of Opticians of Ontario.

There are strong public interest purposes achieved in allowing opticians to refract once again pursuant to the Standard of Practice, primarily relating to increased access and the beneficial effects of enhanced competition and patient choice.

June 2, 2003