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Brian O'Riordan
Health Professions Regulatory Advisory Council
55 St. Clair Avenue West
Suite 806, Box 18
Toronto, Ontario, Canada M4V 2Y7
HPRACSubmissions@ontario.ca

Re: HPRAC Questionnaire Re Eye Care Sector Issues

The Ontario Opticians Association (OOA) and the Opticians Association of Canada (OAC) are pleased to note that the questions posed by this HPRAC questionnaire speak to the issue of collaboration, of rationalizing the controlled activities contained within the shared scopes of practice, and of making best use of the existing and future vision health workforce. The OOA and the OAC have always supported this concept as being one that has public protection as its foundation with ease of access, cost effectiveness and safe service as its building blocks. We understand that this was the original concept and intent of the Regulated Health Professions Act.

Over the past decade we have not seen much movement in that direction as it relates to our own profession however we trust that HPRAC's consideration of these questions marks a renewal of commitment to this purpose and we are hopeful that progress will be made with fair and equitable outcomes for all professions and most importantly for the public.

It must be said at the outset that Ontario Opticians have consistently extended requests for collaborative development of standards, definitions and other governance issues. In spite of the fact that these efforts have been rebuffed we are hopeful that perseverance will end in a positive result.

Although we are committed to continuing to promote collaboration in its many layers, we believe that in the short term this will only be possible by good governmental policy decisions over-riding entrenched turf protection. The OOA believes that a better working relationship and more importantly a more productive public service will only come over time and only if all three 'O's start to meet more frequently on non-controversial matters as well as governance issues. It is only through repeated positive exposure to each other that a trustful, respectful attitude will emerge.

- 1) In order of priority, what do you think are the key issues facing the eye care sector?
 - a. *Lack of respect and collaborative spirit amongst professions. In particular some amongst the leadership of optometry take the attitude*

that there is a hierarchy of importance and optometry sits at the upper level of the hierarchy.

- b. Growing population of aging Baby Boomers is increasing the number of people at risk for age-related disease while at the same time there is a limited number of ophthalmologists and fewer physicians choosing this specialty.*
- c. Finding a way for legislation and regulation to keep pace with technology, education and creative practice models. This is fundamental to allowing professions to practice to the maximum extent of their training and capabilities.*

2) In your view, how can the key issues be resolved? What is your organization prepared to do to resolve them?

- a. Facilitated discussion has not helped in the past. Ministries of Health need to develop an imperative similar to the Agreement on Internal Trade that makes it part of the mandate of the professions to reach inter-professional agreement about scope of practice issues. Collaboration cannot take place where one profession dictates the terms to another. Politics must be removed from good public policy. Our organization is prepared to discuss, give and receive recommendations and compromise where reasonable. We are not prepared to accept the status quo.*
- b. We believe that public education about preserving vision and about age-related disease is the key to dealing with this emerging problem. We see Opticians as a natural source of providing public education due to the ease of access to Opticians our greater numbers relative to the other two 'O's and also due to the greater amount of time Opticians typically spend with their clients. Community outreach is also a key to encouraging the public to be more aware of vision issues.*

There are no doubt many other professions both regulated and unregulated that could be embraced in the circle of care as educational resources.

We also believe that by accessing technology, and adding appropriate training to existing professions a variety of screening, remedial and monitoring activities can be performed by a broader range of professionals.

Opticians have been clear about their goal of providing refracting services for their clients. Optometrists have refused to discuss ways by which this goal can be achieved preferring instead to raise the specter of risk of harm instead of collaboratively finding a way to mitigate, through standards and/or education what they consider to be the risks. In other countries the education of eye care professionals is seen as a continuum with protocols in place that allow progression through the continuum.

It is predicted that we will have a shortage of ophthalmologists partially due to attrition and partially due to fewer numbers of physicians entering that specialty. Consequently it is important for scopes of practice to be

fluid and that due diligence on the part of government doesn't get mired down in turf wars.

- c. *Technology in vision care has outpaced the ability of legislation and regulation to make best use. Models of remote practice have been piloted and successfully used to provide accessible efficient and safe service to people. There are many screening tests, for example that could, with appropriate and simple forms of training easily be performed by Opticians and other groups. Turf protection has created a barrier to creative use of such technology. Our profession is willing to collaboratively develop education plus standards of practice that would enable maximum use of Opticians as part of the vision care workforce.*

As an example, Opticians have identified refraction as one of the services that could easily and safely be provided to consumers. We have embraced the challenge of new technology, educational opportunities and along with our College have recognized the need for effective standards of practice. In other jurisdictions, such as Alberta and British Columbia Opticians have been allowed to refract and have demonstrated that it can be done safely and efficiently and at a low cost for the public. Legislative and regulatory processes have failed to leverage the opportunities for better vision care afforded members of the public by these changes.

Many of the conflicts and barriers to collaboration that have been identified in the past relate to rules and regulations regarding association of one eye care profession with another at the point of care, and limited collaboration among health Colleges in the development of regulations, standards of practice, guidelines and rules.

- 3) What should be the role of the health Colleges in defining and regulating appropriate business practice and business or professional association, and what is the rationale for your view? How are patients and the public interest served by such rules and regulations?

- a. *The health Colleges should define fundamental business practice including global policy about conflict of interest and ethical practice because the public have expectations that when it comes to health issues they shouldn't have to be concerned about such matters when they are served by a health care professional. People see it as a 'given' that health care professionals will deal with them in an ethical way.*

We don't believe that restricting collaboration of any sort including partnerships and employer/employee relationships amongst health care professionals serves anybody's best interest. Currently in most provinces optometrists allow business relationships that position Opticians as their employees but they prohibit an optician/optometrist employer/employee relationship. In Ontario the Drug and Pharmacy Act

and the Business Corporations Act reinforce this concept by stating that only a regulated professional can own a professional corporation.

Opticians and optometrists should be able to work together in whatever business model seems to make good sense as long as it keeps the patient front of mind. The profit motive has often been cited as a reason why prescribing and dispensing professionals cannot work in partnership. This position has been successfully challenged in the B.C. Courts. Realistically, all professionals have to have a profitable practice or they will not survive. You cannot ignore the profit motive even in health care. It is up to the professional to balance the need for profit with the responsibility to place the best interest of the client/patient first and foremost.

In Ontario optometrists pursue a pricing structure referred to as 'cost plus'. This is a marketing strategy that causes members of the public to mistakenly believe that optometrists are charging them a wholesale price for their product and that the addition of the professional fee is not part of their product cost.

The bottom line is that unless an optician, an optometrist or an ophthalmologist makes a profit he/she will not remain in practice very long. Making a living and profiting by your skill and training is only unethical when there is a disregard for the well-being of your client. No amount of regulation is going to eliminate a lack of ethics. When one door is closed to an unethical heart, another door emerges. Collaborative practice in all forms should not be prohibited by legislation and/or regulation.

- 4) Please identify the basic principles that should guide any regulations regarding business practice, professional association and conflict of interest. (For instance, accountability of professional to the patient; patient access to appropriate care; obligation of professional to rebuff influences that interfere with professional judgment ...)
 - a. *All of the above need to be included along with transparency of corporate policy and practice but all regulations regarding business practices of health care professionals, including professional association and conflict of interest should not single out for restrictive relationship any specific profession but should be based on general principles.*
- 5) How could collaboration among the opticianry and optometry professions be improved through changes to regulations and standards respecting business practices and association of professions? For instance:
 - i. Should there be common conflict of interest regulations for both the professions of opticianry and optometry?
 - ii. Should there be common advertising regulations for both opticianry and optometry?
 - iii. Should the same code of ethics govern both professions?

We believe that conflict of interest, and code of ethics should be covered in an omnibus act like the Regulated Health Professions Act. That way there is universality of standards and a clear public expectation of professional behaviour. But the regulations should be reasonable and not anti-competitive. There are many regulations regarding advertising of a product or service some of which are contained in legislation not directly focused on the health professions. The Consumer Protection Act is a good example. As long as advertising is truthful we see no reason why there should be profession-specific restrictions.

In professional regulation price is often targeted and restricted or prohibited. Where a service is not covered by provincial healthcare plans, price is a strong component of decision-making for members of the public. As mentioned previously a marketing practice that alludes to providing products for wholesale cost is misleading. Regulatory bodies and associations should not be involved in determining pricing structure of its members nor should they interfere with how those prices are advertised.

What other matters should be considered?

- 6) What steps could be taken to ensure that, if the regulations and ethical codes are the same for the professions of optometry and opticianry, they are developed jointly; or if not the same, that they are developed through significant consultation with the other profession?
 - a. *Because we're dealing with institutional attitude we believe that any consultation should be broad-based and include in the primary working group those professionals from each group who are not involved in day-to-day leadership roles. This would create a better balance and perhaps diffuse the entrenched and visceral resistance optometrists have to collaboration. As well the word collaboration presumes that there will be give and take and that a result agreeable to both sides will be produced.*

- 7) Should members of the eye care professions be permitted – or encouraged – to work together to provide patient care in a collaborative business partnership, corporate enterprise or professional team, or in the same setting?
 - a. *Yes*

How can this best be accomplished?

- b. *By eliminating profession-specific prohibitions. Collaborative practice will emerge in a way that makes sense if regulation gets out of the way.*

What are the benefits?

- c. *There would be a more efficient provision of service to the public. Collaborative referral would lead to a more timely intervention, reduce duplication of effort and expense for the patient/client and lead to more productive, results-based vision care. Also there would be cross-over*

professional development because inter-professional dialogue and problem solving would be easy and timely.

What are the drawbacks?

- d. *We can't see any providing it is true collaboration in every sense and not discussion that ends with one profession dictating to another.*

What are the standards that need to be in place to ensure that the patient is the focus of care, rather than the interests of the professionals?

- e. *The patient as focus of care is inherently part of the standard of practice as well as the code of ethics of all health care professionals. There needs to be standards that speak to the issues of record keeping, transparency of ownership and decision-making authority, the provision of client education and optional interventions, corporate policy statements and other matters that are best practice for corporate governance.*

- 8) Are there issues that need to be addressed in the sharing of patient records among professionals in a collaborative practice or among professionals who share care of a patient? Are current regulations and statutory requirements appropriate, or are changes required? How can professions collaborate in developing shared standards in the absence of electronic health records?

The biggest issues relative to patient records are the ethical matters of privacy and confidentiality. It is our view that once a client enters into a service arrangement with an Optician this adds the Optician to the client's circle of care. As such confidentiality of records including medical data and protection of privacy is implicit in the arrangement. Opticians' regulations and codes are, we believe adequate to cover these matters. In a truly collaborative model cross-professional learning and insights are shared and full disclosure of the patient record is part of that process.

Optimum vision is affected by many systemic conditions. Opticians need to be able to understand the underlying issues affecting the client's vision in order to most appropriately design an appliance. As an example, someone with an arthritic condition is more likely to suffer from dry eye. Knowledge of this condition will drive the selection of a contact lens material, design maintenance and aftercare in a specific direction. A person who is diabetic often has swings of visual acuity. If the client's visual acuity met expectations on dispensing of the product but then deteriorated it would be a sign that the client should attend his/her family physician to have his/her blood sugars checked. Without that knowledge the Optician would be looking to find some anomaly in the eyeglasses or contact lenses which would waste time and prolong appropriate referral.

- 9) Would the regulation of optical premises (similar to the regulation of pharmacies under the *Drug and Pharmacies Regulation Act* in Ontario or comparable to the regulation of optical premises in other jurisdictions) be in the public interest? Why or why not?

We are not in favour of generating a more complicated regulatory regime than already exists. It creates greater administrative cost which inevitably is passed along to the consumer. We believe there should be some requirement that businesses employing health care professionals undertake to respect the standards of practice of those health professionals in developing corporate policy. In Manitoba, for example the regulatory body has installed the requirement for a 'license of record'. This license of record assumes ultimate responsibility for making sure that the dispensary is operated within the standards of practice set out by the regulatory body. This does not absolutely resolve breeches of the act because the regulator has no punitive recourse over owners who are not registrants, but the system does make owners aware of their responsibilities and there are few instances of deliberate manipulation or ignorance of professional regulation.

Other jurisdictions such as Quebec have required that no person can own a retail dispensary except for a regulated professional. This is in essence what the Drug and Pharmacy model requires. It is our understanding that retail chains in Quebec have found nominal ways to meet that requirement thus making a charade of the model.

The reality is that the nature of the product and services offered by vision care professionals are often 'wants' rather than 'needs' and as such the marketplace has driven the business model – even where medical interventions are part of the process. Laser surgery to correct refractive error is a good example of this.

It would be easy to recommend that the government of Ontario opt for the Pharmacy model or some other form of regulating dispensing premises but more regulation is not the ultimate resolution. The broader society of Canadians is guided by regulations and laws covering every aspect of our lives. The majority of people live within those regulations and laws. The legal system is jammed with people who simply ignore those same regulations and laws yet attract minimum sanction and penalty.

The most egregious flaunting of regulation is the situation that currently exists with the Great Glasses chain of optical dispensaries. The owner of this chain has had his Optician's license stripped away, has lost his legal battle in the Hamilton Superior Court of Justice, and has lost his appeal as well as his request to be heard in front of the Supreme Court of Canada. We have been informed by the Attorney General's department that they are responsible for collecting the fines that have accumulated through this process and that the College of Opticians of Ontario is responsible for dealing with the situation whereby the Great Glasses dispensaries continue to practice illegal dispensing. Great Glasses remains open. Current regulation in this instance doesn't seem to be effective.

On balance the cost of regulating optical premises far outweighs the benefits with regard to public safety issues.

- 10) What elements should be included in such legislation or regulations were it to be enacted? What is the impact on, or benefit, to the patient?

We do not believe there should be a complicated system of registration because that would of necessity involve additional administration and added cost that would end up requiring business owners to pay a fee for registration. However nominal this may be it once again would be passed along to the client.

11) A number of leaders in the eye care sector have suggested that an Eye Care Network or more formal organization, in Ontario, involving, perhaps, the health Colleges, professional associations, educators, retail corporations and suppliers would contribute to the development of all of the professions, and how they work together to benefit their patients.

- i. Is this a viable option and would it add value in patient care? In professional relations? In clinical competencies? In integrating new technologies or systems? In other ways?

Voluntary collaboration always works better than mandated collaboration because there is a grass roots belief in the process and a desire for a positive result. At the national level Opticians have already started a collaborative process amongst the regulators, associations and educators. For some issues we are also collaborating with employers and suppliers to the industry. It works very well under the aegis of the Opticians Council of Canada. The next step would be collaboration at a national level amongst all three O's. Informal relationships are much more effective than mandated relationships in eliminating historical tensions. Accordingly the Ontario Opticians Association would welcome the opportunity for a series of summits including all parties mentioned in the question.

- ii. How would you see the establishment of such an organization in Ontario (e.g., a possible mandate, whether it should be voluntary or mandatory, i.e., a regulated body as occurs in some jurisdictions). What should be the specific roles of health colleges, professional associations, educators and the retail sector; how should funding and governance be addressed?

The regulatory regime is already over-burdened with meetings and governance responsibilities. Layering over yet another hierarchy and structure as stated earlier in this series of responses will only add cost to the system which will have to be passed along down the line. Regulatory bodies are in a position to raise their registration fees if necessary. We would argue against that because the cost of registration is already punitive for Opticians. Associations would find it very difficult because membership in an association is voluntary and increased membership dues would be a deterrent to engaging all Opticians in the process.

There is no magic bullet for this situation. Every study that has been undertaken in the past decade recommends collaboration but Optometrists have welcomed only collaboration between themselves and medical practitioners. There has been a lot of time spent inviting and evaluating stakeholder comment and very little progress made save and except to increase the scope of practice of optometrists. The government needs to stop rewarding bad behaviour and recalcitrant groups of professionals and simply make its policy decisions about issues of collaboration and scope of practice based on common sense and practicality.

- iii. What other options could be pursued for ongoing dialogue among the professions and is an organized forum necessary?

See above.

12) Opticianry, optometry and medicine (general practice and ophthalmology) are all regulated health care professions in Ontario, each with differing – and sometimes overlapping - scopes of practice. Historical and cultural differences among the professions, often having little to do with delivering optimal patient care, have resulted in long-standing antipathies and misunderstandings between or among these professions and their regulators.

- i. How can respect among the three professions best be fostered, and what opportunities need to be provided so that each of the professions understands and appreciates the skills, knowledge and qualifications of the other, and is able to work in a trusting, collaborative relationship with members of other professions?

Collaboration should begin at the level where the primary education takes place. The teaching institutions should incorporate into their programs specific areas where there could be cross-over of instruction. The more opportunity the professions have to become acquainted the greater will be the level of respect. It is our understanding that Georgian College has initiated a cross-over project with the University of Waterloo School of Optometry. The gist of the program is to develop a curriculum several weeks in length using theme material that is common to both courses of study. In Part 1 a group of students will be sent from Georgian to Waterloo to study alongside optometrists for a few weeks. There would then be a reciprocal stay for a group of students from Waterloo with students from Georgian. We are hopeful that this project will generate some further consideration for cross-over training.

- ii. To what extent does this already occur?

This frequently occurs on a practical basis where professionals with overlapping scopes of practice can see benefits in collaboration. The problem is they have to engage in this business model under the radar. As soon as the optometric regulatory body is alerted to the situation their member is ordered to cease and desist.

Opticians, optometrists and ophthalmologists currently do collaborate, along with researchers into eye disease, the CNIB and the Foundation for Fighting Blindness as members of the National Coalition for Vision Health where we have been able to work together on projects of mutual concern such as the sale of contact lenses by unregulated persons and other matters impacting eye disease and public education.

- iii. What is the role of joint entry-to-practice education and joint continuing education in enhancing such understanding? Is public education required?

As it relates to the inter-professional turf wars, the public only cares that it gets appropriate care and service in an easily accessible format and at a reasonable cost in terms of time and money. They are the end-users of a collaborative model. It is up to the professionals to set aside historical resentments. We have already suggested that there could be some overlap of training as well as faculty in the entry-to-practice education. It takes considerable time to modify curriculum but at the continuing education level joint projects could be started

immediately. All three vision care professions can learn from one another. Opticians often invite optometrists to lecture at their continuing education events. A reciprocal invitation would be welcome. We believe ophthalmologists would benefit if they were to include opticians as lecturers in their conference scheduling.

It is difficult at the best of times for the public to understand the unique value each of the three 'O's bring to vision care due to the overlaps in scopes of practice. When scopes of practice change it is even more confusing. In a collaborative practice model the lines could be further blurred.

Is public education required?

It is incumbent on each profession to undertake public education in order to explain where they fit in the continuum of health care. It is important within the professions that standards of practice require vision care professionals to reinforce public education in daily practice. An example of this is that Opticians have incorporated into their standards of practice for refracting the requirement that the refracting optician explain to the client the importance of eye health examinations, to supply the client with the recommendations set out by the Canadian Ophthalmological Society regarding frequency of eye health examinations and to carefully interview prospective candidates for refraction to identify those individuals who would be best served by a eye health examination instead of a refraction.

Responsible professionals anticipate unintended outcomes of change and develop methods of reducing that possible result. As an example, Opticians recognize the potential for the public to believe that a refraction performed by an Optician is a replacement for an eye health examination. It is for this reason training programs and standards of practice focus on public education. Likewise now that optometrists are allowed to prescribe drug therapies and particularly because they have suggested that they are able to identify systemic disease such as diabetes through an eye health examination, the public might assume that if the optometrist doesn't detect systemic disease none is present. We assume optometrists have taken steps to make clear the limitations of their services.

- iv. Would joint health College professional development and continuing competence programs be useful in engendering trust and respectful working relationships? How can joint professional clinical experience, through clinical practice requirements, externships and other mechanisms at the educational level be introduced or enhanced? What steps have been taken to date to do so?

See above

- 13) Please cite examples of successful inter-professional collaboration among eye care professions (including family physicians and general practitioners), educators or regulatory organizations that have occurred or are occurring to date. For any unsuccessful projects undertaken within the past five years, please briefly describe them and explain why they failed.

There are many examples of opticians establishing a collegial and collaborative relationship with neighbouring GP's, optometrists and ophthalmologists but as previously stated, these relationships are usually formed for practical reasons and are kept under the radar. In Manitoba one of the best contact lens practices in Canada was built on the optician providing therapeutic fits for corneal and pediatric specialists. Often the Optician was in the surgical suite to begin the therapeutic application

immediately. Kerataconus fits are another area where there is respectful collaboration between the optician and the ophthalmologist.

14) In HPRAC's recent interviews, we heard that each eye care profession should practice to its highest level of competence, and this should be a continuing evolution, with each profession, within its scope of practice and under its controlled acts, taking on roles that reflect its members' growing knowledge, skills and judgment. We live in a society that is characterized by demographic change: an aging population, increased incidence of diseases or conditions that might impact eye health, and that these health care matters need to be addressed, in a coordinated way, by eye care professionals.

- i. How can the three professions work together to recognize this demographic change, to incorporate new proficiencies, accountabilities and skills of members of each profession so they are recognized and applied to patient care and to address increasing demand for appropriate eye healthcare?

We have essentially answered this question in previous responses. Naturally we are responding to these questions through the lens of our own particular scope of practice ambitions. Consequently we concentrate on the lack of collegiality and collaboration with optometrists. It should be noted that in previous organized meetings regarding our scope of practice issues, ophthalmology per se has not been invited to the table. They are usually represented by the College of Physicians and Surgeons. Although ophthalmologists do fall under the regulatory authority of the College of Physicians and Surgeons we believe that in matters of vision care ophthalmology input is essential.

In the end when working committees are formed to discuss scope of practice matters no group should start with a pre-determined and entrenched attitude.

- ii. How confident are you, or members of your profession, about the clinical knowledge, skills and judgment of other professions that provide eye care to meet patient care needs? What needs to improve, and how can it be improved? What new information do you need to comprehend the roles and qualifications of eye care colleagues?

Opticians don't question the clinical knowledge, skills and judgment of optometrist. What we do question is their regulatory philosophy and arrogance about their importance relative to the other allied professions. We certainly don't question ophthalmology.

Optometrists have positioned themselves as the profession that knows eyes inside and out. The role of ophthalmology is unequivocal. Although dispensing is a shared scope of practice neither profession is as knowledgeable about the end product as Opticians.

Raw information is not going to improve attitudes. The way to gain respect is to find opportunities to work together in non-controversial areas where respect can grow. For example, we believe that if the other two 'O's were receptive to incorporating Optician lecturers into their primary teaching programs as well as into their continuing education events they would not only learn something important about their patients but that knowledge might also better inform their diagnoses and therapies.

- iii. Do you see evolving roles (eg. optometrists accepting, with appropriate training and skills, more responsibility for medical therapeutics) as a benefit for the patient, or as a matter that impacts financial sustainability for other professions?

We believe that given the circumstances described elsewhere in this questionnaire it is imperative for the sustainability of patient care to examine therapies and treatments that can be shifted through the use of appropriate training and skills to other allied professions. In the long run this will allow a greater volume and quality of treatment. While there may be a short term financial loss somewhere in the referral chain, long term this will be offset by the greater numbers who are able to access targeted service and treatment.

Can enhanced scopes of practice for some professions offer advantages for others in increased time and opportunity to care for patients with increased morbidity and complexity?

Absolutely. It is the fundamental reason why allowing Opticians to refract and optometrists to prescribe drug therapies makes so much sense.

How can competing professional interests be balanced in favour of the patient?

The public is always best served by a large range of safe choices. Increasing the number of vision health choices presents ease of access that respects a range of needs that can be provided in a timely fashion. It is up to government to create that balance by making regulatory decisions based on due diligence and good public policy.

Optician-provided refracting services is an example of this. All provincial governments have decided that an eye health examination for a specific demographic of the population is not an essential medical requirement and have deinsured that service. A decade of consultation to a variety of provincial Ministries of Health has not demonstrated any risk of harm. Yet governments have been stalled on any movement toward implementation apparently due to political pressure exerted by optometrists. This tips the balance away from the patient.

Currently there is often a redundancy for the public. As an example, it often happens that an Optician makes a product for a client and discovers that even though the product is accurate and meets the requirements of the prescription, optimum visual acuity is not achieved. A Refracting Optician could over-refract the client and make adjustments to the lens powers are required. Instead the client is required to return to the original prescriber and often gets caught in a revolving door going back and forth from prescriber to Optician. This serves no practical or medical purpose.

In this particular case there is a clear public benefit that is being stalled by inter-professional tensions. Government action would correct the balance in favour of the patient.

- 15) What does your organization's ideal eye care world look like?

We believe that the family physician should be the centre of the circle of care. The family physician is in the best position to know the overall health of the patient as well as the extent to which that individual is at risk of eye disease or other eye care issues. The family physician serves as a sort of

triage for the entire system of health care. Fundamental health issues are dealt with at that level but where specialty testing or treatment is required the family physician makes a referral. Referral for x-rays is a good example of this practice.

If the regulatory environment and the referral system were better rationalized a patient who is otherwise healthy could be referred for refraction to a refracting Optician. Ontario has recently recognized the practicality of such a plan by allowing Dental Hygienists to open practice separate and apart from a Dentist. When appropriate training and standards of practice are in place as they are with Dental Hygienists and Refracting Opticians this makes good sense and good public policy.

We look forward to reviewing the responses of other stakeholders who are participating in this review. We appreciate HPRAC's invitation to comment on the posted submissions and will do so.

Yours truly,



Robert Dalton, DO. CCLF
President
Opticians Association of Canada



Lorne Kashin, RO.
President,
Ontario Opticians Association