Appendix H

Summary of Participants' Submissions

APPENDIX H – SUMMARY OF PARTICIPANTS' SUBMISSIONS

College of Optometrists of Ontario

The College of Optometrists of Ontario (COO) prepared two submissions in response to this referral. The College supported the Association's proposed expansion in the scope of practice of optometry. They believe that the Association's proposal accurately reflects the drugs and laboratory tests that optometrists should be able to use.

The College stated the belief that there are a large number of referrals that could be avoided if optometrists could treat anterior segment disease. The College hired a consultant to conduct a survey of optometrists to determine the public's need for prescribing of drugs and the removal of ocular foreign bodies by optometrists. The study concluded that more than 75,000 referrals annually could be avoided if optometrists could treat anterior segment disease. It also concluded that the average wait time for treatment by other health care providers (family physicians/ophthalmologists) is 34 days and that these delays could be eliminated if optometrists could prescribe TPAs. They also estimated that the cost saving to the health care system would be $4.5M annually for referrals avoided.

Similar to the Association, the College of Optometrists argued that optometrists should be able to practice to the full extent of their education and training. The College also claimed that since optometrists can now diagnose, the logical next step is that they be able to treat the conditions that they diagnose.

The College stated that TPA use by optometrists would increase access to care and decrease wait times and duplication of services. They indicated that members of the College would be held accountable by the standards of practice, the professional misconduct regulation as well as the Quality Assurance mechanisms. The College also proposed having members participate in educational programs including both didactic and clinical components as well as write an exam to demonstrate their competence in TPA use.

The College also recommended that an "Optometric Formulary" listing specific drugs that optometrists may prescribe be developed and approved by the Council of the College and the Ministry of Health.

In their second submission to HPRAC, the College of Optometrists reiterated its support for the expansion in scope of practice for optometry. They also outlined some of the recent literature that supports the view that there is an ophthalmological manpower shortage in Ontario. The College highlighted the fact that other participants have not provided factual information to refute the College's initial submission, including the findings of their survey.

Ontario Medical Association

The Ontario Medical Association (OMA) prepared two submissions for review by HPRAC. They are opposed to optometrists prescribing TPAs. The first submission outlined the OMA's support for the Primary Eye Care Coordinating Committee's conclusion that "the primary eye care system in Ontario works well for most people, most of the time." (OMA, p.1) They claimed that optometrists do not have the training and certification to treat medical conditions of the eye which in many instances have systemic causes.

They argued that it is the profession and not the public that is asking for an expanded scope of practice for optometry.

The OMA strongly recommended that the training received by optometrists be assessed by an independent panel of educators. The OMA also suggested that a very specific cost/benefit analysis be conducted by an independent, non-biased researcher to help determine the true cost differences that would result if optometrists were permitted to prescribe TPAs.

The second submission from the OMA reiterated their opposition to an expansion in the scope of practice of optometry. They felt strongly that an expansion in the scope of practice of optometry would not have an impact on referrals to ophthalmologists because these referrals were essentially done in order to access secondary and tertiary care. They also claimed that the matter of waiting times has been misrepresented because the waiting times were essentially for specialty care, not primary care.

The OMA did not comment on the types of drugs or laboratory tests requested by the OAO; they claimed that to do so would imply that the decision has already been made to allow optometrists to prescribe. They stated that they are willing to work with all stakeholders as well as the government and members of the public to ensure the public is protected.

Association of Ontario Ophthalmologists

The Association of Ontario Ophthalmologists prepared two submissions to HPRAC. They claimed that the goal of optometrists using TPAs is achievable. They proposed working with optometrists to ensure that a sufficient level of education and clinical experience is in place prior to granting them the authority to prescribe TPAs.

The AOO expressed concerns about the current level of optometric education and clinical training. They compared the training of ophthalmologists to that of optometrists and claimed that while the training for ophthalmologists has increased from 4 to 5 years, the length of optometric education has not increased despite the fact that eye health care has become increasingly complex.

The AOO felt that even though many other jurisdictions have allowed optometrists to use TPAs, Ontario should take a slow and measured approach to this issue. They claimed that the lack of complaints of investigations in other Canadian jurisdictions was not necessarily conclusive of safe practice methods and appropriate prescribing. Furthermore, they claimed that the regulations in place in other Canadian jurisdictions are "more restrictive than those being proposed in Ontario" (AOO submission #2, p.2).

The Association believes it is wise to cautiously limit TPA use and ensure that optometrists are competent to prescribe medication, rather than use punitive measures such as professional misconduct regulations after the fact. They believe that the use of "avoidance of referrals" as justification for allowing optometrists to prescribe medication is not useful if the care provided is not comparable to the care provided by physicians.

The issue of waiting lists was also addressed by the AOO. It claimed that long waiting times are in part, a result of the reduced number of specialists resulting from cutbacks in residency programs. They insisted that this is a complex problem that will not be resolved by providing a "lesser quality of vision care to the public" (AOO submission #2, p.4).

Ontario College of Family Physicians

The Ontario College of Family Physicians prepared one submission. Their position was that optometrists should not be authorized to prescribe anything but topical drugs that are specific to the eye. They claimed that optometrists do not have the appropriate training to prescribe for all conditions that can be detected within the eye such as hypertension or diabetes. Their view is that optometrists must work in collaboration with family physicians and ophthalmologists to ensure safe, comprehensive care.

Ontario Nurses' Association

The Ontario Nurses' Association (ONA) prepared one submission for review by HPRAC. The ONA supported the Ontario Association of Optometrists' proposed expansion in scope of practice. They believe that it is in the best interest of the public to allow optometrists to prescribe and administer appropriate drugs in the treatment of eye disorders. They felt that many rural and northern areas of the province would benefit from this expanded scope of practice. They also stated that optometrists present no greater risk than any other regulated health professional, given that they are accountable to a college with clearly defined standards of practice.

Vision Council of Canada

The Vision Council of Canada prepared one submission to HPRAC. This organization claimed that the proposed expansion in scope of practice for optometry would have a negative impact on consumer access to appropriate, cost-effective care unless there were simultaneous changes to optometric regulations restricting association.

The focus of the Vision Council's submission was on the conflict of interest regulations which it claimed prohibit any association between an optometrist and an optical retailer or optician unless the optometrist employs the optician.

Vision Institute of Canada

The Vision Institute of Canada prepared two submissions for review by HPRAC. The Institute supported the Ontario Association of Optometrists' proposed expansion in the scope of practice of optometry. In their first submission, they claimed that quality of care would be increased, that there would be no increased risk of harm to the public and that overall, there would be a decrease in the costs of eye care services in Ontario.

The Vision Institute's second submission reiterated its support for the expansion in the scope of practice of optometry to include prescribing of TPAs. The Institute stated that, based on their clinical practice, there would be a reduction in referrals to ophthalmologists. The current wait for ophthalmology referrals varies from 1 week to 1 month for urgent care and 1-6 months for non-urgent care. Waiting times for family physicians are often 1-7 days. It emphasized the fact that, if the scope of practice of optometry were expanded to include TPAs, the co-management of patients with family physicians would continue to be the standard of practice.

College of Physicians and Surgeons of Ontario

The College of Physicians and Surgeons of Ontario (CPSO) prepared one submission and sent a follow-up letter re-affirming the College's position for the second round of submissions. The

CPSO supported a limited expansion in the scope of practice of optometry bearing in mind the need for appropriate education and the primacy of the public interest. This College claimed that circumstances have changed since the original TPA request in 1994. Furthermore, given that the regulation regarding "prescribed diseases" was passed and became law in 1997, and given the move in other jurisdictions to expand the scope of practice of optometry, the CPSO felt that a limited expansion would be appropriate.

The CPSO expressed some concerns about the current curriculum of the School of Optometry at the University of Waterloo. The CPSO claimed that it is not adequate in preparing a knowledge base and in providing sufficient clinical exposure for the use of TPAs. Furthermore, the College expressed some concern about the need for upgrading. They assumed that the College of Optometrists of Ontario would develop a curriculum with appropriate medical input.

While the CPSO supported a limited expansion in the scope of practice of optometry, the College felt that the list of drugs proposed by the OAO was too broad. The College expressed its belief that the list of medications should be further discussed with relevant stakeholders.

College of Opticians of Ontario

The College of Opticians of Ontario prepared one submission in which they indicated that it does not support the use of TPAs by optometrists. This College claimed that it is often the optician who is the front-line practitioner and the first point of entry into the health care system. The College states its belief that the current education and training of optometrists is not sufficient to permit the safe and competent use of TPAs.

The College was also concerned about the costs to patients directly, or through OHIP, for ordering laboratory tests and expressed some concerns about optometrists' ability to interpret the results of laboratory procedures.

Ontario Chiropractic Association

The Ontario Chiropractic Association (OCA) prepared one submission for this referral. The OCA supported the expansion in the scope of practice of optometry to include prescribing of TPAs. The Association felt that the most important issues were appropriate training to ensure safe and effective practice and the benefits to patients and the Ontario health care system.

The OCA recommended that the government establish a committee or task force to make recommendations on education. The Association felt that members of this committee should include optometrists and representatives of other stakeholders with expertise or interest in this field.

Canadian Association of Optometrists

The Canadian Association of Optometrists (CAO) prepared one submission in the first round of this referral. The CAO supported the use of TPAs by optometrists. This Association claimed that patients would benefit from having their care provided by their optometrist rather than needing a referral to a medical doctor. The Association stated its belief that this would provide greater access to care in a timely manner, especially for rural patients who otherwise would be forced to travel to urban centers for treatment.

The Association noted that optometrists have an enviable record of safe TPA use in Canada and the U.S. They also claimed that quality of care would increase since optometrists' training and equipment is specific to the provision of eye care services. The CAO believes there would be some savings in OHIP billings by medical doctors as a result of TPA use by optometrists.

In addition, the CAO provided HPRAC with copies of correspondence from Alberta, Saskatchewan and New Brunswick indicating that they have had no patient complaints or formal investigations concerning unsafe practice since the introduction of TPA legislation in those provinces.

University of Waterloo School of Optometry

The University of Waterloo School of Optometry sent in two submissions in response to this referral. The School of Optometry provided a detailed description of the various courses offered by the school, including course descriptions, outlines and lists of required textbooks. Also included was a table summarizing the performance of University of Waterloo students compared to their peers at U.S. based schools.

The School of Optometry indicated that it is one of nineteen accredited schools and colleges of optometry in the U.S. and Canada by the Council on Optometric Education (COE), the mandated accrediting body for all schools and colleges of optometry in North America. They also indicated that they train optometrists for board licensure and practice in all jurisdictions in Canada and the U.S., including jurisdictions that allow TPA use by optometrists.

The school claimed that optometrists are extensively trained in health and clinical sciences, including physiology, pathophysiology, systemic and ocular disease, pharmacology and clinical sciences. There are also courses in general disease taught in collaboration with McMaster University and the University of Western Ontario, supplemented with lectures by local family physicians and specialists from regional hospitals.

In their second submission to HPRAC, the University of Waterloo School of Optometry rejected the allegations by other participants that optometric training was somehow deficient in the integration and application of clinical assessment and diagnosis and management skills. The School claimed that their educational approaches were consistent with internationally accepted accreditation standards and that all graduates of their program were well educated in the basic and clinical sciences of TPA use and have ample clinical experience.

The School also fully supported the list of drugs and laboratory tests submitted by the Ontario Association of Optometrists. The School indicated that its confidence in its program has been validated by a rigorous peer review and endorsed by formal accreditation in accordance with international standards.

Association of Primary Eye Care Physicians of Ontario

The Association of Primary Eye Care Physicians of Ontario prepared one submission in response to HPRAC's request for participation in this referral. The Association is opposed to an expansion in the scope of practice of optometry to include the use of TPAs and claimed that any expansion would result in harm to the public. The Association does not believe that optometrists have the appropriate training and lack a background in medicine to appropriately use TPAs.

The Association also stated that there are 23,000 physicians in Ontario who could provide medical care, and over 11,000 primary care physicians who are suitably trained to provide all aspects of primary care, including eye care. The Association argued that there is no need to add an additional 1,000 providers to the system to, in effect, duplicate the resources already available for primary eye care.

Canadian Ophthalmological Society

The Canadian Ophthalmological Society (COS) prepared one submission in the first round of this referral. The Society does not support the use of TPAs by optometrists and agreed with the Ontario Medical Association that it is inappropriate to increase the scope of practice of optometry. The Society stated its belief that optometrists do not have the clinical training or a sound foundation in medicine to ensure public safety. The Canadian Ophthalmological Society also indicated that they were unaware of any call by the public to increase the scope of practice of optometry.

Individual Optometrist – John W. Parks

Dr. John Parks provided two submissions to HPRAC in response to this referral. Dr. Parks endorsed and fully supported the Ontario Association of Optometrists' submission for an expansion in the scope of practice of optometry to include the use of TPAs.

In his first submission, Dr. Parks stated that optometrists and ophthalmologists are both eye doctors and are therefore held to the same ethical and legal standards. Furthermore, he believes that "need" can be demonstrated and he used the example of the Chatham-Kent area where he practices; there are only 3 ophthalmologists serving 110,000 people. He claimed that since other health care providers such as nurses, dentists and chiropodists are permitted to prescribe TPAs, optometrists should also be permitted to prescribe them.

In his second submission, Dr. Parks outlined the referrals he has been tracking since the beginning of the TPA referral process. He averaged 4 referrals to ophthalmologists per week and the waiting time for his patients varied depending on the urgency of the problem. He claimed that all of the drugs being requested by the OAO are well within the scope of practice of optometrists and the laboratory tests requested were necessary for the differential diagnosis of some conditions.

Individual Physician – Alan S. Davidson

Dr. Davidson, a retired psychiatrist, provided one submission to HPRAC in this referral. Dr. Davidson claimed that optometrists could be given limited access to tried and tested topical drugs, however, he believes this should be delayed until optometry can establish that it has physiology, biochemistry, pharmacology and therapy curriculum standards that are similar to medicine.

Dr. Davidson also warned of the dangers of the pharmaceutical industry. He claimed that the pharmaceutical industry has the tendency to encourage unnecessary, inappropriate and sometimes hazardous prescribing and he believes that optometrists should not be subject to their advertising and promotion practices.

Individual Physician – Daniel E. Andrew

Dr. Andrew prepared two submissions in response to HPRAC's request for participation in this referral. In his first submission, Dr. Andrew expressed his support for the Ontario Association of Optometrists' application to expand their scope of practice to include therapeutic pharmaceutical agents (TPAs). He claimed that the public would be better served if the optometrist could broaden their spectrum of care given that referrals result in delay of treatment and higher costs. He did not, however, advocate that optometrists should treat such things as hypertension or diabetes but does believe that they have a role in collaboration with the patient's family doctor.

In his second submission, Dr. Andrew expressed his concerns about the optometrists' request for the use of analgesics. He felt that the indication given for the use of analgesics (corneal abrasions) was not an adequate reason to give a large segment of health care providers the authority to prescribe narcotics. He felt that optometrists could collaborate with a patient's family doctor for the occasional time a patient requires a strong analgesic.