Invitation Letter to HPRAC's Mailing List

Health Professions
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Council

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Conseil consultatif sur
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Ontario

February 12, 1999

Dear Colleague:

As you may know, the Ontario Minister of Health has recently requested the Health Professions Regulatory Advisory Council (HPRAC) to provide advice on whether optometrists should be given the privilege of using therapeutic pharmaceutical agents (TPAs) in their scope of practice. We would appreciate your input on this issue.

The terms of reference as stated in the Minister's letter to HPRAC are:

> *Considering the protection of the public interest, the statutory language within the Optometry Act, 1991 and the regulations thereunder, the education and clinical training of optometrists with respect to the use of relevant drugs, as well as the historical context and current professional practice respecting the diseases, disorders and/or dysfunctions that optometrists now diagnose, treat and prevent, should optometrists be given the privilege of using therapeutic pharmaceutical agents in their scope of practice?*
>
> *Further, I am asking you to provide me with your advice on what, if any, restrictions should be placed on the use of therapeutic pharmaceutical agents by optometrists, if you do recommend that it is in the public interest to give optometrists this privilege. This would include a recommendation on what therapeutic agents should be permitted, as well as any necessary conditions that should apply to their use by optometrists.*

We invite you to participate in our review of this issue. HPRAC will receive submissions from interested individuals or organizations on this issue until ***June 30, 1999***. Once the submissions have been received and reviewed by HPRAC, the next steps will be determined and communicated to all participants.

Please fill out and fax or mail the attached form (Appendix I) by ***March 12, 1999***. **If you intend to participate, please note that each participant will be required to provide copies of their submission to all other participants. To facilitate this, your name and address will be shared with all participants shortly after the March 12th deadline for notices of intent to participate.**

HPRAC is committed to an open and collaborative process in this review. Listed below are core questions developed by HPRAC to help guide your submission. Given that HPRAC is conducting an evidence-based review, we would ask that, to the extent possible, you provide facts and figures in order to substantiate your viewpoint. We appreciate that not every participant will be able to address all questions but please provide as much information as possible in your submission.

1. *Is there an identified unmet need for eye care services in Ontario which could be met by allowing optometrists to use TPAs?*

2. *Would the public's interest be served by allowing optometrists to use TPAs? If so, how?*
   a) *How, if at all, would the risk of harm be affected by allowing optometrists to use TPAs?*
   b) *How, if at all, would quality of care be affected by optometrists' use of TPAs?*
   c) *Are optometrists' education and training requirements sufficient to allow them to use TPAs?*
   d) *How, if at all, would optometrists' use of TPAs affect access to appropriate care?*
   e) *What would be the benefits/costs to the public and the profession in allowing optometrists to use TPAs?*

3. *If optometrists are permitted to use TPAs, which drugs should be permitted? For which diseases? Should there be conditions or restrictions on their use?*

Should you have any questions, please feel free to contact Deanne Montesano, Policy Analyst at (416) 326-1554 or Margaret Anne McHugh, Executive Coordinator at (416) 326-1553.

Thank you for your attention to this important matter.

Yours sincerely,

Rob Alder, M.Med.Sc, Ph.D.
Chair

Att.

Appendix I

Notice of Participation
Optometry – Therapeutic Pharmaceutical Agents (TPA) Referral

Please return this form (*by fax, if possible*) no later than **March 12, 1999**

TO: HEALTH PROFESSIONS REGULATORY ADVISORY COUNCIL
Attn: Barb Thompson
2195 Yonge Street, 4th Floor
Toronto, ON M4S 2B2
Tel: (416)326-1550

FAX: (416) 326-1549
(no cover sheet required)

- ☐ I/my organization will be participating by preparing and distributing a submission.
- ☐ I/my organization would be interested in making an oral presentation if a public forum is held.
- ☐ I/my organization do/does not plan to participate in the review but would like to receive a copy of the final report.
- ☐ I/my organization do/does not plan to participate in the review.

NOTE: Each participant will be expected to supply copies of their submission to all other participants. This means that your name and address will be shared with all participants shortly after March 12th, 1999.

Please complete:

FIRST NAME	LAST NAME	
TITLE		
ORGANIZATION		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
TELEPHONE	FAX	

PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE *REGULATED HEALTH PROFESSIONS ACT, 1991* S.O. 1991, C.18, AS AM., S.15(2) AND WILL BE USED TO ESTABLISH A MAILING LIST OF PARTICIPANTS INTERESTED IN THIS REFERRAL. THE NAME AND ADDRESS OF EACH PARTICIPANT WILL BE PROVIDED TO OTHER PARTICIPANTS IN THIS REFERRAL. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO THE HEALTH PROFESSIONS REGULATORY ADVISORY COUNCIL, 4TH FLOOR, 2195 YONGE STREET, TORONTO, ON M4S 2B2, TELEPHONE 416-326-1550.