

November 1, 2007

Caroline Maclsaac-Power, RO
Registrar, College of Opticians of Ontario
902-85 Richmond Street West
Toronto ON M5H 2C9

Dear Mrs. Maclsaac-Power:

The OOA is in receipt of the documents related to the College of Opticians of Ontario (COO) newly published Standards of Practice for Refractometry. We note the COO's acknowledgement that this document does not reflect what the OOA believes to be the needs of Ontario Opticians. However, as the COO has decided to move forward with a removal of the ban rather than pursuing independent refracting, the OOA will provide constructive observation on the document as published.

Although refracting is not a controlled activity the OOA concurs that a Standard of Practice is in the best interest of the public and of Ontario Opticians' ultimate goal of increasing scope of practice to include independent refracting. This is particularly true because the College has indicated it will be collecting and analyzing data collected via the Patient Consent Form for purposes of reacting to changes in the refracting environment. We understand from this that the Standard of Practice is not a static document but can be modified as required once a body of evidence signals the necessity. The OOA understands that such data would be published and available to Ontario Opticians.

The OOA is disappointed that there were so few Ontario Opticians who chose to take the opportunity to send comment to the COO on the draft document. Nonetheless, as the OOA represents the majority of Ontario Opticians and as the OOA has consistently polled its membership for endorsement of the direction in which the OOA has and is going, we believe our comments reflect their feedback.

Refraction Patient Consent Form

The OOA has always taken the position that Optician-performed refracting is a safe choice provided that the consumer is properly aware of the extent and limitations of the service and that the Refracting Optician is alerted to circumstances and conditions that place the patient into an 'at risk' category thus requiring referral for an eye health examination.

The OOA believes the COO Refraction Patient Consent Form is well thought-out and provides the Refracting Optician with an appropriate tool to meet those requirements.

Section B alerts patients to the need for an eye health examination if they have underlying health problems. The text that concludes the document reinforces Section B. Sections C, D, E and F guide the Refracting Optician through the conditions and health history that should trigger referral.

Standard of Practice: Refraction

1. This clause refers to a training program that includes an examination component that meets the most current refracting competencies established by the COO. The College has also commented that the lifting of the ban and the publishing of this standard may require discussion at a National level re: the Mutual Recognition Agreement. Can the OOA conclude that the COO's refracting competencies will mirror those listed in NACOR's National Competency document or will it be a subset of that document?
2. The OOA endorses this requirement based on our understanding from the COO's Background Document that the data collected will be utilized to inform changes that may need to be made to the Standard of Practice. The OOA requests that the resulting summary be made available for purposes of informing the Scope of Practice goals of Ontario Opticians.
3. Currently only the Opticians Association of Canada (OAC) and the OOA have included refraction-specific continuing education offerings. The OOA, and we believe the OAC, have made a covenant to provide Ontario Opticians with what they need to meet the COO requirements. Accordingly we will incorporate into future continuing education menus, reasonable opportunities for Ontario Opticians to acquire the 8 credits required by this Standard.
4. The OOA endorses this clause.
5. The OOA requires some clarification regarding the clearances required which we will address under clause 6.
6.
 - i. Clearance from an authorized prescriber – The OOA questions why the Standard incorporates 365 days as the measure of how recently the patient must have had an eye health examination in order to qualify as a candidate for Optician-performed refracting. The COO is well aware of the Canadian Ophthalmological Society's (COS) recently published evidence-based document that relies on age and other risk factors to determine the recommended frequency of eye health examination. The Refraction Patient Consent form provides ample opportunity for the Refracting Optician to collect the necessary data and to identify those who would be better served by an eye health examination. Reliance by the Standard of Practice on the 365-day limitation presents an unrealistic handicap for Refracting Opticians wishing to provide timely service for appropriate candidates. The OOA strongly urges the COO to reconsider this stipulation and instead require that Refracting Opticians respect the recommendations set out in the COS document.
 - ii. The OOA objects to the requirement in this clause that the Refracting Optician send to the authorized prescriber not only the results of the refractive error but information on the optical appliance. We believe that a referring practitioner is entitled to the results of the refraction as it forms part of the patient's medical records. However no interpretation of the HPRAC recommendation can be construed to require that a Refracting Optician provide proprietary information about the product dispensed. If an Optometrist should become the authorized prescriber in any of the scenarios, the Refracting Optician would be handing market information to a direct competitor.

Opticians have reported confusion over the difference between the scenarios contemplated in this clause. The OOA would like clarification from the COO regarding how each of these scenarios would be applicable in a practice setting. We suggest that there is sufficient uncertainty over what differentiates the three conditions to warrant an instructional seminar from the COO. The OOA would be pleased to coordinate and publicize such a seminar.

- a. In this scenario the OOA understands that the term 'written prescription' would refer to an instruction from an authorized prescriber – absent any specifics about power - that the patient needs refraction for the purpose of purchasing an optical appliance. It is unrealistic to contemplate that this scenario would take place with an Optometrist as the authorized prescriber but it could take place where the authorized prescriber is a physician.
 - b. The only type of scenario we can imagine that would fulfill the concept of b) is for example, where an ophthalmologist could refer to a Refracting Optician once treatment of a patient for a condition such as keratitis has been completed and there is a need for refraction and purchase of an optical product.
 - c. In this scenario we contemplate a situation whereby a patient with a potentially progressive condition such as diabetes requires periodic monitoring of refractive error and the authorized prescriber wants assurance the vision is stable prior to authorizing the Refracting Optician to dispense product.
7. Referral needs to take place based on more than the results of the refraction although visual acuity is one of the gold standards of incipient or existing health issues. Referral should also take place before refraction has been performed based on the information collected via the Refraction Patient Consent Form. Inclusion of the form in the Standard positions it more prominently as a screening device as opposed to a method of cautioning patients.
 8. The OOA endorses this clause.
 9. The OOA endorses this clause.



Ali Badreddine RO
President