



**February 6, 2020**

MPP Amarjot Sandhu,  
Standing Committee on Finance and Economic Affairs,  
99 Wellesley Street West,  
Room 1405, Whitney Block, Queen's Park,  
Toronto, ON, M7A 1A2

Dear MPP Amarjot Sandhu,

I am writing to you in your capacity as the Chair of the Standing Committee on Finance and Economic Affairs with respect to a presentation given on January 23, 2020, by the Ontario Association of Optometrists (OAO). I am the Chair of the Eye Physicians and Surgeons of Ontario, a section of the Ontario Medical Association representing more than 400 practising ophthalmologists in Ontario. The Eye Physicians and Surgeons of Ontario (EPSO) are Ontario's advocates; committed to protecting, maintaining and improving ophthalmic care in Ontario.

Ophthalmologists are the designated leaders of the eye care team due to their length of training and specialization. An ophthalmologist is a medical doctor (MD and FRCSC) who has completed an additional 5-7 years of specialized medical and surgical training to be able to diagnose, treat all eye diseases and perform surgery. As leaders of the eye care team, the Eye Physicians and Surgeons of Ontario understand the importance of working collaboratively with all levels of government, other eye care service providers, family doctors and patient associations, to ensure that patients receive cost-effective, evidence-based, high-quality eye care.

The Ontario Association of Optometrists is asking the Ontario government to support scope expansion such as further changes to prescribing, changes that are Controlled Act related, and the delisting of insured services. EPSO would ask that the Ontario government consult with Ontario's ophthalmologists on any regulatory changes to ensure patient safety and positive outcomes. When any health professional attempts procedures beyond their scope of training and education, patient safety becomes an issue.

### ***Prescribing Rights***

EPSO was invited to participate in the College of Optometrists of Ontario's (COO) consultation regarding the proposed amendments to Designated Drugs and Standards of Practice Regulation (O.Reg. 112/11, under the Optometry Act, 1991). In response EPSO wrote to the College and the Minister of Health on November 13, 2019 outlining some concerns with the proposed changes. A copy of this letter has been included for your review.

### ***Controlled Acts***

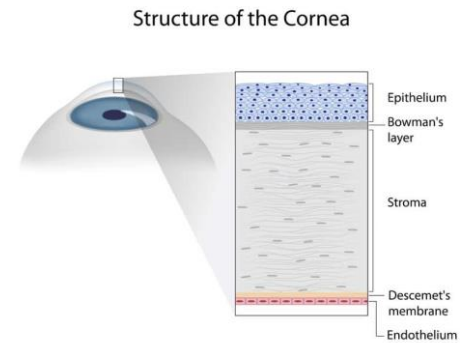
The Eye Health Council of Ontario (EHCO) was established in 2010 with the support of the Ontario Ministry of Health to provide a forum for interprofessional collaboration in the delivery of evidence-based eye care. Membership includes fourteen individuals from both ophthalmology and optometry representing academic, political and regulatory bodies of each profession. The Council would have been the place to discuss optometric scope expansion through the existing collaborative channels. Unfortunately, this didn't happen.

The OAO's submission was not specific which was noted by MPP Arthur and when asked for clarification Joshua Smith, OD, responded that the OAO is looking to provinces such as British Columbia and Alberta and referenced the rights to remove a foreign body from the eye as an example.

This particular example is in reference to the Regulated Health Professions Act, 1991 (RHPA) and the Optometry Act: Optometry does not have the controlled act nor an exemption to the controlled act of "performing a procedure in or below the surface of the cornea." Optometrists are able to remove a foreign body lodged on the surface of the cornea but not in the cornea since the former procedure (clinical situation) is not a controlled act.

**Example:** Patients present to optometrists with foreign bodies superficially adherent to or embedded within the surface of their cornea following known or unknown trauma. Corneal foreign bodies may be metallic, plastic, glass, wood, etc. in nature, and may result in significant pain for patients. Symptoms of corneal foreign body include, but are not limited to, foreign body sensation, tearing, redness and discharge.

It is EPSO's position that any foreign body deeper than Bowman's membrane (the termination of the superficial cornea) should be left to a surgically trained physician. In practical terms this would mean that Optometrists should not be permitted to use instruments to "dig" beneath the corneal surface in order to remove a foreign body.



Optometrists do not have the training and experience to safely perform surgical procedures in the place of an ophthalmologist. An optometrist completes a four year post graduate degree in which only the fourth year is dedicated to clinical training. Optometry students will spend three 4-month term rotations (1 full year) through the primary and specialty clinics in the school, and a week rotation in an optometrist's private practice. The majority of the patients treated are healthy. By contrast, ophthalmologists are medical doctors who complete an additional 5-7 years treating patients with actual pathology and eye diseases. The volume of cases required to achieve competence and safety for removing intra-corneal foreign bodies is not established, nor is the practice of introducing a surgical procedure to Optometry to be taken lightly. Furthermore, studies suggest that eye care given by optometrists alone rather than in collaboration with ophthalmologists may be inferior and lead to potential increased costs as well as potential loss of both vision and quality of life.<sup>i</sup>

Key concerns related to performing surgery to remove a foreign body inside the cornea include:

- (i) Risk of perforation of the eye and its subsequent need for immediate surgical repair with obvious inherent risk of infection, should that occur. This may occur during, or after, an intra-corneal foreign body is removed and may require immediate surgery to repair the open globe in a hospital-like setting.
- (ii) The ability to decide to remove the foreign body in an operating room-like setting, if the perceived risk of globe perforation is significantly likely when the foreign body is removed.
- (iii) Potential to create vision-threatening scar via removal, as procedures below the level of Bowman's membrane are far more likely to leave permanent scarring to the cornea than those that are superficial only. If the foreign body is located in the axis of sight, irreversible, vision-threatening scarring may result from removal.
- (iv) Ability to ascertain if additional foreign bodies are present in other ocular or orbital structures of the eye by ordering and interpreting radiographic images as part of the management and care of patients with intra-corneal foreign bodies.

### **Delisting Services**

The Ontario Association of Optometrists has recommended the delisting of the annual eye examination for all Ontarians. In 2004 the Ontario government delisted routine eye exams for healthy aged adults between the ages of 20-64 years old and the unintended consequence was an 8.7% decline in eye examinations for people living with diabetes in spite of it continuing to be an insured service.<sup>ii</sup> Early diagnosis of eye disease through eye examinations allows for timely treatments which can significantly prevent or delay vision loss. Eliminating funding creates barriers to access for those that need in the most.<sup>iii</sup> Furthermore, while delisting eye examinations may result in immediate health care spending gains, the long-term impact to health system costs will be significantly higher.<sup>iv</sup>

#### **LOW VISION PATIENTS HAVE:**

- **50%** increase incidence of motor vehicle accidents
- **2x** incidence of social dependence
- **2x** the incidence of falls
- **3x** risk of depression
- **4x** risk of hip fractures
- **2-5x** incidence of problems with daily living
- Admission to nursing home **3 years earlier**

2010 National Coalition for Vision Health Data



The Eye physicians and Surgeons of Ontario understand the importance of working collaboratively with all levels of government and other eye care service providers to ensure patients receive cost-effective, evidence-based, high-quality eye care. We will continue to strive for improved collaboration with other eye care providers and would encourage open discussion of regulatory changes to take place at the Eye Health Council of Ontario which has representation from all key stakeholders including optometry, ophthalmology, and the respective regulatory colleges.

We are available to you to provide feedback and background for any questions you may have. Please do not hesitate to contact us if you have any questions.

In Health,

Dr. Raj Rathee, MD, FRCSC  
Chair, Eye Physicians and Surgeons of Ontario

cc. Hon. Rod Phillips, Minister of Finance  
Hon. Christine Elliott, Minister of Health

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<sup>i</sup> Robin AL. Collaboration Is Needed to Improve the Quality of Eye Care and Eliminate Inequities. *JAMA Ophthalmol.* 2018;136(11):1234–1235. doi:10.1001/jamaophthalmol.2018.3768

<sup>ii</sup> Tara Kiran, Alexander Kopp, Rahim Moineddin, J. Charles Victor, Robert J. Campbell, Baiju R. Shah and Richard H. Glazier. Unintended consequences of delisting routine eye exams on retinopathy screening for people with diabetes in Ontario, Canada *CMAJ* February 19, 2013 185 (3) E167-E173; DOI: doi.org/10.1503/cmaj.120862

<sup>iii</sup> Ya-Ping Jin, Yvonne M. Buys, Juan Xiong, Graham E. Trope. Government-insured routine eye examinations and prevalence of nonrefractive vision problems among elderly. *JAMA Ophthalmol* June 2013 Volume 48, Issue 3, Pages 167–172 <https://doi.org/10.1016/j.jco.2013.01.002>

<sup>iv</sup> Sasha van Katwyk, Ya-ping Jin, Graham E. Trope, Yvonne Buys, Lisa Masucci, Richard Wedge, John Flanagan, Michael H. Brent, Sherif El-Defrawy, Hong Anh Tu, Kednapa Thavorn. Cost-Utility Analysis of Extending Public Health Insurance Coverage to Include Diabetic Retinopathy Screening by Optometrists. *Value in Med.* September 2017 Volume 20, Issue 8, Pages 1034–1040. DOI: <https://doi.org/10.1016/j.jval.2017.04.015>