Manitoba shares with Quebec the distinction of having the first Optometry Act in Canada in 1907.

The Optometry Act of 1937 contained a clause stating that the University of Manitoba Senate must determine whether an optometrist may use the title Doctor. In 1968 in response to the request for a ruling from the Manitoba Optometric Society and the University of Manitoba Senate refused to rule on this clause, stating that it was not qualified to do so and referred the consideration back to the government of Manitoba.

In 1969 Bill 49 proposed to remove the restrictive clause regarding the Doctor title and eliminate the one year preceptorship. The Bill received first and second reading and died on the order paper when an election was called. In 1970, Bill 10 (previously Bill 49) eliminated the preceptorship. In 1971 the Bill was returned to the Legislature in the form of Bill 21 and was referred to the Professional Acts Committee.

Bill 30 finally received Royal Assent June 23, 1972. Bill 30 repealed the previous restrictive clause and provided authority for each person practicing as of May 1, 1972 to use the prefix or title "Doctor" or the abbreviation "Dr." provided the word "optometrist" precedes or follows his name. At that time this Manitoba Optometry Act was the only act in North America which stated that the title "Doctor" may be used and included a grandfather clause. This legislation was mainly due to the outstanding efforts of the Chairman of the Legislative Committee Dr. Roy Brown, with assistance from Dr. Jim McQueen and Dr. E.J. Spearman.

In 1979 changes in the Optometry Act were proposed to the Manitoba government. The changes included general housekeeping changes plus a section which would allow the use of pharmaceutical agents.


Our Secretaries for this same period were:

In 1970, 55 optometrists were registered in the province, in 1975 63 were registered and in 1980, 70 optometrists were registered. However, due to the decreasing number of Manitoba students at the School of Optometry and the expected retirement in the post World War II optometrists, it is projected that only 40 optometrists will be in practice in Manitoba in 1990. This shortage of manpower will result in the loss of optometric services to many communities. In particular, many rural communities will no longer have optometrists to provide vision care services to school children or the increasing geriatric population. For instance, in the Westman area, 14.4% of the population is over 65 years of age – this percentage will rise to 21.9% in 1986. More manpower is presently needed for out reach programs to health care institutions.

The need for an additional School of Optometry in Western Canada was recognized at a meeting of the four western provinces in 1967. Several meetings during the ‘70s were held with the University of Manitoba, optometry being represented by Dr. Brown, Dr. Spearman, Dr. McQueen and Dr. Moore. In addition, Dr. Brown and Dr. Spearman met with Education Minister Saul Miller in 1973.

The Manitoba Vision Conservation Program was instituted in 1975 with representation from optometry, ophthalmology, Department of Health, Department of Education and the C.N.I.B. Optometrists serving on the Committee were Dr. Bruce Rosner, Dr. Don Porter and Dr. E.J. Spearman. The Vision Screening Program was approved by the Manitoba Optometric Society in September 1979. As a result, screening is now carried out by Lay Personnel annually in every school division in Manitoba.

A pharmacology course was proposed for Manitoba optometrists in 1979 as prepared by the School of Optometry, University of Waterloo.

A continuing education program was proposed by the M.O.S. Council in 1979. This program would include for each optometrist, a practice profile file relating to hours attending continuing education lectures, course content, optometric journals and articles written or presented. In April 1980 the Manitoba Optometric Society established such a file for each member.

Reviewing Manitoba's record for Social Allowances, the M.O.S. provided free optometric welfare care to all residents of Manitoba from 1950 to 1960. The Provincial Medicare Program came into effect in June 1960. At that time the Manitoba government offered an examination fee of $3.00 and treatment service fee of $3.00. In February 1960, the Manitoba government proposed that a recipient of Social Allowances seen by an optometrist would have a certificate from a duly qualified medical practitioner that the patient "is free from systemic or ocular disease." In March 1960 the M.O.S. passed a resolution accepting the fee schedule out of concern for welfare patients but protested strongly the necessity of direct authorization from another profession. The problem was referred to the
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University of Manitoba Senate which appointed an Ad Hoc Committee to bring in a report. In February 1961 the Ad Hoc Committee reported “optometrists are not thoroughly qualified to recognize pathological conditions of the eye.” The Committee presented no evidence that they had either contacted or visited the College of Optometry of Ontario in Toronto in order to make a knowledgeable and unbiased judgement. In addition, physicians refused to sign any certificates stating that a patient was free from systemic or ocular disease.

Representations by Dr. Roy Brown during his Presidency of the M.O.S. resulted in the elimination of the need for the certificate by Minister of Health and Social Development, the Honorable Jack Carrol.

The Federal Medicare Act provided the option for provinces to include optometric examination. In April 1969 the Manitoba Medical Association issued a policy statement on optometric services to the Manitoba Health Services Insurance Corporation. In brief the M.M.A. recommended that the inclusion of optometric services as insured services be predicated on the practitioner undergoing re-training and upgrading of skills. (There is no evidence of any indepth study of optometric education.) Another condition would be that optometrists would provide spectacles and ophthalmic appliances to their own patients at cost. Further, that all services for eye care be reviewed by a committee which would include M.M.A. representation. And finally that legislative power be given the M.O.S. to establish a review or discipline committee in relation to methods of practice and regulation of members with respect to ethics etc. Such an M.O.S. Committee had been functioning through legislation for many years.

Optometric examinations were included in the Manitoba Health Services Program in September 1969 without any of the additional restrictions suggested by the M.M.A. The inclusion of optometry in the provincial plan was one of the goals of Dr. Roy Brown when he accepted the Presidency of the M.O.S. in 1967.

The initial fee for optometric examination was $8.50, the frequency of the examination determined by the age of the patient, in some cases once every three years.

Presently, the examination fee is $17.45. A subsequent examination fee of $9.80 qualifies under several headings including changing myopia, changing hyperopia, changing presbyopia, cataract, systemic diseases (diabetes, M.S.), glaucoma, amblyopia, muscle imbalance, headaches, high astigmatism, prescription breakage or loss, referral from M.D. or public health nurse, progress evaluation of visual training by report.

Guidelines for a Peer Judgement and Review Committee were authored by Dr. Roy Brown and Mr. R. Guy of the M.H.S.C. in 1971. For several years Dr. H. Basman has capably chaired this committee.

As of April 1, 1982 the examination fee is $19.00, subsequent examination $10.65. In addition a further insured service is the initial fitting of contact lenses following congenital cataract surgery, presently $305.00 and on April 1, 1982 will be $332.00. Dr. Bruce Rosner and Dr. Harry Basman were responsible for M.H.S.C. negotiations and the achievement of this long term contract.

In Industrial Vision, particularly the Manitoba Telephone System — an agreement with the M.O.S. was in effect for several years allowing a treatment service fee of $10.00. The M.T.S. refused to increase this fee in 1977 and since that time no official agreement is in force with the M.T.S. With few exceptions M.T.S. employees are treated as regular patients.

Since 1978 the Department of Veterans Affairs has discontinued the practice of tendering through labs. All treatment services are handled by the optometrists with a payment of 90% of the usual fee schedule. The Department will allow up to $15.00 for a frame with an additional fee of $15.00 for R.C.M.P.

As for the Workman’s Compensation Board the Fee Schedule approximates usual fees. In areas like Manitoba Hydro, C.N.R. etc. there are no official agreements with M.O.S. and the patient pays practitioner’s fees. Social Allowances’ treatment service fees for single vision are $20.70, $26.50 for bifocals and a maximum frame cost of $10.00.

Manitoba’s C.A.O. Delegates during the seventies have been Dr. E.J. Spearman 1963-1973; Dr. Roy Brown 1971-1980; Dr. James McQueen 1977-1979.

Our relationship with the Motor Vehicle Branch is as follows. For several years it has been compulsory for an optometrist to report to the Motor Vehicle Branch any person who is suffering from a condition that may make it dangerous for that person to operate a motor vehicle. The optometrist may request a second opinion, optometric or medical, regarding the withdrawal or reinstatement of driving privileges. A standard of 20/40 minimum acuity is stated — special consideration of lower acuity may be considered with certain restrictions i.e. no night driving, radius of travel.

The Department of Northern Affairs treatment service fee in 1970 was $8.00. Present fee for single vision is $19.80 and for bifocals $24.10.

In conclusion, the 1970s have proven to be a decade of growth and challenge and change for the optometrist of Manitoba. We look forward to the continuation of these trends in the 1980s and remain confident that the Manitoba Optometric Society will continue to serve the best interest of the optometrist of Manitoba in dealing with issues confronting the profession.

Roy Brown, O.D.
E.J. Spearman, O.D.