

Dr. ALBERT. Yes, sir.

Mr. SISK. What suggested changes would you make?

Dr. ALBERT. We strongly object to the wording "under direct personal supervision." Dr. Chapman—

Mr. SISK. My own personal experience with doctors; ophthalmologists and optometrists is that you do not use nonlicensed personnel or nonscientific personnel without some kind of supervision; do you?

This subcommittee is interested in what kind of supervision you propose to have over these people that will be doing the work for you?

Dr. ALBERT. Under our personal direction we would propose—

Mr. SISK. "A person acting as assistant under the personal direction"?

Dr. ALBERT. Under the direction, excuse me. We are legally responsible for all of the acts and actions of our assistants, the functions that we have allocated to them we are responsible for. We feel that that responsibility in itself places the obligation on us to see that this work is done properly.

Mr. SISK. All right.

Dr. ALBERT. Mr. Sisk, Dr. Kling has been intimately working in a program to train ophthalmic assistants under a Federal grant. Perhaps it would be well if he had something to say about that.

Mr. SISK. I would like for Dr. Kling to comment as we are most interested in vision and improving vision. You will notice in the very next section, No. 4, under subsection (d). Section 5 is visual screening programs. This is to be conducted under direction and supervision. Would you make a comment on this language? I am attempting sincerely to describe my opinion and what I believe to be the subcommittee's opinion on this matter of proper supervision. We want to see it is done right and not obstruct the work that you are doing.

Dr. KLING. May I say that people who take a normal course to be an ophthalmic assistant are not kept in the course if they are not maintaining a standard of quality performance. They are not graduated until in the opinion of the faculty they can be depended upon to render quality care consistently.

I think that it would be impossible to pawn off a nontrained, non-graduated technician to anyone because I don't believe anyone in practice would accept the risk involved in having such a person working in his office.

When a person takes such a one into his office, he does certainly require some certification from the source of the technician's training, people who have a certificate bearing the signatures of the faculty who are stating that this person has indeed performed in a satisfactory manner, that he has given good evidence of good character, and so forth.

If a practitioner were so imprudent as to employ a person who rendered poor quality care, I think it is likely that he himself would render poor quality care also and that he would obtain poor quality equipment, poor quality medicines, poor quality everything. It is practically inconceivable to me that a man who exercises normal prudence and caution, conscientious attention to details in other matters concerning his own education, his own equipment, own supplies, would accept for working under his direction anyone who was not known to render such