



THE  
COLLEGE  
OF  
PHYSICIANS  
AND  
SURGEONS  
OF  
ONTARIO

November 16, 2009

Mr. Brian O’Riordan  
Health Professions Regulatory Advisory Council  
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Dear Mr. O’Riordan:

**Re: Interprofessional Collaboration in Eye Care**

Thank you for the opportunity to provide comments on how to improve interprofessional collaboration in the eye care sector for the benefit of patients.

The College of Physicians and Surgeons of Ontario (CPSO) regulates physicians who provide eye care – family physicians and ophthalmologists. In this role, the CPSO has been involved with many consultations and discussions about the way that eye care is delivered to Ontario patients by opticians, optometrists, family physicians and ophthalmologists.

Notwithstanding this long history of discussion, the CPSO has been frustrated by the inability to integrate collaborative practice into the eye care sector, when considerable progress has been made in so many other health care areas.

When a patient sees a physician for any problem, they can trust that there is a system in place to ensure that they will be appropriately assessed, and referred to other physicians or specialists when necessary. Patients can trust that there is a regulatory system in place to ensure that the physicians who treat them are competent and are acting in their best interest.

Patients should be able to trust that this is also the case in the eye care sector. For the most part, they can. In some cases, however, it appears that business considerations may interfere with the provision of good care for the patient.

Access to a coordinated eye care system, where professionals work together for the benefit of patients, becomes even more important with an aging population and the increase in diseases like diabetes, which can result in significant eye problems.

Because there will be increased demands for eye care, it’s important to ensure that patients will be able to access care when they need it. We are pleased that HPRAC is considering this issue.

The CPSO has consistently supported other professions’ ability to work to their full scope, as long as the professions have the necessary training. We have supported expansions of scope except in limited circumstances where we felt there was a risk to public safety. We have encouraged the use of delegation by physicians to other health care professionals as long as systems are in place to protect the patient. All of these things increase access to care in a way that protects patients.

However, we have also consistently said increasing access without collaboration can result in fragmented care. True interprofessional care also requires foundational support – an EHR to facilitate communication between health care professionals and resolution of some of the significant funding issues that serve as a disincentive to truly collaborative care.

#### Business Practice, Professional Association and Conflict of Interest

As noted above, the CPSO believes that health care professionals should be working together to provide good care the patient. It follows that professionals must associate in order for this to happen.

The conflict of interest regulation under the Medicine Act limits a physician’s ability to profit from the sale of a product. It is our view that this regulation, in addition to the College’s Practice Guide setting out fundamental principles like altruism, does a good job of ensuring that benefit to the patient, not the physician, is the primary consideration.

However, the CPSO recognizes the fundamental problem in attempting to have consistent regulatory frameworks relating to conflict for professions that make money in different ways. We urge HPRAC to consider resolution of these commercial conflicts as central to the collaboration problem.

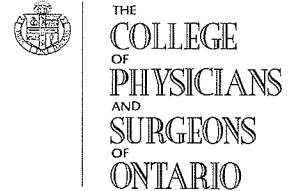
#### Record-keeping

As noted above, the CPSO believes that interprofessional requires interprofessional communication. This kind of communication would be facilitated by an integrated EHR.

Notwithstanding the critical importance of the EHR, fundamental issues need to be addressed with respect to record ownership and responsibility. As well, issues with respect to what kinds of information health care professionals need in order to provide care have not yet been resolved. This is particularly true in non-hospital, non-family health team environments, where health care professionals may be disconnected and information systems, if they exist, are not linked.

At present, physicians are responsible for the patient’s medical record, which includes considerable information, most of which is not related to the provision of eye care.

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It is the CPSO’s view that decisions about appropriate information sharing first requires a clearer definition of roles within the eye care sector.

Transfer protocols

It is the CPSO’s view that role definition, and mutual role understanding, may be assisted by the development of standards or guidelines that clearly identify the circumstances in which one profession should refer to another. The midwives have developed a transfer protocol which has been useful in this regard.

Prescribing and Dispensing

With respect to drugs, the CPSO has previously expressed the view, via a draft dispensing policy, that standards for this kind of controlled act (one that involves discrete, identifiable steps) should be similar across the professions who share the controlled act.

The same principle should apply to the prescribing of glasses. That is, physicians and optometrists should follow similar steps before and after prescribing glasses, including ensuring that the patient is free to take the prescription to whatever dispenser they choose.

Thank you once again for the opportunity to comment on the important issue of access to collaborative eye care for patients in Ontario. The resolution of these issues becomes more important as the public need for eye care increases. The CPSO looks forward to recommendations that ensure all those who provide eye care work together for the benefit of the patient.

Yours very truly,

A handwritten signature in black ink, appearing to read "Rocco Gerace".

Rocco Gerace MD  
Registrar

RG/mb