

November 16, 2009

Mr. Brian O'Riordan
Health Professions Regulatory Advisory Council
55 St. Clair Avenue West
Suite 806, Box 18
Toronto, Ontario
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Dear Mr. O'Riordan:

Re: Response to Eye Care Professions Questions

Further to correspondence received October 28th from Barbara Sullivan, Chair, Health Professions Regulatory Advisory Council regarding critical issues affecting collaboration among the eye care professions, please find attached our response from Georgian College.

We look forward to the responses being posted on the HPRAC website.

If you have any questions, or we can assist in any other manner, please do not hesitate to contact me.

Yours truly,



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HPRAC Questionnaire Re Eye Care Sector Issues

1) In order of priority, what do you think are the key issues facing the eye care sector?

Response:

- Maximizing Scope of Practice (SoP)
- Working in Interprofessional teams
- Professional apathy
- Lack of public awareness, confusion between the 3 (Optometrist, Ophthalmologist, Optician)
- Conflict (perceived) between the Optometrist & Optician working together
- Conflict of Interest - competing with the 'Big Box' – focusing on sales versus client care
- Large retail chains, driving wages down putting pressure on Standards of Practice, independence versus Chains
- Flat sales, lack of growth in sales across the industry for the past 10 years putting pressure on the business owner
- Internet Sales – threat with contact lenses for sure, order eyeglasses on line

2) In your view, how can the key issues be resolved? What is your organization prepared to do to resolve them?

Response:

- Maximizing Scope of Practice – the post secondary educational programs can teach and promote maximizing scope of practice and the professions; however, there needs to be policies and practices established through all of the regulatory colleges and the MOH to support the maximization of Scope of Practice and educating the public of the difference between the three
- Working in Interprofessional teams to provide interprofessional care (IPC) – Policies through MOH – getting the 3 (Optometrist, Ophthalmologist, Optician) in the same room to focus on client health vision care, healthy eyes
- Professional apathy – there needs to be an appreciation of where Opticianry came from and their role in vision care. Perhaps the post secondary education a co-op component should include as part of the training, going into high schools and senior centres to create community awareness and provide vision care clinics; an outreach for helping the less fortunate as far as eye care is concerned, along with vision screening. This would provide a sense of what this field is all about, while increasing access to those who can't afford eye care and vision testing. It serves to educate the public on the benefits of regular vision care, early diagnosis and prevention. It is critically important to reinforce eye care as part of the total person healthcare component. Generating positive public awareness will go a long way.
- Our organization needs to adjust how we educate our students...outreach into the interprofessional areas, i.e. Dominican trip...we could change our clinical practice to outreach
- Lack of public awareness, confusion between the 3 (Optometrist, Ophthalmologist, Optician): Again involving educational programs and students in outreach programs to educate the public
- Conflict between the 2 O's - This needs to be resolved with the regulatory bodies and the professions, so that Optometrist & Optician are encouraged to work together

- 3) What should be the role of the health Colleges in defining and regulating appropriate business practice and business or professional association, and what is the rationale for your view? How are patients and the public interest served by such rules and regulations?

Response:

- The Regulatory Health Colleges need to put policies in place that will support maximizing our Scope of Practice ensuring client safety.
- Implementation of Regulating Dispensaries
- Remove the barrier and conflict of interest between the Optometrist & Optician working together
- Big Box tend to be sales oriented...independents are more client-centered;- there must be a way to resolve the conflict between being business-minded and providing client care, perhaps an ethical guidelines and practices which are monitored.
- To ensure that patients and the public interest are protected. There has to be within the SOP for the optician to be able to make an a certain percentage adjustment while filling the clients prescription, perhaps 25% adjustment to ensure the prescription works for the client and eliminate the need for the client to go back to the optometrist. There is some subjectivity to providing the original prescription...there should be an opportunity within the SOP of the optician so that when the client leaves, they have the right prescription, the right fit. A 25% of a diopter makes a big difference in visual acuity and quality of vision, not just quantity (acuity).
- It's important that the public understands the difference between what an Optometrist and an Optician can do. Only the Optometrist can assess and diagnose all eye pathologies do a full eye exam including the health of the eye. The Optician can fill the prescription and should be able to adjust the Rx when dispensing.
- There needs to be continuity in the messaging to the public regarding the definition of and the need for "ocular vision care" and its role in promoting health, prevention and early detection, as well as, educating on the difference between an eye test and an eye exam.

- 4) Please identify the basic principles that should guide any regulations regarding business practice, professional association and conflict of interest. (For instance, accountability of professional to the patient; patient access to appropriate care; obligation of professional to rebuff influences that interfere with professional judgment ...)

Response:

- As an educational provider we support the fact that all regulatory health colleges should set the entry level standards, set accountability, ethical and disciplinary practices to ensure both professionalism and access to competent and appropriate safe client care. Ethical guidelines should outline the legal and ethical practices that guide individuals with good professional judgments especially as much of vision care bridges both health care and business.

- 5) How could collaboration among the Opticianry and Optometry professions be improved through changes to regulations and standards respecting business practices and association of professions? For instance:

- i. Should there be common conflict of interest regulations for both the professions of opticianry and optometry? YES
- ii. Should there be common advertising regulations for both opticianry and optometry? YES
- iii. Should the same code of ethics govern both professions? YES

What other matters should be considered?

Response:

- Although each should continue to have its own Health College, we believe that a joint Code of Ethics that focuses on client vision care, and addresses the conflict of interest in being a business owner is applicable to both Opticianry and Optometry.
- In the post-secondary educational programs, there should be common courses that bring the two professions together to learn the concepts that support both programs and to optimize client care. It really should expand and promote interprofessional education (IPE) and overcome the political lag that is apparent in today's world.

- 6) What steps could be taken to ensure that, if the regulations and ethical codes are the same for the professions of optometry and opticianry, they are developed jointly; or if not the same, that they are developed through significant consultation with the other profession?

Response:

- Clearly set the expectation and timelines to support the MOH Interprofessional Care models. This requires the MOH guidance and expectation that all Health Colleges will be getting the major players together to set Joint ethical standards and to expand and promote the Scope of Practice (SoP)
- There should be able to highlight the difference in the professions and how they work together to provide vision care.
- Marketing should focus on the two professions working together.
- Each should have their own regulatory college as they both have their own SoP's...there should be an openness in discussion among the 3 (Optometrist, Ophthalmologist, Optician) allowing them to sit on an IPC disciplinary team.
- Other matters to be considered...opportunity for all 3 (Optometrist, Ophthalmologist, Optician) to work together on IPC and develop a framework and a structure that supports and maximizes the SoP.

- 7) Should members of the eye care professions be permitted – or encouraged – to work together to provide patient care in a collaborative business partnership, corporate enterprise or professional team, or in the same setting? How can this best be accomplished? What are the benefits? What are the drawbacks? What are the standards that need to be in place to ensure that the patient is the focus of care, rather than the interests of the professionals?

Response:

- Absolutely - The first step is to remove any barriers to freedom of association. Benefits are improved patient care, one-stop shop for vision care...getting everything done in one place.
- We should build and learn best practices from others i.e. some pharmaceutical drugs will affect vision
- Drawbacks – none – individuals involved in turf wars would have a problem overcoming change.
- The standards need to be set to focus on client/vision care, not business operations.

- Regulating the dispensaries would help to focus on patient care and practice with the business being an adjunct, not a priority.
- With that type of regulation, unethical businesses could be shut down.
- Hospitals and health programs undergo accreditation, why not other health care practices?

8) Are there issues that need to be addressed in the sharing of patient records among professionals in a collaborative practice or among professionals who share care of a patient? Are current regulations and statutory requirements appropriate, or are changes required? How can professions collaborate in developing shared standards in the absence of electronic health records?

Response:

- Yes, who do the records belong to? There should be guidelines set to address the issue of sharing records within a collaborative practice. It requires patient consent to share information with other healthcare professionals and as such are being set up for interprofessional care.
- Regulation and statutory requirements and perhaps an interprofessional disciplines committee would be required... again changes to accommodate collaborative care models.
- Common health history with the opportunity to have specific questions per health care area.
- Common consent form to allow sharing of information.
- Learn from family health teams and pharmacies, safe and effective mechanism to be able to share the patient's health records.

9) Would the regulation of optical premises (similar to the regulation of pharmacies under the Drug and Pharmacies Regulation Act in Ontario or comparable to the regulation of optical premises in other jurisdictions) be in the public interest? Why or why not? What elements should be included in such legislation or regulations were it to be enacted? What is the impact on, or benefit, to the patient?

Response:

- Yes, constantly have our hands are tied for dispensing; it creates ownership accountability versus optician accountability.
- The regulation of optical premises should be implemented, as it provides the ability to shut businesses down, if an optical store doesn't have an optician dispensing. It also provides the client with recourse when the prescription isn't filled correctly or when a substitute with an inferior product was done.
- Self-policing
- The Impact of- tighter regulations, is the ability of the Health Colleges to act on illegal activity in a timely manner and with assurances of follow through.

10) A number of leaders in the eye care sector have suggested that an Eye Care Network or more formal organization, in Ontario, involving, perhaps, the health Colleges, professional associations, educators, retail corporations and suppliers would contribute to the development of all of the professions, and how they work together to benefit their patients.

- i. Is this a viable option and would it add value in patient care? In professional relations? In clinical competencies? In integrating new technologies or systems? In other ways?

- Yes, it's already been done with the Opticians. Representatives from most of the provinces regulatory colleges of opticians, the college educators and the Opticians provincial professional associations from across Canada have formally met and established a joint group called the Opticians Council of Canada. Three groups meet biannually as a national forum for the Opticianry. They share best practices, focus on education and the profession. As a group they established the new national standards of practice and the program accreditation standards.
- This model could be built upon and certainly expanded to include all referenced parties and all three professions- Optometrist, Ophthalmologist, Optician. It would aid in developing collaborative practice, promoting an expanded SoP, and improving ways of delegating so that all eye care is easily accessible.

ii. How would you see the establishment of such an organization in Ontario (e.g., a possible mandate, whether it should be voluntary or mandatory, i.e., a regulated body as occurs in some jurisdictions). What should be the specific roles of health colleges, professional associations, educators and the retail sector; how should funding and governance be addressed?

- As mentioned above, promoting all three Optometrist, Ophthalmologist, Optician along organization should be formalized. And to do so will likely require a mandate and an infrastructure for the interested parties and /or government to supports it coming together. Unless there is an incentive, it is highly unlikely for the 3 (Optometrist, Ophthalmologist, and Optician) to come together.
- Collaborative conferences and professional development is a good way to get everyone together and to promote collaborative practice.
- Re: funding, maybe all 3 (Optometrist, Ophthalmologist, Optician) are members of this with a fee attached, allowing an equal partnership/governance.

iii. What other options could be pursued for ongoing dialogue among the professions and is an organized forum necessary?

- Yes! As above perhaps collaborative conferences and professional development.

11) Opticianry, optometry and medicine (general practice and ophthalmology) are all regulated health care professions in Ontario, each with differing – and sometimes overlapping - scopes of practice. Historical and cultural differences among the professions, often having little to do with delivering optimal patient care, have resulted in long-standing antipathies and misunderstandings between or among these professions and their regulators.

i. How can respect among the three professions best be fostered, and what opportunities need to be provided so that each of the professions understands and appreciates the skills, knowledge and qualifications of the other, and is able to work in a trusting, collaborative relationship with members of other professions?

- Clear support from Health colleges for collaborative practices and delegation
- Joint conferences and professional development
- Exchange program between Optometry and Opticianry in first year of study
- Advance standing and recognition of Optician graduates who wish to apply to Optometry. Respect for the quality of education
- Support the education model...learning from and with each other ... will be able to foster this. Starts with the students and will filter into the profession.

- Removing the perceived barriers that currently exist within each of the professions and their regulations preventing those that want to work together from working together.
- ii. To what extent does this already occur?
- Currently Georgian College has an IPE model which is inclusive of many vocational programs. Additionally, we hope that Georgian and Waterloo will provide outreaches to 3rd world countries; each person working within their own scope of practice.
- iii. What is the role of joint entry-to-practice education and joint continuing education in enhancing such understanding? Is public education required?
- Education programs have a major role to play in overcoming the cultural and historical barriers. Through the IPE models students can learn together new practices and promoting working together.
- iv. Would joint health College professional development and continuing competence programs be useful in engendering trust and respectful working relationships? How can joint professional clinical experience, through clinical practice requirements, externships and other mechanisms at the educational level be introduced or enhanced? What steps have been taken to date to do so?
- Yes, as mentioned previously we believe that joint health College professional development and continuing competence programs would be useful in engendering trust and respectful working relationships. At this point, it requires a two prong approach, 1) professional development for current practitioners promoting multi-disciplinary...joint conferences; and 2) education to start in their first year of all programs of study, which promotes IPE courses (as previously mentioned) and collaborative client care simulated and clinical/work experiences.
 - To date, IPE model has been introduced in Georgian College's health programs and in its in-house Opticianry clinics.

12) Please cite examples of successful interprofessional collaboration among eye care professions (including family physicians and general practitioners), educators or regulatory organizations that have occurred or are occurring to date. For any unsuccessful projects undertaken within the past five years, please briefly describe them and explain why they failed.

Response:

- In our Georgian optical clinic, we currently have a system in place so that an optometrist, optician and Opticianry student are involved in client care.
- Clinical round tables using all three professions have occurred at the request of Transitions (eye Care Company). This practice is more commonly seen in the USA.
- Opticians have worked with Ophthalmologists for years – the collaborative care is there. We are only seeing small steps now to include Optometrist, Georgian is an example of this.

13) In HPRAC's recent interviews, we heard that each eye care profession should practice to its highest level of competence, and this should be a continuing evolution, with each profession, within its scope of practice and under its controlled acts, taking on roles that reflect its members' growing knowledge, skills and judgment. We live in a society that is characterized by demographic change: an aging population, increased incidence of diseases or conditions that might impact eye health, and that these health care matters need to be addressed, in a co-ordinate way, by eye care professionals.

- i. How can the three professions work together to recognize this demographic change, to incorporate new proficiencies, accountabilities and skills of members of each profession so they are recognized and applied to patient care and to address increasing demand for appropriate eye healthcare?
 - They need to be open to change and trust and learn from each other about their scopes of practice. They need to develop a better referral and collaborative practice, including delegation. Perhaps a collaborative panel discussion. They also need to know and trust that there is still the accountability for each profession...shared, and accountability to each health college and the patient.
- ii. How confident are you, or members of your profession, about the clinical knowledge, skills and judgment of other professions that provide eye care to meet patient care needs? What needs to improve, and how can it be improved? What new information do you need to comprehend the roles and qualifications of eye care colleagues?
 - Very confident about own profession and the role of the two others.
 - What needs to be improved is the development of a trusting relationship, to work with each sector and encourage appropriate delegation to qualified health practitioners. Remove the barriers so these relationships will develop and Build on each other strengths.
 - Sometimes the silos with the regulatory bodies inhibit collaboration. Isolation does not breed IPC.
 - Need new information on opportunities to delegate between the three professions in order to maximize scope, promote access to timely and quality vision care while ensuring accountability within each profession.
- iii. Do you see evolving roles (eg. optometrists accepting, with appropriate training and skills, more responsibility for medical therapeutics) as a benefit for the patient, or as a matter that impacts financial sustainability for other professions? Can enhanced scopes of practice for some professions offer advantages for others in increased time and opportunity to care for patients with increased morbidity and complexity? How can competing professional interests be balanced in favour of the patient?
 - Absolutely. If Optometrist are more involved in client diagnosis, care of some pathologies and referral to Ophthalmologist, it will improve patient wait times, promote early diagnosis, treatment, referral and prevention are all enhanced when clients have access to affordable and timely vision care. It will decrease waiting times, and promote healthy aging with the right programs. Expanding Opticians scope to allow refraction prevents clients need to return to have Rx adjusted, offering timely and quality service.

14) What does your organization's ideal eye care world look like?

Response:

- Georgian Vision Clinic exemplifies this. The optometrist, optician and other health care professionals work together to provide overall health care to the client. Referrals to specialist occur as needed.
- Patient-centric collaboration provides the client with expert practitioners working together with the client to meet the client's vision care and other health needs.

15) Are there other issues that you would like to raise for HPRAC's consideration? Please describe.

Response:

- We still think there should be 3 distinct regulatory college for the 3 (Optometrist, Ophthalmologist, Optician) but under HPRAC there needs to be an umbrella infrastructure that creates an inter-connection;- the infrastructure and policies to encourage the working together and removing barriers to cooperation and break down the silos..
- The Inter-connection should be among any profession.
- There should be a 'WHO' for eye-care.
- Need to lose the 'political baggage', 'old boys clubs' in order to move forward with change.
- HPRAC should be more involved in the educating the public and the professions about the benefits of IPC. There should be more public education involved from all sectors. In a team approach to client care, some signs will be picked up by one profession that may have been missed by another. i.e., Cass' example of the dental hygienist picking up the cause of the recurring lung infection in a client, which had been missed by the other health professionals during assessment.
- Early detection is proactive and preventative and Ocular (vision care) can play a role in keeping the public healthy and in early identifying of systemic problems.
- Collaborative care model models need to promote more than general health. It should include ocular health and vision care, etc.

Note: There are three pdf. attachments to this response.


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FINAL ENG.PDF


Canada Kids
Roundtable Paper.pdf


hscpaper.pdf