

College of Optometrists of Ontario
L'Ordre des optométristes de l'Ontario

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Barbara Sullivan, Chair
Health Professions Regulatory Advisory Council
55 St. Clair Avenue West
Toronto, ON M4V 2Y7

Dear Ms. Sullivan,

The College of Optometrists of Ontario (College) is pleased that HPRAC has consulted with us on the issue of Interprofessional Collaboration. As the regulatory body mandated by legislation to govern the 1500 optometrists practising in Ontario in the public interest, we hope to bring a unique perspective to your consideration of this important issue.

HPRAC should be aware that collaboration between and among the health regulatory colleges is an ongoing process. Submissions from other colleges and from the Federation of Health Regulatory Colleges have provided numerous examples of past successes and ongoing initiatives of how colleges have worked together to deal with common issues. The College sees the inclusion of three additional objects into the Health Professions Procedural Code as formal recognition of work that has been taking place for many years. We recognize too, that there is always more that can be done.

We also believe that collaboration at the college level will foster better working relationships (collaboration) between and among professionals at the clinical care level. Such collaboration is important to ensure that all professionals are providing quality care that is in the best interest of the patient. Currently, many optometrists are practising in private practice settings. Accordingly, they regularly refer patients to other regulated health professionals including family physicians and ophthalmologists. Many patients are issued prescriptions that are taken to opticians to be filled. In the near future, optometrists will also issue prescriptions to patients for

drugs. These are some of the ways in which optometrists, at a clinical level, are involved in collaborative practice.

HPRAC has invited stakeholders to identify barriers to interprofessional collaboration. From our perspective, there are few regulatory barriers that impede collaboration at the college level. However, our members continue to comment about the numerous barriers to collaboration between and among practitioners at the clinical level. The College has, for more than 15 years, been attempting to amend the Conflict of Interest Regulations applicable to optometrists. This regulation has created tension at the practitioner level to an extent that this tension has impeded progress at the college level.

While the existing regulatory provisions may well have been appropriate when they were brought into force in the 1970's, society and the profession have changed to an extent that almost everyone agrees that they are no longer appropriate. The College submitted amendments in the mid-1990's that, although "sealed" by the government of the day, were never promulgated. This was followed by a multi-year ministry review of Guidelines for Conflict of Interest Regulations. Upon publication of the Final Revised Guidelines, the College again proposed amendments to the government in April 2007. The College is waiting for the Ministry to communicate its decision regarding the "constitutionality" of the proposed amendments.

We raise this in the context of this review since, it appears to us, that the willingness of the profession to move forward is being stifled, not by any legislative barrier, but rather by delay at that bureaucratic level. While the profession of optometry is ready and willing to move forward – albeit not as quickly or as far as some stakeholders would like – this initiative is not being acted on by the government causing further frustration.

The quality of care provided by individual members of regulated professions is paramount. The RHPA emphasizes proactive quality improvement. Colleges need to be provided with reasonable opportunities and mechanisms, including promulgating standards of practice, to inform and hold their members accountable. It has been a significant disappointment to this College that the Ministry has set limitations on how colleges can use ss. 95(1.1) and (1.2) of the *Health Professions Procedural Code*. We would hope that HPRAC can use its influence to have the Ministry loosen up the

restrictions that it has put on the use of these powers so that colleges will be able to hold members accountable to standards of practice that have been adopted “by reference” even if those standards of practice have been developed by the College itself.

Monitoring the quality of care provided in a multi-practitioner setting is not significantly different than monitoring care in a solo practitioner setting. However, holding members accountable to a standard can be more challenging in a multidisciplinary setting than in a solo practitioner setting. Colleges will need to work together to sort these issues out in the quality assurance setting as well as when investigating complaints. That being said, we do not see that any legislative amendments are necessary.

The health professions in Ontario have a long history of self-regulation. In its New Directions document, HPRAC stated that

[t]he underlying premise is that self-regulation preserves the public interest in several ways: it enlists practitioners in setting enforceable standards for the professions, relies on their expertise to develop measures to protect the public on the verge of technological change or other advancements affecting the profession, delegates governing bodies to resolve complaints, and addresses other matters related to a member's abilities or conduct.

We applaud HPRAC for its recognition of the benefits of self-regulation. What we would encourage HPRAC to do is recommend that the Minister foster an environment that encourages colleges to discharge the objects mandated to them in the HPPC.

Again, the College would like to thank HPRAC for its consultative approach on this issue. We look forward to working with you to improve the system even further.



Murray J. Turnour, O.D., M.Sc.
Registrar