



Response to Interprofessional Collaboration Discussion Guide May 31st, 2008 – HPRAC

Objectives:

The Society of Eyecare Professionals is open to membership from all sectors of Eye Care Providers. The organization's main objective is to promote interprofessional collaboration and to promote a common educational platform for the Eye Care Professionals to share the educational and training resources.

The Society supports any changes to the Health Disciplines Acts or amendments to it, which will promote the "optimum use" of the various individuals that are trained in their specific scopes of practice and have overlap which could be useful in "collaborative model".

The Society's Vision of Collaborative Model of Eye Care:

Eye care today is clearly divided into three sections: Tertiary Eye Care, Primary Eye Care and Dispensing of Eye Care Prescriptions.

Ophthalmologists provide the surgical and tertiary portion of eye care, Optometrists are the gatekeepers of Primary Eye Care and Opticians provide the dispensing of eyeglasses or contact lens prescriptions upon receiving a proper prescription from Ophthalmologist or Optometrist. Presently, many of the common eye infections and red eye issues are seen by a family physician and in most cases these patients are referred to an Ophthalmologist who is already swamped with surgical patients. This causes a "delay" in patient access.

Overlapping Scope of Practice: Ophthalmology and Optometry:

Following the passage of Bill 171, "Health System Improvement Act 2007," Optometrist's scope of practice has been expanded to include the prescribing of therapeutic pharmaceutical agents upon recommendation made by HPRAC in their document "Regulation of health professions in Ontario: New Directions" published in April 2006. The expanded scope of practice regulations are still under debate and discussion between Optometry and Ophthalmology debating as to who is going to do what. The fact of the matter is that for the 20 plus years, Optometrists in USA have been practicing TPA's in all states with slight variations in treatment of Glaucoma.

Obviously, the issues addressed in the HPRAC in their "collaboration" document are very true. Prescribing of drugs for the treatment of eye diseases for non surgical ailments has an overlap between the two professions. HPRAC has determined that in the area of treatment of glaucoma, Optometrists will have to work in collaboration with Ophthalmology and we agree with this recommendation in its entirety. We respectfully suggest that a module is developed as follows:

- 1) Treatment of Glaucoma should be initiated by an Optometrist so that while the patient waits for his or her appointment with the specialist, at least the treatment to arrest the disease has begun and the risk of harm to the patient is reduced
- 2) Armed with the ability to prescribe local and some oral antibiotics and with the ability of initiating treatment for glaucoma, Optometrists could very easily be incorporated in the local community hospitals, LHINs and community health centres and take off the load from Family Physicians and Ophthalmologists in the area of common non-life threatening non surgical eye infections.
- 3) Since the overlap is in the clinical area, some of the clinical training of graduating Optometrists should be done at the hospital floors and ERs to have a thorough exposure to learn and train under Family Physicians and Ophthalmologists and this would comply with the recommendation made by HPRAC on sharing education and training.
- 4) This collaborative module will also help in further reducing the wait times in delivery of eye care and reduce wait times in the emergency room for common eye infections.
- 5) In almost all of the USA VA Hospitals, the graduating students of Optometry go through one or two years of their internship in this format under Ophthalmology and Family Physicians. This collaborative module in USA has helped in easy access to both Ophthalmology and Optometry and has developed harmony and collaboration with the exception of issues on minor surgery which is permitted in some states such as Oklahoma and North Carolina.
- 6) Any Ophthalmology clinics, which are presently jointly run by Optometrists, have experienced efficiencies in seeing patients and reducing the wait times for the patients.

Optometry and Opticianry:

The overlap in scope of practice is in the area of dispensing of eyeglasses and contact lenses. Firstly, the dispensing of eye care appliances has a strong "commercial and financial component to it." This has been a cause of territorial dispute.

Traditionally, the territorial dispute between the two professions has been in the area of dispensing and the key issues that are being addressed presently are through proposed regulations by the College of Optometrists through their revised regulations on "freedom of association" and conflict of interest regulations. If passed in time, this regulation will bring down barriers such as business partnership between Opticians and Optometrists, removal of separate entrance requirements, wherein an Optometrist can work in a retail setting providing a one stop service for patients who need Primary Eye Care followed by dispensing of eye care appliances by a well trained and regulated Opticians and auxiliary personnel in compliance with the delegation module.

Further administrative costs would be reduced by having common reception and administrative staff. Presently, the optometry regulation prohibits an Optometrist from employing a licensed Optician.

Refraction:

There has been a very strong lobby by Opticians to "Refract." The mechanical act of refraction is nothing more than measuring the visual acuity of a patient and is in public domain. It can be compared to a member of the public going to an automated blood pressure measuring unit in a mall or drug store and measuring their own blood pressure.

The risk of harm issue arises when the results of refraction are used for “prescribing.” HPRAC recommended in their April 2006 document “New Directions” that Opticians should be allowed to refract under direct supervision of Ophthalmologist and Optometrist and prohibited making any decision on the Controlled Act of Prescribing.

The College of Opticians has developed a “policy guideline” and standards for refraction. If this is supported with proper training and education, Opticians could play a major role in the collaborative module of eye care.

A highly trained Optician could be effectively deployed in a multidiscipline setting and help in all the initial visual assessments, prescreening of patients and the follow up care, etc with eyeglasses and contact lens care and speed up the process of seeing more patients by an Optometrists and Ophthalmologist.

In full compliance to the HPRAC recommendation, the responsibility of prescribing will rest with the Optometrist and Ophthalmologist and a well-trained Optician would be fully deployed to support the triage in Eye Care delivery.

Once Optometrists can employ Opticians and a collaborative module and is developed, the member of the public will have access to first quality eye care.

Summary:

Clinics where the three RHPA regulated professions work under one roof and full collaboration would be the ideal delivery of eye care of the future.

Education standards and interinstitutional collaboration should be encouraged to maintain high standards of entry to practice and training and approval of such institutions and course materials should be developed by the Ministry of Education, Colleges and Universities.

Where there is “internship” is required, such as Optometrists and their TPA scope of practice, a similar system as in USA where the Optometrists are trained in VA hospital setting should be applied in Canada.

Answers to Questions Raised by HPRAC:

Q1) Please comment on the above statement that HPRAC has used to focus this discussion and initiatives. Are there elements that should be added or removed? If so what are they?

Answer:

We agree with the recommendations made by HPRAC. However, there should be another government agency or body such as an arbitrator or commission that could find solutions when two Colleges of overlapping scope of practice are unable to come to a common ground to facilitate collaboration and solve the issues of overlapping scope of practice. The creation of such an agency will be able to mediate and expedite the passage of regulations and Acts that are crucial for the integration of all eye care providers.

Secondly, we recommend that the Ministry of Education and Community Colleges and the University Network teaching hospitals have a major say and participation in the educational courses and training programs for the Eye care professions. For ongoing competency, overlap in access to mandatory Continuing Education should be developed. For example, all pertaining governing bodies should be able to accept CE credits, which are acceptable to the other eye care providers. Simply put, Optometrists should be able to attend CE events hosted by Ophthalmology groups and Opticians should be able to attend both and qualify to obtain their credits. This will enhance interdisciplinary interaction and respect and understanding of the knowledge of each other.

In British Columbia, the College of Opticians has a restrictive policy that 75% of the CE credits should only be offered through their professional associations. Such monopolistic practices by professional associations should be stopped through appropriate regulations in the QA section.

Q 2 and 3 Answer:

There are professional barriers in the Optometry Act, where an Optician cannot work or be employed by an Optometrist. This does not promote collaboration between Opticians and Optometrists.

Q 4 Answer:

Presently, the QA policy of College of Opticians does not accept any credits or grant credits to courses offered by Optometry and Ophthalmology. This restricts interprofessional education. The reason given is that the level of courses set by Ophthalmologist and Optometrists are beyond the scope of practice of an Optician.

These could be eliminated by having a change in the RHPA regulation to set up mandatory compliance with inter disciplinary CE and education courses and prohibiting restrictive practices adapted for the financial interests of the professional associations.

Q 5 Answer:

Presently, the professional associations also set up barriers as to who attends their conferences and courses. An open participation policy will promote interaction and a better understanding of the level of training of the other counterparts and sharing of knowledge at higher levels.

Q 6, 7 and 8 Answer:

We think that the current system has enough professional liability protection by each of three regulated eye care providers to be independently responsible for their actions.

Q 9 and 10 Answer:

Scope of Practice should be well defined in a revised RHPA. While there is some provision as to who can hold themselves as "doctors" in the present RHPA; Optometry has a very interesting "back door" open for accepting "non-doctors" and allowing them to use the title "doctor" by virtue of their registration with the College of Optometrists as an Optometrists.

Under the new "bridging program" adopted by the School of Optometry, University of Waterloo; many Canadians are Opting to go to school in UK in a school that grants a B.Sc in Optometry degree and these students come and they come back and satisfy a bridging program which prepares them to write the licensing examination.

When a delegate passes this exam, he or she is eligible to register as an Optometrist to practice in Ontario. This has now created a "back door" entry to the title "doctor" after only achieving an under graduate degree instead of a degree of "doctor of Optometry." The School of Optometry in Waterloo and other US schools offer a full 7 year program: 3 years undergraduate in a Science degree followed by a 4 year graduate degree leading to "Doctor of Optometry".

With the current IOBP, Ontario students who do not meet admissions requirements and with just a grade 12 are able to obtain admission in UK school; come back with a B.Sc in visual Sciences and then hold themselves after registration as "doctors." This is in violation of the present RHPA.

The proposed registration regulations by the College of Optometrist should be revamped to close this loophole. Presently the college of Optometrists has submitted new Registration regulations. The Minister should make sure that only candidates who are "real doctors" by education should be entered into the IOBP.

Similarly, under the MRA, College of Opticians of Ontario is accepting students from a 6 months course in BC ; obtain their BC license and then under the MRA, are granted registration to practice in Ontario while the Ontario community colleges are running a two year full time and a four year part time program for the same profession.

By incorporating changes in the RHPA, such loop holes present and future could be closed and the individual colleges will have to conform their regulations to comply with the RHPA parent regulations.

There should be very clear cut directive ad law to make sure that the title "doctor" could only be used by people who have obtained a proper recognized University degree so that members of the public are clearly aware of the qualifications of the practitioners. Specially, in collaborative role and with expanded scope of practice, Optometrists will have to have a very high standard or education and training, which complies to the North American standards.

Q 11 & 12 Answer:

The present registration cost for the registrants is exorbitant. A central office could be considered , where the three O's can have their independent colleges under one roof and share the administrative costs and by being under one roof, interaction between officials will be encouraged.

The Minister of Health should have its own auditors to periodically audit the financial operations of the colleges to make sure that the money is well spent to achieve the mandate for which the colleges were created.

Q 13 and 14 Answer:

Ontario should introduce a common framework that could be the foundation of an improved RHPA and template is set up after careful study of which profession is most suited for " self regulation."

Opticians have been regulated since 1963 but the profession has never been able to be freely independent. The reason being that even today 90 % of the Opticians work for big and small chains of Optical stores. They work in the retail setting that demands employment hours, which are long and onerous. Secondly, many times what is in the public interest is not in the commercial interest of the business.

When a template is set, the Colleges will have to conform their policies and regs in line with the parent regulations.

The common template should include the approval of educational vehicles through the Ministry of Colleges and Universities. What titles each profession can use etc.

Q 15, 16 and 17 Answer:

We feel that a detail study is commissioned on how the other disciplines in New Zealand and many other progressive nations handle this issue. The professions with overlapping scope of practice be identified and each profession will have its own limitations.

The biggest issue with Opticians regulations would be how to neutralize the influence and lobby of big business, which will always collide with the public interest issues.

Q 18, 19, 20 and 21 Answer:

We will give you a specific example of a court case against a company and an Optician who operates a chain namely " Great Glasses". The company performed refractions and dispensed glasses through unlicensed personnel.

Both, the Optometry act and the Opticians Act were breached. Only the College of Optometrists took action and College of Opticians, in certain situations, even opposed the action taken by the College of Optometrists. The reason being that their College cannot discipline a member of the Opticians college.

This is major issue which needs a more detailed study and research and solutions to resolve would be a step in the right direction.

Q 22 Answer:

We agree with the HPRAC proposal of a joint quality assurance program between Ophthalmology, Optometry and Opticianry. Regulations should be in place that the access to education is open and shared. Any limiting or restrictions on providers will stifle high quality education and education providers.

Many associations and schools have been putting "restrictive" access to have monopoly on the revenue these courses generate. Education should be accepted from all sources from around the world. A provision in the revised RHPA for such a mechanism will prevent the Colleges from deviating from the main law.

Q 23 and 24 Answer:

Due to this unique position of Opticians, independence in approval process etc will be very difficult.

On the other hand, Optometry has very clear rules where by accredited schools of Optometry and a US based organization ARBO accredit courses with no bias and fairness to all providers. Opticians across the country do not have an independent body or organization to achieve this. Hence protection should be provided through RHPA and by creating an accreditation body, which includes Ophthalmologists and Optometrists for the accreditation of such CE events.

Q 25 and 26 Answers:

We agree with the proposed plan of HPRAC. An independent body should be created under the RHPA to oversee the education, practice guidelines, continuing education and all related training formats and delivery of training etc to encompass Ophthalmologist, Optometrists and Opticians.

The points suggested under Q 26 th by HPRAC study are all very important and will be move in the right direction. This will also be able to accredit and approve courses for ongoing CE fairly and properly.

Q 27 and 28 Answers:

There is no such body in place to encompass Ophthalmologists; Optometrist and Opticians. A new body should be created and the funding should come from the individual revenues of each disciplinary College.

Q 29 Answer:

The Minister should use his existing powers to limit discussion and after careful independent study force the colleges to comply with the revised scopes of practice and role-playing module. This will save time and political maneuvering.

Q 30 Answer:

Colleges should NOT be given financial incentives. Instead extra funding should be created by the Ministry to create mechanisms to exert timely pressures for compliance after getting recommendations from HPRAC.

Q 31 Answer:

Yes. The colleges should be reporting regularly about the collaborative progress and should make sure that educational standards are being constantly improved. The reporting also has to be supported with documentary evidence and proper evidence.

Q 33 Answer:

Especially in the area of Eye care, the government should develop a "joint college," collaborative council or some thing similar to UK Council for health Care Regulatory Excellence. Representation could be from all three Os and special officer to be appointed by the Minister to make sure the objectives are met and conflicts are resolved.

Q 34 and 35:

Collaborative Toolkit will be useful. The final decision to implement collaboration after reasonable debate between overlapping the scope of practice professions will certainly be a move in the right direction.

Q 36 and 37:

The standards of practice, bylaws and policies should all be in compliance with the RHPA and the individual professional ACT. The statutory powers to make regulations should always rest with the Minister of Health so that vested interest groups do not introduce regulations, which are in contravention of the Public interest.

For example, some of the educational institutions could lower the education standard to increase enrollment or financial benefit. This type of activity could lead to lower standards and lower quality of Eye care professionals.

The perfect example is the Opticians private school in BC with a six-month course and the International bridging program adopted by the School of Optometry, at Waterloo.

Q 38 and 39:

Under a revised RHPA, the Minister should have the overseeing powers to investigate and control some colleges that could be hijacked by vested interest groups.

Q 40 to 43:

We think that the example set by New Zealand could be a great template for Ontario to explore for inter disciplinary collaborative module.

In the future studies, specially in the area of eye care, Ministry of Community and Colleges and the schools under their umbrella, teaching hospital administrators and heads of eye department, faculty, should all work together to study and understand each other educational standards and develop higher standards that would improve the standards of future generations.