

**COLLABORATION IN VISION CARE:
Response of the College of Opticians of Ontario to
the HPRAC Questionnaire**

November 16, 2009

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

Many of the conflicts and barriers to collaboration that have been identified in the past relate to rules and regulations regarding association of one eye care profession with another at the point of care, and limited collaboration among health Colleges in the development of regulations, standards of practice, guidelines and rules.

See Question 2

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

There are several issues facing the eye care sector, three key areas include:

A) Conflict of Interest Regulation

B) Scopes of Practice

C) Refraction

See report – Key Issues

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?

The basis for all legislation that regulates health care professionals is public protection. Protection of health services consumers from practitioners who are untrained or who are unfit to practise is paramount. This was the rationale for the regulatory statutes that preceded the RHPA in Ontario and was an important part of the philosophy behind the RHPA. Regulated professionals deliver better health care, which means high quality, effective and technically proficient care, which protects the public. Through the proclamation of the RHPA, the government chose to preserve self-regulation which enhances accountability to the public.

Both the *Regulated Health Professions Act* and the health profession-specific Acts contain restrictions on the use of professional titles and on representations made regarding professional qualifications. The purpose of these restrictions is to enable consumers to recognize these persons who are qualified health care providers and to

distinguish one health care provider from another, and from those who are not registered health care providers.

The College of Opticians has recognized that the regulation not only of the member but the dispensary itself may create an extra layer of protection for the public of Ontario. Certainly the benefit of having jurisdiction over dispensaries may curtail unauthorized practice by retailers who do not incorporate registered Eye Care Practitioners in their model of operation. Enforceable regulations that extend to retail entities will help safeguard the public by making not only the individual member accountable but the corporate entity itself. Often

In sum, the role of the regulatory college is to protect and preserve public safety by ensuring that health care is provided by competent and accountable health care practitioners in an effective, safe and ethical manner.

See report - Regulating Business Practices

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 ...)

The College of Opticians of Ontario's current Standards of Practice set out the College's expectations for how Optician members will conduct themselves in their opticianry practice. They provide the College with benchmarks against which it can measure its members' conduct in the course of investigating complaints, as well as in peer assessments and quality assurance reviews. More importantly, they provide the public with a clear understanding of the quality of care they should expect to receive from an Optician. The criteria and provisions within the College's Standards of Practice ensure that all Ontarians will receive the same level of care regardless of the delivery setting.

The pricing of products is not regulated (except to the extent that unethical conduct is prohibited) but the professional side of the business is regulated in the public interest. The experience of the College is that this appears to be working well in protecting members of the public from fraudulent or other improper business practices.

The College of Opticians of Ontario has made several submissions on the issue of professional association and conflict of interest. Our College continues to support collaborative relationships within the eye care sector, and within all other regulated health professions, as a collaborative model would provide better access to patient care and appropriate referrals where necessary. Full freedom of association where Opticians,

Optometrists and Ophthalmologists are recognized as primary health care providers in vision care, and can provide patient centered services to the full extent of their professional practice, is one that would be supported by the College of Opticians of Ontario.

See report – Regulating Business Practices

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

What other matters should be considered?

The prospects for collaboration between opticians and optometrists would be greatly improved if the conflict of interest regulation of the College of Optometrists were amended to eliminate the ban on association between optometrists and opticians.

The dynamic nature of the self-regulatory model in Ontario insists that professions be regulated in the public interest, by their peers. While the College of Opticians of Ontario supports joint task forces and working collaboratively, ultimately, each regulatory body must have and approve their own regulations, codes of ethics and standards of practice. When these documents are developed jointly, the public is best served by a consistent standard of care.

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?

Having joint task forces and working groups will facilitate the inter-professional collaboration that is essential to the proper functioning of the system. The College of Opticians is familiar with initiatives using the collaborative model and supports a collaborative model in vision care:

Enhancing Interdisciplinary Collaboration in Primary Health Care (“EICP”)

EICP is a national initiative funded by Health Canada's Primary Health Care Transition Fund. Its mandate is to facilitate more interdisciplinary collaboration and to encourage health professionals to work together effectively to produce the best health outcomes for patients and for providers. To meet that mandate, successful interdisciplinary practices were researched in an effort to create a framework and a toolkit that could be used by health care providers across the country to help develop sustainable models of interdisciplinary care.

The resulting EICP Framework sets out six principles that underpin interdisciplinary collaboration in primary health care in Canada:

- Patient/client engagement;
- Population health approach;
- Best possible care and services;
- Access;
- Trust and respect; and
- Effective communication
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The above principles all support collaboration and are intended to allow team members to coordinate service delivery and to focus their skills and knowledge to the benefit of the patient.

See report - Guidelines for Implementing Eye Collaboration

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?

Collaborative care is considered one of the essential components of client-oriented care. Eye care professionals working in communities should understand that autonomous practice models are not conducive to providing clients with comprehensive care and treatment. Further, it is the responsibility of the regulators and associations to provide education and support to those practitioners who are unfamiliar with the concept of collaborative care, and who instead adhere to traditional views of practice. The College of Opticians of Ontario is strongly in favour of collaboration among regulated health professions in the delivery of eye care services to the people of Ontario.

See report- Collaborative Eye Care Teams

Examples of Successful Collaborative Care

Team Roles

Eye Care Team Scenarios

Guidelines for Implementing Eye Care Collaboration

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?

Communication is the foundation of success for interdisciplinary collaboration. New information and communication technologies must be regarded as tools that are essential to the operation of integrated service networks and interprofessional collaboration. Shared patient records between eye care team members will support more efficient and better care to the patient, faster communication of assessment results, reduced duplication of tests and a better understanding by providers of the comprehensive needs of the clients/patients.

See report – 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 regulation were it to be enacted? What is the impact on, or benefit, to the patient?

The College of Opticians of Ontario has initiated a fact-finding initiative to explore the merits of regulating optical premises. Though in its early phases, the College of Opticians has recognized that the regulation of not only the member, but the dispensary itself, may create an extra layer of protection for the public of Ontario. Having jurisdiction over dispensaries may curtail Unauthorized Practice by retailers who do not incorporate registered Eye Care Practitioners in their model of operation. Enforceable regulations that extend to retail entities will help safeguard the public by making not only the individual member accountable, but the corporate entity itself. Often, the member may not be the owner or operator of the dispensary and thus may not be in a position to effect policy or

change. Having direct regulatory jurisdiction over the dispensary may have more direct effect on its mode of operation and the safeguards needed to protect the public interest.

See report – Regulating Business Practices

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

We have learned that working together builds capacity and strength while maintaining our autonomy in provincial matters. With the technology available today, global communities can provide timely information and thoughtful analysis with the touch of a computer key. In Ontario, the College of Opticians supports collaborative care on many levels within the eye care sector and outside the traditional eye care team.

The College of Opticians would support a voluntary interprofessional eye care network to discuss common issues.

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?**
- ii. To what extent does this already occur?**

- iii. **What is the role of joint entry-to-practice education and joint continuing education in enhancing such understanding? Is public education required?**
- 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?**

In eye care teams there is often some overlap in the skills of the various providers. For example, all three groups of professionals have expertise in interacting with patients, forming care plans, and educating patients; two providers can diagnosis and treat illness; and all three providers can dispense ophthalmic appliances. Thus, rather than attempting to define rigid boundaries of practice, which contributes to segregating team members, it is more valuable to develop effective methods designed to share certain responsibilities and tasks.

The decision regarding how services are allocated amongst health care professionals can be guided by provider availability, level of training, and team member preferences. It is important to periodically review and revise member roles as necessary, as well as to develop detailed job descriptions outlining the roles and responsibilities of the respective provider, while ensuring that any service performed is within the scope of practice established for that profession. All members of the team must be clear on which aspects of client care the various professionals are responsible for providing which will require education for all team members.

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See report – Key Issues

Collaborative Eye Care Teams

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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.

See report – Examples of Successful Collaborative Care

13) *In HPRAC's recent interviews, we heard that each eye care profession should practise 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-ordinated 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?**
- 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?**
- 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?**

The College strongly believes that by encouraging interprofessional education, an environment of mutual respect among eye care professionals can be fostered at an early stage in their careers. Association between professions should begin at the earliest opportunity, by fostering a rigorous academic environment in which opticians and optometrists develop skills and knowledge together.

Opticians are front line health care workers, providing among other things a screening mechanism not readily available by any other means. Due to easy accessibility, and the fact that most Opticians do not require individuals to make appointments to see them, Opticians are well placed to discuss eye care issues with the public. An Optician's dispensary is often the first place where members of the public will go when they believe they are experiencing visual problems.

The present system unduly impairs the delivery of quality care by the full range of professionals with the appropriate knowledge, skill and judgment to deliver patient care. As HPRAC articulated in its advice to the Minister of Health and Long-Term Care in 2000 regarding refractometry, the scope of practice defines the "minimum requirements", as opposed to the "outer boundaries" of Colleges' activities in relation to governing the professional activities of their members. There should be more flexibility with respect to

the performance and delegation of controlled acts. With this in mind, the College of Opticians of Ontario supports professions seeking extended class status to fully utilize the human health resources available in the public interest. At its most basic, “scope of practice” is a statement of the professional activities that qualified practitioners perform. Currently, the scope of practice statements are not keeping up to date with the reality of members’ skills and technological change, which is leading to an underutilization of members’ capacity to contribute to public health in the eye sector.

See report - throughout

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

- Vision care teams maximizing professionals’ knowledge, skill and judgment to achieve patient-centered care.
- Mutual respect among vision care team members.
- Joint task forces at the organizational level spanning regulators, educators and associations to discuss and develop significant vision care policy issues.
- Full utilization of technology for improved patient care and practice efficiencies.
- Inter-jurisdictional workgroups and teams to consider best practices and emerging trends at the international organizational level.

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

The College suggests that energy be focused on how vision care can embrace technology and emerging trends.

The College would also support focusing attention on how to facilitate collaborative care outside the traditional vision care team, for example, to include members of other professions such as dental hygienists, audiologists, speech language pathologists, teachers, social workers, occupational therapists etc. This would be in the interests of preventing problems before they develop into diseases and other conditions that require treatment. The College of Opticians has long supported emphasizing prevention. According to the World Health Organization report and launch of VISION 2020:

“Of the estimated 45 million cases of blindness by 1996, approximately 60% were due to either cataract (16 million people) or refractive errors. A further 15% were due to trachoma, vitamin A deficiency or onchocerciasis, with another 15% due to diabetic retinopathy or glaucoma. The remaining 10% of cases were attributable to age-related macular degeneration and other diseases. In view of the proportion of treatable eye diseases or treatable causes of blindness, such as cataract,

trachoma, on chocerciasis and some eye conditions in children, it was estimated that 75% of all blindness in the world could have been avoided.”