



CANADIAN ASSOCIATION OF OPTOMETRISTS
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Patient safety should be based on evidence—not professional gatekeeping

The Canadian Ophthalmological Society is right that Canadians need to trust their health-care system (“How governments can preserve trust while expanding access to vision care,” The Hill Times Oct. 5). They need to know that care is safe, evidence-based and delivered by qualified professionals working within clear standards. But decisions about what care those professionals can provide should be based on evidence, not one profession's claims about another.

The suggestion that optometrists lack the training to perform these procedures safely is simply wrong. Optometrists are independently regulated health professionals accountable to provincial colleges whose mandate is to protect the public. Some of the procedures being considered are already performed safely by optometrists in other Canadian provinces. Others, including certain laser treatments for glaucoma, have been performed by optometrists in U.S. jurisdictions for years. Training in these procedures is also available through accredited optometry programs in Canada and the U.S. A U.S. review of 146,403 laser procedures performed by optometrists identified just two adverse outcomes. No one is proposing that optometrists perform cataract surgery.

Optometrists and ophthalmologists are different professions with complementary roles. The real question is whether an eye care professional is trained and competent to safely provide the specific care in question.

Patients, meanwhile, are waiting. Canada has about 1,400 ophthalmologists and more than 7,100 optometrists, yet 62 per cent of Canadians wait more than a month to see an ophthalmologist, and one in eight waits more than six months. Rural patients often wait longer. With glaucoma, a delay like that can mean permanent vision loss.

Technology has changed. Training has changed. Patient expectations have changed. Arguments for maintaining traditional professional boundaries feel increasingly out of step with modern health care, which should put patients at the centre and make the best use of qualified health professionals to meet their needs.

Governments across Canada are enabling health professionals, from pharmacists to nurse practitioners, to make better use of their training and expertise. Eye care should be no different. Decisions about scope of practice should be made by provincial governments and independent regulators, based on evidence, demonstrated competence and patient needs.

Ophthalmologists and optometrists already work together to care for patients. But in much of Canada, optometrists still aren't allowed to provide the care they're trained for. Changing that would give patients timely care closer to home and let ophthalmologists focus on complex cases and surgery.

Patient safety and better access are not in conflict. Canadians deserve an eye care system that delivers both.

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