



CANADIAN ASSOCIATION OF OPTOMETRISTS
ASSOCIATION CANADIENNE DES OPTOMÉTRISTES



SUBMISSION TO THE STANDING COMMITTEE ON HEALTH

The Federal Role on Scope of
Practice and Training of
Healthcare Professionals

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The Canadian Association of Optometrists (CAO) is the national voice of optometry and is dedicated to collaboratively advancing the highest standard of primary eye care through the promotion of optimal vision and eye health, in partnership with all Canadians.

This written submission has been formulated to provide an optometric perspective on the 3 main areas of study, as noted in the terms of reference, of the House of Commons Standing Committee on Health, in October 2013.

A) **the federal role in the scope of practice of Canadian healthcare professionals;**

Canadian Optometrists recognize that there are several key challenges facing scope of practice, and applaud this parliamentary undertaking as a good step towards realizing the federal government's ability and responsibility to provide not only guidance, but leadership. The Federal government's role vis-à-vis scope of practice and the provinces should demonstrate and enhance a consistent package of health care delivery that is not only innovative, but more importantly, puts patient care and safety first.

Expanded scope of practice of healthcare professions has resulted in considerable overlap. This should be regarded as beneficial to the public, when collaboration and cooperation is encouraged and embraced. Optometry's scope has expanded considerably in recent decades, allowing patients to access better care, closer to home. Overlap of scopes of practice between professions should be seen as opportunity for collaboration, not

competition. CAO maintains that care models and remuneration systems should adapt to encourage this.

CAO can point to several reports and studies which have been commissioned and recognize that optimizing the scope of practice of health professionals improves health outcomes for Canadians and decreases barriers to quality health care services.* CAO participated recently in the Naylor Panel on Innovation, where optometrists were able to share examples of best practices where inter-professional collaboration to optimize the provision of eye care were successful in several concrete and cooperative models.

The federal government should be encouraged to bring the pan-Canadian perspective on maximizing scope of practice across Canada and to support all provincial governments in seeking [to enhance the scope of practice of professions] to minimize patient barriers to health care services.

Recommendation #1: That the federal government evokes both its ability and its responsibility to **guide** the provinces to optimize our Canadian health care system by working together on a set of national scope of practice guidelines that will produce the optimal outcomes for patients. This can best be achieved through:

- National Strategies
- Prevention and promotion of healthy lifestyles
- leadership and support to encourage the expansion of collaborative care models and the evolution of scopes of practice.



B) highlight best practices on the use of scope of practice, both in Canada and internationally; and

Collaborative care models and facilities are not new to Canada. There have been a wide range of successful pilot projects and the recognition from the multitude of health care professionals that full service is better care for Canadians.

Optometry's scope of practice has recently expanded to include Therapeutic pharmaceutical agents (TPA) in all provinces. Since optometrists can be found in most communities across Canada, this allows better access to primary eye care services to patients across Canada, minimizes barriers and decreases unnecessary emergency room visits for eye care.

Although all provinces have some TPA privileges, there are wide discrepancies between provinces in the extent of these privileges. It is in these instances that the federal government could assume a leadership role to promote best practice initiatives and encourage provincial governments to look at leaders in scope of practice expansion. One such optometric example is where the Alberta government has already demonstrated leadership. The federal government could employ this provincial model to encourage other provinces to expand their scope so that patients across the entire country are able to access comprehensive primary eye care services easily and without barriers at their local optometrist.

In some communities there has been a forced need for efficiency. This has occurred where ophthalmology appointments are booked far in advance, and there has been a patient demand for better system effectiveness. Ophthalmology had instructed general practitioners NOT to refer directly to them. They prefer optometrists to see the patient first to determine whether an ophthalmology consult is truly required. The

optometrist is able to solve the problem for many of these referrals, saving the more expensive and over-booked ophthalmologist from doing primary eye care. There is no doubt that this model improves efficiency and reduces cost and should be widely adopted. CAO has identified the following barriers to this efficiency:

- 1) Education of GPs as to what optometry's expertise and capabilities are, and
- 2) The reluctance of GPs to refer to optometrists unless the visit is covered by Medicare. Medically-necessary visits should be covered in all provinces. They are in all provinces except NB, PEI and NL.

In fact, there are several examples of optometrists and ophthalmologists sharing consultative information digitally, specifically in the sharing of images (OCT, fundus photography, anterior segment photography, etc.) which helps to avoid redundant testing, better assists the specialist triage referrals, and aids diagnosis. This practice needs to be more widespread and government could assist with this, especially as patients seek care across provincial borders depending on the patient's location and the condition.

The Eye Health Council of Ontario is another good example of inter-professional collaboration to optimize the provision of eye care and disseminate these concepts to appropriate stakeholders. Ontario eye care professional had identified that there was a need for a venue to promote inter-professional collaboration. Six years ago, an informal Eye Care Council was created by the Ontario Association of Optometrists and Ontario Medical Association Section on Ophthalmology for this purpose. This has since evolved into the Eye Health Council of Ontario (EHCO). The mandate of EHCO is to support the provision of accessible, quality eye care to the population of Ontario by ensuring the most effective use of the continuum of eye care professionals in the interests of patient safety, quality of care, and cost-effective delivery.**



Additionally, Nova Scotia optometrists and ophthalmologists have developed collaborative protocols for the care of patients under the auspices of the Eyecare Working Group. Both the Ontario and the Nova Scotia models demonstrate an incredible commitment by the eye health community to work collaboratively in the best interest of the patient and quality of care.

Recommendation #2: That the federal government, in tandem with the provinces, draw upon existing and innovative health care delivery models, where expanded scope of practice is proven to ensure the maximum coverage and services in order to best care for Canadians.

c) federal role and support for skills training and curriculum development.

In order for health care professionals to maximize their scope, they must first obtain training that will prepare them for not only their profession presently but also for the future. The federal government has an important role to ensure that our universities are prepared for the evolving health care system and its changing deliverable requirements. This includes allocating funds for curriculum development that prepares our health professions for their future scope expansions.

Within the optometric example, we can look to American universities and recognize that not only are they providing a broader undergraduate optometric education, but most US optometry schools are offering post graduate residency training that allows optometrists to concentrate, specialize and evolve in certain practice areas. This type of training is currently impossible to acquire in Canada. Both optometric post-secondary institutions in Canada, the University of Waterloo

and l'University de Montreal, could expand their ability to offer a broader range of optometric education as well as the one year post graduate residency training to expand the actual training possibilities of Canadian optometric graduates and better prepare these future optometrists for any expanded scope of practice demands.

The US optometry schools allow students to pursue a one-year postgraduate residency program in areas such as family practice optometry, pediatric optometry, geriatric optometry, vision therapy and rehabilitation, low-vision rehabilitation, cornea and contact lenses, refractive and ocular surgery, primary eye care optometry, or ocular disease.

Recommendation #3: That the federal government allocate appropriate funding so that Canadian optometric schools can develop an equivalent model as being taught in American Universities, including the offering of a one year residency program option.

In conclusion, it is clear that the delivery of health care services have now evolved to a multi-practitioner team-based approach in many health care delivery models. Communication and collaboration between health care practitioners is paramount to ensuring that patients receive optimal care in a timely manner from skilled and competent practitioners practicing in safe and hygienic settings. It is timely that the federal government addresses, through demonstrated leadership and guidance, expanded of scope of practice across all health care professions including optometry.



References:

Canadian Academy of Health Sciences, "Optimizing Scopes of Practice: New Models of Care for a New Health Care System" September 2011

*Health Professions Regulatory Advisory Council, "Report to the Minister of Health and Long-Term Care on Inter-professional Collaboration Among Eye Care Health Professionals", May 2010

**University of Toronto, School of Public Policy & Governance, "Fiscal Sustainability & the Transformation of Canada's Healthcare System: A shifting gears Report, October 31, 2011