

# Question / Answer on Proposed Changes to the Optometrists Profession Regulation

***Question: Why are these changes being requested?***

Answer: Optometrists are educated and competent to provide primary eyecare services. Since the vast majority of family physicians do not have the necessary equipment to provide all primary eyecare services and since ophthalmologists are too busy providing secondary and surgical care, it is logical to update the Optometrists Profession Regulation to allow optometrists to fill this health care need. In addition, although ophthalmologists have the requisite knowledge and training to provide primary eyecare services, it is better use of their training and health care dollars to have them provide secondary / surgical care and reduce wait times by utilizing both professions to the full extent of their didactic education and clinical training.

***Question: Are the proposed changes breaking new territory for optometrists?***

Answer: No. All of the procedures being proposed in this consultation are currently already being provided by optometrists in other jurisdictions in North America. The Canadian and American national accreditation council mandates that the optometry curriculum followed by all Canadian and U.S. Schools of Optometry teach both the didactic background and clinical skills required for optometrists to safely and competently provide these services.

***Question: Will the provision of health care become more fragmented if optometrists are allowed to provide these additional services?***

Answer: No. Optometrists are competent and valued members of the health care team who currently provide the majority of primary eyecare services. The additional procedures contemplated by the proposed changes to the Optometrists Profession Regulation will allow patients easier access to primary vision care services since optometrists are located in over 80 communities in Alberta. This will improve patient outcomes by decreasing diagnosis and treatment times, lower health care expenditures and follow the team-based approach to delivery of health care services.

***Question: How do “older” practitioners become certified to provide these services?***

Answer: In 1996, Alberta was the first province to authorize optometrists to prescribe pharmaceutical agents. In conjunction with an American School of Optometry, we developed a “made-in-Canada” TPA course that was subsequently used by all other provinces. All practitioners had to successfully take the course and pass the exam before being authorized to prescribe pharmaceuticals. A similar certification process will take place again whereby all optometrists will have to take a didactic / clinical refresher course and pass a final exam in order before being authorized to perform the proposed new procedures.

***Question: Will new optometric graduates be authorized to perform these proposed procedures?***

Answer: If a (recently graduated) student passes the final accredited Canadian or American School of Optometry exit exams and successfully passes the National Board Exam that tests their skill and competence in these areas, they would be authorized to perform these procedures without having to pass another certification course.

***Question: If mandatory co-management of glaucoma is removed, am I still allowed to refer patients to an ophthalmologist?***

Answer: Currently, 47 out of 50 States do not have a mandatory co-management clause and a recent report by the Ontario Government determined that optometrists have the necessary skills and competence to diagnose and treat glaucoma independently. Optometric legislation mandates that optometrists must practice within their level of competence and training. This ensures that advanced glaucoma cases and/or patients who require surgical management are still referred to ophthalmologists for appropriate treatment. This proposed change will allow optometrists to exercise their professional discretion to either independently treat patients who can be safely managed in their own office or refer to glaucoma specialists for further assessments and treatment.

***Question: What is minor surgery?***

Answer: The Alberta College of Optometrists considers minor surgery to include procedures such as: lopping a skin tag, draining a conjunctival fluid sac, excision of a chalazion, procuring a lesion for biopsy or suturing a small skin laceration. We do **not** intend to include other “major” surgical procedures such as: cataract extraction, retinal detachment, laser refractive surgery, vitrectomy, pan-retinal photocoagulation, dacryocystorhinostomy, etc.

***Question: How is duplicate testing to be avoided?***

Answer: The Alberta College of Optometrists is a strong advocate of the province-wide Electronic Health Record (EHR). The EHR will allow optometrists and other recognized health care practitioners the ability to post patient examination records that can be viewed by other recognized health care practitioners in the continued treatment of patients. Until the EHR becomes fully integrated in the health care system, optometrists are encouraged to communicate patient examination results with other health care professionals when required for the well-being of the patient.

***Question: What are the next stages to this process?***

Answer: The Department of Health & Wellness will compile and summarize all of the replies from stakeholders to this consultation, conduct an internal review of the responses and then arrange meetings with the Alberta College of Optometrists (ACO) to review the responses, determine which proposed changes are in the public’s best interest, draft appropriate language to these areas and finally make a recommendation to the Minister of Health & Wellness on the proposed changes. We are unable to give an accurate time-line on how long this will take; however, the ACO fully supports the process and is prepared to work with government officials and other stakeholders to ensure that Albertans continue to receive the high quality of health care they have been accustomed to.