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Expanding Scope of Practice for Ontario Optometrists

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A Provincial/Territorial Health Reform Analysis

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Abstract

In 2011, *The Optometry Act, 1991* was amended to include *The Designated Drugs and Standards of Practice Regulation* which expanded the scope of practice for Ontario optometrists to include prescribing privileges from a specific list of drugs. The goals of the optometry reform were to increase access to care, decrease burden on medical and hospital resources and allow optometrists to practice to their full scope. The policy response was spurred by a recommendation from the Health Professions Regulatory Advisory Council and the prescribing precedence in other Canadian jurisdictions. Bill 171, *The Health Systems Improvement Act*, amended *The Optometry Act, 1991*, Section 4 to include the authorized act of prescribing designated drugs, while *The Designated Drugs and Standards of Practice*, passed on 6 April 2011, listed the individual drugs optometrists are authorized to prescribe. The resulting response of a specific list of authorized drugs was seen as a limiting and inflexible system that will require changes as newer drugs are developed.

La Loi de 1991 sur les optométristes a été modifiée en 2011, afin d'intégrer le règlement sur les médicaments enregistrés et les normes de pratiques (Designated Drugs and Standards of Practice Regulation) *élargissant le champ d'activité des optométristes en Ontario aux privilèges de prescription d'une liste explicite de médicaments. La réforme de l'optométrie avait pour objectifs d'augmenter l'accès aux soins, de diminuer la charge de travail pesant sur les ressources médicales et hospitalières et de permettre aux optométristes de pratiquer pleinement leur profession. L'initiative politique a été provoquée par la recommandation du Conseil consultatif de réglementation des professions de la santé ainsi que par l'existence de tels privilèges dans d'autres provinces canadiennes. Alors que le projet de loi 171, ou Loi de 2007 sur l'amélioration du système de santé, avait modifié l'article 4 de la Loi de 1991 sur les optométristes en ouvrant la possibilité de prescrire des médicaments enregistrés, le règlement sur les médicaments enregistrés et les normes de pratiques* (Designated Drugs and Standards of Practice Regulation)*, adopté le 6 Avril 2011, énumère les médicaments individuels que les optométristes sont autorisés à prescrire. La réponse politique consistant à définir une liste explicite de médicaments autorisés a été jugée limitative et rigide, qui réclamera des aménagements successifs pour toute innovation médicamenteuse.*

Key Messages

- In 2011, *The Optometry Act, 1991* was amended to include *The Designated Drugs and Standards of Practice Regulation*, giving optometrists in Ontario the authority to prescribe from a specific list of drugs.
- Existing optometry prescribing privileges in other jurisdictions and the recommendation from the Health Professions Regulatory Advisory Council to expand the scope of practice were contributing factors to the policy response.
- The resulting optometry reform of a specific list of drugs that optometrists are authorized to prescribe, rather than classes or categories of drugs, is seen as a limiting and inflexible practice that will require updating as new drugs are developed.

Messages-clé

- *La Loi de 1991 sur les optométristes a été modifiée en 2011, afin d'intégrer le règlement sur les médicaments enregistrés et les normes de pratiques* (Designated Drugs and Standards of Practice Regulation) *donnant aux optométristes de l'Ontario l'autorité de prescription de médicaments explicitiement cités dans une liste exhaustive.*
- *Les privilèges de prescriptions d'optométrie existants dans d'autres provinces et la recommandation du Conseil consultatif de réglementation des professions de la santé d'élargir le champ d'exercice ont été des facteurs contribuant à la réponse politique.*
- *La réforme de l'optométrie consistant à établir une liste précise de médicaments que les optométristes sont autorisés à prescrire, plutôt que des classes ou catégories de médicaments, ouvre un champ d'exercice jugé limitatif et rigide, qui réclamera des aménagements successifs pour toute innovation médicamenteuse.*

1 BRIEF DESCRIPTION OF THE HEALTH POLICY REFORM

Between 2007 and 2011, optometrists in Ontario have gone from having no prescriptive authority to having the authority to prescribe from a limited list of specific pharmacological agents. A number of legislative and regulatory actions enabled this change in practice. In 2007, *The Health Systems Improvement Act* amended *The Optometry Act, 1991* to include the authorized act of prescribing designated drugs. *The Regulated Health Professions Statute Law Amendment Act, 2009* expanded the authority of the College of Optometry of Ontario enabling the college to:

- regulate and govern the prescribing or using of drugs by members and ancillary matter including:
  - govern the purposes for which, or the circumstances under which, drugs may be used or prescribed;
  - set requirements respecting the prescribing or using of drugs; and
  - set prohibitions.

These legislative changes led to the final piece of legislation required for reform: *The Designated Drugs and Standards of Practice Regulation.* Passed in 2011, it gave optometrists, among others, the authority to prescribe and outlined the specific list of drugs permitted to be prescribed. All three pieces of legislation (the amendment to *The Optometry Act, 1991*, *The Regulated Health Professions Statute Law Amendment Act, 2009* and *The Designated Drugs and Standards of Practice Regulation*) were necessary components in the move towards optometry prescribing. All current optometry students in Ontario at the University of Waterloo School of Optometry and Vision Science receive the applicable training in pharmacology required to prescribe.

2 HISTORY AND CONTEXT

Optometrists are doctors of optometry who examine patients in order to diagnose, treat, manage and prevent diseases and disorders of the eye, vision system and its related structures (Doctors of Optometry Canada 2014). The number of optometrists in Ontario has been progressively rising, and influencing this is an aging population who have complex eye care needs. In fact, the four main causes of visual deficit and functional blindness are more prevalent with age (Kergoat *et al.* 2015). With these changing demographics, the burden on eye care providers will be increasing in the coming years. Interestingly, the number of ophthalmologists (medical doctors who specialize in the diagnosis and treatment of eye disorders medically or through surgery) has been declining quite rapidly due to the number of residency positions in ophthalmology being lower than the number of older ophthalmologists who are retiring (CIHI 2012; Jin and Trope 2011; Bellan and Buske 2007).

Access to care has been a longstanding issue for the population of Ontario, particularly in rural and remote communities. Recognizing this need, Ontario has introduced legislation to broaden the scopes of practice of nurse practitioners, pharmacists and optometrists with the goal of improving access to care for Canadians and to enable professionals to work at the full scope of their capabilities (HPRAC 2006).

Before the passage of Bill 171, *The Health System Improvements Act, 2007* and *The Designated Drugs and Standards of Practice, 2011* optometrists were required to refer patients who required medications to other health professionals, mainly ophthalmologists or family physicians. This requirement for referral delayed treatment and resulted in many patients using emergency departments and walk-in clinics (Walji, Beazely and Prokopich 2015). This comes at a considerably higher cost to the system. As primary care providers, the Ontario Association of Optometry (OAO) (2015) reports that optometrists are most often able to see patients on the same or next day.

The Regulated Health Professions Act, 1991 was implemented in 1994 to constitute an updated framework for the regulation of health professionals and to improve consumer choice and quality of care. Its features include detailed scopes of practice of health professionals that allow for overlap of some tasks (for example, nurse practitioners and physicians can perform some of the same acts). Another key feature is the introduction of the Health Professions Regulatory Advisory Council (HPRAC), an independent advisory body responsible for advising the Minister of Health and Long-Term Care on issues relating to the regulation of health professions (MOHLTC 2013). This Act was a key step in modernizing the regulation of health care professionals and enabling expanded scopes of practice. It is unlikely that an expanded scope of practice for Ontario optometrists would have occurred without *The Regulated Health Professions Act, 1991* and HPRAC. HPRAC recommended in the 2006 *New Directions* document that optometrists be permitted to prescribe a variety of drugs including topical anti-glaucoma drugs and re-affirmed its stance in the 2009 document *Critical Links: Transforming and Supporting Patient Care* (HPRAC 2009).

Optometrists in other jurisdictions paved the way for these policy changes in Ontario. By 1998, every state in the United States had regulation permitting the prescription of therapeutic pharmaceutical agents (TPAs). Between the years of 1997 and 2009, optometrists in all provinces in Canada, with the exception of Manitoba and Ontario, acquired prescribing rights. This is important because optometry graduates from an accredited school[1] are permitted to practice in any jurisdiction in North America. This means that prior to the reform in Ontario, graduates from the University of Waterloo School of Optometry and Vision Science in Ontario, could work in other jurisdictions and prescribe TPAs. Ontario was one of the last jurisdictions in North America to permit optometry prescribing due to a lack of support early on from the Province and from HPRAC. This issue will be further explored in Section 5.

[1] All optometry programs in the United States and Canada are accredited by the Accreditation Council on Optometric Education (ACOE)

3 GOALS OF THE REFORM

The stated purpose of the 2007 *Health Systems Improvement Act* which amended *The Optometry Act, 1991* was to "make the health care system more responsive to the needs of the public by strengthening and supporting health professionals and the various programs and services that make up our health care system" (MOHLTC 2012, 1).

For the optometry reform specifically, the goals were to increase access to care and decrease burden on medical and hospital resources while also allowing optometrists to practice to their full scope. Eye conditions that could have been treated by an optometrist sent 104,319 patients to the emergency department in Ontario in 2013/2014 (OAO 2015). Enhancing the scope of practice for optometrists was thought to ease the burden on family physicians and ophthalmologists and ultimately provide better access to care for patients. It was also expected to prevent patients from seeing two different health professionals for one issue.

4 FACTORS THAT INFLUENCED THE HOW AND WHY BEHIND THE REFORM

Policy process theories are helpful tools in understanding the factors contributing to why a policy change occurs or why it does not (Weible 2014). Kingdon's (2011) Multiple Streams Framework explains that policy change occurs when three independent streams: *problem*, *policy* and *politics* converge and a window of opportunity emerges. The *problems* in the case of optometry prescribing were a lack of access to high quality eye care, the duplication of appointments when patients are referred to other health professionals in order to obtain a prescription, and the underutilization of the skills of optometrists in this particular province (HPRAC 2006). The *politics* in this case include advocacy by the Ontario Association of Optometrists, an organization which undertakes government advocacy, membership education and public awareness initiatives on behalf of Ontario optometrists. The support of the Ontario College of Family Physicians demonstrated that other health professional groups were supportive of (or at the very least not opposed to) the reform (Walji, Beazely and Prokopich 2012). The alignment of the goals of the reform with the ministry objective of increasing access to care provided a favourable political environment. The *policy* stream consists of the various proposed policy solutions. Other policy options included not allowing optometrists to prescribe, granting optometrists the authority to prescribe from a full list of drugs the Ontario Association of Optometrists recommended, and restricting optometrists' authority to prescribe based on eye disease or disorder or on the delivery method of the drug (topical or oral). The policy that was successful in this case was the granting of prescribing rights for Ontario optometrists from a limited list of permitted drugs. The policy response included the passage of the following acts:

- 2007 Bill 171, *The Health Systems Improvement Act* amending *The Optometry Act,*

1991, Section 4 to include the authorized act of prescribing designated drugs;
- 2009 Bill 179, *The Regulated Health Professions Statute Law Amendment Act* (RHPA), Section 20; and
- 2011 Under the RHPA and *The Optometry Act, 1991*, *The Designated Drugs and Standards of Practice*.

The window of opportunity in this case was a combination of action in other Canadian jurisdictions leading to prescribing rights and a recommendation from HPRAC that Ontario optometrists should be able to prescribe. The recommendation from HPRAC provided evidence to support the proposal that a scope of practice change could address the *problems*, it gave momentum to the *politics* streams, and the existence of legislation in other jurisdictions gave precedence to the *policy* response.

5 HOW THE REFORM WAS ACHIEVED

The expansion of scopes of practice for optometrists had been on the agenda of the Ontario Ministry of Health and Long-Term Care for a number of years. The Minister of Health made the first request for information on optometry prescribing in 1994; this request was put on hold until the Minister requested again in 1998 that HPRAC research the issue. The resulting report, released in 2000, concluded that there was a lack of evidence to support expanding the authority of optometrists to prescribe TPAs (HPRAC 2006). In 2003, the OAO submitted a new request to allow the prescribing of TPAs by optometrists. Subsequently, stakeholders, including a wide range of health care providers and health care associations, met for one month with the OAO and the MOHLTC for consultations. The OAO released a report in 2003 detailing the outcomes of these consultations titled "Stakeholder consultations considering the OAO proposal to extend the scope of practice of optometry in Ontario" (HPRAC 2006). The report concluded that there was widespread support for optometry prescribing in Ontario. In 2005, the MOHLTC requested advice again from HPRAC on issues regarding prescription of TPAs (HPRAC 2005). In its revised report, HPRAC (2006) identified three options:

1. Do not grant optometrists the authority to prescribe TPAs (the status quo);
2. Grant optometrists the authority to prescribe the full list of TPAs identified in the OAO submission;
3. Restrict optometrists' authority to prescribe:
   (a) TPAs for certain eye diseases or disorders or
   (b) on the basis of delivery method (topical or oral).

In the 2006 report, *New Directions*, HPRAC recommended that optometrists be permitted to prescribe a limited number of TPAs. HPRAC based this decision on "an extensive review of the evidence, including the patient safety record in jurisdictions where the practice is allowed, the curricula of Canadian University programs in optometry, and the qualifications of graduates from those programs" (HPRAC 2006, 115). Following the recommendations

from HPRAC, in 2007, Bill 171, *The Health Systems Improvement Act* amended *The Optometry Act, 1991* allowing optometrists to prescribe the drugs listed in the regulations. In 2009, Bill 179, *The Regulated Health Professions Statue Law Amendment Act*, expanded upon Bill 171 and amended *The Optometry Act, 1991* to allow the College of Optometry of Ontario to expand regulations surrounding optometry prescribing with approval of the Lieutenant Governor in Council and the Minister of Health and Long-Term Care. While other regulated health professions, including nurse practitioners and pharmacists, experienced a change in scope of practice following this act, the move towards prescribing for optometrists in Ontario was largely an independently driven initiative spearheaded by the Ontario Association of Optometrists with support from the College of Optometrists of Ontario. The final piece of regulation that required amending was *The Designated Drugs and Standards of Practice*, passed on 6 April 2011. This regulation listed the individual drugs optometrists are authorized to prescribe. Stakeholders were critical of the long delays in getting legislation passed after HPRAC's recommendations. *The Regulated Health Professions Act, 1991* was meant to allow for quick responses to scope of practice matters for regulated health professions in Ontario, however in this case, legislation was met with significant delays (College of Optometrists of Ontario 2009).

6 EVALUATION

The outcome of the reform was a limited system of listing drugs optometrists are allowed to prescribe that includes specific anti-infective agents and anti-inflammatory agents. It was regarded as potentially problematic in the future to the many stakeholders involved as the practice of listing drugs is seen to be inflexible and a barrier to patients in being prescribed the most up-to-date drugs available (Walji, Beazely and Prokopich 2012). It will also require frequent regulatory changes as new drugs become available. In fact, the Ontario College of Optometry requested the addition of newer drugs in 2013, just two years later, through a proposal to the Ministry of Health and Long-Term Care (D. Wilkinson, personal communication, 26 January 2017). It was strongly recommended that classes or categories of drugs be permitted rather than a list of specific drugs. In British Columbia (BC), optometrists prescribe from a class of drugs, such as anaesthetics and topical NSAIDs (College of Optometrists of British Columbia 2012). This practice gives optometrists in BC the control and flexibility to prescribe appropriately for their patients.

7 STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

Table 1: SWOT Analysis

Strengths	Weaknesses
• Legislation in other jurisdictions used as examples to draw upon for Ontario case • Decreased burden on physicians for care within optometrists' competency • Increased access to services and reduced duplication of appointments for patients	• Regulations specify individual drugs as opposed to classes of drugs. Consequently, the list of drugs dates itself quickly.
Opportunities	**Threats**
• Possible cost savings with reduced visits to emergency rooms and walk-in clinics • Improved eye health in the population	• Potential for friction between ophthalmologists and optometrists due to overlapping scopes of practice • Inability to prescribe most up-to-date medications could lead to safety issues.

The amendments to the regulations governing the scope of practice of optometrists in Ontario to include prescribing privileges aligns the province's regulations with a number of other jurisdictions and it also enables the provision of safe and effective care for patients. However, regulating prescribing by list of drugs creates an inflexible system that will undoubtedly require time-consuming regulatory changes as newer drugs are developed.

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