

Accountability

Accessibility

Commitment



Challenges in Decision Making for Regulatory Boards

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College of
Opticians of
Ontario

Collaboration



MANAGING STAKEHOLDER RELATIONS

Presentation Overview



- **Opticianry – an Overview**
- **Legislative Framework**
- **Collaboration**
- **Defining the Stakeholders**
- **Challenges**
- **Opportunities**

Opticians



AN OVERVIEW

The Profession of Opticianry



- The practice of Opticianry is the provision, fitting and adjustment of subnormal vision devices, contact lenses, or eye glasses.
- Self regulated in Ontario since 1962 under the Board of Ophthalmic Dispensers (OD Act)
- Regulated in every Province across Canada and in many jurisdictions around the world
- Opticians interpret and evaluate prescriptions from medical doctors and optometrists.
- Opticians also educate and provide advice about vision, prevention and treatment options

College of Opticians of Ontario (COO)



- Board of Ophthalmic Dispensers created in 1962
- COO created in 1993 with the enactment of the RHPA

Mission

The College of Opticians of Ontario serves and protects the public interest through effective regulation of the practice of Opticianry

Vision

To be recognized and valued as a progressive, accessible organization that ensures the public's right to quality vision care while providing accountable leadership in the self regulation of Opticians

Members



- **Registered Opticians**
(currently 2319)
- **Registered Intern Opticians**
(currently 30)
- **Registered Student Opticians**
(currently 314)

Council of the College



The Council is comprised of:

- **8 Elected Optician Members**
- **7 Appointed Public Members**
- **8 non-voting appointed non-council committee members**

College Work



- **Optician issues**
- **Health issues**
- **Regulatory issues**

**Community, Provincial, National, North America,
International**

Legislation



FRAMEWORK

Legislation



- **Regulated Health Professions Act (RHPA)**
- **Opticianry Act**
- **Regulations**
- **By-Laws**
- **Standards of Practice**
- **Code of Ethics**
- **Policies**

New Legislative Requirements



- Health Systems Improvement Act (HSIA)
- Labour Mobility draft legislation Bill 179
- Ontario/Quebec agreement
- Inspection legislation Bill 141
- Omnibus amendments to the RHPA Bill 179
- Apology Act Bill 108
- Transparency in Public Matters Act Bill 159

Current Objects of the College under the RHPA



- To regulate the practice of the profession and to govern the members in accordance with the health professions act, regulations and bylaws
- To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession
- To develop, establish and maintain standards of knowledge and skill and programs to promote continuing competence among the members
- To develop, establish and maintain standards of professional ethics for the members
- To develop, establish and maintain programs to assist individuals to exercise their rights under the RHPA
- To administer the health professions Act, this Code and the RHPA as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College
- Any other objects relating to human health care that the Council considers desirable

New College Objects



- To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
- To promote inter-professional collaboration with other health profession colleges.
- To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.

First Ever College 'Duty'



Schedule 2 to the Regulated Health Professions Act, 1991 is amended by adding the following section:

Duty of College

2.1 It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals

Accessibility for Ontarian's with Disabilities Act



- Became law in 2005
- Pending deadlines and obligations regulators need to be aware of – should be considered as part of long-term planning
- One of the most far reaching provincial statutes – applies to ‘every person or organization in the public and private sectors of the province of Ontario including the Legislative Assembly of Ontario’
- The purpose of AODA is to develop, implement and enforce standards for accessibility related to goods, services, facilities, employment, accommodation and buildings.
- Most regulatory bodies will have until January 2012 to comply

Fairness Commissioner



- The Office of the Fairness Commissioner makes sure that regulated professions in Ontario have registration practices that are transparent, objective, impartial and fair.
- Each Regulatory College must undergo a compliance audit of its registration practices (COO's first audit – October 2009)

Ontario Privacy Commissioner



- The role of the Information and Privacy Commissioner is set out in three statutes: the Freedom of Information and Protection of Privacy Act, the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. The IPC acts independently of government to uphold and promote open government and the protection of personal privacy.
- Under the three Acts, the Information and Privacy Commissioner:
 - Resolves access to information appeals and complaints when government or health care practitioners and organizations refuse to grant requests for access or correction;
 - Investigates complaints with respect to personal information held by government or health care practitioners and organizations;
 - Conducts research into access and privacy issues;
 - Comments on proposed government legislation and programs; and
 - Educates the public about Ontario's access and privacy laws.

Stakeholders



DIFFERENT PERSPECTIVES

The Public



Generally not interested, focus on improved care

- Trust the health care professional they are seeing
- Timely care
- Information
- Options
- Compassion
- System works seamlessly

Government



- **Economy**
- **Public opinion**
- **Workforce Planning:**
 - ✦ Skills /education/training
 - ✦ Retention
 - ✦ Internationally educated
 - ✦ Aging population
 - ✦ Mobility
 - ✦ Different needs in different sectors
 - Automotive
 - Health Care

The Regulatory Body



- **Public safety**
- **Consumer protection**
- **Access**
- **Scope of Practice**
- **Competence**
- **Knowledge skill and judgment**
- **Public awareness**
- **Interprofessional care**

Membership



- **Apathetic**
- **Find regulations to be onerous and difficult to understand**
- **Confuse role of the association and the college**
- **What's in it for me? I pay you money and what do I get in return?**

The Association



- **Provincial**

- Concerned about a more competitive market
- Concerned with lowering standards
- OMA – Mission represent and serve Ontario physicians, provide leadership for an accessible quality health-care system, advocate for the health of Ontarian's.

- **National**

- In favor of mobility
- In favor of consistent standards
- CMA – Mission to serve and unite the physicians of Canada and be the national advocate, in partnership with the people of Canada for the highest standards of health and health care

The Educators



- High applications to programs
- High pass rates from program
- High Registration Examination pass rates
- High placement/employment rates
- Reasonable competencies to direct curriculum
- Industry support for students

Other Regulated Health Professions



1. Audiology & Speech-Language Pathology
2. Chiropody
3. Chiropractic
4. Dental Hygiene
5. Dental Technology
6. Dentistry
7. Denturism
8. Dietetics
9. Massage Therapy
10. Medical Laboratory Technology
11. Medical Radiation Technology
12. Physicians & Surgeons
13. Midwifery
14. Nursing
15. Occupational Therapy
16. **Opticianry**
17. Optometry
18. Pharmacy
19. Physiotherapy
20. Psychology
21. Respiratory Therapy

Other Stakeholders



- **Industry**
- **Other provinces (associations, regulatory bodies, educators)**
- **Other jurisdictions - US, UK, Australia, New Zealand**
- **Other professions with similar issue**
- **Continuing Education providers**

Stakeholder Consultation Process

- Council approved process
- Included in all stakeholder consultation packages
- Defined list of stakeholders *depending on the issue, College may consult any or all

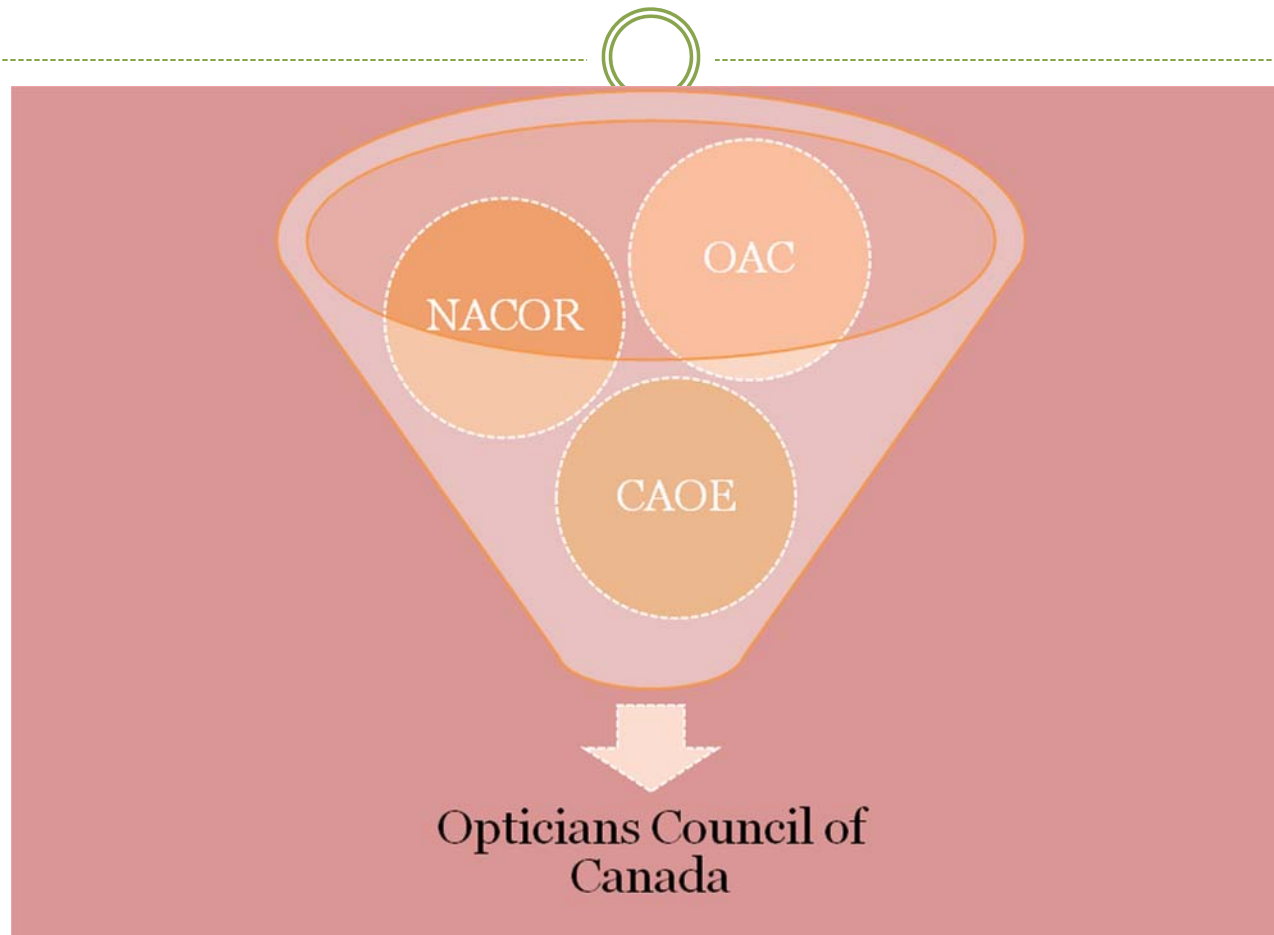
- Issue Identification
- Policy development
- Council approval in Principle
- Formal consultation
- Consideration of feedback
- Thematic report
- Final approval
- Information out to Stakeholders on decision

Collaboration

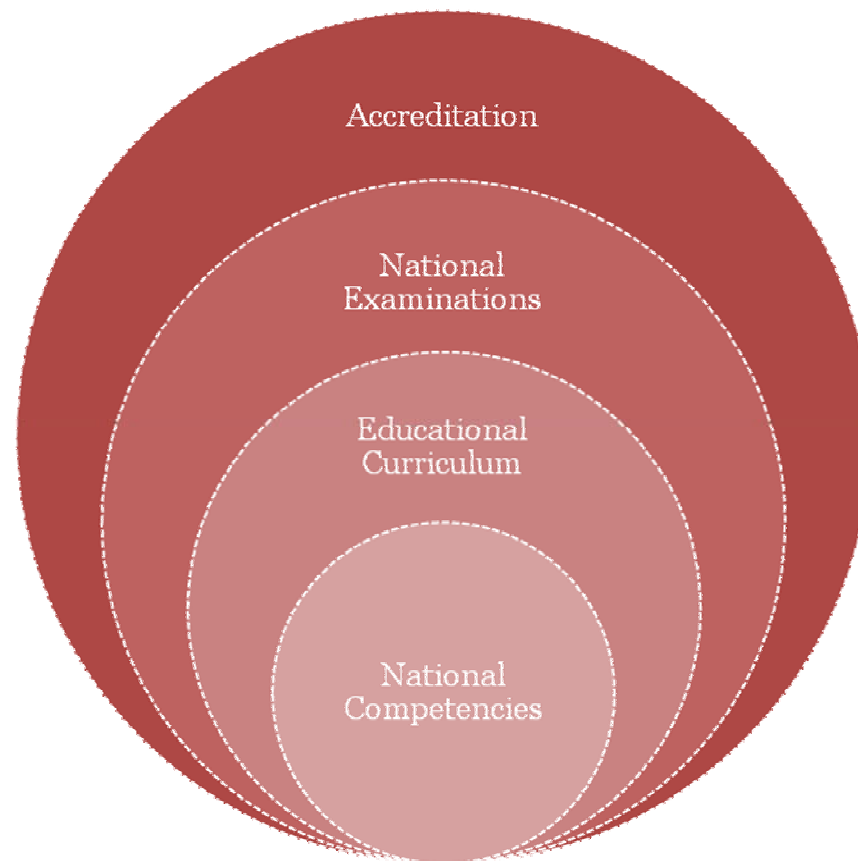


A MODEL THAT WORKS

Working Together



Setting and Maintaining Competence



Challenges



- **Resources – human and financial**
- **Role clarity – Regulatory College / Association**
- **Co-ordination of legislation**
 - ✦ AIT
 - ✦ MRA
 - ✦ Provincial mobility legislation
 - ✦ Provincial regulations

The Challenges



- Different Quality Assurance Requirements
- Definition of ‘good standing’
- Acceptance of internationally educated
- Quebec
 - Do not use national competencies
 - Do not use national examinations
 - Do not have mandatory QA

Opportunities



- **Collaboration**
- **Development of Best Practices**
- **Better understanding of each groups mandate**
- **Strength in Numbers**
- **Sharing Resources**
- **Common Messaging**
- **Common projects: PLAR, Database, National Public Awareness campaign**

Thank you



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