



COLLEGE *of* OPTICIANS  
OF BRITISH COLUMBIA

a B.C. Health Regulator

## OPTICIANS FORUM REPORT

# THE AGING DEMOGRAPHIC

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College of Opticians of BC  
December 13, 2013

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## Executive Summary

The College of Opticians of BC (College) established the “Opticians Forum” to gather first-hand information about public safety issues facing opticians through an interactive dialogue with registrants. The aging demographic is an important public safety issue requiring the College to develop long-term strategies to deal with healthcare practitioner shortages, and to continue ensuring that opticians meet the registration requirements and standards to practice safely.

The objectives of the Forum on the aging demographic were three-fold:

- Dialogue between the College Board and registrants on various issues relating to the aging demographic;
- Do an environmental scan of how opticians apply standard of care to their elderly patients and identify any gap(s) in knowledge;
- Document good practices that adhere or exceed the College’s standard of care requirements.

In March 2013, the College held Opticians Forum events in Victoria, the Lower Mainland, Prince George, and Kelowna. The following factors relating to the aging demographic were discussed:

- Quality of Care
- Communication
- Collaboration
- Practice Models
- Unregulated Providers
- Succession
- Support from the College

This report chronicles the collective feedback from opticians who participated in these events. Opticians shared good practices, identified challenges in their practice, and suggested ways in how stakeholders (including the College) can assist them to continue providing competent and safe care for their senior or elderly patients (**those who are 65 years and older**). For example, opticians suggested additional continuing competency courses that are tailored for the aging demographic. Opticians also identified challenges in terms of interprofessional collaboration, which must be addressed along with other eye care professionals. Opticians cited that succession planning is not a priority for some employers: some had little or non-existent mentorship programs. Lack of succession planning in the workplace suggests that competencies of experienced opticians are not passed on to new opticians, which will negatively impact patients as they will not receive the “best” care available. In this context, succession planning becomes not just a responsibility of companies, but also that of the College.



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## A Forum for Opticians

In 2012, the Board of Directors of the College of Opticians of BC (Board) approved the creation of Opticians Forums. The Board functions as the policy-making body and sets the strategic direction for the College. It envisions that the Opticians Forum will be an avenue for opticians to discuss public safety issues and have these issues reported back to the Board for discussion.

A participatory approach is the underlying principle of the Opticians Forum. The College understands the importance of gathering information from “health professionals on the ground” – the opticians themselves, and providing the same feedback to the Board. This feedback will be reviewed and considered when developing policies and programs.

## Issue - The Aging Demographic

The Board decided to discuss the aging demographic as the inaugural topic for the Opticians Forum. The aging demographic is one of those ubiquitous issues - everybody knows what it is; we often talk about it; but currently the healthcare system is not adequately prepared for the changes the aging demographic is going to cause. In the field of opticianry, the aging demographic presents a two-pronged public safety challenge: supply and demand.

*Supply Side: Do we have enough opticians who are adequately trained to serve the aging demographic?*

*Demand Side: How does the aging demographic impact the vision care requirements of patients?*

British Columbians are aging. According to the forecast of B.C. statistics, 25 percent of the population will be over 65 years old by 2036,<sup>1</sup> which translates to over 1.3 million British Columbians. Adults who are 40 years old and older have a higher risk for eye diseases. Age-related macular degeneration, cataract, diabetic retinopathy, and glaucoma are just some of eye conditions that an aging demographic will have. As the B.C. population ages, ethnic diversity will become more of a factor in patients' vision care needs, as some ethnicities are more prone to certain eye diseases than others. Combine this with lifestyle changes – the majority of seniors are leading active lives and working longer – and opticians have a lot to consider when dealing with senior patients.

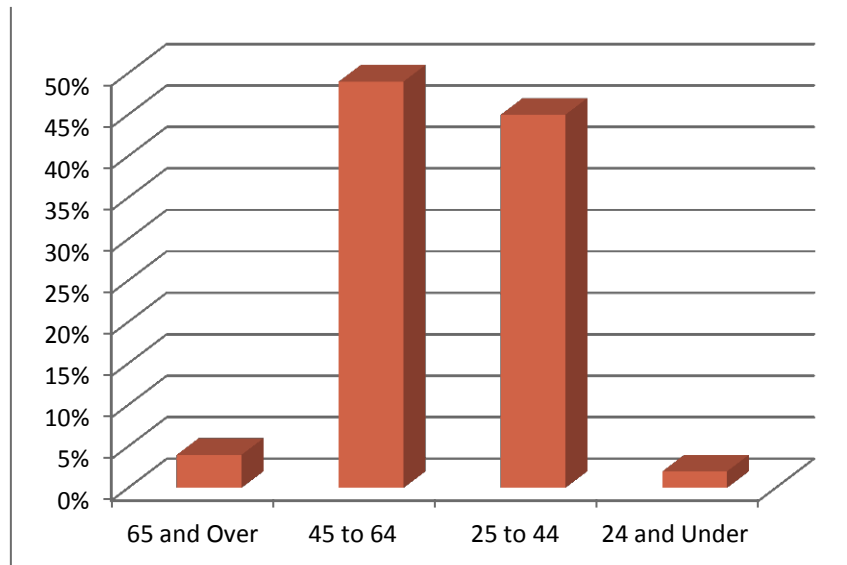
There is already an increasing need for vision screening, low vision rehabilitation, and enhanced collaboration among health care professionals as seniors have other health care issues that might impact their vision care. As front-line eye care professionals, opticians must be adequately trained to

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<sup>1</sup> “Table 9, British Columbia Distribution by Age Group, Estimated (1971-2012) and Projected (2013-2036) Age Group (%),” *BC Stats*, accessed September 2, 2013, <http://www.bcstats.gov.bc.ca/StatisticsBySubject/Demography/PopulationProjections.aspx>.

provide safe, efficient, and effective care for senior patients. Opticians' education, training and standards of practice must reflect the changing demographic needs of the B.C. population. The current standards of practice need to be updated to include specialized guidelines for providing safe vision care to the aging demographic. Continuing competency program must address the current and anticipated demand for opticians with specialized low vision training and other common eye diseases that largely impact seniors.

The College Board recognizes the importance of succession planning for the profession as B.C. opticians are also aging. Of the approximately 1,200 registrants, the majority are within the 45-64 age group (49 percent).



**Figure 1- COBC Registrants by Age**

In 10 to 15 years, opticians in the 45-64 age group range may choose to retire. The younger generation of opticians, those who are 24 and under, represent only two percent of the total population of B.C. opticians. A long-term succession planning program needs to be developed to ensure the knowledge and skills of experienced opticians will be taught through workplace mentorship to younger opticians.

### The Process

After approving the development of the Opticians Forum, the College Board created a working group dedicated to developing the format and program content. The working group was composed of Board members, a volunteer, and College staff. In developing the format, the working group's primary goal was to engage opticians and generate substantive feedback on the aging demographic issue.

The College held the four Opticians Forums in conjunction with the Opticians Association of Canada - BC Chapter Education Day events in British Columbia. The events were held in Victoria (March 3, 2013); New Westminster in the Lower Mainland (March 10, 2013); Prince George (March 17, 2013); and Kelowna (March 24, 2013).

A roundtable format was used for all the Opticians Forum events except in New Westminster, where a panel discussion with an open session format was adopted. The College's Board members facilitated the discussions. They discussed the objectives of the Opticians Forums; reviewed questions that opticians must answer; and led the reporting-back session.

Groups of 6-8 participants discussed the questions assigned to their groups. Each group identified recorders to document their responses. Representatives from each group shared their responses during the report-back session. Participant notes were collected, transcribed, and reported to the Board.

In New Westminster, the Opticians Forum followed a panel discussion format due to a high number of participants. More than 140 opticians registered for the event and having break-out group sessions would have not have been effective. A group of optician panellists shared their insights about vision care for the aging demographic. After the panellists discussed their experience in dealing with their elderly patients, other Forum participants joined in the conversation.

Participants at the four Opticians Forums were asked to respond to the following questions:

1. How do you ensure that you are providing quality care for elderly patients?
2. What communication style have you found effective in dealing with elderly patients?
3. Identify other health care professionals that you collaborate with in dealing with elderly patients.<sup>2</sup>
4. What challenges have you encountered in terms of interprofessional collaboration?
5. What success stories can you share in terms of interprofessional collaboration?
6. Practice Model - What successful strategies have you tried in attracting senior patients to your practice?
7. How do you deal with elderly patients who purchased eyewear from an unregulated provider?
  - Do you turn them away?
  - Do you provide service for a fee?
  - Do you educate them about the benefits of going to a Licensed Optician?
  - Do you accept them as your patients?
  - Other actions?
8. Succession – What programs do you or your organization have in these areas?
  - Recruitment of new opticians to replace retirees
  - Continuous training of new opticians so they are adequately trained

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<sup>2</sup> In the Lower Mainland, this question was incorporated into the subsequent questions which dealt with the challenges and successes of collaboration.

## 9. What can the College do to prepare you to better serve the aging demographic?

- Continuing education\*
- Standards of Practice
- Accountability and compliance with legislation, regulation, standards

Note: \*Continuing education is a component of the College's continuing competency program.

## The Results

The results are the collective feedback gathered from opticians who attended the four Opticians Forum events. Although the Lower Mainland participants had less opportunity to brainstorm as a group, the responses during the open forum were in no way less insightful.

More than 140 opticians participated in the Opticians Forum event in New Westminster; about 60 respectively in Victoria and Kelowna; and 16 participants in Prince George. These opticians represented different age groups; diverse practice models (independent, corporations, collaborative); and both urban and rural communities.

Group responses are attributed to participants from the respective Opticians Forum venue. While there are differences in feedback from participants in the four Opticians Forums, they widely agreed on several issues.

### Quality of Care

Opticians defined quality care for seniors as going "above and beyond" or providing the "highest possible care". Quality care involved assessing patient needs including a complete health history, including injuries that might affect decisions on which eyewear to dispense; accessibility of optician services like adjusting frames in a car while the patient waits; and a referral network with other health care professionals. In addition, opticians agree that their services and products should be accessible to their patients in terms of affordability and variety.

Managing expectations was mentioned by participants in the Lower Mainland, Prince George, and Kelowna as part of quality care. Participants from Victoria cited treating patients as if they were family members. Prince George opticians emphasized family or caregiver input as part of providing quality care to senior patients.

In the Lower Mainland, opticians cited maintaining referral networks as some of the services and products needed by senior patients are not available in their respective practices. For example, opticians should know where patients can get magnifiers and multifocals if they are not available at their practice. Participants in Kelowna noted the importance of accessibility and convenience. Ideally, this would mean having a collaborative practice among the three Os – ophthalmologists, optometrists, and opticians in one practice with an on-site lab.

*In the Lower Mainland, opticians shared that one of the components of **quality of care** is awareness of patient's needs. For example, opticians should consider the patient's aging skin and how this would affect temple measurement. Opticians should be conscious not to create pressure points. If patient is wearing hearing aids then the main discomfort will be misalignment of glasses.*

The importance of after-care was emphasized by opticians in the Lower Mainland and Kelowna. Specifically, Lower Mainland-based opticians suggested following up in three months after the patient's initial visit while opticians from Kelowna advised a follow-up phone call for patients who purchased post-cataract eyeglasses.

### Communication

According to opticians, communicating with senior patients requires respect, time, and a delicate balance between speaking slowly, and not speaking "too" slowly to make patients feel disrespected. A comment from the Lower Mainland forum offered this advice: (in communicating with senior patients) use "slow pace but not too slow because they do not want to be treated like three-year olds."

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*Opticians in Victoria advised that part of communicating with senior patients is reaffirming they understand and know the product that they are getting. They also recommended to not assume that senior patients want "old" lady glasses.*

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Opticians agreed that patience and time in listening and explaining to patients are important, as well as communicating with family members or companions of patients. The use of simple words and clear explanation rounded out the suggestions from participants.

In the Lower Mainland, opticians customize the services and products provided to patients based on the patients' needs and wants. Opticians commented that patients are given control by explaining and providing them choices. The idea of giving choices was reiterated in Kelowna, where opticians mentioned that they do not pressure-sell to senior patients. They also mentioned asking specific questions to determine the vision needs of their patients.

In Victoria, opticians use visual aids and ask open-ended questions to assist in the communication process. Opticians also encourage patients to have trusted companions when they come to their practice. Prince George-based opticians suggested using large fonts for their printed materials. And like other opticians, they suggested taking the time to resolve patient issues.

### Collaboration with other Health Professionals

Opticians collaborate with a number of health professionals. Opticians from Victoria and Kelowna identified the highest number of collaborators, including: optometrists, ophthalmologists, nurses, care aids, pharmacists, audiologists, and social workers.

Participants in the Lower Mainland were not asked this specific question and therefore optometrists and ophthalmologists are the only collaborators identified during discussion at the open forum.

### Collaboration Challenges

Participants agreed that most of the interprofessional challenges involve prescriptions. First, unclear prescriptions are not resolved in a timely manner; handwriting on the prescription is not legible; visual acuity is not included; prescriptions and other patient information are not released by the prescriber. Opticians at all the events suggested including the best visual acuity (BVA) on prescriptions.





In Prince George, opticians observed that they are not recognized as health professionals by other eye care professionals. There is also resistance coming from some of their colleagues to the idea of opticians working together. Participants in Victoria identified professionalism from within the eye care profession, or the lack of it, as a barrier. They shared that there is very little communication among the opticians, optometrists, and ophthalmologists – an environment not conducive for collaboration. In Kelowna, opticians pointed out that there are very few networking opportunities with other eye care professionals.

### Collaboration Successes

Successful collaboration is based on a referral network where recommendations or referrals to other eye care professionals would result in a referral back to opticians. This was the consensus of opticians in Victoria, the Lower Mainland, and Kelowna. There was no specific collaboration success story from Prince George; however, opticians commented that successful collaboration is based on listening, assessing, and resolving situations.

Lower Mainland participants cited that opportunities for collaboration are higher when you already work within a collaborative practice involving other eye care professionals. A participant suggested that doing your best as an optician is a good way of generating referrals. In Kelowna, a concrete collaboration success story was cited wherein the optician recognized eye health issues and referred the patient to an optometrist. This resulted in retinal issues being diagnosed by the optometrist.

In Victoria, participants shared successful collaboration stories outside of the 3Os - opticians, ophthalmologists, and optometrists, including with physiotherapists to determine issues that might affect the vision care provided to the patient. They noted collaboration with pharmacists to understand the effects of medicine taken by patients on their eye health. They also collaborate with non-profit organizations dealing with senior issues like access to health care.

### Practice Models

Participants consistently mentioned accessibility, mobility, and exposure. Opticians visit senior facilities to provide their services on site. A longer time dedicated to senior patients is also integrated into opticians' practice models. Consistent with going "above and beyond", Lower Mainland participants mentioned listening not only to eye care needs of their senior patients, but also to their life stories. Opticians talked about empathy with patients which could result in longer patient visit.

Opticians from Victoria highlighted the importance of personalized service, accessibility, and visibility within the senior community. They discussed about setting reasonable expectations with patients and having to manage needs and wants.

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*Strategies in attracting senior patients to their practice...*

*Take time to listen to senior patients (Opticians Forum participants, Prince George)*

*Volunteer at senior facilities (Opticians Forum participants, Kelowna)*

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Similar initiatives were identified by participants in Kelowna who mentioned providing seminars and volunteering at senior homes. They also cited that having other eye care professionals, like an optometrist, within a collaborative practice would cover all the patient demographic resulting in an effective practice model. Participants from Prince George highlighted that respect for patients, senior discounts, and accessibility as strategies for attracting elderly patients into their practice.

### **Unregulated Providers**

When asked how they deal with elderly customers who have purchased from an unregulated provider, participants provided a range of responses. They included providing service for free, refusal of service, and educating customers of the services, and products of a Licensed Optician. Most opticians said they educate consumers about their services and some may provide services for free in the hope of eventually having them as patients.

Participants from Victoria observed that senior patients prefer the in-person service provided by opticians; therefore eye wear purchases from unregulated providers are not a concern. They also mentioned that senior patients are loyal customers who keep coming back to their practice once a good professional relationship has been established.

In Prince George, participants suggested turning the “negative into positive” by examining the eye wear and explaining any problem that they find to customers. They said that they would adjust frames for free.

Lower Mainland participants provided diverse responses. Some charged a fee for their service, while others provided it for free. However, all participants agreed in educating customers about Licensed Opticians believing that, “they might walk away today, but may come back.” During the open forum, a participant shared an anecdote about a customer who bought what he termed as “airline glasses” or glasses bought overseas. The optician provided service to the consumer and explained why the product was not working for them. The consumer was grateful and satisfied with the optician’s service. This customer experience demonstrated the value of seeing an optician.

Participants from Kelowna had similar diverse responses including educating consumers about eye care professionals and explaining why a fee will be charged for a complete analysis of the problem eye wear. Participants also suggested having an open and non-judgmental conversation with customers and providing them the same quality services they would provide their patients.

### **Succession**

Some participants in Victoria noted that there were no plans in place for recruitment due to concerns about the future of the opticianry as a profession. For those who have programs, they offer tuition loan incentives and in terms of succession, provide training to staff about the profession.

Kelowna-based participants had mixed responses on this issue - with some participants citing that their respective companies have no significant programs in place to recruit new opticians, while others noted various recruitment and succession planning practices. These practices include company promotions – availability of scholarships to study opticianry; booths at job or health fairs; hiring untrained people with the hope that they will become Licensed Opticians in the future; and company - initiated training for staff.

Mixed responses were also shared by Prince George participants ranging from those who do not have recruitment or succession programs to those who actively recruit through career fairs and those who provide signing bonuses as incentives. Some had corporate mentorships and job shadow programs. Similar programs are in place in the Lower Mainland where recruitment strategies include participation at job fairs and company-sponsored scholarships.

### **Support from the College**

Participants identified areas that would benefit from the College's support.

#### *Quality Assurance*

- Increase continuing competency courses on senior-related topics such as low vision or age-related macular degeneration.
- Update standards related to the aging demographic; inform opticians about such changes; and monitor compliance of registrants.
- Enhance support for practice advice, mentorship, and supply sourcing for issues relating to the aging demographic.

#### *Public Awareness*

- Provide collateral material with information on vision care including the frequency of routine eye examinations with optometrists and information that routine eye exams for minors are covered by the Medical Services Plan.
- Educate the public and other eye care professionals of the role and services of opticians within the health care community.
- Increase the number of vision screening events. The College can organize these vision screening events and call for opticians to volunteer or can support opticians wishing to organize vision screening events within their communities.
- Continue support for the Licensed Optician campaign.

#### *Stakeholder Relations*

- Create and support activities promoting interprofessional collaboration with other eye care professionals.
- Assist in informing other health care professionals about the role of opticians within the health care community.

#### *Registration – Succession Planning*

- Educate registrants about the importance of succession planning
- Develop or support programs that encourage succession planning

## **Analysis**

The insightful responses from the Opticians Forum events reflect the importance of engaging opticians in a conversation about a public safety topic that impacts their practice. Adopting a grassroots approach to generate feedback is crucial to developing public safety programs.

Feedback from opticians revealed good practices that support the College's mandate of protecting the public. These good practices have not been documented elsewhere and therefore not disseminated.

Opticians also suggested incorporating them in the Standards of Practice to ensure the same good practices are adhered to every time.

### Quality Assurance

#### Gaps and Possible Actions

- Lack of continuing competency (education) courses on the aging demographic

##### Possible action(s)

- College to implement the new continuing competency program. The College is on track to implementing the new program starting in 2014, which includes advanced competencies in areas like low vision. It also provides a framework to recognize opticians who have acquired advanced competencies.
- Collaborate with educational institutions that offer accredited opticianry programs to include curriculum on the aging demographic.
- Collaborate with educational providers to offer seminars on the aging demographic.

- Standards of Practice does not list guidelines specific to a standard of care for seniors

##### Possible action(s)

- Update and include specific guidelines dealing with senior patients.
- Inform and discuss with opticians the specific guidelines.
- Monitor compliance with updated standards.

- Lack of support for practice advice, mentorship, and supply sourcing for issues relating to the aging demographic

##### Possible action(s)

- Develop a network of practice advisors that have advanced knowledge and experience with senior patients. The same advisors can be tapped to mentor students or new opticians.
- Discuss the need for supply sourcing with the Opticians Association of Canada.

Responses revealed the need for continuing competency courses that are tailored to the aging demographic. Some opticians appeared to have the competencies and the referral network to serve senior patients. However, opticians want to build on their knowledge base with continuing competency courses in areas that deal with eye health issues prevalent within the aging demographic and its effects on the quality of care opticians provide. Opticians articulated the need to have courses that are accessible in terms of delivery method (online) and costs.

The College has set the framework for revamping its continuing competency program transitioning from credits-based system to competency-based. This new program emphasizes the competency developed rather than the number of hours or credits collected by opticians. The Quality Assurance Committee, as directed by the College Board, has identified advanced areas of practice for continuing competency, including low vision. This aims to address the competency gap in dealing with an aging demographic.

Opticians also cited that updates to the Standards of Practice (SOP) should include specific guidelines for seniors. The SOP sets out the expected standards of competence, professional conduct, and clinical requirements. All of these standards are applicable to senior patients, but lack specific guidelines and scenarios for senior patients. For example, section 8.2 of the standards, states that *“Information and data required for assessment, dispensing and management shall only be elicited from the health care consumer, legal guardian and/or other professionals with the healthcare consumer’s or legal guardian’s written or otherwise implicit permission.”* Some participants emphasized the need to include family members or caregivers in eliciting patient information. They could be included in the standards as additional sources of information for senior patients.

In the area of communication, guidelines could be added to accommodate the need of senior patients for longer consultation and effective communication strategies. Opticians emphasized the issue of accessibility of their services to senior patients, ranging from having physically accessible practices to servicing immobile patients in their homes. The accessibility issue could be made more explicit in the standards. Feedback of opticians on quality of care can be further fleshed out and integrated into the standards.

Opticians were asked to explain quality of care when dealing with senior patients. Their responses, pieced together, provide a powerful image of the required competencies, ethics, and initiatives from opticians. These attributes identified by Forum participants clearly demonstrate that they apply a patient-centred approach in their practice.



Opticians widely agreed that providing quality of care to senior patients is like providing care to your family members, which follows a patient-centred approach. Opticians discussed devoting more time to listen to what senior patients need and want and working within this framework to provide the best possible care. Communication has taken a more comprehensive meaning - communicating clearly and



listening actively while taking cues about the patient's needs and wants; and managing patient expectations through respectful communication.

Some opticians have become active collaborators with other health care professionals to ensure that they get the complete health picture of their senior patients. Opticians also collaborate with family members or confidantes of senior patients who might assist in choosing eye care products and services. The issue of accessibility was widely discussed. Opticians defined it in multiple terms - physically accessible practice, various price points, availability of products, and a collaborative practice with other eye care professionals within one location.

## Public Awareness

### Gaps and Possible Actions

- Lack of public awareness about Licensed Opticians

#### Possible action(s)

##### College

- Continue support for the Licensed Opticians (LO) Campaign.
- Continue support for the provincial communications plan involving other health regulators.
- Further develop and implement the Patient Relations plan.

##### Opticians

- Continue support for public awareness campaigns about opticians such as the LO campaign. Opticians can demonstrate support by using communication tools developed out of the LO campaign; volunteering at various community events; or sponsoring certain events.
- Participate in community outreach events, such as vision screening activities, to highlight role as eye care professionals. Opticians can either volunteer at these events or can organize their vision screening events within their own communities.

- Lack of awareness about Licensed Opticians within the health care community, including eye care professionals

#### Possible action(s)

##### College

- Identify, support, and create opportunities that will increase understanding of the role of opticians within the health care community. For example, continue involvement with the Health Profession Regulators of BC to collaborate on projects that will increase public awareness of health professions. Another example is to collaborate with other health professions on community events. This will be helpful in highlighting the role of opticians within the community.

### Opticians

- Use every opportunity to educate other health care practitioners of the role of Licensed Opticians. This can be done within a collaborative practice, an outreach event, or proactively reaching out to other health care professionals.

Opticians articulated support for continuing the Licensed Optician (LO) campaign, which comprised of an internal and external campaign. The internal campaign was geared to educate and engage opticians across Canada and provide them with the tools to communicate the benefits of going to a Licensed Optician. The external campaign component targets the public to communicate a similar message about the benefits of seeing a Licensed Optician. Participants suggested more opportunities to engage with the public like vision screening events.

Opticians identified the need to address misperceptions within the health care community about the role of opticians. Oftentimes, opticians are perceived more as entrepreneurs rather than as eye care professionals. This awareness must include consistent messaging about the important role opticians perform in promoting vision care and how they complement the services provided by optometrists and ophthalmologists.

### Stakeholder Relations - Interprofessional Collaboration

#### Gaps and Possible Actions

- Limited opportunities for opticians to collaborate with other eye care professionals in particular, and with other health care practitioners in general, especially for those with independent practices and/or those working in small communities

#### Possible action(s)

##### College

- Identify, support, and create opportunities to increase understanding of the role of opticians within the health care community. This can create an environment that will encourage interprofessional collaboration.
- Actively support a patient-centred approach to eye care. A patient-centred approach ensures that the health and safety of elderly patients is given priority in the vision care provided by opticians. Forum participants identified certain attributes of a patient-centred approach including: taking the initiative to obtain accurate medical information by coordinating with other health care providers; and collaborating with other health care professionals to provide the best vision care.
- Identify common issues and approach interested organizations to facilitate collaboration among eye care professionals and other health professionals.

##### Opticians

- Continue sharing interprofessional collaboration challenges and success stories to the College so we can disseminate these stories to a wider audience.
- Seek out opportunities for collaboration even starting online if in-person collaboration is not feasible.

Interprofessional collaboration remains a challenge for most opticians and this is most apparent in small communities like Prince George with limited collaboration opportunities. Some opticians established successful collaborative relationships with other eye care professionals. One concrete example, shared by an optician in Kelowna, was about recognizing eye health issues in a patient and referring the patient to an optometrist leading to the diagnosis of retinal problems. If the same patient went to an unregulated provider, instead of an optician - the eye health issue might not have been recognized and the patient's eye health would have been compromised. This demonstrates that a patient-centred approach and interprofessional collaboration are not mutually exclusive.

What are the roadblocks to collaboration? It can be gleaned from the responses that part of it can be traced back to the lack of awareness about the role of opticians within the health care community, specifically, within eye care professionals. Another challenge is professional competition, which is most often at the peril of patients. We have seen from the responses that collaboration results in increased benefits to patients whether this is realized within a collaborative practice model where eye care professionals work within the same practice, or through opticians collaborating with other eye care professionals using referral networks. Further, another roadblock is the lack of opportunities for opticians to communicate and network with other eye care providers.

There are specific collaboration issues that can be addressed immediately, such as, prescriptions. The challenges surrounding prescriptions may be addressed by increasing the knowledge of opticians (and other eye care professionals) about the rules regarding release of prescriptions and patient information, aligning company policies with these rules, and increasing awareness about the role of opticians within the health care community.

What are the attributes of a successful collaboration? Based on feedback, the following should be present: a patient-centred approach; open communications between health professionals; a mutually beneficial arrangement (referral loop model); and respect and recognition of professional scope and advanced areas of practice. Senior patients will immensely benefit from successful collaborations among health professionals since the care that they receive is not isolated to just the optician or just the optometrist.

## Registration - Succession Planning

### Gaps and Possible Actions

- Succession planning within organizations varies from well-established in large companies to non-existent in smaller organizations

#### Possible action(s)

##### College

- Support and encourage opportunities for mentorship networks.
- Share best practices in succession planning to companies.
- Identify and partner with organizational stakeholders (e.g. Opticians Association of Canada) that could create and develop a mentorship network outside of the companies.
- Expand preceptor community for student opticians.



- Include supervision/teaching advanced area of practice in new continuing competency program.
- Increase number of new registrants through inter-jurisdictional labour mobility and international applicants.
- Improve labour mobility both nationally and internationally by identifying and addressing barriers to labour mobility, e.g. improving access to registration information, addressing inter-jurisdictional administrative barriers (if any).

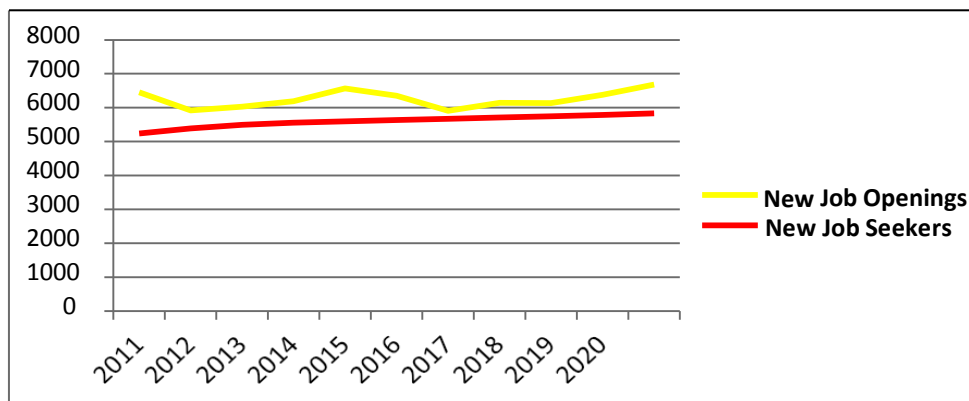
The current supply of new opticians going into the profession is not adequate to replenish those who may retire in the next 10-15 years. The demand for opticians in general, let alone those who serve the aging demographic, will continue to increase creating a shortage of competent opticians who can provide the best possible care for senior patients. Succession planning is not a priority for most companies. This is understandable since succession planning is a long-term strategy and some companies are pre-occupied with short and medium-term goals. However, succession planning must be built into the culture and policy of every organization. The College, too, has a role in ensuring that there is an adequate supply of registrants that can meet the evolving vision care needs of an ever-increasing number of senior patients.

### Implications for other jurisdictions

The impact of the aging demographic is not unique to British Columbia. The pressure to ensure that there is adequate supply of competent opticians who can address the vision needs of the aging demographic is shared by other Canadian optician regulators.

A 10-year national outlook for labour demand and labour supply projections from 2011 to 2020 demonstrates that there will be a shortage of workers to meet the projected **new** job openings under the occupational group called “Other Technical Occupations in Health Care (Except Dental) (NOC 323)”. Occupations that fall under this category are:

- **Opticians (3231)**
- Midwives and Practitioners of Natural Healing (3232)
- Licensed Practical Nurses (3233)
- Ambulance Attendants and Other Paramedical Occupations (3234)
- Other Technical Occupations in Therapy and Assessment (3235)



**Figure 2 - Projection of New Job Openings vs. New Job Seekers, 2020**

Source: “[Canadian Occupational Projection System \(COPS\)](http://www23.hrsdc.gc.ca/w.2lc.4m.2@-eng.jsp),” Human Resources and Skills Development Canada, Accessed September 2, 2013, <http://www23.hrsdc.gc.ca/w.2lc.4m.2@-eng.jsp>.

Currently, there are **132,541** employed under this occupational group. Given the projected new job openings, it is forecasted that **149,224** will be employed by **2020**.

Although the supply deficit of opticians will be somewhat eased by labour mobility in certain provinces, it will not address the supply challenge on a national scale. Labour mobility is made possible by the Mutual Recognition Agreement, signed and ratified by nine provinces (except Quebec), allowing for a streamlined approach to registration. Opticians currently licensed and practicing in any other Canadian province will be accepted in British Columbia, without additional examination or training.

As amply noted, the aging demographic issue impacts other Canadian optician regulators. With labour mobility, it will be ideal to have similar standards dealing with care for senior patients across jurisdictions.

## Conclusion

Feedback from the Opticians Forum validates that the College is on track with the priorities laid out in its strategic plan 2013-2017. The College has started work on certain areas related to the aging demographic – the new continuing competency program that will include advanced areas of practice e.g. low vision. The Standards of Practice can be updated to incorporate specific guidelines when dealing with senior patients. Increased collaboration with other eye care professionals has always been a priority. With opticians' feedback, the approach can be more nuanced reflecting the various challenges faced by opticians in different practice settings – e.g. rural/urban and independent/chain.

There is more work that needs to be done in the areas of interprofessional collaboration and succession planning. There were several successful stories of collaboration; but not on a wide scale that would significantly benefit senior patients across the province. Opticians and other eye care professionals have pushed and made important strides in breaking the barriers to interprofessional collaboration by putting the patient first. Barriers to interprofessional collaboration include: siloed approach to health care; lack of networking opportunities; professional competition; and (mis)perceptions about the role of opticians within the health care community. These barriers need to be addressed at multiple levels – institutional, organizational, and at the health professional level.

The issue of succession planning needs to be front and centre in every organization. Again, strategies and initiatives for successful succession planning must be developed and implemented at the institutional, organizational, and individual level.

The Opticians Forum provided a venue to talk about the multi-faceted public safety issues associated with the aging demographic. The College recognizes the value of registrant feedback and will incorporate many of the suggestions articulated at the Opticians Forum into existing programs or any new standards or programs related to senior vision care.

Further, the College recognizes the importance of consulting with different stakeholders and that any initiative done at the College level will have an impact beyond opticians in B.C. The challenge for the College in the coming years is to stay the course in addressing the public safety issues associated with



the aging demographic. This includes actively consulting and collaborating with stakeholders within British Columbia and nationally.

The continued success of the Opticians Forum depends largely on two factors: high engagement of registrants to provide feedback about public safety issues and the College's commitment to review and incorporate this feedback into its programs and policies. The College, with direction from its Board, is dedicated to continuing the Opticians Forum and using information from the Forum to further develop its policies and programs. The Forum serves as a powerful venue to discuss, brainstorm, and collectively address public safety issues.



## References

“Table 9, British Columbia Distribution by Age Group, Estimated (1971-2012) and Projected (2013-2036) Age Group (%)” *BC Stats*. Accessed September 2, 2013.

<http://www.bcstats.gov.bc.ca/StatisticsBySubject/Demography/PopulationProjections.aspx>.

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### Appendix - Comparative Feedback from the Opticians Forum, 2013

Topics	Victoria	Lower Mainland	Prince George	Kelowna
	<p>Around 60 opticians participated</p> <p>Format: Roundtable</p> <p>Facilitator: Ron Yardley, COBC Board Member</p>	<p>Around 140 opticians participated</p> <p>Format: Panel discussion</p> <p>Panellists: Aly Jamal (COBC Board Member); Raheem Savja (Chair, COBC Board); Lutz Sprecher (former COBC Board Member); Sue Randhawa (Licensed Optician)</p> <p>Facilitator: Lesley Wood Bernbaum, COBC Board Member</p>	<p>Around 16 opticians participated</p> <p>Format: Roundtable</p> <p>Facilitator: Megan Wingham, COBC Member</p>	<p>Around 60 opticians participated</p> <p>Format: Roundtable</p> <p>Facilitators: Gary Corner and David McGowan, COBC Board Members</p>
Quality of Care	<ul style="list-style-type: none"> <li>• Refer to optometrists for routine eye health checks</li> <li>• Provide time, information, patience</li> <li>• Good listening and interpretation skills</li> <li>• Modern and strong eyewear</li> <li>• “Going above and beyond” – adjusting frames in the car.</li> <li>• Get complete health history – neck injury, past glasses, medical conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Referrals to other eye care professionals – lower vision, magnifiers, multifocals if not available at dispensary</li> <li>• Awareness of senior patients, e.g. aging skin affects temple measurements – conscious about not creating pressure points.</li> </ul>	<ul style="list-style-type: none"> <li>• Patience</li> <li>• Listening skills</li> <li>• Ask patient’s family for input</li> <li>• Provide products with understanding of budgetary limits</li> <li>• Manage expectations</li> <li>• Know cataract issues</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up phone calls for post-cataract glasses</li> <li>• Sensitive to properly fitting eyewear, lens choice</li> <li>• Explain difference between expectations and reality</li> <li>• Be gentle and respectful</li> <li>• Encourage regular visits</li> <li>• Know where to refer for low vision aids</li> </ul>

	<ul style="list-style-type: none"> <li>• Services and products that fit patient's needs</li> <li>• Treat as if they are your family members</li> <li>• Accessibility – signage, furniture, easy payment options, house calls, handicap accessible</li> <li>• Low vision aids</li> </ul>	<ul style="list-style-type: none"> <li>• Highest possible care</li> <li>• Listening and asking questions – do not assume that you know</li> <li>• Conscious of patient's needs e.g. if wearing hearing aids the main discomfort will be misalignment of glasses</li> <li>• Follow-up care – 3 months after</li> <li>• Manage expectations – explain crucial information e.g. how best correction works</li> </ul>		<ul style="list-style-type: none"> <li>• Provide patients with support and resources in the community</li> <li>• Pay attention to physical limitation</li> <li>• Use of Amsler Grid</li> <li>• Provide accessibility and convenience – 3 Os (opticians, optometrists, ophthalmologists) in one practice, on-site lab, wheelchair</li> <li>• Availability of magnifier glasses</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• Respect – knowing your customer</li> <li>• Speak up or speak slow if needed</li> <li>• Do not assume they want “old” lady glasses</li> <li>• Careful not to talk down</li> <li>• Speak clearly – especially if you can tell they have hearing issues</li> <li>• Use layman's terms</li> <li>• Reaffirm that they understand and know the product they are getting</li> </ul>	<ul style="list-style-type: none"> <li>• Ask needs and wants; provide choices – let patients be in control</li> <li>• Using right vocabulary – simple words – free of jargon</li> <li>• Openness and patience – seniors open up of other life struggles</li> <li>• Slow pace – but not too slow because they do not want to be treated like 3-year olds.</li> <li>• Do not to talk slowly</li> </ul>	<ul style="list-style-type: none"> <li>• Respect</li> <li>• Listen</li> <li>• Speak clearly and simply</li> <li>• Take time to resolve issues</li> <li>• Use larger print size</li> </ul>	<ul style="list-style-type: none"> <li>• Slow and clear communication</li> <li>• No pressure selling</li> <li>• Ask specific questions to determine their visual needs</li> <li>• Explain how conditions will affect products: cataracts, AMD</li> <li>• Actively listen</li> <li>• Ask why, when, what where</li> </ul>

	<ul style="list-style-type: none"> <li>• Focus on benefits of the product</li> <li>• Use visual aids</li> <li>• Invite a trusted companion of the patient</li> <li>• Ask open-ended questions</li> </ul>	<ul style="list-style-type: none"> <li>• If you do not have lots of experience with seniors – refer to other eye care professionals.</li> </ul>		
Collaboration - Identify other health care professionals and/or stakeholders	<ul style="list-style-type: none"> <li>• Other Os</li> <li>• House care workers</li> <li>• Nurses</li> <li>• Lodges/retirement homes</li> <li>• CNIB</li> <li>• General practitioners</li> <li>• Care aids</li> <li>• Pharmacists – effects of medicine on eye</li> <li>• Audiologists</li> <li>• Physiotherapists</li> </ul>	<ul style="list-style-type: none"> <li>• Other Os</li> </ul>	<ul style="list-style-type: none"> <li>• Nurses</li> <li>• Doctors</li> <li>• Other Os</li> <li>• Care aids</li> <li>• Pharmacists</li> <li>• Audiologists</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacists</li> <li>• Other Os</li> <li>• Nurses in care homes, care aids</li> <li>• Medical doctors, emergency room doctors</li> <li>• Contacts with government agencies</li> <li>• Social workers</li> <li>• Optician Association of Canada</li> <li>• Specialists - EENT</li> </ul>
Collaboration challenges	<ul style="list-style-type: none"> <li>• Resolving issues with prescriptions (Rx) – clarification in a timely manner, handwriting not legible, best visual acuity not on prescriptions, copies of prescriptions not provided, difficult to contact prescriber</li> <li>• Opticians considered “retail</li> </ul>	<ul style="list-style-type: none"> <li>• Limited referral network</li> </ul>	<ul style="list-style-type: none"> <li>• Resistance to opticians working together</li> <li>• Opticians not recognized as part of interprofessional group</li> </ul>	<ul style="list-style-type: none"> <li>• Networking opportunities with other Os</li> <li>• Doctors not releasing prescriptions</li> <li>• Lack of visual acuity on prescriptions</li> <li>• Writing prescription for only one eye</li> <li>• Difficulty in releasing health record, e.g. prescription, PDs</li> </ul>

	<p>not health care”</p> <ul style="list-style-type: none"> <li>• Lack of information or communication among the 3 Os</li> <li>• Professionalism barriers</li> <li>• Misrepresentation of skills</li> <li>• Differences between the 3 Os</li> </ul>			
Collaboration Successes	<ul style="list-style-type: none"> <li>• Referrals increase collaboration and referral back e.g. refer to an ophthalmologist or optometrist then refer back to opticians for glasses.</li> <li>• Work with ophthalmologist –multiple contact lenses and glasses</li> <li>• Work with physiotherapist</li> <li>• Go to senior centres</li> <li>• Collaborate with non-profits - C.A.R.P – <i>“...a non-profit organization committed to a ‘New Vision of Aging for Canada’ promoting social change that will bring financial security, equitable access to health care and freedom from discrimination.”</i></li> </ul>	<ul style="list-style-type: none"> <li>• Referral network e.g. with ophthalmologists – open communication lines.</li> <li>• Some opticians have better opportunity for collaboration within a collaborative practice.</li> <li>• Do your best as an optician to get “noticed”, which may result in referrals.</li> </ul>	<ul style="list-style-type: none"> <li>• Follow principles of listening, assessing and resolving</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to an optometrist and have the optometrist send patients back to opticians</li> <li>• Refer patients to other Os if there is a visual acuity problem</li> <li>• Follow up with other professionals you referred to.</li> <li>• Having an effective referral network – optician(s) recognizing deeper eye health issues who refer to an optometrist resulting in retinal issues being discovered.</li> </ul>



	Zoomers – another non-profit organization <ul style="list-style-type: none"> <li>• Work with handyDART</li> </ul>			
Practice Models	<ul style="list-style-type: none"> <li>• Proper frame selections</li> <li>• Spend time with patients</li> <li>• Provide personalized service</li> <li>• Set reasonable expectations</li> <li>• Participation at senior shows, expos, centres</li> <li>• House calls</li> <li>• Increase accessibility</li> <li>• Senior’s day – coffee, cookies, free nose pads</li> <li>• Mobile services to care facility/home</li> </ul>	<ul style="list-style-type: none"> <li>• Serve within senior facilities – one visit will open up other visits</li> <li>• Visit communities</li> <li>• Be mobile for “immobile” patients – follow “Nurses Next Door” model</li> <li>• Be aware of senior needs – more time needed to deal with them, others may be lonely especially those in assisted living facilities, so be patient.</li> <li>• Go out to the community – put yourself in their shoes.</li> <li>• Ask about senior patients’ insurance information as they may not know what is covered.</li> <li>• Be aware of financial consideration - most seniors are within budget</li> </ul> <p>“Serving – is a blessing”</p>	<ul style="list-style-type: none"> <li>• Senior discount</li> <li>• Wheelchair accessibility</li> <li>• Respect</li> <li>• Take time</li> <li>• Frame – age appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Provide seminar or volunteer at senior homes</li> <li>• Community centres – provide materials</li> <li>• Have traditional frame selection (vintage glasses) or styles that senior patients want</li> <li>• Empathy</li> <li>• Easy access to store</li> <li>• Participation at trade shows</li> <li>• More time set aside for senior patients</li> <li>• Knowledge of vitamins for eye health</li> <li>• Having an in-store optometrist to cover all demographic</li> <li>• Above and beyond service</li> <li>• Collaboration - which resulted in multiple pairs of glasses made for the patient due to his/her</li> </ul>
Eyewear Purchased from unregulated	<ul style="list-style-type: none"> <li>• Charge from \$5.00 plus or refuse service</li> </ul>	<ul style="list-style-type: none"> <li>• Accept them as your</li> </ul>	<ul style="list-style-type: none"> <li>• Educate plus adjust eyewear</li> </ul>	<ul style="list-style-type: none"> <li>• Educate on eye care</li> </ul>

providers	<ul style="list-style-type: none"> <li>• As scheduling allows, educate consumers</li> <li>• Not an issue in this age group - most want or already have an established relationship with a Licensed Optician</li> <li>• Educate, case-by-case basis</li> <li>• Sometimes a company policy not to service</li> <li>• Charge fees</li> </ul>	<p>patients</p> <ul style="list-style-type: none"> <li>• Charge a fee – individual; but do not turn them away</li> <li>• Letting them know benefits of consulting with Licensed Opticians</li> <li>• Educate them about the Licensed Optician brand – they might walk away today, but may come back</li> <li>• Discover the problems in the eyewear and inform the customer</li> </ul> <p><i>The notes above were from the panel speakers.</i></p> <ul style="list-style-type: none"> <li>• A registrant shared about “airline glasses” a customer bought overseas. The optician served the customer explained why the product was not working for them. The customer was satisfied after the optician’s service.</li> </ul>	<p>(free)</p> <ul style="list-style-type: none"> <li>• “Turn negative into positive” – adjust and point out problems</li> <li>• No charge</li> </ul>	<p>professionals and why a fee will be charged for a complete analysis of the problem glasses and the recommendations.</p> <ul style="list-style-type: none"> <li>• Service – but may charge</li> <li>• Onus of responsibility is on patient not on the Licensed Optician</li> <li>• Open conversation without judgment</li> <li>• Educate and assist as much as possible with the intent that they will come to purchase from us.</li> <li>• Treat same as other customers.</li> <li>• Provide all services.</li> <li>• No extra charges</li> <li>• Give all options and information.</li> <li>• Be patient and courteous.</li> </ul>
Succession	<ul style="list-style-type: none"> <li>• No plan in place for recruitment program</li> <li>• Educate all staff about opticianry</li> </ul>	<ul style="list-style-type: none"> <li>• Company- sponsored scholarships</li> <li>• Job fairs</li> </ul>	<ul style="list-style-type: none"> <li>• Career fair</li> <li>• Job shadow – provide work experience to new Licensed Opticians</li> </ul>	<ul style="list-style-type: none"> <li>• Not much done to recruit new Licensed Opticians</li> <li>• Company promotions – apply for scholarships to</li> </ul>

	<ul style="list-style-type: none"> <li>• Uncertain professional future</li> <li>• Offer tuition loan program</li> <li>• Perception that profession is “just glorified retail” making difficult for succession planning</li> <li>• Difficulty in increasing number of Licensed Opticians within organization “cost of education vs. pay”</li> </ul>		<ul style="list-style-type: none"> <li>• Corporate mentor program</li> <li>• Signing bonus</li> <li>• Some registrants said their organizations have no recruitment nor succession program</li> </ul>	<ul style="list-style-type: none"> <li>• become an optician through NAIT</li> <li>• Booths at job or health fairs</li> <li>• Hire untrained people in the hope they will become Licensed Opticians</li> <li>• Tuition reimbursement offered</li> <li>• Agreement made for mandatory length of service if company offers financial incentives</li> <li>• Company taking initiative to provide training to staff above mandatory CE credits</li> </ul>
Support from the College	<ul style="list-style-type: none"> <li>• Promote opticians within the health care communities</li> <li>• Details of specializations on website</li> <li>• More public education – more vision screening days</li> <li>• Make magazines and pamphlets more accessible</li> <li>• Inform public that eye exams not being charged. More patients will get their eyes checked.</li> </ul>		<ul style="list-style-type: none"> <li>• Information to senior patients on appropriate time interval of eye exams</li> <li>• Seminars on eye-related problems</li> </ul>	<ul style="list-style-type: none"> <li>• Low vision seminars</li> <li>• Standards of Practice updated to reflect changes regularly.</li> <li>• More online courses – webinars on ocular health in aging demographic, age-related macular degeneration, low vision aids, eye drops, and vitamins.</li> <li>• Explain to patients their visual acuity.</li> </ul>

	<ul style="list-style-type: none"><li>• More and updated continuing education modules</li><li>• “Need college to take a strong stance that they do not support non-licensed individuals dispensing eyewear”</li><li>• Continuing education at no cost</li><li>• Webinars about their visual expectations vs. reality</li><li>• Directed CE courses</li><li>• Pathological diseases</li><li>• Survey of aging demographic – then CE can be tailored to their needs</li><li>• Provide Materials for Vision Screening</li></ul>			<ul style="list-style-type: none"><li>• Educate opticians on updated standards and ensure that they comply</li><li>• Ensure opticians have proper information on proper supplements and visual aids to minimize complications to patients’ health.</li><li>• Ads on TV &amp; newspapers (Licensed Opticians)</li></ul>
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