

the efforts of Roy Brown and Tom Little.

The Fall Council Meeting was held in Quebec City and Councillors experienced the opportunity of a tour through the facilities of the Quebec Health Insurance Board. The impact of third party contracts in optometric care became more evident and a separate committee was formed to coordinate a study in this area. Sue Jabour, a long time employee of C.A.O. left our employ and she was replaced by Ruth Wilcox.

Nineteen seventy-nine brought still more staff changes when Peter Welsh resigned and we were fortunate that Don Schaefer's plans did not jell and he was able to return as our executive director. The biggest event of the year in terms of publicity was, of course, the eclipse.

C.A.O. in concert with the provincial associations did a fine job of publicizing both the scientific phenomena and the dangers associated with it. As a result, injuries were kept to a minimum and optometry received extensive and excellent public recognition. A record attendance at the Biennial Congress in Edmonton was an indication of the unqualified success of that event. The Alberta Association Committee under the chairmanship of Scott Brisbin did an outstanding job and set a high standard for future Congresses. Bill Lyle was the worthy recipient of the President's Award and at that same meeting the National Council of Optometry became a reality. Keynote topics at the president-secretary meeting were Consumer Education and Third Party contracts and the two capable speakers were Harry Basman of Manitoba

and Bill Reinertson from the American Optometric Association. In this closing year of the decade some of the goals of C.A.O. have been achieved and some have been shelved or forgotten and others are being aggressively pursued. The Trust Fund is alive and well, the third school is still a wish but by no means neglected, the National Council and Third Party Care Committees are very active and C.A.O. is in a firm and stable position to carry on its work on behalf of optometrists in Canada.

As the decade of the 80s begins the Council is resolute in its intent to promote and enhance the interests of Canadian Optometry because they know this will in turn make possible more efficient, available, economic eye and vision care for the citizens of Canada.

Jack Huber O.D.

The Dynamic Optometric Program Planning of the 1970s

It is a privilege for me to be given this opportunity to comment upon the attitude changes in program strategy that have occurred in the philosophical approach of Canadian optometry to the vision care issues in the 1970s.

I would summarize the 1970's as being a vital period where the leaders of Canadian optometry consolidated their thinking into specific objectives for the profession's future and developed a plan of action for achieving the objectives. They identified the obstacles to the achievement of these goals and built in response, a goal-orientated organizational structure capable of dealing effectively with them.

For an appreciation of how we consolidated our thinking about our future objectives and set about developing a future plan of action, I would refer you to two specific documents. The development and publication in 1974 of our position paper "The Role of the Optometrist in

Health Care Delivery" was a bold and courageous move by the profession. Within this single document we stated in a very concise manner the future goals and aspirations of our profession for public, governmental, and medical consumption as well as our own internal uses. We have worked diligently towards the achievement of its major themes. We ended the decade by participating in the Federal government's review of the national health care delivery system which was directed by Justice Emmett Hall. Our detailed brief to this federal commission further reflected in specific terms the future goals and aspirations of the profession as a leading component in the primary vision and care delivery system. Both of these documents placed the profession on record as being committed to the objective of moving the profession beyond our present modes of service delivery and into the position of providing for the unmet vi-

sion and eye care needs of the Canadian public.

Our 1970 activities also included the identification of the obstacles currently in place within the political and health care systems that would prevent us from achieving our specified objectives as identified in the Role Document and the brief to the Hall Commission. We isolated and then summarized these issues into the following four categories of obstacles. a) The **Legislative** obstacles to the achievement of our Scope of Practice ambitions were identified as being centered around the need to introduce a provision in the provincial optometry acts for the use of pharmaceutical agents, the maintenance in government legislation of a relevant definition of optometry and patient referral criteria, and the curtailment of the delegation of optometric procedures to non-licensed or unqualified individuals. b) The reactionary position of the **Medical Profession** to our programs has been

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anticipated in terms of their opposition to: progressive changes in provincial optometry acts which would expand the role of the optometrist, further inclusion of optometric service coverage under provincial health insurance commissions, and the creation of a third school of optometry. c) Since our services are part of a complex and wide ranging economic system, **Political Developments** have a direct impact on the profession's activities as evidenced by: the changes in the Competition Policy Act of Canada with regards to the advertisement of fees and the use of fee schedules established by provincial optometric associations, the governmental investigation of the monopolistic position of several companies within the ophthalmic industry of Canada by the Restrictive Trades Practices Commission, the Bureau of Consumer and Corporate Affairs critical investigation into the effects of the licensing process of professional groups on earnings and the manner in which the process reduces competition throughout our economy, the Federal Trade Commission in the United States extensive investigation into optometric fees and prescription portability issues. d) The **Optometric Manpower Crisis** has been identified as a result of the careful evaluation of such issues as: anticipated attrition rates among practicing optometrists due to age,

death and disability; increased population growth and inter-provincial migration patterns, the changing demand patterns for vision care services due to the general aging process within our society. These manpower demand factors when balanced against our present limited capacity for educating and placing new optometrists in the field has left us with the sobering realization that additional optometric training facilities are immediately required. The failure by the government to create a new school of optometry in the 1980s will result in the erosion of our present position in the vision care delivery system and increase the complications associated with unmet vision care needs of the Canadian public.

We closed out the decade by developing and putting into place an organizational structure that is capable of overcoming these obstacles and moving the profession towards the achievement of our stated objectives. The creation of the Canadian Optometric Education Trust Fund serves as a cornerstone to our efforts to satisfy the manpower and unmet vision care needs problems. The National Council of Optometry will assist in improving licensing procedures and optometric manpower portability on an inter-provincial basis. The National Advisory Committee on Vision Care programs will help the profession to become more

fully integrated into the health care system and to respond to the public desire for access to quality vision care at affordable prices. The Canadian Journal of Optometry with the full support of CAO has further expanded its academic excellence and scope of clinical investigation. CAO and provincial optometric associations have gained new administrative expertise that have allowed them to provide the practising optometrist with a broader range of services and the needed assurance that the political demands being placed on the profession are being handled with an unprecedented level of efficiency.

As we leave the 70s we can honestly say that Canadian optometry has effectively moved from the important planning and analytical stage into the demanding and critical program implementation phase. We are confident that we have thoroughly investigated both our strengths and weaknesses and have developed a clear and realistic set of objectives to be incorporated into our future course of action. The 1980s should therefore be regarded as a period of dynamic change and opportunity. I respectfully challenge each of you to become part of this well thought out masterplan by actively participating rather than merely benefiting by the goal orientated programs being implemented on your behalf by your provincial association and CAO.

Donald N. Schaefer
CAO Executive Director

Right-hand Eye Man

The School of Optometry at the University of Waterloo has formally established the position of Associate Director, and has named Dr. T.D. Williams to the job for this year. (Dr. W.S. Long was doing it "unofficially" before he went on sabbatical leave, Dr. Williams says.) The Associate Director will, among other duties, chair the monthly meetings of optometry faculty, and act as liaison among the faculty members, the school's administrative council, and the dean of science.

PRACTICE IN:
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requires an associate.
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