

Program, Occupational Vision Care Programs, and the National Advisory Committee on Vision Care Benefit Plans. Optometry's growth, and perhaps its survival, depend on the success of such programs.

In 1970 the late Dr. Stan James of Medicine Hat took over the Public Information Department of the A.O.A. and ran it from his office for several years. The A.O.A. was recovering from an expensive and relatively fruitless experience with a professional PR firm and Dr. James' efforts at very little cost provided far more in the way of T.V. coverage, dissemination of printed material, the drafting of press releases, etc. than did his professional predecessors. The A.O.A. office and Executive Director now serve much the same function as co-ordinators of public information projects. Optometric career material and promotion were a sizeable part of Public Information Department projects in the early 1970s but the difficulty students found in gaining acceptance into a Faculty of Optometry forced a slow down and eventually almost a complete cessation of these activities.

The number of optometrists registered and licensed to practice in Alberta rose from 124 in 1970 to 184 (including 8 out of province registrants) by the end of the decade. The net gain in optometrists practicing in the province has been steadily increasing since 1974. On the other hand a recent survey indicates that 35.4% of all Alberta optometrists plan to retire in the next 10 years.

In 1978, 40% of optometrists practiced outside the two major urban centres of Calgary and Edmonton which hold 50% of the province's population. No comparable figures were available for 1970. Almost all optometrists practicing in rural Alberta continue to provide a complete and "unified" range of optometric services. By mid-decade approximately 15% of optometrists practicing in urban areas had opted to provide diagnostic services only, a trend which appears to have remained approximately level in the past few years.

The 1970s saw Alberta Optometry conduct the most comprehensive economic survey and study ever carried out for the profession in Canada. A course for optometric assis-

stants was born, floundered for two years, and died at an Edmonton Community College. With A.O.A. sanction and help, the Alberta Optometric Assistants Association was formed and had been only moderately active until the 1970 C.A.O. Congress in Edmonton included an assistants education program for the first time. Strange as it may seem, in 1976 the Board of Examiners in Optometry and the Association decided to break a long standing and mysterious tradition and began to communicate with one another.

The maturity, strength and wisdom gained by the optometric profession in the 1970s allow us to anticipate the challenges of the coming decade with confidence. In retrospect, each experience, each leader, each philosophical shift of the A.O.A. policy in the past ten years contributed to the growing up of the professional body. Optometry has done well. If it continues to remember and build on past experience it will continue to do so.

Scott Brisbin, O.D.



## The Saskatchewan Optometric Association Report



In Saskatchewan in the early 'seventies 74 optometrists served the needs of the Saskatchewan citizens and in 1979 ninety two optometrists served the needs of approximately 1,000,000 persons. The percentage of female to male practitioners was 3% in 1970 as well as in 1979. The trend in establishing a practice in Saskatchewan is for the new member to join in an associate or group practice setting; the last solo practitioner office was opened in 1971. Important to the geographical distribution of the population there has continued to be a good urban-rural distribution of new practitioners.

The greatest thrust of public rela-

tions has been for the individual optometrist to become involved in community affairs, such as local governments, service clubs and community sport directors. In Saskatchewan the future lies in extending the optometrist's expertise outside the office and to become involved in community health planning, occupational and institutional delivery of vision care services.

The administrative affairs of the Saskatchewan Optometric Association has been handled very effectively by a seven man council which has responsibly served the regulatory and disciplinary functions of the public as well as the fraternal well

being of optometrists. The two major areas which occupied the Association's time in the early 70s, namely Medical Care Insurance Commission activities and legislative changes, remain dominant in recent council activities. If further expansion of council activities are to take a broader base it is foreseeable that paid administrative assistance will be necessary. In 1970 the annual license fee was \$200.00 and in 1979 the annual license fee was \$500.00.

Optometry enjoys an open door relationship with the Department of Health and thus the communication network is there. Basically the government in the early 70s accented



restorative health measures but now expends energy and finances on preventive health programs as well as maintaining basic diagnostic and restorative services. The Optometry profession is well suited to play an active role in preventive vision care services. This apparent void could be easily filled by capable optometrists working within government agencies and extolling the virtues of early preventive vision care services.

With the dawning of a new decade Saskatchewan is predicting a bright economic future; along with this future is anticipated growth and development. International and national companies are bringing in new ideas of job security. Job security no longer means big paychecks, but rather more comprehensive employee benefits. These benefits may take the form of pension, deferred incomes or accident and sickness benefits. In the early 70s occupational welfare was low key but now government departments have created and enacted laws to protect the occupational and health needs of Saskatchewan's workers. There is little doubt vision care benefits will be soon at the top of the list of worker benefits to be negotiated. The underwriter of these benefits may be either government or private insurance carriers. Saskatchewan optometry is aware that vision care

services for the senior citizens is an area where government would like to lighten the financial burden. It is important that optometry keeps abreast of these developments.

In 1968 Optometry entered into agreement with the Saskatchewan Medical Care Insurance Commission for the delivery of socialized health care to its citizens. Today the Optometric services covered by the Saskatchewan Medical Care Insurance Commission is for one diagnostic service only, namely refraction. Other diagnostic services are considered non-insured services. The rate of payment in 1970 was \$10.20 and in 1979 it was \$19.00. Negotiated contracts for both diagnostic and treatment services are available with various government agencies such as Social Services, National Health and Welfare and the Department of Veterans Affairs.

Although the outcome of the negotiations with the Saskatchewan Medical Care Insurance Commission is paramount to Optometry and the public in terms of their budget, optometric services account for 2% of services and 3% of payments. Overall there is little doubt that the inclusion of Optometric services within the provincial health care system has enhanced the prestige of Optometry.

One challenge before Optometry

in the next decade will be to encourage the Saskatchewan Medical Care Insurance Commission to promote Optometric services in their literature.

Saskatchewan's Optometrists have obtained the confidence of the legislators by being diligent in their work and sincere in their actions. We feel this is important for when we approach government for legislative changes to reflect professional and educational maturity we can assure delivery. We are confident that by moving positively and logically we can gain the confidence of other professions as well as way lay the fears of skeptics—principally in medicine. We have seen flexing of political muscle by ophthalmic dispensers in their intentions within their new Act and by medicine in their attitude regarding the regulating of ophthalmic drugs. However, if perceived from outside the fast ever changing mode of delivery of health care services, it is not immodest to say Optometry has caused the biggest waves.

Saskatchewan hopes that the 1980s permit all providers of health care services to exercise their professional skills at their highest possible levels so that the health care needs of the citizens may be better served.

James A. Krueger, O.D.

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