



## The New Brunswick Optometric Society Report



The year immediately preceding the decade of the seventies in New Brunswick Optometry began on a somewhat discouraging note. But this was not to set the tone for the years to follow.

The N.B.O.S. had introduced a new Optometry Bill in March 1969 which was later withdrawn as we had not discussed it first with the Department of Health. We were told at this time that the definition of optometry provided in our draft was too broad and we were told to qualify our position in the use of drugs.

Although future meetings were held with the Department of Health and an attempt was made to prepare a 'Memo on the Use of Diagnostic Drugs' we postponed the planned introduction of our Bill until 1978 when we felt the climate would be more receptive. As there had been many changes occurring nationwide – the new N.B. Provincial Government in the fall of 1970, the Report of the Commission on Healing Arts, Ontario coming out in favour of optometrists using drugs, new legislation in Quebec and Ontario establishing new concepts for our position, the University of Waterloo becoming recognized in training optometrists in the use of diagnostic drugs – we waited and worked these developments into a stronger base to lead from in future actions.

Where the sixties emphasized the need for training of negotiating teams, the seventies brought forth the necessity of training lobbyists (keymen) and legal councillors for our cause.

In the spring of 1970 we managed to have the Optician Bill defeated in our province.

The National Legislative Conference held in Toronto April 1972 similarly gave us confidence and direction in building a stronger platform in our province to combat all

phases and types of government agencies in the preservation of the best interests of the profession.

Throughout the late sixties N.B.O.S. had presented oral and written briefs to the Medicare Study Committee and Law Amendments Committee for our inclusion in Medicare. In 1968 the Medical Services Act for N.B. was passed and our services were not included due to a lack of Federal Government funds.

Although continued pressure was applied to the government for our inclusion in Medicare through '68 and '69, the Honourable N. Theriault announced prior to the election in the fall of 1970 that "refractions primarily to fit eyeglasses would not be covered for either optometrists or ophthalmologists as these examinations might be discriminatory against the optometrical profession."

A new Conservative government was elected that fall and in January 1971 the present Medicare plan was started with the exclusion – "refraction for prescribing eye glasses."

We maintained pressure on the government emphasizing the fact that this was no solution for the future development of eye care in our province and that this represented a backward step for the professional image of optometry in N.B. compared to the rest of Canada.

We were again reassured that if federal funds became available our services would be included. To date there has been no change.

By 1972 we were able to negotiate a new fee schedule with Social Services (1967 Exam – \$8.00, Dispensing – \$3.00) for a 63% increase and an 80% increase with DVA. With this basis established we were able to have the Department of Indian Affairs fees increased to DVA's levels.

These were major increases for us

to obtain and although the fee schedule format required hard negotiating on our part, it established a better image for optometry in presenting our professional services.

Our involvement with government agencies occurred largely as a result of three factors: the Equal Opportunity Program in the late '60's, the Optometry Bill 1969, and the introduction of Medicare in early 1971. These developments demanded the training of legal councillors and keymen for lobbying. Negotiating teams for handling fees and services along with the development of an active PR program were also requisite to meet the changing times.

Optometry as a result of these changes and demands became a voice that otherwise would not have been heard. The N.B.O.S. Presidents who offered leadership during this transitional period were Dr. G.C. Ross, 1969–73, and Dr. Ray Corbin, 1973–76.

One of the most gratifying developments during this period of the N.B.O.S.'s history was the high level of participation by all its members. The 1973 annual meeting was held in Moncton with 75% of the membership in attendance. At the next two meetings in Fredericton, attendance was even higher.

N.B.O.S. also became bilingual during these years. The membership, composed of both anglophones and francophones determined that meetings would be held in both English and French, with members using the language of their choice.

The attack on optometry from various quarters seemed to subside during these years and we were able to progress without undue outside pressure.

A brief was presented to the Health Services Advisory Council in February 1973 but there was still no



change in their attitude. With the advice from our membership our council decided to suspend further plans to promote our inclusion.

Our position has not seriously affected us monetarily but as one of the five health disciplines, being on the outside and looking in, our image is suffering. The area of referrals poses problems as the patient is charged by us and yet the ophthalmologist is paid by Medicare. The situation whereby a hidden examination is paid for by the province and all referrals by G.P.'s are made knowing that they (medical doctors) will be paid under Medicare is far too loosely controlled. And the criterion supporting the fact that examinations are paid to ophthalmologists where "medical reasons exist" are far too broad.

With respect to third party contracts our approach and position has evolved gradually over the years. In the mid-sixties our government approached us and initiated discussion about supplying vision care service to recipients of Social Assistance. This was our first exposure to the thoroughness of government departments. The lack of negotiating experience and proper organization on the part of Optometry left us at a distinct disadvantage in this encounter. Later in April 1970, after a review of the CAO Fee Schedule format stressing fees for diagnostic services and assessing treatment cost, not on a retail basis but on a fee for service basis plus lab cost of materials, we updated our own Fee Schedule demands on the same basis.

Major highlights during the 1973-76 period included developments in the area of third party contracts. N.B.O.S. met with government in fall 1973, 1974 and 1975. Each time we were able to obtain more recognition for optometry from our government, both for services and fees supplied to Social Services recipients. We also became better negotiators and we got to know our politicians much better which was of great value for the three main events to come: the Opti-

cians Act, the Optometry Act and the use of diagnostic drugs. It should be noted that everytime we made head-way with government, it was followed through by developments with D.V.A., D.I.A. and Workman's Compensation.

With respect to the Opticians Act, opticians did not have an Act in N.B. and were still under the Optometry Act of 1946. Both groups felt that opticians should have their own Act. For the first time both Optometry and Opticianry sat down together and after much heated debate agreed on an Act which was accepted by the Dept. of Health and the Dept. of Justice. In 1976, the New Brunswick Legislature passed the N.B. Optician Act.

C.A.O. meetings during this period continued to offer an excellent opportunity to meet and exchange views with other provincial association's officers. Both the President and Secretary of N.B.O.S. attended C.A.O. meetings during these years, held respectively in Winnipeg and Halifax. During all these years the C.A.O. delegate from New Brunswick was Dr. Hervé Landry.

In September 1976, Dr. Hervé Landry was to become President of N.B.O.S. but Dr. Garson Lecker, then C.A.O. President, requested that Dr. Landry go on to the C.A.O. executive. This request was granted by N.B.O.S. Dr. Ronald Harding was then elected President with Dr. Wayne Lenehan as Secretary-Treasurer.

The priorities for the next two years were then established with more involvement in the Society by more people as the main objective. To this end, an "every office visitation program" was established and carried out. This provided a personal contact with members that normally did not attend meetings and also gave the executive sound knowledge of where our profession stood around the province on various issues.

One major concern during this time was the entry of optometrists into the Sussex Health Centre, a first

for our province. Since these optometrists did not dispense, they rented space to a private optical firm. Council tried in vain to have this reversed. The result was a short term lease so that opticians could be removed if possible.

Other concerns during this period included Direct Referral to ophthalmologists and the C.N.I.B. Medicare continued as a major concern.

In May 1977, a new Health Minister was appointed, the Honourable Brenda Robertson. Council met the Minister soon after her appointment and it became evident she knew very little about the profession of optometry. She expressed a willingness to learn more and was subsequently invited to tour the School of Optometry at the University of Waterloo. The acceptance of this invitation drastically altered the future of N.B. optometry . . . for the better.

At the annual meeting in 1977, Dr. Roy Brown C.A.O. President spoke to our members and provided a great deal of inspiration.

On October 21, 1977 Mrs. Robertson, Dr. Harding and Dr. Lenehan visited the University of Waterloo School of Optometry. Needless to say, she was impressed with the people and facilities she saw there. The Minister said that while the N.B.O.S.'s entry into Medicare would depend on a new Act with better mechanisms for control of the members, she would actively assist in making that Act a reality.

The next eight months were fully consumed by the writing, editing, lobbying for and presenting our Act. The new Act would include a new definition of the practice of optometry, compulsory continuing education, diagnostic drug legislation, peer review and lay representation on the discipline committee.

The spring months were intensely concentrated on various drafts of our Act and yet another visit to Waterloo by the Assistant Deputy Minister of Health, Dr. Wylie.

Our Act received first reading in the House on May 7, 1978. Our Corporation Committee meeting was



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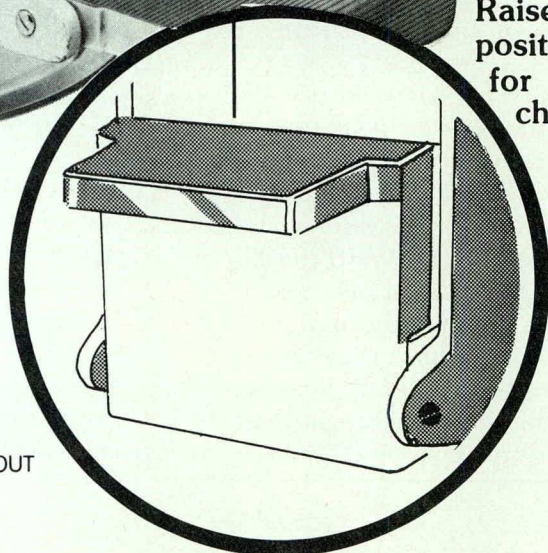
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held the 28th of May and attended by all optometrists in N.B. along with Dr. Woodruff, Dr. Lyle, Dr. Andrews and Dr. Roy Brown. Many people spoke in opposition to the Act, mainly Medicine and opticians. The Act did pass the Committee stage with all this help and on June 8, 1978, the new Act received third reading in the House and became law. It was a team effort all the way and a number of factors contributed to our success, mainly, the devotion and determination of the executive to keep the fight going.

In September, 1978, Dr. Wayne Lenehan became President and Dr. Tom Hickey his Secretary-Treasurer.

The next major task confronting N.B.O.S. was the by-laws which now had to be formulated and submitted to the Department of Health for approval. The major by-law was concerned with the diagnostic drugs. The act stated that the Minister of Health would determine which drugs would be permitted using whatever resources they deemed necessary. A committee was appointed composed of two optometrists, Dr. Wayne Lenehan and Dr. Woodruff. Other committee members included two physicians, Dr. C. Lythgoe, Ophthalmologist, Dr. Neil

Graham, Internist, and a Pharmacist, Mr. Landry, all under the chairmanship of Dr. Robert Tonks, Dean of the Faculty of Health Sciences at Dalhousie University in Halifax. The Committee met in Fredericton several times and travelled to Waterloo before reaching their decision. They decided to permit certain cycloplegic and mydriatic drugs to be used by those optometrists who met qualifications for an optometric drug license. The Minister accepted the unanimous decision without any further changes.

Dr. Lenehan then entered negotiations with the University of Waterloo to set up a qualifying drug course. By the spring of 1979 approximately 75% of N.B. optometrists had taken a drug course of over 100 hours, including a week of clinical trials at Waterloo, all of which was concluded by June 1979. Dr. Lenehan was re-elected President in September 1979 with Dr. Hickey taking the post of Secretary-Treasurer again.

Concerns for the next period centred on Medicare again and a Mobile Vision Van. Briefs were prepared and presented to government on both issues as it was felt they were tied as one program. There were numerous discussions on this subject

over a period of six to eight months and a vision care plan for children and seniors was seriously considered.

A local service club was approached for funding for a Van and offered support if the government would give its approval. It then became a political decision. Opposing groups organized protests and blocked the proposal. At present neither issue has been resolved.

Third party negotiations and liaisons with other professions continued to occupy much of the time of the N.B.O.S.

As the decade drew to a close it was apparent by the progress we had made that the N.B.O.S. was in a much stronger position than ever held previously. It is hoped that Medicare and a Van, and a voice in the planning of health delivery in New Brunswick will become a reality in the Eighties!

At this time the N.B.O.S. wishes to take this opportunity to congratulate Dr. Hervé Landry's dedicated efforts on the behalf of New Brunswick Optometry and assure him of our utmost support during his term as C.A.O.'s national president.

by  
Dr. G.C. Ross, Dr. J.R. Harding,  
Dr. Raymond Corbin, Dr. Tom Hickey

## IOOL SEEKS WORLD HEALTH ORGANIZATION RECOGNITION

President-Elect L.D. Pickwell of the International Optometric and Optical League (IOOL) expressed concern in his report to the May 1980 Delegates meeting in Japan that the World Health Organization (WHO) does not understand the League's purpose in the promotion of optometry.

In this report he noted that the IOOL welcomes an invitation to truly become involved in WHO sponsored eyecare schemes, but that despite IOOL presentations and correspondences, the WHO still did not appear to recognize the role of optometry. "They recognized opticians and ophthalmologists but not optometrists." As a result, he said, the first priority of the League must be to make certain that WHO un-

derstands that optometry is the primary source of eyecare in all countries and that the IOOL is an optometric organization.

He suggested that all members and delegates who have contact with WHO should circulate the following statement to explain the League's position and to emphasize that any scheme for eyecare which did not include optometry would invite criticism.

... "The IOOL policy is that optometric service is essential to full eyecare for the public of all countries. Without optometry, development of full eyecare in underdeveloped countries would be very much slower and never reach the best possible in the public interest. Where op-

*tometry is fully developed, early detection of disease and prompt and proper prescribing of optical appliances is very widely available. Optometric examination is an appropriate approach to the provision of optical aids. The dispensing service is immediately available from the optometrist. This has proved to be the most economic way of providing optical aids and screening for eye disease and eye signs of general disease."*

Pickwell stated that the status of the IOOL's recognition by the WHO will be reviewed at the next General Meeting of Delegates and a further course of action determined at that time.