

Submission of the
Canadian Association of Optometrists

to

British Columbia Ministry of
Health Services

concerning

Proposed Amendments to
the Opticians Regulation

July 2004



THE CANADIAN
ASSOCIATION OF
OPTOMETRISTS



L'ASSOCIATION
CANADIENNE DES
OPTOMÉTRISTES

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July 5, 2004

Mr. Daryl Beckett
Acting Director
Professional Regulation
Ministry of Health Services
5-2, 1515 Blanshard Street
Victoria, BC
V8W 3C8

Dear Mr. Beckett:

Re: Proposed Amendments to Opticians Regulation

Attached please find the brief of the Canadian Association of Optometrists concerning proposed amendments to optician regulations in British Columbia.

Thank you for your consideration of this information.

Yours truly,

Glenn Campbell
Executive Director

Cc: CAO Council
Canadian Council of Provincial Presidents
Canadian Association of Optometric Executives
Canadian Optometric Regulatory Authorities

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Introduction

CANADIAN ASSOCIATION OF OPTOMETRISTS

Statement of Primary Concerns

1) Standard of Care

Sight testing (also known as stand-alone refraction or refractometry) is a term that has been coined by opticians to describe a limited and incomplete eye examination that would allow opticians to prescribe and dispense optical appliances (glasses/ contact lenses) **without performing the additional, essential elements of a diagnostic vision assessment and eye health examination.**

Because of **STANDARD OF CARE** concerns, the Canadian Association of Optometrists is firmly on record in opposition to proposals to allow opticians to prescribe corrective lenses or perform “sight tests” on a stand-alone/ independent basis. This view would hold true in British Columbia.

2) Scope of Practice

Expanding the **SCOPE OF PRACTICE** of opticians in British Columbia to prescribe corrective lenses by sight testing is neither warranted nor desirable, from a public health perspective. There is compelling evidence that sight testing, independent of a complete eye examination, would expose the British Columbia public to a lower standard of eye and vision care, without any measurable benefits. Consequently, there would be significant public cost in terms of affecting individual quality of life as well as additional treatment costs incurred due to missed opportunities for early detection of preventable or treatable eye disease.

Status

Those most directly involved in eye care in Canada are as follows:

Optometrists (Doctors of Optometry) are independent primary health care providers who specialize in the examination, diagnosis, treatment (prescribing), management, and prevention of diseases and disorders of the visual system, the eye and associated structures as well as the diagnosis of the ocular manifestations of systemic diseases. Most optometrists practice in private independent clinics, while some practice in adjacent premises with opticians.

Ophthalmologists are medical doctors who complete specialized residency training in the study, diagnosis, and treatment of eye disease. They are secondary-level health care providers and they usually use drugs and/or surgery for treatment. Ophthalmologists also provide primary care services including eye examinations and prescribing for corrective lenses. A person who requires ophthalmological care (to obtain cataract surgery, for example) would usually require a referral from the optometrist or family doctor. Most ophthalmologists practice in private independent clinics and/or within a hospital setting.

Opticians are trained through a combination college / technical institute program, distance learning and on the job training to fabricate and fit vision aids on the prescription of an optometrist or physician. Opticians are not health care providers or prescribers, rather they are licensed to dispense health care products such as spectacles, and some may also dispense contact lenses and other optical aids. They do not assess, diagnose, or treat eye conditions, nor do they prescribe for eyeglasses or contact lenses.

In Canada, opticians are regulated in every province, while in most US States they are not. British Columbia was the most recent province to regulate opticians in 1992. Most opticians are employed by either optometrists or within larger retail commercial outlets. A minority, who own and operate single location optical stores, are most active in advocating independent stand-alone sight testing and prescribing for corrective lenses.

In British Columbia, the Opticians Regulation 8/2002 specifically states:

“6 ⁽¹⁾ No registrant may conduct eye examinations or refractions.”

It also defines a “prescriber” as:

- (a) an optometrist, or
- (b) a qualified medical practitioner

who prepares a prescription.

These provisions are consistent with legislation for opticians in other jurisdictions and were maintained when the opticians’ regulation was last amended in British Columbia in 2002.

Standard of care

The purpose of regulating health professions and professionals is to ensure that a proper standard of care is offered to members of the public. Canadians presently enjoy one of the highest standards of health care and eye care in the world.

When receiving a sight test, it is suggested that individuals would understand that they are not receiving a full eye examination. However, there may be a significant danger of misinterpretation as most individuals are not knowledgeable enough about eye health to make an informed decision between an ‘eye examination’ and a ‘sight test’. Most people will likely not fully appreciate the health risks involved when a sight test is undertaken and an optical prescription generated without the benefit of a simultaneous eye health examination by a qualified practitioner.

A recent study by the Institute of Medicine on Health Literacy ⁽¹⁾ found that nearly half of all American adults – 90 million people – have difficulty understanding and acting upon health information. The same would be true in British Columbia.

The concept of performing independent stand-alone refractions and prescribing corrective lenses by opticians represents a radical departure from conventional North American eye care standards. Optical prescriptions are, and always have been, determined in conjunction with a complete examination by a doctor of optometry (optometrist) or medical doctor (ophthalmologist) in an established doctor-patient relationship. The standard for a complete eye examination by an optometrist includes, but is not limited to:

- ◆ A careful history of past and present vision and medical problems, including those which may be inherited.
- ◆ Analysis of the patient's vision needs at home, work, school, and play. In some instances, this may necessitate questions about the patient's school/work environment, recreational activities, etc. to determine what the visual demands are.
- ◆ Measurement of visual acuities of each eye, both with and without correction by lenses.
- ◆ Binocular vision assessments, as it relates to eye coordination, depth perception or eye-hand coordination.
- ◆ Assessment of the health of the eye both inside and outside. This could reveal anything from a minor tear deficiency to a major retinal problem.
- ◆ A neurological review of the pupil and other muscle reflexes and functions.
- ◆ Colour vision evaluation as required.
- ◆ Diagnosis of the refractive status (focusing power of the eye) based on a combination of objective (measurements) and subjective (patient responses to questions) techniques.
- ◆ Glaucoma assessment including a careful history, an internal (optic disc evaluation) and external (iris angle assessment) eye health exam, visual field analysis and a test of the intraocular fluid pressure.
- ◆ Some offices may also use special tests such as retinal photography, corneal mapping or others.

Canadians benefit from and have confidence with this high level of eye care. There is no jurisdiction in North America with legislation that allows opticians to prescribe corrective lenses and perform stand-alone refractions. The closest comparison is found in developing countries where limits on resources cause basic eye care (screenings and approximate refractions) to be provided by individuals who do not have equivalent training to optometrists or ophthalmologists as we know them.

The accepted standard of care for Canadians should continue to be offered to British Columbians.

Scope of practice determination

A determination of an increased scope of practice related to health care is best achieved through a collaborative and cooperative approach with other health care providers using an evidence-based approach. Scopes of practice should promote safe, ethical, high quality care by competent health care providers with the goal of improving patient care and positive health care outcomes. Any profession seeking privileges in performing a particular task (e.g. eye examinations) must meet, through proper training and independent assessment, the same standard as others who are currently performing the same task. This view is supported by other health care groups and regulators including the Canadian Medical Association⁽²⁾ and the Ontario Health Professions Regulatory Advisory Council⁽³⁾.

The benefits (e.g. public need, improved care) of the proposed expanded scope of practice in British Columbia have not been considered in a collaborative or evidence-based process. Legislation that creates 'sight testers' will only confuse the public and lower the standard of care. The only benefit is to the optician, and it is an economic one. Conversely, there is increased potential for HARM, PUBLIC CONFUSION and increased LIABILITY.

Harm

The protection of the public and the ability to foresee and prevent potential harm is the cornerstone concept of legislation. Whether simple sight testing procedures result in prescription inaccuracies or

undetected eye disease and delayed treatment, the public will become exposed to unnecessary risk and delay of early intervention, resulting in increased end stage treatment costs and personal loss.

Sight testing has been promoted by opticians as merely a technical skill that would permit the public to access a more cost-efficient and more readily available service. The real issue, however, is the separation of the technical functions of an eye examination from appropriate interpretation and diagnosis of general medical and eye health functions.

Refractive measurement is only one of three main factors considered (others being eye health and eye coordination) in determining whether corrective lenses or some other form of vision rehabilitation can address vision impairment and whether further professional evaluation is required.

Public Confusion

CAO is very concerned that public confusion and a significant danger of misinterpretation (despite claims to the contrary) will be created with respect to differentiating between an 'eye exam' and a 'sight test'. The public now has certain expectations regarding the care received and does not have, nor should be expected to have, the knowledge or the understanding to differentiate between different levels of eye care and related activity. The public believes, and rightly so, that governments and regulatory bodies will protect it from health care uncertainties and unnecessary risk of harm.

Liability

Implementing regulations that would unnecessarily expose consumers to harm is entirely inappropriate. The proposed Regulation is a marked and dramatic shift from accepted practices in health care and management. What might appear to be a cost-saving measure for government and members of the public, will, in fact, result in increased liability and costs system-wide.

Allowing opticians to conduct independent sight tests and to prescribe corrective lenses will result in increased, undetected pathology and risk of harm (liability), as well as decreased preventive care. Overall, the result will be increased costs, both in terms of personal loss and financial cost to the public and to the government's health care budget.

The Canadian Association of Optometrists will submit a separate legal report concerning this important aspect of the proposed amendment to regulations in B.C.

Other CAO concerns:

Access

There are no known situations where independent refractions are justified. Although it has been suggested that individuals in isolated communities will benefit from the availability of this service, there is no factual data in support of this position. We are aware that optometrists in British Columbia have a broader provincial distribution than opticians. Further, the proposed scope of practice goes far beyond any such situation and allows this partial, incomplete service to be offered in any area, regardless of need. There is nothing in the proposed Regulation which would require any optician to provide a service in remote areas, thus it is unlikely that the Regulation would even achieve the purpose of facilitating access, as has been suggested.

Increased costs and inefficiencies

When there is a change in a patient's prescription for corrective lenses, the prescriber must also consider any anomalies and differences from the patient's most recent prescription and make a decision, based on professional skills and ethics, as to whether a further eye health assessment is desirable. Opticians will not be able to evaluate the patient to verify the accuracy of the new results and to determine eye health status. All of these procedures are more efficiently dealt with at the time

of, and in conjunction with, the prescriber's initial eye examination. Separating or fragmenting out important components of a complete eye examination may actually increase the need for an additional evaluation by an optometrist or ophthalmologist and a corresponding disservice to patients in terms of additional time and expense. This expense may also extend to increased provincial health care costs.

Regulation of prescribers

The efficient regulation of sight testing may be best achieved by regulating the manner in which current prescribers (optometrists and ophthalmologists) delegate its use. Auxiliary personnel may perform refractions within an ophthalmologist or optometrist's practice as part of a more complete examination. The ophthalmologist or optometrist would remain responsible for the eye health assessment. Within clearly defined and controlled parameters, such procedures may be safely utilized as a tool to achieve the benefits of new technology while maintaining the desired standard of care and public protection. Consumers will have the protection, which comes from the exercise of professional knowledge, skill and judgment, and government will have the assurance, which comes from knowing that the public is protected.

Evidence to support our position

Eye Health

There is a broad range of eye disease and medical conditions which will not be identified by a sight test, but which can only be detected by looking inside the eye and knowing what to look for. Three recent studies provide evidence to confirm this view.

- ◆ **The Prevalence of Asymptomatic Eye Disease in an Optometric Patient Population in Canada** ⁽⁴⁾ - This study found that one of every two patients with eye disease was unaware of the eye health problem or disease.

- ◆ **“Blurred Vision”** ⁽⁵⁾ – This study, published in the New England Journal of Medicine concluded that “blurred vision” is a “complex symptom with myriad causes, ranging from simple refractive errors correctable with eyeglasses to life threatening illness”.

- ◆ **AREDS REPORT No. 8** ⁽⁶⁾ – This study found that “Persons older than 55 years should have dilated eye examinations to determine their risk of developing advanced AMD (Age Related Macular Degeneration)”. Prevention (early diagnosis) and early treatment are far more cost effective than end stage care of, for example, persons with macular degeneration (or diabetes etc.).

Standard of Care

There is considerable support for the standard of care that exists in North America and currently for the British Columbia public. First, there is documentation from optometric educators and regulatory bodies that illustrates the standard of care deemed necessary in providing minimum standards of eye care⁽⁷⁻¹¹⁾.

We also reference documentation from the Canadian Ophthalmologic Society⁽¹²⁾, the Canadian Institute for the Blind, College of Physicians and Surgeons in British Columbia⁽¹³⁾, Saskatchewan⁽¹⁴⁾, Manitoba⁽¹⁵⁾ and Ontario⁽¹⁶⁾; individual medical practitioners⁽¹⁷⁾; opticianry groups⁽¹⁸⁾; and the Canadian Medical Protective Association⁽¹⁹⁾ which support our view that a “sight test” is either not within the optician’s scope of practice, that it must be done under the direct supervision of a qualified eye care practitioner, or that it is unacceptable to prescribe an optical prescription solely on the basis of sight tests without the practitioner personally assessing the patient.

Precedence

Finally, we reference provincial governments in Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick and Nova Scotia where sight-testing proposals have been reviewed and subsequently rejected⁽²⁰⁾.

Technology

It is true that technology has improved in eye care. However, a recent study shows more clearly the lower percentage satisfaction/accuracy of auto refraction equipment (68%, compared to 85% by a clinician). It also shows that 38% would return to complain about the auto refraction results while only 10% would return to the clinician⁽²¹⁾.

Summary

Introducing legislation/regulations to enhance the commercial interests of opticians and the retail sale of glasses is not in the public interest. Members of the British Columbia public deserve a safe, ethical, high quality standard of eye care. The cost of missed diagnosis of eye disease and other conditions, as well as the personal costs, outweigh the commercial market interests of opticians. Sight testing may be described as “simple”, and may seem to be “simple”, but ocular health care and the safety of the public are anything but “simple”.

Recommendations for future actions

The Canadian Association of Optometrists (CAO) recommends that the British Columbia government protect the interests of the public as follows:

- ◆ Maintain a comprehensive standard of eye care by rejecting the proposal that would allow opticians to perform a stand-alone “sight test” and to prescribe corrective lenses;
- ◆ Maintain optician regulations consistent with current skills and generally accepted scope of practice for opticians;
- ◆ Review guidelines for optometrists and ophthalmologists that would facilitate collaboration between eye care providers and would allow for on-site supervision of auxiliary personnel (including opticians) who perform refracting services for the public .

Respectfully submitted,
CANADIAN ASSOCIATION OF OPTOMETRISTS
July 2004

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