

# COMPREHENSIVE EYE CARE



Four  
Reasons Why  
Not To  
Compromise

Information  
Paper On  
'Sight Testing'  
Proposals By  
Opticians



*The Canadian  
Association of  
Optometrists*



*The Canadian  
Association of  
Optometrists*



Comprehensive  
Eye Care

**Four Reasons  
Why Not To  
Compromise**

Information  
Paper On  
“Sight Testing”  
Proposals by  
Opticians

2 The Question

3 Eye Health and Vision

5 Training and Education

7 Need and Market Factors

8 Precedent

9 The Answer

# The Question

Is it in the public's interest to allow opticians to test visual acuity by means of a stand-alone refraction or "sight test" and prescribe for corrective lenses?

In several provinces, there have been proposed legislative amendments, which would allow opticians to perform a refraction or "sight test" and to prescribe for corrective lenses.

In proposing this, opticians acknowledge that they *do not have the required education* or clinical experience to diagnose ocular conditions. They developed the concept of "sight testing" to describe a limited (incomplete) eye examination. Proponents assert, as long as the public is advised they are not receiving a complete eye health examination, there is no risk of harm.

The Canadian Association of Optometrists challenges this concept on the basis of potential health implications and the lowering of professional standards of care.

There is no need for limited (incomplete) eye examinations, there is no precedent, and there are no cost or market justifications.

*In this information paper, we demonstrate the need for comprehensive eye care under four broad headings:*

1.  
*Eye Health and Vision*
2.  
*Training and Education*
3.  
*Need and Market Factors*
4.  
*Precedent*

**The Canadian Association of Optometrists promotes the need for comprehensive eye health care and protection of the public. In its role as protector of the public's health and safety, it is imperative that government continue to maintain COMPREHENSIVE EYE CARE as the desired standard for the public.**

# Eye Health And Vision

Comprehensive eye care is required to assess eye health and binocular vision factors in the provision of eye examinations and prescribing for corrective lenses. The Canadian Association of Optometrists is concerned that public safety will be jeopardized if opticians are allowed to "sight test."

## 1. EYE HEALTH

- Performing eye examinations and prescribing corrective lenses without determining the cause of vision impairment ignores potential medical reasons for vision deficiencies. One cannot presume good ocular health if a patient achieves 20/20 visual acuity.
- Eye diseases are often entirely symptomless, silent and painless, and may not have a corresponding change in vision.
- A short list of conditions with ocular manifestations includes glaucoma, diabetes, high blood pressure, brain tumours, cataracts, retinal detachments, and more. These are serious conditions that often require prompt referrals.

- Opticians do not have the training to differentiate benign or self-resolving medical conditions from those requiring treatment. Attempts by opticians to screen for eye disease while "sight testing" will result in referral when such referral is not warranted and, worse, will result in a lack of diagnosis and referral of disease when it is present.

## 2. ACCURACY OF VISION CORRECTION

- Testing vision by way of a refraction, in isolation from other tests and consideration of medical conditions (including the effects of medications), ignores the impact these problems may have on the prescription for corrective lenses.
- Diagnosis is an evaluative process – not a simple technical measurement. The task of refraction is only one step in the determination of the final vision correction.
- An incorrect prescription could create visual distortion, eyestrain, headaches, dizziness or double vision.

# Eye Health And Vision

### 3. FRAGMENTATION OF EXISTING STANDARDS

- Eye examinations have a crucial preventive health function, and cannot be viewed as just a means of generating a prescription for corrective lenses.

Standards of practice for medicine and optometry affirm that a refraction must not be done in isolation from other components of an eye examination.

- If a lower standard of care is allowed, it may become the only service in smaller communities.

### 4. CONFUSION

- The public generally is not likely to differentiate between a "sight test" and an eye examination. Many patients, especially those with less financial means, may not seek comprehensive eye examinations, including ocular health assessments.

- Many serious eye and systemic conditions such as glaucoma, retinopathy, and hypertension are asymptomatic in the early stages. It would be impossible for the public to self diagnose the health need for a comprehensive eye examination in the absence of pain or other obvious discomfort.

- There is already considerable confusion about who does what in the field of eye care; the situation will only be exacerbated with another level of eye examination service.

*Refractive measurement is but one of several factors considered in determining whether vision impairment can be addressed by corrective lenses, some other form of vision rehabilitation or further medical evaluation. The public deserves a comprehensive level of preventive eye health care.*

# Training And Education

**Opticians are not eye doctors;** rather, they dispense a health care product. Ophthalmic dispensing is a technical function.

1. Where recognized in legislation, the scope of practice of opticians is restricted to dispensing lenses using a prescription of an optometrist or medical practitioner. Opticians are competent in ophthalmic dispensing and provide this service in a variety of settings (independent stores, optical chains, and optometry practices).

2. Ophthalmic dispensing is not always a regulated activity because of its technical nature. In the U.S., 28 states do not regulate ophthalmic dispensing by opticians.

3. The focus of training of opticians comprises the technical aspects of lens correction and marketing vision products to the consumer. Training is not university based.

4. Optometrists and ophthalmologists receive their education in full-time, university based, supervised programs with significant clinical components.

In respect of eye health and vision diagnosis, optometrists and ophthalmologists are both licensed doctoral-level health care providers.

**Training programs should prepare the practitioner to provide a comprehensive level of eye care that includes assessment of eye health and vision diagnosis. This currently exists for optometrists and ophthalmologists. It is unreasonable to consider that a technical program could provide an optician with the knowledge base to accurately and safely determine that corrective lenses alone can address an individual's vision problems.**



# Need And Market Factors

There is good public access to eye examinations and prescriptions for corrective lenses.

1. Optometrists provide the majority of eye examinations in Canada. They are required by law to issue prescriptions for corrective lenses. There are sufficient providers to meet public demand throughout Canada for eye examinations. There are few communities (if any) that are serviced by opticians and not by optometrists. Ophthalmologists and some family doctors also provide eye examinations to the Canadian public.
2. Cost of eye examinations is not an issue. Opticians may purport to offer "free" refractions but, as business people, they will obviously recover their costs in the sale of their product – the retail price of glasses.

**Market factors drive the desire for the optician associations' proposals to "sight test."**

1. Opticians argue that they need to perform "sight tests" in order to compete in the retail market for the supply of vision products.

This raises two questions:

- Should the commercial interests of a particular trade in the retail sale of glasses be allowed to influence – in fact lower – the standard of care of eye examinations?
- If commercial interest is an issue (and we say it should not be), is there any evidence that opticians as a whole are losing market share?  
Independent opticians may, indeed, be facing increased competition, but this is from large corporate optical concerns in their own industry, not optometrists. Controlling competition should not serve as justification to lower general standards of eye health care.

# Need And Market Factors

The public costs of missed diagnosis of eye disease and other conditions must be considered. The costs of supporting the blind and visually debilitated are substantial. These include direct health care expenditure as well as income and retraining, not to mention the personal costs in terms of rehabilitation and overall quality of life.

**Any consideration of enhanced scope of practice must consider as its objective the public interest, and not the commercial interest of a particular trade. The availability of refractions separate from a complete eye examination would result in decreased preventive care and increased undetected pathology, at potentially significant public cost.**



# Precedent

Opticians do not have prescribing authority in any jurisdiction in the world.

1. "Certified ophthalmic technicians" are often referred to by opticians as a comparable group. However, these individuals perform refractions as part of their data gathering duties to assist an ophthalmologist. Refractions are always conducted under the direct supervision (and ultimate civil liability responsibility) of the ophthalmologist. Certified ophthalmic technicians do not provide these services outside of the ophthalmologist's supervision, and they do not make diagnostic and treatment decisions.

2. References to the authority of "opticians" to prescribe for corrective lenses in some European countries is misleading; the term "optometrist" does not exist in Europe and the training of these individuals more closely parallels that of optometrists in North America.

3. Some opticians perform refractions illegally by using an automated device to measure an individual's refractive error and a physician approves the

results from another location to "authorize" a prescription for corrective lenses. This practice has been prohibited by the courts in some jurisdictions, is prohibited by several medical licensing authorities and is contrary to policies of the Canadian Medical Protection Association (medical liability insurer).

4. Formal proposals to allow opticians prescribing authority have been considered in several jurisdictions. The proposals have all been rejected.

**The absence of precedent for opticians to prescribe reflects the radical departure of this proposal from accepted standards in the provision of eye care.**



The Canadian Association of Optometrists promotes the need for comprehensive eye health care and protection of the public. In its role as protector of the public's health and safety, it is imperative that government continue to maintain comprehensive eye care as the desired standard for the public.



*The Canadian  
Association of  
Optometrists*



*The Canadian  
Association of  
Optometrists*