



# CORA

Canadian Optometric Regulatory Authorities  
Autorités canadiennes de réglementation en optométrie

April 20<sup>th</sup>, 2010

**Honourable Kevin Falcon**  
**Minister of Health Services**  
Room 337, Parliament Buildings  
Victoria, British Columbia  
V8V 1X4

Dear Mister Minister,

CORA (Canadian Optometric Regulatory Authorities) has great concern with the proposed legislative changes to the delivery of eye care in British Columbia. The sweeping changes are unprecedented in North America. Proposals for similar changes in other jurisdictions have not been approved due to the risks to eye health and lack of beneficial evidence (financial or otherwise).

It appears from the "2010.05.01 Opticians - news release" that one of the motivations of the Ministry of Health of British Columbia to change the Opticians Regulations comes from a recent BC Court decision involving a corporation that was found to be in contravention of the existing legislation regarding the provision of eye care services (dispensing). To change regulations to appease a corporation that obviously lacks the respect for legislation is beyond belief.

CORA is concerned with the increase in public risk and safety that will occur with the proposed changes to the optician's regulations. There are three main areas of concern.

The first is the deregulation of spectacle dispensing services. The designs of ophthalmic lenses used to manufacture eyeglasses have evolved tremendously over the years. These lenses have to be fit accurately to ensure correct visual results and prevent issues such as diplopia (double vision), blurred vision and eye strain. With every pair of glasses the fitting/adjustment ensures that the correct values for pantoscopic angle, face form and vertex distance (to name a few) are taken into consideration. There is much more needed to order/fit a pair of glasses than the "interpupillary distance". It appears to CORA that the Ministry of Health in BC is not being informed to the full extent of what is required to provide safe fitting of spectacles.

The second is the deregulation of the sale of contact lenses. CORA understands that once a contact lens fitting has been completed and successful contact lens wear has been demonstrated without any frank physiological inadequacies, then the contact lens becomes a product, and could be available from various sellers. However, CORA also understands the need for the seller to have the adequate training and knowledge to understand the parameters of a contact lens product and to be able to verify that the product matches the authorization. CORA also knows that physiological inadequacies can develop over time and periodic evaluations of the contact lens fitting and eye health are necessary to identify these inadequacies. Regulatory authorities agree that a contact lens wearer's fit and physiological response should ideally be evaluated annually, but at least biannually. This would allow adverse physiological response to be identified in a timely fashion to help prevent irreparable harm and potential loss of vision.

A study by Stapleton et al, 2008, was conducted to identify *The incidence of contact lens-related microbial keratitis in Australia*. Their study revealed that corneal microbial keratitis (the most dreaded complication of contact lens that can lead to loss of vision and potential blindness) occurs in 73.8 per 10000 contact lens wearers per year. They stated: "Risk factors included overnight use, poor storage case hygiene, smoking, **Internet purchase of CLs**, <6 months wear experience, and higher socioeconomic class." These incidence rates show that significant complications due to contact lens wear are not uncommon. If a contact lens patient doesn't have routine evaluations of the contact lens fitting and eye health; and doesn't have a consultation with a regulated professional to reinforce good hygiene and explanation of risks, then the occurrence of ill effects will only increase.

The third area of concern is the provision of "stand-alone refraction". CORA does realize that the physical act of a "stand-alone refraction" does not impose a risk; however, the act of performing refraction alone is a major risk to the public. A century ago, before techniques to detect disease and treatment modalities were advanced to the stage they are today, Ophthalmologists and Optometrists performed refractions alone, without doing a comprehensive eye health assessment. However, as disease understanding advanced, regulatory bodies evolved to ensure that along with refraction, it was necessary to assess the health of the visual system including the oculo-motor system. This not only helped in finding treatable diseases, but also helped to put the refraction results into perspective. Looking at the whole system allows for the art of taking the refraction results and modifying them to come up with an optical prescription that is individually tailored to that person. This, in turn, provides the best optical correction to allow for not only clear vision, but also comfortable vision, with less likelihood of asthenopia (fatigue, pain in or around the eyes, blurred vision, headache and occasional double vision).

In 2010 it is unconscionable for an Optometric regulatory authority to allow its members to provide "stand-alone refraction". It is deemed professional misconduct and an action deserving of sanction. CORA knows the risk of providing "stand-alone refraction" for eye health reasons, as well as providing the best individually tailored optical prescription. To allow any person to provide "stand-alone refraction" is a step back in time, and not in the best public interest. CORA urges you to reflect on your proposal to allow "stand-alone refraction"

Please find attached a copy of CORA's Position Statement on Stand Alone Refraction, as well as a copy of CORA's Position Statement Regarding Eyeglasses and Contact Lens Prescriptions.

CORA believes that the BC government has not realized the ramifications of the proposed legislative changes. The risk to the public is real and a step back in time. CORA hopes that the BC government listens to the stakeholders and provides for proper consultation before making such sweeping changes.

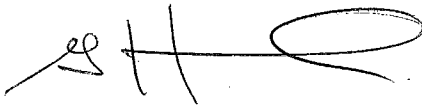
Sincerely,



Dr. Ian Henderson, O.D.  
Chair  
Canadian Optometric Regulatory Authorities /  
Secretary/Registrar  
Newfoundland and Labrador Optometric Board



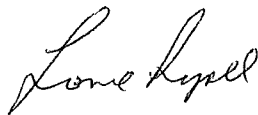
Dr. Lawrence MacAulay, O.D.  
Registrar  
College of Optometrists of British Columbia



Dr. Gordon Hensel, O.D., FAAO  
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Dr. Murray J. Turnour, O.D., M.Sc.  
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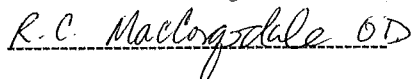
Dr. Lise-Anne Chassé, O.D.  
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Dr. Julia Galatis, O.D.  
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Dr. Rhod MacCorquodale, O.D.  
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Enclosure (2)



# CORA

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## **CORA's POSITION STATEMENT REGARDING EYEGASSES AND CONTACT LENS PRESCRIPTIONS**

*The Canadian Optometric Regulatory Authorities (CORA) is a federation of 11 provincial optometric regulatory and licensing authorities across Canada. This position statement reflects a consensus among Canadian Optometric Regulatory Authorities, but should not be considered, nor used, as a position statement, by CORA or by any of its members, on the interpretation of any actual specific provincial or territorial legislation or regulation on the subject.*

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Eyeglasses and contact lenses are important health devices required by many Canadians to correct visual deficiencies. In order to ensure adequate public protection, CORA acknowledges that competent professional services are required to safely dispense corrective eyeglasses and contact lenses.

- The prescribing of eyeglasses and/or contact lenses can only be performed by optometrists or ophthalmologists following a comprehensive ocular health and vision examination.
- The dispensing of contact lenses requires assessment of the physical and physiological fit of the lens on the eye. These assessments may be performed by optometrists, ophthalmologists and contact lens certified opticians.
- The dispensing of eyeglasses also includes the measuring of inter-pupillary distance (P.D), bifocal/multifocal alignment, selection of the proper frame, selection of the proper lens type for the patient's prescription, verification of the finished eyeglasses, patient counseling and adjustment of the eyeglasses. These functions may be performed by optometrists or opticians.

Optometrists, ophthalmologists and opticians are regulated in all Canadian provinces.

Contact lenses are considered medical devices under the Hazardous Product Act or the Food and Drugs Act. Contact lenses are inserted directly on to the cornea of the eye. Inappropriate dispensing of these products may lead to various and serious ocular health problems, such as infection, edema (swelling), allergic reaction, corneal abrasion, corneal ulcer and/or reduction in visual acuity.

In the case of corrective eyeglasses; while the potential or risk for eye health damage is not at the same level as contact lenses, inappropriate dispensing may still cause various binocular and functional vision problems. This is particularly true when the lenses are not centered properly, or, in the case of multifocal lenses when the lenses are not aligned appropriately in the frame. In both cases, the patient may experience problems such as blurry vision, double vision, headaches and/or eye fatigue.

***CORA considers that neither contact lenses nor eyeglasses can be properly obtained through internet/mail order purchase, unless the provider is an authorized professional who respects the usual professional standards***

***related to dispensing. These professional standards imply, among other things, that the required measurements have already been made, in person, by the authorized professional.***

### **Spectacle Prescriptions**

- The minimum requirements of a spectacle prescription include the sphere, cylinder, axis, reading add (if required), prism (if required), examination date and expiry date.
- The PD measurement, lens alignment, height measurement, frame selection, lens selection, lens coatings and fitting of the frames are not considered part of an eye examination.
- If a spectacle prescription has expired, (typically 1yr from the date of the last exam) patients are still entitled to receive a copy of the expired prescription for historical purposes. The expired prescription should not be used to manufacture spectacles.
- It is the opinion of CORA that PD measurements and bifocal/multifocal height measurements are best performed by trained individuals (i.e. optometrists or opticians).
- It is the opinion of CORA that verification and dispensing of the finished eyeglasses should be performed by a regulated professional (i.e. optometrist or optician). If this service is provided through an internet or mail-order company, the company must also abide by the Standards of Practice and Regulations in the province the service is provided.

### **Contact Lens Prescription**

- A contact lens prescription is not one of the expected results of a routine eye health and vision examination. The proper specifications required to order contact lenses can only be determined after a contact lens fitting has been completed.
- The minimum specifications required to order contact lenses should include lens name, base curve, diameter, power and an expiry date. Additional contact lens specifications may be required for specialized fittings and/or materials (as determined by the professional decision of your optometrist).
- After completing the fitting and all required progress evaluations, a copy of the contact lens specifications may be provided to the patient upon request. Repeated requests or requests made after the eye examination date may have an administrative fee charged to the patient.
- If a contact lens prescription has expired, (typically 1yr to 2yrs from date of the last examination) patients are still entitled to receive a copy of the expired prescription for historical purposes. The expired prescription may not be used to manufacture or dispense new contact lenses.
- It is the opinion of CORA that verification and dispensing of the contact lenses should be performed by a regulated professional (i.e. optometrist, ophthalmologist or contact lens certified optician). If this service is provided through an internet or mail-order company, the company must also abide by the Standards of Practice and Regulations in the province the service is provided.



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## **POSITION STATEMENT ON STAND-ALONE REFRACTIONS\***

The Canadian Optometric Regulatory Authorities (C.O.R.A.) is an association of Canadian optometric licensing and regulatory bodies representing all ten Canadian provinces. One of its goals is to study and recommend action(s) on issues under the jurisdiction of its members.

Currently, an issue of concern to C.O.R.A is that of 'stand-alone' refractions, whether performed by regulated or unregulated persons. The members of C.O.R.A. see this issue as a significant risk to the health and safety of the Canadian public to whom we are accountable.

This statement is not concerned with *who* the individual may be that performs a stand-alone refraction, but rather with the adverse consequences of permitting *any* individual to do so.

### **CURRENT STATUS**

Members of the general public receive *comprehensive* vision-care services from optometrists and ophthalmologists, and are currently well-served by this arrangement. Vision is optimized in conjunction with a thorough assessment of eye-health. In order to protect public health and safety, optometric and medical regulatory authorities in all Canadian jurisdictions have established strict standards-of-practice regulations and entry-to-practice requirements to which each of their members must adhere.

### **RECENT EVENTS**

Recently, certain groups of opticians in Canada have advocated providing a 'refraction' as a 'stand-alone' procedure, separate from a comprehensive eye examination.

### **TYPES OF REFRACTION**

The term 'refraction' has been defined as: 'The determining of the refractive condition of the eye...'<sup>1</sup> and 'The refractive and muscular state of the eyes; or the act or process of determining and/or correcting it.'<sup>2</sup> All comprehensive eye and vision examinations contain a refraction as an essential component. However, other equally important examination data are essential before an appropriate visual correction (ophthalmic prescription) can be determined.

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\* Some groups have advocated the use of various terms such as "sight-testing", "vision-testing", and "refractometry" to mean "stand-alone refraction".

There are two types of refractions: objective and subjective. Each may be performed with or without the use of diagnostic pharmaceutical agents. In many cases, the use of these pharmaceuticals is necessary in order to yield a more accurate refractive measurement.

**Objective** refractions do not require the verbal participation of the patient, and merely provide the examiner with an *estimate* of the refractive power of the eye. Objective refractive data is gathered using ophthalmic instruments such as retinoscopes or automated-refractors. The use of both of these instruments may be required in order to obtain reliable preliminary refractive data, or in instances in which verbal communication with the patient may be impossible.

**Subjective** refractions, on the other hand, are based upon verbalized observations of the patient. Generally speaking, subjective refractions provide more accurate data than objective refractions, and therefore are considered an essential component of any comprehensive visual examination. The examining doctor carries on a verbal dialogue with the patient in order to determine which combination of ophthalmic lenses provides the patient with maximum clarity of vision.

## COMPREHENSIVE VISUAL EXAMINATIONS

The ability to 'see' is directly related to the physical health of the eyes as well as the physiological function of the entire visual system. In addition, numerous other important factors must be considered as well: the *general systemic health* of the patient, eye or vision disorders in members of the family, *medications* taken, the *type of work* and the *environment* in which the patient lives and works.

A thorough ocular-visual, medical and family history are essential components of an eye examination. Ocular health examinations, binocular vision assessment, colour vision testing, visual field testing, and investigations to determine potential ocular manifestations of systemic disease are also *essential* components of a comprehensive eye examination. In many cases, diagnostic pharmaceuticals, such as mydriatics and cycloplegics, are required in order to permit a more accurate refraction and thorough assessment of internal and external ocular health.

Optometrists and ophthalmologists are quite aware of the necessity of ruling out ocular or systemic disease *before* prescribing corrective lenses. It is understood, for example, that uncontrolled diabetes will alter a patient's refractive data from day to day or even hour to hour. Any attempt to prescribe corrective lenses, without first ensuring that a diabetic patient is medically stable, may result in both a *faulty prescription* and also *delayed medical treatment*.

In addition, previously undiagnosed cases of diabetes, glaucoma, systemic hypertension, to name a few, are frequently discovered during comprehensive eye examinations. Ocular changes that are only visible *within the eye* alert the examining doctor to these or other ocular or systemic diseases, which must first be considered *before proceeding with ophthalmic lens therapy*.

These are the reasons why ophthalmic prescriptions should only be determined *after* a *comprehensive* eye and vision examination has been provided by a qualified examiner who has *personally* assessed the ocular and visual condition of the patient.

## C.O.R.A.'s CONCERNS

Not all eye or systemic diseases affect vision; studies have shown that using visual acuity measurements alone, as a referral criterion for comprehensive vision examinations, are inappropriate.<sup>3</sup> Since stand-alone refractions do not embrace the concept of the 'examining' doctor being physically present to rule out ocular or systemic diseases, C.O.R.A. must conclude that the general public is at risk of having potentially sight-threatening or even life-threatening diseases remaining in an **undiagnosed** and **untreated** state, regardless of who actually signs the prescription.

As the **Health Professions Regulatory Advisory Council** in their recent investigation of this matter concluded:

*"The provision of a thorough, comprehensive eye and vision examination by an optometrist or ophthalmologist who has personally examined the patient, provides the only opportunity possible to identify and diagnose disease conditions of the eye and vision system before symptoms become apparent to the patient."*<sup>4</sup>

The **College of Physicians and Surgeons of British Columbia**, issued a similar ruling, stating:

*"Refraction is a reserved medical act (to ophthalmologists, other physicians so certified by the College Of Physicians and Surgeons of British Columbia, and optometrists."*<sup>5</sup>

*"Provision of a prescription for a refraction by an expert in that field, geographically remote from the site where the data is gathered, is unacceptable. This practice represents an inappropriate fragmentation of the ocular examination, since it may result in a failure to detect significant ocular pathology, to the potential detriment of the patient."*<sup>5</sup>

C.O.R.A. agrees and strongly recommends that **governments should not permit the practice of ocular refractions as a stand-alone procedure.**

## REFERENCES

1. Random House College Dictionary, Revised Edition, 1975, p.1109
2. Dictionary of Visual Science, Schapero, Cline & Hofstetter, 2nd Edition, p.605
3. Wang F, et al. Undetected Eye Disease in a Primary Care Clinic Population. *Archives of Internal Medicine* 1994; 154: 1821-1828.
4. Health Professions Regulatory Advisory Council, *Refractometry Scope of Practice Referral*, September, 2000
5. College of Physicians and Surgeons of British Columbia. *Ruling on Remote Refraction*. July 10, 2001.

## **APPENDIX 'A'**

### **THE LIMITATIONS OF REFRACTION WITHOUT USING DIAGNOSTIC PHARMACEUTICAL AGENTS**

As previously discussed, refraction is performed using specialized instrumentation. However, clinically speaking, it is difficult in many cases to obtain a correct prescription for ophthalmic lenses without using diagnostic drugs.

The human eye accomplishes many different functions. One of them, focusing on objects at varying distances, is called "accommodation". During an eye examination, it is necessary in many cases to temporarily relax the muscles inside the eye in order to more accurately determine the ophthalmic prescription. The drugs used to accomplish this are called 'cycloplegics' and are used mainly in refractions involving children, although they may also be used from time to time for adults as well. In addition, in order to correctly measure the refraction of elderly patients, another class of drugs called 'mydriatics' may be required to dilate their pupils in order to permit the use of a retinoscope or an automated refractor.

Without prior use of these drugs to relax accommodation or dilate patients pupils, refraction can yield erroneous results in a significant number of cases. If younger patients involuntarily accommodate during a refractive procedure, which is extremely common, ophthalmic lenses may be prescribed to correct myopia even when there is no myopia present, or myopic patients will have prescriptions that are 'too strong'. In addition, hypermetropic patients will be 'under-corrected' in these instances. In the majority of these cases, the patients will be young children because of their innate ability to over-accommodate.

In the elderly population, a proper refraction often requires dilation of the pupils which are small or "miotic" due to age or the use of certain medications. Any attempt to use a retinoscope or automated refractor on these patients would be inappropriate in many cases. Cataracts or other pathologic changes within the eye complicate the clinical picture, giving inaccurate results if the examiner does not use mydriatic medication to dilate the pupils.

Both of these classes of drugs - cycloplegics and mydriatics - must be used with caution. Presently, only optometrists and ophthalmologists understand and apply the safety procedures required before using these pharmaceutical agents. Permitting untrained persons to use these agents would clearly be unsafe and unwise.