Optometry in Canada

Optometric Leaders' Forum 2026 Report

The Canadian Association of Optometrists is pleased to present the 2026 "Optometry in Canada Report," a high-level snapshot of the profession's landscape. The Report reflects information obtained through a survey of provincial optometric associations and colleges, Canadian schools of optometry, and student leaders at both Canadian optometry schools.

For more information or analysis, **contact info@opto.ca**

This report provides a summary of key issues, challenges, and opportunities shaping the optometry profession in Canada. This year's survey focused on critical areas, including changes to scope of practice, challenges regarding scope optimization, and concerns facing the profession. By gathering insights from provincial associations, regulatory colleges, student leaders, and educational institutions, this report highlights the evolving needs of the profession and pathways to address emerging trends.

Optimizing Scope of Practice

Challenges

While the optimization of scope of practice for optometrists continues to be seen as an important step forward, several persistent and emerging challenges remain. A key concern identified by the colleges and provincial associations is the lack of provincial coverage and compensation for services under an optimized scope, which may limit public uptake and reduce optometrists' ability or willingness to practice to a full scope.

Training requirements was also frequently mentioned, with respondents emphasizing the need for education pathways and updates to continuing education to ensure optometrists are adequately prepared for practice under an optimized scope.

In addition, government-related delays continue to pose challenges, including stalled approvals, prolonged cabinet processes, and concerns about timing scope optimization efforts around election cycles. Some provinces also highlighted challenges regarding external opposition from specialist groups. Lastly, it was also noted that broader regulatory barriers, particularly restrictions related to drug and care provision remain a priority to address before the full benefits of scope optimization can be realized.

Role of CAO

The regulatory colleges and associations consistently identified the CAO as a central national coordinator and strategic enabler of scope optimization efforts. Provinces emphasized CAO's role in collecting, maintaining, and disseminating up-to-date jurisdictional data, including current scope of practice by provinces, jurisdictions undergoing optimization, matters under negotiation, and provincial coverage for optometric services to support informed advocacy and negotiations.

A key expectation is that the CAO continues to provide evidence-based research and support, including relevant national and international literature to strengthen provincial proposals. Several provinces specifically highlighted the value of compiling information regarding lessons learned from other provinces, the United States, and comparable international health systems.

Provincial regulatory colleges and associations also highlighted CAO's role in developing practical advocacy tools, such as centralized online repositories, background documents, fact sheets, infographics, and proposal templates that provinces can readily adapt for engagement with government and policymakers.

Finally, CAO was viewed as a unifying national voice, well positioned to engage federal and provincial governments, promote greater pan-Canadian alignment in scope of practice, and collaborate with Canadian schools of optometry to support consistent education and training standards aligned with optimized scope.

Top Issues from the Public

The top issues that the public contacts both the regulatory colleges and associations about are:

1. **Access to vison care and services:** The most common inquiries relate to accessing optometric care, including finding an optometrist or clinic, identifying providers that offer emergency care, serve rural or remote communities, accommodate patients with mobility needs, or provide home or long-term care visit. Questions about appointment availability, wait times, and access to specialized services also occur.
2. **Coverage, fees, and affordability:** Cost-related concerns remain a major driver of public contact, including fees for eye exams, billing and insurance issues, charges for additional testing, fees for records, and the availability of publicly funded or social programs.

3. **Quality of care and professional conduct:** Inquiries related to quality of care, professional conduct, communication issues, dissatisfaction with glasses or prescriptions, and concerns that may lead to complains are also reported.

Canadian Optometry Schools

Canadian schools of optometry identified several key policy issues affecting the profession, including persistent access gaps for Indigenous and other underserved populations, improving wait times for minor in-office optometry procedures , and inadequate provincial reimbursement for specialized optometric services. Schools also noted that misalignment between scope of practice and funding can negatively affect clinical training environments for students. In addition, continued opposition from specialist groups was identified as a barrier to optimizing optometrists' scope of practice.

Looking ahead, schools highlighted significant opportunities for the profession over the next three years, particularly through scope of practice optimization. Priority areas include procedural-based optometry (such as laser procedures and minor in-office non-sedated interventions), more uniform scope and prescribing authority across provinces, expanded hospital-based optometry roles, and the development of formal subspecialties within optometry. The schools emphasized that these advancements would allow optometrists to practise to the full extent of their training, improve access to care for Canadians, and help alleviate pressures on the broader health care system, including through initiatives supported by the National Strategy for Eye Care Act.

Canadian Optometry Students

Canadian optometry students identified several challenges facing new graduates as they transition into practice. A key concern is securing stable, full-time employment, as many new graduates must work across multiple clinics while building a patient base. Financial pressures related to student loan repayment were also noted. Students highlighted a significant gap between the scope of practice they are trained for and what they are permitted to perform in some provinces or practice settings, which can limit clinical autonomy and the ability to provide fully integrated care. Additional challenges include feeling insufficiently prepared for independent practice, increased competition from online retailers, public misinformation about vision care, and the need to simultaneously build professional networks, referral relationships, and patient trust early in one's career

To better support practice readiness, students identified opportunities to strengthen training in advanced procedures. The University of Waterloo offers a course on advanced procedures, and the Université of Montréal teaches injections, however respondents suggested that more in-depth and longitudinal learning such as expanded coursework or extended hands-on workshops would better prepare graduates for evolving scope of practice expectations and increase confidence as they enter the workforce.

Data Tables

Table 1: Distribution of Optometrists by Province

Province	Total # of Optometrists
BC	1049
AB	962
SK	200
MB	201
ON	2957
QC	1593
NB	133
NS	168
PEI	25
NL	59
Canada	7347

Table 2: Distribution of Optometrists by Gender

Province	Male	Female	Other/Not Stated
BC	445	601	3
AB	424	538	0
SK	82	118	0
MB	88	113	0
ON	1146	1809	2
QC	425	1168	0
NB	48	85	0
NS	59	109	0
PEI	8	17	0
NL	26	33	0
Canada	2751	4591	5

Table 3: Distribution of Optometrists by Age

Province	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
BC	0	100	186	186	157	118	98	94	61	30	13	6
AB	0	84	160	213	187	110	89	58	23	19	11	8
SK	2	18	28	47	29	18	24	13	11	4	5	1
MB	0	10	35	38	42	21	16	12	11	9	5	2
ON	0	302	516	472	451	309	286	261	188	146	64	39
QC	0	108	172	172	155	129	112	140	105	56	16	3

NB	0	17	15	18	16	14	17	12	10	12	2	0
NS	0	21	31	28	24	21	8	10	11	8	3	2
PEI	0	5	1	5	2	2	2	4	4	0	0	0
NL	0	2	11	15	9	11	3	2	1	2	1	2
Canada	2	667	1155	1194	1072	753	655	606	425	286	120	63

*Table 4: Optometrists by Type of Practice *Numbers may differ from totals because some optometrists might work in more than one setting or because optometrists do not report on their type of practice*

Province	Owner/decision maker (Private practice, solo or group)	Associate, independent contractor, or employee	Other (academic, hospital or medical clinic)
BC	406	620	N/A
AB	49	50	1
SK	81	113	6
MB	101	99	4
ON	1069	1777	23
QC	388	1181	24
NB	69	64	0
NS	N/A	N/A	N/A
PEI	8	17	0
NL	N/A	N/A	N/A

Table 5: Association Members by Province (As of December 31, 2025, Reported by Provincial Associations)

Province	**Total # of Members**
BC	886
AB	901
SK	200
MB	201
ON	2119
QC	1512
NB	133
NS	157
PEI	21
NL	66
Canada	6196

Table 6: Optometry students by School and Year

	Université de Montréal	University of Waterloo	Canada
Year 1	56	91	147
Year 2	52	90	142
Year 3	48	96	144
Year 4	41	100	141
Year 5	44	0	44
IOBP/ASOPP	13	10	23
Most recent graduating class	46	93	139

Table 7: Scope of Practice by Province

Note that some provinces like Alberta and Ontario are at the cusp of passing new legislation on scope. Once those pass, the CAO will update this table and share with optometry leadership.

	AB	BC	MB	NB	NL	NS	ON	PEI	QC	SK
Diagnostic Pharmaceutical Agent	Y	Y	Y	Y	Y-Sch 1,2	Y	Y-List	Y	Y	Y-Sch 1
T-cycloplegics	Y	Y	Y	Y	Y-Sch 1,2	Y	Y-List	Y	Y	Y-Sch 1
T-antiallergic	Y	Y	Y	Y	Y-Sch 1,2	Y	Y-List	Y	Y	Y-Sch 1
T-Non-Steroidal Anti-Inflammatory Drug	Y	Y	Y	Y	Y-Sch 1,2	Y	Y-List	Y	Y	Y-Sch 1
T-anti-infective	Y	Y	Y	Y	Y-Sch 1,2	Y	Y-List	Y	Y	Y-Sch 1
T-antibiotic	Y	Y	Y	Y	Y-Sch 1,2	Y	Y-List	Y	Y	Y-Sch 1
T-anti-viral	Y	Y	Y	Y	Y-Sch 1,2	Y	Y-List	Y	Y	Y-Sch 1
T-antifungal	Y	Y	No	Y	Y-Sch 1,2	Y	Y-List	Y	Y	Y-Sch 1
T-steroid	Y	Y	Y	Y	Y-Sch 1,2	Y-Cat	Y-List	Y	Y	Y-Sch 1

T-glaucoma	Y	Y	Y*	Y	Y-Sch 1,2	Y-Cat	Y-List	Y	Y	Y
T-immunomodulators	Y	Y	Y	Y	Y-Sch 1,2	Y	Y-List	Y	Y-Cat	Y-Sch 1
O-antiallergic	Y	No	Y	Y	Y-Sch 1,2	No	Y-OTC	Y-Sch 1	Y-Sch 2	Y-Sch 1
O-Non-Steroidal Anti-Inflammatory Drugs	Y	No	No	Y	Y-Sch 1,2	No	Y-OTC	Y-Sch 1	Y-Sch 2	Y-Sch 1
O-anti-infective	Y	No	Y-Cat	Y	Y-Sch 1,2	Y	Y-List*	Y-Sch 1	Y-Sch 2	Y-Sch 1
O-antibiotic	Y	No	Y-Cat	Y	Y-Sch 1,2	N/A	Y-List*	Y-Sch 1	Y-List	Y-Sch 1
O-anti-viral	Y	No	No	Y	Y-Sch 1,2	N/A	Y-List	Y-Sch 1	Y-List	Y-Sch 1
O-anti-fungal	Y	No	No	Y	Y-Sch 1,2	Y	No	Y-Sch 1	Y-Sch 2	Y-Sch 1
O-steroid	Y	No	No	Y	Y-Sch 1,2	No	No	Y-Sch 1	Y	Y-Sch 1
O-glaucoma	Y	Y-Cat	Y*	Y	Y-Sch 1,2	No	Y-CAI*	Y-Sch 1	Y	Y
Foreign body removal	Y	Superficial	Y	Superficial	Y	Y	Superficial	Y	Superficial	Y
Laboratory testing	Y	Y	Y	No	No	No	No	No	No	No
Ultrasound imaging	Y	Corneal thickness	Corneal thickness	Y	Y	Corneal thickness	No	Corneal Thickness	Corneal thickness	Corneal thickness
Dilation/Irrigation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Insertion/removal of punctual plugs	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Injections	No	No	No	No	No	No	No	No	No	No
YAG capsulotomy	No	No	No	No	No	No	No	No	No	No
Laser peripheral iridotomy (LPI)	No	No	No	No	No	No	No	No	No	No
Selective laser trabeculoplasty (SLT)	No	No	No	No	No	No	No	No	No	No

Argon laser trabeculoplasty (ALT)	No	No	No	No	No	No	No	No	No	No
Minor surgical procedures (e.g. minor lesions removal)	No	No	No	No	No	No	No	No	No	No

Y = Yes,
T = Topicals,
O = Oral,
Sch 1 = Schedule 1 drug (requires a prescription),
Sch 2 = Schedule 2 drug (only available from a pharmacist and without a prescription),
Cat = specific categories of drugs,
List = specific list of agents,
OTC = over the counter,
CAI= Carbonic anhydrase inhibitors,
*=with restrictions

Last updated: January 14, 2026