May 5, 2020

Ms. Shalini Puri,
Senior Policy Analyst,
Health Professions Regulation,
Alberta Health

Dear Ms. Puri,

Thank you for reaching out to the Canadian Association of Optometrists (CAO) for advice on the Alberta College and Association of Opticians (ACAO) proposal to expand the scope of practice of Alberta opticians to prescribe corrective lenses. CAO is the national voice of optometry in Canada, with all provincial optometric associations represented on its governing Council. The Canadian Association of Optometrists strongly opposes this proposal. In our view, the principle of prescribing corrective lenses (Class I and Class II medical devices) without a comprehensive eye exam is seriously flawed from both the clinical and public health perspectives.

Our opposition to this proposal is based on:

1. **Inadequate clinical training necessary for early diagnosis and treatment of disease**

   Contrary to the ACAO claim, refraction for the purpose of prescribing is never a stand-alone practice for several reasons. Prime amongst them is that refractive error is often a symptom of more serious eye or systemic disease. When optometrists perform an eye exam that includes refraction for the purpose of prescribing lenses, they always do that with consideration to binocular vision, and ocular health status in general. When an optometrist provides a partial exam that includes a refraction, they do that with the clinical and diagnostic background and training that allows them to differentiate refractive problems of the eye from ocular health problems of the eye.

   Opticians do not have the requisite training or licensure that clinicians have in order to **diagnose** disease for the purpose of prescription. An essential prerequisite to prescribing is to be able to diagnose. While opticians may apply topical staining agents

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for the purpose of fitting lenses, performing this activity in the context of prescribing implies that the optician is diagnosing disease. Permitting opticians to perform stand-alone refraction for the purpose of prescribing lenses is a very significant expansion of scope of practice. Its implication is that opticians would be recognized by the Government of Alberta as clinically trained practitioners capable of diagnosing disease. This would be setting a dangerous precedent that would put the health of Albertans at risk due to the higher probability of misdiagnosis of ocular and systemic disease that underlies refractive error.

Diagnosis not only involves the ability to determine what disease is present but more importantly it is the ability to determine the absence of disease. When a health care provider prescribes anything: medication, advice or a spectacle prescription they are giving direction for a therapeutic or corrective agent. In the case of prescribing a spectacle prescription an optometrist/ophthalmologist must make a diagnosis that the refractive error is the cause of the vision reduction and that there are no other associated ocular or medical issues. **In order to prescribe, a clinician must be able to diagnose**. In medical diagnosis, test sensitivity is the ability of a test to correctly identify those with the disease (true positive rate), whereas test specificity is the ability of the test to correctly identify those without the disease (true negative rate). Opticians do not have the education or training to diagnose and therefore they do not have the skills required to prescribe.

Unlike optometry or ophthalmology training, opticianry training consists of one to three years of technical institute work, much of which can be done part time and self-directed through correspondence. Even with additional training, this remains grossly inadequate to enable opticians to diagnose disease and prescribe lenses.

2. High risk

Expanding the opticians' scope of practice to prescribe corrective lenses would pose a significant risk to the health of a sizable proportion of the population of Alberta, especially those of lower socioeconomic status. It is well-established that people of lower socio-economic status are already at higher risk of poor health. Increasing access to incomplete care is not good public policy. The broad claim in the proposal that those

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aged 19-64 are low-risk individuals demonstrates a lack of understanding of the notion of risk, which is influenced by a myriad of factors, age being only one of them. When it comes to eye health and vision care, only adequately trained clinicians (optometrists and ophthalmologists) are qualified to assess and mitigate risk. Expanding the scope of practice of opticians will in fact increase the risk of vision loss to all Albertans.

One in nine Canadians will develop a level of irreversible vision loss by age 65[i]. Approximately 26% of patients aged 19-64 presenting with only refractive error and no other symptoms have other ocular conditions[ii] that can only be diagnosed by trained clinicians (optometrists or ophthalmologists) during comprehensive eye exams. This underlines the importance of such exams, which always include refraction. Separation of refraction from a complete vision and eye health exam is a faulty and dangerous practice which will lead to missed diagnoses of eye health conditions.

Up to 80% of vision loss is preventable or treatable[iii] with periodic comprehensive eye exams. The separation of refraction from an ocular health assessment takes away the ability of early detection of asymptomatic eye and systemic disease. The result of a missed opportunity to detect eye diseases in an earlier state will have a more significant impact on the Alberta health system, which will have to contend with the much higher costs of managing patients with advanced eye disease and systemic conditions such as glaucoma, macular degeneration, hypertension and diabetic retinopathy. Expanding the scope of practice in this manner would be going against a fundamental tenet of public health and preventive medicine which resides in early diagnosis of asymptomatic disease.

3. Access to high quality vision care:

In their proposal, the ACAO failed to demonstrate that Albertans have inadequate access to primary vision care provided by optometrists. The claim in the proposal that the suggested changes to the opticians' scope of practice would improve access to vision care is a flawed one. The proposed changes will, in fact, reduce access to the high-quality standard of care offered by trained clinicians (optometrists and ophthalmologists) and one which Albertans should expect their government to uphold.

While independent automatic refraction might be used for screening purposes, it should never be the sole basis upon which corrective lenses are prescribed. Independent

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automatic refraction does not meet the quality and level of accuracy offered with clinical refraction. Therefore, if used for the purposes of prescribing lenses by Alberta opticians, it would be enabling some Albertans to receive inferior quality vision care. In addition, changes in refractive error can be an indication of underlying disease such as diabetes. In such cases, simply changing a prescription by a non-clinician can contribute to further worsening of ocular or systemic disease.

4. Setting a precedent

For all the reasons presented here, by expanding the scope of practice of Alberta opticians, the Government of Alberta would be creating a global precedent. No other jurisdiction includes the prescription of corrective lenses (Class I and II medical devices) in the opticians' scope of practice. If approved, the implications of expanding the scope of practice of Alberta opticians to prescribe lenses will be far-reaching, potentially beyond Alberta due to portability of licensure.

The Canadian Association of Optometrists contends that, if approved, the proposed scope of practice expansion would be detrimental to the ocular and general health of all Albertans as well as future health care costs.

Sincerely,

Dr. Michael Nelson, OD, FAAO
President, Canadian Association of Optometrists

References:

[i] Vision Loss in Canada, The National Coalition for Vision Health, 2011

[ii] Langis Michaud, Pierre Forcier. Prevalence of asymptomatic ocular conditions in subjects with refractive-based symptoms. Journal of Ophthalmology. September 2013

[iii] World Health Organization. Action plan for the prevention of avoidable blindness and visual impairment, 2009–2013. Geneva: WHO; 2010. Available from: http://www.who.int/blindness/ACTION_PLAN_WHA62-1-English.pdf