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[OPTICIANS ASSOCIATION OF CANADA POSITION PAPER ON RESTRICTED ACTIVITIES]

This document is designed to discuss appropriate reserved actions as they relate to the dispensing of visual appliances with the focus on identifying those actions that will safeguard public interest while at the same time enabling multidisciplinary practice to become the gold standard of care.

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Overview

The Opticians Association of Canada (OAC) supports all legislation and regulation that moves in the direction of multidisciplinary practice and increased consumer choice, while ensuring patient safety and public protection. Newer regulatory models describe shared scope of practice/reserved actions that act in tandem with the legislative reform of existing health professions. All provincial governments in Canada have designated Opticianry as a regulated health profession. This document is designed to discuss appropriate reserved actions as they relate to the dispensing of visual appliances with the focus on identifying those actions that will safeguard public interest while at the same time enabling multidisciplinary practice to become the gold standard of care.

Reserved Actions Regulations are intended to list health service activities that, based on their risk of harm must not be performed by any person, except members of a regulated profession with the granted legislative authority to perform those activities based on their education and competence. By ensuring that the activities are only offered by persons who are appropriately educated and trained, the reserved activities are an integral component of the scope of practice reform.

There are several health and technical components that must be considered by the Optician in the course of measuring, designing and dispensing ophthalmic lenses to correct visual impairment. The OAC believes that only a trained professional has the competence to properly perform ophthalmic dispensing activities. The OAC further believes that all legislation and regulation relative to the dispensing of vision appliances must adequately regulate the act of dispensing for the benefit of the public and must meet the provincial and national standards of competence that have been agreed upon by the profession. The following are key considerations with regard to legislation and/or regulation relative to ophthalmic dispensing.

- *The visual system of the eye consists of a series of anatomical lenses and transmission pathways (cornea, crystalline lens, retina, optical nerve). Ophthalmic appliances are man-made lenses and frame systems – in the case of spectacles and low vision aids - that are designed to influence and work with the visual system of the eye. The Ophthalmic appliances themselves have no effect until they interact with the human eye.*

  This is perhaps the most fundamental concept relative to the inclusion of dispensing as a restricted activity. Ophthalmic lenses can only induce a positive or negative effect when worn by the patient. Consequently a visual appliance may meet every standard of tolerance and match the prescribed lens power and design specifications but unless and until the human factor has been evaluated and considered by a regulated professional the appliance cannot be said to be safely dispensed.

- *Regulated Professionals must consider the patient's visual needs and impairment in order to determine the appropriate lens design specifications in ophthalmic dispensing.*

  Ophthalmic lenses can only be appropriately designed and dispensed if in the initial lens design phase the professional has properly noted and considered the patient's visual needs. As an example, there are over 100 varieties of progressive (commonly referred to as an invisible bifocal) lens designs and within that mix there are several generations of design. Each design offers a difference in the amount of distance, intermediate and near vision offered to the wearer. Should the appropriate lens design not be ordered not only will the person not see properly but in fact the perceived distortion will represent a safety hazard for the wearer and others.

- *Regulation must reserve actions in ophthalmic dispensing that require the appropriate education and competence to safeguard patient safety and public protection.*

  The National Association of Canadian Optician Regulators (NACOR) is an association of 9 provincial regulators that have collaborated on and developed a peer-reviewed list of competencies licensed opticians must be educated to perform before being allowed to become registered. The core competencies are considered by the regulatory bodies to represent a risk of harm to the public. All regulation must reserve these core competencies on any list of restricted, reserved or controlled activities.

- *Regulation must ensure public choice and support multidisciplinary practice for eye care professionals.*

  In reviewing and designing health professions regulation governments must avoid granting exclusive scope of practice to any one group of health care professionals. The desired model for health care in modern legislation is one that contemplates shared scope of practice and increased public choice.

- *Regulation must allow health care professionals to practice to the full extent of their training.*

  The intention of creating a list of restricted, reserved or controlled activities is to allow any group of health care professionals who can demonstrate safe and competent practice to do so. This increases choice for consumers in a responsible fashion. Government must be scrupulous in screening regulation for provisions that may have the unintended consequences of preventing groups of professionals who have so demonstrated from increasing their scopes of practice.

- *Regulation must be evenly applicable to all demographics including age and specific health challenge.*

  Entry level registration to health care professions does not limit the registrants practice based on the age or health challenges of patients. However a professional may choose to specialize and thus limit his/her practice to a specific age group based on acquired experience and personal interest. Pediatric dispensing of eyeglasses and/or contact lenses is an example of this. Tiered regulation within a profession would create an unnecessary barrier to professional growth, confuse the public's expectation of an even standard of practice and add unnecessary expense.

- *Regulation must not enable a profession that shares a scope of practice with another profession to establish dominance over the other profession.*

  The dispensing of eyeglasses and contact lenses is based upon information developed via a restricted activity that is not part of the scope of practice of a dispensing professional. Consequently it is possible for prescribing professionals to enact regulation regarding prescribing of eyeglasses and contact lenses that will limit access to or prevent the prescriptive element from being made available to the dispensing professionals.

- *Reserved Actions Regulation Needs to recognize that Ophthalmic Dispensing is Based on Professional Judgment in Lens Design.*

  An Ophthalmic prescription is only one element in the lens design. An ophthalmic prescription only contains the measurements for one aspect of the patient’s anatomical visual system: the refractive error.

  The prescription represents a direction regarding the power of lenses and the anticipated visual result. However it is possible for this set of numbers to be interpreted into scores of different lens formats. The numbers have no consequence until they are turned into lenses and placed in front of or onto the patient’s eyes. In fact absent the critical judgment of the Optician the intended result of the prescription can be totally undermined if the lenses aren’t designed to work with the anatomical and environmental requirements of the patient.

I. Introduction

A) The Role of the Regulatory Bodies

The duties and objects of the Regulatory Bodies for Health Care Professionals in Canada are contained in the provincial Health Professions Acts. Generally speaking their role is to act on behalf of the provincial Ministers of Health with delegated authority from the Minister to "serve and protect the public" and to "superintend the practice of the profession".

Canadian Opticians' Regulatory Bodies have a history of continuously acting responsibly to regulate Opticianry by closely following their public interest mandate, without regard to the interest of its members. Regulatory recommendations and objectives always stem from their core duties to the public interest. It must be said that the best interest of the public and the best interest of the members of the regulatory body do not always conflict with one another. It is not the task of the regulatory bodies to act against the profession only to ensure that the activities of the profession do not interfere with public interest and safety.

Because of their greater connection to profession-specific activities and skills, the Regulatory Bodies possess a breadth of expertise that is not ordinarily available to the government. Their resource is a valuable asset to the Ministers of Health and they can assist the Ministers in the role of core consultants when government is developing regulation that requires sound underpinnings.

B) Scope of the Discussion

Opticianry is the health profession where non-pathological visual impairment is corrected by the Optician with ophthalmic lenses. The Optician specifically measures, designs and makes ophthalmic lenses for the patient to achieve the desired remedial effect – this process is called "ophthalmic dispensing". Ophthalmic lenses are lenses designed to correct or to protect a condition of the eye: they are mounted on a carrier, such as eyeglass frames or contact lenses, to form ophthalmic appliances. Commonly recognized ophthalmic appliances are eyeglasses and contact lenses; however, appliances also include low vision aids and prosthetic ocular devices.

The ophthalmic dispensing of lenses involves the interaction between the anatomical visual system of the patient (cornea, iris, crystalline lens, retina and fovea) and the lens optical system of the lens (lens form, lens function, lens material and lens orientation). The systems are independently complex and the Optician must consider both systems in interaction with each other in order to achieve the desired remedial effect.

It is important to emphasize that the lens optical system is a neutral system until it interacts with the human eye. Ophthalmic appliances cannot be qualified as ‘good’ or ‘bad’ when considered apart from any anatomical visual system. An ophthalmic lens can only produce a remedial or adverse effect on the patient when the lens is interacting with the eye. It is at this point that the lens can be qualified as ‘appropriate’ or ‘inappropriate’ for the patient, dependent on the patient’s visual needs and intended remedial effect of the lens. Therefore, the neutrality of the ophthalmic appliance is the fundamental reason for the need of professional training in ophthalmic dispensing.

A lens can be properly made according to the given design and measurements, but if the design and measurements are inappropriate for the patient in the first place, the lens would induce adverse effects when worn. The effect of an ophthalmic appliance on a patient ultimately depends on professional judgment in lens design during ophthalmic dispensing.

II. Key Components of Ophthalmic Dispensing

The OAC believes that it is important for the government to be clear about the process and phases in ophthalmic dispensing. A complete understanding of ophthalmic dispensing will stress the need to reserve the appropriate actions that are necessary to safeguard public choice and protection.

Ophthalmic dispensing consists of two main phases: the design phase and the dispensing phase. In the design phase, the Optician assesses the patient’s visual needs and then develops the design for appropriate lenses based on his/her professional judgment in what constitutes best form to give the patient optimum visual results. In the dispensing phase, the Optician ensures that the resulting ophthalmic appliance not only meets the design specifications but also that 'in situ' it has the appropriate remedial effect as intended by the original prescription and lens design.

Given the breadth of ophthalmic dispensing, this document will highlight the key components of the process that need to be safeguarded by appropriate regulation. The comprehensive discussion on ophthalmic dispensing is found in Appendix 1 of this paper.

A) The Design Phase

In the Design phase, the Optician must assess the patient’s remedial needs and design lenses to produce an ophthalmic appliance to correct vision. The Optician first considers the nature of the patient’s visual impairment as denoted by the prescription. The Optician through the process of consultation with the patient and by taking measurements based on the patient's anatomical needs, then designs ophthalmic lenses with the appropriate remedial effect for the patient’s visual needs.

An ophthalmic lens has four main effects on the eye: the corrective effect, the prismatic effect, the selective light absorption/light transmission effect, and the impact resistance effect. Professional training is necessary to design a lens with the appropriate balance of the four major lens effects for the patient; otherwise, an inappropriately designed lens will have adverse visual effects on the patient therefore raising issues of safety. Any person who has worn a bifocal or multifocal for the first time is able to identify with the challenges of driving a vehicle with the initially seemingly distorted peripheral vision.

There are more than 15 individual design elements that make up an ophthalmic lens (see Appendix 2), and when taken altogether, these design elements ascribe the appropriate lens effects to the lens for the benefit of the patient. All eye care stakeholders understand the complex requirements involved in this design stage of an ophthalmic lens. The American National Standards Institute (ANSI) issues standards for ophthalmic lenses and an extensive list of stakeholder groups participated in the formation of these standards (see Appendix 3). These standards are considered so important in the lens design stage that all eye care professions have incorporated the professional's ability to adhere to these standards into professional competencies, academic curricula, entry-to-practice examinations and professional standards of practice.

A telling illustration of the importance of the design phase is found in pediatric ophthalmic dispensing. Infants and children with visual impairment rely on the proper design for specialty ophthalmic lenses. The lens design must be based on the accurate assessment of the infant's visual needs. The Optician is responsible for recommending a lens design that takes into account the accepted standards of lens design, the muscular imbalance in the infant's anatomical visual system and the adaptation of the ophthalmic prescription to the infant's visual needs.

B) The Dispensing Phase

Having determined the appropriate lens design, the Optician then has ophthalmic lenses made according to his/her specifications. In the dispensing phase, an unfinished piece of lens material is processed into the finished product.

The ophthalmic lens undergoes three main types of verifications:

- the verification between the physical properties of the lens and the original prescription,
- the verification of the physical properties of the lens and the recommended lens design,
- and the verification of the ophthalmic appliance in interaction with the patient's visual system.

It could be said that this final verification is the most important part of the process. It doesn't matter how accurate the development of the numbers on the prescription, how scrupulous the lens design and lens manufacture, if the ultimate appliance

doesn't produce the desired result...adjustments and/or modifications must be made. The combination of a correct prescription and a poorly designed and dispensed appliance has the same effect as the combination of an incorrect optical prescription and a properly designed and dispensed ophthalmic appliance. In the current practice of Opticianry, the verification of the physical properties of the lens is carried out multiple times as outlined above.

Since an ophthalmic appliance is a neutral system by itself, the technician only looks at the physical production aspects of the appliance. As the professional who designed the lens, and took the measurements transcribed the specifications, the Optician is ultimately responsible for ensuring that the finished ophthalmic appliance is appropriate for the patient's visual needs. An ophthalmic appliance can only remedy vision if it is in proper interaction with the patient's eyes. In this stage of the dispensing phase, the Optician needs to physically see the patient in order to determine that the lenses, when worn, will properly interact with the visual system of the eye and help the patient to see clearly and function in the real world environment.

Using the example of the first time multifocal wearer, the patient must be instructed and observed using the lenses. An adjustment of less than a millimeter can mean the difference between a patient walking safely through the mall back to his/her car or stumbling and falling as he/she tries to mount the escalator.

III. Reserved Actions and Regulation

A) Reserved Actions Regulations Need to Incorporate the Appropriate Definitions that Reflect Accepted Practice for Opticianry

The definitions of "dispense", "prescribe", and "verify" need to be included in any regulation that defines restricted, reserved or controlled activities. These definitions must reflect the long-standing and accepted definitions of ophthalmic dispensing. Opticianry has a national set of competencies that is recognized by the ten provincial regulatory bodies for Opticianry. The National Association of Canadian Opticianry Regulators (NACOR) has set this definitive measure of the profession in the National Entry to Practice Competencies document. The nine member agencies of NACOR have adopted these competencies as part of their entry-to-practice requirements. In addition, experts in the profession comprised of educators, practitioners and industry representatives also have developed manufacturing standards such as the ANSI standards that are based on the needs and tolerances of an individual.

Verify - The OAC believes that the act of verification must include both objective and subjective verification. Objective verification denotes an emphasis on the straightforward checking between the ophthalmic prescription, the design specifications and the finished product. Since an ophthalmic appliance is neutral

by itself, ophthalmic dispensing depends on the professional's assessment of the finished product 'in situ' and on the professional's confidence that the finished ophthalmic appliance is correctly interacting with the patient's visual system.

An ophthalmic prescription only indicates four baseline measurements that make up the power of the lens to see objects at an infinite distance: spherical power, cylindrical power, axis of astigmatism and reading addition (see Appendix 6). This combination of measurements is intended to provide a specific corrective effect. Since an ophthalmic lens is composed of more than 15 lens design elements, the ophthalmic prescription by itself is insufficient for making an ophthalmic lens. Ophthalmic lenses are made according to the Optician's lens design and specifications based on the patient's needs (see Appendix 2).

Although the ophthalmic prescription is the foundation upon which the appliance is based, on its own it is merely a set of numbers and symbols that may be interpreted into hundreds of different formats. Verification of the appliance takes place multiple times during the manufacturing process.

• At the completion of the process of turning an unfinished piece of lens material into what we would recognize as an ophthalmic lens;
• At the completion of the process inserting the lenses into the frame;
• Prior to leaving the manufacturing facility for delivery to the eye care professional; and
• Upon the receipt of the finished ophthalmic appliance at the office of the eye care professional.

The importance of a broader understanding of subjective verification is also evident in other health professions where an appliance is prescribed to correct a physical impairment. The fitting of dentures is a good example. The dentist assesses the patient's needs and sends the design specifications and the study impressions to the dental lab. The finished dentures undergo numerous verifications and adjustments by the dentist to ensure that the appliance fits correctly in the patient's mouth. These bite adjustments by the dentist are crucial to ensure that the dentures are appropriate for the intended patient. Similar to ophthalmic dispensing, it is the proper physical interaction between the appliance and the patient that allows the professional to care for the patient. The reserved actions for ophthalmic dispensing should be the key activities performed by the Optician, for s/he is the professional who is responsible for achieving the desired corrective effect intended by the prescription.

Prescribe - It is helpful to note that an ophthalmic prescription does not serve the same function as a pharmaceutical prescription by a physician. A pharmaceutical prescription contains the complete set of information for the recommended remedy: take X tablets at Y intervals for Z days.

By contrast, an ophthalmic prescription does not in itself contain a remedy. An ophthalmic prescription only contains the measurements for one aspect of the patient's anatomical visual system: the refractive error. However, the present definition of an ophthalmic prescription is not necessarily accepted as the best definition by either Opticianry or optometry.

The authority of the prescriber is unique in Opticianry, because the authorization to dispense has taken the form of an ophthalmic prescription, which essentially acts as an element of the design phase in ophthalmic dispensing.

In other health professions, the authorization to dispense is simply an acknowledgment that the patient has been recommended to get an appliance. The professional who recommended an appliance does not indicate anatomical or product specifications because it is the person who designs and dispenses who assumes full responsibility of the finished appliance and of the patient's health and well-being.

Both Opticianry and optometry agree that ophthalmic dispensing involves more than 15 design elements in the lens design stage in order to make an ophthalmic lens that can benefit the patient (see Appendix 2).

Both professions also acknowledge that only a professional with the appropriate education and competence can properly design an ophthalmic appliance. There is also acceptance that the refractive error of the eye is relatively simple to measure by the eye care professional – it can be determined by computerized equipment such as an auto-refractor or automated refraction equipment.

Dispense – The OAC believes that the Optician is the professional who is appropriately educated to determine the lens design and assumes the responsibility to ensure that the final appliance is beneficial for the patient.

In practice, the Optician's professional judgment in lens design in the design phase is more important than the ophthalmic prescription itself. It is the Optician's assessment of the patient's needs and the lens design that determines whether the lenses would have a remedial or harmful effect on the patient; therefore, the Optician should be ultimately responsible for the ophthalmic lenses in the correction of visual impairment.

The definition of 'dispense' in regulation must place greater or at the very least equal emphasis on the professional judgment in lens design and on the intellectual expertise necessary to dispense the appropriate ophthalmic appliance than it does on the development of the prescription.

B) The Reserved Actions Regulation Should Recognize the Phases in Ophthalmic Dispensing as a Set of Reserved Actions.

The OAC recognizes that the act of prescribing (issuing an ophthalmic prescription) is historically considered as part of an eye health examination. Yet, it is clear from the reality of ophthalmic dispensing that prescribing an ophthalmic appliance is separate from diagnostic procedures to determine a disease, disorder or condition. The government itself indicates that it has recognized that the prescribing phase of ophthalmic dispensing is independent from a medical eye health examination. However ophthalmic dispensing is composed of the act of designing and the act of dispensing – these two activities are not independent from each other.

IV. Implications of the Reserved Actions Regulation on the Practice of Opticianry

A. Limited Access

Optometrists currently authorize, prescribe, and dispense the product they authorize. Under the current regulatory framework, Opticians must obtain an ophthalmic prescription in order to design and dispense new ophthalmic lenses. However, the reality of the Opticianry profession is that authorization from optometry is increasing difficult to access. Optometric offices are setting barriers to restrict access of ophthalmic prescriptions – neither the patient nor the Optician can easily obtain a copy of the ophthalmic prescription. As a result, consumer choice is limited and the patient is compelled to obtain the ophthalmic appliance from the optometrist.

This restriction of ophthalmic prescriptions is therefore detrimental to the public's right to chose health providers and services, as Opticians cannot continue to offer their professional expertise without access to ophthalmic prescriptions.

Currently, optometry issues an ophthalmic prescription as the authorization to dispense. An ophthalmic prescription only contains five measurements including the expected visual result (designated as the visual acuity), but both the Opticians and the optometrists understand that an ophthalmic lens is composed of more than 15 lens design elements. While Opticianry is professionally educated to develop all the design elements, optometry believes that the optometrist should be the professional who determines all the design elements on the ophthalmic prescription.

A careful review of optometry position papers and literature reveals that optometric stakeholders further believe that the Optician must only dispense according to the optometrist's exact lens design specifications. In other words, optometry is advocating the position that optometrists ought to control the entire design phase of ophthalmic dispensing.

Optometry's position has severe implications for consumers: Were they able to enshrine this interpretation of the prescription in regulation it would effectively grant optometry with a near-monopoly on ophthalmic appliances. Governments must make certain that regulation does not become an enabling mechanism for optometry limit consumer choice by high jacking the scope of practice of a competing profession. Already, organized optometry is advancing its interests in prescribing the final lens design.

Organized optometry includes optometric buying groups, consortiums and optometric clinics. It has arrangements with optical manufacturers to advertise ophthalmic products that are only available through optometrists. Furthermore, organized optometry has also developed product lines with brand names such as "D/R (Doctor Recommends™)" (see Appendix 7). While these developments appear to be good marketing strategies by organized optometry, they firmly place the optometrist in an unremitting conflict of interest. There is a high possibility that the patient will be forced to buy a specific ophthalmic product that is only available from the optometrist.

If the current trend in optometry becomes enshrined in regulation, the Optician would be required to dispense only according to the modified ophthalmic prescription: either the Optician cannot dispense the appliance because of product limitations, or the Optician will be restricted to only dispense according to the optometrist's specifications regardless of the Optician's professional judgment in lens design, the patient's needs or the patient's right to choice.

The unintended consequence of such regulation would be to effectively limit Opticianry to the physical verification of the finished product to the optometrist's specifications or to force the patient to purchase the ophthalmic appliance only from optometrists. It would mean the loss of Opticianry as a viable eye care profession.

V. Conclusion

The OAC supports the trend of modern health care legislation and regulation to move away from professional exclusivity and towards the new shared scope of practice regulatory model for health professions. Further, the OAC supports the expansion of the scope of practice for both Opticianry and optometry. It is a positive reform that will ensure patient safety and increase public choice. The reserved actions are meant to be the 'master list' of reserved health activities that can only be performed by regulated professionals according to their education and competence.