OPTICIANS ASSOCIATION OF CANADA
ASSOCIATION DES OPTICIENS DU CANADA

August 28, 2009

Alberta Health and Wellness
Attention: Shirley Pate,
P.O. Box 1360, Station Main
Edmonton, AB
T5J 2N3

Dear Ms. Pate:

The Opticians Association of Canada wishes to provide its perspective on behalf of its members in Alberta, on the Review of Schedule 7.1 of the Government Organization Act. We support the government's review of Restricted Activities as they are intended to be a dynamic list that can respond to a changing technological and health environment. We applaud the use of the format selected for the draft document because it serves to make clear the areas where the government is seeking guidance.

Question 2.1 asks whether the restricted activities list should be incorporated into the HPA. We believe this should be done because the object of any guidance document should be to enable compliance. Where understanding can only be gained by moving back and forth between documents there is less chance of achieving that goal.

Question 3.4 asks whether professional regulation should differentiate between unregulated and regulated professionals. Delegation of activities in inevitable in a practical world. The public has a reasonable expectation that health services received will meet an even standard. Where a restricted act may be delegated to a regulated or unregulated person there should be some definition given to which acts may be delegated to which category of provider. Further there needs to be some standard of performance required before a regulated professional can either accept or give delegated authority.

The professions should have common definitions for delegation and for direct and indirect supervision.

Question 4.1 speaks to the issue of whether or not health care aides and other non-regulated health care providers should be able to perform specific acts of care for daily living. This appears to be a practical use of an extended group of health care workers

provided that the specific acts are taught to a standard of performance. Regulation should be flexible enough to provide for carving out portions of restricted activities where it makes sense to do so.

Question 5.1 asks if there should be a common definition of a prescription that would apply to all health care professionals. The Opticians Association of Canada believes that an appropriate definition of prescription is 'an authorization to dispense'. In the case of hearing aids or eyeglasses the authorization could simply be a notice from the physician that the specific individual needs a hearing aid or a pair of eyeglasses. The hearing aid and optical dispensing professionals are competent and capable of developing the details and design of the product. In the case of drugs the authorization would need to be more specific regarding the drug, the dosage and frequency of administration. Someone who is being treated for blood pressure issues has to go to the physicians office every time a new prescription for medication is required so…usually three or four times a year. The reason is because the physician needs to take a blood pressure reading. A pharmacist could take a blood pressure reading and, if the reading falls within a standard provided, could ask for verbal authorization to provide a further quantity of medication. This is cost efficient and time saving for everybody. So the general definition of 'prescription' could be 'authorization to dispense' with profession-specific refinements added as required.

Question 8.1 indicates the Ministry's preference for not including 'diagnosis' on the restricted activities list. The OAC supports this preference for the reasons listed in the consultation document.

Question 9.1 The OAC believes dispensing of hearing aids should be a restricted activity. In many ways this activity parallels that of the dispensing of eyeglasses and contact lenses. Hearing aid specialists are capable of testing for hearing loss, for designing, modifying, adapating and fitting hearing appliances. We presume that hearing aid specialists have Standards of Practice, as do Opticians that describe the steps that must be taken to identify those individuals who would be best served by an appointment with a physician.

Question 17.1 is of critical importance to Opticians. Any definition of dispensing must respect the most important part of the process from prescription to product – performance. You can't evaluate performance absent the individual who is supposed to use the appliance. The current definition "…verify objectively to a prescription" pre-supposes that if the power in the eyeglass or contact lens product matches the numbers on the prescription the desired result will occur. A prescription for eyeglasses is only a collection of numbers that in and of themselves are benign and have no ability to improve vision. The dispensing phase of the process can be viewed as the most critical phase. Only after the dispenser has verified the appliance subjectively can the result be assessed.

The steps involved once a prescription is presented at a dispensary are:

- Assessment of design and production issues association with the prescription

- Assessment and review of anatomical and environmental factors that might impact achieving the intended result
- Measurement and development of product specifications
- Verification objectively of the finished product to the prescription and to the specifications requested
- Verification subjectively of the fit and performance of the finished product.

At a minimum the definition should include both objective and subjective verification of the appliance to the prescription as well as to the design specifications (commonly referred to as a work order).

Thank you for this opportunity to comment on the draft document. We look forward to seeing the final version.

Yours truly,

Mary S. Field,
Chief Administrative Officer,
OAC National Affairs.

cc. Maureen Hussey
Registrar
College of Opticians of Alberta/Alberta Opticians Association.