

APPENDIX: I

HEALTH PROFESSIONS COUNCIL RECOMMENDATION ON THE DESIGNATION OF OPTICIANRY

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Application by the Dispensing Opticians
Association of British Columbia
December 1992

The Health Professions Council is a three person advisory body appointed by the Government of British Columbia to make recommendations to the Minister of Health and Minister Responsible for Seniors about the regulation of health professions under the *Health Professions Act* (S.B.C. 1990, c.50).

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A. STATEMENT OF ISSUES

The Health Professions Council has considered the application from the Dispensing Opticians Association of British Columbia for designation as a health profession under the *Health Professions Act*.

There are two issues in connection with this application:

(a) should the practice of opticianry be designated under the *Health Professions Act*?

(b) if designated, how should the scope of practice be defined?

With respect to the first issue, it appears there is almost universal agreement that some form of regulation of opticianry is desirable, if not in fact necessary. The only real dispute is whether regulation should be under this Act or pursuant to some other commercial or consumer protection legislation.

The second issue is more controversial. In the opinion of the Health Professions Council, the root of the controversy derives from economic considerations rather than with the professional practice itself.

The economic basis for this controversy becomes apparent when the following activities are examined:

(1) Physicians specializing in vision care (ophthalmologists) are prohibited by their own rules from becoming involved in filling prescriptions for eyeglasses. Eyeglasses are the retail end-result of the professional medical examination in the same way as drug prescriptions.

(2) Ophthalmologists are, however, permitted to fill prescriptions for contact lenses. If requested by the patient, they will provide the prescription for filling elsewhere. The Council was unable to determine any significant basis for the distinction made between the handling of prescriptions for eyeglasses and contact lenses.

(3) Optometrists, who compete with ophthalmologists to a certain extent, are not only permitted but encouraged to fill prescriptions for both contact lenses and eyeglasses. Their rules prohibit the optometrist from giving prescriptions for contact lenses to patients to be filled elsewhere. The optometrists are thus in competition also with the optical dispensaries.

(4) Opticians do not examine eyes. Their primary function is to fill prescriptions for contact lenses and eyeglasses. To do so, also involves a significant retail business component.

It is this economic competition directly related to the filling of prescriptions for both contact lenses and eyeglasses that fuels the controversy over what opticians can or should be permitted to do. In all of this, the danger is that the public interest will be neglected.

The ophthalmologists seem prepared to have the opticians fill prescriptions for both contact lenses and eyeglasses but without some form of regulation they do not have confidence the people engaged in the industry are competent or qualified. Designation would accordingly allay their concerns.

Optometrists on the other hand take a very possessive attitude to prescriptions for both contact lenses and eyeglasses which appears disproportionate to any real concern with the competency or qualification of the opticians.

Comment:

This commercial aspect to the three eyecare professions seems to account for the lengthy and repetitive history of studies and reports dealing with the regulation of opticianry, both in this Province and elsewhere in Canada and the United States. With the active participation of ophthalmologists, optometrists, and opticians, the efforts seem to have been directed towards achieving a consensus of the three professions involved, at least in those jurisdictions which have moved to include

opticianry as a regulated health profession.

The Health Professions Act introduces a different concept by making the public interest the primary, if not the sole, focus in determining whether and in what manner an activity should be regulated as a health profession. On this basis, some of the compromises necessary to achieve a consensus of other interested parties may be ignored.

In accordance with its mandate, the Health Professions Council has reached its conclusions and makes its recommendations solely on the basis of what the Council has determined to be in the public interest in accordance with the criteria set out in the Health Professions Regulation.

With respect to the first issue, as will be seen from Recommendations 1, 2 and 3, the Health Professions Council recommends the designation of opticianry under the Health Professions Act and a reserved title to be used only by registrants of the new College.

With respect to the scope of practice (Recommendations 4, 5 and 6), the Council has recommended that the designated profession be granted an exclusive scope of practice only with respect to the fitting of contact lens. This exclusive scope is subject firstly to the exception of persons qualified under other Acts (e.g. optometrists and ophthalmologists) and secondly to the refilling of an existing prescription without change. So far as prescriptions for eyeglasses are concerned, no exclusive scope of practice is recommended.

Ancillary recommendations (Recommendations 7, 8 and 9) deal with the delivery and handling of prescriptions by the prescribers (optometrists and ophthalmologists) to patients.

The Council is pleased to note that its investigation has led to recommendations which are largely in accord with the positions of all three vision care professions. There was unanimous agreement that the regulation of opticianry is in the public interest. On the scope of practice issue, an exclusive scope of practice for contact lens fitting was proposed by the applicant and was supported by the majority of stakeholders. This recommendation also reflects the finding of the Royal Commission on Health Care and Costs that narrow exclusive scopes of practice focussing on preventing harm are preferable to monopolistic control over services. The ancillary recommendations are intended to facilitate the safe and appropriate delivery of opticianry services in British Columbia and extend the opportunities for choice by the public in vision care.

B. RECOMMENDATIONS

The Health Professions Council recommends to the Minister of Health and Minister Responsible for Seniors that:

- 1. the profession of opticianry be designated under the *Health Professions Act*,**
- 2. the college established under section 15(1) for the health profession be named the College of Dispensing Opticians,**
- 3. the title "Optician", whether or not in conjunction with any other word such as "dispensing", be used exclusively by registrants of the College,**
- 4. the services which may be performed by opticians are the dispensing of eyeglasses and**

contact lenses in accordance with a prescription from an optometrist or a physician,

5. the following limitations be placed on the performance of services by registrants, namely:

(i) no optician shall fit contact lenses unless qualified to do so by the College of Dispensing Opticians;

(ii) no optician shall conduct eye examinations, refractions or diagnoses; and

(iii) other than the mathematical conversions set out in the diaptor conversion charts which are required to derive prescriptions for contact lenses from prescriptions for eyeglasses, no prescription issued by an optometrist or ophthalmologist shall be altered by an optician for the purpose of filling the prescription,

6. the fitting of contact lenses shall only be performed by registrants of the College who are qualified to do so and persons authorized under another Act but this restriction shall not apply to the refilling of an existing prescription (without alteration) for replacement contact lenses.

The Health Professions Council has also considered the impact of these recommendations on other legislation and makes these ancillary recommendations.

7. It should be mandatory for optometrists and ophthalmologists to deliver prescriptions for both eyeglasses and contact lenses to their patients.

8. Prescriptions issued by an optometrist or ophthalmologist should not indicate in any way that only a person qualified to issue a prescription is qualified to fill it, but may direct the patient to return to the prescriber if problems are encountered.

9. Unless a specific contra-indication is included in a prescription, it should not contain any reference or prohibition against mathematically converting it from a prescription for eyeglasses to a prescription for contact lenses.

In order to implement these ancillary recommendations, consequential amendments may be necessary to the regulations governing optometrists and ophthalmologists.

C. RATIONALE FOR THE RECOMMENDATIONS

Recommendation 1

the profession of opticianry be designated under the *Health Professions Act*.

The mandate of the Health Professions Council is to determine whether it would be in the public interest to designate a health profession [section 10(1)].

In making this determination, the Council is required to apply the public interest criteria set out in section 5(1) of the Regulation:

(1) the extent to which the practice of a health profession may involve a risk of physical, mental or emotional harm to the health, safety or well being of the public, having regard to

(a) the services performed by practitioners of the health profession,

(b) the technology, including instruments and materials, used by practitioners,

(c) the invasiveness of the procedure or mode of treatment used by practitioners, and

(d) the degree to which the health profession is

(i) practised under the supervision of another person who is qualified to practise as a member of a different health profession, or

(ii) practised in a currently regulated environment.

Opticians come into the vision care picture after an eye examination by an ophthalmologist or an optometrist. Consumers needing corrective lenses may visit an optician to have the prescription filled. Opticians order the necessary ophthalmic laboratory work, help the consumer select appropriate frames, and adjust the finished eyeglasses. Opticians also fit contact lenses.

In supplying eyeglasses, the services performed by the optician include taking necessary measurements and providing assistance and advice in the selection of appropriate frames and lenses. The optician then prepares a work order that gives the ophthalmic laboratory the information needed to select and insert appropriate lenses into a frame. The work order includes lens prescriptions and information on lens size, material, colour, and style. Some opticians do their own laboratory work, preparing the lenses themselves. After the glasses are made, the optician checks the power and surface quality of the lenses with special instruments, then adjusts the frame to the contours of the consumer's face and head so that it fits properly and comfortably. Adjustments are made with hand tools, such as optical pliers, files and screwdrivers.

Contact lens fitting involves determining the appropriate lens material, base curves, peripheral curves, optic zone diameter, and lens thickness, power and diameter. Consumers must be counselled on the proper wear, handling and care of their contact lenses and should be referred to their prescriber (ophthalmologist or optometrist) if any persistent problems arise.

The Council has determined that the services performed by practitioners of the health profession of opticianry involve some "risk of physical, mental or emotional harm to the health, safety or well being of the public". This risk is minimal with respect to the dispensing of eyeglasses. The harm which may arise includes discomfort or interference with work from incorrect eyeglasses. The remedy is simple and immediate – substituting a correct pair of eyeglasses.

The fitting of contact lenses, while not an invasive procedure, does apparently involve a somewhat greater risk of physical harm (e.g. corneal damage). The most common cause cited to the Council

for problems with contact lenses is poor lens care technique or hygiene. This problem seems to relate more to the activities of the consumer than to the prescriber or dispenser. It is essential that opticians qualified to fit contact lenses provide appropriate care and hygiene instructions.

Comment:

The Council has been provided with data indicating there are reported incidents of damage from improperly fitted contact lenses. However, we have also considered studies which record no significant difference when contact lenses are fitted by ophthalmologists, optometrists or opticians - nor between regulated or non-regulated opticians. While the representatives of the optometrists group question the validity of these studies, significantly they were not able to provide us with any reliable data indicating a greater risk of harm to the public when prescriptions are filled by opticians rather than by ophthalmologists or optometrists.

In British Columbia, opticianry is not practised under the supervision of a member of a different health profession or in a regulated environment.

The Council also considered the following facultative criteria in section 5(2).

(a) the extent to which the health profession has demonstrated that there is a public interest in ensuring the availability of regulated services provided by the health profession

Consumers have expressed a need for a regulatory body to supervise the provision of services and which has the ability to discipline practitioners if necessary. They would also like some assurance that they are being treated by competent practitioners.

(b) the extent to which the services of the health profession provide a recognized and demonstrated benefit to the health, safety or well being of the public

The public clearly benefits from being provided with appropriate and comfortable eyewear to correct vision problems. It is also in the public interest for consumers to have a choice of vision care services within a range of safe options.

(c) the extent to which there exists a body of knowledge that forms the basis of the standards of practice of the health profession

The Commission on Opticianry Accreditation in the U.S. has identified the following aspects of the practice of opticianry which require specialized knowledge and skills:

- discuss prescription eyewear/ophthalmic devices and other consumer/patient related information, oral and written, with the prescriber,
- analyze and interpret prescriptions,
- communicate effectively with consumer/patients,
- demonstrate knowledge of the normal eye structure, function and pathology,
- assist the consumer/patient in selection of proper frames and lenses,
- determine consumer's/patient's physiognomic measurements,
- neutralize lenses and verify eyewear/ophthalmic devices prescriptions,
- adapt and fit corrective eyewear/ophthalmic devices, including contact lenses, low vision aids and artificial eyes,

- apply rules and regulations for equipment safety; understand the function of equipment and utilize equipment to its full potential,
- maintain consumer/patient records,
- assist in the business related areas, including record maintenance, frame and lens inventory, supply and equipment maintenance and third party forms.

(d) whether members of the profession are awarded a certificate or degree from a recognized post-secondary educational institution

The current training of opticians which is presently available in B.C. is an apprenticeship combined with a home study course through the Northern Alberta Institute of Technology. There is also a six month course offered at a private training institution in Vancouver, the "B.C. College of Optics".

Comment:

With respect to this College, the Council was particularly troubled by the use of "B.C." in the name of the College without Government approval. This could be misleading to the public as it creates the impression that its program is endorsed by the Provincial Government. (Although the College has met the registration requirements of the Ministry of Advanced Education, Training, and Technology for private institutions, this does not constitute accreditation or certification of the College's program.) We recommend that this name not be permitted because of the potential for confusion with the creation of a regulatory body for opticians.

At the request of the Dispensing Opticians Association of British Columbia, Douglas College is currently planning to offer a two year diploma course in dispensing and contact lens fitting. Douglas College had received educational approval for the program, but will require confirmation of funding from the Ministry of Advanced Education, Training and Technology.

Other post-secondary institutions in Canada, including Seneca College in Toronto and Georgian College in Guelph, offer diploma courses in dispensing and contact lens fitting.

In the U.S., the Commission on Opticianry Accreditation has accredited 22 two-year collegiate ophthalmic dispensing programs and 7 one-year ophthalmic laboratory technology programs.

(e) whether it is important that continuing competence of the practitioner be monitored

Because of the ongoing product development in the eyewear industry, it would be essential for opticians to keep abreast of changes in technology. Mandatory continuing education and periodic audits, inspections or examinations of competency would likely be in the public interest but should be proportionate to the risk involved in the delivery of services.

(f) the extent to which there exists within the health profession recognized leadership which has expressed a commitment to regulate the profession in the public interest

Representatives of the applicant Association appear to have a good understanding of the purpose of professional regulation and have expressed a commitment to regulate the practice of opticianry in the public interest. The Association has extensive experience in representing the interests of opticians in British Columbia and has a high proportion of membership among practitioners.

(g) the likelihood that a college established under the Act would be capable of carrying out the duties imposed by the Act, having regard to factors which in the view of the council may affect the viable operation of the college

There are a sufficient number of practitioners in the province to support and carry out the duties of a college. Members of the applicant Association appear to be willing and able to administer a college. The experience gained through their participation in and administration of their own Association would be a valuable resource to a college.

(h) whether designation of the health profession is likely to limit the availability of services contrary to the public interest

The designation of opticianry would not limit the availability of services. In fact, depending on the scope of practice which is legislated for opticians, designation is more likely to increase the availability of services because doctors would feel they could safely refer patients to opticians. Without regulation and the assured qualification of registrants, the professional prescribers are not confident in advising patients as to where their prescriptions may be filled.

Other aspects of the public interest in the regulation of opticianry were also expressed to the Council during the investigation. Representative groups of both optometrists and ophthalmologists expressed the desirability of regulating the practice of opticianry. It should be noted, however, that neither profession supported the designation of opticianry as a "health profession" pursuant to the Health Professions Act because, in their view, opticianry did not come within the traditional definition of a "profession". It was suggested that there should be commercial or consumer legislation which regulates the retail business of selling eyewear.

The Council also carefully considered decisions taken by other jurisdictions with respect to the regulation of opticianry. **Opticians are regulated in every other province in Canada and licensed in twenty-two states of the United States.**

In view of the foregoing analysis, the Health Professions Council has concluded that, on balance, it is in the public interest to regulate opticianry under the Act.

Recommendation 2

the college established under section 15(1) for the health profession be named the College of Dispensing Opticians

Recommendation 3

the title "Optician", whether or not in conjunction with any other word such as "dispensing", be used exclusively by registrants of the College

A reserved title informs the consumer that the professional whom they are seeing is regulated by a college. The Health Professions Act prohibits any person, other than a registrant, from using a name, title description or abbreviation in any manner that expresses or implies that he or she is a registrant of the college [section 13(4)].

This is a key issue for the Council. It is essential that the profession of opticianry have a reserved title under the Health Professions Act in order to ensure that consumers are able to make an informed choice about the practitioner from whom they are purchasing services. In choosing a practitioner who is a registrant of a college, the consumer is assured that he or she meets standards of education and training which are approved by Government, adheres to a code of ethics and standards of practice which are approved by Government and is subject to disciplinary sanctions for incompetent, impaired or unethical practice which have the force of law. The delegated authority given by Government to a regulatory body like a college to administer is considerable and provides important measures of consumer protection.

As was previously mentioned, it is also difficult for other health care practitioners to refer patients to an optician with any degree of certainty as to the quality of services which they will receive. Through the use of a reserved title, both consumers and referring practitioners will be able to discern the regulated from the unregulated practitioner.

Recommendation 4

that the services which may be performed by opticians are the dispensing of eyeglasses and contact lenses in accordance with a prescription from an optometrist or ophthalmologist

The applicant sought designation of the profession of opticianry under the Health Professions Act and, in an addendum to the application, proposed the following scope of practice for the profession:

- (a) the supplying, preparing or dispensing of ophthalmic appliances,
- (b) the interpretation of prescriptions from ophthalmologists or optometrists in respect of ophthalmic appliances, or
- (c) the fitting, adjusting or adapting of ophthalmic appliances to the needs of the intended wearer in accordance with a prescription from an ophthalmologist or optometrist, or without a prescription when lenses are duplicated with no change in their refractive value.

The Health Professions Council is of the opinion that the descriptions of the profession as contained in the recently revised Ontario and Alberta legislation serve as useful precedents for British Columbia in setting out the services which may be performed by registrants. However, we do not recommend incorporating either the Ontario or Alberta wording. The Council considers the simpler description in Recommendation 4 sufficient.

Comment:

Duplication of eyeglasses with no change in their refractive value should also be considered a legitimate part of the practice of opticianry included within the description in Recommendation 4.

Recommendation 5

the following limitations be placed on the performance of services by registrants, namely:

Comment:

With respect to whether any supervision is required for the practice of opticianry, the Council believes that supervision of the performance of the tasks and services performed by an optician is unnecessary. As long as the optician is providing services within the scope of practice for the profession, supervision by optometrists or ophthalmologists is not required.

A number of practice limits were proposed by the applicant. Others also mentioned that opticians should not conduct eye examinations. It was submitted by optometrists that opticians should not advertise any affiliation with an optometrist or ophthalmologist. The Council is of the opinion such restrictions are again derived from the economic interests of the parties and in fact any such restriction in either the practice of opticianry or of the other professions will be adverse to the public interest. There was also discussion about the shelf life of prescriptions and for what length of time a prescription continues to be valid. That should be left to the consumer. Since an optician cannot alter prescriptions, the consumer will require periodic eye examinations. The College of Dispensing Opticians will have to establish specific educational requirements for registrants to be qualified to fit contact lenses.

the fitting of contact lenses shall only be performed by registrants of the College who are qualified to do so and persons authorized under another Act, but this restriction shall not prohibit the refilling of an existing prescription (without alteration) for replacement contact lenses

The Report of the Royal Commission on Health Care and Costs (Closer To Home) criticized overly-broad exclusive scopes of practice which did not address the question of protecting the public from unqualified people who may cause harm to others.

The Council feels that there is insufficient risk of harm in the dispensing of eyeglasses to warrant that becoming an exclusive scope of practice or controlled act which is reserved for the profession. Although the Council has received contradictory evidence and opinion as to the exact degree of risk of harm involved in, or resulting from, the fitting and care of contact lenses, in our view the risk of serious corneal damage must be considered significant. In the final analysis, we conclude that the risks related to the fitting of contact lenses warrants an exclusive scope of practice for contact lens fitting (except with respect to the refilling of a prescription).

Comment:

The Council is aware of the trade in refilling contact lens prescriptions outside the province's jurisdiction. Our understanding of this activity indicated that it is akin to the exception in Recommendation 6 with respect to refilling an existing prescription without alteration. It should therefore not be considered as part of the controlled act reserved for opticianry under the Health Professions Act

Recommendation 7

It should be mandatory for optometrists and ophthalmologists to deliver prescriptions for both eyeglasses and contact lenses to their patients without charge.

There has been some controversy among the vision care professions in Canada regarding the release of prescriptions by optometrists and whether follow-up care by an optometrist or ophthalmologist is required for the fitting of contact lenses by an optician. The medical profession considers the filling of eyeglass prescriptions by ophthalmologists to be a conflict of interest. Consequently, ophthalmologists do not fill prescriptions for eyeglasses and, while they do fill prescriptions for contact lenses, they apparently do not have any objection to the patient having the prescription filled elsewhere. They do not make any point of requiring follow-up care if the prescription for either eyeglasses or contact lenses is filled elsewhere, leaving it to the patient to decide.

Optometrists fill both spectacle and contact lens prescriptions and it seems to be an accepted

practice to withhold prescriptions. In fact, the rules governing the practice of optometry prohibit the release of contact lens prescriptions to patients.

Comment:

The Council is firmly of the opinion that prescriptions should be released to patients without charge. It is in the professions' interest and not in the public interest for any vision care practitioner to withhold a prescription. The release of prescriptions maximizes consumer choice and contributes to a competitive delivery of services and thus lower costs for the consumer.

Other jurisdictions have dealt with this issue, most recently Alberta. The problem invariably involves the reluctance of optometrists to provide prescriptions. When legislative sanctions prove necessary to resolve the matter, they mandate the delivery of all prescriptions to patients. In Alberta, as a result of negotiations initiated by the Ministry of Health staff a compromise was reached whereby the release and delivery of prescriptions was included in governing legislation. A newspaper report (Edmonton Journal, July 18, 1992) credits the successful negotiations to the participation of consumer advocates who focussed the discussions on the public interest.

Section 34(e) of the Regulations of the Board of Examiners in Optometry deems it to be an act of unprofessional conduct if a member "permits, allows or causes a person, who is not a registered optometrist or ophthalmologist, to use the said optometrist's prescription or optometric findings to fit contact lenses upon any person". This provision is not in the public interest and should be repealed.

The Council would recommend, however, that the consumer be advised to return to the prescriber in the event that he or she experiences any persistent problems with contact lenses or spectacles. Any discomfort, soreness, redness, or other difficulties caused by the eyewear should be evaluated by an optometrist or ophthalmologist. The Council is of the view that it would be desirable if optometrists and ophthalmologists would make a notation on their prescriptions alerting the consumer to return to the prescriber should there be any problems.

eyeglasses to a prescription for contact lenses.

There is no justification for prohibiting an optician from using a prescription for eyeglasses to dispense contact lenses. The patient does not need a separate prescription to be issued by the prescriber. The optician is able to calculate the necessary adjustments.

It should be noted, however, that it would contribute to the safe practice of opticianry if a prescriber would note on each prescription whether there are any contra-indications for the wearing of contact lenses by the patient. The dispensing optician obviously needs to be informed if the prescriber found any pathology or other bases prohibiting the wearing of contact lenses.

Comment:

The filling of a prescription with a contra-indication would obviously be outside the opticians' scope of practice and would therefore be prohibited by law.

D. THE APPLICATION AND PROCESS OF INVESTIGATION

The application for the designation of opticianry, together with the requisite application fee, was received from the Dispensing Opticians Association of British Columbia on November 13, 1991.

The applicant adopted the wording from the Alberta legislation to describe a proposed scope of practice for the profession. Furthermore, the applicant maintained that to supply or prepare a contact lens, or to measure adjust or adapt a contact lens for an intended wearer, should be within an exclusive scope of practice. The applicant also put forward the following practice limits:

- *cannot alter prescriptions,*
- *cannot do visual tests,*
- *cannot use medical devices,*
- *cannot refract or diagnose, and*
- *no supervisor required when covered by Provincial Act.*

The profession of opticianry is not currently regulated in British Columbia although the Ministry of Health has been considering its status for some time. In 1977, the Vision Care Task Force (comprised of representatives of the B.C. Optometric Association, the Department of Ophthalmology at UBC, the College of Physicians and Surgeons, the BCMA, the Dispensing Opticians Association and the Ministries of Health and Education) recommended, among other things, that legislation be enacted to license dispensing opticians to dispense glasses and fit contact lenses. In the absence of any action, the Dispensing Opticians Association continued to press the Ministry for self-governing status. The Coordinated Vision Care Study Group was established in 1983 to assess the recommendations of the "Vision Care Task Force Report" and make recommendations regarding their implementation. It was composed of the representatives of the B.C. Society of Eye Physicians and Surgeons, the B.C. Optometric Association, the Dispensing Opticians Association of B.C., and the Ministry of Health. Again, it was proposed that the Minister prepare and submit legislation respecting dispensing opticians to the Legislative Assembly.

This recommendation was apparently part of the impetus for the Health Professions Act. Given this

background, it is not surprising that the Dispensing Opticians Association of British Columbia was the first health profession association to submit an application for the designation of its profession under the Act.

Although the Council is cognizant of the value of this previous work, in its opinion, the consensus among the "three O's" (ophthalmologists, optometrists and opticians) which formed the basis for the recommendations of the Study Group differs from the Council's mandate to determine whether it would be in the public interest for opticianry to be designated under the Health Professions Act. It would seem that the public interest was only incidental to the underlying rationale for the recommendations of previous advisory committees. Rather, the object of that exercise was for the eyecare professions to reach a negotiated agreement on matters related to the delivery of their services in British Columbia. The end result represented give and take and compromises amongst the parties but the public interest was not specifically involved.

The Council has therefore conducted an investigation of opticianry strictly in the context of its mandate under the Act. While the reports have been useful precedents and contain a great deal of information, the Council has chosen not to rely solely on the work of committees comprised largely of stakeholders appointed by the Ministry in the past to consider these same issues.

The Health Professions Council is satisfied that the applicant meets the threshold requirements of the Act. It is an association (duly incorporated under the Society Act) whose members are practising a health profession. The Council is of the opinion that opticianry is a health profession within the meaning of the Health Professions Act in that dispensing opticians exercise skill or judgment or provide a service related to the preservation or improvement of the health of individuals. On this basis, the Council decided to conduct an investigation of opticianry and gave public notice of the investigation in the Gazette as required by the Act.

During its investigation, the Council wrote to seven vision care associations, the regulatory bodies for the related professions, three bodies involved in opticianry education as well as other provinces, the territories and Washington State seeking input on the appropriate regulation of opticianry (see Appendix A). The Council received detailed submissions from all the stakeholder groups in addition to legislation and other relevant information from the other jurisdictions. The 1991 report of the Task Force on Eye Care Issues from Alberta was especially helpful.

In addition, the Council conducted its own research. A 1985 report from the State of Nebraska on the credentialing of opticians in that state was a particularly useful study. The Council also received letters from individual consumers and practitioners expressing opinions with respect to the services performed by opticians including some correspondence which was referred by the Minister's office.

The Council was very impressed with the thoughtful representations which it received and is very grateful for the knowledge and opinions which were shared. A brief synopsis of the written materials received by the Health Professions Council from stakeholder groups is included at Appendix B.

These stakeholders who chose to submit written briefs were invited to appear at a hearing in Vancouver on August 31, 1992. This provided the Council with a valuable opportunity to clarify certain points, ask questions and discuss contentious issues with the participants. It was also an opportunity for the applicant and those affected by the regulation of dispensing opticians to publicly air their concerns and hear first hand the positions of others with opposing interests. The Council also used the meeting to explain its mandate and the investigation process.

In addition to the information received during the consultation process and at the hearing, the Council has gathered information from various sources regarding the training received by opticians, the tasks and services performed by opticians, and the delivery of vision care services generally in British Columbia and elsewhere. The Council is satisfied that it has received sufficient evidence

about the practice of opticianry upon which to base its recommendations. We are strengthened in this opinion by the knowledge that numerous similar studies have invariably come to the conclusion that opticianry is a health profession which should be regulated with a scope of practice similar to what has been outlined in this report.

Appendix A - Consultation Process

1. Vision Care Associations

*British Columbia Association of Optometrists
British Columbia Society of Eye Physicians and Surgeons
Opticians' Association of Canada
Vision Council of Canada*

2. Related Health Professions

*Board of Examiners in Optometry
The College of Physicians and Surgeons of British Columbia*

3. Educational Institutions

*British Columbia College of Optics
Douglas College*

4. Other Ministries

Advanced Education, Training and Technology

5. Provinces and Territories

*Alberta Health
Alberta Professions and Occupations Bureau
Manitoba Health
New Brunswick Department of Health and Community Services
Newfoundland Department of Health
Northwest Territories Department of Health
Nova Scotia Department of Health and Fitness
Office des Professions du Quebec
Ontario Ministry of Health
Prince Edward Island Department of Health and Social Services
Saskatchewan Department of Health
Yukon Department of Health and Human Resources*

6. United States Organizations

*Commission on Opticianry Accreditation
Contact Lens Society of America
International Association of Boards of Examiners in Optometry
National Academy of Opticianry
Opticians Association of America
Washington State - Department of Health*

Appendix B

Synopsis of Submissions from Stakeholders

1. VISION CARE ASSOCIATIONS

British Columbia Association of Optometrists

Supported designation of contact lens fitters only; only area which affects patient's

health; body of knowledge and public accountability resembles health profession.

British Columbia Society of Eye Physicians and Surgeons

Supported designation of opticians, but only role which pertains to health is fitting of contact lenses.

Opticians' Association of Canada

Applied nine criteria of Health Professions Legislation Review in Ontario and concluded designation of opticianry is in the public interest.

Vision Council of Canada

Did not support designation of opticians who dispense eyeglasses; if sufficient numbers and in the public interest, a college of contact lens fitters should be established.

2. RELATED HEALTH PROFESSIONS

Board of Examiners in Optometry

Supported designation of contact lens fitters only since that task involves a potential health care risk.

College of Physicians and Surgeons

Supported designation because opticianry should be regulated and restricted to appropriately trained, qualified, and duly licensed individuals.

3. EDUCATIONAL INSTITUTIONS

B.C. College of Optics

Supported regulation as it provides a vehicle for customer complaint resolution, establishes a disciplinary authority to take action for unprofessional conduct and ensures basic minimum standards of competency.

Douglas College

Supported designation of the profession because it is important that standards of practice, adequate educational preparation and quality control measures be in place.

Last Revised: September 25, 2004