

APPENDIX: N



COLLEGE OF OPTICIANS OF ONTARIO: REFRACTOMETRY POSITION PAPER

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Refractometry: what it is not

Refractometry is not a medical eye examination. Refractometry is not prescribing. It is not a controlled act. Under the RHPA, controlled act #9, for vision care, is "prescribing or dispensing for vision or eye problems, subnormal vision devices, contact lenses, or eyeglasses other than simple magnifiers." Refractometry is not prescribing, but rather a test that has been bundled with other tests, evaluations and procedures to comprise an eye examination.

Refractometry: what it is

While physicists define the term "refraction" in basic terms as the "bending of light rays as they pass through substances of different densities", vision care professionals apply the term more specifically.

The term *refraction*, as related to vision care, is used to describe the "process of measuring a patient's refractive error and determining the optical correction needed to focus light rays from distant objects onto the retina and provide the a patient with clear vision."

The process of *refraction* comprises two main components: 1) *refractometry*, a multifaceted measurement of refractive errors with a variety of specific instruments and techniques, and 2) *clinical judgment* which is required to prescribe appropriate optical correction.

Refractometry may be divided into three separate steps:

1. Retinoscopy
2. Refinement
3. Binocular balancing

These procedures involve an array of tests, which can be performed in a variety of ways.

Medical assistants, optometric assistants, ophthalmic assistants, ophthalmic nurses and non-registered health care personnel are often responsible for many of the measurements involved in refractometry. The Physician or Optometrist provides the clinical judgment needed to verify the refractometry results, assess related needs of the patient and prescribe appropriate correction.

In general, Opticians advocate to their patients regular full eye examinations by a Physician or Optometrist every year or two years, dependant upon the advice of those health professionals. Some conditions, such as glaucoma or diabetes, for example, require more frequent visits to an Optometrist or Physician for regular and careful monitoring. While patients with these conditions would not be considered good candidates for a refractometry test because of the nature of their condition, Opticians constantly remind such persons of the obligatory visits to their Physician or Optometrist. Opticians make a point of providing this information to any and all such patients because they perceive it as their duty to educate and remind patients of all aspects of good vision care.

The other aspect of refractometry is the aspect of assessment the patient's needs. This is done in the practice of Opticianry and is a necessary and required step in dispensing. In order to advise the patient as to what is necessary and available to them in the way of eye glasses, contact lenses and sub-normal vision devices, the Optician must first interview the patient and establish what will assist the patient in their vision care. Opticians believe that patients should be fitted in an optimum manner, as is reflected in the Guidelines for Standards of Practice. During this evaluation, any issues that require attention either through observation or data collection are highlighted by the Optician. Whenever there are indications of concern or doubt, the Optician will refer the patient to a Physician or Optometrist for further investigation of the issue. It is considered to be professional misconduct if an Optician does not refer such a case.

Refractometry: is it within the scope of practice of Opticianry?

The College of Opticians recognizes that refractometry, which is considered by all interested parties to not be a controlled act, is part of the procedure of provision of optical appliances. The scope of practice of Opticianry, as set out in the *Opticianry Act, 1991*, is the provision, fitting and adjustment of subnormal vision devices, contact lenses and eyeglasses. It is reasonable to accept and acknowledge that one cannot provide these optical appliances unless and until a refractometry test is performed. The authorised controlled act for Opticians is the dispensing of such optical appliances. However, Opticians also are restricted in their dispensing by the following condition: An Optician shall not dispense subnormal vision devices, contact lenses or eye glasses ... except upon the prescription of an Optometrist or Physician. Therefore the refractometry test results must be reviewed and interpreted by a Physician or Optometrist (the "prescribers") and a prescription issued by the prescriber to the Optician, before optical appliances may be dispensed. Refractometry is a test or procedure for data collection. It is not prescribing for visual correction. Opticians must fill the prescription of a Physician or Optometrist.

Refractometry: Will It Change The Relationships Between Vision Care Providers?

In an essential way, these relationships will not change. The relationships between Ophthalmology, Optometry and Opticianry which have been forged by years of common concern for the welfare of the patient, will not be changed by the regulation of refractometry in the Opticianry practice setting. In fact, any or all tests will no longer have to be done by an unregulated assistant, but can be provided by a regulated professional, the Optician.

By law, Opticians require a prescription by a Physician or Optometrist and this will not change, unless the legislation is changed. The clinical judgement portion of refraction remains in the hands those health professionals from Medicine or Optometry.

Opticians can take on a supplemental role in vision care for the patient, by acting as a screening service at no charge to the OHIP provincial health insurance plan.

Public Policy:

At this time, automated equipment is readily available, and since refractometry is not a controlled act, it is obvious that anyone, included untrained persons, could conceivably offer this service to the public. Patients have no way of knowing that an untrained and unregulated person is giving them a refractometry test. Opticians, under their obligations of professional conduct, would be accountable to the College of Opticians for their performance of any such procedures.

The test itself is routine and innocuous. There is no risk to the public in the actual procedure. However, the greatest concern is that patients will misunderstand what service they are receiving and what other steps they should take to receive complete vision care. When Opticians perform such a procedure, they will refer patients who require immediate or further attention. Opticians recognize the importance of a regular

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full medical eye examination and will continue to encourage patients to have this examination done on a regular basis. Opticians promote regular eye examinations now, and will simply continue this standard.

There will be a cost savings to the public. An interim refractometry test will highlight the need of the patient to return prior to the regular full eye examination cycle of one or two years.

Any cost for the procedure would be subject to the decision of the Optician performing the test, after informing the patient. It has been reported that many Opticians planning to do such a procedure do not intend to charge the patient directly for this process. However, the College of Opticians has no jurisdiction over fees for service or fees for products and so would not dictate a schedule of fees.

In other jurisdictions, full medical eye examinations are no longer covered by the provincial health insurance plan. The cost of eye examinations to the patient has increased significantly, and in some areas of Canada it has doubled. The effect of this on patients is a reluctance to seek attention until they really have to. Even recent changes in Ontario's vision care coverage by OHIP, such that adults are covered for one full medical eye examination only every two years, has resulted in patients putting off regular vision care procedures. Opticians are willing and able to augment this unfortunate result by offering an interim service which will promote and restore regular vision care.

"Sight Testing Task Force":

As all parties are aware, the Council of the College of Opticians directed that a "Sight Testing Task Force" be set up, to research all aspects of the issue of refractometry, and report to council with recommendations for policy. The Notes and Report of this Task Force are attached to this paper. Here we address some concerns which were expressed.

Response to the Submission by the College of Optometrists of Ontario (made to the Task Force of the College of Opticians of Ontario on Simple Sight Testing [Refractometry])

A) Scope of Practice and Controlled Acts

The College of Optometrists recognizes that refractometry is not a controlled act. The College of Opticians does not recognize that discussing such common non-pathologic conditions as myopia, hyperopia and presbyopia is communicating a diagnosis.

These terms, and those like them are used in printed materials and by the public as well as other similar terms such as farsightedness, nearsightedness and so on. All such terms are descriptions of conditions, not diagnoses of diseases. Evidence presented to the Optician by the patient, such as existing ophthalmic devices worn by the patient or a prescription presented to the Optician obviously reveal the refractive error or vision classification of the individual. Opticians do perform assessment of the individual, their vision, their visual demands, and their optical needs. This fact has been a longstanding part of the practice of Opticianry. It is not clear how or why the College of Optometrists do not believe that the current scope of Practice of Opticians does not include assessment, especially given that assessment is not a controlled act. Since the dispensing aspect of controlled act #9 is common to both professions, it is the position of the College of Opticians that in both professions assessment must and does take place prior to dispensing of ophthalmic devices.

B. Standards of Practice

The College of Opticians continues to be concerned about all aspects of services that may be offered to a patient in an optical dispensary. The mandate of the College is "to regulate and improve the practice of Opticianry in the public interest." When a function that is not a controlled act is within the scope of practice of Opticianry, the College may regulate it and set standards of practice for its performance. If it is not, the College has no way of protecting the public in its performance.

The example given in the submission of earpiercing, as an example of a non-related service over which a regulatory College has no jurisdiction, is not a valid example. While certainly it represents an exemption from the list of controlled acts under Section 27 of the RHPA, it is not related to the provision, fitting and adjustment of sub-normal vision devices, eye glasses or contact lenses, and thus is not a legitimate example for discussion. Refractometry, on the other hand, is a test directly and inherently related to vision care, and if the components of an oculo-visual assessment are considered individually, or “unbundled”, is most certainly a rational part of the scope of practice of Opticianry.

C. Public Need

Contrary to the comments in the submission, the College of Opticians does not consider the economic concerns of any health professional to be within its mandate. In fact, the reason for the College’s review of the issue of refractometry is based on its mandate to protect the public. In the public interest therefore, the College of Opticians believes it is its duty to remain concerned about setting educational and performance guidelines for this task. In its review of this issue, the College accepted a no-charge demonstration of one of the automated refractometry instruments, at a Council meeting. This permitted all council and Committee members to see first-hand the parameters of the test.

In the College’s view, the public need for this service is inescapable. Patient inquiries about eye examinations, in the form of full medical eye exams or refractometry tests, continue to grow. On a daily basis Opticians receive requests for the arrangement of these services. Patients express disappointment in having to wait for an appointment, of being unable to meet with and discuss issues without “going through” auxiliary personnel in other health professionals’ offices, of having little time spent with them as individuals because of the number of patients being seen by each prescriber, the disappointment of long waiting periods in the waiting room before receiving the intended service and the cost to them as adult patients, due to the recent changes in the OHIP Schedule of Benefits

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for vision care. There is no doubt that the service of refractometry is needed and desired. What is important here is that patients will benefit from the augmentation to routine service that refractometry will offer. However guidelines and standards of practice must be in place, in order to ensure optimum benefit to the patient, and to maintain a safe and ethical service.

D. Legislative Amendments

The College of Opticians would only pursue a change in legislation if seeking to increase its scope of practice. The College currently has no plans to increase the scope of practice of Opticianry, either in prescribing or any other area. We consider the performance of refractometry to be part of the scope of practice of Opticianry.

E. Considerations

1. Public Expectations

The College of Opticians agrees with statements made by the College of Optometrists that routine and regular full medical eye examinations must always be offered to patients. Opticians have always advocated this and adding refractometry will augment good vision care. The fact remains that patients are still not accessing vision care until they need to, in many cases, and this reluctance has grown because of the recent changes to OHIP coverage of vision care to adults. Opticians, who are the front line professionals in vision care, essentially screen patients by the procedure that is recommended by the College, and this will promote good vision care.

It is difficult to imagine pathological conditions that would be overlooked, given that Opticians are highly trained and skilled in recognition of conditions of the eye and adnexa, and are absolutely required to refer whenever there is the smallest doubt or indication of a problem. It is also unlikely that timely care is or will be delayed, since no one understands better than the Optician the consequence of an expired prescription or the significance of a thorough and accurate full medical eye exam on a regular basis.

Opticians are in fact acutely aware, since they re-do prescriptions where a doctor's change has been issued. These often occur because of the patient's reluctance to have another test. Therefore Opticians have recommended, and will continue to recommend full eye examinations. However, this service would be provided as an interim step, not in place of those eye examinations as described.

2. Possible Approaches and Problems

a) Collection of Data and Communication with Prescriber

The College of Opticians recognizes that the issue of telemedicine and remote diagnosis by Physicians is one that is still in early development, but that these services imply functions done by a Physician for patients not seen by that Physician. The College continues to follow the positions and policies of the CPSO, the OMA and the Ministry. The College of Opticians believes that while it is clearly not a controlled act, refractometry is in fact a collection of data and a test, which may be used as an evaluation tool by a Physician or Optometrist. The College is aware that in remote locations in the province and in the country, maintaining proper vision care remains a hardship faced by many patients in those communities, in that certain health professionals may not be readily accessible. There has been a high success rate in offering a variety of services by alternate and innovative means, without significant negative consequences. However, these situations are successful only if the patient is well informed and monitored to ensure that essential services are received when next available in those areas.

It is the hope of the College of Opticians that joint standards for many aspects of vision care, and refractometry specifically, would be undertaken by all three Colleges involved in vision care, as a demonstration of commitment that each College has, to complete and through vision care, through a dedicated vision care team

b) Acceptance of Delegation of Controlled Act(s)

The College of Opticians will be developing a policy on accepting delegation of controlled acts. It has not taken an official position on the concept of receiving delegation of prescribing by a Physician or Optometrist at this time. Nevertheless, this is a separate issue from refractometry, which the College does not consider to be a controlled act.

3. Training

The College of Opticians has under review current training courses available and has put on hold any decisions as to which programs will be approved as required training. Any programs currently offered by teaching institutions are being taken by Opticians on a "for interest" basis only, at this time. However, once the issues are resolved, the College of Opticians may choose to approve one or more courses or programs. As well, the College of Opticians may choose to require examinations for graduates of such a program or programs, and may decide to identify those Opticians who are successful by a designation, similar to that being proposed for advanced contact lens fitting. At the present time, those formal programs are at the post-graduate level and offered throughout Canada rather than locally.

Recommended Procedure

When a patient arrives at a dispensary and wishes to have his/her eyes tested for any change in refractive error, there is a process that must take place.

There are eight steps in the process of Refractometry:

1. Introduction
2. Data Collection
3. Recording of Chief Complaint
4. Screening
5. Discussion of the Procedure, definition of refractometry and presentation of waiver.
6. Refractometry Measurement

7. Forwarding of findings to a Physician or Optometrist
8. Receipt of a signed prescription document

The Optician would first take initial information, that is data about the patient for the patient record. This would include full and proper name, address, telephone numbers and date of birth. If the patient is younger, specifically under 21 years of age, or older, specifically over 60 years of age, the sight test would not be offered to the patient. Rather, they would be referred to a Physician or Optometrist for a full medical eye examination.

Next the Optician would record the "chief complaint" or main reason that the person is seeking a sight test. The patient would be interviewed carefully to determine if there is a reason why the patient should be referred immediately for a full medical eye exam. Also the patient would be observed and any manifest or obvious condition requiring immediate attention would be noted and acted upon. During the assessment, the patient may disclose personal conditions or family related data that would preclude proceeding until medical attention was obtained. In any of these cases or in related areas of concern, the patient would be referred and the simple sight test would be suspended or deferred.

The Optician, having screened the patient for suitability for the sight test, given their general health, and patient history, would then proceed to explain the nature of the test and the meaning of refractometry versus a full medical eye examination. They would seek to establish that the patient understood the difference and specifically that they had a full medical eye examination within a reasonable time frame.

Once this dialogue has taken place, the Optician would present the patient with a waiver indicating that this distinction had been made and that the patient understood what the procedure would provide, and that it does not replace the full medical eye exam, but rather augments it, and in fact may act as a screening procedure, by highlighting areas of

concern. The patient would sign this document and would be provided with a copy of it. A copy would be retained in the patient record. If required, a copy would be sent to the prescribing Physician or Optometrist.

The Optician would then proceed with the refractometry measurement. This procedure could be done manually, using conventional manual equipment and instrumentation, including, but not limited to, a phoropter, lensometer, slit lamp, ophthalmometer and retinoscope. The procedure may be performed in a "semi-automated" format, using an auto-refractor, plus other manual instrumentation. The procedure may also be performed using "automated" equipment which involves an auto-phoropter, auto-lensometer, interactive software, projector, etc. In any case, the findings of the procedure and test would be recorded on the patient record.

At this time, in the jurisdiction of Ontario, an Optician must dispense only upon the prescription of an Optometrist or Physician. It is not permissible for an Optician to use the findings of the procedure to dispense optical appliances without a prescription. A valid prescription includes the patient name, date of the prescription, the relevant findings and the name and signature of the Physician or Optometrist. Thus the information and findings derived from refractometry must be reviewed and by a Physician or Optometrist.

Therefore, the next step in the process is that all the findings be reviewed by a Physician or Optometrist. The prescriber would review the patient file, including patient history, and if they wish, issue a prescription. At present, there is some reference made to this step in an article published by the Registrar of the CPSO, which indicates his view that the Physician must meet with the patient and establish a professional relationship. It is unclear at this time whether, with the advent of telemedicine, whether this position will change, as to the necessity of meeting every patient. However, this is an area which requires further discussion and policy development by all parties involved.

Once the Physician or Optometrist has responded, and if a prescription is issued by either and duly signed, the Optician may proceed to dispense eye glasses, contact lenses or sub-normal vision devices. It is important at this point to emphasize that, if at any time in the procedure the patient expresses concern about the process or the preliminary results, the test must be halted, and immediate referral take place.

If during the process, the Optician, based on his or her training, recognizes any inconsistency, or irregularity in test results, they would cease the process and immediately refer the patient for a full medical eye exam.

At the end of the process, it is paramount to compare the findings with the patient's present correction (eyeglasses or contact lenses) and establish if the outcome is reasonable and equitable for the patient. Usually an improvement in visual performance is the outcome or expectation. This fact would be established before transmitting information for the purpose of obtaining a prescription. A copy of the prescription, once obtained from the Physician or Optometrist, would be provided to the patient, as is normal.

Safeguards

There are six significant safeguards in the proposed procedure.

1. Knowledge by the Optician in recognition of reasons for immediate referral.
2. Continued advocacy of regular full medical eye examinations.
3. Education of, and dialogue with, the patient as to the nature of the procedure, which includes seeking their informed consent to proceed.
4. Consultation with other health care providers with regard to the findings of the refractometry procedure.
5. Use of proven methodology, which indicate a 92% to 98% accuracy (manual and fully automated).
6. Training of Opticians in refractometry in a formal education process.

Training

There are several programs of study available and those Opticians who wish to consider this area of service to the public may be advised to pursue a formal program of education and training. In direct access for the Opticians in Ontario, it is known that the following programs are/will be available:

1. Northern Alberta Institute of Technology: "Sight Testing" program.
2. Opticians Association of America: 100-Hour Refraction Program
3. Georgian College: under development
4. Seneca College: Refractometry program - under consideration

Concerns About Vision Care by Opticians and the College of Opticians

There are several reasons why the public are requesting this service of Opticians.

1. Reliability of prescription
2. Reliability of service
3. Accessibility

A patient will approach personnel working in an Optical Dispensary and have an expectation that they may provide vision care services including frame selection, contact lenses, eyeglasses, eye examinations and treatment or attention for eye ailments. In a dispensary setting the Optician must respond appropriately as a member of the Vision Care Team.

Many patients report that Physician or Optometrist prescribers are uncertain as to what the result of the vision prescription will be or how well it will work. Patients report to Opticians that they are told by the prescriber that if they (the patient) have the prescriptions for optical appliances dispensed elsewhere, the prescriber cannot guarantee the results. This is of great concern to patients, who have provided their health card information and so feel they have "paid" for an eye examination. Their expectation is that the prescription should be reliable and should result in satisfactory visual correction.

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There continues to be a strong pressure imposed upon the patient to obtain their optical appliances at the place where the full eye examination is done, yet patients desire the freedom to choose where they fill the prescription, as is their legal right. The decision of where to have eye glasses or contact lenses dispensed is driven by such factors as: convenience of location to home or office, personal referral by friend or family, personal experience with an Optician, and/ or strong satisfaction or dissatisfaction resulting from previous service. The patient must be allowed freedom to select where their glasses or contact lenses will be obtained from.

Many patients rely on Opticians to serve their vision needs and find the availability and accessibility both supportive and cost-effective. Patients are demanding ease when dealing with their vision requirements, and often find that accessibility to an full eye examination on demand is limited.

On a daily basis, patients have expressed their preference of receiving all aspects of vision care in one place. This style of multi-discipline practice is not the norm in the province of Ontario, but once the proposed "freedom of association" for all health care professionals is in place, then the three regulated providers of vision care could conceivably offer complete vision care service in one multi-practice environment.

Until such a multi-disciplinary practice becomes a common situation, the issue of access remains as a constant irritant to the public. Opticians are the only regulated profession in vision care who are directly accessible to the public at all times, and always perform triage for vision care.

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Reference

1. American Academy of Ophthalmology

Bibliography of scientific papers

(attached)

Report to Council and Notes of the "Sight Testing Task Force":

(attached)

Letter from, and Response to, Dr. Paul Padfield, President of the College of Optometrists:

(attached)