

5. Optometrists

Overview

Role and function

Optometrists are primary health care providers for the eyes. In this role, optometrists examine, diagnose, treat, manage and prevent disorders, diseases and injuries of the visual system, eyes and associated structures, and identify related systemic conditions affecting the eyes.¹ The main functions of optometrists include the following:

- examining human eyes by any method (other than surgery), to diagnose and treat any abnormal conditions, or refer patients for treatment, in co-operation with doctors and other health professionals;
- using instruments, procedures or agents to measure, examine or diagnose visual defects or abnormal conditions of the eyes;
- prescribing and fitting glasses, contact lenses or other devices to correct, relieve or treat the eyes;
- prescribing, supervising and managing therapy to improve and monitor visual health; and
- referring patients to other health practitioners, as required.²

How the profession is regulated

As a health profession, optometry is regulated in every province and territory by a regulatory body usually called a college.³ For example, the Alberta College of Optometrists, under the *Health Professions Act*, sets the criteria for licensing optometrists and regulates the practice of optometry in that province. As regulators, the colleges protect public safety by ensuring that competent and accountable health care practitioners provide eye care in an ethical manner.⁴

The colleges are directed by a board comprising elected members of the profession in the jurisdiction. The boards in some provinces and territories also include members of the public appointed by the government.

¹ Canadian Association of Optometrists, "The Optometrist and Health Care Delivery in Canada," www.opto.ca/en/public/pdfs/advocacy_init/Role_document_final.pdf; Association of Schools and Colleges of Optometry, "What is a Doctor of Optometry," www.opted.org/info_faq.cfm#1.² Canadian Association of Optometrists, "What is an Optometrist?" www.opto.ca/en/public/03_optometry/03_00_what_is.asp.³ Canadian Examiners in Optometry, "Frequently Asked Questions," www.ceo-eco.org/faq.asp, questions 1 and 16, and "Understanding the Profession," www.ceo-eco.org/home_description.asp.⁴ College of Opticians of Ontario, consultation response, July 6, 2007.

Overlapping services

Ophthalmologists (and other physicians), optometric assistants and opticians provide services that complement or are substitutes for the services optometrists provide.

Ophthalmologists are the designated leaders of the eye care team, which comprises ophthalmologists, optometrists and opticians, according to the Canadian Ophthalmological Society.⁵ Ophthalmologists are medical doctors trained to provide the full spectrum of eye care. As such, their authorized scope of practice is much broader than that of optometrists.

Since the ratio of ophthalmologists to Canadians is quite low compared to that in the U.S., most ophthalmologists in Canada only provide secondary and tertiary care, leaving primary eye care to optometrists.⁶ Ophthalmologists provide some services in competition with optometrists but tend to focus on complementary services. As with optometrists, ophthalmologists prescribe glasses and contact lenses; however, they also perform complex eye surgery and treat certain diseases of the eye, which optometrists may not do.⁷ Optometrists usually refer patients with eye diseases or other conditions that require treatment to ophthalmologists.

Optometric assistants are not regulated service providers; rather, they are specially trained to help optometrists care for patients, and do, among other things, in-office data collection and other non-evaluative tasks.⁸ Assistants receive in-depth training on the various pieces of equipment, procedures and techniques necessary to running an efficient optometric practice.⁹

Opticians design, fit and dispense eyeglasses, contact lenses, low-vision aids and prosthetic ocular devices based on prescriptions from optometrists and from physicians, such as ophthalmologists. Some opticians also manufacture finished lenses, and design and manufacture glasses frames and other optical devices.¹⁰ Opticians compete with optometrists in the filling of prescriptions for and the sale of eyeglasses.¹¹

Opticians in some provinces also administer sight tests (called refraction) for specific groups of people but may not write prescriptions for visual corrections based on the results of the sight tests, or diagnose or treat eye diseases. In Alberta and British Columbia, for example, some opticians do sight tests, but a physician or optometrist must review and approve the results before they can be used to dispense eyeglasses.¹² (For more on this, see “Overlapping services and scope of practice,” below.)

⁵ Canadian Ophthalmological Society, “The Eye Care Team,” <http://eyesite.ca/english/public-information/eye-care-team.htm>. ⁶ There are 3.3 ophthalmologists for every 100,000 people in Canada, compared with 5.7 per 100,000 in the United States. Canadian Association of Optometrists, consultation response, July 3, 2007. American Academy of Ophthalmology, “The Eye Care Team,” <http://aao.org/about/team.cfm>. ⁷ Manitoba Association of Optometrists, consultation response, June 25, 2007. ⁸ Canadian Association of Optometrists, “Optometric Assistants,” www.opto.ca/en/public/03_optometry/03_05_assistants.asp. ⁹ Opticians Association of Canada, consultation response, July 10, 2007. ¹⁰ Canadian Association of Optometrists, “What is an Optometrist?” note 2, above, and Opticians Association of Canada, “What is an Optician?” www.opticians.ca/consumers/quest_optician.asp. ¹¹ Bureau communication with Mary Field, Chief Administrative Officer of the Opticians Association of Canada, April 13, 2007, and July 17, 2007.

Entering the profession

To practise optometry in Canada, individuals must earn the Doctor of Optometry (OD) degree and meet the requirements of a provincial or territorial licensing authority.¹³

Prospective optometrists must also complete the Canadian Standard Assessment in Optometry (CSAO) administered by the Canadian Examiners in Optometry.¹⁴ The CSAO is a national exam that assesses the practice competencies (“activities required for safe and effective optometric practice”) of optometrists who wish to practise in Canada.¹⁵ All the provincial and territorial colleges of optometry (except Quebec’s) use the CSAO as a criterion for admission.¹⁶

Finally, optometrists must hold a licence to practise. Each province and territory sets the criteria for issuing this licence. Once licensed, optometrists must meet ongoing requirements set by the licensing authority to keep their licence and be allowed to practice in that jurisdiction.

Market

Demand

Consumers who have eye injuries, diseases of the eye or poor vision generate the demand for eye care services, as do people seeking preventive care through general examinations. Demand for services from the eye care team—ophthalmologists, optometrists and opticians—depends on the same conditions that affect demand for general health care, such as health, income, health insurance coverage and government subsidies for health care.

When optometrists cannot provide the needed level of care, they refer patients to ophthalmologists (or other medical specialists) for surgery, prescription medication or other treatment. Most ophthalmologists only accept new patients on referral from optometrists or physicians.¹⁷ Optometrists generally see patients first, before ophthalmologists do, and provide the majority of primary eye care.¹⁸ An average optometric practice, which employs an average of 2.3 optometrists, handles about 2,800 patient consultations each year.¹⁹

The geographic market for optometrist services is likely to be highly localized, since people do not usually travel great distances to consult an optometrist.

¹³ Canadian Association of Optometrists, “The Optometrist and Health Care Delivery in Canada,” note 1, above. ¹⁴ Ibid. ¹⁵ Canadian Examiners in Optometry, “Canadian Standard Assessment in Optometry,” www.ceo-eco.org/assessment.asp. The specific competencies are explained in greater detail in Canadian Examiners in Optometry, *Competency-Based Performance Standards for the Canadian Standard Assessment in Optometry, 2005: A Report of the Working Group of the Competence Committee of Canadian Examiners in Optometry*, www.ceo-eco.org/CBPS_Document.pdf. ¹⁶ Canadian Examiners in Optometry, “Frequently Asked Questions” (question 2 and others), www.ceo-eco.org/faq.asp. ¹⁷ See, for example, Manitoba Association of Optometrists, “TPAs,” <http://optometrists.mb.ca/tpas.htm>. ¹⁸ The Manitoba Association of Optometrists claims on its website (ibid) that optometrists provide approximately 77 percent of primary eye care, although whether this is a provincial or national estimate is unclear. In its consultation response of July 3, 2007, the Canadian Association of Optometrists stated that “there is no reliable national source to confirm the extent of primary eye care provided by optometrists throughout Canada. It can safely be stated that the majority of primary eye examinations are performed by optometrists.” ¹⁹ Canadian Association of Optometrists, “Career Information,” www.opto.ca/en/public/03_optometry/03_03_career_info.asp.

The amount of eye care coverage varies widely by jurisdiction. The *Canada Health Act* only allows physicians (ophthalmologists in the case of eye care) to be reimbursed and leaves each province and territory to decide which services to cover.²⁰ While most provinces cover annual eye exams for residents younger than age 18 and older than age 65, Prince Edward Island, Northwest Territories, and Newfoundland and Labrador do not cover any optometry services.²¹ Several provinces, including British Columbia, Alberta, Manitoba and Ontario, cover medically necessary eye exams for all ages.²² Similarly, Saskatchewan and Quebec are among the majority of jurisdictions that provide extended coverage to those with limited incomes.²³

As illustrated in Table 1, average household spending on prescription eyewear varies by province and territory. For example, in 2005, it ranged from a low of \$95 in Prince Edward Island to a high of \$175 in Alberta, while the average across Canada was \$135.²⁴

Table 1: Average household expenditure on prescription eyewear

Province or territory	2000	2001	2002	2003	2004	2005
Alberta	\$158	\$153	\$152	\$148	\$176	\$175
British Columbia	119	116	111	113	147	139
Manitoba	117	117	120	122	128	140
New Brunswick	101	92	102	97	108	104
Newfoundland and Labrador	92	96	91	94	99	97
Northwest Territories	n/a	97	n/a	105	n/a	148
Nova Scotia	102	90	92	93	103	103
Nunavut	n/a	68	n/a	117	n/a	102
Ontario	120	105	117	106	126	117
Prince Edward Island	90	85	88	88	103	95
Quebec	122	136	130	144	156	153
Saskatchewan	120	127	136	124	126	136
Yukon	n/a	187	n/a	127	n/a	127
Canada	\$122	\$119	\$122	\$121	\$140	\$135

Source: Statistics Canada, Annual, Table 203-0008, "Survey of household spending, household spending on health care, by province and territory, annual."

Note: In 1999 and every second year thereafter starting in 2001, statistics for Canada include the territories. For the other years, national statistics only include the 10 provinces. Data from the 2001, 2002, and 2003 Survey of Household Spending have been re-weighted using 2001 Census weights.

²⁰ Alberta College of Optometrists, consultation response, June 27, 2007. ²¹ Prince Edward Island, "In-Province Medical Services that are Not Insured," www.gov.pe.ca/infopei/oneListing.php3?number=76273; Northwest Territories, "Physician Services," www.hlthss.gov.nt.ca/Features/Programs_and_Services/health_care/physician_services.asp; Newfoundland and Labrador, "Medical Care Plan," www.health.gov.nl.ca/mcp/html/mcp.htm. ²² British Columbia, "Supplementary Health Care Benefits," www.healthservices.gov.bc.ca/msp/infoben/benefits.html#eyeexam; Alberta, "Health Care Insurance Plan," www.health.gov.ab.ca/ahcip/ahcip_othercare.html; Manitoba, "Are You Covered?" www.gov.mb.ca/health/mhsip/; Ontario, "Health Services," www.health.gov.on.ca/english/public/pub/ohip/services.html. ²³ Saskatchewan, "Fully Covered Services," www.health.gov.sk.ca/ps_coverage_full.html; Health Canada, "Chapter 3: Quebec, *Canada Health Act Annual Report, 2004-2005*, p. 89, www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/cha-lcsra-0405-qc_e.pdf. In its consultation response of July 3, 2007, the Canadian Association of Optometrists wrote, "Coverage for patients on social assistance is provided in the majority of Provinces."²⁴ ²⁴ Statistics Canada, Annual, Table 203-0008, "Survey of household spending, household spending on health care, by province and territory, annual."

Supply

In 2001, there were approximately 3,720 optometrists in Canada, 89 percent of whom were self-employed and 89 percent of whom worked full time.²⁵ In 2006, there were approximately 2,182 optometrists’ offices in Canada.²⁶ Table 2 shows the distribution of optometrists by province in 2001.

The schools of optometry in Canada have capacity for 533 optometry students (overall in the four or five years of the Doctor of Optometry program). Students from 17 U.S. schools of optometry may also qualify to work in Canada.²⁷

Table 2: Number of optometrists, 2001

Province	Employment type		
	Total employed	Self-employed	Firm-employed
Alberta	295	210	85
British Columbia	410	325	85
Manitoba	115	85	30
New Brunswick	120	100	20
Newfoundland and Labrador	35	30	5
Nova Scotia	95	80	15
Ontario	1,315	1,085	230
Prince Edward Island	10	10	0
Quebec	1,205	985	220
Saskatchewan	115	105	10
Canada	3,715	3,015	700

Source : Statistics Canada, “Employee Statistics for NOCS D012 Optometrists,” 2001, and 2001 Census.

Restrictions and recommendations

Market entry restrictions

Entering the profession

Prospective optometrists must complete at least three years of prerequisite college or university courses, including those in mathematics, and the physical and biological sciences, as well as a four-or five-year university Doctor of Optometry (OD) program.²⁸

Graduates of the OD program must then satisfy the licensing requirements of a provincial or territorial college of optometry in order to practise. Included in these requirements are successful completion of a national examination (except in Quebec) and, typically, a province-or territory-specific jurisprudence examination.

Most provinces require practising optometrists to keep their skills and qualifications up to date by completing continuing education for licence renewal. For example, optometrists

²⁵ Information presented in this section is for optometrist s, as defined by Statistics Canada in the National Occupational Classification for Statistics 2001 (NOC-S 2001) D021. This is the most disaggregated level of data available for Canada. ²⁶ Statistics Canada, “Employment Size Ranges for NAICS 621320—Offices of Optometrists,” 2006, custom request. There were 2,178 optometrists’ offices across the 10 provinces and four offices in the territories. ²⁷ Canadian Association of Optometrists, “Career Information,” see note 19, above. ²⁸ On its website, the Canadian Association of Optometrists states that the OD is a four-year program with the prerequisite of one to three years of college or university mathematics and science courses (Canadian Association of Optometrists, *ibid*). However, in its consultation response of July 3, 2007, the Association clarified that this level has increased to that mentioned above.

in Manitoba must complete 30 hours of continuing education every two years. In Nova Scotia, optometrists must complete 45 hours of continuing education every three years.

Successful completion of a province-or territory-specific jurisprudence exam and a national exam are reasonable licensing requirements and pose no concern from a competition standpoint. The current continuing education requirements are not particularly onerous and appear to be fairly similar across the country. As long as these requirements are directly linked to the need to update skills and are applied similarly to all optometrists, incumbents and new entrants alike, they do not raise competition concerns. However, education requirements and accreditation of optometry programs are another matter, in a number of regards.

The authority to accredit all OD programs in Canada and the United States rests with the U.S.-based Accreditation Council on Optometric Education, **which comprises nine members** of the American Optometric Association and two public members.³¹ While standardization may bring some benefits, from a competition perspective, the fact that an American organization accredits **Canadian schools may pose a risk that the accreditation policies are** formed and evolve based on conditions of supply and demand in the U.S. and do not necessarily reflect conditions in Canada. Therefore, it is critical that this accreditation process include a mechanism by which to feed in the relevant Canadian information. One such mechanism might be Canadian representation on the Council.

Recommendation

Provincial and territorial colleges of optometry should consider ways to ensure that conditions of supply and demand in Canada are taken into account in the formulation and development of the Accreditation Council on Optometric Education's accreditation policies.

In Canada, prospective optometrists face significant entry restrictions because of the limited number of **accredited schools of optometry**. There are 19 accredited schools in North America, only two of which are in Canada: the University of Waterloo (English program) and the Université de Montréal (French program).³² Although Canada recognizes the 17 accredited schools in the United States, the cost of studying optometry in the U.S. is nearly three times that in Canada, ranging from \$175,000 to \$200,000 there, compared to \$60,000 to \$70,000 here.³³ In light of this **substantial cost gap, the likely choice for many prospective Canadian** optometrists is one of the two accredited Canadian schools.³⁴

³¹The consultation response from the Manitoba Association of Optometrists, June 25, 2007, indicates that Manitoba's requirement for continuing education has just been increased to comply with the national objective of 15 hours per year; therefore, effective January 1, 2007, Manitoba optometrists must have 30 hours per two-year reporting period (up from 20 hours). ³²Nova Scotia College of Optometrists, questionnaire response, question 4.1.1. ³³American Optometric Association, "ACOE Membership," www.aoa.org/x5154.xml. ³⁴American Optometric Association, "Why Choose Optometry," www.aoa.org/x5130.xml. ³⁵Canadian Association of Optometrists, "Career Information," note 19, above. ³⁶The July 3, 2007, consultation response from the Canadian Association of Optometrists says, "According to the most recent annual report from the Association of Schools and Colleges of Optometry, there were 348 Canadians enrolled in 15 US Optometry School programs in 2006." The fact that Canadians are enrolled in U.S. schools does not contradict the likelihood that the cost gap has meant that for many students wishing to study optometry, attending a Canadian school is the only financially viable option.

With only two schools in Canada, competition for first-year spaces is substantial, and few students are admitted annually. For example, there were approximately 250 applicants in 2006 for the 85 first-year places in the University of Waterloo's program.³⁵ The competition for a place in the program at the Université de Montréal is even more intense, since that school accepts only 43 out of the approximately 600 applicants each year.³⁶ The Canadian Association of Optometrists has long advocated for a third school of optometry in western Canada and has written to provincial ministries of education in support of such a school.³⁷

Recommendation

The provincial ministries of education should review the current number of university places for optometry students to determine whether it is adequate to meet current and future demand for optometry services in Canada.

While the OD degree has been a four- or five-year program for some time, the prerequisite level of education has been increasing. To meet new ACOE standards, applicants to the School of Optometry at the University of Waterloo will require at least three years of pre-optometry university education (up from two years), as of 2008.³⁸

These rigorous minimum entry qualifications and the limited number of university places are barriers to entry to the optometry profession, since they increase both the direct and opportunity costs of pursuing a career in optometry. As such, any further increase in minimum entry qualifications combined with the restriction on university places protects incumbents from vigorous competition. Nonetheless, a certain level of qualification is most certainly required to ensure service quality and to protect consumers. Therefore, decisions surrounding entry requirements must involve a trade-off between consumer protection and sufficient supply of the service (which also protects consumers by ensuring access to the service). As entry requirements become more demanding, the incremental benefits to consumers in the form of quality control diminish. At the same time, the costs to consumers resulting from restricted competition and reduced access escalate.

Recommendation

The provincial and territorial colleges of optometry must justify any proposed increase in the required entry qualifications for prospective optometrists as being the minimum necessary for consumer protection.

Mobility

Interprovincial mobility

The majority of the provincial colleges of optometry have signed a mutual recognition agreement (MRA) to remove unnecessary barriers to mobility of qualified optometrists

³⁵ University of Waterloo, "Undergraduate Calendar for 2007–2008," www.ucalendar.uwaterloo.ca/SCI/optometry.html.
³⁶ Université de Montréal, "Programme Doctorat en optométrie,"

www.opto.umontreal.ca/doctorat_optometrie/etudiants_etrangers.html.
³⁷ Canadian Association of Optometrists, consultation response, July 3, 2007.
³⁸ University of Waterloo, "Changes to Academic Prerequisites," www.optometry.uwaterloo.ca/prospective/od/changes.html.

and to establish the conditions under which optometrists licensed in one jurisdiction may have their qualifications recognized in another.³⁹

The signatories to the MRA have agreed to the following: that the basic scope of practice for optometrists is similar in each jurisdiction, that the requirements for licensing are having the OD degree from an accredited school and passing the Canadian Standard Assessment in Optometry, and that there are no residency requirements.

Those provinces and territories that have not signed the MRA impose restrictions on mobility that prevent optometrists from effectively responding to changes in demand across jurisdictions. Such restrictions may lead to a significant misallocation of optometrists in Canada.

Recommendation

Every province and territory should sign the Mutual Recognition Agreement (MRA) to facilitate the movement of optometrists throughout Canada. Non-signatories should clearly articulate the features of the MRA that are currently preventing them from signing on to the agreement so that *all* provincial and territorial colleges of optometry can cooperate in order to extend the MRA to the rest of the provinces and territories.

International mobility

To practise in Canada, optometrists with a degree from an accredited school in the United States must write the Canadian Standard Assessment in Optometry exam and comply with provincial or territorial licensing requirements. International practitioners who do not have a degree from an accredited school must have their qualifications assessed through the University of Waterloo's International Optometric Bridging Program (IOBP).⁴⁰ The IOBP assesses candidates' academic qualifications and prior learning, and subsequently refers them to one of the following:

- a one-month orientation program (Bridging One);
- a year-long structured academic program (Bridging Two); or
- a four-year Doctor of Optometry program (when their academic qualifications are assessed as being inadequate).⁴¹

The ultimate goal of the bridging program is to prepare foreign-trained optometrists for the CSAO exam, which is required for licensing in Canada.

All provinces and territories in Canada currently recognize the IOBP.⁴² That they have done so is encouraging, since it clarifies the qualification process for international

³⁹ According to the copy of the MRA found on the Alberta College of Optometrists website (www.collegeofoptometrists.ab.ca/pdf/MRA.pdf), the signatories are Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia and Prince Edward Island. As of 2001, British Columbia, Newfoundland and Labrador and the three territories had not signed the MRA. ⁴⁰ University of Waterloo, "International Optometric Bridging Program," www.optometry.uwaterloo.ca/iobp. ⁴¹ The costs for IOBP assessments and the two bridging programs are as follows: \$750 for the academic qualification assessment; \$950 for the prior learning assessment; \$3,000 for Bridging One; and \$30,000 for Bridging Two. Costs listed in the application package available from the University, www.optometry.uwaterloo.ca/iobp/applicationrequest.html. ⁴² Ibid.

practitioners. In general, when assessing foreign qualifications, there should be no discrimination between qualified domestic and foreign applicants other than on the grounds of competence; based on the information available to the Bureau, the international bridging program at Waterloo seems consistent with this objective.⁴³

Overlapping services and scope of practice

Every service optometrists offer is also available from either opticians or ophthalmologists.⁴⁴ For example, optometrists and opticians may both fill prescriptions and sell eyeglasses and other eyewear. In addition, optometrists and ophthalmologists may both diagnose and treat certain eye pathologies and give eye tests.⁴⁵ Given these areas of overlap, optometrists do not have an outright monopoly on any particular service. However, optometrists are the main providers of primary eye care and reportedly possess a majority market share in this area.⁴⁶

There is an ongoing debate in Canada about whether opticians should be allowed to conduct sight testing independently and use the test results to dispense eyeglasses. These services are currently the domain of optometrists and ophthalmologists.⁴⁷ This debate has been fuelled by the development of accurate and reliable technology that allows for automated refraction, a computerized assessment of visual acuity and determination of the need for, and strength of, corrective lenses.⁴⁸

Optometrists do not have exclusive rights to conduct refraction (also known as sight testing); therefore, it is not outside of opticians' scope of practice.⁴⁹ Rather, it is the prescribing of eyewear based on the results of a sight test that only optometrists and physicians, including ophthalmologists, may do. In British Columbia and Alberta, some opticians perform sight tests; however, opticians may only dispense eyeglasses based on the results of these tests when a medical practitioner reviews the results and authorizes them for use in the dispensing of eyewear.⁵⁰

⁴³The consultation response from the Ordre des Optométristes du Québec, July 4, 2007, stated that a similar French program is currently being developed for foreign-trained optometrists that will allow them to have their credentials assessed and recognized so they may practise optometry in Quebec.⁴⁴New Brunswick Association of Optometrists, questionnaire response, question 4.3.⁴⁵American Academy of Ophthalmology, note 7, above.⁴⁶See note 18, above.⁴⁷The consultation response from the British Columbia Association of Optometrists, July 6, 2007, stated that proposals on this issue have been considered and rejected in other jurisdictions, including Alberta in 2003 and, most recently, Ontario in 2006.⁴⁸For example, EyeLogic™ is "an automated system that connects and combines data from ophthalmic equipment to produce detailed and accurate refraction results" ("The EyeLogic System," www.eyelogic.com/system.htm). A study conducted by the creators of EyeLogic™ and published in the *Journal of Telemedicine and Telecare* suggests "an absence of operator influence on the results of the refractions and a degree of consistency and accuracy compatible with the prescription of lenses" (Ingenta, "A Fully Automated Remote Refraction System," abstract, www.ingentaconnect.com/content/rsm/jt/2000/00000006/A00204s2/art00007). See also College of Opticians of British Columbia, "Information for the Public," www.cobc.ca/Automated_Refraction.aspx.⁴⁹"Refractometry [conducting a sight test] describes the act of measuring the refractive error of the eye for the purposes of a sight test. It includes the determination of values to describe the power of the lenses required to focus light on a patient's retina. Refractions are used in combination with ocular health and binocular assessments to diagnose the cause of vision impairments and, if necessary, the most appropriate eyewear prescription" (Health Professions Regulatory Advisory Council, *Regulation of Health Professions in Ontario: New Directions*, p. 280, www.hprac.org/en/reports/resources/New_Directions_April_2006_EN.pdf). On permissions, see Opticians Association of Canada, "Vision Testing by Opticians in BC: Frequently Asked Questions," www.opticians.ca/consumers/faq.asp and American Academy of Ophthalmology, note 7, above.⁵⁰Bureau communication with Mary Field, Chief Administrative Officer of the Opticians Association of Canada, April 13, 2007. In Alberta, opticians are only permitted to do this as employees of physicians. The physician may be in a remote location, and the opticians are not restricted in the equipment they may use. Opticians need not be employees of physicians in B.C.; however, they must only use automated sight testing equipment.

A clear distinction between a sight test and an eye health exam is very important to this discussion. A sight test measures visual acuity, whereas a complete eye health exam, in addition to measuring vision, considers possible underlying health problems to provide a detailed evaluation of the patient's overall eye health.⁵¹

Opponents of allowing opticians to perform sight tests do not claim there is any danger in the test itself and agree that measuring refraction is simply a data-gathering procedure that involves no medical expertise. Instead, their concern lies in missed pathology, since opticians conducting the sight test could assume that simple refractive error is the cause of blurred vision without doing more detailed investigation.⁵²

There is currently a proposal in British Columbia to allow opticians to perform independent automated sight testing that attempts to address the concern about missed pathology.⁵³ This proposal includes a detailed screening process that carefully distinguishes between individuals with high and low risks for significant eye problems and establishes strict guidelines for eligibility. Through this screening process, opticians would be allowed to offer sight tests to healthy adults who have no risk factors for underlying health problems. Furthermore, if enacted the proposal would allow opticians, for the first time, to make small modifications to an eligible candidate's lens power. The proposal also includes rules that would require opticians to properly inform the public of the distinction between a sight test and a complete eye health exam.

The strength of this proposal lies in the screening process, which appears to be quite comprehensive and deserves a closer look. Under the existing guidelines of the College of Opticians of British Columbia, potential clients with the following conditions are screened out and not eligible for automated refractions:

- those older than 65, since the leading causes of visual impairment are age-related;
- those with specific illnesses and health conditions, such as diabetes, macular degeneration, cataracts and cardiovascular disease, unless already under a doctor's care;
- those at high risk for retinal detachment due to conditions such as hypertension, recent trauma to the head or recent pain in the eye, or people with lens prescriptions of greater than a specified strength;⁵⁴
- those with specific visual symptoms, such as the recent onset of floaters, halos, distortion, double vision or flashing lights; and
- those who have had any eye surgery.⁵⁵

⁵¹For a more detailed discussion of the distinction between a sight test and a complete eye health exam, see College of Opticians of British Columbia, *Sight Testing Client Brochure*, www.cobc.ca/my_folders/Legislation/SightTestCard.pdf. ⁵²In its consultation response of July 3, 2007, the Canadian Association of Optometrists describes this concern. See also Health Practices Regulatory Advisory Council, note 49, above, p. 287. ⁵³In March 2004, the government of British Columbia announced its intention to amend regulation for opticians in the manner described in this section. (For details on the proposed amendment, see College of Opticians of British Columbia, note 48, above). However, the British Columbia Association of Optometrists said in its consultation response of July 6, 2007, that this proposal is not under active consideration. ⁵⁴Defined as +8.00 diopters or -10.00 diopters. ⁵⁵Council of Optometrists of British Columbia, "Frequently Asked Questions: Who is not eligible for an automated refraction?" www.cobc.ca/Automated_Refraction.aspx.

Potential clients are also screened based on the results of their sight tests and referred to ophthalmologists or optometrists for eye health exams when they cannot achieve vision of at least 20/30 or when their vision shows a change of more than a predetermined acceptable amount.⁵⁶

Importantly, the Canadian Ophthalmological Society has issued recommendations for the frequency of eye examinations by age group and type of patient.⁵⁷ For low-risk patients exhibiting no symptoms of underlying health problems, the following frequencies are recommended for the age groups eligible for sight testing under the B.C. proposal:

- age 19–40 years: at least every 10 years;
- age 41–55 years: at least every five years; and
- age 56–65 years: at least every three years.

Proponents of expanding opticians' scope of practice to include sight testing argue that it will increase the efficiency and accessibility of the eye care team and provide low-risk consumers with a convenient, low-cost option for getting their eyes checked. The majority of Canadians seeking optometric services do so because they want to update their eyewear and wish to know whether their prescription has changed before spending money on new corrective lenses.⁵⁸ For clients with these demands, and who do not have underlying health problems or eye-health risk factors, it seems onerous and would be overly expensive to require them to revisit an optometrist or ophthalmologist for a complete eye health exam every time they want their vision tested. It is plausible that a process that is more expensive and involved than necessary would result in some individuals failing to update their eyewear or have their vision tested.

Recommendation

Regulators should determine the overall costs and benefits of extending opticians' scope of practice to include measuring refractive error for low-risk consumers and dispensing eyewear based on the results, including the potential costs in terms of public safety and the potential benefits in terms of lower prices, increased choice and consumer access to eye care services.

A second scope of practice issue concerns the initiative by optometrists to be permitted to prescribe therapeutic pharmaceutical agents (TPAs) throughout Canada. Optometrists are now permitted to prescribe TPAs in seven jurisdictions in Canada, while all 50 states in

⁵⁶ Defined as more than plus or minus one diopter in a six-month period or a total change of more than two diopters from the original prescription.⁵⁷ For the complete list of recommendations for all age groups and patient types, go to Canadian Ophthalmological Society, *Canadian Ophthalmological Society evidence-based clinical practice guidelines for the periodic eye examination in adults in Canada*, p. 43, http://eyesite.ca/english/program-and-services/policy-statements-guidelines/CPG-periodic-eye-exam_e.pdf.⁵⁸ This fact is revealed in *Health Canada Statistical Report on the Health of Canadians 1996–1997*. The findings of this report are outlined in *Submission to the Health Professions Regulatory Advisory Council by The Ontario Opticians Association and The Opticians Association of Canada*, April 29, 2005, www.opticians.ca/images/prof/content/OOA_OAC_Submission_to_HPRAC_April_29_2005_1111.pdf.

the United States allow it. TPAs are prescription medications used to treat glaucoma, eye infections, eye inflammation, eye allergies and superficial eye injuries.⁵⁹

Until recently residents of Ontario were among the four percent of the combined populations of Canada and United States that did not have access to prescriptions for TPAs through optometrists.⁶⁰ In light of this, the Ontario Association of Optometrists recommended an amendment to the province's *Optometry Act* to authorize optometrists to prescribe TPAs and an amendment to the regulations governing optometrists' scope of practice to allow treatment with TPAs. This amendment recently became law.⁶¹

Those remaining jurisdictions where optometrists are not authorized to prescribe TPAs should look to the experience of those jurisdictions that allow it. For example, optometrists in Alberta have been diagnosing, treating and managing glaucoma and other diseases, disorders and conditions of the eye since that province's TPA legislation passed in 1996, with not a single complaint or lawsuit filed.⁶²

Recommendation

Regulators in those provinces and territories that continue to prohibit optometrists from prescribing therapeutic pharmaceutical agents should assess the necessity of such restrictions in light of their relaxation in most of Canada and the United States. As with the recommendation to review the proposed extension of opticians' scope of practice, the costs and benefits of any such extension for optometrists should be carefully considered.

From a competition standpoint, expanding the scope of practice of a profession is favourable when it can be done safely and effectively. Such expansion directly benefits consumers whose range and choice of services and providers increases. Furthermore, as areas of professional overlap broaden, competition between service providers intensifies, placing downward pressure on prices and enhancing the environment for the promotion and maintenance of quality service and innovation.

Market conduct restrictions

Advertising

Advertising by optometrists is regulated in Canada, although the specific advertising restrictions vary by province and territory.⁶³

The colleges of optometry each have a section in their respective legislation allowing them to regulate advertising and to establish what they consider to be reasonable

⁵⁹ According to Manitoba Association of Optometrists, "TPAs," www.optometrists.mb.ca/tpas.htm, optometrists are permitted to prescribe TPAs in Alberta, Saskatchewan, New Brunswick, Nova Scotia, Quebec, Yukon and, most recently, Ontario. The fact that Ontario was recently added to this list is from Alberta College of Optometrists, consultation submission, June 27, 2007. ⁶⁰ Proposal to expand the scope of practice of optometry in Ontario, Ontario Association of Optometrists, submitted to the Health Professions Regulatory Advisory Council, April 2005. ⁶¹ Bill 171, the *Health Systems Improvement Act*, received Royal Assent on June 4, 2007. The Act adds the controlled act of "prescribing drugs as prescribed in regulation" to the list of therapeutic drug prescribing privileges in the *Optometry Act, 1991*. With this, Ontario becomes the seventh province to allow optometrists to prescribe therapeutic drugs; the provincial government will now have to develop regulations to support this. Canadian Association of Optometrists, consultation submission, July 3, 2007. ⁶² Alberta College of Optometrists, consultation submission, June 27, 2007. ⁶³ Several consultation submissions indicated that many restrictive advertising guidelines and regulations are currently being updated. According to the July 3, 2007, consultation submission from the Canadian Association of Optometrists, "several provinces have proposed more modern changes that still await government approval."

guidelines.⁶⁴ Restrictions fall into two categories: content of advertising and type of advertising, with the former being the more restrictive of the two.

While it can be argued that the purpose of advertising restrictions is to protect consumers from false or misleading information, such restrictions also have the potential to limit the availability of legitimate information that benefits consumers and competition.

Several provincial and territorial optometry restrictions state that advertising must be truthful, dignified, in good taste and not misleading; however, many go beyond this.⁶⁵ For example, Nova Scotia, Ontario and Quebec also explicitly prohibit testimonials and endorsements.⁶⁶ Price advertising is not allowed in British Columbia, New Brunswick, Nova Scotia or Saskatchewan.⁶⁷ When advertising a price reduction or discount in Quebec, optometrists must place more emphasis on the good or service than on the discount.⁶⁸ In New Brunswick, consumers must not be able to see any notices about discounts on optometrist fees from outside optometrists' offices.⁶⁹ Ontario prohibits optometrists from being mentioned in non-members' advertising or listings.⁷⁰ Conversely, Nova Scotia prohibits the use of outside logos or business names on optometrists' advertising.⁷¹

While there are few regulations about the type or method of advertising, those that do exist appear overly restrictive and seem to go beyond what is necessary to protect the public from harm. Both British Columbia and Ontario prohibit displaying either merchandise or optical materials outside buildings where optometrists practise.⁷² British Columbia further prohibits optometrists from displaying their licence or diplomas where consumers can read them from outside optometry offices.⁷³ In Ontario, optometrists may not attempt to solicit patients through personal contact or communication with potential patients.⁷⁴ Optometrists' advertising in Nova Scotia may only use means of communication that are equally available to all members.⁷⁵ Nova Scotia also forbids direct mail campaigns.⁷⁶

Of particular concern from a competition standpoint are restrictions on comparative advertising, which most jurisdictions ban, especially advertisements that claim that one

⁶⁴ For example, the British Columbia *Optometrists Act* [RSBC 1996], c. 342, s. 10(1)(j), gives the Board of Examiners in Optometry the power to make rules regulating advertising by optometrists. ⁶⁵ See, for example, Prince Edward Island, *Optometry Act*, R.S.P.E.I. 1988, c. O-6, s. 23, and Alberta, *Optometry Profession Standards of Practice Regulation*, Alta. Reg. 389/1985, s. 16. ⁶⁶ Nova Scotia Association of Optometrists, *By-laws*, s. 46(c); Ontario, *Optometry Act*, 1991, O. Reg. 859/93, s. 1, item 25(v); Quebec, *Code of ethics of optometrists*, R.Q. c. O-7, r.2.2, s. 51.03. ⁶⁷ See, for example, Nova Scotia Association of Optometrists By-laws, s. 45(d). ⁶⁸ Quebec, note 66, above, s. 51.10(4). ⁶⁹ New Brunswick Association of Optometrists, *Optometric Guidelines for Promotional Activities as proposed by the advertising policies review committee for the New Brunswick Association of Optometrists*, p. 5 (provided with questionnaire response). ⁷⁰ *Optometry Act*, 1991, O. Reg. 859/93, s. 1, item 24(ix). ⁷¹ Nova Scotia Association of Optometrists, *By-laws*, s. 46(g). ⁷² Ontario, *Optometry Act*, 1991, O. Reg. 859/93, s. 1, item 43; Board of Examiners in Optometry, *Province of British Columbia Rules*, s. 34. ⁷³ Board of Examiners in Optometry, *ibid.* ⁷⁴ *Optometry Act*, 1991, O. Reg. 859/93, s. 1, item 44. ⁷⁵ Nova Scotia Association of Optometrists, note 71, above, s. 44. ⁷⁶ Nova Scotia College of Optometrists, questionnaire response, question 5.4.

licensed optometrist is superior to another.⁷⁷ Such restrictions impede competition between optometrists and make it particularly difficult for new optometry practices to advertise their unique features, thus protecting existing optometrists from competition.

Restrictions on comparative price advertising likely reduce consumer welfare by leading to price increases, since optometrists have little or no incentive to compete on price when they are prohibited from informing consumers that they have lower prices than their competitors. Additional possible costs of restrictions on comparative advertising include higher consumer search and information-gathering costs, and consumers' making purchasing decisions that they might not otherwise have made had they been more fully informed. In fact, the last of these could include consumers deciding not to purchase optometry services at all.

Recommendation

Provincial and territorial colleges of optometry should review existing restrictions on advertising and remove those that go beyond prohibiting false or misleading advertising. The restrictions that colleges maintain should be clearly linked to a reduction in consumer harm.

Pricing and compensation

Several colleges and associations of optometry publish suggested fee schedules for optometry services, all of which are claimed to be non-binding. The nature of these fee schedules, as well as their effect on prices, varies by province. For example, the Alberta Association of Optometrists publishes a non-binding suggested fee schedule each year, although members do not always respect it in practice.⁷⁸ In New Brunswick, the pricing guide is also non-binding, but members always respect it in practice.⁷⁹ The Manitoba Association of Optometrists bases its suggested fees on surveys and reviews them annually.⁸⁰ The Ontario Association of Optometry publishes a fee schedule as a guide but gives optometrists discretion to adjust fees on an individual basis.⁸¹ Nonetheless, it is professional misconduct to charge fees that are excessive or unreasonable or to neglect to notify patients prior to procedures when fees are higher than the suggested ones.⁸² Although Saskatchewan and Prince Edward Island have fee guides,⁸³ actual fees are on average lower than the suggested ones, which are set by competition.⁸⁴ As in Manitoba, there are no restrictions on contingency fees or other related pricing arrangements in Saskatchewan.

⁷⁷ See, for example, Manitoba Association of Optometrists, *By-Law No. 1/06*, s. 16, provided by the Manitoba Association of Optometrists in its questionnaire response, questions 5.3 and 5.4. ⁷⁸ Alberta College of Optometrists, questionnaire response, questions 5.1 and 5.2, September 13, 2006. ⁷⁹ New Brunswick Association of Optometrists, questionnaire response, questions 5.1 and 5.2. ⁸⁰ Manitoba Association of Optometrists, questionnaire response, questions 5.1 and 5.2. ⁸¹ Ontario Association of Optometrists sent a guide in response to the questionnaire, September 20, 2006. Its 2006 *Suggested Schedule of Professional Fees* makes this statement in the introduction. ⁸² *Optometry Act*, 1991, O. Reg. 859/93, s. 1, items 33, 34. ⁸³ Questionnaire responses from the Prince Edward Island College of Optometry and Saskatchewan Association of Optometrists, questions 5.1 and 5.2, August 19, 2006. ⁸⁴ Questionnaire responses from the Saskatchewan Association of Optometrists, August 19, 2006, and the Manitoba Association of Optometrists, questions 5.1 and 5.2.

From the Bureau's perspective, suggested fee schedules do not contravene the *Competition Act* when they meet two conditions: the schedules are in no way directives with nothing more than voluntary adherence expected; and departure from the fee schedule does not result in professionals being disciplined or disadvantaged in any way.

Nonetheless, the suggested fee schedules that groups of optometrists establish remain a source of unease from a competition standpoint. Furthermore, the Bureau has not been made aware of any rationale for the publication of suggested fee schedules for optometry services that directly targets a public interest objective. Conversely, the Bureau has no concern about individual optometry offices establishing and advertising their own fees, a practice that would likely encourage competition.

The formulation and implementation of suggested fee schedules by colleges and associations of optometry potentially risk facilitating collusion (either overt or tacit) on prices or promoting adherence to specified fees. This risk is augmented in the optometry profession by restrictions on comparative price advertising. Furthermore, the ability of optometrists to successfully restrict entry into the profession further increases the likelihood that the collusion will continue.

Collusion reduces consumer welfare through higher prices and, possibly, lower quality services than what would likely result from unrestricted competition. Given the negative consequences of collusion for consumers, it is vital for regulators to assess the potential benefits of suggested prices against this backdrop.

Recommendation

Colleges and associations of optometry should discontinue publishing suggested price lists, given their potential harm to competition, in favour of allowing individual optometrists to set their own prices.

Business structure

Optometrists in Canada face an array of restrictions on the business structure of their optometry practices. For example, in Quebec, no optometrist may keep more than one office unless each is under the control or management of an optometrist.⁸⁵ In British Columbia, optometric corporations may not carry on any activity other than optometry and all voting shareholders must be optometrists.⁸⁶ In Ontario, only members of the optometry profession may establish an optometric corporation.⁸⁷ In Alberta and Quebec, optometrists are not allowed to divide,⁸⁸ share, split or allocate fees for optometry services or materials with non-optometrists.

Restrictions discouraging or prohibiting optometrists from co-operating with non-optometrists are prevalent throughout Canada. Most troublingly, some provinces restrict

⁸⁵ *Optometry Act*, R.S.Q. c. O-7, s.1. ⁸⁶ Board of Examiners in Optometry, note 72, above, s. 64.3 and 64.4. ⁸⁷ *Regulated Health Professions Act*, 1991, S.O. 1991, c. 18, s. 85.8. ⁸⁸ Alberta, *Health Professions Act*, R.S.A. 2000, c. H-7, s. 98(1)(f); Quebec, *Code of ethics of optometrists*, R.Q. c. O-7, r.2.2 s. 33(1). The consultation submission from the Ordre des Optométristes du Québec stated that a new rule has been proposed that would allow Quebec optometrists to share revenue in this way; however, this amendment still has to be reviewed by the Office of the Professions of Quebec and approved by the provincial government.

the ability of optometrists to have any interest in, or agreement with, ophthalmic outlets, firms, dispensaries or laboratories. The colleges of optometry often justify these rules as protecting against conflict of interest; however, optometrists are permitted to sell eyewear within their practice, a fact that substantially weakens the conflict of interest argument against collaboration with ophthalmic dispensers.

The restrictions in Ontario in this regard are particularly illustrative.⁸⁹ In Ontario, it is a conflict of interest for the public entrances and exits of optometrists' premises to be within or interconnecting with the premises of retailers, optical companies or ophthalmic dispensers. Furthermore, optometrists may not practise in association, partnership or otherwise with ophthalmic dispensers or any other persons or corporations except optometrists or legally qualified medical practitioners. Conversely, optometrists in Saskatchewan may operate as independent doctors of optometry within big-box dispensaries, such as those in Wal-Mart or Costco stores, "provided they maintain their professional identity and ensure ownership and confidentiality of the patient's clinical record."⁹⁰

Interestingly, rules preventing optometrists from entering into business arrangements with non-optometrists that sell optical services or products were challenged in court in 1998. Costco and two optometrists who had been found to be operating in association with optical product retailers appealed their case to British Columbia Supreme Court.⁹¹ In finding that the rules violated the freedom of association guaranteed by the Canadian Charter of Rights and Freedoms and were invalid, the court noted the following:

The Board appears to presume that optometrists who sell what they prescribe will adhere to the standards of conduct set for the profession and be free of any adverse public perception regarding the independence of the advice they give. There is no evidentiary justification for assuming that other optometrists who may associate with non-optometrists will conduct or appear to conduct themselves any less professionally.⁹²

Given the complementarities between the activities of optometrists and opticians, it would be natural for members of both professions to work under the same roof. Such multidisciplinary arrangements would likely result in efficiencies not available to professionals working separately. Thus, by not allowing these relationships, the optometry profession is blocking the potential development of more efficient business models and future innovation. Moreover, these restrictions may discourage prospective optometrists from entering the market and also protect inefficient incumbent optometrists from competition from more efficient rivals. Accordingly, costs are likely being kept inefficiently high, resulting in higher prices to the consumer. A further anti-competitive result of these rules is that they force most optometrists into the same business model, thus ensuring that they all face a similar cost structure. This makes it less likely that meaningful competition or cost innovation will develop.

⁸⁹ *Drug and Pharmacies Regulation Act*, R.R.O. 1990, Reg. 550, s. 26(4)(c), 26(4)(e). ⁹⁰ Saskatchewan Association of Optometrists, consultation submission, June 18, 2007. ⁹¹ *Costco Wholesale Canada Ltd. v. British Columbia Association of Optometrists* (1998) B.C.J. No. 646. ⁹² *Ibid.*, para. 86.

Recommendation

Colleges of optometry should remove restrictions that prohibit or discourage optometrists from working in multidisciplinary arrangements with opticians.

Conclusion

Canada's aging population will substantially increase future demand for eye care services. Enhancing access to these services requires action on two fronts: increasing the number of eye care professionals and making more efficient use of existing professionals.

With respect to increasing the number of professionals, it may be that two schools of optometry in Canada are not enough. Indeed, the profession has been supportive of increasing the number of places in optometry programs at Canadian universities.⁹³ In addition to increasing the number of nationally trained optometrists, the profession should continue its efforts to facilitate qualified foreign-trained optometrists who wish to practise in Canada.

In order for existing professionals to be more effective, the colleges of optometry should remove restrictions that prohibit or discourage the development of more efficient business models—for example, naturally complementary arrangements between optometrists and opticians. This would allow the market for optometry services to benefit from vibrant competition between increasingly efficient rivals and drive improvements in quality and innovation.

To further enhance the effectiveness of existing professionals, it is paramount that all members of the eye care team—ophthalmologists, optometrists and opticians—be allowed to work to their full potential. As long as consumers are informed of the differences between the roles, functions and qualifications of various eye care professionals and the services each offers, it follows that each profession that can safely offer a service be authorized to do so. Although the Bureau does not have the expertise to identify the appropriate areas into which service providers could safely expand their scope of practice, it urges the colleges of optometry (which do possess such expertise) to undertake a detailed assessment of any proposed scope of practice expansion for all members of the eye care team.

Canada's aging population and heightened future demand for eye care, coupled with the various factors restricting supply in the optometry profession and overlapping service providers, speak loudly to the need for regulators to review restrictions in this area and ensure that competition is not being hampered unnecessarily.

⁹³ Canadian Association of Optometrists, consultation submission, July 3, 2007.