



## The Challenge Posed by Refracting Opticians

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With the acceptance of extremely accurate Automated Refracting Instrumentation, the basic refraction in many busy OD and OMD offices are being managed by Ophthalmic Technicians. These individuals, in most cases, have minimum Optometric Professional Education and their technical skill is developed by "on the job training".

In most private offices, the licensed OD or OMD decides the final eyeglass prescription. This improved automation has reduced the patient time with the OD and OMD on the tedious and time-consuming aspect of the refraction. Now more doctor time is available to the important eye health evaluation and case analysis.

As long as there is Optometric or Medical supervision of the minimally professionally educated Refracting Technician there is little threat to quality patient care. But now there is an attempt to change this established mode of practice.

The US Ophthalmic Dispenser would now like to have the opportunity to upgrade their status to become Refracting Opticians. They point to fact that with advanced automation refraction is a very routine straightforward procedure. They can point to the fact that there are Refracting Opticians world wide, including Canada. Why not the USA?

There is almost uniform optometric agreement that at the present time the education of the Ophthalmic Dispenser is inadequate to upgrade their responsibilities. Education ranges from a maximum of 2 years in a community college to no formal technical education. Not all States license Ophthalmic Dispensers. Without Education and Training how can the ophthalmic dispenser expect to make Independent Eyeglass Prescription judgements? Will there be confusion on the part of the Public as to qualifications? Of course! How will eye pathology be discovered with no professional training and the inability to use diagnostic eye drops for dilation? This deficit certainly cannot be in the Public interest.

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What should US Organized Optometry do? The knee jerk reaction is to set up roadblocks and fight every attempt to allow Opticians to expand their license. This roadblock approach was and still is used by Organized Medicine from the very earliest days of Optometry up to the present time.

Each time Optometry wishes to expand their professional services offered to patients, organized OMDs give a very similar argument that ODs might give when it comes to Opticians expanding their license. This roadblock action did not work for Medicine because Optometry was well organized and backed their request for added patient responsibility, by additional education both in the Optometry colleges as well as at continuing education seminars.

Suppose Opticians become well organized? What if they can increase their education so that their training would be equal to the Optometrist who graduated in the first half of the 20th century? Would we offer the same arguments that some very Senior Optometrists can still remember? " Mr. Optometrist if you want to become an Eye Doctor, go to Medical School! " Will Organized Optometry now say "Mr. Optician, If you want to be an OD, go to Optometry School! ". Is this being hypocritical?

No matter what ODs or OMDs think, what the Opticians will be allowed to do is in the hands of State Legislatures. Would not the profession and Public be better served to accept the fact that Economics and the Market place will dictate which of the O's do what?

It may be that in the not too distant future, there will be a new pecking order with the least trained being the Ophthalmic Dispenser. Next there may be a new entity called the Refracting Optician or Refracting Optometrist working in Optical Locations. They will be supervised by the Optometric Physician who will be the Primary Care Eye Physician, responsible for the management of the eye patient having the Optometric Specialties under their control as well as manage office based eye pathology. They will refer all optical work to the Optical Centers and the refractionist and will no longer be involved with eyeglass dispensing. A small number of elite Ophthalmic Surgeons will offer care in the Ophthalmologic sub-specialties in Hospital based locations.

Isn't this the direction Optometry has been moving during the past 30 years to become the Primary Eyecare Provider? The Optometric Physician will be the entry point and control the disposition of the eyecare patient. How best to accomplish this goal?

If Ophthalmic Dispensers wish to improve their status they must be willing to sacrifice effort, time and money to become educated and trained to pass rigid state Board requirements. ODs as well as OMDs should be participating in the education and training and certification of this new class of Refracting Optician.

Optometry Colleges should consider expanding their roll by offering these course for the Refracting Optician. Of course the number of Optometric Physician slots would have to be decreased. All Optometric Physicians would automatically be expected to participate in Optometric Residency Programs.

Medical Residency training for OMDs would concentrate on the sub –specialties, leaving what was traditional Office Ophthalmology in the hands of the Primary Care Optometric Physician. The new Specialized OMD would be Hospital Based.

Are these proposal far fetched? Perhaps, others can design even more practical approaches. I did after all come up with these ideas in one afternoon. What is important is to understand that the clock for Optometry, Ophthalmology and now Ophthalmic Dispensing cannot be turned back. Technological advancements and the reality of the market place demand addressing needed changes. Optometrists must always keep the public interest as the most important factor in the decision making process. I look forward to learning and discussing other points of view.