College of Opticians of Ontario

M E M O

TO: **Council**

FROM: **Fazal Khan, Registrar & Practice Advisor**

DATE: **January 30, 2018**

SUBJECT: **Prescription Expiry Dates**

Issue:

College of Opticians – Website Update

Previously, the COO's website included an FAQ that advised members and the public that optical prescriptions did not expire. As Practice Advisor for the College we receive frequent inquiries about whether Rx's expire or whether a member can disregard the expiry date if included on the Rx.

The COO Standards of Practice are silent on this matter.

At some point several years ago, the prior Registrars of the Colleges of Opticians and Optometrists agreed that if an expiry date was included on an Rx that it could be treated as a recommendation. This was placed on the College website as an FAQ.

Upon consulting with legal counsel, it was felt that counseling our members to disregard Rx expiry dates pose liability and risk issues to our members. The FAQ was suspended.

Current Developments:

College of Optometrists – Updated Prescription Standard

In or around April 2015, the College of Optometrists approved an update to their Standard of Practice with respect to prescriptions (Standard 5.2). Pursuant to this updated standard, optometrists are required to specify an expiry date for all optical prescriptions. Under the College of Optometrists' Clinical Guidelines, the recommended expiry date is one year for patients under 19 or over 65, and two years for everyone else. Under the Standard, if an

optometrist determines to specify an expiry date that differs from the recommended clinical guideline, he or she must communicate the rationale to the patient, so it is understood why it is not appropriate to fill the prescription after the specified date.

Meeting with the College of Optometrists

On January 16, 2018, we met with the College of Optometrists' Registrar, Paula Garshowitz, and practice advisor, Dr. David Wilkinson to discuss the Prescription Standard and its implications for dispensing opticians. Both Dr. Garshowitz and Dr. Wilkinson confirmed that the requirement to include an expiry date on all prescriptions is no longer optional, and that optometrists are expected to adhere to the Standard. It was also expressed that as prescribers, it was expected that aside from exceptional circumstances, the expiry date should be adhered to by anyone authorized to dispense the Rx.

To date, the College of Optometrists has not developed any standard or guideline with respect to how optometrists are to consider prescription expiry dates when dispensing optical devices.

Additional Context – College of Pharmacists of Ontario

In order to provide further context to the issue, we have reviewed the practices of the College of Pharmacists of Ontario with respect to prescription expiry.

The CPO adheres to the Model Standards of Practice for Canadian Pharmacists developed by the National Association of Pharmacy Regulatory Authorities. The Model Standards do not expressly address prescription expiry, however, they state as follows with respect to extending refills:

> *15. extend refills on medications for chronic disease only:*
> - *under conditions specified by, and in accordance with authorities granted to pharmacists by, applicable laws / regulations / policies / guidelines, and*
> - *when it is in the patient's best interest to do so*
>
> *16. extend refills on medications for chronic disease appropriately, having collected and interpreted relevant patient information to ensure:*
> - *the patient's chronic condition is sufficiently stable to warrant extension without evaluation by physician, and*
> - *there are no significant drug interactions, contra-indications or adverse effects, and*
> - *the medication is still required, and*
> - *the dose and instructions for use of the medication are correct, and*
> - *that the patient is receiving appropriate monitoring for this medication and chronic disease*

In addition to the foregoing, the CPO includes a fact sheet under its Practice Tools regarding prescription expiry. The fact sheet states, in part, as follows:

> *Pharmacists are, at times, required to determine whether it is appropriate to dispense a medication when an extended period of time has elapsed since it was initially prescribed. In the process of exercising his or her professional judgement, the pharmacist considers the patient's history, the legal and ethical circumstances of the prescription and the length of time since a medical assessment has been conducted.*
>
> *…Many pharmacy computer software programs are set up so that all prescriptions expire one year from the date of entry into the computer. It is important to note that default expiry dates, with the exception of benzodiazepines and targeted substances, are often corporate or store policy and should not replace the pharmacist's exercise of clinical judgment and decision-making authority.*
>
> *Additionally, members should be aware that the expiry of reimbursement mechanisms (i.e. Limited Use, Exceptional Access Program) is a separate concern from the clinical necessity for medication therapy.*

Note that under Ontario law, prescriptions are generally not required to include an expiry date, unless they fall within the list of substances covered by the Benzodiazepines and Other Targeted Substances Regulations, which are mandated to expire after one year.

Recommendation:

In light of the mandatory nature of expiry dates on optical prescriptions, it is recommended that the COO provide some guidance to members and to the public about how opticians are to consider expiry dates when dispensing. It is furthermore recommended that this guidance include the following elements, at a minimum:

1. Reference to the Prescription Standard and Clinical Guidelines put out by the College of Optometrists;
2. An indication that opticians are required to exercise professional judgment when dispensing optical devices, and that the failure to adhere to prescription expiry dates may result in harm to the patient and/or a breach of professional standards; and
3. Guidance with respect to what steps should be taken if an optician determines to use his or her clinical judgment to diverge from the prescription expiry date (for example, notations in the patient file, communicating with the patient, etc.)

For Consideration:

Council is asked to consider what information, if any, should be disseminated to the public and to members regarding prescription expiry. Specifically, Council is asked to consider the following questions:

1. Should the COO develop new guidance to members and the public on how opticians should consider expiration dates on optical prescriptions?
2. What form should this guidance take? i.e. policy, guideline, standard of practice
3. How should this be disseminated to the members and the public?

OPR

OPTOMETRIC PRACTICE REFERENCE

CLINICAL GUIDELINES

COLLEGE OF
Optometrists
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The best eye health and vision for everyone in Ontario, through excellence in optometric care.

5.2 The Prescription

Description

A prescription is a therapeutic directive between an optometrist and a patient. A prescription is based upon the analysis of all available clinical information and subsequent diagnoses from optometric examination. Optometrists may issue two distinct types of prescriptions: **optical prescriptions,** which when combined with further appliance-specific information, enable the patient to obtain eyeglasses, contact lenses or subnormal vision devices; and **prescriptions for drugs,** which specify topical or oral drugs used to treat certain ocular diseases.

Clinical Guideline

It may be advantageous for optometrists to include additional information on the prescription such as fax and email information and office hours.

Optometrists should consider retaining a copy of every issued prescription with the *patient health record* **(OPR 5.1).**

Optical Prescriptions:

Recommended Prescription Expiry for all Optical Prescriptions

Patient Age	Expiry
≤ 19	One year
20 to 64	Two years
≥ 65	One year

Spectacle Prescriptions

The spectacle prescription should include all items that are necessary for the preparation of the spectacles. The sphere, cylinder and axis are essential to most spectacle prescriptions. Other elements are essential in some cases: for example, reading addition, prismatic power, bicentric prism, or vertex distance of the refraction.

Appliance-Specific Prescriptions

Clinical justification should exist when a prescription contains appliance-specific information.

Contact Lens Prescriptions

The contact lens (appliance-specific) prescription should include those items necessary for the preparation of contact lenses. These may include lens type, base curve, diameter and power.

Prescriptions for drugs:

Clinical justification should exist when optometrists indicate "no substitutions" for a prescribed medication.

6. General Procedures

6.1 Anterior Segment Examination

Description

The anterior segment can be considered as the front third of the eye, encompassing the structures in front of (that is, anterior to) the vitreous humour, including, the lids and lashes, conjunctiva and sclera, cornea, anterior chamber, iris, and crystalline lens. The anterior segment examination consists of a thorough assessment of these structures to facilitate the diagnosis of diseases, disorders and dysfunctions of the eye and vision system. Information obtained from an anterior segment examination is part of the *required clinical information* **(OPR 4.2)**.

Clinical Guideline

Gonioscopy, or use of reliable imaging technology, may be employed when a detailed assessment of the anterior chamber angle is required. Additional technologies and techniques are available for specialized assessment, including but not limited to corneal topography, wavefront analysis, specular microscopy, optical coherence tomography, and ultrasound biomicroscopy. Ophthalmic dyes and optical filters are often helpful in diagnosing diseases and disorders affecting the ocular surface.

Additional references relevant to this topic are available on the American Optometric Association website **(www.aoa.org)**:

- Care of the Patient with Primary Angle Closure Glaucoma (CPG 5)
- Care of the Patient with Anterior Uveitis (CPG 7)
- Care of the Patient with Open Angle Glaucoma (CPG 9)
- Care of the Patient with Ocular Surface Disorders (CPG 10)
- Care of the Patient with Conjunctivitis (CPG 11)
- Care of the Contact Lens Patient (CPG 19)

For Standards of Practice click here

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April 2014

to replace, the required elements of an oculo-visual assessment (ophthalmoscopy). In many situations they are of great clinical benefit. Practitioners should be familiar with, and be in the position to provide patients with, or refer patients for, such services when indicated.

Additional references relevant to urgent and emergency care are available on the American Optometric Association website **(www.aoa.org)**:

- Care of the Patient with Diabetes Mellitus (CPG 3)
- Care of the Patient with Age-Related Macular Degeneration (CPG 6)
- Care of the Patient with Open Angle Glaucoma (CPG 9)
- Care of the Patient with Retinal Detachment and Peripheral Vitreoretinal Disease (CPG 13)

For Standards of Practice click here

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- occupational and avocational visual environment and demands: Many occupations or avocations have specific visual demands that require patients to view certain working distances on a regular basis or assume certain postures posing specific optical requirements. For example, a computer operator requires specific optical correction for viewing the computer monitor.

For Standards of Practice click here

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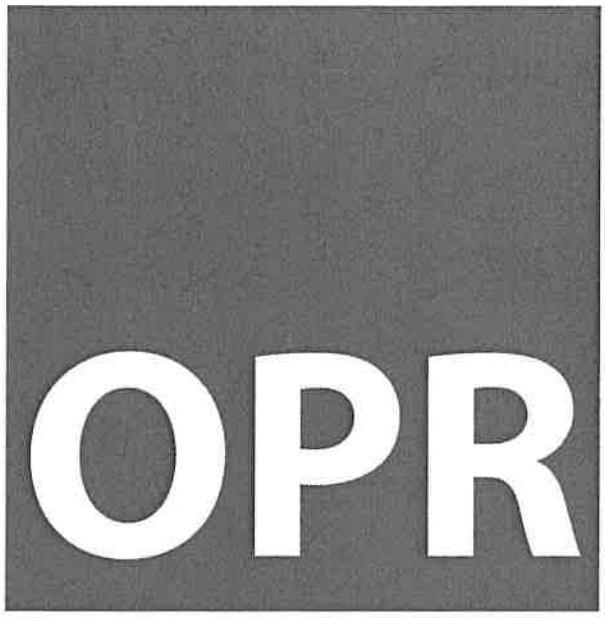

OPTOMETRIC PRACTICE REFERENCE

STANDARDS OF PRACTICE

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A prescription is a therapeutic directive between an optometrist and a patient. A prescription is based upon the analysis of all available clinical information and subsequent diagnoses from optometric examination. Optometrists may issue two distinct types of prescriptions: **optical prescriptions,** which when combined with further appliance-specific information, enable the patient to obtain eyeglasses, contact lenses or subnormal vision devices; and **prescriptions for drugs,** which specify topical or oral drugs used to treat certain ocular diseases.

Regulatory Standard

The *Optometry Act, 1991(as amended 2007)* lists four authorized acts that can be performed by optometrists subject to the terms, conditions and limitations on their certificate of registration. Two of those acts are:

- Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eyeglasses. (1991, c. 35, s. 4".)
- Prescribing drugs designated in the regulations

The Professional Misconduct Regulation **(O. Reg. 119/94 Part I under the Optometry Act, 1991)** includes the following acts of professional misconduct:

12. Failing, without reasonable cause, to provide a patient with a written, signed and dated prescription for subnormal vision devices, contact lenses or eye glasses after the patient's eyes hve been assessed by the member and where such a prescription is clinically indicated.

13. Recommending or providing unnecessary diagnostic or treatment services.

14. Failing to maintain the standards of practice of the profession.

The Designated Drugs and Standards of Practice Regulation, **(O.Reg. 112/11 under the Optometry Act)** describes the following conditions under which optometrists may prescribe drugs:

Drugs that may be prescribed

1. For the purposes of paragraph 2.1 of section 4 of the Act, and subject to sections 2, 3 and 4 and Part II of this Regulation, a member may prescribe a drug set out under a category and sub-category heading in Schedule 1.

Limitation

2. Where a limitation or a route of administration is indicated in the sub-category heading set out in Schedule 1, a member shall only prescribe a drug listed under that sub-category in compliance with the limitation and in accordance with the route of administration specified.

Training required

3. No member may prescribe any drug unless he or she has successfully completed the relevant training in pharmacology that has been approved by the Council.

Recording

4. Every time a member prescribes a drug the member shall record the following in the patient's health record as that record is required to be kept under section 10 of Ontario Regulation 119/94 (General) made under the Act:

1. Details of the prescription, including the drug prescribed, dosage and route of administration.
2. Details of the counselling provided by the member to or on behalf of the patient respecting the use of the drug prescribed.

Non-prescription drugs

5. In the course of engaging in the practice of optometry, a member may prescribe any drug that may lawfully be purchased or acquired without a prescription.

Professional Standard

Optometrists issue a prescription only after establishing a professional relationship with the patient, completing an appropriate examination and obtaining a full understanding of the relevant aspects of the patient's needs, ocular health, refractive status and/or binocular condition. The prescribed therapy must be within the scope of practice of the optometrist and in the patient's best interest. Optometrists are responsible to counsel their patients in the use of any prescribed therapy and required follow-up. The prescription and appropriate counselling must be documented in the patient record. In the event that a patient experiences an adverse or unexpected response to the prescribed therapy, optometrists will provide additional diagnostic and/or counselling services and, if required, make appropriate modifications to the management plan.

***All* prescriptions** must contain information that:

- Clearly identifies the prescribing optometrist, including name (with degree and profession), address, telephone number, license (registration) number and signature;
- Clearly specifies the identity of the patient; and
- Specifies the date prescribed.

If optometrists determine that a prescribed therapy is required, a prescription **must** be provided as part of the assessment without additional charge, regardless of whether the examination is an insured or uninsured service.

Patients have the right to fill their prescriptions at the dispensary or pharmacy of their choice.

An optical prescription must also:

- Contain information that is used by a regulated professional to dispense eyeglasses, contact lenses or a subnormal vision device that will provide the required vision correction **(OPR 6.3)** for the patient; and
- Specify an expiry date.

If optometrists specify an expiry date that is other than as recommended under the Clinical Guideline, information must be communicated to the patient so it is understood why it is not appropriate to fill the prescription after the specified date.

A spectacle prescription (prescription for eyeglasses) **must be provided** to the patient **without request and without additional charge**, regardless of whether the examination is an insured or uninsured service. Charges for additional copies of the prescription are at the discretion of the optometrist.

When optometrists have performed the necessary services to prescribe a specific appliance (e.g. contact lens), an **appliance-specific prescription** including the parameters of that appliance **must be provided** to the patient **upon request**. Optometrists may withhold this information pending payment for the related service.

A prescription for drugs must also contain:

- the drug name, dose, dose form;
- directions to the pharmacist such as quantity to be dispensed, refills allowed and an indication if **no** substitutions are permitted;
- directions to the patient; and
- the optometrist's **original** signature.

To provide timely care, it may be necessary to fax a prescription for drugs to a pharmacy. This fax must contain appropriate information verifying that it originates at the prescribing optometrist's office.

When it is necessary to verbally communicate a prescription for drugs to a pharmacy, the details must be fully documented in the patient record, including the name of the pharmacy and any staff members assisting in the calll.

For additional Clinical Guidelines click here

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April 2015

6. General Procedures

6.1 Anterior Segment Examination

Description

The anterior segment can be considered as the front third of the eye, encompassing the structures in front of (that is, anterior to) the vitreous humour, including, the lids and lashes, conjunctiva and sclera, cornea, anterior chamber, iris, and crystalline lens. The anterior segment examination consists of a thorough assessment of these structures to facilitate the diagnosis of diseases, disorders and dysfunctions of the eye and vision system. Information obtained from an anterior segment examination is part of the *required clinical information* **(OPR 4.2)**.

Regulatory Standard

The Professional Misconduct Regulation **(O. Reg. 119/94 Part I under the Optometry Act)** includes the following acts of professional misconduct:

3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose in a situation in which a consent is required by law, without such a consent.

11. Failing to refer a patient to another professional whose profession is regulated under the *Regulated Health Professions Act, 1991* when the member recognizes or should recognize a condition of the eye or vision system that appears to require such referral..

13. Recommending or providing unnecessary diagnostic or treatment services.

14. Failing to maintain the standards of practice of the profession.

Professional Standard

Optometrists must be proficient in and equipped for examining the anterior segment. The equipment customarily used for the assessment is the slit-lamp biomicroscope.

A complete anterior segment examination must include an inspection of the following anatomical areas:

- lids, lashes and adnexa;
- conjunctiva and sclera;
- tear film;
- cornea, (and corneal thickness when indicated);
- anterior chamber and angle;
- iris; and
- crystalline lens.

All patients will receive an anterior segment examination as a part of initial and ongoing optometric care. Emphasis is given to the evaluation of the anterior chamber angle prior to pupillary dilation and in patients with diagnosed or suspected glaucoma. The optometrist's decision regarding the frequency and extent of the examination and the specific techniques utilized will be influenced by a patient's signs, symptoms and risk factors.

An anterior segment examination is an essential component of all *contact lens assessments* **(OPR 6.5)**.

For additional Clinical Guidelines click here

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April 2014

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6.2 Posterior Segment Examination

Description

The posterior segment can be considered as the back two-thirds of the eye, encompassing the structures posterior to the crystalline lens, including the vitreous humour, optic nerve head, retina and choroid. The posterior segment examination consists of a thorough assessment of these structures to facilitate the diagnosis of diseases, disorders, and dysfunctions of the eye and visual system. Information obtained from a posterior segment examination is part of the *required clinical information*. **(OPR 4.2)**.

Examination Procedures

METHOD	CHARACTERISTICS
1 Direct Ophthalmoscopy	Maximum magnification Minimum field of view
2 Binocular Indirect Ophthalmoscopy	Maximal field of view Minimal magnification Scleral indentation view Minimal range of condensing lens, fixed objective lens
3 Monocular Indirect Ophthalmoscopy	Moderate field of view Moderate magnification
4 Slit Lamp / Biomicroscopy (slit lamp photography)	High magnification and a very bright light source permit better appreciation of the optic nerve, macula, retinal vessels and other posterior pole structures.
5 Fundus Photography / Fundus Autofluorescence	Moderate to wide field of view and magnification with a wide range of filters and recording media. Colour, black and white, film or digital recording.
6 Imaging Technologies	Include, but are not limited to: • optical coherence tomography (OCT) • confocal scanning laser ophthalmoscopy (SLO) • scanning laser polarimetry (GDx) • multi-spectral imaging • macular pigment optical density (MPOD) measurement

Regulatory Standard

The Professional Misconduct Regulation **(O.Reg. 119/94 Part I under the *Optometry Act*)** includes the following acts of professional misconduct:

3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose in a situation in which a consent is required by law, without such a consent.

11. Failing to refer a patient to another professional whose profession is regulated under the *Regulated Health Professions Act, 1991* when the member recognizes or

should recognize a condition of the eye or vision system that appears to require such referral.

13. Recommending or providing unnecessary diagnostic or treatment services.

14. Failing to maintain the standards of practice of the profession.

Professional Standard

Optometrists must be proficient, and *equipped* **(OPR 4.1)**, to examine the posterior segment.

A complete posterior segment examination must include an inspection of the following anatomical structures:

- vitreous humour
- optic nerve head
- macula and fovea
- retinal vàsculature
- retinal grounds including, posterior pole, mid-periphery and where clinically indicated and/or possible, peripheral retina, and ora serrata.

All patients will receive a posterior segment examination as a part of initial and ongoing optometric care. An optometrist's decision about the frequency of examination, extent of view and methods of examination of the posterior segment, including the use of pharmacological pupillary dilation, will be influenced by a patient's signs, symptoms and risk factors.

Pharmacologic Dilation

Pharmacologic dilation **(OPR 4.4)** of the pupil is generally required for a thorough evaluation of the ocular media and posterior segment. Dilation can also facilitate examination of the anterior segment structures when certain conditions are present or suspected. The results of the initial dilated examination usually indicate the appropriate timing for subsequent pupillary dilation.

The following lists some of the situations/patient symptoms that indicate dilation is required (unless contraindicated) with the informed consent of the patient. These situations/patient symptoms include but are not limited to:

- symptoms of flashes of light (photopsia), onset of or a change in number or size of floaters;
- unexplained or sudden vision change, loss, or distortion (metamorphopsia);
- the use of medication that may affect ocular tissues (including but not limited to hydroxychloroquine, phenothiazine, long-term steroids);
- the presence of systemic disease that may affect ocular tissues (including but not limited to diabetes, hypertension);
- a history of significant ocular trauma, or ocular surgery that increases risk to the posterior segment;

- a history of moderate to high axial myopia;
- when a better appreciation of the fundus is required (including but not limited to choroidal nevus, optic nerve anomaly);
- when the ocular fundus is not clearly visible through an undilated pupil (including but not limited to cataract);
- when there is a known or suspected disease of:
  the vitreous (including but not limited to vitreous hemorrhage);
  the optic nerve (including but not limited to glaucoma);
  the macula (including but not limited to age-related macular degeneration);
  the peripheral retina (including but not limited to lattice degeneration);
  the choroid (including but not limited to melanoma).

Optometrists choose the dilating agent after considering the extent of pupillary dilation desired, the patient's health history and clinical ocular characteristics, as well as the implications of expected side effects on the patient's activities and safety.

For additional Clinical Guidelines click here

Last Reviewed: May 2017

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May 2012
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April 2014
June 2017

6.3 Refractive Assessment and Prescribing

Description

Assessing the patient's refractive error and, where required, *prescribing* **(OPR 5.2)** an optical correction is an integral part of optometric care. Assessment methods include objective and subjective techniques.

Regulatory Standard

The Professional Misconduct Regulation **(O.Reg. 119/94 Part I under the Optometry Act)** includes the following acts of professional misconduct:

3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose in a situation in which a consent is required by law, without such a consent.

11. Failing to refer a patient to another professional whose profession is regulated under the *Regulated Health Professions Act, 1991* when the member recognizes or should recognize a condition of the eye or vision system that appears to require such referral.

12. Failing, without reasonable cause, to provide a patient with a written, signed and dated prescripton for subnormal vision devices, contact lenses or eye glasses after the patient's eyes have been assessed by the member and where such a prescription is clinically indicated.

13. Recommending or providing unnecessary diagnostic or treatment services.

14. Failing to maintain the standards of practice of the profession.

Professional Standard

The process of obtaining *required clinical information* **(OPR 4.2)** includes determination of the refractive status and best-corrected visual acuities. When possible, objective and subjective refraction techniques are used to assess the refractive status of the eye, at the initial visit and as clinically indicated thereafter. *Cycloplegic refraction* is employed when clinically necessary. **(OPR 7.6)**

Refractive assessment alone does not provide sufficient information to allow an optometrist to issue an appropriate prescription for subnormal vision devices, contact lenses or eyeglasses.. The effects of ocular and systemic health conditions, binocular vision status and the occupational and avocational visual environment and demands must also be considered.

The College standard on *delegation and assignment* **(OPR 4.3)** and *collaboration* **(OPR 4.8)** must be followed when refractive data is obtained from a person to whom the procedure has been assigned, including another regulated health professional (RHP). Specifically, there must be direct supervision of the subjective refractive assessment when this procedure is assigned.

For additional Clinical Guidelines click here

Last Reviewed: July 2017 First Published: May 2009

Revised: April 2014

6.4 Spectacle Therapy

Description

Optometrists are authorized to dispense spectacles for the treatment of disorders of refraction and/or sensory and oculomotor disorders and dysfunctions of the eye and vision system. The patient must present a valid prescription written by an optometrist or physician.

Regulatory Standard

The *Optometry Act* (1991) authorizes optometrists to perform the following controlled act:

- Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses **(1991, c.35,s.4)**.

The Professional Misconduct Regulation **(O.Reg. 119/94 Part I under the Optometry Act, 1991)** includes the following acts of professional misconduct:

3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose in a situation in which consent is required by law, without such a consent.

9. Making a misrepresentation with respect to a remedy, treatment or device.

10. Treating or attempting to treat an eye or vision system condition which the member recognizes or should recognize as being beyond his or her experience or competence.

12. Failing, without reasonable cause, to provide a patient with a written, signed and dated prescripton for subnormal vision devices, contact lenses or eye glasses after the patient's eyes have been assessed by the member and where such a prescription is clinically indicated.

13. Recommending or providing unnecessary diagnostic or treatment services.

14. Failing to maintain the standards of practice of the profession.

29. Charging pr allowing a fee to be charged that is excessive or unreasonable in relation to the professional services performed.

30. Failing to issue a statement or receipt that itemizes an account for professional goods or services to the patient or a third party who is to pay, in whole or in part, for the goods or services provided to the patient.

33. Charging or accepting a fee, in whole or in part, before providing professional services to a patient unless

i. the fee relates to the cost of professional goods to be used in the course of performing the services, or,

ii. the member informs the patient, before he or she pays the fee, of the patient's right to choose not to pay the fee before the professional services are performed.

Professional Standard

The provision of spectacle therapy involves:

- Reviewing with the patient any relevant environmental, occupational, avocational, and/or physical factors affecting spectacle wear
- Reviewing the details of the prescription
- Advising the patient regarding appropriate ophthalmic materials
- Taking appropriate measurements (including but not limited to interpupillary distance and segment height) to ensure proper function of the spectacles
- Confirming the suitability of the order and arranging for the fabrication of the spectacles
- Verifying the accuracy of the completed spectacles to ensure that they meet required tolerances
- Fitting or adjusting the spectacles to the patient
- Counselling the patient on aspects of spectacle wear including, but not limited to: the use, expectations, limitations, customary adaptation period and maintenance requirements of the spectacles

The principle of informed consent applies to spectacle therapy with respect to ophthalmic materials, costs and fees.

Patients experiencing unexpected difficulty adapting to new spectacles should be counselled to seek re-examination by the prescriber to assess the appropriateness of the prescription. Optometrists dispensing appliances based on a prescription from another practitioner are expected to ensure that this has been filled appropriately, however they are not responsible for the efficacy or accuracy of that practitioner's prescription.

Internet Sites: Where the internet is used in the provision of spectacle therapy **(Appendix I)**, websites must:

- Comply with College advertising guidelines and relevant paragraphs in the Professional Misconduct regulation (O. Reg. 119/94, Part I under the Optometry Act);
- Identify the website as belonging to or referring to a member registered with the College of Optometrists of Ontario;
- Collect and record patient information in a private and secure manner respecting patient confidentiality;
- Identify the physical location of the clinic/dispensary, including address and city/town, and the hours of operation of the clinic; and
- Include the telephone number to contact the clinic/dispensary.

Expired Prescriptions:

Optometrists must use professional judgment when deciding to provide spectacle therapy to patients with expired prescriptions. Optometrists must advise patients of any appreciated risks and obtain their informed consent before dispensing their expired prescriptions.

For additional Clinical Guidelines click here

Last Reviewed: July 2014

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September 2014
October 2015

Spectacle Therapy using the Internet

Professional and Regulatory Standards Interpreted

Introduction

This document describes how optometrists may utilize their website and/or the internet in spectacle dispensing practices, while meeting the standards of practice of the profession. Ophthalmic dispensing is defined as "the preparation, adaptation and delivery" of vision correction, and is a controlled act in Ontario authorized to optometrists, physicians and opticians:

3. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses.

Standard of Practice for Spectacle Therapy

Section 6.4 Spectacle Therapy in the Optometric Practice Reference (OPR) describes the professional standards for spectacle therapy. Optometrists providing spectacle therapy must satisfy the following standards, regardless of whether or not technology is used as a tool to facilitate the provision of spectacle therapy to patients

- Reviewing with the patient any relevant environmental, occupational, avocational, and/or physical factors affecting spectacle wear;
- Reviewing the details of the prescription;
- Advising the patient regarding appropriate ophthalmic materials;
- Taking appropriate measurements (including but not limited to interpupillary distance and segment height) to ensure proper function of the spectacles;
- Arranging for the fabrication of the spectacles;
- Verifying the accuracy of the completed spectacles to ensure that they meet required tolerances;
- Fitting or adjusting the spectacles to the patient;
- Counselling the patient on aspects of spectacle wear including, but not limited to: the use, expectations, limitations, customary adaptation period and maintenance requirements of the spectacles.

Application of the Standard when providing Spectacle Therapy using the Internet

Reviewing factors affecting spectacle wear: Optometrists must review, with patients, factors affecting spectacle wear. This can be done either in-person, or by telephone, video conference, or online questionnaire. If this review is not performed in-person, optometrists should include a precaution for patients that in-person reviews are recommended for individuals with special needs or atypical facial and/or postural features. If optometrists choose specific patient factors by

which to limit their internet dispensing services, including, but not limited to, a specific age range, this should be disclosed on the website where patients can easily find it.

Reviewing the details of the prescription: Optometrists must review prescription details. This can be done in-person or using the internet. Optometrists are responsible for confirming the validity and/or veracity of prescriptions and must have a mechanism in place to do so. Prescriptions provided using the internet must be provided in a secure manner and collected in an unaltered form (pdf/image). All prescriptions must contain information that clearly identifies the prescriber (including name, address, telephone number and signature), and specifies the identity of the patient and the date prescribed **(OPR 5.2 The Prescription)**. All prescriptions must include an expiry date.

Advising the patient regarding appropriate ophthalmic materials: Optometrists must advise patients regarding appropriate ophthalmic materials. This may be done in-person or by an online algorithm. In the latter scenario, patients must be given clear directions on how to contact the office/optometrist with any questions they may have.

Taking appropriate measurements: Optometrists must take appropriate measurements when providing spectacle therapy. These can be done in-person or by computer application. If computer applications are used (in-office or remotely) to determine dispensing measurements, optometrists must be satisfied that the application determines these measurements with equal accuracy to traditional in-person measurements, including the production of supportable evidence should this matter come to the attention of the College.

Arranging for the fabrication of the spectacles: Optometrists must review the suitability of patient orders before arranging for the fabrication of spectacles.

Verifying the accuracy of the completed spectacles: Optometrists must verify the accuracy of completed spectacles.

Fitting or adjusting the spectacles to the patient: Fitting or adjusting the spectacles to patients must be performed in-office and cannot be performed virtually, by tutorial and/or video conferencing. Optometrists providing spectacle therapy will possess the equipment required to fit and adjust spectacles. In-person fitting and adjusting of spectacles provides a final verification and mitigates risk of harm by confirming that patients leave the clinic with spectacles that have been properly verified, fit and adjusted. In-person delivery of spectacles establishes a patient/practitioner relationship in circumstances where patients are new to the clinic and spectacle therapy was initiated through the optometrist's website.

Counseling the patient regarding spectacle wear: Counseling regarding spectacle wear is ongoing and involves in-office, telephone, and/or electronic communications.

b. Special consideration should be given to vertical prismatic imbalance. Alternative lens designs, such as bicentric grind, may be recommended to the patient.

c. Special consideration should be given to cost and/or cosmetic appearance when choosing the power and optical parameters of a balance lens.

4. Accommodative and Binocular Vision Disorders: (OPR 6.7)

a. The multifocal style and height prescribed for young children may be altered from standard practices, to maximize the effectiveness of the prescription.

b. The use of high index lens materials and/or Fresnel prisms may be considered for prism prescriptions.

5. Low Vision Aids: (OPR 6.6)

a. Spectacle mounted low vision devices, including microscopes, telemicroscopes and telescopes may be provided.

b. The use of Fresnel prisms and lenses may be considered for special prescriptions.

c. A specific size or shape of frame may be selected to adequately support the low vision aid.

d. Adequate counselling and training in the use of the spectacles should be provided to the low vision patient.

6. Safety Requirements:

a. Occupational safety lenses and frames should meet Canadian Standards Association (CSA) Z94.3 standards.

b. Sports spectacles and goggles should meet CSA Z94.3 standards.

c. Impact resistant lenses should be utilized whenever possible. Special consideration should be given to the use of highly impact resistant materials (such as polycarbonate) for children and monocular patients.

7. Other:

a. Custom frames may be obtained for patients with special needs and/or facial deformities.

b. A ptosis crutch may be fitted to a spectacle frame to provide support for a ptotic eyelid.

Expired Prescriptions:

Optometrists providing spectacle therapy to patients with expired prescriptions should obtain the express (written) consent of patients.

For Standards of Practice click here

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specific age range, this should be disclosed on the website where patients can easily find it.

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