

## 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

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:

Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses (**Optometry Act, 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 prescription 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 or 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

**Optometrists providing spectacle therapy must satisfy all Regulatory and Professional Standards, regardless of whether or not technology (including the internet) is used as a tool to facilitate the provision of spectacle therapy to patients.**

### The provision of spectacle therapy involves:

- **Reviewing with the patient any relevant environmental, occupational, avocational, and/or physical factors affecting spectacle wear:** 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 are responsible for confirming the validity and/or veracity of prescriptions. 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:** In the event that this is not performed in-person, patients must be given clear directions on how to contact the office/optometrist with any questions they may have.
- **Taking appropriate measurements (including but not limited to interpupillary distance and segment height) to ensure proper function of the spectacles:** 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.
- **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:** 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. Further, it establishes a patient/practitioner relationship in circumstances where patients are new to the clinic and spectacle therapy was initiated through the optometrist's website. That being said, patients have the right to agree to, or decline the performance of any procedure, including in-person fitting and adjustment of spectacles. When patients require or request delivery of prescription eyeglasses prior to in-person fitting, optometrists must use their professional judgment in determining whether this is appropriate, with consideration to factors including, but not limited to, the age of the patient, the degree of ametropia and/or anisometropia, and prescribed multifocality or prism.
- **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:** This may be done in person or virtually.

The principle of informed consent applies to spectacle therapy whether the service is provided in-person or virtually. Optometrists use professional judgement in determining when consent must be specifically documented in the patient record. While implied consent can be assumed to apply to the in-person provision of spectacle therapy, the same cannot be said for virtual encounters, when express written documentation of informed consent is preferable.

## Additional Considerations

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.

**Delegation:** Optometrists who delegate elements of spectacle dispensing (for example, the fitting and adjusting of spectacles) to staff who are not authorized to independently perform the controlled act, must be present in the same physical location and able to intervene, unless another optometrist is present to provide appropriate delegation (**OPR 4.3 Delegation and Assignment**).

**Most Responsible Dispenser:** In collaborative or multi-optometrist practices, where multiple optometrists may participate in dispensing spectacles to an individual patient, the College considers that the last optometrist to provide care, or "touch the patient", typically the optometrist fitting or adjusting the spectacles, is the most responsible dispenser. This optometrist is responsible for all preceding steps in the dispensing process, as well as the performance of the spectacles and any potential risk of harm to the patient. Similarly, where optometrists practice in working arrangements with opticians, the most responsible dispenser is the last regulated professional to provide care to the patient.

**Jurisdiction:** Ontario-based optometrists providing care to patients in other jurisdictions (provinces/states) may need to be registered in those jurisdictions and should consult with the appropriate regulatory authorities. Optometrists participating in any aspect of ophthalmic dispensing in Ontario must be registered with the College of Optometrists of Ontario.

**The Patient Record:** Internet prescriptions and orders must be maintained in the patient record (**OPR 5.1 The Patient Record**).

**Internet Sites:** Where the internet is used in the provision of spectacle therapy, websites utilized by member optometrists 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.

**Conflicts of Interest:** Under the Optometry Act (O. Reg. 119/94, Part II Conflict of Interest p. 3.(2)(h)), optometrists are prohibited from sharing fees with other than another Ontario-registered optometrist

129 or physician. Optometrists providing spectacle therapy in working arrangements with corporations  
130 must not share fees, and must practice as an [independent contractor](#) as outlined under the Optometry  
131 Act (O. Reg. 119/94, Part II Conflict of Interest p. 4.(5)).

132 **Expired Prescriptions:** Optometrists must use professional judgment in determining whether it is  
133 appropriate to provide spectacle therapy to patients presenting expired prescriptions.  
134 Optometrists must advise patients of any appreciated risks and obtain their informed consent  
135 before dispensing their expired prescriptions.