Guidelines on the prescription of ocular appliances
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General

The Health Practitioner Regulation National Law (2009) (the National Law) restricts who may prescribe optical appliances. Section 122 of the National Law reads:

122 Restriction on prescription of optical appliances
(1) A person must not prescribe an optical appliance unless —
(a) the person is an optometrist or medical practitioner; or
(b) the appliance is spectacles and the person is an orthoptist who —
(i) prescribes the spectacles in the course of carrying out duties at a public health facility; or
(ii) prescribes the spectacles under the supervision of an optometrist or medical practitioner; or
(iii) prescribes the spectacles, on the written referral of an optometrist or medical practitioner, to a person who has had, within the 12 months before the referral, an ocular health examination conducted by an optometrist or medical practitioner; or
(c) the person is a person, or a member of a class of persons, prescribed under a regulation as being authorised to prescribe an optical appliance of that type or to prescribe optical appliances generally.

For the purpose of this guideline, ‘optical appliance’ means:

(a) any appliance designed to correct, remedy or relieve any refractive abnormality or defect of sight; this includes, for example, spectacle lenses
or
(b) contact lenses, whether or not designed to correct, remedy or relieve any refractive abnormality or defect of sight.

The National Law does not regulate the supply of optical appliances and Ministers for Health have agreed that this is a matter that States and Territories may choose to regulate separately.

The term ‘optical appliance’ also includes prescription sunglasses, spectacles with prism, and low-vision devices such as magnifiers, binocular telescopes, monocular telescopes and electronic magnification devices.

1 Preparation of a prescription

1.1 Preceding ocular examination

Optometric examinations frequently result in the generation of prescriptions for ocular appliances. Before issuing a prescription, the optometrist should perform an examination of the patient addressing ocular health, the need for any referral or review, and determination of whether it is appropriate to issue a prescription at that time.

Optometrists should not prepare a prescription for a person they have not examined unless they have access to the clinical records of the patient.

1.2 Content of a prescription

A prescription for an optical appliance is an order to a third party (e.g. optical dispenser) to provide the ophthalmic goods specifically described. A prescription for an optical appliance should include all of the parameters necessary for the accurate fabrication or supply of the prescribed appliance.

Prescriptions for both spectacles and contact lenses may be written or printed, and must clearly identify the prescribing optometrist and his or her practice address, the name of the patient for whom the appliance is prescribed, the date of issue and the expiry date of the prescription.

An optometrist with access to the clinical records of the patient should sign the prescription.

The minimum requirements for a spectacle prescription include lens powers and prism (e.g. sphere, cylinder, axis and addition as necessary). The interpupillary distance may be included. Other information should be specified when the optometrist has determined that a specific lens type is important for the needs of the patient. Other information that may be required in the prescription includes the intended use of the appliance, lens form, lens material(s), lens treatment(s) (tints, coating, hardening), other lens parameters and requirements such as impact resistance.

In the case of contact lens prescriptions, the brand name of the contact lenses and any other information necessary to ensure accurate dispensing of the contact lenses (e.g. powers, base curves) must be specified.

Prescriptions should also state clearly whether they are for spectacles or contact lenses.

1.3 Selection of prescription expiry dates

Over time, a person’s requirements for optical correction change. To prevent patients being supplied inadvertently with inappropriate optical appliances, all prescriptions should carry an expiry date.
In normal circumstances, an expired prescription for an optical appliance should not be filled.

When nominating an expiry date for a prescription, the optometrist should choose a date beyond which he or she is not willing to state that the prescription is appropriate to the patient. The optometrist should not choose an expiration period that is unreasonably short, such that it would cause undue inconvenience for the patient. For example, for spectacle prescriptions, the most common expiry date is two years after the examination at which the prescription was determined. In some cases, shorter or longer expiry dates may be appropriate.

2 Supply of prescriptions

2.1 Rights of patients to their prescription

Following patient payment of the optometrist’s fee or assignment of Medicare benefits, an optometrist must supply a prescription to a patient upon request if a prescription has been finalised. The right of the patient to the prescription is provided both by common law and by Medicare regulations that are binding on all participating optometrists.

No additional fee should be charged for providing a copy of the prescription at the conclusion of an examination.

A patient also has the right to receive a copy of the prescription at any time after the prescription has been determined. When a patient requests a copy of the prescription some time after it was determined, the optometrist should respond to the request within a reasonable amount of time. Optometrists may charge the patient a fee commensurate with the costs involved in supplying the copy of the prescription.

If a patient is examined and his or her prescription has not altered, the patient still has a right to the prescription. If a patient does not require spectacles, no prescription need be issued.

Patients should be informed of their right to a copy of their prescription before any dispensing (including selecting a frame) has occurred. This can be done by posting a notice to this effect in the practice where it will be seen by patients.

2.2 Supply of contact lens prescriptions

In the case of contact lenses, patients have a right to request and receive a copy of their contact lens prescription as soon as this has been determined.

Provision of a prescription must not occur until after a trial period of lens wear, on conclusion of which the optometrist is satisfied that:

* the patient can wear contact lenses
* the prescribed lenses will provide the patient with proper vision, comfort and freedom from injury, provided the prescription is filled correctly and the patient follows the recommended lens care and wearing instructions.

Thus, a contact lens prescription may not be generated until after a trial period of lens wear.

A patient requesting a contact lens prescription at the conclusion of an initial fitting consultation should be advised that a prescription cannot be supplied until the optometrist is satisfied that he or she has determined the correct prescription for the patient. A preliminary prescription, valid for a limited time, may be issued to allow the patient to purchase an initial pair of trial lenses. A final prescription should be issued on request as soon as the optometrist is satisfied that the lenses fit and perform correctly. As with spectacle prescriptions, an expiry date should be included.

2.3 Supply of expired prescriptions

Patients have a right to a copy of their prescription even when it is expired. A prescription supplied to a patient after the expiry date should be clearly marked ‘expired’.

3 Optometrists’ responsibilities

3.1 Cosmetic and nontherapeutic appliances

Patients should not have unnecessary optical appliances recommended to them; however, if a patient requests an appliance that the optometrist considers is not necessary, the optometrist may comply with the request and generate a prescription (e.g. tinted contact lenses to change apparent eye colour).

3.2 Patient consent

It is important that the patient understands what is being prescribed, what the cost is likely to be, and any requirements related to care and maintenance of the product. The prescription should be generated after discussion with the patient to determine which of the alternative appliances available will be most suitable for the patient.

Optometrists should maintain up-to-date knowledge of ophthalmic products and dispensing so that they can provide the best advice to patients.

Patients should be given clear instructions about their prescription and about issues that may arise such as:

* cost of the item and its alternatives
* advantages and disadvantages of alternative lens types
• period of adjustment to a prescription
• policy on replacement of faulty or damaged lenses, warranties and guarantees
• responsibilities of an optometrist if the patient chooses to have his or her prescription dispensed elsewhere
• care and maintenance of the ocular appliance
• appropriate wearing schedule of contact lenses and timing of after-care visits
• the purpose(s) for prescribing the optical appliance(s)
• the length of time that the prescription would normally be expected to remain valid.

3.3 Confidentiality

Optometrists should not release a patient’s prescription to a third party without the permission of the patient, or his or her guardian. When an optometrist is requested to provide a prescription of a patient to a third party, the optometrist should be sure that the patient, or his or her guardian, has authorised the release of the prescription.

The authorisation of the patient may be obtained in person, in writing or electronically.

Health funds paying a rebate for the optical appliance may be supplied with a copy of the patient’s prescription if he or she has signed away the right to confidentiality in this area when lodging the claim. Concerns that the optometrist has in this area can, in part, be overcome by including the prescription of the patient on the receipt for the spectacles or contact lenses when the optometrist has provided these items. It then becomes the decision of the patient to provide prescription details when he or she hands the receipt to the health care fund for the claim.

Wherever possible, prescriptions supplied to third parties should be provided in written form, either by mail or electronically.