Summary of proposed changes, following the literature review

Section	Old *(Where blank it's a new addition)*	New	Notes
Section 1 Knowledge, skills and performance			
A22 d	C/D ratio R and L and any unusual features	Optic disc assessment R and L including C/D ratio, NRR assessment and any unusual features	
		Results of peripheral retina examination	
A4X1		When conducting a routine eye examination ('sight test') the same optometrist must perform the refraction, ocular health assessment and subsequent issuing of a prescription.	
A4X2		You remain responsible for the interpretation and assimilation of all clinical findings required to conclude the eye examination ('sight test'). Including when utilising automated instruments such as, visual fields analysers, subjective and objective auto-refractors, and imaging devices.	
A48	You must record all clinical findings. You must do this legibly and at the time of the examination, or as soon as possible afterwards	You must record all clinical findings. You must do this legibly and at the time of the examination, or as soon as possible afterwards. If making retrospective additions you must make it clear when these were added and by whom.	
A60	You should examine patients at the most appropriate intervals, depending on their clinical needs. This applies to both private and NHS patients.[26]	You should examine patients at the most appropriate intervals, depending on their clinical needs. This applies to both private and NHS patients.[26] You should consider each patient holistically when determining their clinical need, this should include factors such as whether a person is affected by dementia[#,@], cognitive impairment, whether they are at an increased risk of falls[&] and their general health. #Bowen M, Edgar DF, Hancock B, Haque S, Shah R, Buchanan S, et al. The Prevalence of Visual Impairment in People with Dementia (the PrOVIDe study): a cross-sectional study of people aged 60–89 years with dementia and qualitative exploration of individual, carer and professional perspectives. Health Serv Deliv Res 2016;4(21) @Dementia and the eye examination, supplementary guidance	

		[&]the-importance-of-vision-in-preventing-falls.pdf (college-optometrists.org) Dec 2020 [Accessed 19 April 2023]	
A111	Low vision assessment is rarely a one-off process and you should encourage patients to return for follow up assessments at appropriate intervals. This is in addition to any other regular optometric or ophthalmological care.	Low vision assessment is rarely a one-off process and you should follow up patients at appropriate intervals. This is in addition to any other regular eye care.	
A113		-History and diagnosis -Visual hallucinations (Charles Bonnet Syndrome) status.	
A117	You should know where to direct people for information on support services	You should know where to direct people for information on support services such as ECLOs (eye care liaison officers or equivalent).	
A131	You should be aware of the limitations of optical devices and direct patients to agencies that can advise on non-optical devices and electronic aids, such as electronic vision enhancement systems (EVES).	You should consider non optical, electronic aids or mobile phone apps alongside optical devices or direct patients to agencies or clinicians who can advise on these	
A137	The major causes of learning disability in the UK are:42 • unknown aetiology • prematurity • chromosomal disorders • Down's syndrome • Fragile-X syndrome • cerebral palsy • genetic disorders • metabolic disorders • iatrogenic disorders	People with learning difficulties often have more than one diagnosis and have a set of conditions unique to them. Some of the conditions associated with learning disability are below: Down's Syndrome Williams Syndrome Autism Fragile X Syndrome Global Developmental Delay Cerebral Palsy Challenging behaviour SYNGAP1	
A148	Examining patients with autism	Examining autistic patients	Title change. As per previously discussed. This would include all the subsequent changes in this

			section to this phraseology.
A168	Tinted lenses	Tinted lenses/Coloured overlays	
A200		You must not refuse to see a patient based on their age alone. You should arrange a transfer of care or a referral if a specialist assessment is in the patients best interests.	In section on examination of younger children.
A228	The signs of asymptomatic primary angle closure glaucoma are almost identical to those of primary open angle glaucoma with the exception that the anterior chamber angle is capable of closure.	The signs of asymptomatic chronic angle closure glaucoma are almost identical to those of primary open angle glaucoma with the exception that the anterior chamber angle is capable of intermittent closure or obstruction. (HYPERLINK TO CMG	
A232	Visual field examination may sometimes produce anomalous results; however, you should not underestimate the usefulness of baseline measures and ongoing comparisons.	Visual field examination may sometimes produce anomalous results; however, you should not underestimate the usefulness of baseline measures and ongoing comparisons. An OCT is not considered a robust substitute for a visual fields assessment. (Add reference, as per sent to expert group)	
A24X3		Optic nerve head imaging including photography and OCT may be helpful for the assessment and detection of abnormal structural changes to the optic nerve head. You should stay up to date with the evidence and be cautious about management decisions based on imaging alone.	
A24X4		You should follow local protocol and referral filtering pathways for people presenting with ocular hypertension or evidence of glaucoma.	
A317		Sale and supply of spectacles must not be a condition for performing a sight test	
A317-A323	UKCA mark or UKCA (NI) mark	UKCA mark or UKCA (NI) mark	All references to UKCA mark or UKCA (NI) mark updated to UKCA
A340		sight testing chart and equipment for refraction	
A424	You must only supply drugs when it is appropriate to do so.	You must only use and supply drugs when it is appropriate to do so.	
A437	You should record all drugs used including the batch number and expiry date on the patient record.	You should record all drugs used on the patient record. You should have appropriate clinical governance in place to ensure the batch numbers of therapeutics used are recorded at practice level.	Removed batch and expiry to align with other health care professional

			groups when using POMs
A444	You are responsible for the instillation of eye drops and so, if you decide to delegate this to another member of staff, you must be on the premises whilst this is being done so you can intervene if necessary. You are responsible for the management of the patient and the work of the person to whom you have delegated the procedure. See section on Working with colleagues.	You are responsible for the instillation of eye drops for your patients and so, if you decide to delegate this to another member of staff, you must maintain oversight whilst this is being done so you can intervene if necessary. You are responsible for the management of the patient and the work of the person to whom you have delegated the procedure. See section on Working with colleagues.	To enable remote or virtual oversight, specifically for the use of delegating application of dilating agents. This change aligns our guidance with that of the MHRA, RCOphth and DESP. Eye-Drops-Instillation-by-Unregistered-Health-Care-Professionals-for-use-within-NHS-Ophthalmic-Services.pdf (rcophth.ac.uk)
A446	In an emergency, in the course of your professional practice, you may sell or supply certain POM which are not for parenteral administration. You should check the Optometrists' Formulary for further details.[155]	In an emergency, in the course of your professional practice, you may sell or supply certain POM which are not for parenteral administration. You should check the Optometrists' Formulary for further details.[155] This means there is no provision for you to sell or supply a POM, unless the medication is on the list stated in The Human Medicine Regulations 2012 that optometrists may supply in an emergency. Independent prescribing optometrists do not have any additional POM supply privileges.	
AX5		POM eye drops can be administered by healthcare workers in the absence of a prescription, Patient Group Direction (PGD), Patient Specific Direction (PSD) or registrant on the premises. This is subject to the requirement that the medicines had been lawfully obtained by a healthcare body, for example, a hospital or optometry practice. There are no restrictions on who can administer/instil eye drops such as tropicamide and phenylephrine for the purposed of dilating the pupil for screening. You should maintain oversight and ensure	This change aligns our guidance with that of the MHRA, RCOphth and DESP. Eye-Drops-Instillation-by-Unregistered-Health-Care-Professionals-for-use-within-NHS-

		that safe systems of work are in place governing the administration of eye drop.	Ophthalmic-Services.pdf (rcophth.ac.uk)
A452	You should not treat yourself or someone close to you or prescribe or prepare written orders for POM drugs for your own personal use or for anyone with whom you have a close personal relationship unless: a/ you are treating minor aliments b/ it is an emergency	You should not treat yourself or someone close to you or prescribe or prepare written orders for POM drugs for your own personal use or for anyone with whom you have a close personal relationship unless in exceptional circumstances.	This aligns our guidance with GMC advice. (Removal of minor aliments) Mindful of the acceptable increase of selfcare options for minor aliments General Medical Council (2021): Good practice in prescribing and managing medicines and devices (gmc-uk.org) [Accessed 9 Feb 2023]
Section 2 Safety and Quality			
Key points	You should be aware of situations of increased concern, including patients with transmissible infections.	You should be aware of situations of increased concern issued by your local public health team, including patients with transmissible infections. Where patients have suspected or confirmed transmissible infection, you should use transmission-based infection control precautions	
Key points		In all other circumstances. You should use standard routine infection control precautions, including decontaminating the care environment and equipment that comes into contact with patients.	
B19	physical contact, which can spread: ophthalmic infections, such as bacterial and adenoviral conjunctivitis skin infections, for example staphylococcus, herpes simplex or fungi enteric infections, for example viral gastroenteritis airborne particles, including respiratory infections, for example tuberculosis: you are at a special risk of the transmission of airborne infection	a. physical contact, which can occur spread directly or indirectly: • direct transmission may occur from contact with non-intact skin or mucous membranes • indirect transmission may occur from contact with infected surfaces or objects (fomite transmission) • Examples of infections that spread via physical contact include: •o ophthalmic infections, such as bacterial and adenoviral conjunctivitis •o skin infections, for example staphylococcus, herpes simplex or fungi	Alignment with 2023 infection control handbook.

	because of the proximity to the patient's nose and mouth potentially infectious respiratory aerosols are generated when an individual sneezes, coughs or talks. Particles over 5 microns in diameter do not normally travel more than 1m but smaller particles can travel longer distances and remain airborne for longer contact with bodily fluids: you are at extremely low risk of transmitting blood borne viruses, such as human immunodeficiency virus (HIV) and hepatitis B and C, in optometric practice tears can contain infectious agents (including these viruses, and others that are much more contagious, such as adenovirus) which may be transmitted to yourself or to other patients if your hands are not properly cleaned after the clinical examination all spillages of blood and body fluids should be cleaned up immediately using a product that contains a detergent and disinfectant. Do not use mops for this. Use disposable paper towels and dispose of them as clinical waste.	•o enteric infections, for example viral gastroenteritis b. airborne particles, including respiratory infections, for example tuberculosis: • airborne particles include respiratory droplets (>5-10 microns in diameter) and aerosols (<5 microns in diameter) • you are at a higher special risk of the transmission of airborne infection from airborne particles because of the proximity to the patient's nose and mouth when undertaking eye care procedures in close proximity to the patient for an extended period of time • potentially infectious respiratory droplets and aerosols are generated when an individual sneezes, coughs or talks. Particles over 5 microns in diameter do not normally travel more than 1m but smaller particles can travel longer distances and remain airborne for longer c. contact with blood and other bodily fluids: • Bodily fluids also include secretions and excretions (excluding sweat) • you are at extremely low risk of transmitting blood borne viruses, such as human immunodeficiency virus (HIV) and hepatitis B and C, in optometric practice • tears can contain infectious agents (including these viruses, and others that are much more contagious, such as adenovirus) which may be transmitted to yourself or to other patients if your hands are not properly decontaminated cleaned after the clinical examination • all surfaces soiled with spillages of blood and/or body fluids should be decontaminated cleaned up immediately using a product that contains a detergent and disinfectant. Do not use mops for this. Use disposable paper towels and dispose of them as clinical waste.	
B24 e	after removal of gloves.	Before putting on and after removing of gloves.	
B25	You can use an antibacterial handrub between seeing patients during a clinic session. Alcohol is not a cleaning agent, so you should perform a proper handwash with soap and water at the beginning and completion of the clinic session, as well as after	You can use an antibacterial handrub between seeing patients during a clinic session. Alcohol is not a cleaning agent, so you should perform a proper handwash with soap and water at the beginning and completion of the clinic session, as well as after exposure to body fluids or if your hands are visibly soiled or dirty.	

	exposure to body fluids. Alternatively, you can wash your hands between patients.	Alternatively, you can wash your hands between patients.	
B27	You should use the following handwashing technique for most procedures you perform in the clinical setting: a/ wet hands under running water (use warm water where available) b/ dispense liquid soap or antiseptic into cupped hand (bar soap should not be used) c/ rub hands vigorously and thoroughly for at least 15 seconds without adding more water d/ ensure all surfaces of the hands are covered e/ rinse hands thoroughly under running water (use warm water where available) f/ dry hands with a disposable paper towel. You should not use non-disposable towels.	Before handwashing: a. Expose forearms (bare below elbow) either by rolling up sleeves and keeping back securely or wearing short sleeved clothing. If this is not possible due to religious reasons, disposable over-sleeves may be used but they must be put on and disposed in the same way as disposable gloves b. Remove wrist and hand jewellery c. Ensure fingernails are clean and, short. d. Cover all cuts or abrasions with a waterproof dressing. e. Ensure you follow your nations IPC guidance for hand preparation to ensure an effective handwashing technique. • Handwashing technique: e. wet hands under running water f. dispense liquid soap or antiseptic into cupped hand (bar soap should not be used) g. rub hands vigorously and thoroughly for at least 15 seconds without adding more water h. ensure all surfaces of the hands are covered i. rinse hands thoroughly under running water j. dry hands with a disposable paper towel. You should not use non-disposable towels.	Insertion of forearms and effectively a bare below the elbow policy for handwashing. Consideration to ensure practitioners religious beliefs are respected and are compatible.
B49	High-risk groups include patients with MRSA, C.difficile, tuberculosis (within the first two weeks of treatment), or pandemic influenza (where there is no vaccine available) and Staphylococcus aureus which have caused particular concern in recent times.	High-risk groups include patients with MRSA, C.difficile, tuberculosis (within the first two weeks of treatment), or pandemic influenza (where there is no vaccine available),Staphylococcus aureus and SARS-CoV-2 (responsible for COVID-19 infection), which have caused particular concern in recent times.	
B53	If you examine a patient with a known transmissible infection, you should: a/ increase the effectiveness of your hand hygiene by:	If you examine a patient with a known or suspected transmissible infection, you should: a. Follow guidance on examining patients with symptoms of respiratory infection. You should implement appropriate	

	keeping nails short, clean and free of nail varnish, and by avoiding artificial nails avoiding wearing jewellery, especially rings with ridges or stones avoiding wearing wristwatches b/ keep in mind NHS policy on clinician attire by: wearing short sleeves or rolling up long sleeves not wearing a tie.	transmission-based infection control precautions to protect yourself and other people from contracting infection. b. Ensure good hand hygiene by following section B27, your nations IPC manual and local public health guidance if issued. •	
B56	You should use the following routine infection control precautions: a/ maintain good hand hygiene,188 see paragraphs B21-B34 b/ decontaminate equipment after use, see paragraphs B57-B81 c/ / disinfect used linen d/ decontaminate the environment by: -keeping it clean and free from clutter and dust -disinfecting spills of bodily fluids	You should use the following standard routine infection control precautions: a. maintain good hand hygiene,188 see paragraphs B21-B34 b. maintain good respiratory and cough etiquette, see paragraph B37 c. Wear suitable personal protective equipment where appropriate, see paragraphs B38-B45 d. decontaminate equipment after use, see paragraphs B57-B81 e. decontaminate used linen f. decontaminate the environment by: • keeping it visibly clean and free from clutter and dust • undertaking regular routine cleaning (and disinfection where appropriate) in line with national cleaning standards*. The frequency and level of decontamination may increase where there is a public health requirement to do so, such as during a local outbreak or pandemic • • Appropriately decontaminating disinfecting spills of blood and other bodily fluid.	
B61 c	disinfect equipment which comes into close contact with intact mucous membranes	c. disinfect equipment which comes into close contact with intact mucous membranes or becomes contaminated with blood and other bodily fluids, using a chlorine-releasing disinfectant such as sodium hypochlorite 1% (10,000 ppm of available chlorine)	
B61 f		f. follow the manufacturer's instructions for a suitable alternative agent if the item or surface cannot withstand chlorine-releasing agents for disinfection.	Providing clarity that clinicians can follow manufacturers instructions which will have

			been considered as part of the CE process. (Or new MHRA process once implemented)
B97		You should report near misses involving NHS-funded patients in England to the Learn from Patient Safety Events (LFPSE); and Wales to the National Reporting and Learning System and to the equivalent bodies in the other UK countries;, in Wales to Primary Care Incident Reporting, in Scotland to the Incident Reporting and Investigation Centre (IRIC) your local health board, and in Northern Ireland to the Northern Ireland Adverse Incident Centre.	
B98	The safety of patients must come first, and you must act quickly to protect patients from risks posed by colleagues. If you have serious concerns about any practitioner's fitness to practise, you should raise this with them first if you feel able to.	The safety, dignity and care of patients must come first, and you must act quickly to protect patients from risks posed by colleagues and inadequate premises, equipment or other resources, policies or health systems/services. If you have serious concerns about any practitioner's fitness to practise, you should raise this with them first if you feel able to.	
Section 3 Communication, partnership and teamwork			
C8	You should give patients the following, as appropriate: f. full and accurate information about the optometric services you offer g. an explanation of technical expressions h. information about their condition(s)	You should give patients the following, as appropriate: f. full and accurate information about the services you offer g. an explanation of technical expressions h. information about their condition(s) I. information on how to safely use, administer and look after any optical appliances, drugs or treatments they have been prescribed or directed to use	
C16	You must assist patients fully in exercising their rights and making informed decisions about their care. You must respect the choices they make.	You must assist patients fully in exercising their rights and making informed decisions about their care. You should encourage patients to ask questions and take active involvement in decisions made about their condition(s) and management. You must respect the choices they make.	
C45		Being able to meet a patient's individual needs for information to ensure a valid consent depends, in part, on the time and resources available to you and your colleagues in the organisations and systems	

		where you work. Where there are pressures on your time or resources are limited, you should consider: a. the role other members of the team might play in providing information with appropriate training and supervision b. what other sources of information and support are available to the patient, such as trusted patient information leaflets, or support groups for people with specific conditions. c. use of technology, educational videos, and interactive online resources	
C46		If factors outside your control mean that patients aren't given the time or support, they need to understand relevant information and this compromises their ability to make informed decisions, you must consider raising a concern with your employer or system. You must also consider if it is appropriate to proceed, as you must be satisfied that you have a patient's consent or a valid authority before providing treatment or care.	
C47		Treatment in emergencies In an emergency, decisions may have to be made quickly so there'll be less time to apply this guidance in detail, but the principles remain the same. You must presume a conscious patient has capacity to make decisions and seek consent before providing treatment or care.	
C136	You should follow the principles and standards of good communication when communicating in a professional or personal capacity, irrespective of the medium. See sections on Partnership with patients and Working with colleagues.	You should follow the principles and standards of good communication when communicating in a professional or personal capacity, irrespective of the medium. You must ensure that conduct online and through social media does not damage the reputation or confidence of the profession. See sections on Partnership with patients and Working with colleagues.	Alignment with GOC SoP 16.2
CX1		You must not use a patient's contact details that they have supplied to the practice but not to yourself to contact them about personal matters.	
C179	If you are the practice owner or manager, you should make it	If you are the practice owner or manager, you should make it clear to patients that	

	clear to patients that offensive behaviour will not be tolerated and they will not be seen for a consultation if they exhibit such behaviour. This can be done by displaying notices in the practice. If you witness instances where offensive behaviour is tolerated within the practice, you should raise this with an appropriate person and escalate as necessary.	offensive behaviour will not be tolerated and they will not be seen for a consultation if they exhibit such behaviour. This can be done by displaying notices in the practice. If you witness instances where offensive behaviour is tolerated within the practice, you should raise this with an appropriate person and escalate as necessary. If you no longer wish to see a patient who has displayed offensive behaviour, you should notify them and explain that you will no longer be sending them recall reminders and that they should seek eyecare elsewhere and specify in what timeframe	
Section 4 Maintaining Trust			
D9	You are not obliged to see a patient, provided you have reasonable grounds for your decision, such as a threat to your safety or that of your colleagues or the public. You should record your reasons for refusal.	You are not obliged to see a patient, provided you have reasonable grounds for your decision, such as a threat to your safety or that of your colleagues or the public. You should record your reasons for refusal. You must not refuse to see a patient on grounds of a protected characteristics (For example young children or older adults who may require more time, or ethnic groups at risk of glaucoma who may require a visual fields test.)	
D38		D38 You must make the care and safety of the patient your first and continuing concern.298 All research should be conducted: a. lawfully, b. with honesty and integrity, c. under appropriate clinical governance arrangements, d. in accordance with codes of good practice D39 If you undertake research on people or animals, you must: a. ensure it is based on a protocol: i. that minimises any foreseeable risk ii. where the anticipated benefits outweigh the foreseeable risks iii. that is free from discrimination at all stages of research, particularly for recruitment iv. developed in accordance with good practice guidance from relevant research organisations, professional bodies and government. b. should seek ethical approval, where appropriate, using the relevant research	

		ethics approval process before conducting research. c. make sure the safety, dignity and well-being of the participants take precedence over all study aims d. make and keep clear, accurate and legible records	
D41		If your research involves even one NHS patient or record you should apply for ethical approval using the appropriate NHS approval system:. a. Research involving NHS patients in England or Wales should be approved using the HRA Approval system b. Research involving NHS patients in Scotland and Northern Ireland should be approved using the appropriate NHS/HSC permissions process for that nation.	
D44	You must get consent from the research participants before involving them in any research project. For people who are unable to consent you will need to make an additional application.	You must get consent from the research participants before involving them in any research project. For people who are unable to consent you will need to make an additional application. However, there may be specific circumstances where you do not need to obtain consent to use health data for research: a. using anonymised health information i) you may render confidential information anonymous without breaching duty of confidentiality ii) anonymised information refers to data without any patient identifiers (de-identified data) iii) data protection legislation still applies to anonymised	

		information iv) patients must be given a choice as to whether or not their anonymised information is used for research and planning. b. anonymous information can then be used in health research. There are two main scenarios where this is likely to apply i) adding anonymous information into a database to support public health surveillance and clinical decision making. The establishment of this database does not need ethical approval but should be managed under local clinical governance arrangements. Any research using this database does not need ethical approval. This data would be anonymous to a researcher and can be used for research without ethical approval ii) adding anonymous information into a study specific database for an individual research project. The establishment of this database requires ethical approval, even though the data is anonymous to the researcher. c. where patient information is being used for research, this should be included in your data protection policy. i) how patient information is used should be visible in the practice. This may be	

		through leaflets, posters or websites, but proportionate and appropriate to the circumstances ii) your data protection policy should be available upon request See Health Research Authority. Guidance for using patient data [Accessed 31 Jul 2023]	
D46	You must act with honesty and integrity when designing, supervising or carrying out research.	You must act with honesty and integrity when designing, supervising or carrying out research and when publishing any data or reports.	
Annex 1			
AX1		1/ Appropriate personal protective equipment (Including single use gloves, aprons and fluid resistant face masks) 2/ Hand washing facilities (Where the care is being delivered) 3/ Selection of indirect biomicroscopy lenses (AKA Volk lenses) 4/ Suitable rule(s) for measuring frames/lens/PD 5/Waste disposal equipment May be appropriate: 1/ appropriate ophthalmic diagnostic agents and drugs 2/ corneal topographer 3/ gonioscope 4/ indirect ophthalmoscope 5/ Optical coherence tomographer(OCT)	Proposed new additions.

New Sections

New Section 1

Knowledge, Skills and Performance
Examining children with myopia

Key points

- You should keep up-to-date with the evidence about myopia management*.
- You should be able to discuss what myopia is and the approaches used to manage myopia when appropriate.
- You should only recommend myopia management treatment options when clinically indicated and when it is in the patient's best interests.
- When a decision to undertake myopia management treatment is made, you must obtain explicit consent to proceed.

M1 This Guidance does not change what you must do under the law.

M2 You should keep up-to-date with the evidence about myopia management*

M3 You should be able to discuss what myopia is and what lifestyle factors may impact myopia, the increased risks to long-term ocular health that myopia brings and the approaches that can be used to manage myopia when it is diagnosed[1, 2]. This includes standard refractive correction and available treatment options to slow its progression.
Risk factors for becoming highly myopic:
a. Having parents with myopia
b. East Asian ethnic origin
c. Myopia before the age of nine
d. Spending limited time outside and being heavily engaged in activities using near vision[3].

M4 You should advise patients and their parents at risk of myopia that there is evidence that spending more time outdoors may delay the onset of myopia, and may prevent it in others[3, 4, 5].

M5 You should only recommend myopia management treatment options when clinically indicated and when it is in the patient's best interests.

M6 When discussing myopia management you should:
a. explain the short and long term benefits and risks of all available interventions in a way that is readily understandable, including the option of no myopia management treatment using traditional optical correction.

b. ensure patients have an understanding of the expected treatment outcomes. This should be based on the current evidence and where possible using relative and absolute risk examples, presented in a clear and impartial way.

M7 When a decision to treat is made, you must obtain explicit consent. This will include providing sufficient information about all material risks which a reasonable person in the patient's position would attach significance. This is best achieved by using a written consent form as robust record of the consent decision and information provided. This clinical record should include a summary of the expected treatment outcome, a description of the material risks discussed including limitations in research.

[LINK TO CONSENT SECTION]

M8 You should use a robust method for measuring treatment outcomes, such as direct (e.g. using ultrasound biometry) or derived axial length measurement (calculated from keratometry and a cycloplegic refraction) and set out a management plan at the start of the treatment.

References

1. Gifford, Kate L., et al. "IMI–clinical management guidelines report." *Investigative ophthalmology & visual science* 60.3 (2019): M184-M203.
2. Jones, Lyndon, et al. "IMI–industry guidelines and ethical considerations for myopia control report." *Investigative Ophthalmology & Visual Science* 60.3 (2019): M161-M183
3. Jonas, Jost B., et al. "IMI prevention of myopia and its progression." *Investigative ophthalmology & visual science* 62.5 (2021): 6-6.
4. Wildsoet, C.F., Chia, A., Cho, P., Guggenheim, J.A., Polling, J.R., et al. IMI - Interventions Myopia Institute: Interventions for Controlling Myopia Onset and Progression Report. Invest Ophthalmol Vis Sci 60(3):M106-M131 (2019).
5. Németh J., Tapasztó, B., Aclimandos, W.A., Kestelyn, P., Jonas, J.B. et al. Update and guidance on management of myopia. European Society of Ophthalmology in cooperation with International Myopia Institute. Eur J Ophthalmol 31(3):853-883 (2021).
6. Interventions for myopia control in children: a living systematic review and network meta-analysis - Lawrenson, JG - 2023 | Cochrane Library
7. Health Technology Wales Myopia Management review (NOT CURRENTLY AVAILABLE, WILL BE BY THE TIME OF PUBLICATION)

Useful information and links

- Consent - College of Optometrists (college-optometrists.org)
- Small prescriptions (A310)
- PreMO-risk-indicator-for-website.pdf (ulster.ac.uk)
- Childhood-onset myopia management: Guidance for optometrists - College of Optometrists (college-optometrists.org)
- Myopia management guidance: FAQs - College of Optometrists (college-optometrists.org)
- Childhood-onset myopia management: Evidence review - College of Optometrists (college-optometrists.org)
- Interventions for myopia control in children: a living systematic review and network meta-analysis - PMC (nih.gov)

* The current evidence review (17 August 2022) was developed following a review of the evidence published up to March 2022 and has been informed by an expert panel. This evidence review will be superseded when the new living Cochrane systematic review and networked meta-analysis becomes available. Find out more about evidence update review process here.

Resources/references used

Childhood-onset myopia management: Guidance for optometrists - College of Optometrists (college-optometrists.org)
Childhood-onset myopia management: Evidence review - College of Optometrists (college-optometrists.org)
Myopia management: Member briefing - College of Optometrists (college-optometrists.org)
Myopia management guidance: FAQs - College of Optometrists (college-optometrists.org)
The Northern Ireland Childhood Errors of Refraction (NICER) study on myopia - College of Optometrists (college-optometrists.org)

New Section 2

Knowledge, Skills and Performance

Remote consultations

We use this term to mean the delivery of care remotely, in real time providing clinical examination, assessment and management. Also described as synchronous care delivery. This may involve the use of a non-registrant acting under instruction.

Key points

- You should use your professional judgement to decide whether it is in the patient's best interests to offer remote consultations.
- Remote care requires a suitable clinical governance framework to ensure patient safety and comparable patient outcomes that support clinical audit.
- When conducting a remote routine eye examination ('sight test') the same optometrist must perform the refraction, ocular health assessment and subsequent prescribing of any optical appliance.
- Patients should be triaged prior to a remote consultation to ensure they are suitable to receive care remotely and the level of care they receive is not impeded by any needs they may have including by their level of digital access and literacy.

R1 This Guidance does not change what you must do under the law.

R2 You should use your professional judgement to decide whether it is in the patient's best interests to offer remote consultations.

R3 Where you recommend medicine(s) to treat the patient during a remote consultation, you should follow the principles for remote consultations and prescribing*.

R4 Care delivered remotely requires a suitable clinical governance framework to ensure patient safety and comparable patient outcomes that support clinical audit.

R5 When providing remote virtual care there should be a robust plan in place to manage technical issues or emergency and urgent unexpected clinical finding(s) which require a transfer of care to an appropriate clinician to complete a face-face assessment with suitable urgency.

R6 You should ensure that technology and the methodology to deliver care remotely does not compromise patient safety.

R7 When conducting a routine eye examination ('sight test') the same optometrist must perform the refraction, ocular health assessment and subsequent

prescribing of any optical appliance. This episode of care should be performed on the same day.

R8 The same optometrist who performed the routine eye examination should maintain oversight of all the clinical findings, including additional investigations. Where it is not possible to complete this on the same day, there should be transfer of care for the additional investigation when appropriate.

R9 Patients should be triaged prior to a remote consultation to ensure they are suitable to receive care remotely and the level of care they receive is not impeded by any needs they may have including their level of digital access and literacy.

Virtual care

We use this term to mean the delivery of care virtually, by the assessment of clinical information normally following the data collection by another person. The assessment of data is not in real time to the collection of the clinical data, so is sometimes described as non-synchronous care. The collection of the information may be completed by a non-registrant.

Key points

- You should use your professional judgement to decide whether it is in the patient's best interests to offer care virtually.
- Virtually delivered care requires a suitable clinical governance framework to ensure patient safety and comparable patient outcomes that support clinical audit.
- Virtual pathways must not be used for restricted functions, including the routine eye examination (‘Sight test’).

R10 This Guidance does not change what you must do under the law.

R11 You should use your professional judgement to decide whether it is in the patient's best interests to offer virtual pathways of care.

R12 Care delivered virtually requires a suitable clinical governance framework to ensure patient safety and comparable patient outcomes that support clinical audit.

R13 When providing virtual care there should be a robust plan in place to manage technical issues or unexpected clinical finding(s) which require a transfer of care to an appropriate clinician to complete synchronous face-face assessment with suitable urgency.

Virtual pathways

R14 All those involved in data collection and patient assessment should be able to obtain advice from an optometrist or other appropriate clinician at any time during the patient interaction when delivering virtual care.

R15 You should only use virtual pathways for the delivery of needs led care according to an agreed protocol.

R16 Virtual pathways must not be used for restricted functions, including the routine eye examination ('Sight test').

New Section 3

Communication, partnership, and teamwork

Collaborative care pathways

P1 When delivering care as part of a locally agreed pathway there should be overarching clinical governance processes for ensuring all clinicians have the appropriate level of clinical competence and decision-making ability for any given patient risk level.

P2 When you provide care with system level oversight and supervision, you are still considered to be practicing autonomously and are responsible for the clinical decisions that you make .