



# Guidance for Professional Practice

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## Introduction

### About the Guidance

This guidance is the College's view of good practice and sets out what is expected of optometrists. It is relevant to you, whether you are an owner practitioner, partner, employee, locum, or pre-registration optometrist, and is useful to students learning about what professionalism means. It applies in all work environments, including multiples, independent practice and hospital, and is unrelated to whether or not the services described are funded by the NHS or privately. The Guidance does not change what you must do under the law. What you should in each situation will depend on good practice as well as what you are required to do by the law and your contract.

College Guidance helps you to ensure that you put your patients' interests first, and work in partnership with them so they receive the best possible care. Remember that the different chapters do not exist in isolation. The guidance in the sections on Safety and quality, Communication, partnership and teamwork, and Maintaining trust are all there to underpin the advice given in the Knowledge, skills and performance section. So, when consulting the guidance, you may, for example, want to read the chapter Examining patients with learning disabilities together with the chapter Consent, or the chapter The routine eye examination ('sight test') with the chapter Partnership with patients. There are also some patients who fall into more than one category, for example, patients with diabetes or learning disabilities who need a domiciliary eye examination.

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The **G**uidance is there to support you in making the right clinical decisions. You may decide that specific circumstances mean that, in your professional judgement, you need to take a different course of action. This is fine as long as you can justify that action.

## **GOC's Standards of Practice for Optometrists and Dispensing Opticians**

The Guidance is based on the GOC's Standards and is there to support you in putting those standards into practice.

You should familiarise yourself with the Standards, and think about how our guidance and the Standards interrelate. For example, you should always recognise and work within your limits of competence and keep your knowledge and skills up to date. Similarly, while the Standard Communicate effectively with your patients obviously matches our section Communication, partnership and teamwork, it also applies, together with all other patient related Standards, to the Knowledge, skills and performance section of our Guidance.

## **Terminology**

We use:

- **must:** where you have a legal or regulatory obligation to follow the guidance
- **should:** where we would normally expect you to follow that course of action. If your professional judgement leads you to take a different action, you must be able to justify that action.

## **How the Guidance is organised**

The Guidance is organised in four sections:

- A. Knowledge, skills and performance
- B. Safety and quality
- C. Communication, partnership and teamwork
- D. Maintaining trust.

Within each section of the Guidance are chapters which include:

- Key points
- Detailed topic information

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- Useful information and links
- References.

There is a contents page at the front and an index at the back. The search facility on the website will also help you find the guidance you need. [Along with the Optometrists' Formulary, Clinical Management Guidelines and Ethical Scenarios, the Guidance is also available on the College app for College members.](#)

### CPD

You can use our online ethical scenarios, which are designed to help you apply the Guidance to your everyday practice. See [college-optometrists.org/guidance/ethical-scenarios.html](http://college-optometrists.org/guidance/ethical-scenarios.html). These are also available on the College app.

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And you can use peer discussion case studies with your colleagues to discuss how you should approach different situations that could occur in your daily practice. See: [college-optometrists.org/cpd-and-cet/online-learning/peer-discussion-and-peer-review.html](http://college-optometrists.org/cpd-and-cet/online-learning/peer-discussion-and-peer-review.html)

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We [have a range of online learning resources available, including webinars as well as courses on glaucoma, AMD](#)

DOCET produces material for all registered optometrists. This includes live CET, video and audio libraries of courses on many different topics and peer discussion material. See: [docet.info](http://docet.info)

### Higher qualifications

[College higher qualifications are available in contact lens practice, glaucoma, low vision, medical retina and paediatric eye care. See: college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html](#)

### Library services

[All College members have free access to certain databases including British Standards online via the College library. See: college-optometrists.org/the-college/library-and-information-services/online-databases-and-reports.html.](#)

[In addition we provide topic updates on](#)

- [binocular vision](#)
- [eye diseases](#)
- [low vision, and](#)
- [primary care optometry](#)

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[See: college-optometrists.org/the-college/library-and-information-services.html](https://college-optometrists.org/the-college/library-and-information-services.html)

### **Further support for members**

College members can get further support by contacting our clinical advice service on 020 7766 4372 or emailing [clinical.adviser@college-optometrists.org](mailto:clinical.adviser@college-optometrists.org)

### **If you need a different format**

If you need the Guidance in a different format, you should contact us on [info@college-optometrists.org](mailto:info@college-optometrists.org)

### **When the Guidance will be updated**

We will update the Guidance every three years. Only significant changes will be published in the meantime.

We will update the Guidance on the website and advertise changes in our newsletters.

## Knowledge, skills and performance

### Develop and maintain knowledge and skills

#### Key points

- You must keep your professional knowledge and skills up to date and this includes: the law, the GOC's Standards of Practice, College and other guidance, developments in practice.
- You should regularly review your work.
- You must work within the limits of your competence.
- You must meet the General Optical Council's requirements for continuing education and training (CET).
- The College encourages you to take responsibility for, and participate in, professional development beyond CET requirements.

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

#### Develop and maintain competence

- A.1 You must keep your professional knowledge and skills up to date<sup>1</sup> so you continue to practise safely.
- A.2 You must keep up to date with the law, the GOC's Standards of Practice and guidance that is relevant to your work.
- A.3 You should be familiar with guidance issued by the College of Optometrists and other relevant bodies.
- A.4 You should be familiar with developments that affect your work and with changes in practice, the needs of patients and eye care services.
- A.5 You should take steps to monitor, reflect on, and improve the quality of your work, for example through clinical audit<sup>2,3</sup> and peer review.<sup>4</sup>
- A.6 If you take a break from practising for a significant amount of time, you should ensure your knowledge and skills are up to date before returning to optometric practice.

## Work within your competence

- A.7 You must recognise and work within the limits of your professional competence.<sup>1</sup>
- A.8 You must know the standards of competence for your job role. Where you are working beyond core competencies for an optometrist, for example, working in community services or working as an independent prescriber, you must be capable of working at that standard.
- A.9 If you observe a sign or symptom which you cannot manage within your competence, you must refer the patient to a practitioner with the appropriate qualifications and registration.<sup>5</sup> See section on Working with colleagues [Error! Reference source not found.](#)

## Continuing education and training (CET)

- A.10 You must meet the General Optical Council's (GOC's) statutory continuing education and training (CET) requirement for fully qualified optometrists. [In Scotland, if you provide GOS, you must undertake a course of training provided by NHS Education for Scotland every 12 months.](#)<sup>6</sup>
- A.11 The GOC requirement for CET also applies to periods during which you are suspended from the register of optometrists.<sup>7</sup>

## Professional development

- A.12 The College recommends that you tailor your professional development to your practice by including a range of relevant development activities.
- A.13 Plan your professional development to tackle areas that require improvement and which help you explore new knowledge and skills. You can take advantage of unplanned or spontaneous learning opportunities, such as informal discussions with colleagues about interesting cases. You should reflect on your learning, thinking about how you will put it into practice.
- A.14 Undertaking regular professional development means you can:
- a. add value to your scope of practice
  - b. keep up to date
  - c. develop your confidence

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- d. cope with change
- e. deliver high-quality patient care, and
- f. enhance your career prospects and job satisfaction.

A.15 Professional development can include:

- a. formal and informal learning
- b. active learning, such as group work, peer review, writing and presenting
- c. distance learning, such as reading journals, online learning and listening to podcasts, and
- d. reflective activities.

## Useful information and links

College of Optometrists. CPD and CET, [including higher qualifications. college-optometrists.org/cpd-and-cet.html](https://college-optometrists.org/cpd-and-cet.html)

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General Optical Council .Continuing Education and Training (CET) [optical.org/en/Education/CET/index.cfm](https://optical.org/en/Education/CET/index.cfm) A directory of CET can be found in 'My GOC'

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NHS Education for Scotland [nes.scot.nhs.uk/](https://nes.scot.nhs.uk/)

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PHE Screening. E-Learning for screening [phescreening.blog.gov.uk](https://phescreening.blog.gov.uk)

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<sup>1</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians. Available from: [optical.org/en/Standards/](https://optical.org/en/Standards/) [Accessed 16 July 2019]

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<sup>2</sup> College of Optometrists (2015) Clinical Governance in Optometric Practice. Available from: [college-optometrists.org/guidance/supplementary-guidance.html](https://college-optometrists.org/guidance/supplementary-guidance.html) [Accessed 16 July 2019]

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<sup>3</sup> College of Optometrists (2015) Clinical Audit in Optometric Practice. Available from: [college-optometrists.org/guidance/supplementary-guidance.html](https://college-optometrists.org/guidance/supplementary-guidance.html) [Accessed 16 July 2019]

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<sup>4</sup> College of Optometrists (2017) Peer Discussion and Peer Review. Available from: [college-optometrists.org/cpd-and-cet/online-learning/peer-discussion-and-peer-review.html](https://college-optometrists.org/cpd-and-cet/online-learning/peer-discussion-and-peer-review.html) [Accessed 16 July 2019]

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<sup>5</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 10.3. Available from: [optical.org/en/Standards/](https://optical.org/en/Standards/) [Accessed 16 July 2019]

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<sup>6</sup> National Health Service (General Ophthalmic Services)(Scotland) Regulations 2006, Regulation 3A. Available at: [legislation.gov.uk/ssi/2018/212/pdfs/ssi\\_20180212\\_en.pdf](https://legislation.gov.uk/ssi/2018/212/pdfs/ssi_20180212_en.pdf) [Accessed 8 May 2019]

<sup>7</sup> Opticians Act 1989 s13G(4) Available from: [legislation.gov.uk/ukpga/1989/44/contents](https://legislation.gov.uk/ukpga/1989/44/contents) [Accessed 16 July 2019]

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## Patient records

### Key points

- Full records are essential to facilitate the clinical management of the patient and continuity of care.
- You must keep full records to protect yourself in case of complaints.
- You must keep full, accurate and clear patient records, made at the time of the examination, which provide a history of patient care, including referrals.
- If you keep electronic records, you or your practice should have an IT business continuity plan, good security, regular data backups, adequate training and satisfactory disposal of old systems or equipment.
- If an image is taken, the date the image was taken should be clear, and the image assigned to the correct patient
- If an image is taken, you should allow sufficient time to analyse each image
- Patient records belong to the practice where they were made.
- If you work with non-optometrists you must ensure patient records are correctly dealt with when your association ends.
- You must ensure that confidentiality is maintained during the collection, storage, use and disposal of records.
- You must comply with Data Protection Act 2018 and the EU General Data Protection Regulation (GDPR).
- Patients have a right to access their records.

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

### Purpose of keeping records

- A.16 You must keep patient records to:
- a. retain clinical information, including the patient's history
  - b. facilitate the clinical management of the patient and continuity of care
  - c. enable another practitioner to take over the care of the patient, and
  - d. protect yourself in case of complaints or for reference in a legal situation.
- A.17 Patient records can provide a reliable statistical basis for research. See section on Research and audit.

## What to record

- A.18 You must keep full and accurate records, made at the time of the examination or as soon as possible afterwards.<sup>8</sup> This would normally include:
- a. telephone or email contact with the patient by optometrists and other staff
  - b. patient visits to the practice
  - c. details of your examination
  - d. when a patient has declined a test. If the patient refuses or withdraws their consent you should record the reason the patient has given for refusing consent, and the advice you have given,<sup>9</sup> and
  - e. management of the patient.
- A.19 You may use abbreviations. However, you should use only common abbreviations. There is a list at Annex 2, but this is not definitive.
- A.20 Your records must include:<sup>10</sup>
- a. the date of the consultation
  - b. the patient's personal details. This should normally include the patient's:
    - full name
    - date of birth
    - address, and
    - other contact details
  - c. the reason for visit and any presenting condition. This should normally include the patient's:
    - symptoms, description and duration
    - if relevant, history of ocular and general health
    - current general health. The GOS in Scotland requires that a record be made of whether the patient smokes<sup>11</sup>

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- medication
  - family history of ocular and general health
  - visual needs in terms of occupation, recreation or general activities
  - whether the patient drives, with or without prescription, and
  - previous optical prescription and date of last eye examination or sight test- approximate, if exact date is not known
- d. clinical examination. For a routine eye examination this should normally include the patient's:
- unaided vision and/or vision with habitual prescription R and L
  - ocular muscle balance and method, at least cover test, for distance and near with habitual prescription, and/or without, if appropriate
  - external examination using a slit lamp, and
  - internal examination, with or without dilation; if dilation is used, which drug and concentration, batch number and expiry date:
    - media status + diagram of opacities if appropriate
    - C/D ratio R and L and any unusual features
    - A/V ratio R and L and any unusual vessel features, for example nipping, irregular calibre
    - macular status R and L, and
    - diagram of any fundal lesions
  - you may also need to include the following items, as appropriate:
    - near point of convergence
    - ocular motility assessment
    - pupil reactions
    - objective refraction results (autorefractor and/or retinoscopy)
    - fundal or other imaging
    - IOP readings and method and time of readings
    - visual field examination, type of field screener used, which programme, what brightness, if not automatic, and what correction worn by the patient. A printout of any abnormal results

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- results of any repeated tests to eliminate spurious results
  - refraction, if conducted:
    - subjective refraction, if cycloplegic used, what drug and concentration, batch number and expiry date
  - distance VAs R and L
  - reading addition with reading VA binocularly or individually if appropriate
  - ocular muscle balance and method, at least cover test, for distance and near with new prescription if appropriate, for example significant change
  - fixation disparity if appropriate, for example, if the patient has symptoms or shows a deviation on cover test
  - prescription given for each task, for example, driving, visual display unit (VDU) and any associated reasons, for example, to reduce headaches, to try and improve ocular muscle balance, and
  - accommodation, if appropriate
- e. contact lens examination, if appropriate. This would normally include the current lens specification, prescription and care regime
- f. conclusions:
- details of discussions with the patient, including options and oral and written advice given, for example, to drive with spectacles
  - any change in patient management
  - details of any referral. You should also keep a copy of the referral letter with the patient record
  - details of any notification sent to the GP and copy of the letter
  - details of any written information given to the patient, such as patient information leaflets, and
  - recall date and reason if early recall suggested

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- g. details of all those involved in the optical consultation, including name and signature, or other identification of author.<sup>12</sup>

A.21 You should use your professional judgement to decide how and when to record consent. This would be based on proportionality, risk, the patient's needs and circumstances and the type of treatment or care.<sup>13</sup> See section on Consent.

A.22 You should record relevant negative as well as positive findings.

## Electronic record keeping

A.23 Some of the guidance in this section relates to the responsibilities of the person in charge of an organisation or practice as well as to your responsibilities as a practitioner within the practice.

A.24 If you are setting up a paperless electronic record system, you or your organisation should:

- a. prepare an IT business continuity plan first, including provision for regular backups of data which are stored securely and preferably off-site
- b. ensure all members of the team, including locums, can use and access the IT system effectively
- c. ensure that you check the accuracy of any patient records entered on your behalf by an assistant. You remain responsible for the contents of the record
- d. ensure confidentiality is maintained through:
  - access control measures
  - physical security and privacy of systems, and
  - secure communication between systems
- e. ensure every patient record has an audit trail to identify:
  - time/date of each entry
  - author of each entry, and
  - additions, changes or deletions
- f. set up or use a properly constructed format which:

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- does not constrain data entry
  - allows free text and clinical codes
  - enables all patient contact and significant health events, such as referrals, to be recorded
  - allows attachments, such as a fundus photograph or referral letter, to be part of the record
  - signposts any additional records about the patient which are separate from the main record; however, you should not keep informal patient records, and
- g. ensure you have sufficient security protection
- A.25 If you or your practice changes the IT system, audit trails may be lost; therefore, you should:
- a. create and maintain a verified backup of the clinical data from the old system, and
  - b. maintain a means to read this backup.

A.26 If systems or hardware are replaced, you or your organisation must ensure that any patient identifiable data are backed up and data on the old computer are destroyed. Deleting information may be insufficient as data can remain accessible on storage media. Hardware, including hard disc drives, should be physically destroyed.

A.27 You should not maintain both a paper based and an electronic system. However, if this is unavoidable, you should avoid parallel systems that contain the same data as they may not be kept up to date.

## **Imaging**

A.28 You should use your professional judgement to decide whether taking an image is appropriate for the patient and you must only recommend examinations if these are clinically justified and in the patient's best interests.<sup>14</sup>

A.29 Whenever an image is taken you should ensure that the date that the image was taken is clear, and the image is assigned to the correct patient. If this information is not embedded in the image itself, you should save it in the appropriate place in the patient record.

A.30 You should allow sufficient time to analyse each image. How much time will depend upon the patient's clinical circumstances, and the complexity of the image itself. You should compare the image with

previous images, if they are available, to decide whether there is a clinically significant change in the patient's ocular structures.

A.31 You should record:

- a. which images have been taken, and which structures examined
- b. whether you have compared the findings with previous images, and if so which images you have compared the current images with
- c. whether there has been any change, and
- a-d. any abnormal findings, or findings of note such as an unusual fundus appearance.

## **Ownership of patient records**

A.27A.32 The practice, rather than the patient, or the optometrist, owns the patient records.

A.28A.33 All parties involved must ensure the originating practitioner has access to the records in the event of a query, complaint or claim.

A.29A.34 If the practice closes, the practice owner should:

- a. arrange to transfer the patient records to another registered practitioner or practice
- b. inform patients this has been done, and
- c. offer the records to the primary care organisation (PCO) or a person nominated by the PCO, where transfer to another practitioner or practice is not possible.

A.30A.35 Patients may choose another practice and may give consent for their new practitioner to request relevant clinical information from their records to enable the continuation of their optometric care. You should agree to such requests once you have the patient's consent.

A.34A.36 If you work for, or in association with, non-optometrists you should ensure that your contract states that:

- a. the contractor will keep the records secure and confidential
- b. if the practice changes hands, and optometric care will continue to be provided in that practice, that the records will remain in the practice, with responsibility for this being passed to the incoming optometrist, and
- c. if the practice closes, or no optometric care will be provided when your association ends, you have the right to take the optometric records with you. This is to ensure the records stay secure and are

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processed lawfully. If this happens the contractor should inform the patients.

## Confidentiality and privacy

[A.32A.37](#) You must respect and protect confidential information when you:<sup>15</sup>

- a. collect data
- b. store it
- c. use it, including for referrals and research purposes, or
- d. dispose of it.

## Data Protection Act 2018 and EU General Data Protection Regulation

[A.33A.38](#) As a practitioner your organisation may be the record holder, but you have responsibilities under the Data Protection Act 2018 (DPA 2018) and the EU General Data Protection Regulations (GDPR). The Optical Confederation has issued guidance on the DPA 2018 and the GDPR (see useful information and links). You should be familiar with the Act and GDPR. For optometrists, key points mean:

- a. keeping accurate patient data
- b. using the data for specific purposes
- c. amending inaccurate data and responding to objections from patients if the use of the data causes harm or distress
- d. keeping the data no longer than necessary. Suggested lengths of time for retaining records:

Type of record	Recommended period of retention
adult patients	10 years after they were last seen, even if the patient has subsequently died
children and young people	10 years after they were last seen or until the patient's 25 <sup>th</sup> birthday if later If the child or young person has died, keep the records for 10 years after they were last seen

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- e. keeping the data confidential and secure. See section on Confidentiality
- f. enabling patients, or an applicant acting on behalf of a patient, to access their data for the length of time that you keep the records. You must be sure that the applicant has a right to see the data, either because they have written authority from the patient or because they have Power of Attorney. Access to the record must be given within the time limit set out in the Act and the GDPR requires that if a patient asks for a copy of their record, this must be provided free of charge in most instances
- g. assisting the patient to understand their record by explaining its content and abbreviations
- h. satisfying yourself that there is no further need of the record before destroying it
- i. disposing of any records securely, and
- j. noting that, if you, or your organisation, acquire a patient record, the obligations under the Data Protection Act and GDPR transfer to you as the new owner.

[A.34A.39](#) Most organisations that process personal information are required by law to register with the Information Commissioner. Some organisations are exempt from this.<sup>16</sup>

## Selling patient records

[A.35A.40](#) Personal information that is held in a database should not normally be sold if patients have not been told originally that their information could be passed on to other organisations. However, if the business becomes insolvent, bankrupt or is being closed down or sold, the Data Protection Act will not prevent the sale of a database containing the details of individual patients, providing the transfer is made on terms which are of a kind approved by the Information Commissioner. This must ensure that there are adequate safeguards for the rights and freedoms of the data subjects.<sup>17,18</sup> However, where possible, you should contact the patients.

## Useful information and links

House of Commons briefing paper number 07103 (2018): Patient health records and confidentiality  
[researchbriefings.files.parliament.uk/documents/SN07103/SN07103.pdf](https://researchbriefings.files.parliament.uk/documents/SN07103/SN07103.pdf)  
[Accessed 6 Aug 2019]

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Information Commissioner's Office (2011) Data Sharing Code of Practice. Available from: [ico.org.uk/media/for-organisations/documents/1068/data\\_sharing\\_code\\_of\\_practice.pdf](https://ico.org.uk/media/for-organisations/documents/1068/data_sharing_code_of_practice.pdf) [Accessed 26 Oct 2017]

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Information Commissioner's Office. Guide to Data Protection. Available from: [ico.org.uk/for-organisations/guide-to-data-protection/](https://ico.org.uk/for-organisations/guide-to-data-protection/) [Accessed 12 June 2019]

Information Governance Alliance (2016) Records Management Code of Practice for Health and Social Care 2016. Available from: [digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016](https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016) [Accessed 12 June 2019]

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Optical Confederation and Local Optical Support Unit 2017-2019 Data Security and Protection Requirements. Available at [fodo.com/downloads/Data%20Management/2017-19-data-security-and-protection-requirements.-feb-2018.pdf](https://fodo.com/downloads/Data%20Management/2017-19-data-security-and-protection-requirements.-feb-2018.pdf) [Accessed 6 Aug 2019]

Optical Confederation (2018), changes to Data Protection Law Information and Guidance. Available from: [opticalconfederation.org.uk/downloads/data-protection-and-gdpr-updated-guidance---july-2018.pdf](https://opticalconfederation.org.uk/downloads/data-protection-and-gdpr-updated-guidance---july-2018.pdf) [Accessed 12 June 2019]

Northern Ireland Department of Health: An Introduction to Good Management Good Records [health-ni.gov.uk/articles/introduction-good-management-good-records](https://health-ni.gov.uk/articles/introduction-good-management-good-records) [Accessed 6 Aug 2019]

Scottish Government: Records Management: NHS Code of Practice (2008) [webarchive.org.uk/wayback/archive/20180516214543/http://www.gov.scot/Publications/2008/07/01082955/0](https://webarchive.org.uk/wayback/archive/20180516214543/http://www.gov.scot/Publications/2008/07/01082955/0) [Accessed 6 Aug 2019]

<sup>8</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians. Available from: [optical.org/en/Standards/](https://optical.org/en/Standards/) [Accessed 12 June 2019]

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<sup>9</sup> General Optical Council (2017) Supplementary Guidance on Consent, para 40. Available from: [optical.org/en/Standards/practice-guidance/](https://optical.org/en/Standards/practice-guidance/) [Accessed 12 June 2019]

<sup>10</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians. Para 8. Available from: [optical.org/en/Standards/](https://optical.org/en/Standards/) [Accessed 12 June 2019]

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<sup>11</sup> National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006. Available from: [legislation.gov.uk/ssi/2006/135/contents/made](https://legislation.gov.uk/ssi/2006/135/contents/made) Regulation 2(1) Schedule 5 [Accessed 17 July 2019]

<sup>12</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians. Para 8.2.7. Available from: [optical.org/en/Standards/](https://optical.org/en/Standards/) [Accessed 12 June 2019]

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<sup>13</sup> General Optical Council (2017) Supplementary Guidance on Consent, paragraph 44.

Available from: [optical.org/en/Standards/practice-guidance/](https://optical.org/en/Standards/practice-guidance/) [Accessed 12 June 2019]

<sup>14</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians. Standard 7.6. Available from: [optical.org/en/Standards/](https://optical.org/en/Standards/) [Accessed 17 July 2019]

<sup>15</sup> Health and Social Care Information Centre (2013) A Guide to Confidentiality in Health and Social Care. Available from: [digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/a-guide-to-confidentiality-in-health-and-social-care](https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/a-guide-to-confidentiality-in-health-and-social-care) [Accessed 12 June 2019]

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<sup>16</sup> Information Commissioner's Office. Data Protection Fee. Available from: [ico.org.uk/for-organisations/data-protection-fee/](http://ico.org.uk/for-organisations/data-protection-fee/) [Accessed 12 June 2017]

<sup>17</sup> The Insolvency Service (2014) Insolvency Service Technical Manual. Available from [insolvencydirect.bis.gov.uk/technicalmanual/Ch49-60/Chapter%2059/part3/part\\_3.htm#59.67](http://insolvencydirect.bis.gov.uk/technicalmanual/Ch49-60/Chapter%2059/part3/part_3.htm#59.67) para 59.67 [Accessed 12 June 2019]

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## The routine eye examination ('sight test')

### Key points

- You must carry out such examinations as appear to be necessary to detect signs of injury, disease or abnormality in the eye or elsewhere.
- In addition to the minimum legal requirements, you should use your professional judgement to decide the format and content of the eye examination.
- You should record all clinical findings.
- You should tell the patient your findings and recommendations.
- The frequency of eye examinations depends on the patient's clinical needs, but there are recommended minimum intervals.

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

### Principles of the routine eye examination

[A.36A.41](#) When conducting a sight test, which is defined in law,<sup>19</sup> you must perform an internal and external examination and carry out such additional examinations as appear to be necessary to detect signs of injury, disease or abnormality in the eye or elsewhere.<sup>20,21</sup>

[A.37A.42](#) You should use your professional judgement and the minimum legal requirements to decide the format and content of the tests.

[A.38A.43](#) You should allow sufficient time to perform the examination.

[A.39A.44](#) There is a suggested equipment list at Annex 1.

[A.40A.45](#) You must record all clinical findings. You must do this legibly and at the time of the examination, or as soon as possible afterwards.

### Conducting the routine eye examination

[A.41A.46](#) When conducting a routine eye examination, you should:

- a. make it clear to the patient whether you will carry out the examination under the NHS or privately
- b. agree payment for any private services in advance, and
- c. use your professional judgement to decide how to serve a patient who is unable or unwilling to pay a private fee and is not eligible for

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NHS services. The lowest level of service that is acceptable is to direct them to emergency medical care. Record your actions and reasons for them.

[A.42A.47](#) You must not charge for any procedure you undertake as part of a General Ophthalmic Services (GOS) sight test in England, Northern Ireland, Scotland and Wales, if the sight test is funded by the NHS.

[A.43A.48](#) You must conduct an adequate assessment for the purposes of the optical consultation.<sup>22</sup> This should normally include:

- a. asking for and accurately recording:
  - full name
  - address
  - other contact details
  - date of birth
  - reason for visit
  - history including description of onset, character and duration of signs and symptoms
  - if relevant, history of ocular and general health
  - current general health, including whether the patient smokes if relevant. The GOS in Scotland requires that a record be made of whether the patient smokes<sup>23</sup>
  - medication
  - family history of ocular and general health
  - visual needs in terms of occupation, recreation or general activities
  - whether the patient drives, with or without prescription, and
  - details of previous optical prescription and date of last eye examination. Ask for the patient's best estimate if the date is unknown
- b. determining and recording the unaided and/or-aided vision of each eye with the patient's existing correction for each eye, together with the specific prescription used for the aided vision. If this is not

possible, or inappropriate you should determine and record the patient's unaided vision of each eye

- c. assessing and recording habitual ocular muscle balance and the method used, at least cover test, for distance and near. This should be done with the habitual prescription and/or without the prescription, if appropriate
- d. examining the eye internally and externally. As a minimum for internal examination you should use direct ophthalmoscopy on the undilated eye, although alternative methods may be used. If you cannot obtain an adequate view of the fundus you should dilate the patient's pupils and/or use indirect methods of fundal examination. You should use slit-lamp biomicroscopy particularly where a detailed view of the anterior eye and adnexa is required, and
- e. establishing the prescription required and the visual acuity of each eye individually.

A.44A.49 If you feel it is clinically appropriate or your contract requires it, you may:

- a. measure convergence
- b. assess ocular motility
- c. assess pupil reflexes
- d. determine objective refractive findings, using autorefractor and/or retinoscopy
- e. use fundal or other imaging
- f. measure intraocular pressure for patients at risk of glaucoma, see Examining patients at risk from glaucoma
- g. assess visual fields, especially for those patients who are at risk of glaucoma. See section on Examining patients at risk from glaucoma
- h. repeat certain tests to eliminate spurious results
- i. perform binocular balancing and measure binocular visual acuity
- j. assess fixation disparity, for example if the patient has symptoms or shows a deviation on cover test
- k. assess accommodation, for example to determine any reading additions for intermediate and/or near tasks.

## After completing the routine eye examination

[A.45A.50](#) When you have completed the tests you should tell the patient what you have found and what you would recommend. You should tell the patient when you would recommend they have their next eye examination.

[A.46A.51](#) You should provide patients with leaflets about the most common eye conditions, as appropriate.<sup>24</sup>

[A.47A.52](#) You must only issue a prescription for the correction of visual defects when it is clinically justified and in the best interests of the patient.<sup>25</sup> In all other cases give the patient a written statement, confirming a correction is not required or that there is no change in the current prescription. You should write on the prescription if the patient is registered as sight impaired or severely sight impaired. This is because their spectacles can only be dispensed by or under the supervision of a registered optometrist, dispensing optician or doctor.

[A.48A.53](#) If you examine a patient who might have an eye condition or eye surgery that may change the prescription in the short- to medium-term, you should consider carefully whether it is in the patient's best interests to have new spectacles. You should explain the benefits and disadvantages of prescribing spectacles that will be appropriate only for a short time.

[A.49A.54](#) If you are referring the patient, see section on [Working with colleagues](#)~~Error! Reference source not found.~~ for further guidance.

[A.50A.55](#) You should record any information you have given to the patient.

[A.51A.56](#) You may need to justify your actions at a later date, so if you decide not to conduct particular tests that would normally be expected, you should record the reasons for not carrying out those tests. You should remember that when conducting a sight test, certain tests are required by law, see para A.41.

## Frequency of eye examinations

[A.52A.57](#) You should examine patients at the most appropriate intervals, depending on their clinical needs. This applies to both private and NHS patients.<sup>26</sup>

[A.53A.58](#) Contact lens patients may need more frequent appointments for aftercare, but are not entitled to more frequent NHS sight tests simply because they wear contact lenses.

[A.54A.59](#) In the absence of clinical indications, you should not recall patients more frequently than the following intervals.

Patient age and/or condition	Recommended minimum re-examination interval
The intervals given below should not be taken as applying automatically to all patients in a category.	
Up to 16, no binocular vision anomaly or refractive error	1 year
under 7 years, with binocular vision anomaly or corrected refractive error	6 months
7–15 years, with binocular vision anomaly or rapidly progressing myopia	6 months
16 years and over	2 years
with diabetes who are part of diabetic retinopathy monitoring scheme	2 years
with diabetes who are not part of diabetic retinopathy monitoring scheme	1 year

[A.55A.60](#) In the absence of clinical indications you should not examine patients who are being monitored by the hospital eye service more frequently than every two years.

### Clinical reasons for earlier recall

[A.56A.61](#) Clinical circumstances may justify recalling a patient earlier than the intervals set out above, including patients:

- a. of any age with refractive error that is changing rapidly, or who are at risk of such changes, for example patients:
  - newly diagnosed with diabetes whose condition you have decided to manage, rather than refer
  - with a suspect visual field on one visit that is not confirmed on repeat; or
  - with abnormal IOP with no other significant signs of glaucoma
- b. who are identified in protocols as needing to be seen more frequently because of risk factors, for example of developing glaucoma. See section on Examining patients at risk from glaucoma, and
- c. with pathology likely to worsen.

[A.57A.62](#) You should record reasons for early recall of any patient.

### Patients requesting re-examination

[A.58A.63](#) You may have patients requesting early re-examination because they:

- a. have been referred by a GP, or
- b. present with symptoms or concerns that you can resolve only with an eye examination.

[A.59A.64](#) You should note reasons for early re-examination of any patient.

[A.60A.65](#) There will be cases when patients have symptoms, for example headaches, where no ocular cause can be found after examination.

[A.64A.66](#) You do not need to re-examine a patient who has broken their spectacles and has no clinical need for examination.

<sup>19</sup> Opticians Act 1989 s36(2) Available from: [legislation.gov.uk/ukpga/1989/44/contents](http://legislation.gov.uk/ukpga/1989/44/contents) [Accessed 18 July 2019]

<sup>20</sup> Opticians Act 1989 s26(1)(a) Available from: [legislation.gov.uk/ukpga/1989/44/contents](http://legislation.gov.uk/ukpga/1989/44/contents) [Accessed 18 July 2019]

<sup>21</sup> Sight Testing (Examination and Prescription) (No 2) Regulations 1989 s3(1)(a). Available from: [legislation.gov.uk/uksi/1989/1230/made](http://legislation.gov.uk/uksi/1989/1230/made) [Accessed 18 July 2019]

<sup>22</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 7.1 Available from: [optical.org/en/Standards/](http://optical.org/en/Standards/) [Accessed 18 July 2019]

<sup>23</sup> National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006. Available from: [legislation.gov.uk/ssi/2006/135/contents/made](http://legislation.gov.uk/ssi/2006/135/contents/made) Regulation 2(1) Schedule 5 [Accessed 17 July 2019]

<sup>24</sup> College of Optometrists, patient leaflets. Available from: [college-optometrists.org/patients](http://college-optometrists.org/patients) [Accessed 16 July 2019]

<sup>25</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 7.6 Available from: [optical.org/en/Standards/](http://optical.org/en/Standards/) [Accessed 26 Oct 2017]

<sup>26</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 7.6 Available from: [optical.org/en/Standards/](http://optical.org/en/Standards/) [Accessed 8 May 2019]

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## The needs led examination

### Key points

- A needs led examination is one where the patient does not need a sight test as defined in law
- There is no legal restriction on who can conduct a needs led examination
- You must conduct appropriate tests relevant to the patient's needs

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

### Definition of a needs led examination

A.67 A needs led examination is one where the patient does not need a sight test as defined in law (a statutory sight test). Examples would include minor eye conditions services (MECS), Eye Health Examination Wales (EHEW) or equivalent, follow-up appointments after a routine eye examination, assessment of patients for suspect glaucoma or ocular hypertension, or the co-management of a patient with another healthcare practitioner. See sections on Examining patients who present as an emergency, and Examining patients with flashes and floaters.

A.68 Unlike the statutory sight test, there is no legal restriction on who can conduct a needs led examination.

### Action to take

A.69 If you conduct a needs led examination you must conduct the appropriate tests relevant to the patient's needs<sup>1</sup>. You should make it clear to the patient that you are not conducting a full eye examination (sight test).

A.70 You may charge an appropriate fee for needs led examinations unless you participate in an NHS- or government-funded scheme to see these patients.

A.71 You must keep an adequate record of the consultation. See section on Patient records.

### Useful information and links

<sup>1</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 7.1 Available from: [optical.org/en/Standards/](http://optical.org/en/Standards/) [Accessed 8 May 2019]

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[Eye Health Examination Wales clinical manual with protocols for optometrists, ophthalmic medical practitioners \(OMPs\) and contractors \(2018\). Available from:   
eyecare.wales.nhs.uk/sitesplus/documents/1082/EHEW%20Manual%20refresh%20v18%202018%20FINAL%20FINAL.pdf \[Accessed 12 Aug 2019\]](http://eyecare.wales.nhs.uk/sitesplus/documents/1082/EHEW%20Manual%20refresh%20v18%202018%20FINAL%20FINAL.pdf)

## Examining patients who present as an emergency

### Key points

- You must decide on the best course of action. This will depend on the situation and you must use your professional judgement to decide what is in the best interests of the patient.
- If you conduct an emergency examination of a patient who presents with an acute condition, you should make it clear to the patient that it is not a statutory sight test or full eye examination and that you are only addressing the presenting symptoms.
- If you decide not to conduct an emergency examination of a patient who presents with an acute condition you should direct the patient to an appropriate healthcare professional and indicate the degree of urgency.
- You, or your employer, should make sure that practice staff understand the protocol to follow when a patient presents as an emergency.

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

### Definition of an emergency

A.72 There is no legal definition of an emergency. It may include:

- a. red eye
- b. recent loss of vision
- c. recent onset of ocular pain
- d. symptoms which strongly suggest a recent retinal tear or detachment, or
- e. giant cell (temporal) arteritis (GCA).

### Action to take

A.73 You must assess the patient and decide on the best course of action. The specific action will depend on the situation and you must use your professional judgement to decide what is in the best interests of the patient. In England, Wales and Northern Ireland there is no national obligation to examine patients who present as an emergency, although if you participate in a MECS or similar you may have an obligation to see them. In Scotland if you consider that the circumstances in which the patient presents constitute an emergency you must:<sup>27</sup>

- a. Carry out an emergency eye examination on the patient, either on the same day or within a reasonable time, or
- b. If you are unable to do this, take all reasonable steps to make an arrangement with another practitioner, hospital or GP practice to examine the patient.

A.73A.74 If you conduct an emergency examination of a patient who presents with an acute condition, you should make it clear to the patient that it is not a statutory sight test or full eye examination and that you are only addressing the presenting symptoms. You should:

- a. record all findings and any advice you give the patient
- b. make it clear that the patient should return to their usual optometrist for a routine eye examination when it is due, and
- c. refer the patient to an appropriate healthcare professional if applicable. See section on Working with colleagues**Error!**  
Reference source not found.

A.74A.75 You may charge an appropriate fee for emergency examinations unless you participate in an NHS- or government-funded scheme to see these patients.

A.75A.76 If you decide not to conduct an emergency examination of a patient who presents with an acute condition you should:

- a. direct the patient to an appropriate healthcare professional, and
- b. indicate the degree of urgency.

## Practice staff

A.76A.77 You, or your employer, should make sure that practice staff understand the protocol to follow when a patient presents as an emergency.

A.77A.78 If a patient contacts the practice by telephone describing symptoms that may indicate an acute condition, you should advise the patient to attend the practice or direct them to another healthcare professional, with an indication of the urgency.

A.78A.79 You should record any advice given.

## Useful information and links

College of Optometrists Emergency triage protocol. Available from: [college-optometrists.org/guidance/supplementary-guidance.html](https://college-optometrists.org/guidance/supplementary-guidance.html) [Accessed 7 Aug 2019]

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Clinical Council for Eye Health Commissioning (2016 updated 2018) Primary Eye Care Framework for first contact care. Available from: [college-optometrists.org/the-college/ccehc/delivery-models.html](https://college-optometrists.org/the-college/ccehc/delivery-models.html) [Accessed 16 July 2019]

Eye Health Examination Wales clinical manual with protocols for optometrists, ophthalmic medical practitioners (OMPs) and contractors (2018). Available from: [eyecare.wales.nhs.uk/sitesplus/documents/1082/EHEW%20Manual%20refresh%20v18%202018%20FINAL%20FINAL.pdf](https://eyecare.wales.nhs.uk/sitesplus/documents/1082/EHEW%20Manual%20refresh%20v18%202018%20FINAL%20FINAL.pdf) [Accessed 12 Aug 2019]

Wales Eye Care Services. Eye Health Examination Wales- including urgent eye care. Available from: [eyecare.wales.nhs.uk/eye-health-examination-wales](https://eyecare.wales.nhs.uk/eye-health-examination-wales) [Accessed 16 July 2019]

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<sup>27</sup> National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 Regulation 21B. Available from: [legislation.gov.uk/ssi/2018/212/pdfs/ssi\\_20180212\\_en.pdf](https://legislation.gov.uk/ssi/2018/212/pdfs/ssi_20180212_en.pdf).

## Examining patients with a disability

### Key points

- You must make reasonable adjustments to examine patients who have a disability.
- Address people with a disability directly; do not speak to their companion instead of to the person with the disability.
- Do not assume that people who have a physical disability also have learning disabilities/difficulties.
- Do not be embarrassed to ask the person with the disability what has caused the disability and whether this is permanent or temporary.
- Encourage the patient to transfer to the consulting room chair, if possible.
- Be flexible in your examination techniques and make notes of what works with this particular patient.

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

### Principles of examining patients with a disability

- A.80 When examining a patient who has a disability you must make reasonable adjustments to enable you to perform the relevant tests.<sup>28</sup> These would include:
- a. allowing additional time where necessary, and
  - b. having instruments that are suitable to use on patients who are unable to move their head or put their chin on the chin rest of table mounted instruments. Examples of what would be suitable include a direct ophthalmoscope, handheld tonometer, and trial frame and lenses rather than a refractor head.
- A.81 Do not assume that just because a patient has a disability they are unable to understand you or interact with you normally. You should always speak directly to the patient, rather than to their companion.
- A.82 Do not be embarrassed to ask the patient what has caused their disability or how long they have had it for.
- A.83 Be flexible in your examination techniques, and be prepared to adapt your routine to accommodate the patient's individual needs.

### Examining patients who are in a wheelchair

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- A.84 Patients may be confined to a wheelchair for many different reasons. It may be permanent or temporary, recent or longstanding. You should ask the patient why he or she is in the wheelchair and for how long.
- A.85 Practices should ensure that wheelchair users have access to the instruments that are needed for their examination, such as a slit lamp, tonometer and visual field screener. Where this is not possible a comparable alternative must be made available.
- A.86 You should ask the patient if they are able to transfer to the consulting room chair. The level of disability is not necessarily a guide as to whether a patient will be willing or able to do this. You should explain that you will be able to examine the patient in their wheelchair, but that they will be able to have more tests done if they can transfer to the consulting room chair. If the patient agrees to transfer you should:
- a. ask the patient what the best position is for their wheelchair to help the patient to transfer out of it
  - b. lock the consulting room chair in position
  - c. ask the patient if they would like you to lift the armrests and/or footrest on the consulting room chair out of the way
  - d. ask the patient what help, if any, they would like, and
  - e. tell the patient that they transfer to the consulting room chair at their own risk.
- A.87 If the patient remains in their wheelchair, positioned in front of the consulting room chair you should:
- a. make sure that when you are talking to the patient you are able to look them in the eyes, rather than speaking to the patient from behind
  - b. make the necessary adjustments to ensure the patient can see the letter chart in the mirror. This may be by:
    - asking the patient, still in their wheelchair, to sit on a thick cushion to raise them up
    - tilting the mirror downwards, or
    - having a separate mirror on a stand that you bring into the consulting room
  - c. record the distance at which the test was conducted, for example 5/56 rather than 6/6, and

- d. adjust the prescription that you find, to take into account the reduced distance of the patient from the test chart. This may be done by adding -0.25DS to the end result.

A.88 You should make clear notes of the adjustments that you made to your examination technique. This is helpful to any follow-on optometrist so that they can see what worked for this particular patient.

### **Examining patients who have hearing loss**

A.89 When you examine a patient who has hearing loss you should ask them how they would prefer you to communicate with them.

A.90 You should allow an appropriate amount of extra time for the consultation.

A.91 To help with communication, you should:

- a. face the patient and maintain eye contact to enable the patient to lip read
- b. keep your hands away from your face when talking. Be aware that beards and moustaches can also make it more difficult for people to lip read
- c. speak slowly, clearly and distinctly, but do not exaggerate mouth movements. Use short sentences where possible, and pause between sentences
- d. not shout
- e. minimise background noise if possible
- f. watch for the patient's facial expressions that may indicate that they have not understood you and rephrase what you have said rather than repeating it
- g. only turn the consulting room lights off when needed, and tell the patient before turning the lights off. Do not put the refractor head in front of the patient's face until necessary. Where possible, move the refractor head away from the patient when speaking to them
- h. be patient, and repeat what you have said where necessary
- i. give simple written advice if you are not confident that the patient has understood your advice.

- A.92 If the patient has age-related hearing loss, they may find it more difficult to hear higher pitched voices, such as women's and children's voices. You can help these patients to hear you by lowering your voice.
- A.93 You should explain what you are going to do before you do it, for example before asking the patient to put their head on the slit lamp, or bringing the refractor head in front of their face.
- A.94 If the patient prefers to communicate using an interpreter, you should use a relevant accredited interpreter<sup>29</sup> to protect both you and the patient. If the patient is an NHS patient you may contact your local NHS organisation to see what arrangements they have for providing this service. You may choose to use a video-interpreting service, using a video phone or other device.<sup>30</sup> You should talk directly to the patient rather than the interpreter.
- A.95 If you use pen and paper to help communicate, remember that patients who use British Sign Language (BSL) do not have English as their first language. You should therefore use shorter, simpler words and sentences where possible.
- A.96 The BSL fingerspelling alphabet is useful to help communicate with Deaf patients.

### **Useful information and links**

Action on Hearing Loss: [actiononhearingloss.org.uk](http://actiononhearingloss.org.uk) [Accessed 17 July 2019]

BSL fingerspelling alphabet can be found at: [british-sign.co.uk/fingerspelling-alphabet-charts/](http://british-sign.co.uk/fingerspelling-alphabet-charts/)

Eye Health Examination Wales clinical manual with protocols for optometrists, ophthalmic medical practitioners (OMPs) and contractors (2018). Available from: [eyecare.wales.nhs.uk/sitesplus/documents/1082/EHEW%20Manual%20refresh%20v18%202018%20FINAL%20FINAL.pdf](http://eyecare.wales.nhs.uk/sitesplus/documents/1082/EHEW%20Manual%20refresh%20v18%202018%20FINAL%20FINAL.pdf) [Accessed 12 Aug 2019]

NHS England guides to help staff support people with access needs. Available from: [england.nhs.uk/publication/guides-to-help-staff-support-people-with-access-needs/](http://england.nhs.uk/publication/guides-to-help-staff-support-people-with-access-needs/) [Accessed 6 Aug 2019].

National Registers of Communication Professionals working with Deaf and Deafblind People [nrpcd.org.uk](http://nrpcd.org.uk) [Accessed 19 Sept 2019]

Northern Ireland Human Rights Commission information on disability. Available from: <http://www.nihrc.org/advice-for-you/disability> [Accessed 6 Aug 2019].

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[Optical Confederation guidance on The Accessible Information Standard \(2016\):  
opticalconfederation.org.uk/downloads/accessibleinfoguidanceopticalconfedjuly16.pdf](https://www.opticalconfederation.org.uk/downloads/accessibleinfoguidanceopticalconfedjuly16.pdf)Standard [Accessed 18 July 2019]

[People in Scotland who use BSL can contact Scotland BSL for a video relay interpreting service \(VRS\):  
contactsotland-bsl.org/deaf-bsl-users/](https://www.contactsotland-bsl.org/deaf-bsl-users/)[Accessed 18 July 2019]

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<sup>28</sup> Equality Act 2010 (for England, Scotland and Wales). The Disability Discrimination Act 1995 still applies in Northern Ireland.

<sup>29</sup> [National Registers of Communication professionals working with Deaf and Deafblind People nrcpd.org.uk](http://www.nrcpd.org.uk)

<sup>30</sup> [actiononhearingloss.org.uk/live-well/communicate-well/different-ways-to-communicate/video-interpreting/](http://actiononhearingloss.org.uk/live-well/communicate-well/different-ways-to-communicate/video-interpreting/) [Accessed 17 July 2019]

## Assessing and managing patients with low vision

### Key points

- Patients need not be registered as sight impaired or severely sight impaired to benefit from low vision services.
- You should assess all patients according to their needs.
- You should follow local protocols for the assessment, referral and management of patients with low vision.
- You should consider the patient's needs for emotional support and social care.
- Low vision assessment and management is multidisciplinary.
- Low vision assessment is rarely a one-off process.
- You should refer the patient if you do not have sufficient expertise to assess a patient with low vision.
- The supply of spectacles or contact lenses to patients who are registered as sight impaired or severely sight impaired must be carried out by, or under the supervision of, an optometrist, dispensing optician or doctor.

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

### Principles of assessing and managing patients with low vision

- A.97 Patients need not be registered as sight impaired or severely sight impaired to benefit from low vision services. You should encourage patients to access low vision services as soon as they feel they need them, rather than waiting for significant visual loss, as this can lead to better outcomes.<sup>31</sup>
- A.98 You should assess all patients according to their needs.
- A.99 You should follow local protocols for the assessment and management of patients with low vision.
- A.100 You should ensure the patient has had a recent eye examination, which determines their refraction and ocular health, before performing a low vision assessment.
- A.101 You should consider the patient's needs for emotional support and social care.
- A.102 You should understand the multidisciplinary nature of low vision assessment and management and give patients the contact details of

other members of the low vision multidisciplinary team or other relevant parties, as appropriate.

- A.103 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.

### Assessing patients with low vision

- A.104 If you do not have sufficient expertise to assess a patient with low vision you should refer the patient to someone who has. This may be an optometrist or a dispensing optician based in a low vision service, or the local social services department.

- A.105 You may need to assess the patient's:

- a. needs. Some patients may have a personal care plan or low vision passport that would assist in this assessment
- b. visual acuity, including use of distance and near logMAR charts. If these are not available you may be able to use conventional charts to achieve meaningful results
- c. contrast sensitivity
- d. glare function
- e. central visual function using, for example Amsler charts and appropriate colour vision tests
- f. visual field. You should:
  - repeat field assessments, where necessary and possible, to obtain a meaningful result, and
  - be aware of the limitations of static screening equipment particularly in cases of severe sight loss. If you do not have access to a conventional kinetic test, such as Goldmann, you should use confrontation type tests and Amsler charts for central vision to give practical advice to the patient
- g. binocular and accommodative status, where appropriate, for example in phakic children with low vision.

~~A.106~~ When you have completed the appropriate assessments you ~~must~~ should:

~~A.107~~

~~A.108~~ — ~~tell~~ advise the patient ~~of~~ your findings ~~and provide these~~ in a way they can understand ~~in accessible format~~.<sup>32,33,34</sup> This may include large print, MP3, braille, or an easy read format.

~~A.106~~

~~A.109~~ A.107 You should pass on relevant information to the low vision team or other appropriate parties, with an explanation of the results.

See section on Consent.

## Managing patients with low vision

~~A.110~~ A.108 Following an assessment you should advise the patient, on:

- a. their visual function relating to visual acuity and contrast sensitivity levels; you:
  - should explain this to the patient in relation to both threshold and sustained visual function
  - should differentiate between clinical measurements and practical ability, and
  - may need to demonstrate using practical tasks such as reading door signs, mobile phone screens, newspapers, timetables and packets
- b. illumination as well as the use of specific tints and glare shields and non-optical devices
- c. the effects of the condition affecting their vision, and
- d. the benefits and disadvantages of low vision devices.

~~A.114~~ A.109 You should know where to direct people for information on support services. You may wish to have information on:

- a. the most common eye conditions that cause low vision, and
- b. support services, such as talking books, holidays, safety at home, lighting and travel.

~~A.112~~ A.110 You should be aware of the impact sight loss may have on people who have other sensory, physical or intellectual impairment.

## Referral

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[A.113A.111](#) You should follow local referral protocols.

[A.114A.112](#) In England additional information for social care agencies can be provided by both the low vision leaflet (LVL), which is completed by the patient, and the referral of vision impairment (RVI), which is completed by the practitioner. You should advise patients about the process for certification of vision impairment (CVI) which is completed by a consultant ophthalmologist and registered by local social services departments.<sup>35</sup>

[A.115A.113](#) You should ensure all patients have access to ophthalmological opinion, where appropriate, irrespective of their registration status and the severity or length of term of their sight loss.

[A.116A.114](#) You should be aware that some patients may need additional support to access services, particularly at the onset of visual impairment. These include:

- a. older people
- b. children
- c. people whose first language is not English
- d. carers
- e. people who live alone
- f. people with other sensory impairment or learning difficulties, and
- g. people in, or seeking, employment.

[A.117A.115](#) You should advise patients to continue with their routine optometric or ophthalmological care.

## Dispensing low vision devices

[A.118A.116](#) The supply of spectacles or contact lenses to patients who are registered as sight impaired or severely sight impaired must be carried out by, or under the supervision of an optometrist, dispensing optician or doctor.<sup>36</sup>

[A.119A.117](#) You must supply the patient with the most appropriate low vision device. Factors to consider include magnification, care and ergonomics.

[A.120A.118](#) Advice on visual ergonomics should include reading posture, reading stands, copyholders, clipboards and higher reading additions.

[A.124A.119](#) You should consider binocularity and accommodation when supplying a patient with any device.

[A.122A.120](#) Before you supply any device you should assess patients carrying out relevant practical tasks with the device to identify any limitations, such as using a switch or left or right hand use.

[A.123A.121](#) After supplying any device you should provide the patient with full instructions on:

- a. the tasks the device has been issued for
- b. how to use the device, including:
  - how far the device should be held from the eye and the object
  - which spectacles, if any, to use with it, and
  - any specific advice on lighting
- c. the initial programme of low vision training, including:
  - reading or skill practice
  - aftercare
  - what post-supply support is available, and
- d. care, storage and cleaning of the device, including maintenance of batteries and integral lamps if appropriate.

[A.124A.122](#) You must give appropriate instructions in writing to comply with the Medical Devices Directive.<sup>37</sup>

[A.125A.123](#) 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).

[A.126A.124](#) If you consider a low vision aid is unnecessary or unsuitable, or the patient rejects it, you should explain to the patient that their situation or technology may change and encourage the patient to return for regular assessments.

[A.127A.125](#) Dispensing opticians are a valuable part of the low vision team. ABDO has advice and guidelines for their members on low vision practice.<sup>38</sup>

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## Useful information and links

Certification of people as visually impaired, including the benefits of certification, and links to guidance notes. Available from: [rcophth.ac.uk/professional-resources/certificate-of-vision-impairment%20/](http://rcophth.ac.uk/professional-resources/certificate-of-vision-impairment%20/) [Accessed 24 July 2019]

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College of Optometrists topic update: Low vision. Available from: [college-optometrists.org/the-college/library-and-information-services.html](http://college-optometrists.org/the-college/library-and-information-services.html) [Accessed 8 Aug 2019]

Clinical Council for Eye Health Commissioning (2018) Low Vision, Habilitation and Rehabilitation Framework for Adults and Children. Available from: [college-optometrists.org/uploads/assets/uploaded/74261e4b-b5ca-427a-b24cc3f7690929db.pdf](http://college-optometrists.org/uploads/assets/uploaded/74261e4b-b5ca-427a-b24cc3f7690929db.pdf) [Accessed 24 July 2019]

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College of Optometrists higher qualifications in low vision: [college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html](http://college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html) [Accessed 15 Aug 2019]

College of Optometrists and Royal College of Ophthalmologists (2013) Commissioning Better Eye Care: Adults with low vision. Available from: [rcophth.ac.uk/wp-content/uploads/2014/12/Low-vision-guidance-25-11-13-2013\\_PROF\\_263.pdf](http://rcophth.ac.uk/wp-content/uploads/2014/12/Low-vision-guidance-25-11-13-2013_PROF_263.pdf) [Accessed 24 July 2019]

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Diabetes UK [diabetes.org.uk](http://diabetes.org.uk)

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Guide Dogs [guidedogs.org.uk](http://guidedogs.org.uk)

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International Glaucoma Association [glaucoma-association.com](http://glaucoma-association.com)

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Look look-uk.org

Macular Society [macularsociety.org](http://macularsociety.org)

NHS England guides to help staff support people with access needs. Available from: [england.nhs.uk/publication/guides-to-help-staff-support-people-with-access-needs/](http://england.nhs.uk/publication/guides-to-help-staff-support-people-with-access-needs/) [Accessed 6 Aug 2019].

National Institute for Health and Care Excellence (2013) Falls in Older People: Assessing Risk and Prevention. Clinical guideline 161. London: NICE. Available from: [nice.org.uk/guidance/cg161](http://nice.org.uk/guidance/cg161) [Accessed 24 July 2019]

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Partially Sighted Society [partsight.org.uk](http://partsight.org.uk)

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RNIB rnib.org.uk

Ryan B, Woodhouse M, Sinclair A (2009) Low Vision, the Essential Guide for Optometrists. Guide Dogs for the Blind Association and College of Optometrists

Visionary visionary.org.uk/

Wales Eye Care Services. LVSU-Low Vision Available from:  
[eyecare.wales.nhs.uk/low-vision-lvsw/](http://eyecare.wales.nhs.uk/low-vision-lvsw/) [Accessed 24 July 2019]

Field Code Changed

<sup>31</sup> Clinical Council for Eye Health Commissioning (2017) Low vision, Habilitation and Rehabilitation Framework for Adults and Children. Available from: [college-optometrists.org/uploads/assets/uploaded/74261e4b-b5ca-427a-b24cc3f7690929db.pdf](http://college-optometrists.org/uploads/assets/uploaded/74261e4b-b5ca-427a-b24cc3f7690929db.pdf). [file:///C:/Users/Sue2/AppData/Local/Microsoft/Windows/Temporary Internet Files/Content.IE5/F5Y51M5K/www.college-optometrists.org/the-college/ccehc/delivery-models.html](file:///C:/Users/Sue2/AppData/Local/Microsoft/Windows/Temporary%20Internet%20Files/Content.IE5/F5Y51M5K/www.college-optometrists.org/the-college/ccehc/delivery-models.html) [Accessed 24 July 2019]

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<sup>32</sup> Equality Act 2010.

<sup>33</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 2.1. Available from [optical.org/en/Standards/Standards\\_for\\_optometrists\\_dispensing\\_opticians.cfm](http://optical.org/en/Standards/Standards_for_optometrists_dispensing_opticians.cfm) [Accessed 24 July 2019]

<sup>34</sup> General Optical Council (2019) –Standards for Optical Businesses para 1.3.1. Available from: [optical.org/en/Standards/Standards\\_for\\_optical\\_businesses.cfm](http://optical.org/en/Standards/Standards_for_optical_businesses.cfm) [Accessed 24 July 2019]

<sup>35</sup> Department of Health (2018) Registering Vision Impairment as a Disability. Available from: [gov.uk/government/publications/guidance-published-on-registering-a-vision-impairment-as-a-disability](http://gov.uk/government/publications/guidance-published-on-registering-a-vision-impairment-as-a-disability) [Accessed 24 July 2019]

Field Code Changed

<sup>36</sup> Opticians Act 1989 s27(1)(b)

<sup>37</sup> Council Directive 93/42/EEC concerning medical devices [1993] OJ L169/1. Available from: [eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:1993L0042:20071011:EN:PDF](http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:1993L0042:20071011:EN:PDF) [Accessed 24 July 2019]

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<sup>38</sup> Association of British Dispensing Opticians. Advice and Guidelines for Dispensing Opticians: paras 2.19-2.23. Available from: [abdo.org.uk/regulation-and-policy/advice-and-guidelines/clinical/low-vision/](http://abdo.org.uk/regulation-and-policy/advice-and-guidelines/clinical/low-vision/) [Accessed 24 July 2019]

## Examining patients with learning disabilities

### Key points

- Patients with learning disabilities may have additional ocular conditions and other health problems.
- You should use tests and procedures that are appropriate to the patient's needs.
- You must follow the guidance on consent when discussing the patient's condition with a relative or carer.
- When you communicate with the patient, you should talk directly to them rather than their carer.
- If possible, in advance of the appointment, you should discuss with the patient and their relative or carer what adjustments may be needed to help them understand information and participate in the examination.
- You should provide the patient and relative or carer with a written, as well as a verbal, report.

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

- A.126 The Mental Capacity Act 2005 and the Equality Act 2010 are particularly relevant to examining adult patients with learning disabilities difficulties.

### Definition of learning disability

- A.127 A learning disability is a reduced intellectual ability and difficulty with everyday activities, for example household tasks, socialising or managing money, which affects someone for their whole life. People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complex information and interact with other people. The level of support someone needs depends on individual factors, including the severity of their learning disability.<sup>39</sup>

### Some causes of learning disability

- A.128 The major causes of learning disability in the UK are:<sup>40</sup>
- a. unknown aetiology
  - b. prematurity
  - c. chromosomal disorders

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- d. Down's syndrome
- e. Fragile-X syndrome
- f. cerebral palsy
- g. genetic disorders
- h. metabolic disorders
- i. iatrogenic disorders-

### **Ocular and health conditions of patients with learning disabilities**

A.129 Patients with learning disabilities can have the same range of visual problems as the general population. It has been estimated that people with learning disabilities are ten times more likely to have specific ocular conditions,<sup>41</sup> including:

- a. amblyopia
- b. blepharitis – common in people with Down's syndrome
- c. cataract
- d. concomitant strabismus
- e. cortical visual impairment
- f. entropion – common in people with Down's syndrome
- g. field defects
- h. high refractive error – especially myopia and astigmatism
- i. impaired accommodation
- j. keratoconus
- k. nystagmus
- l. reduced vision.

A.130 Some people with learning disabilities may also have a wider range of health problems than the general population and may have other disabilities, including hearing impairment.

## Principles of examining patients with learning disabilities

- A.131 When examining a patient with learning disabilities you should:
- a. make reasonable adjustments to the patient's eye care, for example by using a range of tests and procedures that are appropriate to the needs of the patient, and
  - b. seek their consent to get a briefing from a relative or carer, if necessary.
- A.132 If they are unable to consent, refer for advice to the section on Consent.
- A.133 Encourage the patient to attend with a relative or carer if they are unlikely to be able to give full and accurate personal details, history and the reason for visit.
- A.134 When examining a patient with learning disabilities you should:
- a. encourage the patient to visit your premises before their eye examination to help them become familiar and comfortable with the environment
  - b. encourage the patient and carer to complete SeeAbility's 'Telling the optometrist about me' form<sup>42</sup> and bring it to the eye examination
  - c. find out how the patient likes to communicate and how their disabilities affect them, including if they are particularly sensitive to touch, lights and sounds
  - d. find out about any recent signs, symptoms or behavioural changes that might be relevant
  - e. ask to refer to the patient's health action plan or communication passport, if they have one
  - f. be prepared to spend longer on the examination and to arrange repeat visits to obtain full and valid results
  - g. use an objective measure of accommodative function (e.g. dynamic retinoscopy) to determine the accuracy of the patient's accommodation
  - g-h. attempt visual field assessment, even if only by using confrontation techniques

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- [h.i.](#) use cycloplegic examination, if necessary, to determine the full refractive error
- [i.j.](#) use mydriasis, if necessary, to internally examine the eye
- [j.k.](#) give clear information to the patient or carer about the effects of eye drops
- [k.l.](#) record any reasons for limitations on the examination and results obtained, and
- [l.m.](#) consider if you need to refer the patient for further tests, for example examination under anaesthetic, or electrophysiological tests. If you decide that you do, you should involve learning disability health professionals for advice about access to health care and treatment for a person with learning disabilities.

A.135 When you communicate with a patient with learning disabilities you should:

- a. talk directly to the patient, rather than their carer
- b. take time to speak clearly
- c. explain what you are doing in plain English
- d. warn the patient before you touch them, and
- e. explain and show them the equipment you are using.

A.136 [You must provide information that is accessible to patients in a way that they understand.](#)<sup>43,44</sup> In England the Accessible Information Standard applies to NHS patients, including those using General Ophthalmic Services, who have information or communication support needs relating to a learning disability, sensory loss or other impairment. GOS contractors need to ensure that patients receive information in a suitable accessible format unless the provision of this would be at disproportionate or unreasonable cost. The Optical Confederation produces guidance on this,<sup>45</sup> and SeeAbility provides information in 'Easy Read' factsheets.<sup>46</sup> Practitioners in the other UK nations should also make the information they produce accessible.

## Providing patients with a report of their eye examination

A.137 You should provide the patient and relative or carer with a written, as well as a verbal, report. This should be copied to the patient's GP if the patient consents. You can use the suggested accessible feedback form 'Feedback from the optometrist about my eye test' from SeeAbility<sup>47</sup> to help the patient and their relative or carer to

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understand their eye examination and what you have found. A report specifically suitable for children is also available from Seeability.<sup>48</sup> Your report should also include:

- a. reasons why results of the examination may be limited
- b. details of referral to another practitioner
- c. information on agencies that may be able to provide further advice or support, and
- d. advice on spectacle wear, copied, with the patient's consent, to other relevant professionals involved in their care and to staff at a college or day centre that the patient attends.

## Supply of spectacles and aftercare

A.138 If you supply spectacles to a patient with a learning disability you should consider labelling them with the patient's name, date of supply and whether they are for distance or near tasks. Labelling should be suitable in terms of the patient's dignity, infection control and type of frame supplied. SeeAbility has factsheets on wearing spectacles for people with learning disabilities.<sup>49</sup>

See section on Safeguarding children and vulnerable adults [Error! Reference source not found.](#)

## Useful information and links

British Institute of Learning Disabilities [bild.org.uk](http://bild.org.uk)

College of Optometrists and VISION 2020 (2015) UK Quality standards for services for patients with learning disabilities Available from: [vision2020uk.org.uk/quality-standards-for-services-for-patients-with-learning-disabilities/](http://vision2020uk.org.uk/quality-standards-for-services-for-patients-with-learning-disabilities/) [Accessed 18 July 2019]

Department of Health (2013) Learning disabilities good practice project. Available from: [gov.uk/government/publications/learning-disabilities-good-practice-project-report](http://gov.uk/government/publications/learning-disabilities-good-practice-project-report) [Accessed 18 July 2019]

General Medical Council. Learning disabilities. Available from: [gmc-uk.org/ethical-guidance/ethical-hub/learning-disabilities](http://gmc-uk.org/ethical-guidance/ethical-hub/learning-disabilities) [Accessed 7 Aug 2019]

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NHS England guides to help staff support people with access needs. Available from: [england.nhs.uk/publication/guides-to-help-staff-support-people-with-access-needs/](http://england.nhs.uk/publication/guides-to-help-staff-support-people-with-access-needs/) [Accessed 6 Aug 2019].

Royal College of Ophthalmologists (2011) The management of visual problems in people with learning disabilities. Available from: [rcophth.ac.uk/wp-content/uploads/2014/12/2011\\_PROF\\_127\\_Exec\\_Summary-The-management-of-visual-problems-in-people-with-learning-disabilities.pdf](http://rcophth.ac.uk/wp-content/uploads/2014/12/2011_PROF_127_Exec_Summary-The-management-of-visual-problems-in-people-with-learning-disabilities.pdf) [Accessed 18 July 2019]

Royal College of Ophthalmologists (2015) Eye care for adults with learning disabilities. Available from: [rcophth.ac.uk/wp-content/uploads/2015/09/Eye-Care-Services-for-Adults-with-Learning-Disabilities.pdf](http://rcophth.ac.uk/wp-content/uploads/2015/09/Eye-Care-Services-for-Adults-with-Learning-Disabilities.pdf) [Accessed 18 July 2019]

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The Scottish Accessible Information Forum provides information and training on how to produce accessible information. [saifscotland.org.uk](http://saifscotland.org.uk)

SeeAbility has various resources on eye health, sight tests, wearing glasses, eye conditions and eye operations that are useful to the optometrist, the patient and their carers [seeability.org/looking-after-your-eyes](http://seeability.org/looking-after-your-eyes) [Accessed 7 Aug 2019]

SeeAbility, Find an optometrist database. Available from: [seeability.org/find-an-optometrist](http://seeability.org/find-an-optometrist) [Accessed 18 July 2019]

Field Code Changed

SeeAbility has information on eye tests for children and young people with learning disabilities. This includes downloadable forms. Available from: [seeability.org/eye-tests-children](http://seeability.org/eye-tests-children) [Accessed 8 Aug 2019]

Field Code Changed

SeeAbility, Royal College of Ophthalmologists and Royal College of General Practitioners (2012) Vision and people with learning disabilities: Guidance for GPs. Available from: [rcgp.org.uk/~/\\_media/Files/CIRC/GP%20guide%20for%20vision%20and%20learning%20disabilities.ashx](http://rcgp.org.uk/~/_media/Files/CIRC/GP%20guide%20for%20vision%20and%20learning%20disabilities.ashx) [Accessed 8 Aug 2019]

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Turner S, Kill S, Emerson E (2013) Making reasonable adjustments to eye care services for people with learning disabilities. Learning Disabilities Observatory. Available from: [ndti.org.uk/uploads/files/IHaL-2013\\_-01\\_Reasonable\\_adjustments.pdf](http://ndti.org.uk/uploads/files/IHaL-2013_-01_Reasonable_adjustments.pdf) [Accessed 8 Aug 2019]

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<sup>39</sup> Mencap Learning Disability Explained. Available from : [mencap.org.uk/learning-disability-explained](https://www.mencap.org.uk/learning-disability-explained) [Accessed 18 July 2019]

Field Code Changed

<sup>40</sup> Royal College of Ophthalmologists (2015) Eye Care Services for Adults with Learning Disabilities Available from: [rcophth.ac.uk/wp-content/uploads/2015/09/Eye-Care-Services-for-Adults-with-Learning-Disabilities.pdf](https://www.rcophth.ac.uk/wp-content/uploads/2015/09/Eye-Care-Services-for-Adults-with-Learning-Disabilities.pdf)

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[Accessed 18 July 2019]

<sup>41</sup> Emerson E, Robertson J (2011) The estimated prevalence of visual impairment among people with learning disabilities in the UK. London: RNIB. Available from:

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[mib.org.uk/knowledge-and-research-hub/research-reports/prevention-sight-loss/prevalence-vi-learning-disabilities](https://www.mib.org.uk/knowledge-and-research-hub/research-reports/prevention-sight-loss/prevalence-vi-learning-disabilities)

Field Code Changed

[Accessed 7 Aug 2019]

<sup>42</sup> SeeAbility (2016) Having an Eye Test. Available from: [seeability.org/preparing-for-an-eye-test](https://seeability.org/preparing-for-an-eye-test) (and scroll down to download the 'Telling the optometrist about me' form) [Accessed 18 July 2019]

<sup>43</sup> General Optical Council (2019) Standards of Practice for Optometrists and Dispensing Opticians para 2.1. Available from:

[optical.org/en/Standards/Standards\\_for\\_optometrists\\_dispensing\\_opticians.cfm](https://www.optical.org/en/Standards/Standards_for_optometrists_dispensing_opticians.cfm) [Accessed 24 July 2019]

<sup>44</sup> General Optical Council (2019) –Standards for Optical Businesses para 1.3.1. Available from: [optical.org/en/Standards/Standards\\_for\\_optical\\_businesses.cfm](https://www.optical.org/en/Standards/Standards_for_optical_businesses.cfm) [Accessed 24 July 2019]

<sup>45</sup> Optical Confederation (2016) NHS Accessible Information Standard Guidance for community optical practices. Available from:

[opticalconfederation.org.uk/downloads/accessibleinfoguidanceopticalconfedjuly16.pdf](https://www.opticalconfederation.org.uk/downloads/accessibleinfoguidanceopticalconfedjuly16.pdf)

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[Accessed 18 July 2019]

<sup>46</sup> SeeAbility (2016) Having an eye test. Available from:

[seeability.org/Handlers/Download.ashx?IDMF=6103b9c6-3329-4270-a1be-dc348d623a1a](https://seeability.org/Handlers/Download.ashx?IDMF=6103b9c6-3329-4270-a1be-dc348d623a1a)

Field Code Changed

[Accessed 18 July 2019]

<sup>47</sup> SeeAbility. After the eye test: feedback from my optometrist. Available from:

[seeability.org/after-the-eye-test](https://seeability.org/after-the-eye-test) [Accessed 18 July 2019]

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<sup>48</sup> SeeAbility (2016) The results of your child's eye tests. Available from:

[seeability.org/Handlers/Download.ashx?IDMF=7864e93f-356d-4d4e-930f-e3aefc91d827](https://seeability.org/Handlers/Download.ashx?IDMF=7864e93f-356d-4d4e-930f-e3aefc91d827)

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[Accessed 18 July 2019]

<sup>49</sup> SeeAbility Wearing glasses. Available from: [seeability.org/wearing-glasses](https://seeability.org/wearing-glasses) [Accessed 18 July 2019]

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## Examining patients with autism

### Key points

- If possible, offer the patient the opportunity to attend the practice before their appointment, to help them get used to the surroundings
- Try and offer the patient an appointment at a quiet time of day when they are least likely to be kept waiting
- Explain what you are going to do in advance using clear language and give direct instructions as to what you would like the patient to do
- Allow extra time

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

### What autism is and how it affects patients

A.139 Autism is a lifelong developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them.<sup>50</sup> It affects people in different ways. Some people with autism also have learning disabilities, so for these people you should refer to the chapter on Examining patients with learning disabilities.

### Principles of examining patients with autism

A.140 You should ask the patient, or their carer if appropriate, if they would like to visit the practice before their appointment, to help them become used to the surroundings and the equipment. If this is not possible you could provide photographs of the instruments you will use.

A.141 If relevant, try to speak to the patient's parent or carer before the appointment to find out what the patient may like or dislike or respond well to.<sup>51</sup>

A.142 If possible try and offer the patient an appointment at a quiet time of day and when they are least likely to be kept waiting, for example the first appointment of the day or immediately after lunch. This is because **knowing when something will happen is important to a person with autism.** Tell the patient if you are running late, so that they can wait outside or come back later.

A.143 Ask direct questions rather than waiting for the patient to volunteer information, as the patient may not tell you the information unless you ask them. Explain what is going to happen during each test using clear language, and give direct instructions, such as 'please put

your chin on the chin rest' rather than asking 'can you put your chin on the chin rest'.

A.144 Allow extra time.

### **Adapting your routine**

A.145 Some autistic people may not like you **within** their personal space, so be prepared to adapt your routine accordingly.

A.146 Some autistic people are very sensitive to light, so ask them when you need to shine a light into their eye and make sure they are comfortable with that. Be aware that pen lights may trigger seizures in some people.<sup>52</sup>

A.147 If you use a trial frame, keep it on for as short a time as possible, as some people with autism find this difficult to cope with.

A.148 Some autistic people may tend to repeat the last thing you say, so adapt your routine to make sure you repeat tests (such as the cross cylinder) in a different order, such as saying 'better second or first'.

A.149 If an autistic person engages in behaviour to help them deal with stress, such as rocking or flicking their fingers, do not try to stop this behaviour unless it is essential.

### **Useful information and links**

National Autistic Society: ~~h~~information to help the patient prepare for an eye care appointment. Available from: [autism.org.uk/about/health/eyecare.aspx](http://autism.org.uk/about/health/eyecare.aspx)

National Autistic Society: ~~and~~ information for eye care professionals. Available from ~~at~~: [autism.org.uk/professionals/health-workers/eyecare.aspx](http://autism.org.uk/professionals/health-workers/eyecare.aspx) [Accessed 25 July 2019]

NHS England guides to help staff support people with access needs. Available from: [england.nhs.uk/publication/guides-to-help-staff-support-people-with-access-needs/](http://england.nhs.uk/publication/guides-to-help-staff-support-people-with-access-needs/) [Accessed 6 Aug 2019].

<sup>50</sup> [autism.org.uk/about/what-is.aspx](http://autism.org.uk/about/what-is.aspx)

<sup>51</sup> [autism.org.uk/professionals/health-workers/eyecare.aspx](http://autism.org.uk/professionals/health-workers/eyecare.aspx)

<sup>52</sup> [autism.org.uk/professionals/health-workers/guidance.aspx](http://autism.org.uk/professionals/health-workers/guidance.aspx) [Accessed 25 July 2019]

## Examining patients with specific learning difficulties

### Key points

- You should explore visual problems by means of a thorough eye examination.
- You should use tests that are appropriate to the patient's needs.
- You should tell the patient that there is currently no strong evidence that tinted lenses are effective in improving visual function in patients with specific learning difficulties. However, optometrists who practise in this area report that some patients find them helpful.

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

### What specific learning difficulties are and how they affect patients

[A.139A.150](#) Specific learning difficulties affect how people learn and process information. They can include dyslexia, dyspraxia, dyscalculia and attention deficit disorder.<sup>53</sup>

### Principles of examining patients with specific learning difficulties

[A.140A.151](#) You should ensure you have the necessary training in the techniques required to examine patients with these difficulties.

[A.152](#) Patients with specific learning difficulties may have ~~co-occurring conventional~~ visual or orthoptic problems that require treatment. You should explore visual problems by means of a thorough eye examination.

[A.141A.153](#) Treating conventional optometric or orthoptic problems may alleviate the patient's visual symptoms, but you should not claim that this treats the specific learning difficulty.

[A.142A.154](#) You should carry out all tests necessary to satisfy yourself of the appropriateness of any intervention prescribed.

### Tinted lenses

A.143A.155 It has been claimed that tinted lenses treat a condition called visual stress that affects some people with specific learning difficulties, but this remains controversial. There is currently no strong evidence that tinted lenses are effective in improving visual function in patients with specific learning difficulties.<sup>54,55,56,57 58,59,60</sup> However, optometrists who practise in this area report that some patients find these interventions helpful at alleviating visual symptoms, but you should not claim that these interventions treat specific learning difficulties.

A.156 You should explain this to the patient because interventions carry a cost in terms of expense, time, and raised expectations, and parents and patients might be vulnerable to the suggestion that any intervention may help.

A.144A.157 A Delphi study of optometrists with experience in this field has led to proposed diagnostic criteria for visual stress.<sup>61</sup> These may help to reduce the risk of over-prescribing coloured filters.

See section on Honesty and integrity.

## Useful information and links

College of Optometrists (2016) Using Evidence in Practice: Precision tinted lenses. Available from: [college-optometrists.org/guidance/using-evidence-in-practice.html](http://college-optometrists.org/guidance/using-evidence-in-practice.html) [Accessed 24 July 2019]

Field Code Changed

<sup>53</sup> The Dyslexia Association [dyslexia.uk.net/specific-learning-difficulties/](http://dyslexia.uk.net/specific-learning-difficulties/). h [Accessed 24 July 2019]

<sup>54</sup> Griffiths PG, Taylor RH, Henderson LM et al (2016) The effect of coloured overlays and lenses on reading: a systematic review of the literature. *Ophthalmic and Physiological Optics* 36(5), 519-544. Available from: [onlinelibrary.wiley.com/doi/10.1111/opo.12316/full](http://onlinelibrary.wiley.com/doi/10.1111/opo.12316/full) [Accessed 24 July 2019]

Field Code Changed

<sup>55</sup> Evans BJW (2017) Coloured filters and reading: reasons for an open mind. *Ophthalmic and Physiological Optics* 37(1),105-107. Available from: [onlinelibrary.wiley.com/doi/10.1111/opo.12330/full](http://onlinelibrary.wiley.com/doi/10.1111/opo.12330/full) [Accessed 24 July 2019]

Field Code Changed

<sup>56</sup> Wilkins AJ (2017) Risk of bias in assessing risk of bias. *Ophthalmic and Physiological Optics* 37(1),107-109. Available from: [onlinelibrary.wiley.com/doi/10.1111/opo.12333/full](http://onlinelibrary.wiley.com/doi/10.1111/opo.12333/full) [Accessed 24 July 2019]

Field Code Changed

<sup>57</sup> Griffiths PG, Taylor RH, Henderson LM et al (2017) Authors' response. *Ophthalmic and Physiological Optics* 37(1),109-112. Available from: [onlinelibrary.wiley.com/doi/10.1111/opo.12339/full](http://onlinelibrary.wiley.com/doi/10.1111/opo.12339/full) [Accessed 24 July 2019]

Field Code Changed

<sup>58</sup> Evans BJW and Allen PM (2016) A systematic review of controlled trials on visual stress using Intuitive Overlays or the Intuitive Colorimeter. *Journal of Optometry* 9(4), 205-218. Available from: [journalofoptometry.org/en/a-systematic-review-controlled-trials/articulo/S1888429616300073/](http://journalofoptometry.org/en/a-systematic-review-controlled-trials/articulo/S1888429616300073/) [Accessed 24 July 2019]

Field Code Changed

<sup>59</sup> Griffiths PG, Taylor RH, Henderson LM et al (2017) Letter to the Editor concerning "A systematic review of controlled trials on visual stress using intuitive overlays or colorimeter". *Journal of Optometry* 10(3) 199-200. Available from: [journalofoptometry.org/en/letter-editor-concerning-a-systematic/articulo/S1888429616300759/](http://journalofoptometry.org/en/letter-editor-concerning-a-systematic/articulo/S1888429616300759/) [Accessed 24 July 2019]

<sup>60</sup> Evans BJW and Allen PM (2017) Reply to Letter to the Editor by Griffiths et al. commenting on Evans & Allen. *Journal of Optometry* 10(3), 200-202. Available from: [journalofoptometry.org/en/reply-letter-editor-by-griffiths/articulo/S1888429617300328/](http://journalofoptometry.org/en/reply-letter-editor-by-griffiths/articulo/S1888429617300328/) [Accessed 24 July 2019]

<sup>61</sup> Evans, B.J.W., Allen, P.M. and Wilkins, A.J. (2017). A Delphi study to develop practical diagnostic guidelines for visual stress (pattern-related visual stress) *Journal of Optometry* 10(3), 161-168.

## Examining patients with dementia or other acquired cognitive impairment

### Key points

- Patients with cognitive impairment may have additional ocular conditions.
- You should be flexible when examining the patient and adapt your techniques as required.
- You must follow the guidance on consent when discussing the patient's condition with a relative or carer.
- Making decisions about treatment for patients who lack capacity is governed in England and Wales by the Mental Capacity Act 2005, in Scotland by the Adults with Incapacity (Scotland) Act 2000 and in Northern Ireland by the Mental Capacity Act (Northern Ireland) 2016 (not yet in force).
- You must only prescribe spectacles when it is in the patient's best interests.

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

[A.145A.158](#) You must only carry out a sight test if this is clinically justified and in the best interests of the patient.<sup>62</sup> You should document the reasons for this on the patient record.

### What cognitive impairment means and how patients can be affected

[A.146A.159](#) Acquired cognitive impairment is a term used to describe a wide variety of conditions that impair brain function and memory. The most common condition is dementia, but others include stroke, brain injuries and psychiatric disorders.

[A.147A.160](#) Patients with cognitive impairment can have difficulty in remembering details of eye examinations or that they have had one. The impairment can also affect their personality. If possible, you should, therefore, have a relative or carer present during the examination.

[A.148A.161](#) Patients with cognitive impairment can have the same range of visual problems as the general population but are also susceptible to specific ocular conditions, including colour vision changes and reductions in contrast sensitivity which may influence your decision whether to provide a tint.

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[A.149A.162](#) Cognitive impairment may also cause cortical visual loss.

### **Key factors to help you act in the patient's best interests**

[A.150A.163](#) As with any patient, you must always act in the patient's best interests. When deciding how to do this you should take into account the following factors:

- a. the relative or carer's wishes may not coincide with those of the patient
- b. the patient's circumstances, and
- c. the degree of the patient's cognitive impairment and their capacity to consent. See section on Consent.

### **Principles of examining patients with cognitive impairment**

[A.151A.164](#) When examining a patient with cognitive impairment you should:

- a. record the name of the person who accompanies the patient, and
- b. record the name of any person that the patient consents to receiving the results of, and recommendations from, the examination.

[A.152A.165](#) When examining a patient with cognitive impairment you should:

- a. be flexible and adapt your techniques or use alternative methods appropriate to the patient's needs
- b. take longer if the patient's responses are slow
- c. adapt the examination to place emphasis on objective techniques if the patient's attention span is limited
- d. be aware that a patient's capacity to consent and understand may vary and you may need to reassess them on another occasion, and
- e. record any reasons for limitations on the examination and results obtained.

[A.153A.166](#) You should provide advice on the findings of your examination to the patient, relative or carer, as appropriate, and with the patient's consent. This should be in a simple way that is easy for the patient to understand. You should reassure the patient about visual function and the

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absence of abnormal ocular findings. You may need to explain how their condition affects their vision.

[A.154A.167](#) Making decisions about treatment and care for patients who lack capacity is governed in:

- a. England and Wales by the Mental Capacity Act 2005.<sup>63</sup> The Act is supported by a Code of Practice<sup>64</sup> for healthcare workers which you should refer to. A person lacks capacity if, at the time the decision needs to be made, they are unable to make or communicate the decision because of an 'impairment or disturbance' that affects the way their mind or brain works.
- b. Scotland by the Adults with Incapacity (Scotland) Act 2000.<sup>65</sup> The Act is supported by Codes of Practice for healthcare professionals which you should refer to. A person lacks capacity if they cannot make decisions or communicate them, or understand or remember their decision because of a mental disorder or a physical inability to communicate in any form.<sup>66</sup>
- c. Northern Ireland by The Mental Capacity Act (Northern Ireland) 2016 (not yet in force).<sup>67</sup> The Act will be supported by a Code of Practice for healthcare workers which you should refer to.<sup>68</sup> A person lacks capacity if, at the time the decision needs to be made, they are unable to understand information, retain information, appreciate the relevance of the information or communicate their decision because of an impairment of, or a disturbance in, the function of the mind or brain. The [Act is due to be implemented in 2020, but this may be delayed timescales for implementing certain parts of the Act are as yet unclear](#)<sup>69</sup>, so you should seek legal advice if you have concerns about a person's capacity to make decisions.

## Prescribing

[A.155A.168](#) When deciding whether to prescribe for the patient, you should consider:

- a. whether there is a significant change in prescription
- b. whether there is an improvement in functional vision with the change in prescription
- c. the serviceability of their current spectacles
- d. the dangers of large changes in prescription for patients at risk of falling<sup>70</sup>
- e. whether they currently use their spectacles

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- f. their ability to make a choice about having a new prescription made up, and
- g. their desire for a new pair of spectacles.

[A.156A.169](#) You must only prescribe a tint where it is clinically justified and in the best interests of the patient.<sup>71</sup>

[A.157A.170](#) You should advise the patient and their relative or carer about the benefits and disadvantages of:

- a. appropriate spectacles
- b. low vision aids, and
- c. relevant environmental factors, such as lighting.

[A.158A.171](#) You may need to manage the patient's expectations about what is, and what is not, possible with spectacles.

## Supply and aftercare

[A.159A.172](#) If you supply spectacles to a patient with cognitive impairment you should consider labelling them with the patient's name, date of supply and whether they are for distance or near tasks. Labelling should be suitable in terms of the patient's dignity, infection control and type of frame supplied.

[A.160A.173](#) If you supply spectacles, you must make arrangements for the patient to receive aftercare for as long as is reasonable. This is particularly important as the patient may be more likely to require adjustments.<sup>72</sup>

## Referral and support

[A.161A.174](#) The decision to refer a patient with cognitive impairment is a complex one that may involve discussion with the patient and their relative or carer. The patient may benefit from referral.

[A.162A.175](#) If you have doubts about the patient's wider circumstances you should report your findings to the patient's GP and be prepared to discuss these if necessary.

[A.163A.176](#) Patients are more likely to require additional support services at the onset of visual impairment. How patients access these services can vary and you may wish to suggest that patients discuss this with their GP or nurse.

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See section on Safeguarding children and vulnerable adults.

## Useful information and links

Alzheimer's Society (2016) Sight, Perception and Hallucinations in Dementia, factsheet 527LP. Available from:

[alzheimers.org.uk/download/downloads/id/3369/sight\\_perception\\_and\\_hallucinations\\_in\\_dementia.pdf](http://alzheimers.org.uk/download/downloads/id/3369/sight_perception_and_hallucinations_in_dementia.pdf) [Accessed 24 July 2019]

Field Code Changed

College of Optometrists: Dementia and the eye examination. Available from: [college-optometrists.org/guidance/supplementary-guidance/dementia-and-the-eye-examination.html](http://college-optometrists.org/guidance/supplementary-guidance/dementia-and-the-eye-examination.html) [Accessed 7 Aug 2019]

Bowen M, Edgar DF, Hancock B et al (2016) The Prevalence of Visual Impairment in People with Dementia (the PrOVIDe study): a cross-sectional study of 60-89 year old people with dementia and qualitative exploration of individual, carer and professional perspectives. Health Services and Delivery Research 4(21). Available from: [www.college-optometrists.org/the-college/research/research-projects/provide-dementia.html](http://www.college-optometrists.org/the-college/research/research-projects/provide-dementia.html) [Accessed 7 Aug 2019]

Field Code Changed

Bowen M, Zutshi H, Cordiner M, et al (2019) Qualitative, exploratory pilot study to investigate how people living with posterior cortical atrophy, their carers and clinicians experience tests used to assess vision

BMJ Open;9:e020905. doi: 10.1136/bmjopen-2017-020905 Available from: [bmjopen.bmj.com/content/9/3/e020905](http://bmjopen.bmj.com/content/9/3/e020905) [Accessed 7 Aug 2019]

College of Optometrists online learning on dementia. Available from: [learning.college-optometrists.org/course/search.php?search=dementia](http://learning.college-optometrists.org/course/search.php?search=dementia), [Accessed 31 July 2019]

College of Optometrists Focus on Falls. Available at: [college-optometrists.org/the-college/policy/focus-on-falls.html](http://college-optometrists.org/the-college/policy/focus-on-falls.html) [Accessed 31 July 2019]

Royal College of Ophthalmologists and Vision2020 (2015): Quality standard for people with sight loss and dementia in an ophthalmology department. Available from [rcophth.ac.uk/wp-content/uploads/2016/01/Quality-standard-for-people-with-sight-loss-and-dementia-in-an-ophthalmology-department.pdf](http://rcophth.ac.uk/wp-content/uploads/2016/01/Quality-standard-for-people-with-sight-loss-and-dementia-in-an-ophthalmology-department.pdf) [Accessed 7 Aug 2019]

Royal College of General Practitioners: Dementia. Available from: [rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/dementia.aspx](http://rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/dementia.aspx) [Accessed 7 Aug 2019]

RNIB. Dementia and Sight Loss: Promoting Good Eye Health. Available from: [rnib.org.uk/professionals-social-care-professionals-complex-needs-social-care/dementia-and-sight-loss](http://rnib.org.uk/professionals-social-care-professionals-complex-needs-social-care/dementia-and-sight-loss) [Accessed 24 July 2019]

Field Code Changed

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Social Care Institute for Excellence. Dementia and Decision Making. Available from: [scie.org.uk/dementia/supporting-people-with-dementia/decisions/](https://www.scie.org.uk/dementia/supporting-people-with-dementia/decisions/) [Accessed 24 July 2019]

Field Code Changed

Social Care Institute for Excellence. Safeguarding people with dementia. Available from: <https://www.scie.org.uk/dementia/after-diagnosis/support/safeguarding.asp> [Accessed 7 Aug 2019].

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<sup>62</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 7.6. Available from: [optical.org/en/Standards/index.cfm](https://www.optical.org/en/Standards/index.cfm) [Accessed 24 July 2019]

<sup>63</sup> Mental Capacity Act 2005.

<sup>64</sup> Office of the Public Guardian (2007) Mental Capacity Act 2005 Code of Practice. Available from: [gov.uk/government/publications/mental-capacity-act-code-of-practice](https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice) [Accessed 24 July 2019]

Field Code Changed

<sup>65</sup> Adults with Incapacity (Scotland) Act 2000.

<sup>66</sup> The Scottish Government. Adults with Incapacity (Scotland) Act 2000 - Codes of Practice. Available from: [scotland.gov.uk/Topics/Justice/law/awi/010408awiwebpubs/cop](https://www.scotland.gov.uk/Topics/Justice/law/awi/010408awiwebpubs/cop) [Accessed 24 July 2019]

Field Code Changed

<sup>67</sup> The Mental Capacity Act (Northern Ireland) 2016

<sup>68</sup> Mental Capacity Act (Northern Ireland) Code of Practice [Not yet published]

<sup>69</sup> [rcn.org.uk/news-and-events/blogs/the-mental-capacity-act-northern-ireland-2016](https://www.rcn.org.uk/news-and-events/blogs/the-mental-capacity-act-northern-ireland-2016)

<sup>70</sup> College of Optometrists (2011) The Importance of Vision in Preventing Falls. Available from: [college-optometrists.org/the-college/policy/focus-on-falls.html](https://www.college-optometrists.org/the-college/policy/focus-on-falls.html) [Accessed 24 July 2019]

Field Code Changed

<sup>71</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 7.6. Available from: [optical.org/en/Standards/index.cfm](https://www.optical.org/en/Standards/index.cfm) [Accessed 24 July 2019]

<sup>72</sup> Opticians Act 1989 s27(3B)

## The domiciliary eye examination ('sight test')

### Key points

- The domiciliary eye examination is available for patients who are unable to attend a practice unaccompanied due to physical or mental disability.
- You must provide the service only at the request of the patient, a relative or primary carer.
- You should use your professional judgement when deciding whether to offer a domiciliary eye examination.
- You should be flexible when examining the patient and adapt your techniques as required.
- You should have suitable portable equipment.
- There are additional factors to take into account if you carry out eye examinations in residential homes.

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

### Patients eligible for a domiciliary eye examination

[A.164A.177](#) You should only provide a domiciliary eye examination for patients who cannot attend a practice unaccompanied due to physical or mental disability.<sup>73</sup> These situations may include where a patient:

- a. is frail or ill
- b. has challenging behaviour, or
- c. becomes distressed when taken out of their familiar surroundings.

[A.165A.178](#) You must only provide a domiciliary eye examination at the request of, and with the consent of, the patient or a relative or primary carer.

[A.166A.179](#) You must only carry out a domiciliary examination if it is in the best interests of the patient. A domiciliary service can be provided privately for those who do not qualify for an NHS domiciliary visit.

[A.167A.180](#) You should encourage those who can attend a practice to do so, since the consulting room is the optimum environment for an eye examination.

[A.168A.181](#) For a patient who does not leave their home and will be using spectacles only in that environment, their normal place of

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residence is often the best environment for their sight test. In this environment the optometrist is able to assess levels of lighting, positioning of furniture and the TV and advise how optimum vision may be achieved.

~~A.169~~A.182 If you do not offer a domiciliary service you, or your practice, should make information available about where patients can access these services.

### Conducting a domiciliary eye examination

~~A.170~~A.183 When carrying out eye examinations in a domiciliary setting you should:

- a. ensure that a relative or carer is present, if possible
- b. carry out whatever tests are possible to determine the patient's needs for vision care for both sight and health. The format and content of the eye examination will be determined by your professional judgement and the legal requirements
- c. consider whether it is appropriate to offer low vision assessment and advice, visual counselling for elderly people and advice on illumination. You should tell the patient and their relative or carer about any additional costs before you provide extra services
- d. accommodate the special needs of the patient, bearing in mind difficulties in communication caused through physical, sensory or mental disabilities
- e. be flexible about the approaches you use, which will depend on the environment
- f. be equipped with suitable portable equipment to ensure you can deliver the best possible optometric care to the patient in the circumstances. This should include:
  - Amsler grid
  - dispensing equipment and a range of spectacle frames
  - distance and near ocular-muscle balance tests, plus suitable targets and occluder
  - focimeter
  - full range of diagnostic drugs
  - illuminated test chart

- means to examine the external eye, including an appropriate method if you are using diagnostic stains
  - near chart
  - ophthalmoscope
  - picture tests, as appropriate, for patients with learning disabilities
  - retinoscope
  - some means of assessing visual fields other than confrontation
  - tonometer, and
  - trial case and trial frame
- g. be readily identifiable to the patient and provide the patient or their relative or carer with information about how you can be contacted for continuing care
- h. ensure the visit is not seen as a one-off but as part of the provision of continuing care for the patient, and
- i. be aware of additional local services that might be appropriate for the patient.<sup>74</sup>

### **Conducting eye examinations in a residential home**

A.174A.184 In addition, when carrying out eye examinations in a residential home you should:

- a. be aware that some residents may already be established patients of other practitioners
- b. try to support carers by labelling spectacles. This should be suitable in terms of the patient's dignity, infection control and type of frame supplied
- c. when appropriate, provide a brief report to the carers which might assist in the general care of the patient<sup>75</sup>
- d. be prepared to examine individuals as well as groups of patients, as required, and

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- e. ensure that the examinations are provided in a private area taking into account issues of confidentiality and dignity.

### Useful information and links

British Association of Social Workers.basw.co.uk

British Geriatrics Society bgs.org.uk /

Department of Health, Social Services and Public Safety. Guidelines and Audit Implementation Network (2010) Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing/Residential Homes and Day Care Facilities. Belfast: GAIN. Available from: [rqia.org.uk/RQIA/files/71/716f187b-180f-442c-822c-f93678b8c54f.pdf](http://rqia.org.uk/RQIA/files/71/716f187b-180f-442c-822c-f93678b8c54f.pdf) [Accessed 24 July 2019]

The Federation of Ophthalmic and Dispensing Opticians has resources for optical professionals providing domiciliary eyecare. This includes the leaflet Sight Tests at Home, the Domiciliary Eyecare Code of Practice and the Optical Confederation's Lone Working Guidance. See: [fodo.com/guidance/domiciliary-eyecare-committee/](http://fodo.com/guidance/domiciliary-eyecare-committee/) [Accessed 24 July 2019]

SeeAbility, Find an optometrist database. Available from: [seeability.org/find-an-optometrist](http://seeability.org/find-an-optometrist) [Accessed 24 July 2019]

Field Code Changed

<sup>73</sup> Optical Confederation (2013). Sight tests at home. Available from: [Accessed 26 Oct 2017]

<sup>74</sup> Department of Health (2013) Registering vision impairment as a disability. Available from: [Accessed 26 Oct 2017]

<sup>75</sup> Details of when this is appropriate are in the section on [Error! Reference source not found.Consent](#)

## Examining younger children

### Key points

- This section provides guidance on examining children who are too young to have the capacity to consent.
- You must make the care of the child your first and continuing concern.
- You should gather key information about the child and carry out a range of tests including assessing: visual acuity, ocular muscle balance, binocular function, refractive error and the health of the child's eyes.
- You should establish rapport with the child and communicate with them and their accompanying adult in an appropriate way.
- You should take steps to protect yourself against unfounded allegations of inappropriate conduct or assault.
- If you provide vision screening in schools you should make it clear that it is not a substitute for a full eye examination.

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

### Definition of younger children

A.185 This guidance relates to children you judge to be too young to have the capacity to consent.

### Key information to gather and tests to carry out

A.186 You should:

- a. find out and record the specific history of conditions which might predispose the child to visual problems, such as family history of refractive error, amblyopia or squint; a difficult birth; abnormal or delayed development
- b. have a range of tests to assess the child's monocular vision and visual acuity, based on the age and ability of the child
- c. assess ocular muscle balance, using objective and, when feasible, subjective methods
- d. assess stereopsis. Having good stereopsis may indicate the child does not have significant anisometropia, amblyopia or squint
- e. assess near vision

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- f. assess refractive error, often only possible by objective means in young children. Where necessary use cycloplegic drops to obtain an accurate result
- g. assess accommodation, often only possible by objective means in young children
- h. assess the health of their eyes. In young children a good view of the fundus may be difficult to obtain, but you should attempt to determine normal ocular development. At the very least, you should obtain a clear view of the ocular media, disc and macula
- i. screen colour vision where relevant, and
- j. if you are not confident in your results, or the examination was problematic, arrange to see the child again after a short interval or consult a colleague with more experience.

## Other important tests

A.187 You should consider use of a cycloplegic agent to give:

- a. an accurate assessment of the refractive error, which is the major factor in amblyopia or squint, and
- b. the best possible view of the fundus, within the limits of the co-operation of the child.

A.188 When possible you should use a line or array of letters, pictures or symbols to measure morphoscopic acuity, or some other method that induces crowding. This is because the use of single optotypes to measure visual acuity may overestimate the degree of visual acuity in patients with some amblyopias. Acuity charts, utilising crowding and logMAR letter-by-letter scoring, are recommended.

## Prescribing for younger children

A.189 You should consider the following factors when prescribing spectacles for a young child (under seven years of age):<sup>76</sup>

- a. Is the refractive error within the normal range for the child's age?
- b. Will this child's refractive error emmetropise?
- c. Will this level of refractive error disrupt normal visual development or functional vision?

d. Will prescribing spectacles improve vision function or functional vision? And

e. Will prescribing spectacles interfere with the normal process of emmetropisation?

### Communicating with younger children

A.188A.190 When possible, you should make arrangements for children to be accompanied during the examination by an adult who knows the child's history and symptoms, and who can help the child feel comfortable and settled. The adult can also help the optometrist to explain instructions.

A.189A.191 You should:

- a. establish rapport with the child to ensure:
  - they are comfortable in the practice environment and your company, and
  - you can be confident about the validity of the results of the examination
- b. communicate in a way that is appropriate to the child's age, maturity and ability to understand
- c. respect the child's fears and concerns
- d. explain the nature and purpose of the tests to the child and any accompanying adult in a way that they can understand
- e. talk directly to the child and answer their questions honestly, taking into account their age and maturity
- f. be aware that children who are disabled, have learning disabilities or whose preferred language is not English may have additional communication needs
- g. ensure the accompanying adult is present in the consulting room throughout the examination, whenever possible. This helps ensure that the adult is fully informed, and protects you and the child, and
- h. make sure that the accompanying adult has accurate information about the outcomes of the eye examination.

### Protecting yourself

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~~A.190~~A.192 You should take steps to protect yourself against unfounded allegations of inappropriate conduct or assault. These may result from children becoming distressed or uncomfortable at the close physical proximity and contact that is necessary during an eye examination. In addition to the guidance on communicating with children, you should consider these aspects of your consulting room:

- a. an open access policy which means colleagues are able to knock and enter the room at any time without having to wait to be invited in after knocking
- b. having windows into the consulting room or keeping the door ajar when there is no accompanying adult
- c. the design and decoration so that it is not intimidating to children, and
- d. arranging the furniture and equipment so that you are not positioned between the child and the door.

### **Safeguarding children**

~~A.194~~A.193 You must make the care of the child your first and continuing concern.<sup>77</sup> See section on Safeguarding children and vulnerable adults.

### **Vision screening in schools**

~~A.192~~A.194 If you provide vision screening in schools, you should make parents and teachers aware that vision screening is not a substitute for a full eye examination.

### **Useful information and links**

College of Optometrists higher qualifications in paediatric eye care: [college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html](http://college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html) [Accessed 15 Aug 2019]

Leat SJ (2011). To prescribe or not to prescribe? Guidelines for spectacle prescribing in infants and children. *Clin Exp Optom*; 94:6:514-527

Information on the national screening programme on child vision screening is available at: [gov.uk/government/publications/child-vision-screening](http://gov.uk/government/publications/child-vision-screening) [Accessed 17 July 2019]

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<sup>76</sup> Leat SJ (2011). To prescribe or not to prescribe? Guidelines for spectacle prescribing in infants and children. Clin Exp Optom; 94:6:514-527

<sup>77</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians Available from:

<C:/Users/Sue2/AppData/Local/Microsoft/Windows/Temporary Internet Files/Content.IE5/F5Y51M5K/optical.org/en/Standards/optical.org/en/Standards/>  
[Accessed 17 July 2019]

Field Code Changed

## Examining patients with diabetes mellitus

### Key points

- You should take reasonable care when examining patients with diabetes mellitus to detect ocular changes.
- You should encourage patients to attend an NHS diabetic eye screening programme.

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

### Principles of examining patients with diabetes mellitus (diabetes)

- A.195 When examining a patient with diabetes you should look for ocular changes that are not related to that condition, as well as those that are.
- A.196 You should ask the patient if they are being screened for retinopathy in an NHS diabetic eye screening programme. If they are, you should ask when they last had screening. You should clarify, as far as possible, who is responsible for the overall care and clinical management of the patient.
- A.197 Even if you are not responsible for providing diabetic eye screening you should encourage the patient to attend an NHS diabetic eye screening programme and should tell them if you believe their screening is overdue.

### Procedures to include in an examination in routine practice

- A.198 In addition to the procedures related to the routine eye examination, you may select additional ones according to the patient's clinical need. You do not need to dilate for the sole purpose of retinopathy detection where an NHS diabetic eye screening programme is in place.

### Recall and reporting for routine practice

- A.199 If patients are in an NHS diabetic eye screening programme, recall should be the same as for patients who do not have diabetes.

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A.200 You should report all relevant findings to whoever is responsible for the overall care and clinical management of the patient's condition.

### NHS diabetic eye screening programme

A.201 In England the NHS diabetic eye screening programme service specification no 22 is commissioned by NHS England;<sup>78</sup> in Wales it is the Diabetic Retinopathy Screening Service for Wales (DRSSW);<sup>79</sup> in Northern Ireland it is the Diabetic Retinopathy Screening Programme (DRSP);<sup>80</sup> and in Scotland it is the Scottish Diabetic Retinopathy Screening (DRS) collaborative.<sup>81</sup>

A.202 If you participate in an NHS diabetic eye screening programme you should follow local protocols.

A.203 If a patient does not intend to attend the local NHS diabetic eye screening programme you should offer them a dilated retinal examination. This can be part of a sight test or an additional separate service.

A.204 Even if you offer a dilated retinal examination with appropriate fundus photography or imaging, you should make it clear that your service is not an alternative to the NHS diabetic eye screening programme which conforms to National Screening Committee standards.

A.205 You should not use the term 'screening' unless you are referring to a quality assured scheme which meets national standards.

### Useful information and links

College of Optometrists higher qualifications in medical retina: [college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html](http://college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html) [Accessed 15 Aug 2019]

NHS diabetic eye screening programme. Available from: [gov.uk/topic/population-screening-programmes/diabetic-eye](http://gov.uk/topic/population-screening-programmes/diabetic-eye) [Accessed 25 July 2019]

NHS Scotland (2016) Your guide to diabetic retinopathy screening. Available from: [healthscotland.com/uploads/documents/22216-Your%20guide%20to%20diabetic%20retinopathy%20screening-Nov2016-English.pdf](http://healthscotland.com/uploads/documents/22216-Your%20guide%20to%20diabetic%20retinopathy%20screening-Nov2016-English.pdf) [Accessed 25 July 2019]

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National Institute for Health and Care Excellence (2017) Type 2 diabetes in adults: Management. NG28. Available from: [.nice.org.uk/guidance/ng28](https://www.nice.org.uk/guidance/ng28) [Accessed 25 July 2019]

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<sup>78</sup> Department of Health (2012) Public health functions to be exercised by the NHS Commissioning Board. Service specification No.22, NHS Diabetic Eye Screening Programme. Available from: [gov.uk/government/uploads/system/uploads/attachment\\_data/file/213169/22-NHS-Diabetic-Eye-Screening-Programme-Service-Specification.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213169/22-NHS-Diabetic-Eye-Screening-Programme-Service-Specification.pdf) [Accessed 25 July 2019]

<sup>79</sup> Wales Eyecare Services. Diabetic Eye Screening Wales (DESW). Available from: [eyecare.wales.nhs.uk/drssw](https://www.eyecare.wales.nhs.uk/drssw) [Accessed 25 July 2019]

<sup>80</sup> Northern Ireland Diabetic Eye Screening Programme (DRSP). Available from: [publichealth.hscni.net/directorate-public-health/service-development-and-screening/diabetic-eye-screening-programme-also-ku](https://publichealth.hscni.net/directorate-public-health/service-development-and-screening/diabetic-eye-screening-programme-also-ku) [Accessed 25 July 2019]

<sup>81</sup> Scottish Diabetic Retinopathy Screening (DRS) Collaborative. Available from: <http://www.ndrs-wp.scot.nhs.uk/> [Accessed 25 July 2019]

## Examining patients at risk from glaucoma

### Key points

- You must carry out relevant tests when examining a patient who is in an at-risk group for glaucoma.
- Those with a greater than average risk include certain ethnic groups, patients with first degree relatives with glaucoma and those over 40.
- In England, patients whose IOP is 24mmHg or greater should be treated
- You should follow local protocols if you are participating in community services.

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

### Principles of examining patients at risk from glaucoma

A.206 When examining a patient who is in an at-risk group for glaucoma you must carry out relevant tests.<sup>82</sup> Guidance varies across the UK.<sup>83,84,85</sup> You should be familiar with this guidance and the relevant thresholds at which further tests should be undertaken. If local protocols apply you should comply with these.

A.207 Glaucoma can be difficult to detect in the early stages and you should keep up to date with current thinking on the pathophysiology, clinical signs and diagnostic techniques required to detect it.

### Identifying patients at risk from glaucoma

A.208 You will identify the majority of patients who are at risk from primary open angle glaucoma during a routine eye examination. They are principally patients with one or more of the following:

- a. optic disc features suggestive of glaucoma
- b. loss of peripheral vision
- c. high IOP.

A.209 Even in the absence of the signs or symptoms in the paragraph above, patients at greater than average risk of primary open angle glaucoma include those:<sup>86</sup>

- a. in certain ethnic groups, for example African-Caribbean people

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- b. with first degree relatives with glaucoma
- c. over the age of 40. The risk increases with every decade of life thereafter
- d. with thinner corneas
- e. with myopia >6D
- f. with diabetes
- g. with systemic hypertension, or
- h. taking topical or systemic steroids, as they may develop steroid-induced glaucoma.

A.210 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.

A.211 The prevalence of angle closure glaucoma is greater than that of open angle glaucoma in people of South or East Asian descent.

## Diagnostic information

A.212 You should be familiar with signs and symptoms of primary open angle glaucoma including that around 40% of patients with glaucoma have IOP below 21mmHg.<sup>87</sup>

A.213 Assessment of the central visual field may provide useful diagnostic information and complement the examination of the optic nerve head. Visual field findings should fit with optic disc findings. For example, if examination shows an inferior optic disc notch, you would expect to see a superior field defect.

A.214 Visual field examination may sometimes produce anomalous results; however, you should not underestimate the usefulness of baseline measures and ongoing comparisons.

A.215 Patients with raised IOP are at increased risk of developing glaucoma. Where pressures are borderline, you should repeat the test, noting the time of day of each test. NICE recommends<sup>83822</sup> that patients whose IOP by applanation tonometry is 24mmHg or higher should be:

- a. formally diagnosed with ocular hypertension by a healthcare practitioner who has appropriate training or qualifications, and
- b. treated, as they are at greater risk of developing glaucoma

SIGN recommends that patients with IOP >25mmHg may be considered for referral to the HES.

- A.216 You should be aware of the signs and symptoms of other forms of glaucoma, such as acute or sub-acute narrow angle glaucoma or secondary glaucoma, for example due to pseudoexfoliation syndrome or pigment dispersion syndrome.

### Procedures to include in an examination in routine practice

- A.217 In addition to the procedures for a routine eye examination, you should select additional ones according to the patient's clinical need. You should normally:

- assess the optic nerve head. This would include assessing the size of the disc, and
- measure the IOP. See para A.221

- A.218 If a patient refuses to consent to tonometry, after you have explained the reason for this procedure, you should record the patient's reason for refusal. You should use your professional judgement to decide how best to manage the patient.

- A.219 The examination may also include an assessment of the central visual field using perimetry with threshold control. Where necessary, you should repeat visual field assessment to obtain a meaningful result.

- A.220 If the patient is at risk from glaucoma you should assess the anterior eye and angle, for example by slit lamp – van Herick technique. You should also look for signs of pigment dispersion syndrome (PDS) and pseudoexfoliation (PEX).

### Use of non-contact tonometry (NCT)

- A.221 It is good practice to follow up equivocal results from non-contact tonometry with contact applanation tonometry. If you are using non-contact tonometry, before considering referral you should take four readings per eye ~~and use the mean as the result~~. In [England, Wales and Northern Ireland](#), in the absence of other signs of glaucoma, you should refer the patient for further assessment only when the mean of the IOP readings is 24mmHg or above. You should advise people with IOP below 24mmHg to continue with their routine eye examinations. In Scotland you should follow SIGN guidelines, which are different.

### Referral and organisation of care

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A.222 In England, unless clinical circumstances indicate that urgent or emergency referral is indicated, patients should have referral filtering before they are referred to the HES. For these non-urgent patients, you should only refer without referral filtering if there are no such local arrangements. Referral filtering is where the patient has additional tests done. These may be repeat measures, referral refinement or enhanced case finding.<sup>88</sup> In Scotland you should follow SIGN guidelines, which are different.

### Community services

A.223 If you are participating in a community service you should follow local protocols where they differ from this guidance.

### Useful information and links

Blakeney S (2017). Glaucoma and ocular hypertension – NICE guidelines, past and present *Optom in Practice* 18(4):218-224 Available from: [college-optometrists.org/cpd-and-cet/oip.html](http://college-optometrists.org/cpd-and-cet/oip.html)

College of Optometrists. Clinical Management Guidelines. Available from: [college-optometrists.org/en/professional-standards/clinical\\_management\\_guidelines/index.cfm](http://college-optometrists.org/en/professional-standards/clinical_management_guidelines/index.cfm) [Accessed 25 July 2019]

College of Optometrists higher qualifications in glaucoma: [college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html](http://college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html) [Accessed 15 Aug 2019]

Eye Health Examination Wales clinical manual with protocols for optometrists, ophthalmic medical practitioners (OMPs) and contractors (2018). Available from: [eyecare.wales.nhs.uk/sitesplus/documents/1082/EHEW%20Manual%20refresh%20v18%202018%20FINAL%20FINAL.pdf](http://eyecare.wales.nhs.uk/sitesplus/documents/1082/EHEW%20Manual%20refresh%20v18%202018%20FINAL%20FINAL.pdf) [Accessed 12 Aug 2019]

Hollands H, Johnson D, Hollands S et al (2013) Do findings on routine examination identify patients at risk for primary open-angle glaucoma? The Rational Clinical Examination Systematic Review. *JAMA* 309(19), 2035-2042. Available from: [crd.york.ac.uk/crdweb/ShowRecord.asp?LinkFrom=OA&ID=12013026476#.UkL3ZX9u7x4](http://crd.york.ac.uk/crdweb/ShowRecord.asp?LinkFrom=OA&ID=12013026476#.UkL3ZX9u7x4) [Accessed 25 July 2019]

International Glaucoma Association [glaucoma-association.com](http://glaucoma-association.com) [Accessed 7 Aug 2019]

National Institute for Health and Care Excellence (2017) NG81: Glaucoma: diagnosis and management Available from: [nice.org.uk/guidance/ng81](http://nice.org.uk/guidance/ng81) [Accessed 25 July 2019]

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National Institute for Health and Care Excellence (2019) Quality Standard 180: Serious Eye Disorders. Quality statements 1 (Referral – chronic open angle glaucoma and related conditions) and 5 (Reassessment – chronic open angle glaucoma and related conditions). Available from: [nice.org.uk/guidance/qs180](https://www.nice.org.uk/guidance/qs180) [Accessed 25 July 2019]

Royal College of Ophthalmologists (2016) Commissioning Guide: Glaucoma. Available from: <https://www.college-optometrists.org/the-college/ccehc/additional-information.html> [Accessed 7 Aug 2019]

Scottish Intercollegiate Guidelines Network (2015). SIGN 144. Glaucoma referral and safe discharge. Available at: [sign.ac.uk/sign-144-glaucoma-referral-and-safe-discharge.html](http://sign.ac.uk/sign-144-glaucoma-referral-and-safe-discharge.html) [Accessed 25 July 2019]

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<sup>82</sup> Sight Testing (Examination and Prescription)(No 2) Regulations 1989 para 3(1)(a). Available from: [legislation.gov.uk/ukxi/1989/1230/made](https://www.legislation.gov.uk/ukxi/1989/1230/made) [Accessed 25 July 2019]

<sup>83</sup> National Institute for Health and Care Excellence (2017) Glaucoma: diagnosis and management [www.nice.org.uk/guidance/ng81](https://www.nice.org.uk/guidance/ng81) [Accessed 25 July 2019]

<sup>84</sup> College of Optometrists (2017), NICE Guideline – Glaucoma diagnosis and management (update) [college-optometrists.org/membership/member-briefings.html](https://college-optometrists.org/membership/member-briefings.html) [Accessed 25 July 2019]

<sup>85</sup> Scottish Intercollegiate Guidelines Network (2015) Glaucoma Referral and Safe Discharge [sign.ac.uk/sign-144-glaucoma-referral-and-safe-discharge.html](http://sign.ac.uk/sign-144-glaucoma-referral-and-safe-discharge.html) [Accessed 25 July 2019]

<sup>86</sup> College of Optometrists (2018) Clinical Management Guidelines Primary open angle glaucoma. Available from: [college-optometrists.org/guidance/clinical-management-guidelines.html](https://college-optometrists.org/guidance/clinical-management-guidelines.html) [Accessed 25 July 2017]

<sup>87</sup> Shah R, Wormald R (2011) Glaucoma. BMJ Clinical Evidence (online). Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3275300/> [Accessed 25 July 2019]

<sup>88</sup> National Institute for Health and Care Excellence (2017) Glaucoma: diagnosis and management [nice.org.uk/guidance/ng81](https://www.nice.org.uk/guidance/ng81) [Accessed 25 July 2019]

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## Examining and managing patients with an anomaly of binocular vision

### Key points

- You should assess the patient's binocular vision as an integral part of a sight test.
- You should use visual acuity tests that are appropriate for the age of the patient.
- You should be aware of the options for treating patients with binocular vision anomalies.
- If you treat a patient with patching you should have up-to-date knowledge and skills on this topic.
- If you refer a patient for orthoptic or amblyopia treatment you should tell the patient about the likely treatment options.
- You should exchange relevant information with other professionals if the patient is receiving care as part of a community service.

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

### Principles of examining and managing patients with an anomaly of binocular vision

A.224 You should assess the patient's binocular vision as an integral part of a sight test because prescribing decisions for spectacles or contact lenses may affect the patient's binocular status. For example, there can be a risk of over-minussing a young esophore or under-minussing a young exophore.

A.225 If you examine a patient who has an anomaly of binocular vision but they are asymptomatic and the anomaly is not amblyogenic, you may not need to correct the anomaly. In this case you should inform the patient, or their parent or carer, and advise them on the management option you think is most appropriate. A rare exception to this advice occurs if it is likely that an anomaly will worsen, for example, decompensate if left untreated.<sup>89</sup>

You should use visual acuity tests that are appropriate for the age of the patient,<sup>90</sup> whenever possible using crowded tests. See section on Examining younger children-Assessing and managing patients with low vision

### Key points

- Patients need not be registered as sight impaired or severely sight impaired to benefit from low vision services.
- You should assess all patients according to their needs.
- You should follow local protocols for the assessment, referral and management of patients with low vision.
- You should consider the patient's needs for emotional support and social care.
- Low vision assessment and management is multidisciplinary.
- Low vision assessment is rarely a one-off process.
- You should refer the patient if you do not have sufficient expertise to assess a patient with low vision.
- The supply of spectacles or contact lenses to patients who are registered as sight impaired or severely sight impaired must be carried out by, or under the supervision of, an optometrist, dispensing optician or doctor.

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

### Principles of assessing and managing patients with low vision

- A.126 Patients need not be registered as sight impaired or severely sight impaired to benefit from low vision services. You should encourage patients to access low vision services as soon as they feel they need them, rather than waiting for significant visual loss, as this can lead to better outcomes.
- A.127 You should assess all patients according to their needs.
- A.128 You should follow local protocols for the assessment and management of patients with low vision.
- A.129 You should ensure the patient has had a recent eye examination, which determines their refraction and ocular health, before performing a low vision assessment.

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A.130 You should consider the patient's needs for emotional support and social care.

A.131 You should understand the multidisciplinary nature of low vision assessment and management and give patients the contact details of other members of the low vision multidisciplinary team or other relevant parties, as appropriate.

A.132 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.

### **Assessing patients with low vision**

A.133 If you do not have sufficient expertise to assess a patient with low vision you should refer the patient to someone who has. This may be an optometrist or a dispensing optician based in a low vision service, or the local social services department.

A.134 You may need to assess the patient's:

- a. needs. Some patients may have a personal care plan or low vision passport that would assist in this assessment
- b. visual acuity, including use of distance and near logMAR charts. If these are not available you may be able to use conventional charts to achieve meaningful results
- c. contrast sensitivity
- d. glare function
- e. central visual function using, for example Amsler charts and appropriate colour vision tests
- f. visual field. You should:
  - repeat field assessments, where necessary and possible, to obtain a meaningful result, and
  - be aware of the limitations of static screening equipment particularly in cases of severe sight loss. If you do not have access to a conventional kinetic test, such as Goldmann, you should use confrontation type tests and Amsler charts for central vision to give practical advice to the patient
- g. binocular and accommodative status, where appropriate, for example in phakic children with low vision.

A.135 When you have completed the appropriate assessments you must tell the patient your findings in a way they can understand.” This may include large print, MP3, braille, or an easy read format.

A.136 You should pass on relevant information to the low vision team or other appropriate parties, with an explanation of the results.

See section on Consent.

### **Managing patients with low vision**

A.137 Following an assessment you should advise the patient, on:

a. their visual function relating to visual acuity and contrast sensitivity levels; you:

- should explain this to the patient in relation to both threshold and sustained visual function
- should differentiate between clinical measurements and practical ability, and
- may need to demonstrate using practical tasks such as reading door signs, mobile phone screens, newspapers, timetables and packets

b. illumination as well as the use of specific tints and glare shields and non-optical devices

c. the effects of the condition affecting their vision, and

d. the benefits and disadvantages of low vision devices.

A.138 You should know where to direct people for information on support services. You may wish to have information on:

- a. the most common eye conditions that cause low vision, and
- b. support services, such as talking books, holidays, safety at home, lighting and travel.

A.139 You should be aware of the impact sight loss may have on people who have other sensory, physical or intellectual impairment.

### **Referral**

A.140 You should follow local referral protocols.

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A.141 In England additional information for social care agencies can be provided by both the low vision leaflet (LVL), which is completed by the patient, and the referral of vision impairment (RVI), which is completed by the practitioner. You should advise patients about the process for certification of vision impairment (CVI) which is completed by a consultant ophthalmologist and registered by local social services departments.

A.142 You should ensure all patients have access to ophthalmological opinion, where appropriate, irrespective of their registration status and the severity or length of term of their sight loss.

A.143 You should be aware that some patients may need additional support to access services, particularly at the onset of visual impairment. These include:

- a. older people
- b. children
- c. people whose first language is not English
- d. carers
- e. people who live alone
- f. people with other sensory impairment or learning difficulties, and
- g. people in, or seeking, employment.

A.144 You should advise patients to continue with their routine optometric or ophthalmological care.

### **Dispensing low vision devices**

A.145 The supply of spectacles or contact lenses to patients who are registered as sight impaired or severely sight impaired must be carried out by, or under the supervision of an optometrist, dispensing optician or doctor.

A.146 You must supply the patient with the most appropriate low vision device. Factors to consider include magnification, care and ergonomics.

A.147 Advice on visual ergonomics should include reading posture, reading stands, copyholders, clipboards and higher reading additions.

A.148 You should consider binocularity and accommodation when supplying a patient with any device.

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A.149 Before you supply any device you should assess patients carrying out relevant practical tasks with the device to identify any limitations, such as using a switch or left or right hand use.

A.150 After supplying any device you should provide the patient with full instructions on:

a. the tasks the device has been issued for

b. how to use the device, including:

- how far the device should be held from the eye and the object
- which spectacles, if any, to use with it, and
- any specific advice on lighting

c. the initial programme of low vision training, including:

- reading or skill practice
- aftercare
- what post-supply support is available, and

d. care, storage and cleaning of the device, including maintenance of batteries and integral lamps if appropriate.

A.151 You must give appropriate instructions in writing to comply with the Medical Devices Directive.

A.152 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).

A.153 If you consider a low vision aid is unnecessary or unsuitable, or the patient rejects it, you should explain to the patient that their situation or technology may change and encourage the patient to return for regular assessments.

A.154 Dispensing opticians are a valuable part of the low vision team. ABDO has advice and guidelines for their members on low vision practice.

## Useful information and links

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[Certification of people as visually impaired, including the benefits of certification, and links to guidance notes. Available from: rcophth.ac.uk/professional-resources/certificate-of-vision-impairment%20/](#) [Accessed 24 July 2019]

[College of Optometrists topic update: Low vision. Available from: college-optometrists.org/the-college/library-and-information-services.html](#) [Accessed 8 Aug 2019]

[Clinical Council for Eye Health Commissioning \(2018\) Low Vision, Habilitation and Rehabilitation Framework for Adults and Children. Available from: college-optometrists.org/uploads/assets/uploaded/74261e4b-b5ca-427a-b24cc3f7690929db.pdf](#) [Accessed 24 July 2019]

[College of Optometrists higher qualifications in low vision: college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html](#) [Accessed 15 Aug 2019]

[College of Optometrists and Royal College of Ophthalmologists \(2013\) Commissioning Better Eye Care: Adults with low vision. Available from: rcophth.ac.uk/wp-content/uploads/2014/12/Low-vision-guidance-25-11-13-2013\\_PROF\\_263.pdf](#) [Accessed 24 July 2019]

[Diabetes UK diabetes.org.uk](#)

[Guide Dogs guidedogs.org.uk](#)

[International Glaucoma Association glaucoma-association.com](#)

[Look look-uk.org](#)

[Macular Society macularsociety.org](#)

[NHS England guides to help staff support people with access needs. Available from: england.nhs.uk/publication/guides-to-help-staff-support-people-with-access-needs/](#) [Accessed 6 Aug 2019].

[National Institute for Health and Care Excellence \(2013\) Falls in Older People: Assessing Risk and Prevention. Clinical guideline 161. London: NICE. Available from: nice.org.uk/guidance/cg161](#) [Accessed 24 July 2019]

[Partially Sighted Society partsight.org.uk](#)

[RNIB rnib.org.uk](#)

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[Ryan B, Woodhouse M, Sinclair A \(2009\) Low Vision, the Essential Guide for Optometrists. Guide Dogs for the Blind Association and College of Optometrists](#)

[Visionary visionary.org.uk/](http://visionary.org.uk/)

[Wales Eye Care Services. LVSU-Low Vision Available from: eyecare.wales.nhs.uk/low-vision-lvsw- \[Accessed 24 July 2019\]](http://eyecare.wales.nhs.uk/low-vision-lvsw-)

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<sup>89</sup> Evans BJW (2007) Pickwell's Binocular Vision Anomalies. Oxford: Elsevier

<sup>90</sup> Royal College of Ophthalmologists (2012) Guidelines for the management of strabismus in childhood. Available from: <https://www.rcophth.ac.uk/wp-content/uploads/2014/12/2012-SCI-250-Guidelines-for-Management-of-Strabismus-in-Childhood-2012.pdf> [Accessed 31 July 2019]

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A.226 .

A.227 You should be aware of the various options for treating patients with binocular vision anomalies. These include both refractive techniques and exercises; you should be able to advise the patient about these.

### **Amblyopia and patching**

A.228 When managing a patient with amblyopia, you should first correct any significant refractive error. This would typically follow a cycloplegic refraction.

A.229 If you treat a patient with patching you should have up-to-date knowledge and skills on this topic.

A.230 You should ensure that patients with amblyopia are reviewed at appropriate intervals.

A.231 If you design or deliver a treatment regime for the patient, you should ensure that the degree of patching is appropriate for the patient.

### **When to refer**

A.232 You should be aware of the critical period for amblyopia development and ensure prompt treatment. You should refer children you do not feel competent to manage or whose visual acuity does not improve after a suitable period of time.

A.233 If you refer the patient for orthoptic or amblyopia treatment you should tell the patient about the likely treatment options.

### **Community services**

A.234 If you are asked to refract a patient whom another professional is managing for their binocular vision anomaly, you should exchange information on your findings with that professional. This is important because of the close relationship between accommodation and convergence and the effect that changes in prescription can have on the patient's deviation.

A.235 If you have doubts about the effect a change in prescription may have on the patient's ocular muscle status, you should liaise with the co-managing professional before deciding what to prescribe.

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See sections on Consent and Safeguarding children and vulnerable adults [Error! Reference source not found.](#)[Error! Reference source not found.](#)

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### **Useful information and links**

College of Optometrists higher qualifications in paediatric eye care: [college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html](https://college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html) [Accessed 15 Aug 2019]

College of Optometrists topic update: Binocular vision. Available from: [college-optometrists.org/the-college/library-and-information-services.html](https://college-optometrists.org/the-college/library-and-information-services.html) [Accessed 8 Aug 2019]

National Institute of Health and Care Excellence Clinical Knowledge Summaries: Squint in children. Available from: [cks.nice.org.uk/squint-in-children#!scenario](https://cks.nice.org.uk/squint-in-children#!scenario) [Accessed 8 Aug 2019]

## Examining patients who present with flashes and floaters

### Key points

- You should refer a patient presenting with flashes and/or floaters to a colleague if you do not feel competent to manage the patient.
- You should follow local protocols for management and referral of these patients.

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

### Principles of examining a patient who presents with flashes and floaters

- A.236 If you are unable to carry out an adequate examination when you examine a patient who presents with flashes and/or floaters you must refer the patient to a practitioner who is competent to do this.
- A.237 You should ensure that front line or support staff are trained to deal with such a patient who contacts the practice. Patients should be told a diagnosis cannot be reached without an examination.
- A.238 If you carry out an examination you should continue until you detect a problem and can make a diagnosis or have sufficient evidence to decide what action to take.
- A.239 If you suspect a retinal break or tear you should, as a minimum:
- a. take a detailed history and symptoms, looking for particular risk factors
  - b. examine the anterior vitreous to look for pigment cells
  - c. perform a dilated fundal examination, using an indirect viewing technique, and
  - d. give appropriate advice to the patient, which you back up with written information.
- A.240 You should follow local protocols for the management and referral of these patients.
- A.241 You should keep full and accurate records of all patient contact. See section on Patient records.

## Referral

A.242 The majority of patients presenting with flashes and/or floaters will not have a retinal detachment. If you do not feel competent to manage a patient presenting with flashes and/or floaters you should refer them to an appropriate colleague. Emergency referrals include:

- a. retinal detachment
- b. pigment in the anterior vitreous (tobacco dust)
- c. vitreous, retinal or pre-retinal haemorrhage, or
- d. lattice degeneration or retinal break, with symptoms.

A.243 A retinal hole or tear does not always lead to retinal detachment. You should refer the patient, however, if the patient is having relevant symptoms and any of the signs in para A.242 are present.

See section on Working with colleagues [Error! Reference source not found.](#)

## Managing the patient

A.244 Most cases of floaters are due to posterior vitreous detachment (PVD) or vitreous degeneration. You can manage a patient in your practice if you confirm they have a PVD after dilated ocular examination and:

- a. vision is unchanged
- b. no retinal tear or detachment is present
- c. no pigment is present in the anterior vitreous
- d. the patient is well informed about what symptoms to expect if the retina does break or detach subsequently, and
- e. you issue the patient with written information to support your diagnosis and advice.

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### Useful information and links

Eye Health Examination Wales clinical manual with protocols for optometrists, ophthalmic medical practitioners (OMPs) and contractors (2018). Available from:  
eyecare.wales.nhs.uk/sitesplus/documents/1082/EHEW%20Manual%20refresh%20v18%202018%20FINAL%20FINAL.pdf [Accessed 12 Aug 2019]

National Institute of Health and Care Excellence (2015) Clinical Knowledge Summaries: Retinal detachment Available from: [cks.nice.org.uk/retinal-detachment](https://cks.nice.org.uk/retinal-detachment) [Accessed 31 July 2019]

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## Examining patients who drive

### Key points

- Refer to the Driver and Vehicle Licensing Agency (DVLA) information on visual standards for driving.
- The DVLA and Driver & Vehicle Agency (DVA) will decide if a person is medically unfit to drive.
- The patient must inform the DVLA or DVA if they have a condition which might affect safe driving.
- If you consider a patient does not meet the vision standards for driving you should advise them not to drive.
- If the patient continues to drive, and you cannot persuade them to stop, you should contact the DVLA or DVA and inform the patient. You may wish to discuss this with your professional or representative body first.
- Guidance on tints is provided.
- There is currently no legal eyesight requirement for a patient who drives a mobility scooter or powered wheelchair, although the DVLA does have recommendations for standards of vision.

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

### Examining patients

- A.245 Group 1 drivers must be able to read a number plate in good daylight at a distance of 20m and have binocular acuity of 6/12. They must also meet certain visual field requirements. There are additional requirements for Group 2 drivers.
- A.246 You should refer to the Driver & Vehicle Licensing Agency (for drivers in England, Scotland and Wales) (DVLA) or the Driver & Vehicle Agency (DVA) (for drivers in Northern Ireland) for information on visual standards required for driving various classes of vehicle.<sup>91 92 93</sup>
- A.247 When advising drivers on the most suitable form of lens for their needs, you should consider the transmission of any tinted lens and whether it is suitable for night driving. An anti-reflection coating will improve the transmission of the lens.

### If you think a patient is unfit to drive

- A.248 The DVLA and the DVA have legal responsibility for deciding if a person is medically unfit to drive.

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A.249 The patient is legally responsible for informing the DVLA or DVA if they do not meet the vision standard for driving. Information on how they can do this is in the Useful information section below. However, if you think the patient may pose a very real risk of danger to the public, but you are not sure whether you should act, ask yourself:

- a. what might the outcome be in the short- or longer-term if I do not raise my concern? And
- b. how could I justify why I did not raise the concern?

A.250 If you decide that the patient is unfit to drive, you should:

- a. first tell the patient that they are unfit to drive and give the reasons. You may wish to discuss your concerns with a relative or carer, if the patient consents to this
- b. tell the patient that they have a legal duty to inform the DVLA or DVA about their condition and that you may be obliged to tell the DVLA or DVA if the patient continues to drive when they are unfit to do so
- c. put your advice in writing to the patient, and
- ~~d. record your advice and keep a copy of any correspondence to the patient on the patient record, and~~
- ~~e.d. notify the patient's GP, if appropriate, with the patient's consent.~~

A.251 If the patient does not accept that they are unfit to drive you may suggest that they seek a second opinion. You should advise the patient not to drive in the meantime.

A.251A.252 Sometimes the actions in para A.250 might not achieve their aim, or would take too long to do so. You have a duty of confidentiality to the patient, but this is not absolute and can be broken if it is in the public interest to do so. Guidance from the Department of Health includes the example of reporting a driver who rejects medical advice not to drive as one where the public interest can be a defence to breaching patient confidentiality.<sup>94</sup>

A.253 If you conclude the public interest outweighs the duty of confidentiality, you should tell the patient you intend to notify the DVLA or DVA. If the patient objects to this you should consider their reasons before deciding whether to notify the DVLA or DVA.

A.252A.254 If you decide to notify the DVLA or DVA you should:

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a. notify the appropriate authority (DVLA or DVA) in writing, and, if appropriate, provide evidence of clinical findings (see useful information below)

~~b. notify the patient's GP of the action being taken, and~~

~~b.~~ notify the patient in writing, and

c. make a note on the patient record, if appropriate.

~~A.253~~A.255 If you are considering informing the DVLA or DVA that the patient may not be fit to drive,<sup>95</sup> you may wish to contact your professional or representative body for advice.

See section on Confidentiality Error! Reference source not found.

## Tints and driving

~~A.254~~A.256 BS EN ISO 12312-1:2013<sup>96</sup> attributes filters for sunglare use into five groups, according to their range of luminous transmittance (Tv).

Filter category	Description	Range of luminous transmittance in the visible spectral range
0	Clear or very light tint	from over 80% to 100%
1	light tint	from over 43% to 80%
2	medium tint	from over 18% to 43%
3	dark tint	from over 8% to 18%
4	very dark tint	from over 3% to 8%

~~A.255~~A.257 Filters suitable for road use and driving shall be of categories 0, 1, 2 or 3 and in addition:

- a. the spectral transmittance of filters suitable for road use shall be not less than  $0.2 \times T_v$  for wavelengths between 475 and 650 nm, and
- b. the relative visual attenuation coefficient Q of filters of categories 0, 1, 2 and 3 suitable for driving and road use shall be not less than 0.8 for red and yellow signal lights, not less than 0.6 for yellow, green and blue signal lights.

~~A.256~~A.258 Sunglass filters with a luminous transmittance of less than 75% are not suitable for road use in twilight or at night.

## Patients using mobility scooters or powered wheelchairs

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A.257A.259 There is currently no legal eyesight requirement for a patient who drives a mobility scooter or powered wheelchair. The DVLA recommends that the person should be able to read a car's registration number from a distance of 12.3 metres (40 feet) and must monitor their ability to do this regularly.<sup>97</sup>

### Useful information and links

College of Optometrists members have access to British Standards online: [college-optometrists.org/the-college/library-and-information-services/online-databases-and-reports.html](http://college-optometrists.org/the-college/library-and-information-services/online-databases-and-reports.html) [Accessed 15 Aug 2019]

DVLA patient information leaflet: A guide to the standards of vision for driving cars and motorcycles (Group 1). Available from: [assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/621557/inf-188X1-standards-of-vision-for-driving-cars-and-motorcycles-group-1.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/621557/inf-188X1-standards-of-vision-for-driving-cars-and-motorcycles-group-1.pdf) [Accessed 13 Aug 2019]

DVLA. Check if a Health Condition Affects Your Driving. Available from: [gov.uk/health-conditions-and-driving](http://gov.uk/health-conditions-and-driving) [Accessed 31 July 2019]

Drivers with licences issued by the DVLA can notify the DVLA online at [gov.uk/driving-medical-conditions](http://gov.uk/driving-medical-conditions) [Accessed 31 July 2019]

DVLA notification can be provided by healthcare professionals in confidence to: [medadviser@dvla.gsi.gov.uk](mailto:medadviser@dvla.gsi.gov.uk)

Telephone 01792 782338  
Medical Business Support  
D7 West  
DVLA  
Swansea SA6 7JL

Contact details for the DVA can be found at [nidirect.gov.uk/articles/how-tell-dva-about-medical-condition](http://nidirect.gov.uk/articles/how-tell-dva-about-medical-condition) [Accessed 31 July 2019]

General Medical Council (2017) Confidentiality: Patients' fitness to drive and reporting concerns to the DVLA or DVA. Available from: [http://www.gmc-uk.org/Confidentiality\\_Patients\\_fitness\\_to\\_drive\\_and\\_reporting\\_concerns\\_to\\_DVLA\\_or\\_DVA.pdf](http://www.gmc-uk.org/Confidentiality_Patients_fitness_to_drive_and_reporting_concerns_to_DVLA_or_DVA.pdf) 70063275.pdf [Accessed 31 July 2019]

General Optical Council (2019)

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<sup>91</sup> Driver & Vehicle Licensing Agency (DVLA) (2018). Assessing Fitness to Drive: a guide for medical professionals. Available from: [gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals](http://gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals) [Accessed 31 July 2019]

<sup>92</sup> General Optical Council. Advice from the DVLA. GOC eBulletin Sept 2013. Available from: [optical.org/en/news\\_publications/Publications/ebulletin-/ebulletin-september-2013/advice-from-the-dvla.cfm](http://optical.org/en/news_publications/Publications/ebulletin-/ebulletin-september-2013/advice-from-the-dvla.cfm) [Accessed 31 July 2019]

<sup>93</sup> Driver & Vehicle Agency (DVA) *A Guide to Visual Standards for Drivers*. Available from: [nidirect.gov.uk/articles/guide-visual-standards-drivers](http://nidirect.gov.uk/articles/guide-visual-standards-drivers) [Accessed 31 July 2019]

<sup>94</sup> Department of Health(2010) Confidentiality: NHS Code of Practice. Supplementary Guidance: Public Interest Disclosures Available from: [gov.uk/government/uploads/system/uploads/attachment\\_data/file/216476/dh\\_122031.pdf](http://gov.uk/government/uploads/system/uploads/attachment_data/file/216476/dh_122031.pdf) [Accessed 31 July 2019]

<sup>96</sup> British Standards Institution (2013) *BS EN ISO 12312-1:2013*: Eye and Face Protection. Sunglasses and related eyewear. Sunglasses for general use. Para 532. [college-optometrists.org/the-college/library-and-information-services/online-databases-and-reports.html](http://college-optometrists.org/the-college/library-and-information-services/online-databases-and-reports.html)[College members only] [Accessed 31 July 2019]

<sup>97</sup> DVLA. Mobility Scooters and Powered Wheelchairs: the rules 5. Eyesight requirements. Available from: [gov.uk/mobility-scooters-and-powered-wheelchairs-rules/eyesight-requirements](http://gov.uk/mobility-scooters-and-powered-wheelchairs-rules/eyesight-requirements) [Accessed 31 July 2019]

## Examining patients who work with display screen equipment or computers

### Key points

- Employees have a right to have either vision screening or a full eye examination.
- It is in the employee's best interests to have a full eye examination.
- The employer is not required to pay for any spectacles prescribed for purposes other than display screen equipment (DSE) use, even if they include DSE use.

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

### Display screen definition

[A.258A.260](#) Display screen equipment (DSE) is a device or piece of equipment that has an alphanumeric or graphic display screen. It includes conventional display screens and laptops, touch-screens and other similar devices.

[A.261](#) The Health and Safety (Display Screen Equipment) Regulations 1992 apply to workers who use DSE daily, for more than an hour or more at a time.<sup>98</sup>

### Principles of examining patients who work with display screen equipment

[A.259A.262](#) You have a duty to carry out a full eye examination when examining patients as part of their entitlement under the Regulations from the Health and Safety Executive. The Regulations also give employers responsibilities to provide employees with ergonomically suitable workstations and working equipment.<sup>99</sup>

[A.260A.263](#) Using a screen or computer can be visually demanding and may cause asthenopic symptoms that are not apparent when the patient carries out other work. Use of the computer does not cause the eye problem. Visually related symptoms can also be due to ergonomic factors or poor maintenance of hardware.

[A.264A.264](#) When a patient who is an employee takes up their entitlement under the Regulations, perhaps as a result of visual problems when using a screen or computer, you should:

- a. carry out a full eye examination to determine the cause

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- b. ask the patient to describe their workstation and its environment
- c. give appropriate advice, including ergonomic information, if appropriate
- d. provide them with a prescription or written statement, as appropriate, and
- e. maintain confidentiality of clinical information at all times and only provide clinical information to an employer if it is relevant to the employee's DSE work and only if you have obtained the patient's consent. You must follow the guidance on obtaining consent. See section on Consent.

[A.262A.265](#) You may also provide a report to the employee and employer (with the employee's consent), which should:

- a. state clearly whether or not the employee needs spectacles specifically for their DSE work
- b. include any prescription for a corrective appliance for DSE work, and
- c. recommend when the employee should be re-examined, under the terms of the Regulations.

## Prescribing

[A.263A.266](#) In many situations a single vision pair of spectacles will be appropriate for DSE use. It is good practice to bring other items needed for the task into the same visual plane as the screen wherever possible, for example by using a document holder.

[A.264A.267](#) If the patient has to carry out a variety of tasks, it may be appropriate to prescribe bifocals, varifocals or degressive lenses. You should bear in mind, however, that the restricted field of view in a bifocal or varifocal lens may lead to postural problems. These could be more serious than those that would be created by the patient simply changing over spectacles. You should discuss the most suitable form of vision correction with the patient.

[A.265A.268](#) If you prescribe spectacles specifically to enable the patient to use DSE and do other associated tasks, their employer is required to meet the costs of providing a basic frame and the prescribed lenses. If the patient chooses more costly appliances (for example designer frames or lenses with optical treatments unnecessary for their work) their employer is not obliged to pay for these. In these circumstances the employer can either pay for a basic appliance or opt

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to contribute a portion of the total costs, equal to the cost of the basic appliance.

[A.266A.269](#) You must only prescribe optical devices or tints if these are clinically justified and in the best interests of the patient,<sup>100</sup> taking into account the patient's views.<sup>101</sup> The best scientific evidence currently available does not support the use of blue-blocking spectacle lenses in the general population to improve sleep quality or conserve macular health.<sup>102</sup>

[A.267A.270](#) The employer is not required to pay for any spectacles prescribed for purposes other than DSE use, even if they include DSE use. The intention of the Regulations is not the free supply of spectacles to all DSE users, but to people who need spectacles only to use DSE as part of their employment.

[A.268A.271](#) Most DSE users will not require a specific prescription for DSE use.

## Vision screening

[A.269A.272](#) It is in the employee's best interests to have a full eye examination. Under the Regulations they have a right to a sight test, as defined in the Opticians Act,<sup>103</sup> if they wish. However, the Health and Safety Executive has indicated that there is a role for vision screening and you may be approached by employers to carry this out.

[A.270A.273](#) If you provide a vision screening service you should:

- a. make clear to both employer and employee that vision screening is not the same as a statutory sight test or a full eye examination and it cannot reliably be used to check for:
  - injury
  - disease, or
  - abnormality of the visual system
- b. make it clear that the employee has a right to a full eye examination
- c. refer any employee who has failed the screening check to their optometrist for an eye examination, and
- d. note that an employer may contract with you to carry out both vision screening and eye examinations, as well as provide any necessary appliances. However, you must hand the prescription and written statement to the employee.

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[A.274A.274](#) Eye examinations for DSE users are to enhance comfort and efficiency by identifying and correcting vision defects, thus helping to prevent temporary eyestrain and fatigue.

[A.272A.275](#) There is no reliable evidence that work with DSE causes any permanent damage to eyes or eyesight, but it may make users with pre-existing vision defects more aware of them.

[A.273A.276](#) Some DSE work is specialised and requires people to see colour changes, do fine work or use DSE equipment over a long period. The regulations define 'special' corrective appliances as those that are provided to correct vision defects at the viewing distance or distances used specifically for the DSE work concerned.

### Useful information and links

College of Optometrists (2017) Position statement on blue blocking spectacle lenses, and Using Evidence in Practice: The efficacy of blue blocking spectacle lenses for visual comfort and as protection against macular disease Available from: [college-optometrists.org/the-college/policy/position-statements/blue-blocking-spectacle-lenses.html](http://college-optometrists.org/the-college/policy/position-statements/blue-blocking-spectacle-lenses.html) [c](#) [Accessed 13 Aug 2019]

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Health and Safety Executive information on DSE use Available from: [hse.gov.uk/msd/dse/](http://hse.gov.uk/msd/dse/) [Accessed 31 July 2019]

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Health and Safety Executive information on eyes and eyesight testing for DSE use. Available from: [hse.gov.uk/msd/dse/eyetests.htm](http://hse.gov.uk/msd/dse/eyetests.htm) [Accessed 13 Aug 2019]

<sup>98</sup> Health and Safety Executive. Working Safely with Display Screen Equipment. Available from: [hse.gov.uk/msd/dse/](http://hse.gov.uk/msd/dse/) [Accessed 31 July 2019]

<sup>99</sup>Health and Safety Executive (2003) Work with Display Screen Equipment: Health and safety (Display Screen Equipment) Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002. Available from: [hse.gov.uk/pubns/books/l26.htm](http://hse.gov.uk/pubns/books/l26.htm) [Accessed 31 July 2019]

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<sup>100</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 7.6 Available from: [optical.org/en/Standards/](http://optical.org/en/Standards/) [Accessed 31 July 2019]

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<sup>101</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 1.2 Available from: [optical.org/en/Standards/](http://optical.org/en/Standards/) [Accessed 31 July 2019]

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<sup>102</sup> [college-optometrists.org/the-college/policy/position-statements/blue-blocking-spectacle-lenses.html](http://college-optometrists.org/the-college/policy/position-statements/blue-blocking-spectacle-lenses.html) [Accessed 14 Aug 2019]

<sup>103</sup> Opticians Act 1989 s.36(2)

## Prescribing spectacles

### Key points

- Immediately following any NHS or private sight test you must issue a prescription or a statement indicating that no prescription is necessary.
- If there is no clinically significant change in the prescription, you must issue the prescription and a statement saying that there is no clinical change.
- You must only prescribe or recommend a change of spectacles when it is in the patient's best interests to do so.
- If you make a small change to an existing prescription you must be clear about the benefit of the change and keep a record of the reason and any advice given.
- The pupillary distance measurement is not part of the prescription.

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

### Issuing prescriptions

[A.274A.277](#) Immediately following any NHS or private sight test you must issue:

- a. a prescription, or
- b. a statement indicating that no prescription is necessary.<sup>104</sup>

[A.275A.278](#) If there is no clinically significant change in the prescription, you must issue the prescription and a statement saying that there is no clinical change.

[A.276A.279](#) You must include all the required information on the prescription as set out in the Sight Testing (Examination and Prescription) (No. 2) Regulations, paragraph 5.<sup>105</sup>

[A.277A.280](#) You should write prescriptions according to British Standards.<sup>106</sup>

[A.278A.281](#) You should clearly indicate on the prescription if the spectacles are only for specific purposes.

[A.279A.282](#) You should indicate on the prescription if the patient is registered as sight impaired or severely sight impaired. This is because **Aa** prescription you issue to a child under 16 or a person who is registered as sight impaired or severely sight impaired can only legally be dispensed by, or under the supervision of, a registered:

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- a. optometrist
- b. dispensing optician, or
- c. doctor.

[A.280A.283](#) You remain responsible for any prescriptions you have issued, irrespective of where the patient chooses to buy their spectacles.

[A.284A.284](#) When you give the patient their prescription, you should explain your findings and the type of lenses that you recommend.

[A.282A.285](#) You should consider the patient's risk of falling when advising on bifocal or varifocal use.<sup>107</sup>

[A.283A.286](#) You should advise the patient if you think their prescription may change soon, for example if they are to undergo cataract surgery. The patient can then decide if they wish to have spectacles made in the meantime.

### **Small prescriptions and making small changes to existing prescriptions**

[A.284A.287](#) You must only prescribe or recommend a change of spectacles when it is in the patient's best interests to do so.<sup>108</sup> NHS Counter Fraud Services have a remit to pursue cases where sight tests are carried out at inappropriate intervals and spectacles are supplied when they may not be clinically necessary.<sup>109,110,111</sup>

[A.285A.288](#) You must make a professional judgement about whether a patient would benefit from a prescription for a low refractive error, for example small hypermetropic corrections in children. See A.189.

~~a.~~

[A.286A.289](#) If you supply prescriptions of less than +0.75 R&L to children for example you must:

- a. be sure of the clinical need for the spectacles
- b. be able to explain the reason for prescribing them, and
- c. keep a record of the reason and any advice given.

[A.287A.290](#) If you make a small change to an existing prescription you must:

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- a. be clear about the benefit of the change, and
- b. keep a record of the reason and any advice given.

[A.288A.291](#) If you are unable to provide the justifications in paras A.289-A.290, the Counter Fraud Services may consider you have been over-prescribing and take action against you, see para A.292.

### Information on small prescriptions

[A.289A.292](#) The following examples should assist you in deciding whether or not a prescription is likely to be beneficial:

- a. plus prescriptions of less than +0.75DS (binocularly) are unlikely to be of benefit to children under 16, unless there are clinical indications for giving such a low prescription or there are persuasive psychological reasons for doing so
- b. factors to consider include:
  - a particularly low amplitude of accommodation
  - ocular muscle balance problems at distance and/or near
  - low fusional reserves, and
  - poor health of a patient resulting in the need to correct low degrees of ametropia. If this is likely to be of short duration, you should consider whether the prescription will still be necessary when the patient's health improves
- c. if a low prescription is found in one eye only you should consider the points above and in particular whether the patient will benefit from such a low prescription in one eye only
- d. if you decide to prescribe a small prism (less than 1 prism horizontally or 0.5 prism vertically) you should take into account all the clinical factors including the patient's ocular muscle status, and whether the use of the prism is appropriate. You should consider any presenting symptoms
- e. a small change in prescription (e.g. +0.25DS extra in both eyes) may be justifiable in some circumstances but not in others. For example changing a +1.00DS reading prescription to a +1.25DS may well have significant benefits to the patient, whereas changing a +8.00DS to +8.25DS is likely to have much less effect
- f. you should consider factors such as the patient's visual acuity and ocular muscle balance. A small prescription change in a patient with

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poor visual acuity may not be as significant as one in a patient with good visual acuity

- g. in very high powers you should be aware that the manufacturing tolerances and/or the effect of very small changes in back vertex distance make 0.25DS changes meaningless.

### Pupillary distance (PD)

[A.290A.293](#) The PD is one of several facial measurements that are taken as part of the dispensing process. It is not part of the prescription.

### Useful information and links

Elliott DB and Howell-Duffy C (2015). 'Non-tolerances' and the science of prescribing spectacles. *Optom in Practice*;16:4:131-144. Available from: [college-optometrists.org/oip-resource/non-tolerances-and-the-science-of-prescribing-spectacles.html](http://college-optometrists.org/oip-resource/non-tolerances-and-the-science-of-prescribing-spectacles.html) [Accessed 13 Aug 2019]

Leat SJ (2011). To prescribe or not to prescribe? Guidelines for spectacle prescribing in infants and children. *Clin Exp Optom*; 94:6:514-527

<sup>104</sup> Opticians Act 1989 s26(2)

<sup>105</sup> Sight Testing (Examination and Prescription) (No 2) Regulations 1989.

<sup>106</sup> British Standards. [college-optometrists.org/the-college/library-and-information-services/online-databases-and-reports.html](http://college-optometrists.org/the-college/library-and-information-services/online-databases-and-reports.html) [College members only] [Accessed 31 July 2019]

<sup>107</sup> College of Optometrists and British Geriatrics Society (2011) The Importance of Vision in Preventing Falls s3. Available from: <https://www.college-optometrists.org/the-college/policy/focus-on-falls.html> (in Member resources) [Accessed 2 May 2017]

<sup>108</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 7.6 Available from: [optical.org/en/Standards/](http://optical.org/en/Standards/) [Accessed 31 July 2019]

<sup>109</sup> NHS Counter Fraud Authority [cfa.nhs.uk/](http://cfa.nhs.uk/) [Accessed 31 July 2019]

<sup>110</sup> Counter Fraud and Probity Services (CFPS) (Northern Ireland) [cfps.hscni.net](http://cfps.hscni.net) [Accessed 31 July 2019]

<sup>111</sup> NHS National Services Scotland- Counter Fraud Services [nhsns.org/pages/services/counter\\_fraud\\_services.php](http://nhsns.org/pages/services/counter_fraud_services.php) [Accessed 31 July 2019]

Field Code Changed

## Sale and supply of spectacles

### Key points

- You must supervise unregistered persons in the sale of spectacles and other optical appliances to people in restricted groups.
- You must be on the premises at key stages of supervised sale and supply.
- You should make sure the spectacles you supply meet the patient's needs.
- You must communicate clearly with the patient about the purpose, use and maintenance of their spectacles.
- You must make arrangements for patients to receive aftercare as far as and for as long as is reasonable.
- Requirements for sale and supply when the patient is not present are the same as face-to-face sale and supply.
- You should only make up spectacles using prescriptions over two years old if it is in the patient's best interests.
- Patients have a right to take their prescriptions elsewhere.

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

### Regulation

[A.294A.294](#) Unregistered persons must not sell prescription spectacles to children under 16 and patients who are registered as sight impaired or severely sight impaired unless the sale is supervised by a registered practitioner.<sup>112</sup> See sections on Supervising the sale and supply of spectacles and Working with colleagues [Error! Reference source not found.](#)

### Principles

[A.292A.295](#) All spectacles or other optical appliances should be sold and supplied by, or under the supervision of, an optometrist or dispensing optician, even if an unregistered person could legally complete the sale without supervision. You should decide what is in the best interests of the patient.

[A.293A.296](#) When selling and supplying spectacles to a patient you must ensure that patients or their carers have all the information they need to safely use or look after any optical devices they have been prescribed.<sup>113</sup>

[A.294A.297](#) You should:

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- a. explain clearly to the patient the purpose and function of the spectacles
- b. ensure the spectacles are suitable for the patient's needs
- c. take and record facial, frame and other appropriate measurements before ordering the spectacles
- d. check that the spectacles are CE marked and conform to the relevant standards<sup>114</sup>
- e. check that the spectacles correspond to the written prescription or sight test record
- f. fit them to the patient to ensure the correct plane, height and position
- g. check them on the patient for fit, comfort and function, making any adjustments before the patient takes them away
- h. check against a letter chart or equivalent, where appropriate, to ensure the correct acuity.

[A.295A.298](#) You may make up spectacles without a prescription, for example by duplicating an existing pair of spectacles, if you feel this is in the patient's best interests.

[A.296A.299](#) You must make arrangements for the patient to receive aftercare as far as and for as long as is reasonable.<sup>115</sup>

## Supervising the sale and supply of spectacles

Please read in conjunction with section on Supervision in the Communication, partnership and teamwork domain.

[A.297A.300](#) You may delegate the sale and supply of spectacles but you remain responsible for the whole process.

[A.298A.301](#) You must be on the premises when you are supervising the sale of spectacles to someone in a restricted group (that is, patients under 16 or who are registered as visually impaired) at key stages of the sale.<sup>116</sup>

[A.299A.302](#) If you are supervising someone undertaking the sale of spectacles to a patient, you should ensure they have taken the steps listed in para A.297.

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[A.300A.303](#) If you work in a team with others it should be clear on a daily basis which professional is responsible for the supervision of sale and supply. The practice should ensure that supervisors are in a position to fulfil their supervisory role.

### Prescriptions over two years old

[A.304A.304](#) Unregistered persons must not dispense prescriptions that are more than two years old.<sup>117</sup>

[A.302A.305](#) You may sell and supply spectacles to a prescription that is more than two years old.

[A.303A.306](#) If you decide to make up spectacles for a patient who has not had a recent eye examination you should:

- a. only do this in exceptional circumstances, and
- b. act in the best interests of the patient.

### Sale and supply when the patient is not present

[A.304A.307](#) You should not sell and supply spectacles without ensuring:

- a. that the patient's measurements and visual needs have been assessed and verified, and
- b. that any optical appliance you supply meets these measurements and needs.

[A.305A.308](#) You should ensure that adjustments and minor repairs can be made to the spectacles.

[A.306A.309](#) You must make arrangements for aftercare.<sup>11511497</sup>

### Taking the prescription elsewhere

[A.307A.310](#) Patients have a right to have their prescriptions dispensed where they choose. You may advise your patients of the potential difficulties of separate prescribing and dispensing, particularly if they have a complicated prescription or lens form. The College has a suggested form of words which ~~members~~you may wish to use on ~~their~~your prescriptions. If you wish to use this, -please use the statement in its entirety, rather than selected phrases:

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*'You have a right to have your prescription dispensed wherever you choose. However, as prescribing and dispensing of spectacles are closely linked it is best to have your spectacles dispensed where you have your eyes examined. It is often more difficult to resolve any problems you may have with your spectacles when prescribing and supply are separated.'*

[A.308A.311](#) If you receive a prescription for dispensing from another practitioner and there is an anomaly or a complaint of non-tolerance after dispensing, you should, with the patient's consent, contact the prescribing practitioner. You should agree a course of action with them and the patient. The Optical Confederation has produced guidance on this.<sup>118</sup>

### Ready-made reading spectacles

[A.309A.312](#) If you sell and supply a pair of ready-made reading spectacles you must satisfy yourself that they are suitable for the patient's needs.<sup>119</sup>

### Sports eyewear

[A.310A.313](#) You can only sell and supply prescription sports eyewear under the same conditions as other optical appliances.

### In-house glazing

[A.314A.314](#) If you assemble spectacles you must register with the Medicines and Healthcare Products Regulatory Agency (MHRA).<sup>120</sup> This applies to:

- a. practices that carry out their own glazing
- b. practices where the frame is traced and lenses edged remotely, prior to assembly in the practice, and
- c. new products, and does not relate to reglazing patients' own frames.

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<sup>112</sup> Opticians Act 1989 s27(1)(b)

<sup>113</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 2.5 Available from: [optical.org/en/Standards/](http://optical.org/en/Standards/) [Accessed 1 Aug 2019]

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<sup>114</sup> British Standards. Available from: [college-optometrists.org/the-college/library-and-information-services/online-databases-and-reports.html](http://college-optometrists.org/the-college/library-and-information-services/online-databases-and-reports.html) [College members only] [Accessed 1 Aug 2019]

<sup>115</sup> Opticians Act 1989 s27(3B)

<sup>116</sup> *GOC v Boots Opticians Ltd, Richard Simmons and Trevor Burgess* 2009

<sup>117</sup> Sale of Optical Appliances Order of Council 1984

<sup>118</sup> Optical Confederation (2014) Managing non-tolerance issues. Available from: [opticalconfederation.org.uk/downloads/guidance/optical-confederation-managing-non-tolerances-guidance-final-20th-dec-14.pdf](http://opticalconfederation.org.uk/downloads/guidance/optical-confederation-managing-non-tolerances-guidance-final-20th-dec-14.pdf) [Accessed 1 Aug 2019]

<sup>119</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 7.6 Available from: [optical.org/en/Standards/](http://optical.org/en/Standards/) [Accessed 1 Aug 2019]

<sup>120</sup> MHRA Register as a manufacturer to sell medical devices. Available from: [mhra.gov.uk/Howweregulate/Devices/Registrationofmedicaldevices/](http://mhra.gov.uk/Howweregulate/Devices/Registrationofmedicaldevices/) [Accessed 1 Aug 2019]

Field Code Changed

## Contact lens equipment and facilities

### Key points

- If you fit contact lenses you should have suitable equipment for contact lens practice and the skills to use it competently.
- You should have all equipment verified and calibrated regularly.

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

### Essential equipment

[A.312A.315](#) You must have:

- a slit-lamp biomicroscope, ideally capable of providing a magnification of at least 25x
- a keratometer or other calibrated instrument to assess the corneal curvature, and
- appropriate procedures for infection control. See section on [Infection control](#).

### Recommended equipment

[A.313A.316](#) You should have a range of:

- single patient use diagnostic soft contact lenses
- complex diagnostic contact lenses, if appropriate
- appropriate lens care systems for patients, and
- appropriate topical drugs and diagnostic agents.

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### **Additional equipment**

[A.314A.317](#) You may wish to have:

- a. contact lens verification apparatus, for example a radiuscope
- b. tear assessment equipment
- c. corneal topographer
- d. equipment for meibomian gland function investigation.

### **Verifying and calibrating equipment**

[A.315A.318](#) You should have all your contact lens fitting equipment verified and calibrated regularly.

## Fitting contact lenses

### Key points

- Only registered optometrists, doctors, ~~or~~ contact lens opticians [or those trainees under appropriate supervision](#), may fit contact lenses.
- You should avoid occasional contact lens practice.
- You should discuss options with patients to help them make informed choices.
- You should give patients wearing powered or zero powered contact lenses the same degree of care; they are exposed to the same risks to their ocular health.
- Patients wishing to wear powered contact lenses must have had a recent sight test (within two years, or earlier if an earlier date is specified on the patient's prescription).
- Patients wishing to wear zero powered contact lenses should have had a recent sight test.
- You must record all the relevant information in the patient notes.
- You should not fit yourself with contact lenses.
- You must provide the patient with appropriate advice and written information to wear [and care for, clean and maintain](#) their lenses.

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

### Working within the limits of your professional competence

[A.316A.319](#) You should avoid occasional contact lens practice, **especially** in specialist areas such as [orthokeratology, scleral, keratoconic and](#) therapeutic contact lens fitting.

### Advising patients before assessing and fitting

[A.317A.320](#) Before fitting powered or zero powered (plano) contact lenses, you should discuss options with patients so they have enough information to make an informed choice. In particular, you should discuss:

- a. the risks and complications of wearing contact lenses, including the need to avoid exposure of contact lenses to water, including tap, shower, hot tub and swimming pool water, and the consequences of not complying with advice about how to wear [and care for](#) contact lenses safely

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- b. the advantages and disadvantages of available [contact](#) lens types, those that are most appropriate and the reasons for this
- c. any contraindicated [contact](#) lens types and the reasons for this
- d. care systems of different [contact](#) lens types and the risks of incorrect use of appropriate care systems ~~for contact lenses~~ and non-compliance with general contact lens related hygiene [and replacement schedules](#), and
- e. total estimated costs.

### Assessing patients

[A.318A.321](#) When assessing a patient who wishes to wear zero powered contact lenses you should conduct a sight test or ensure that the patient has had a sight test within the past two years (or within the timescale recommended at the patient's last sight test). When assessing a patient who wishes to wear powered lenses you must ensure that the patient has had a sight test within the past two years (or within the timescale recommended at the patient's sight test), and you have the particulars of the prescription that was issued as a result.<sup>121</sup>

[A.319A.322](#) You must conduct an adequate assessment.<sup>122</sup> When assessing patients for contact lens wear you should:

- a. include any additional tests indicated by:
  - symptoms
  - ocular and medical history, and
  - pre-disposing factors
- b. ask for, and consider, relevant information about:
  - history of allergies, including to components of contact lenses or their care products
  - history of systemic disease
  - previous contact lens wear
  - occupational and recreational needs, and
  - environments in which [contact](#) lenses will be worn

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- c. carry out a detailed assessment of the anterior eye which might be affected by wearing contact lenses. This should include:
  - a slit-lamp examination
  - keratometry or corneal topography
  - the use of diagnostic stains
  - the assessment of tear film quality and quantity, and
  - other factors, including the patient's ability to handle and [care for/maintain](#) the [contact](#) lenses safely and hygienically
- d. discuss with the patient why you find them unsuitable for contact lens wear, if this is the case, and
- e. record all relevant information in the patient notes.

A.323 You must not fit a patient with contact lenses if they are not able to use them safely.<sup>123</sup>

### The fitting process

A.324 Only optometrists, doctors and contact lens opticians may fit contact lenses.<sup>124,125</sup>

A.325 When fitting [contact](#) lenses you must:

- a. ensure the type and brand of [contact](#) lens and [lens](#)-care regimen are suitable for the patient
- b. tell the patient how to wear [and care for](#) the [contact](#) lenses safely and [how to look after them](#) hygienically
- c. record any information or advice you have given the patient, and
- d. recommend a wearing schedule that is in line with manufacturer's labelling instructions.

A.326 You should:

- a. determine and advise on the length of the fitting period. This should be long enough for you to be satisfied that the patient has adapted to the [contact](#) lenses and that there is unlikely to be any change in the patient's ocular health. This will be when you decide that the patient does not need any contact lens check-ups, other than those scheduled routinely. The fitting period will usually be less than three months, and can vary depending on:

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- [contact](#) lens type [and modality of wear](#)
- how quickly the patient adapts to the [contact](#) lenses
- the likelihood of a change in the patient's ocular health, and
- other clinical findings, and

b. tell the patient if the fitting will take longer than expected and record the reasons for this on the patient record.

A.327 When the fitting is complete ([see A.326a](#)), you must give the patient their contact lens specification.<sup>126</sup>

A.328 You should not fit yourself with contact lenses because you cannot conduct the appropriate examinations on yourself.

A.329 After fitting powered or zero powered contact lenses you must explain to the patient and provide written information on the care, wearing, treatment, cleaning and maintenance of the [contact](#) lenses.<sup>127,128</sup>

A.330 You must tell the patient how to:

- a. ~~apply~~[insert](#) and remove their [contact](#) lenses
- b. care ~~for~~; (store, treat, disinfect and clean) their [contact](#) lenses, and
- c. schedule the wearing [and replacement intervals](#) of [their contact](#) lenses

A.331 You should tell the patient to seek professional advice:

- a. if they experience discomfort, redness, watering, visual disturbance or other problems
- b. before changing to a solution which has not been recommended by you, or
- c. before accepting a supply of substitute [contact](#) lenses.

## Supervision

A.332 Contact lenses may only be fitted by an optometry or medical student, or a dispensing optician training to be a contact lens optician, under the supervision of a registered optometrist, doctor or contact lens optician. The supervisor must be on the premises when the fitting is taking place, use their professional skill and judgement and intervene in the fitting if

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necessary. See section on [Error! Reference source not found.](#) [Working with colleagues.](#)

A.333 There is no provision in law for anyone else to fit contact lenses, even if this is done under the supervision of an optometrist, doctor or contact lens optician.

## Referral

A.334 If you refer a patient for contact lens fitting:

- a. you should provide all relevant information to the colleague to whom you are referring the patient. See section on [Working with colleagues](#) [Error! Reference source not found.](#)
- b. the colleague will take over responsibility for that part of the patient's care, and
- c. the patient should still receive a full eye examination at appropriate intervals as judged by the prescribing optometrist.

## Useful information and links

The British Contact Lens Association has information for consumers on its website

[bcla.org.uk/Public/Consumer/Consumer\\_Information/Public/Consumer/Consumer\\_Information.aspx?hkey=c1e027d3-d774-49ce-a961-6cfb153bde56](http://bcla.org.uk/Public/Consumer/Consumer_Information/Public/Consumer/Consumer_Information.aspx?hkey=c1e027d3-d774-49ce-a961-6cfb153bde56)

[Accessed 1 Aug 2019]

Field Code Changed

College of Optometrists higher qualifications in contact lens practice: [college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html](http://college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html) [Accessed 15 Aug 2019]

College of Optometrists and The Royal College of Ophthalmologists (2011) Rules and Regulations on Sight Testing and Contact Lens Fitting and Supply.

Available from: [college-optometrists.org/guidance/supplementary-guidance.html](http://college-optometrists.org/guidance/supplementary-guidance.html) [Accessed 1 Aug 2019]

Field Code Changed

Efron N and Morgan PB (2017). Rethinking Contact Lens Aftercare. Clin Exp Optom;100:411-431. Available from

[onlinelibrary.wiley.com/doi/pdf/10.1111/cxo.12588](http://onlinelibrary.wiley.com/doi/pdf/10.1111/cxo.12588) [Accessed 2 Aug 2019]

<sup>121</sup> Opticians Act 1989 s25(1A)

<sup>122</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 7.1 Available from: [optical.org/en/Standards/](http://optical.org/en/Standards/) [Accessed 1 Aug 2019]

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<sup>123</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 2.5 Available from: [optical.org/en/Standards/](http://optical.org/en/Standards/) [Accessed 1 Aug 2019]

<sup>124</sup> Opticians Act 1989 s25(1)

<sup>125</sup> General Optical Council (1985) Rules on the Fitting of Contact Lenses. Available from: [optical.org/en/about\\_us/legislation/rules\\_and\\_regulations.cfm](http://optical.org/en/about_us/legislation/rules_and_regulations.cfm) [Accessed 1 Aug 2019]

<sup>126</sup> Opticians Act 1989 s25(5)(a)

<sup>127</sup> Opticians Act 1989 s25(5)(b)

<sup>128</sup> Council Directive 93/42/EEC concerning medical devices [1993] OJ L169/1. Available from: [e](#) [Accessed 1 Aug 2019]

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## Contact lens specification

### Key points

- You must provide the patient with a written specification of each powered contact lens when you have completed the fitting.
- College members may use the College sample specification and the form of words reminding patients about regular check-ups.
- You should provide a written specification after fitting a patient with zero powered lenses.
- You must include the expiry date on the contact lens specification.
- You should use your professional judgement to determine the expiry date.
- You must not supply patients with [contact](#) lenses after their specification has expired.
- Patients may buy their contact lenses from any supplier, as long as the sale is by, or under the supervision or general direction of, a registered optometrist, dispensing optician or doctor.
- A supplier of contact lenses may ask you to verify the particulars of the patient's specification. If any of the details are incorrect, you need the patient's consent to give any information to the supplier.

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

### Specification for powered lenses

A.335 You must provide the patient with a signed, written specification of each powered contact lens once you have completed the fitting.<sup>129</sup>

A.336 The specification must contain key information, including:<sup>130</sup>

- a. the patient's name and address
- b. the patient's date of birth if they are under 16 on the day the specification is issued
- c. your name and GOC number
- d. your practice name and address
- e. the date you completed the fitting
- f. sufficient details of any [contact](#) lenses fitted to enable the lens to be replicated. This would normally include some or all of the following information:

- [power](#),
  - base and peripheral curves of the lens
  - total diameter
  - material, and
  - design (including details of the underlying brand) of the [contact](#) lens(es)
- g. the date the specification expires, and
- h. any clinical information that should be taken into account by a supplier.

A.337 You [may](#) also include:

- a. details of any specific care products that you recommend the patient uses, and
- b. the approximate frequency with which the patient wears the lenses so that a supplier can determine how long the supply will last the patient.

A.338 If you are a member you may wish to use the College's sample contact lens specification.<sup>131</sup>

A.339 You should only sign a duplicate specification if you are an optometrist or a contact lens optician.

### **Specification for zero powered (plano) lenses**

A.340 You should give a patient a written specification after fitting them with a plano contact lens. You are not legally required to do this but it is in the patient's best interests that you do. You should provide the same information as stated for powered lenses.

### **Prescription expiry**

A.341 You must include an expiry date on the contact lens specification.<sup>132</sup>

A.342 You should use your professional judgement to decide the expiry date, which would normally be when the patient is due their next clinical review. See section on Contact lens check-ups.

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A.343 Factors to consider when you determine the expiry date include:

- a. the type of [contact](#) lens
- b. modality of wear, and
- c. the clinical features of the patient.

A.344 If the expiry date and the next clinical review date are not the same, you should include both dates on the specification.

A.345 You should tell the patient when their next clinical review is due.

A.346 You should tell patients that they cannot be supplied with [contact](#) lenses once their contact lens specification has expired. They must be refitted before the specification expires to ensure an uninterrupted supply of [contact](#) lenses. See section on Contact lens supply for more information and details of aftercare.

A.347 You should tell patients that:

- a. it is important to have regular eye examinations as well as contact lens check-ups
- b. they need a valid spectacle prescription to be refitted with contact lenses.

### **Patients buying lenses elsewhere**

A.348 Patients may buy their contact lenses from any supplier, as long as the sale is by, or under the supervision of (for powered or zero powered lenses) or general direction of (for powered lenses), a registered optometrist, dispensing optician or doctor.

A.349 You should make your patients aware that if [contact](#) lenses only are supplied, this may not include contact lens check-ups, although the supplier must make arrangements for the patient to receive aftercare in so far as and for as long as may be reasonable.<sup>133</sup> If your patient buys their [contact](#) lenses from abroad the supplier will not have this obligation towards the patient. If you are aware of this, you should warn the patient that they must seek professional advice if they have problems and they will probably be charged a fee for this advice.

A.350 If you are a College member you may wish to use the following statement on your contact lens specification or as part of a practice notice to alert your patients to the importance of having regular check-ups.

*'As someone who wears contact lenses you need continuing professional care to make sure your [contact](#) lenses are right for your*

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*eyes, now and in the future. It is most important that you ensure that you have regular check-ups and understand what to do in the event of anything going wrong with your eyes or your [contact](#) lenses.*

*You should be clear whether the amount you pay includes extra consultations if you have any problems and how much they will cost if they are not included.'*

A.351 As the fitting practitioner, you may be asked by a supplier of contact lenses to verify the particulars of the patient's specification. You should ask the supplier to state in writing the details they require: this can be by fax or email if the patient consents. You should keep a record of these requests and if you have concerns about the number of verification requests you should alert the supplier. See sections on [Error! Reference source not found.](#)~~Error! Reference source not found.~~Consent and Patient records with reference to transferring patient information to a third party.

A.352 If a supplier contacts you to verify a specification and all the details are correct, you may answer 'yes' but say no more without the patient's consent. If any of the details are incorrect, you need the patient's consent to give any information to the supplier.

## Useful information and links

College of Optometrists higher qualifications in contact lens practice: [college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html](http://college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html) [Accessed 15 Aug 2019]

College of Optometrists and The Royal College of Ophthalmologists (2011) Rules and regulations on sight testing and contact lens fitting and supply. Available from: [college-optometrists.org/guidance/supplementary-guidance.html](http://college-optometrists.org/guidance/supplementary-guidance.html) [Accessed 1 Aug 2019]

<sup>129</sup> Opticians Act 1989 s25(5)

<sup>130</sup> Contact lens (specification) rules 1989. Available from: [optical.org/en/about\\_us/legislation/rules\\_and\\_regulations.cfm](http://optical.org/en/about_us/legislation/rules_and_regulations.cfm) [Accessed 1 Aug 2019]

<sup>131</sup> College of Optometrists (2007) Contact lens specification form. Available from: [college-optometrists.org/guidance/supplementary-guidance.html](http://college-optometrists.org/guidance/supplementary-guidance.html) . [Accessed 1 Aug 2019]

<sup>132</sup> Opticians Act 1989 s25(7a)

<sup>133</sup> Opticians Act 1989 s27(3B)

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## Contact lens supply

### Key points

- You must not supply powered contact lenses without a valid specification.
- Powered contact lenses may be supplied directly, or under your supervision or general direction.
- You should not supply zero powered contact lenses without a current specification.
- Zero powered contact lenses may be supplied directly, or under your supervision, but not under your general direction.
- You must make arrangements for a patient whom you supply with contact lenses to receive aftercare as far as and for as long as is reasonable.

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

### Principles of contact lens supply

A.353 If you supply a contact lens you should ensure that the [contact](#) lens meets the specification.

A.354 If you supply a contact lens you must make arrangements for the patient to receive aftercare in so far as and for as long as may be reasonable.<sup>134</sup>

A.355 You must give patients the same degree of care when supplying powered or zero powered (plano) contact lenses.

A.356 Contact lenses may be supplied:<sup>135,136</sup>

- a. directly by a registered optometrist, dispensing optician or doctor, or
- b. under their supervision, see paras A.365-A.366, or
- c. for powered lenses only, if the patient is over 16, under the general direction of a registered optometrist, dispensing optician or doctor, see paras A.367-A.370.

A.357 You should be aware of the requirements of the method of supply for which you are responsible.

A.358 You must not supply powered contact lenses to a patient who does not have a valid contact lens specification.

### Powered contact lens supply

- A.359 You should check any details of the contact lens specification that are not clear or complete with the person who issued it.
- A.360 You must provide enough information to the patient to enable them to handle the [contact](#) lenses appropriately and to comply with an appropriate lens care system.
- A.361 You should not supply the patient with more than the anticipated number of [contact](#) lenses needed until the expiry of the patient's contact lens specification.
- A.362 Since you must not supply powered contact lenses after the patient's specification has expired, you should advise the patient to have a contact lens fitting shortly before the expiry date, and an eye examination, if appropriate. See sections on Contact lens specification and Fitting contact lenses.
- A.363 If you are unable to supply [contact](#) lenses that exactly meet the patient's specification, and you supply alternative [contact](#) lenses, you are refitting the [contact](#) lenses and the guidance in the section on Fitting contact lenses applies. A [contact](#) lens may be deemed to meet the specification if it is an identical [contact](#) lens made by the same manufacturer but sold under a different name to that stated on the specification.

### Zero powered (plano) contact lens supply

- A.364 Plano [contact](#) lenses may only be supplied by, or under the supervision of, a registered optometrist, dispensing optician or doctor.<sup>137 138</sup> They may not be supplied under the general direction of these practitioners.

### Supervision

- A.365 If you supervise someone who is supplying the contact lens you must ensure that:
- a. there are written procedures in place to protect patient health and safety
  - b. they have full understanding of your respective roles and responsibilities
  - c. they are trained in the procedures to be followed

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- d. you are on the premises and can intervene in the supply, if necessary
- e. you are in a position to exercise your professional skill and judgement as a clinician<sup>139</sup>
- f. arrangements are made for the patient to receive aftercare in so far as, and for so long as, may be reasonable,<sup>140</sup> and
- g. ensure that the audit trail is sufficient so that any errors that occur are drawn to your attention as the supervising optometrist.

A.366 Anyone supplying [contact](#) lenses under your supervision should:

- a. check that the [contact](#) lenses are for the correct person
- b. check that the specification is current and that the patient is not supplied with [contact](#) lenses that will take them past the expiry date of their specification
- c. check that the [contact](#) lenses that are supplied are those specified in the patient's contact lens specification
- d. ensure the patient knows which [contact](#) lens is for which eye
- e. ensure the patient is given written information on care solutions and knows how to handle the [contact](#) lenses
- e.f. [ensure the patient knows how often to replace their contact lenses](#)
- f.g. [reinforce the need for regular contact lens check-ups](#)
- g.h. [ensure adequate records are kept, and](#)
- h.i. [for zero powered contact lenses, ensure that the patient is fitted with contact lenses if the patient has no specification for the zero powered contact lenses.](#)

See section on [Working with colleagues](#).

## General direction

A.367 You must have:

- a. the original specification
- b. a copy of the specification, or

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- c. a written or electronic order from the patient, which contains the details that are in the specification.

A.368 If you do not have the original specification you must verify the details of the specification with the person who issued it.

A.369 If you have someone acting under your general direction to supply contact lenses you are not required to be on the premises while the sale takes place, but you should ensure that:

- a. written protocols and robust procedures are in place for verification and supply and to protect patient health and safety
- b. the patient is not supplied with [contact](#) lenses which will take them past the expiry date of their specification
- c. you are a manager or are in a position of authority to monitor the effectiveness of these protocols and can make amendments to them if required
- d. there is an audit trail that can be followed
- e. the person conducting the supply is appropriately trained and they:
  - have working knowledge of the types of contact lenses available, ~~and~~ the different care regimes [and the replacement schedules for various lens types](#)
  - can ensure that the [contact](#) lenses meet the specification
  - can advise the patient what to do if the patient suffers an adverse incident from the use of [contact](#) lenses or care solutions, and
  - tell the patient about the arrangements that are made for them to receive aftercare, and
- f. the person conducting the supply does not interpret or make judgements in relation to any clinical information in the specification and that they refer such matters to, and seek direction from, a registered optometrist, dispensing optician or doctor.

A.370 Anyone supplying [contact](#) lenses under your general direction should:

- a. comply with paras A.365-A.366
- b. ensure as far as is reasonable that the patient is not sight impaired, severely sight impaired or under 16, and

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- c. ensure that any errors that occur are drawn to your attention as the generally directing optometrist.

## Aftercare

A.371 You must make arrangements for the patient to receive aftercare in so far as and for as long as may be reasonable.<sup>134</sup><sup>433</sup> This applies to all patients for whom you have supplied powered or zero powered contact lenses whether directly or as a supervising or generally directing optometrist.

A.372 Making arrangements would normally include making practical arrangements for aftercare for the patient with an appropriate provider. If there is a charge for this service you should make it clear to the patient.

A.373 Aftercare arrangements and information should include:

- a. whom the patient should contact if they have problems associated with the supplied [contact](#) lenses
- b. what signs or symptoms they should look out for
- c. the importance of having regular contact lens check-ups
- d. how to remove the contact lenses in an emergency
- e. having a local contact or helpline for advice, and
- f. monitoring that aftercare arrangements are effective and work for the patient. This would include monitoring that the local contact or helpline is effective and that the emergency provisions are appropriate.

## Useful information and links

College of Optometrists higher qualifications in contact lens practice: [college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html](https://college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html) [Accessed 15 Aug 2019]

College of Optometrists and The Royal College of Ophthalmologists (2011) Rules and Regulations on Sight Testing and Contact Lens Fitting and Supply. Available from: [college-optometrists.org/guidance/supplementary-guidance.html](https://college-optometrists.org/guidance/supplementary-guidance.html) [Accessed 1 Aug 2019]

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<sup>134</sup> Opticians Act 1989 s27(3B)

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<sup>135</sup> General Optical Council (2006) Statement on sale and supply of optical appliances. Available from: [optical.org/en/about\\_us/legislation/goc-statements-interpreting-legislation/sale-and-supply-of-optical-appliances.cfm](http://optical.org/en/about_us/legislation/goc-statements-interpreting-legislation/sale-and-supply-of-optical-appliances.cfm) [Accessed 1 Aug 2019]

<sup>136</sup> Opticians Act 1989 s27(1)(b) and s27(3)(d)

<sup>137</sup> Opticians Act 1989 s27(1)(b)

<sup>138</sup> General Optical Council (2011) Zero powered contact lenses factsheet. Available from: [optical.org/en/about\\_us/legislation/goc-statements-interpreting-legislation/zeropowered-contact-lenses-factsheet.cfm](http://optical.org/en/about_us/legislation/goc-statements-interpreting-legislation/zeropowered-contact-lenses-factsheet.cfm) [Accessed 1 Aug 2019]

<sup>139</sup> *General Optical Council v Vision Direct*, 1989

<sup>140</sup> Opticians Act 1989 s.27(3B)

Field Code Changed

## Contact lens check-ups

### Key points

- When you examine a contact lens wearer you should carry out all the required key assessments, record your findings and communicate them to the patient.
- You should give the same level of care to patients wearing powered or zero powered [contact](#) lenses.
- [You should schedule contact lens check-ups according to the patient's clinical needs. This will depend upon your analysis of the risks of contact lens wear](#)
- If you are asked to re-issue or revalidate a patient's contact lens specification you are responsible for the specification and should check the lenses they are wearing.

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

### Principles of contact lens check-ups

A.374 When examining a wearer of contact lenses you must regularly assess the general ocular status of the patient or receive assurances that another practitioner is making such assessments.

A.375 If you carry out a contact lens check-up and re-issue the patient's specification for the same or different contact lenses you are considered to be fitting the patient with contact lenses.<sup>141</sup> In this situation you must not fit a patient with contact lenses unless they have an up-to-date spectacle prescription.<sup>142</sup>

A.376 You should give patients wearing powered or zero powered contact lenses the same degree of care.

### Examining contact lens wearers

A.377 When you examine a contact lens wearer you must conduct an adequate assessment.<sup>143</sup> You should:

- a. assess the patient's wearing patterns and wearing times [and how the contact lens performs against their expectations, for example in comfort and handling](#)
- b. identify any symptoms they experience while wearing [contact](#) lenses or any signs noted during wear or after [contact](#) lens removal

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- c. record the patient's current care system
- d. measure the refractive status and acuities with the [contact](#) lens on the patient's eye, including astigmatic elements as appropriate
- e. assess the [contact](#) lens fit and the condition of the [contact](#) lenses themselves
- f. on removal of the [contact](#) lenses, examine the eye and adnexa [using a slit lamp as required](#) to detect any contact lens related adverse effects. This will include the use of appropriate topical drugs and diagnostic agents
- g. include additional tests which are indicated by the history, risk factors or other information
- h. perform other tests such as keratometry, as required to identify changes from baseline
- i. determine the best spectacle visual acuities following [contact](#) lens removal, if appropriate
- j. assess the patient's compliance with the care system and general contact lens related hygiene, irrespective of [contact](#) lens type
- k. remind the patient of the importance of avoiding contact with water, and
- l. discuss clinical findings and advise the patient of the need for:
  - regular follow-up care, which may have become less obvious over time to existing wearers, and
  - a contact lens assessment before the contact lens specification expires. This is essential to the further supply of contact lenses.

A.378 If a patient is considering a new type of [contact](#) lens, you may perform the tests and assessments which are relevant to new wearers. See section on Fitting contact lenses.

A.379 You should schedule contact lens check-ups according to the patient's clinical needs. This will be more or less frequent depending on your analysis of the risks of contact lens wear. This will depend upon the patient's clinical circumstances, the type of lens and modality of wear.

### Re-issuing the contact lens specification

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A.380 A patient might ask you to re-issue or revalidate their specification. In this case, you should tell the patient that you cannot do this unless you know what [contact](#) lenses the patient is wearing. This is because you are responsible for the content of the specification and, therefore, for ensuring that all details on it are correct. Where you have doubts about the specification of the current lenses the patient is wearing, you may need to re-fit the patient.

See paras A.335-A.347.

### **Routine eye examination**

A.381 There is an ongoing responsibility for the total optometric care of the patient and this would include periodic eye examinations. Where the eye examination is not combined with the contact lens check-up you should explain this to the patient and tell them when a full examination is required see para A.375.

### **Aftercare**

A.382 For information on aftercare, please refer to the section on Contact lens supply.

### **Useful information and links**

College of Optometrists higher qualifications in contact lens practice: [college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html](http://college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html) [Accessed 15 Aug 2019]

College of Optometrists and The Royal College of Ophthalmologists (2011) Rules and regulations on sight testing and contact lens fitting and supply. Available from: [college-optometrists.org/guidance/supplementary-guidance.html](http://college-optometrists.org/guidance/supplementary-guidance.html) [Accessed 1 Aug 2019]

Efron N and Morgan PB (2017). Rethinking Contact Lens Aftercare. Clin Exp Optom;100:411-431. Available from [onlinelibrary.wiley.com/doi/pdf/10.1111/cxo.12588](http://onlinelibrary.wiley.com/doi/pdf/10.1111/cxo.12588) [Accessed 2 Aug 2019]

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<sup>141</sup> Opticians Act 1989 s25(9)(a)

<sup>142</sup> Opticians Act 1989 s25(1A)

<sup>143</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 7.1 Available from: [optical.org/en/Standards/](http://optical.org/en/Standards/) [Accessed 1 Aug 2019]

Field Code Changed

## Specialist Contact lenses for overnight wear

### Key points

- You should inform patients who wear lenses overnight of the increased risk.
- Check-ups should be more frequent for those patients wearing contact lenses overnight because of the increased risk of complications.

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

### Principles of examining wearers of **specialist** contact lenses for overnight wear

A.383 When examining a patient who wears contact lenses overnight~~a wearer of specialist contact lenses~~ you ~~should~~**must** regularly assess the general ocular status of the patient or receive assurances that another practitioner is making such assessments.

### Extended wear

A.384 If you fit a patient with contact lenses for extended wear you should:

- a. make them aware that extended wear increases their risk of microbial keratitis
- ~~b. teach them how to remove their lenses~~
- ~~e.b.~~ tell them the signs of possible complications to look out for and what to do in these circumstances
- ~~e.c.~~ ensure they attend for regular contact lens check-ups~~aftercare~~, and
- ~~e.d.~~ provide them with an out of hours contact number for emergencies and the number of the local eye casualty department.

A.385 You must teach the patient how to remove their lenses. If the patient has extended wear contact lenses and, because of at their disability and is unable to handle them, you must teach their carer how to remove the lenses.<sup>144</sup>

A.386 The frequency of contact lens check-ups depends upon factors including the patient's:

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- a. clinical status
- b. history
- c. type of [contact](#) lens, and
- d. modality of wear.

A.387 Because of the increased risk of complications, you should carry out contact lens check-ups for patients wearing lenses on an extended wear basis more frequently than those wearing lenses on a daily wear basis.

## Therapeutic contact lenses

A.388 Patients wearing therapeutic contact lenses ~~may~~ often have corneas that are compromised. In these cases you may sometimes fit the contact lenses at the request of an ophthalmologist. You should write to the ophthalmologist and to the patient's GP, if appropriate.

## Orthokeratology

~~A.389~~ You should explain the benefits and discuss the risks with the patient, or their parents if appropriate, so the patient can make an informed decision whether to be fitted with orthokeratology [contact](#) lenses. You should explain the increase in risk of complications associated with overnight wear, and in particular cover the:

- ~~a. increase in risk of complications during overnight wear, and~~

~~A.390A.389~~ in the case of children, the further increase in risk.

~~A.394A.390~~ You should explain to patients that infectious keratitis is a sight-threatening complication of overnight wear and tell them about:

- a. the importance of [contact](#) lens hygiene
- b. signs and symptoms to look out for
- c. the need for prompt medical care
- d. the importance of attending for regular aftercare, and
- e. an out of hours contact number for emergencies and the number of the local eye casualty department.

~~A.392A.391~~ You should use an overnight trial fitting to confirm the patient's physiological response prior to beginning the treatment.

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### Useful information and links

College of Optometrists higher qualifications in contact lens practice: [college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html](http://college-optometrists.org/cpd-and-cet/training-and-qualifications/higher-qualifications.html) [Accessed 15 Aug 2019]

College of Optometrists and The Royal College of Ophthalmologists (2011) Rules and regulations on sight testing and contact lens fitting and supply. Available from: [college-optometrists.org/guidance/supplementary-guidance.html](http://college-optometrists.org/guidance/supplementary-guidance.html) [Accessed 30 July 2019]

<sup>144</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 2.5 Available from: [optical.org/en/Standards/](http://optical.org/en/Standards/) [Accessed 1 Aug 2019]

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## Use and supply of drugs or medicines in optometric practice

### Key points

- You must act in accordance with the current legislation controlling the use and supply of drugs.
- You should take particular care when using or supplying drugs to patients from at-risk groups.
- You must be aware of the indications, cautions, contraindications and side effects of any drugs you instil or supply.
- You must ~~tell~~**inform** patients how to use the drug you supply and what to do in the event of an adverse incident following instillation or supply of a drug.
- You should ~~tell~~**instruct** a patient to attend the local Accident and Emergency department if you are not available to deal with an emergency or adverse reaction following the instillation of a drug.
- You may delegate the instillation of eye drops to another member of staff but you remain responsible for the patient.
- You should not treat yourself or someone close to you, or prescribe or prepare written orders for POM drugs for yourself or someone close to you, except in the cases of minor ailments or emergencies.
- You should store all drugs according to the manufacturer's instructions.
- You should report adverse reactions to medicines or medical devices using the appropriate reporting schemes.

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

### Principles of the use and supply of drugs or medicines

~~A.393~~**A.392** You must always act in accordance with the current legislation controlling the use and supply of drugs in optometric practice.<sup>145,146</sup>

~~A.394~~**A.393** You must only supply drugs when it is appropriate to do so.

~~A.395~~**A.394** You must maintain your knowledge and skills to use the drugs in your practice. Information on this can be found in the Optometrists' Formulary.<sup>147</sup> Your knowledge should include:

- a. actions
- b. interactions

- c. cautions
- d. contraindications, and
- e. side effects.

[A.396A.395](#) You should take particular care when using or supplying drugs to at-risk groups such as very young or very old patients, those with renal or hepatic impairment or who are pregnant or breastfeeding.

### **Antimicrobial stewardship**

[A.397A.396](#) If you are prescribing antimicrobial drugs you should:<sup>148</sup>

- a. consider alternative options and only prescribe antimicrobials when this is clinically appropriate
- b. be aware of local guidelines on antimicrobial prescribing
- c. not issue an immediate prescription for an antimicrobial to a patient who is likely to have a self-limiting condition
- d. only issue repeat prescriptions for antimicrobials if these are needed for a particular clinical condition or indication.

### **Instilling eye drops**

#### **Checking risks**

[A.398A.397](#) You must consider the cautions and contraindications for each drug you use in practice.<sup>149</sup>

[A.399A.398](#) There is potential for interaction with some systemic drugs. For example, phenylephrine may interact with systemically administered monoamine-oxidase inhibitors and anti-hypertensive drugs.

#### **Making the appointment**

[A.400A.399](#) If pupils are likely to be dilated, tell patients when they make an appointment that they might not be able to drive after the examination. Suggest that they bring sunglasses with them.

#### **Administering drugs**

[A.401A.400](#) When you use drugs that dilate the pupil, you should consider whether to:

- a. check the depth of the anterior chamber, for example using the van Herick technique, for the possibility of angle closure, and
- b. measure intra-ocular pressures as appropriate, for example before and/or after dilation.

[A.402A.401](#) The NHS Diabetic Eye Screening Programme does not consider these checks necessary when using tropicamide alone.

[A.403A.402](#) You should check corneal integrity, if appropriate.

[A.404A.403](#) You should ask the patient if they:

- a. have experienced adverse reactions to eye drops in the past
- b. have a history of drug-induced adverse incidents
- c. have any relevant medical conditions, or
- d. take any systemic drugs.

[A.405A.404](#) You should check for possible interactions with any systemic medication the patient may be taking.

[A.406A.405](#) You should check:

- a. that you are administering the correct drug and dosage, and
- b. the expiry date.

[A.407A.406](#) You should record all drugs used, including the batch number and expiry date, on the patient record.

[A.408A.407](#) You may keep a logbook of which drugs are used on each patient. This will help you if you need to recall patients.

[A.409A.408](#) You should explain to the patient:

- a. why you are instilling the drug
- b. what effects the drops might have
- c. how long the effects might last
- d. the side effects they might experience
- e. if you are dilating their pupils, that they might not be able to drive and must not undertake any activity which is not advised after dilation, and for how long

- f. if you are using anaesthetic drops, that they should avoid wearing contact lenses for an appropriate period of time after anaesthesia, and
- g. what to do if they experience an adverse reaction.

[A.410A.409](#) You may give the patient an information sheet.<sup>150</sup>

[A.411A.410](#) You should ~~tell~~**instruct** the patient to attend the local Accident and Emergency department if you are not available to deal with any emergency or adverse reaction that may arise following the instillation of the drug.

[A.412A.411](#) You should inform the patient's GP of any suspected adverse reaction. See also para A.427.

### **Delegating the instillation of eye drops**

[A.413A.412](#) There is no legal restriction on who can instil eye drops to a person as the law only restricts supply of the drops.

[A.414A.413](#) You are responsible for the instillation and 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.<sup>151</sup> 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](#).

### **Supply of drugs in optometric practice**

[A.415A.414](#) In the course of your professional practice, you may sell or supply:

- a. all medicinal products on a General Sale List (GSL)
- b. all pharmacy (P) medicines.

[A.416A.415](#) In an emergency, in the course of your professional practice, you may sell or supply certain Prescription Only Medicines (POMs) which are not for parenteral administration. You should check the Optometrists' Formulary for further details.<sup>147,146</sup>

[A.417A.416](#) The drugs that are covered by paragraphs A.414 and A.415 can only be supplied to patients by a registered optometrist or dispensing optician. There is no provision for you to delegate or supervise this supply.

[A.418A.417](#) The POMs that are mentioned in paragraph A.415 can be supplied to the patient by a pharmacist on presentation of a signed order from an optometrist without it needing to be an emergency. If you write a signed order for the supply

of a drug by a pharmacist you must include your GOC number on the order. You should use standard abbreviations; examples are provided in Annex 2.

[A.419A.418](#) You must be aware of the indications, cautions, contraindications and side effects of any drugs you supply.<sup>152</sup>

[A.420A.419](#) You must ask patients about any drug-induced adverse incidents and known drug allergies before supplying them with drugs.<sup>153</sup>

[A.421A.420](#) You must ~~tell~~**inform** patients how to use the drug. You should ~~tell~~**inform** them ~~about~~ what to do in the case of an adverse incident.

## Prescribing and treating yourself and others close to you

[A.422A.421](#) 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:<sup>154</sup>

- a. you are treating minor ailments, or
- b. it is an emergency.

[A.423A.422](#) If you prescribe for yourself or someone close to you, you should:

- a. record it in the patient notes, including your relationship to the patient and the reason for the necessity of prescribing, and
- b. tell the patient's GP and others treating the patient, if relevant, what you have prescribed and other information required for continuity of care, unless the patient objects.

## Patient group directions and co-management schemes

[A.424A.423](#) Optometrists may supply or administer drugs to patients under a Patient Group Direction (PGD). PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.<sup>155</sup> You must ensure you meet the criteria in the PGD. You should work to local protocols.

[A.425A.424](#) You may be involved in community services or be co-managing patients, such as those who have had surgical procedures, and need to supply or

administer an ocular medication that is not on the list of drugs you can use or supply under the exemptions in paragraphs A.414 and A.415. You may do this under the authority of a PGD, see paragraph A.423.

## Storage and disposal of drugs

[A.426A.425](#) You should:

- a. store all diagnostic and therapeutic drugs according to the manufacturer's instructions, and
- b. keep drugs out of patients' reach.

[A.427A.426](#) You must follow the current legislation on the disposal of hazardous waste.<sup>156</sup> You must ensure drug waste is disposed of in accordance with the regulations.<sup>157</sup> See section on Infection control.

## Reporting schemes on adverse drug reactions

[A.428A.427](#) You should use reporting schemes for adverse drug reactions. There are two reporting schemes, operated by the MHRA. These are:

- a. the yellow card scheme which covers systemic adverse reactions to ocular medicines and ocular reactions to systemic medication,<sup>158</sup> and
- b. the Medical Devices Reporting Form which covers adverse incidents mainly relating to contact lenses and care products, including contact lens comfort drops.<sup>159</sup>

## Useful information and links

College of Optometrists Optometrists' Formulary. Available from: [college-optometrists.org/guidance/optometrists-formulary.html](https://college-optometrists.org/guidance/optometrists-formulary.html) [Accessed 1 Aug 2019]

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College of Optometrists Clinical Management Guidelines. Available from: [college-optometrists.org/guidance/clinical-management-guidelines.html](https://college-optometrists.org/guidance/clinical-management-guidelines.html) [Accessed 1 Aug 2019]

Field Code Changed

College of Optometrists Guidance for Optometrist Prescribers. Available from: [ht college-optometrists.org/guidance/guidance-for-therapeutics.html](https://college-optometrists.org/guidance/guidance-for-therapeutics.html) [Accessed 1 Aug 2019]

Field Code Changed

College of Optometrists higher qualification in independent prescribing: [college-optometrists.org/cpd-and-cet/training-and-qualifications/qualifying-as-an-independent-prescriber.html](https://college-optometrists.org/cpd-and-cet/training-and-qualifications/qualifying-as-an-independent-prescriber.html) [Accessed 15 Aug 2019]

College of Optometrists Tear-off pads. Available from: [college-optometrists.org/membership/free-patient-resources/tear-off-pads.html](http://college-optometrists.org/membership/free-patient-resources/tear-off-pads.html) [Accessed 1 Aug 2019]

Field Code Changed

National Institute for Health and Care Excellence (2015) NG15 Antimicrobial Stewardship. Available from: [nice.org.uk/guidance/ng15](http://nice.org.uk/guidance/ng15) [Accessed 1 Aug 2019]

Field Code Changed

National Institute for Health and Care Excellence (2016) Quality Standard QS121: Antimicrobial stewardship. Available from: [nice.org.uk/guidance/qs121](http://nice.org.uk/guidance/qs121) [Accessed 1 Aug 2019]

Royal Pharmaceutical Society (2016) A Competency Framework for all Prescribers. Available from: [rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf](http://rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf) [Accessed 1 Aug 2019]

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<sup>145</sup> Human Medicines Regulations 2012 SI 1916.

<sup>146</sup> [gov.uk/topic/medicines-medical-devices-blood/medical-devices-regulation-safety](http://gov.uk/topic/medicines-medical-devices-blood/medical-devices-regulation-safety) [Accessed 1 Aug 2019]

<sup>147</sup> College of Optometrists Optometrists' Formulary Available from: [www.college-optometrists.org/guidance/optometrists-formulary.html](http://www.college-optometrists.org/guidance/optometrists-formulary.html) [Accessed 1 Aug 2019]

Field Code Changed

<sup>148</sup> National Institute for Health and Care Excellence (2015) NG15 Antimicrobial Stewardship Available from: [nice.org.uk/guidance/ng15](http://nice.org.uk/guidance/ng15) [Accessed 1 Aug 2019]

Field Code Changed

<sup>149</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 7.6 Available from: <https://www.optical.org/en/Standards/> [Accessed 22 Oct 2017]

<sup>150</sup> College of Optometrists. I Instillation of eye drops tear-off pads [College members only]. Available from: [college-optometrists.org/membership/free-patient-resources.html](http://college-optometrists.org/membership/free-patient-resources.html) [Accessed 30 Oct 2017]

Field Code Changed

<sup>151</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians para 9.3 Available from: [optical.org/en/Standards/](http://optical.org/en/Standards/) [Accessed 1 Aug 2019]

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<sup>152</sup> General Optical Council (2016) Standards of Practice for Optometrists and DeOpticians para 2.5 Available from: [optical.org/en/Standards/](http://optical.org/en/Standards/) [Accessed 1 Aug 2019]

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<sup>153</sup> General Optical Council (2016) Standards of Practice for Optometrists and Dispensing Opticians, para 7.3 Available from: [optical.org/en/Standards/](http://optical.org/en/Standards/) [Accessed 1 Aug 2019]

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<sup>154</sup> General Medical Council (2013) Good practice in prescribing and managing medicines and devices. Available from: [gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices](http://gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices) [Accessed 1 Aug 2019]

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<sup>155</sup> MHRA (2017) Patient Group Directions Available from: [gov.uk/government/publications/patient-group-directions-pgds](http://gov.uk/government/publications/patient-group-directions-pgds) [Accessed 1 Aug 2019]

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<sup>156</sup> Environmental Protection Act 1990 s34.

<sup>157</sup> College of Optometrists (2014) Guidance on the disposal of waste. Available from: <https://www.college-optometrists.org/guidance/supplementary-guidance.html> [Accessed 1 Aug 2019]

<sup>158</sup> MHRA Yellow Card Scheme: guidance for healthcare professionals, patients and the public. Available from: [gov.uk/guidance/the-yellow-card-scheme-guidance-for-healthcare-professionals](http://gov.uk/guidance/the-yellow-card-scheme-guidance-for-healthcare-professionals) [Accessed 13 Aug 2019]

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<sup>159</sup> MHRA. Report a problem with a medicine or medical device. Available from: [gov.uk/report-problem-medicine-medical-device](http://gov.uk/report-problem-medicine-medical-device) [Accessed 1 Aug 2019]

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