

## **The Association of British Dispensing Opticians Response on Regulation of Health and Social Care Professions**

The Association of British Dispensing Opticians (ABDO) is the qualifying body for dispensing opticians, contact lens opticians and low vision opticians in the UK and represents the interests of over 5900 members, plus some 2,000 international, student and associate members. Its primary aim is the training and development of a highly-skilled, competent and up-to-date optician workforce to ensure the effective and safe dispensing of spectacles and low vision aids, and fitting and supply of contact lenses to the public and patients.

Additionally, ABDO founded its own teaching institute, ABDO College, which specialises in the provision of blended and distance learning education for the optical profession, offering a range of qualifications from Access courses, to professional Certificates, Diplomas and Honours Diplomas in several subjects, and in Association with Canterbury Christ Church University a Foundation Degree and two BSc Honours degrees.

As part of the Optical Confederation the ABDO works closely with other representative optical bodies in the UK and supports the main points in the wider Optical Confederation response. However we see professional regulation as a matter of such high importance that we would like to make the following points from an ABDO specific point of view primarily relating the role of our regulator, the General Optical Council.

Like our Optical Confederation colleagues we agree that replacing the existing statutes and orders to allow more flexibility and autonomy to regulators, will provide an opportunity to modernise, recognise and alter current restrictions on rules and procedures more easily. In recent times there have been occasions, most notably the voluntary removal from specialist lists and the arrangements for staged registration fee payments, where the regulator has cited the need for Privy Council approval in order to act. We agree that having powers to alter orders internally in a more prompt and sensible way would be considered helpful and it will ensure a more pro-active approach to regulation.

ABDO believes that the General Optical Council is best placed to deal with regulation in this sector and would be greatly concerned if there were any plans to merge regulators. However it is felt that there is room to modernise to take into account changes in the way registrants practise nowadays. It is essential that the regulator offers consistency and provides a clear and transparent framework for policy development, stakeholder engagement and action (In the past ABDO members have often questioned the role and intentions of the General Optical Council and have at times felt dismayed at perceived inconsistencies.)

In terms of the main duties of the GOC, together with our Optical Confederation partners, ABDO has preference to the following as it is more encompassing and reflective of the duties of registered dispensing opticians, contact lens opticians and low vision practitioners;

**The paramount duty is to protect, promote and maintain the health, safety and well-being of the public and maintain confidence in the profession, by ensuring proper standards for safe and effective practice**

In terms of powers to set its own speciality lists and registers, ABDO feels this would be a positive step, and indeed essential in order to reflect the ever changing remit of all the optical professions within the wider health and social care framework. ABDO would like to see the expansion of core functions for dispensing opticians without the need to alter the Opticians Act therefore any powers which can be given to the regulator to allow this to proceed would be beneficial.

**Student Registration**

ABDO is very much in favour of student registration in circumstances where the student is involved in clinical situations involving members of the public. It is likely that these students will be involved in blended learning programmes. We recognise that those students who have no interaction with the public as a result of being full time undergraduates should not be required to be registered.

**Flexible Arrangements for Registration Fee Payments**

ABDO would like to see the regulator adopt modern business practices in terms of registration and payment of registration fees. For example it has been requested that registrants can avail themselves of more flexible payment options (such as direct debit) in order to remain on the register. ABDO's own experience in collecting membership subscriptions indicates that a facility to pay monthly or quarterly over the registration year would be highly desirable for many opticians, especially those on low incomes who work limited hours. Should there be powers to introduce a levy in this fashion it would be viewed as a significant step forward in projecting a more flexible image of the GOC to registrants.

**Awarding Body Issues**

Uniquely amongst Optical Confederation partners the ABDO is a qualifications awarding body and in that role we would argue strongly for GOC consistency in maintaining educational standards and avoiding unnecessary burden on educators. This is key to keeping down costs in the sector and ultimately to the NHS and patients

**Continuing Education and Training (CET)/Revalidation**

At the start of 2013 a new cycle of CET will commence. ABDO recognises that professionals must maintain competency standards and wholly encourages its members to participate in the CET programme. ABDO continue to take this approach despite the fact that its members continue to receive no funding from the Department of Health unlike other health and social care professionals such as optometrists. However new CET rules would suggest that a much greater percentage of points be gained from sources other than distance learning, and may well include peer review,

which will increase the burden of cost to both ABDO and its members dramatically. It is considered by some that ABDO members do not operate within health and social care, yet many members are NHS contractors in their own right, and almost all are responsible for the claiming of funds from the NHS for spectacles and contact lenses for children and entitled adults. Additionally the current initiatives to move much ophthalmic care from the secondary sector to the primary sector wherever possible, combined with the demographic time-bomb of an aging population, and new core competencies in low vision practice for all dispensing optician registrants, mean that ABDO members are increasingly finding themselves carrying out roles traditionally performed in a hospital environment.

ABDO foresees low vision as an ever expanding role for its members with very significant growth in its low vision honours course an early indicator of this, combined with increasing involvement in regional low vision schemes.

### **Refraction by Dispensing Opticians**

In recent times ABDO has developed and introduced the additional competence of practical refraction for optician graduates. In many countries, refraction is the primary function of dispensing opticians. ABDO feels that at the inception of the Health & Social Care Act suitably qualified dispensing opticians, low vision opticians and contact lens opticians should be allowed to perform refractions in the UK providing they have reached a level of competency through means of study and examination.

ABDO believes that a harmonisation of standards across Europe should be the aim of all regulators to facilitate commonality of education (for example the European Diploma in Optics and the European Diploma in Optometry) to facilitate the free movement of workers throughout the European Union. This could begin by defining what constitutes an optometrist and what constitutes an optician. From its overseas activities in countries across the developed and developing world ABDO is aware that in some countries so called optometrists are less qualified than UK registered dispensing opticians and yet opticians and so called optometrists perform the vital function of refraction with no apparent harm to the public.

While international bodies such as the European Council of Optometry and Optics are run by professional bodies such as ABDO and the College of Optometrists with vested interests ABDO believes a sensible appraisal of the European and wider international perspective should be a prime responsibility of the regulator whose duty it is to examine applications from overseas opticians and optometrists to become registered to practice in the UK. A standardised Europe wide system including UK and Irish opticians having the power to refract patients would make this job much easier for the regulator and facilitate free movement of European opticians between EU member states without the need for long and laborious analysis of qualifications etc.

Additionally ABDO remains deeply concerned that the provision of both spectacles and contact lenses that arise as a result of distance sales are potentially dangerous and conflict with the

objectives of the regulator to protect the public. ABDO would encourage and welcome tougher sanctions and enhanced restrictions on this process. ABDO would suggest the following as being logical extensions of the duties imposed on registrants that seem not to be imposed upon non-registrants and remote sellers despite their stipulation in British and International Standards, the Opticians Act and the advice and guidance of the various professional bodies. Common sense and increasing anecdotal evidence dictates that poor outcomes including sight threatening eye disease, poorly fitting and potentially dangerous spectacles are becoming common place. At best the public are being subjected to poor quality, counterfeit and non-standard-compliant eyewear – wasting their money. At worst, according to evidence presented by Euromcontact, the pan-European body for contact lens practitioners and manufacturers, people purchasing contact lenses online are much more likely to suffer sight threatening complications of contact lens wear. This is particularly true where the patient is ordering having never been fitted with lenses, or is “re-fitted” by the supplier under the supposed guidance of an optometrist or optician who has never even spoken to the patient let alone examined their eyes or seen contact lenses in situ.

ABDO feels it would be appropriate for the General Optical Council to expand its remit to carry out specific studies on remote dispensing and supply of contact lenses and low vision aids in order to understand the potential dangers that unsupervised activity can create. Historically the General Optical Council has been reluctant to deal with this ever increasing problem. Failure to act on this now will see a continued growth of internet sales in both contact lens and spectacles supply with the likely prospect of more people in the UK wearing corrective eyewear that could be unfit for purpose and potentially threatening their sight.

The new ophthalmic public health objectives launched recently require a wholesale review of the provision of ophthalmic services in the UK. Whilst the public can currently avail themselves of relatively inexpensive spectacles and contact lenses, the real job of protecting the visual health of the nation is coming under increasing pressure and the new indicators are timely to say the least.

ABDO believes that the current system of ophthalmic healthcare is flawed from start to finish. From the inadequate eye health screening in the “red book” that accompanies every new-born child to the age of five, through the poor to non-existent pre-school vision screening in many areas of the country, right through to the patchy low vision service affecting the increasing elderly population with conditions such as age related macular degenerations and diabetic eye disease.

If the UK is not to see preventable blindness double over the next four decades then the system needs root and branch reform and a strong, flexible, empowered regulator to oversee it. Optics in the UK is in many respects the model system, delivering good value for money within a competitive environment that offers patients free choice, little or no waiting times, and convenient service. That said, already within the UK it is apparent that some devolved models of care are delivering even better value for the tax payer, despite rewarding the practitioners at higher levels for higher levels of service. It should be the regulator’s role to advise government and the department of health whether such schemes could, or indeed should, be considered elsewhere

based on the collection of robust evidence that shows that such schemes are to the public benefit.

Finally ABDO would like to see further protection of vulnerable patients who it believes are being let down by unregistered sellers of spectacles and non-qualified optical staff working under inadequate supervision. The previously mooted Criminal Record Bureau checks on all optical staff are widely thought to be overly bureaucratic and unnecessary. At any rate, though CRB checks might protect the public from the tiny number of criminals that might work in optical practices, they do not go to the heart of the matter, namely incompetent ophthalmic dispensing. It is clear from the reports of complaints brought before the GOC and NHS, and increasing numbers of complaints made to the Optical Consumer Complaints Service, that poor quality dispensing of spectacles to vulnerable patients is an increasingly vexed question.

ABDO would like to see the protection afforded to children and blind and partially sighted patients, that they are dispensed by a registered practitioner, extended to other vulnerable groups including patients with learning disabilities and some elderly patients especially those on very low incomes, and those with dementia and other vulnerabilities. Fortunately this protection could be approximately afforded very easily by extending the system of protecting children to all patients in receipt of an NHS spectacle voucher. By definition almost all people entitled to an NHS Voucher can in some way be considered vulnerable patients and they would be afforded a much greater level of protection (with no cost to the NHS or indeed themselves) if always dispensed by a dispensing optician or optometrist. ABDO believes that re-regulation of voucher dispensing would have the following advantages:

- It would ensure that very many vulnerable patients would benefit from consulting distinctly competent registered opticians for their spectacles
- It would provide additional safeguards in terms of the ability of the regulator to police and prosecute complaints
- It would enable all patients with NHS vouchers to use the Optical Consumer Complaints Service
- It would ensure that NHS funds are only claimed by fully trained and registered individuals which may cut down on erroneous and fraudulent claims

Regulators and legislators have failed to understand the Pareto Principle (or 80:20 rule) at work in ophthalmic dispensing. It is true that around 80% of dispensing is straightforward and would not tax a dispensing optician beyond 20% of their knowledge. However a minority of patients including children, vulnerable individuals, and others with special optical needs require the specialist expertise and skill that can only be provided by a fully qualified and registered.