

College of Optometrists Consultation on Draft Guidance on Knowledge, Skills and Performance Domain

The Optical Confederation represents the 12,000 optometrists, 6,000 dispensing opticians, 7,000 optical businesses and 45,000 ancillary staff in the UK, who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of five optical representative bodies: the Association of British Dispensing Opticians (ABDO), the Association of Contact Lens Manufacturers (ACLM), the Association of Optometrists (AOP), the Federation of Manufacturing Opticians (FMO) and the Federation of (Ophthalmic and Dispensing) Opticians (FODO). As a Confederation we work with others to improve eye health for the public good.

General Points

The new format is an improvement and the bullet points are helpful.

In general the language is clearer and less ambiguous but at points it has become too demanding – where previously the guidance used phrases such as ‘it is good practice to...’ the most common phrasing now is ‘you should...’ or ‘you must...’ This often makes procedures which are good practice sound mandatory. This is particularly the case in the key points – clearly brevity is necessary but this sometimes confuses the meaning.

The sequential numbering of paragraphs is not helpful if that is the final form. It would be more useful to have chapter numbers followed by paragraphs in that chapter – e.g. 1.1, 3.26, 9.64, etc. This would also make the document easier to modify in the future as currently adding a paragraph would change every other section.

Comments on individual sections

Develop and maintain knowledge and skills

The key point “you should regularly review and audit your work” is one of the parts where the slight change from previously (undertake appropriate clinical governance of their activities which may include clinical audit and peer review) makes it sound like formal audit is mandatory. It is clear that reviewing and monitoring performance of all aspects of practice is important but the wording could be better. Point 5 later on is reasonable – “You should take steps to monitor and improve the quality of your work, for example through clinical audit and peer review” - so the key point could be

changed by removing “and audit” as this is only part of the review process.

Patient records

Research is not a purpose of keeping records. Again, it is maybe just the attempt to make the language unambiguous but the other four reasons in section 19 are clearly the purpose of keeping accurate patient records. Research requires records but it is not a core reason for record keeping in practice and reading this could imply that patient records could be used for research – when consent would be required.

Abbreviations – “you should only use the abbreviations at the end of this document” would be better to say “only use common abbreviations and you should keep a list of less well known abbreviations so that they can be understood”. The College list is not definitive but it would be reasonable to say “A list of common abbreviations is included at X.”

Under clinical examination, dilation after “batch number and expiry date” should be added “(these may be more usefully kept in a practice logbook)” as a log is more useful in the case of a recall of a drug as patients could be identified without having to look at individual records first.

It is clear that consent is required before sharing information with another professional – but not written consent. The Act only says “explicit consent”.

It would also be useful to clarify sharing Rx details – as this is probably the most common transfer of information – 34j almost says it but it is not clear.

The routine eye examination

As before the first key point is excessive in scope and does not accurately reflect the Optician’s Act. It says “whatever tests” where the Act says “perform such examinations of the eye...” The wording of the key point is open to interpretation as any tests possible should be performed – when that is impractical. Paragraph 36 is similar.

As mentioned previously paragraphs 41-44 are a repeat of the records section – although with some differences. It would be more helpful to separate out which are record keeping issues and which are actually conducting an examination and then refer to each section appropriately.

46 states that “you should provide patients with leaflets about the most common eye conditions, as appropriate”. This, again, is too prescriptive and should say “It can be helpful to provide patients with...”

60 says “You do not need to re-examine a patient who presents with broken...” when it would be more accurate to say “You should not re-examine a patient who presents with broken...” as examinations should *only* be performed when clinically necessary.

Examining younger children

62h should say “When relevant screen colour vision...” to acknowledge the rarity of colour vision anomalies in girls.

Examining adult patients with learning disabilities

73 appears to be inaccurate – although this definition of a learning disability is in use by a number of organisations.

The Department of Health uses ‘Learning disability’ within their policy and practice documents. In Valuing People (2001) they describe a ‘learning disability’ as “a significantly reduced ability to understand new or complex information, to learn new skills reduced ability to cope independently which starts before adulthood with lasting effects on development.”

This description does not use ‘reduced intellectual ability’.

74 then continues this – not all patients with these conditions will have a learning disability – it would be more accurate to say ‘Some conditions which can be associated with a learning disability are...’

81 implies that it is compulsory to provide a report. As this is guidance it should say ‘It can be helpful to provide...’

Examining patients with specific learning difficulties or visual discomfort

No comments

Examining patients with dementia or other acquired cognitive impairment

No comments

Examining patients with diabetes mellitus

No comments

Examining patients at risk from glaucoma

There is some variation but should 139 say Van Herick's technique? – same with 357.

Assessing and managing patients with low vision

The third key point is like some earlier points – “you should carry out whatever tests are necessary...” 148 is clearer – but still says ‘whatever tests’. These should be adjusted to say ‘You should carry out appropriate tests to determine...’

Examining patients who complain of flashes and floaters

No comments

Examining patients who present as an emergency

No comments

Examining patients who drive

Key point 3 says to inform the DVLA/DVA. 214 is more accurate when it says that you should seek advice before breaking confidentiality. 216f says you should notify the patient's GP - when you shouldn't without their consent.

It does say see the section on Consent – but this section should be clearer when it is appropriate to divulge confidential information – or when to take advice before doing that.

208 We recommend cross referencing the Optical Confederation guidance (when it is available), which provides further information on advising patients and notifying the DVLA/DVA should that be appropriate.

Examining patients who work with display screen equipment or computers

No comments

Prescribing spectacles

Key point 2 says 'no clinical change'. It is not clear what this is – it would be more useful to say 'clinically significant change' both times.

Same with 239 – you should issue a statement saying that 'no change is necessary'.

242 reads like it is the responsibility of the prescriber to ensure that the dispense of restricted patients is supervised appropriately. While dispensing of appliances to these patients must be supervised it is the responsibility of the supplier of the appliance.

Sale and supply of spectacles

The first key point is inaccurate – this is only required for restricted categories as in 254.

255 is the same – while this would be good practice it is not a legal requirement and this paragraph is unnecessarily prescriptive.

260 does not make it clear that it is only for restricted groups.

Contact lenses

Para 291f (p85)

Replicate – not defined (or in the Act). Use similar wording as in last sentence of para 318 (p90).

Para 318 (p90)

Substitution – no mention in the document (or the Act). 'Alternative lenses' is the phrase used instead. Use 'Replicate' here to make it clear:

318. If you are unable to supply replicate lenses that exactly meet the specification of the patient, and you supply alternative lenses, you are refitting the lenses and the guidance in the section on Fitting contact lenses applies. A replicate lens is an identical lens made by the same manufacturer but sold under a different name to that stated on the specification

Paras 320-324 (pp90-91)

There is quite a difference in wording between items under 'supervision' and those

under 'general direction'. Shouldn't there be more common bullet points? For example, 'safety' is not mentioned in supervision, and para 320a is less clear than para 323a

Para 323f (p92)

As we have now learned from experience there may be occasions during the lifetime of a specification when it is in the best interest of the patient for their specified lens to be substituted, e.g. when an enhanced version of the same product becomes available from the manufacturer or there is an interruption in safe supply. In such circumstance a lens substitution should only be carried out by the original fitter (who knows the patient and their circumstances). In all other cases, e.g. where the original fitter is not involved, a lens substitution should be classified as a new fitting, following which a new specification for contact lenses is issued to the patient.

This then dovetails with para 318 above.

Para 327 (p93)

Suggest adding sub-para g – including how to obtain additional supplies of contact lenses (whether from the original fitter or from another supplier)

Para 327 (p93)

Suggest adding sub-para h – fixing the date for the next aftercare appointment

Trial contact lenses

No mention in relation to contact lenses

Principles of the use and supply of drugs or medicines

363 should include keeping the batch number and expiry in a log book.

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