



Rules and regulations on sight testing and contact lens fitting and supply

Sight testing and contact lens fitting and supply are governed by the Opticians Act 1989, the full text of which is available at www.optical.org. The following is a brief summary of the main legislative provisions, but the original Act should be consulted for the detail. The legislative wording below is in italics. The aim of this brief guide is to highlight some of the issues that may occur when working in community practice compared with a hospital setting.

1. Sight testing

1.1 A sight test is defined as *'determining whether there is any and, if so, what defect of sight and of correcting, remedying or relieving any such defect of an anatomical or physiological nature by means of an optical appliance prescribed on the basis of the determination'* (s.36(2)).

1.2 The only professionals who are allowed to test sight are optometrists and registered medical practitioners (RMPs) (s.24), although there are also exceptions for people who are training to be an optometrist or a medical practitioner.

1.3 RMPs who wish to do General Ophthalmic Service (GOS) work for the NHS need to be certified as Ophthalmic Medical Practitioners (OMPs). They do not need to be an OMP if they only wish to do private sight testing.

1.4 A sight test must include (s.26(1)(a))
..such examinations of the eye for the purpose of detecting injury, disease or abnormality in the eye or elsewhere as the regulations may require.

The Sight Testing (Examination and Prescription)(No2) Regulations 1989 state that (para 3(1))

...when a doctor or optometrist tests the sight of another person, it shall be his duty –

(a) To perform, for the purpose of detecting signs of injury, disease or abnormality in the eye or elsewhere –

- (i) An examination of the external surface of the eye and its immediate vicinity,*
- (ii) An intra-ocular examination, either by means of an ophthalmoscope or by such other means as the doctor or optometrist considers appropriate,*
- (iii) Such additional examinations as appear to the doctor or optometrist to be clinically necessary.*

1.5 *'Immediately following the sight test'* the doctor/optometrist must give the patient a *written statement'* – (1989 Regulations para 3(1)(b) and Opticians Act s.26(1)(b))

- (b) (i) that he has carried out the examinations required by sub-paragraph (a)...,*
and
- (ii) that he is or (as the case may be) is not referring the patient to a doctor,*
and
- (iii) If he is referring the patient to a doctor, setting out the reason for the referral*

Therefore, as well as giving the patient a copy of their prescription or statement the optometrist or doctor must give the patient a written statement of the reasons for referral (if they are being referred) **immediately following the sight test.**

1.6 The provisions of para 3(1) above *do not apply where the testing of sight is carried out by a doctor at a hospital or clinic in the course of diagnosing or treating injury or disease of the eye.* (1989 regs para 3(2)).

1.7 There are some exceptions to the duty to issue a prescription or statement if the patient is referred, examined as part of a medical examination or resident in a hospital or clinic (1989 regs para 4) and the particulars to be included in the prescription or statement are detailed in para 5.

Linking of sight tests to purchase of spectacles

1.8 s26(4) states that '*A person shall not be required as a condition of having his sight tested –*

- (a) *to undertake to purchase from a specified person any optical appliance the testing of his sight may show he requires to wear or use; or*
- (b) *to pay a fee before the testing is carried out.'*

Therefore it is not legal to only test someone's sight if they get their spectacles from you. (The GOS contract also prohibits you from refusing to test someone's sight if they do not buy private services from you (clause 39)).

2. GOS

2.1 The GOS only pays for a 'sight test', and only if it is clinically necessary. Therefore if the patient attends with an eye problem but does not require a sight test this is not covered by the GOS, and the patient would need to be seen privately (or referred).

2.2 If a patient is seen under the GOS a whole 'sight test' must be conducted in order to claim the fee. There is no provision for a portion of a sight test to be conducted, and the GOS1 form requires that the performer (OMP or optometrist) sign to say that they have conducted a 'sight test'.

3. Contact lens fitting and supply

3.1 Contact lenses (CLs) can only be fitted by an optometrist, contact lens optician (CLO) or registered medical practitioner (s.25). There are exceptions for people training as such. 'Fitting' is defined as *assessing whether a contact lens meets the needs of the individual; and, where appropriate providing the individual with one or more contact lenses for use during a trial period.* (s.25(9)).

3.2 The patient must be given a copy of their contact lens specification on completion of fitting (s.25(5)).

3.3 The patient must not be 'fitted' with contact lenses unless they have had a recent sight test (s.25(1A)), and this would include when they come in for check-ups for the re-issue of the specification, as that is effectively 'fitting' them (again) with contact lenses.

3.4 Powered contact lenses can only be supplied by or under the supervision or general direction of a RMP, optometrist or dispensing optician (s.27(1)(b) and 27(3)(d)). If they are for a person who is under 16 they cannot be sold under general direction (i.e. it must be direct supply or under supervision).

3.5 Plano contact lenses can only be supplied by or under the supervision of a RMP, optometrist or dispensing optician (s.27(1)(b)).

3.6 Patients cannot be supplied with powered contact lenses unless they have a valid specification (s.27(1)(a)).

4. Record keeping

4.1 RMPs should adhere to the GMC Guidance on Good Medical Practice. The following is extracted from the relevant sections which can be accessed at www.gmc-uk.org.

Good Medical Practice (version 13/11/06): Providing good clinical care

2. Good clinical care must include:

- a. adequately assessing the patient's conditions, taking account of the history (including the symptoms, and psychological and social factors), the patient's views, and where necessary examining the patient
- b. providing or arranging advice, investigations or treatment where necessary
- c. referring a patient to another practitioner, when this is in the patient's best interests

3. In providing care you must:

- a. recognise and work within the limits of your competence
- b. prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs
- c. provide effective treatments based on the best available evidence
- d. take steps to alleviate pain and distress whether or not a cure may be possible
- e. respect the patient's right to seek a second opinion;
- f. keep clear, accurate and legible records, reporting the relevant clinical findings, the decisions made, the information given to patients, and any drugs prescribed or other investigation or treatment
- g. make records at the same time as the events you are recording or as soon as possible afterwards
- h. be readily accessible when you are on duty;
- i. consult and take advice from colleagues, where appropriate;
- j. make good use of the resources available to you.

Good Medical Practice: Keeping up to date

12. You must keep your knowledge and skills up to date throughout your working life. You should be familiar with relevant guidelines and developments that affect your work. You should regularly take part in educational activities that maintain and further develop your competence and performance.

13. You must keep up to date with, and adhere to, the laws and codes of practice relevant to your work.

As sight testing is a discrete and defined service the College of Optometrists has guidelines on what would normally be included on a record of the sight test. As the requirements of the Opticians Act and GOS are the same for both RMPs and optometrists the relevant guidelines referred to above (12) would include the College of Optometrists' guidelines. This is reproduced below:

Reproduced from the College of Optometrists Code of Ethics and Guidelines for Professional Conduct (published March 2011).

B2.03 It is for the practitioner to satisfy him/herself that procedures are included or excluded according to the patient's clinical need.

B2.04 A full examination should include:

- (a) Full and accurate collation of patient details. To include name, address, other relevant contact details, date of birth, and relevant details of visual needs, whether occupational, recreational or general (e.g. driving), name and address of GMP.
- (b) Note of reasons for visit, description of onset, character and duration of symptoms, if any, and findings of all tests undertaken;
- (c) History: to include any relevant personal or family history of an ocular or general health nature and any medication the patient is taking. Where possible, the patient should be asked to bring details of medication and dosage. Details of previous optical prescription and date of last eye examination or sight test (best estimate if date not known);
- (d) The determination of the aided and/or unaided vision of each eye (aided vision should be accompanied by the specific prescription used);
- (e) Assessment of habitual ocular muscle balance;
- (f) An internal and external examination of the eye (note the requirements of a statutory sight test – see s.B2.19 below). As a minimum this will include direct ophthalmoscopy on the undilated eye. Pupil dilation and/or the use of indirect methods will be appropriate in certain circumstances where an inadequate view of the fundus would otherwise be obtained. Slit-lamp biomicroscopy will be appropriate where a detailed view of the anterior eye and adnexa is required.
- (g) Subjective findings to establish visual acuity of each eye individually.

B2.05 In addition to the procedures above a full examination may include:

- (a) An assessment of the patient's visual needs and visual environments;
- (b) Ocular motility assessment, convergence, pupil reflexes;
- (c) Visual field assessment on all relevant patients, especially those at risk of glaucoma. (See section D3 on Examining the Patient at Risk from Glaucoma);
- (d) Objective refractive findings;
- (e) Binocular balancing and binocular visual acuity as appropriate;
- (f) Assessment of accommodation to determine any additions to the distance prescription, if required for intermediate or near tasks;
- (g) Intraocular pressure measurement on patients at risk of glaucoma. (See section D2 on Examining the Patient at Risk from Glaucoma).

B2.06 On completion of all appropriate tests, suitable advice on the findings should be given to the patient and the patient advised when to re-attend for their next routine eye examination.

Information that should be recorded for a routine eye examination

A9.27 This is the College's view of what should be recorded for a routine eye examination. It is important to include negative as well as positive findings.

History and symptoms

Reason for visit;

Symptoms – description and duration;

Relevant family history;

Occupation (including VDU use);

Driver? (with or without Rx);

Previous optical prescription and date of last eye examination or sight test (approximate date if exact date is unknown).

Clinical examination

Unaided vision **and/or** vision with habitual Rx R and L;

Ocular muscle balance and method (at least cover test) for distance and near with habitual Rx (and/or without if appropriate);

External examination – preferably using a slit lamp;

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 (e.g. nipping, irregular calibre);
- Macular status R and L;
- Diagram of any fundal lesions.

Refraction

Subjective refraction (if cycloplegic used, what drug and concentration) with 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 Rx if appropriate (e.g. significant change);

Fixation disparity if appropriate (e.g. symptoms or deviation on cover test) – state method used;

Prescription given for each task (driving, VDU etc) and any associated reasons (e.g. to help headaches, to try and improve OMB etc).

Miscellaneous

Recall date and reason if early recall suggested (this particularly helps a follow-on practitioner);

If the patient was referred and what for. A copy of the referral letter should be kept with the patient record;

If a notification letter was sent to the GMP. It is advisable to keep a copy of the notification letter with the patient record;

What advice was given to the patient (e.g. to drive with spectacles etc).

In addition, the following items may be included:

Near point of convergence;

Ocular motility assessment;

Pupil reactions;

Objective refraction results (autorefractor and/or retinoscopy);

Details of any written information given to the patient;

Fundal or other imaging;

IOP if appropriate – method and time of readings. Note individual readings if appropriate;

Visual field examination if appropriate – type of field screener used, which programme, what brightness (if not automatic) and what correction was the patient wearing? A printout of any abnormal results would be desirable.

Repeated tests to eliminate spurious results.

Remember it has been held that if the results of a test are not recorded it cannot be proved that it was carried out.

Further advice

Local and national guidelines may be produced from time to time such as local referral pathways and national guidance on the frequency of sight testing. You should ensure that you are familiar with these and follow them when needed.

The latest Guidelines from the College of Optometrists are available on the website www.college-optometrists.org/guidelines and you can subscribe to email alerts of changes to the Guidelines.