
MEMORANDUM OF UNDERSTANDING

between
Department of Health
and
Association of Optometrists
and
Federation of Ophthalmic and Dispensing Opticians
on

FREQUENCY OF GOS SIGHT TESTS

1. Introduction

- 1.1 This Memorandum of Understanding refers to sight tests for different categories of patients under the General Ophthalmic Services (GOS). A sight test means a test by an optometrist or an ophthalmic medical practitioner (OMP) as defined in regulations.
- 1.2 Health Authorities and payments agencies will automatically pay all *bona fide* claims for GOS fees for sight tests carried out at the intervals listed below, subject to normal post-payment verification.
- 1.3 Claims for GOS fees for sight tests carried out at an interval, which is shorter than those listed below, will be accompanied by a justification by the optometrist or OMP by means of one of the numerical codes, described below. Such a sight test may be initiated by an optometrist or OMP or by a patient who presents with a problem requiring immediate attention in the judgement of the optometrist or OMP.

2. Minimum Intervals Between Sight Tests

- 2.1 The GOS regulations require practitioners to satisfy themselves that a sight test is clinically necessary. Therefore, the intervals given below are not to be read as applying automatically to all patients in a category.
- 2.2 However, optometrists and OMPs will not normally test the sight of patients under the GOS more frequently than according to the following schedule of intervals.

Patient's Age at Time of Sight Test Minimum Interval Between Sight Tests or Clinical Condition

Under 16 years, in the absence of any binocular vision anomaly	1 year
Under 7 years with binocular vision anomaly or corrected refractive error	6 months
7 years and over and under 16 with binocular vision anomaly or rapidly progressing myopia	6 months
16 years and over and under 70 years	2 years
70 years and over	1 year
40 years and over with family history of glaucoma or with ocular hypertension and not in a monitoring scheme	1 year
Diabetic patients	1 year

3. Reasons for Earlier Sight Test

- 3.1 An optometrist or OMP may carry out a sight test at a shorter interval than those listed above, either at the practitioner's initiative for a clinical reason, or because the patient presents him/herself to the practitioner with symptoms or concerns which might be related to an eye condition.
- 3.2 If an optometrist or OMP carries out a GOS sight test at an interval shorter than one of those listed above, the practitioner must annotate the GOS 1 form with one of the following codes:
1. Patient is at risk of frequent changes of prescription for reasons not requiring medical referral or for reasons already known to a medical practitioner.
 2. Patient has pathology likely to worsen, for example age-related macular degeneration, cataract, corneal dystrophy, or congenital anomalies.
 3. Patient has presented with symptoms or concerns requiring ophthalmic investigation
 - 3.1 resulting in referral to a medical practitioner; or
 - 3.2 resulting in issue of a changed prescription; or
 - 3.3 resulting in either no change or no referral (the patient's record should indicate any symptoms shown to support this category of claim, if necessary).
 4.
 - 4.1 Patient needing complex lenses; or
 - 4.2 with corrected vision of less than 6/60 in one eye.
 5. Patient has
 - 5.1 presented for a sight test at the request of a medical practitioner; or
 - 5.2 is being managed by an optometrist under the GOC referral rules, for example suspect visual fields on one occasion which is not confirmed on repeat, or abnormal IOP with no other significant signs of glaucoma; or
 - 5.3 identified in protocols as needing to be seen more frequently because of risk factors.
 6. Other unusual circumstances requiring clinical investigation.

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