

# “Certification and registration changed my life”

## Making certification and registration consistent in England

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### Background

The purpose of the Certificate of Vision Impairment (CVI) is to provide a reliable route for someone with sight loss to formally be brought to the attention of social service departments (SSD) for assessment and early intervention.

The CVI also has an important function related to the Public Health Indicator for preventable sight loss; it is used to measure how many people are certified as sight impaired (partially sighted) or severely sight impaired (blind) due to glaucoma, diabetic retinopathy and age-related macular degeneration.

There is some concern that the number of CVIs issued varies across England and in some areas the number has declined since the CVI replaced the BD8 form. RNIB commissioned research to investigate the process of certification and registration in England.

### Aim

The aims of the study were to:

- explore the process of certification and registration from the perspective of professionals and patients;
- understand related barriers and enablers to certification and registration; and
- recommend improvements.

### Methods

Patients and professionals (hospital and social services staff involved in certification and registration) in three urban areas of England were interviewed by telephone. A total of 46 patients who had been certified in the past 12 months and 43 professionals (including 12 consultant ophthalmologists, four eye clinic liaison officers, eight rehabilitation officers) took part.

#### The five stages to certification and registration

**Certification  
Stage 1**

**Deciding it's right to certify**

**Certification  
Stage 2**

**Completing the CVI**

**Certification  
Stage 3**

**Sending CVI to SSD, Moorfields and patient**

**Registration  
Stage 1**

**Initial SSD assessment**

**Registration  
Stage 2**

**Second SSD assessment**

### Findings

#### Certification and registration is life changing for patients

- Patients described the help they received through certification and registration as substantially improving their lives; however the processes were often lengthy and fraught with frustrations.

**Interviewer: “Has registration helped you?”**

**Patient: “Absolutely, 100 per cent.”**

#### Barriers to certification

##### Limited awareness of the benefits of being certified and registered

- Many health professionals were poorly informed about the purpose and benefits of certification and registration.
- Most health professionals assumed registration happened automatically once a patient was certified at the hospital.

##### The uncertainty of when to certify

- Ophthalmologists often found it difficult to ascertain when it is appropriate to certify patients, particularly for people with long term conditions.
- Vision can fluctuate and treatments may improve or stabilise vision, so deciding whether or not a patient is eligible to be certified is not a simple formula to follow.

##### Clinicians regard certification as the end of the process

- Most consultants stated that they, and their colleagues, regard certification as the “final stage” in treatment.
- Whilst there may be little left to do medically, access to practical and emotional support can offer much more to change and improve a patient's quality of life.

##### External pressures to reduce certification rates

- Consultants at different hospitals spoke of the pressure not to certify patients. High rates of certification may suggest that they are not adequately treating their patients and are somehow “failing”.
- Certification should not be seen as a failure in the patients' treatment.

### Conclusions

Based on the research, the following recommendations are made:

- Better education for ophthalmologists of the importance of timely referral for rehabilitative support through certification and registration.
- More support for ophthalmologists in deciding when it is the right time to certify.
- The development of formal relationships between ophthalmology departments, low vision clinics and local social services.
- Development of a standardised care pathway with clear roles for eye clinic liaison officers.
- Better education for patients on the benefits of certification and registration and the recommended length of time to complete each stage.

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**RNIB**

supporting blind and  
partially sighted people