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**

   **England, Wales and Northern Ireland**

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’.

**Scotland**

2.3 The GOS arrangements in Scotland differ to those in the rest of the UK, with differing payments and requirements for a ‘primary’ or a ‘secondary’ eye examination. As the GOS pays for an ‘eye examination’, as opposed to a ‘sight test’, it is up to the examining practitioner to decide on the exact content of the examination required, based on the patient’s age, pathology, signs and symptoms. A refraction is not always needed. Practitioners should visit [www.optometryscotland.org.uk](http://www.optometryscotland.org.uk) for further information.
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.

<table>
<thead>
<tr>
<th>Good Medical Practice (22 April 2013):</th>
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<tr>
<td>8. You must keep your professional knowledge and skills up to date.</td>
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<tr>
<td>9. You must regularly take part in activities that maintain and develop your competence and performance.</td>
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<tr>
<td>11. You must be familiar with guidelines and developments that affect your work.</td>
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<tr>
<td>12. You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.</td>
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<tr>
<td>13. You must take steps to monitor and improve the quality of your work.</td>
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<tr>
<td>14. You must recognise and work within the limits of your competence.</td>
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<td>15. You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:</td>
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<td>a. adequately assess the patient’s conditions, taking account of their history (including the symptoms, and psychological, spiritual, social and cultural factors), their views and values; where necessary examine the patient</td>
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<tr>
<td>b. promptly provide or arrange suitable advice, investigations or treatment where necessary</td>
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c. refer a patient to another practitioner, when this serves the patient's needs

16. In providing clinical care you must:
   a. 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
   b. provide effective treatments based on the best available evidence
   c. take all possible steps to alleviate pain and distress whether or not a cure may be possible
   d. consult colleagues where appropriate
   e. respect the patient's right to seek a second opinion

19. Documents you make (including clinical records) must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.

21. Clinical records should include:
   a. relevant clinical findings
   b. the decisions made and actions agreed, and who is making the decisions and agreeing the actions
   c. the information given to patients
   d. any drugs prescribed or other investigation or treatment
   e. who is making the record and when.

22. You must take part in systems of quality assurance and quality improvement to promote patient safety. This includes:
   a. taking part in regular reviews and audits of your work and that of your team, responding constructively to the outcomes, taking steps to address any problems and carrying out further training where necessary
   b. regularly reflecting on your standards of practice and the care you provide
   c. reviewing patient feedback where it is available.

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 and regulations referred to above (11) and (12) would include the Opticians Act, GOS regulations and the College of Optometrists’ Guidance for professional practice. The College of Optometrists’ Guidance is reproduced below:

Reproduced from the College of Optometrists Guidance for professional practice (published October 2015).

A35 You should use your professional judgement and the minimum legal requirements to decide the format and content of the tests.

A41 You should:
   (a) Ask for and accurately record
      • Full name
• Address
• Other contact details
• Date of birth
• Reason for visit
• History including description of onset, character and duration of signs and symptoms
• If relevant, history of ocular and general health
• Current general health
• Medication
• Family history of ocular and general health
• Visual needs in terms of occupation, recreation or general activities
• Whether the patient drives, with or without prescription, and
• Details of previous optical prescription and date of last eye examination. Ask for the patient’s best estimate if the date is unknown

(b) Determine and record the unaided and/or aided vision of each eye with the patient’s existing correction for each eye, together with the specific prescription used for the aided vision

(c) Assess and record habitual ocular muscle balance and the method used, at least cover test, for distance and near. This should be done with the habitual prescription and/or without the prescription, if appropriate

(d) Examine the eye internally and externally. As a minimum for internal examination you should use direct ophthalmoscopy on the undilated eye, although alternative methods may be used. If you cannot obtain an adequate view of the fundus you should dilate the patient’s pupils and/or use indirect methods of fundal examination. You should use lit-lamp biomicroscopy where a detailed view of the anterior eye and adnexa is required, and

(e) Establish the prescription required and the visual acuity of each eye separately.

A42 If you feel it is clinically appropriate, you may

(a) measure convergence
(b) assess ocular motility
(c) assess pupil reflexes
(d) determine objective refractive findings, using autorefractor and/or retinoscopy
(e) use fundal or other imaging
(f) measure intraocular pressure for patients at risk of glaucoma
(g) assess visual fields, especially for those patients who are at risk of glaucoma
(h) repeat certain tests to eliminate spurious results
(i) perform binocular balancing and measure binocular visual acuity
(j) assess fixation disparity, for example if the patient has symptoms or shows a deviation on cover test
(k) assess accommodation, for example to determine any reading additions for intermediate and/or near tasks.

A43 When you have completed the tests you should tell the patient what you have found and what you would recommend.
Patient records
A20 Your records should include

(a) The patient’s
- Full name
- Date of birth
- Address, and
- Other contact details

(b) Reason for visit

(c) History and symptoms
- Symptoms, description and duration
- If relevant, history of ocular and general health
- Current general health
- Medication
- Family history of ocular and general health
- Visual needs in terms of occupation, recreation or general activities
- Whether the patient drives, with or without prescription, and
- Previous optical prescription and date of last eye examination or sight test, approximate if exact date is not known

(d) Clinical examination
- Unaided vision and/or vision with habitual prescription R and L
- Ocular muscle balance and method, at least cover test, for distance and near with habitual prescription, and/or without, if appropriate
- External examination, preferably using a slit lamp, and
- 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, for example nipping, irregular calibre
  - Macular status R and L, and
  - Diagram of any fundal lesions
- You may also need to include the following items as appropriate
  - Near point of convergence
  - Ocular motility assessment
  - Pupil reactions
  - Objective refraction results (autorefractor and/or retinoscopy)
  - Fundal or other imaging
  - IOP readings and method and time of readings
  - Visual field examination, type of field screener used, which programme, what brightness, if not automatic, and what correction worn by the patient. A printout of any abnormal results
  - Results of any repeated tests to eliminate spurious results

(e) Refraction
- Subjective refraction, if cycloplegic used, what drug and concentration, batch number and expiry date
- Distance 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 prescription if appropriate, for example significant change
- Fixation disparity if appropriate, for example if the patient has symptoms or shows a deviation on cover test
- Prescription given for each task, for example driving, visual display unit and any associated reasons, for example to help headaches, to try and improve ocular muscle balance, and
- Accommodation, if appropriate
(f) Negative as well as positive findings
(g) Contact lens examination, if appropriate, including the current lens specification, prescription and care regime
(h) Actions
  • Details of discussions with the patient, including options and oral and written advice given, for example to drive with spectacles
  • Any change in patient management
  • Details of any referral. You should also keep a copy of the referral letter with the patient record
  • Details of any notification sent to the GP and copy of the letter
  • Details of any written information given to the patient such as patient information leaflets, and
  • Recall date and reason if early recall suggested, and
(i) A record of the author, who should be readily identifiable.

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.