



Cert 3 Enhanced Service and Clinical Excellence



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# Module 1 Specsavers Enhanced Eyecare

## Chapters 1-5

This unit assesses the learner's knowledge and understanding on enhanced eyecare and the skills required to provide clinical excellence.

### **Learning Outcomes and Assessment Criteria:**

1. Understand what is considered enhanced optical services.
2. Know the Principles of EOS.
3. Know what services are available in your area.
4. Understand what a MECS eye examination is comprised of and when it would be carried out.
5. Understand how to effectively triage a patient presenting with an eye condition.
6. Ensure compliance with GOC Standards of Practice.
7. Demonstrate knowledge of common eye conditions.
8. Understand the MECS patient journey and what it consists of.
9. Understand the criteria for inclusion in EOS schemes.
10. Understand the Opticians Act 1989 and what it governs.
11. Be able to carry out the following skills: Completing a triage form, instilling eye drops, non contact tonometry, visual fields testing and fundus photography.
12. Know what equipment is used in EOS and understand how it works.

# Chapter 1 - Enhanced Optical Services



## 1.1 What Are They?

Enhanced Optical Services (EOS) are clinical activities that are performed in addition to those that may be performed as part of the standard sight test. Such services are often referred to as Locally Commissioned or Locally Enhanced Services or Schemes though they can also be accessed privately by patients where the correct framework exists.

NHS commissioned services exist to benefit both the patient and the NHS. The patient benefits because they receive care in more convenient locations with greater choice, access and flexibility. The NHS benefits because there is a lower cost to the patient being seen in primary care and with an ageing population the demands are increasing on what is already a stretched system in many areas.

Ophthalmology has the third largest budget of the NHS and by engaging with primary care providers such as optometrists they can reduce costs associated with capacity in terms of staff, clinic space and equipment. Also, harnessing the potential of primary care providers means that they are better able to meet their performance KPIs such as Referral to Treatment Times (RTTs).

Care within a hospital or eye department is termed Secondary Care (i.e. Hospital Eye Service) whereas care in a community setting such as within an optometry practice or General Practice (GP) is termed Primary Care. The services fall broadly into two fields:

**Those that reduce referrals into the Hospital Eye Service**

**Those that move Hospital Eye Service clinical workload into primary care**

## 1.2 Principles of EOS Services

- Provide a rapid access, high quality service to patients
- Ensure equity of service
- Reduce the total number of patient visits
- Reduce the number of visits the patient makes to secondary care
- Reduce waiting lists
- Improve the quality of referrals
- Support care closer to home

- Improve quality of life
- Provide accurate data about outcomes and patient satisfaction

### **1.3 Why Aren't They All Over the UK?**

National services exist in Scotland and Wales that incorporate EOS principles. These have additional clinical scope to take advantage of the skills of primary care optometrists to reduce the burden on the Hospital Eye Service and benefit patients. Northern Irish providers also have National services that have become available in 2016.

In England, there are over 200 Clinical Commissioning Groups (CCGs) that have local responsibility for a wide range of health services. It is usually this group that designs / approves pathways to best fulfil the needs of the community it serves. In some cases CCGs are getting together to commission services over a wider area but, by and large, they still pursue single provider agendas.

### **1.4 Why Should We Be Involved?**

EOS allows optometrists to use the full breadth of their training to better serve the communities in which they work, improving the profile of the profession and making their caseload more interesting and engaging. All optometrists should aspire to take part in any viable Enhanced Optical Services that are live in their area to build the professionalism of the practice and benefit the patients that really need our expertise.

It seems counterintuitive that we would wish to send our patients to another practice because we don't participate. It is likely that the patient would see us as less professional and be less likely to trust us for their eye-care in the future.

Imagine seeing a patient with cataract and referring them; only for them to have to go to another local optometrist before that referral is acted upon? Imagine having to send a patient to another practice because they have a red-eye and you aren't accredited as part of the local PEARS (Primary Eye-care Assessment & Referral Service) / MECS (minor eye conditions) service? This is often the reality when we aren't involved in these services. What must these patients think of our professionalism?

### **1.5 How Do Services Get Set Up and Administered?**

The services are usually developed with the Local Optical Committee (LOC) of which there are 78 in total within England. The LOC is defined in law and is therefore a statutory body, representing all local optometrists and dispensing opticians who provide services through the General Ophthalmic Services (GOS). These are funded through a levy that is imposed as a small percentage (typically 0.5% to 2%) on GOS1 payments.

LOCSU (Local Optical Committee Support Unit) is an organisation that supports the LOCs in England. Where services are being set up or already commissioned LOCSU assists by offering

guidance and administrative help for payments, governance, etc. This is usually achieved through setting up an LOC Company, however, some services are directly contracted with NHS Trusts and other providers of care.

In Northern Ireland, Scotland and Wales the devolved governments work with the Local Representative Groups (LRGs) such as Optometry Northern Ireland, Optometry Scotland, Optometry Wales and other stakeholders to design the services that are available.

See **Appendix 1 – How to process an EOS sale.**

## 1.6 Variability of Services

EOS services are commissioned locally, usually by CCG area or by devolved countries. As such, and in accordance with local health needs and preferences, the design of service pathways varies hugely. The following chapters give an outline indication of what typically occurs in an EOS Service, by condition, along with a précis of how that customer journey may unfold and how the service is best delivered.

## 1.7 Why are Diabetic Services Different?

Though we think of Diabetic services as a part of EOS they are commissioned in a very different way. The NHS diabetic eye screening (DES) programme is co-ordinated and led nationally with local screening services provided in line with national quality standard and procedures. We look at this in more detail in Chapter 8.

### **Exercise 1.1 Services available**

With the help of your supervisor find out the following information about services in your area:

- What services are available in your area?

- What is your CCG called?

- What is your LOC called?

- Does anyone from store attend LOC meetings?

## Important Notes

- EOS services frequently involve the use and disposal of diagnostic drugs. This can be for pupil dilation, corneal anaesthesia, etc. The GOC Standards of Practice guidelines are very specific on the use of diagnostic drugs. The patient should give consent but also be given written information about the drops used and signposted to emergency services should any problems arise.
- This course breaks down EOS services into its constituent services by condition type. In Scotland, Wales and other areas many of these may be bundled together to serve the patients of that area.

### **Exercise 1.2 Store processes**

Find out the following information about processes in your store:

- How does your store record patient advice and consent to comply with the GOC standards?

- How does your store dispose of its clinical waste?

- How does your store order stock of diagnostic drugs?

# Chapter 2 - MECS Services and Non-GOS Eyecare

## 2.1 MECS Services

A MECS (Minor Eye Conditions) examination will provide a timely assessment of the needs of a patient presenting with an eye problem or condition. This will be undertaken by an accredited optometrist (see Appendix 2 - accreditations and qualifications for EOS) within suitably equipped premises who will manage the patient appropriately and safely. Management will be maintained within the primary care setting for as many patients as possible, thus avoiding unnecessary referrals to hospital services.

There are many variants of this type of examination and they can often be known as PEARS (Primary Eye-care Assessment & Referral Service) PEATS (Primary Eye-care Assessment and Treatment Service) ACES (Acute Community Eye-care Service).

Clinical commissioning guidance from the College of Optometrists and the Royal College of Ophthalmologists shows that:

- Over 50% of patients attending eye casualty services self-refer
- 'Eye emergencies' are estimated to make up 1.46-6% of accident and emergency attendances of which 89.7% will be self referrals. 51-65.6% of the caseload will be related to trauma, 11-27% will be related to infection/inflammation
- 1.5-2% of GP consultations may be eye related (Estimated 340 million GP consultations happen in the UK per year)
- Urgent eye conditions are mostly non-acute and relatively straightforward to treat but a significant minority are emergencies that cause acute distress and are sight threatening
- As many as 78.1% of cases attending eye casualty are deemed 'non serious', with 50-70% of cases not constituting either an accident or an emergency, a figure supported by patient feedback. Optometrists have shown agreement of around 90%, with diagnosis, treatment and management strategies of ophthalmologists in eye casualty settings, therefore making optometrists an ideal health care provider for this service
- Many cases can be managed without the input of an ophthalmologist (eye specialist)
- Patients may rate immediate treatment and reassurance more highly than diagnosis as the most important aspect of their urgent eye care



Patients can self-refer or be referred into the service by their own GP (or the practice nurse or surgery receptionist), pharmacist, another optometrist, NHS 111 (or equivalent), A&E or Eye Clinic / Eye Casualty by arrangement. There is usually a list of participating optometrists for the patient to choose from. Children under 17 years of age should be accompanied by a responsible adult.

Optometrists must, within reason, be able to offer an acute MECS examination within 48 hours of the day that the appointment has been requested by the GP or pharmacist (excluding weekends and public holidays) unless it is for routine assessment. Where this is not possible, the patient should be directed to a colleague nearby.

For acute potentially sight threatening eye conditions the optometrist should arrange to see the patient on the same day or refer directly to Eye Casualty. All referrals should be read and prioritised within 24 working hours. An appointment for a routine assessment should be offered within 2 weeks. However, in many cases the scheme specification dictates it is sooner than this.

The level of examination should be appropriate to the reason for referral. All procedures are at the discretion of the optometrist.

The most common eye conditions are listed below in exercise 2.1. It is recommended that practitioners utilise the College of Optometrists' Clinical Management Guidelines which can be found on their website:

[http://www.college-optometrists.org/en/professional-standards/clinical\\_management\\_guidelines/](http://www.college-optometrists.org/en/professional-standards/clinical_management_guidelines/)

### **Exercise 2.1 Eye conditions**

Using the website link above make notes on the following:

<b>Condition</b>	<b>Signs</b>	<b>Symptoms</b>	<b>Additional Notes</b>
Dry Eye			
Subconjunctival Haemorrhage			
Corneal Foreign Body			
Conjunctivitis (Allergic)			
Blepharitis			

A GOS sight test or private eye examination may also be required but it would be unusual for this to be carried out at the same time as a MECS examination.

Outcomes resulting from the consultation are likely to be one of the following:

- The optometrist decides to manage the condition, and offers the patient advice and/or prescribes/recommends medication. A follow-up consultation may be necessary.
- The optometrist carries out a minor clinical procedure, e.g. eyelash removal or foreign body removal. A follow-up consultation may be necessary.
- The optometrist diagnoses the condition and suggests / prescribes appropriate medication or the GP is requested to prescribe.
- The optometrist makes a tentative diagnosis and refers the patient urgently/non-urgently into the Hospital Eye Service using the usual channels of communication.
- The optometrist reassures the patient and discharges him/her.
- The examining optometrist recommends an NHS or private sight test.

All procedures undertaken and advice given to the patient should be recorded on a patient record card or electronic device, and stored in a safe retrieval system.

## 2.2 The MECS Patient Journey

The key points of note in this patient journey from the perspective of an optical assistant are:

- These patients present unscheduled - they are a walk-in patient. The triage process in this module (Chapter 3) can be hugely effective in dealing with them effectively.
- Diary management and use of reserve slots is vital to successful implementation of a MECS service.
- Patients in this service will often require diagnostic drugs, especially if they present with flashing lights, floaters, etc.
- Even if this service is in place there may be those who present who are not eligible. These patients can be seen on a private basis or, if eligible, via General Ophthalmic Services (see section 2.4). Each store should have its own process for this linked to a triage process.
- As with all EOS services there is variability by area. Please familiarise yourself with the local variations should services exist in your area.

### **Exercise 2.2 EOS Implementation and MECS**

Watch the EOS Implementation and MECS video and podcasts using this link:

<https://ptdsupport.wistia.com/projects/537rapjbt>

## 2.3 Criteria for Inclusion in EOS Schemes

[http://www.college-optometrists.org/en/professional-standards/clinical\\_management\\_guidelines/](http://www.college-optometrists.org/en/professional-standards/clinical_management_guidelines/)

<b>Criteria for inclusion of patients</b>	<b>Same day referral</b>	<b>Exclusions</b>
May include the following:	The following cases should be referred directly to the nearest Eye Casualty:	Other conditions excluded from the service:
Loss of vision including transient loss	Severe ocular pain requiring immediate attention	Diabetic retinopathy
Sudden onset of blurred vision (but always consider if a sight test would be more appropriate)	Suspect retinal detachment	Adult squints, long standing diplopia
Ocular pain or discomfort	Retinal artery occlusion	Repeat field tests to aid diagnosis following an eye examination
Systemic disease affecting the eye	Chemical injuries	
Differential diagnosis of the red eye	Penetrating trauma	
Foreign body and emergency contact lens removal (not by the fitting practitioner)	Orbital cellulitis	
Dry eye	Temporal arteritis	
Epiphora (watery eye)	Ischaemic optic neuropathy	
Trichiasis (ingrown eyelashes)	Sudden loss/dramatic reduction in vision in one eye	
Differential diagnosis of lumps and bumps in the vicinity of the eye		
Recent onset of diplopia		
Flashes/floaters		
Retinal lesions		
Patient reported field defects		
GP referral		

## 2.4 Non-GOS Eyecare

(For Information only -this is not part of the level 3 assessment)

### 2.4.1 What If There Is No MECS Scheme Available In My Area?

Since September 2016 there have been optometrists in every UK Specsavers Store that are accredited to manage patients in the format required by a MECS service.

This means that we can offer the very best in-patient care and have a base level of optometry within our business that we can be proud of. It will also allow us to continue making the case for more widespread access to such services for all patients. In working with Local Optical Committees, CCGs and other stakeholders we can improve outcomes for patients, relieve pressure on local services in terms of cost and volume whilst ensuring that we are at the forefront of eyecare in the community.

Thousands of patients present to our stores every day with eye problems that may not be directly linked to their vision. Where MECS services (or equivalent) are in operation then these patients are dealt with efficiently and effectively. However in many areas there are no services or the patient may not qualify for the service; these patients can fund the appointment privately (as they would a private sight test) or, should they be eligible, utilise the provision of the General Ophthalmic Services (GOS).

However, as in the section below, access to GOS services for non-visual problems requires careful consideration. Ultimately the optometrist undertaking the examination is best placed to decide the eligibility of that patient based on their symptoms; however, a robust triage process (see chapter 3) can assist in this process.

### 2.4.2 Is Your Patient Eligible For a GOS Sight Test?

The reasons why someone may, or may not be, eligible for a General Ophthalmic Services (GOS) examination are well established but there is blur, if you'll pardon the pun, when it comes to those who present with a sudden onset issue or a minor eye condition.

Of course, where a MECS or PEARS type EOS scheme exists this is simple; the patient simply enters the EOS pathway that is available in that area. But what happens if a patient attends for a sight test with, for example, a red eye, flashing lights or floaters, etc. and there is no such scheme in your area.

A sight test as defined by the Opticians Act (1989) is:

*“testing sight with the object of 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”*

This is the reason GOS funding is not appropriate if a patient does not display any symptoms that relate to a refractive error.

In Scotland and Wales additional schemes run which are funded allowing stores to see a patient; to do so in England you must participate in a local Enhanced Optical Service (EOS) scheme if one is available.

The number of cases should be relatively low because any blurred vision would fulfil the criteria but in cases where possible refractive error is not indicated stores can;

- Complete an EOS pathway if their store is involved in a local scheme
- See the patient privately explaining it's not covered under NHS (if no EOS)
- Advise the customer to attend the GP or Hospital Eye Service (HES)

In this instance retail staff must consult an optician who must make a note of the advice given to the patient.

*Refer to Cert 3 20.2 or Cert 3 CL 8.2 The Optician's Act 1989*

The College of Optometrists has issued some useful scenarios to help explain this, one of which is reproduced below. It includes commentary from Dr Susan Blakeney, who is their Clinical Advisor.

### **College of Optometrists Ethical Scenario**

Sonia Hamilton, aged 71, attends your practice in England complaining that her right eye is red and watery for the past 3 days. She last had a sight test 12 months ago and was put down for a 2 yearly recall, and there was no change in prescription. She says her vision is OK, but the eye is a bit itchy.

What should/can you do, assuming that your practice does not participate in any enhanced services?

- Examine Sonia under the GOS as she is over 70 so she is entitled to have a sight test every year according to the Memorandum of Understanding.
- Examine Sonia under the GOS as she is having problems with her eyes.
- Tell Sonia that you are not legally allowed to see her unless you do a full sight test so she should go to her GP.
- Tell Sonia that you would be delighted to see her, but she will need to pay privately as the GOS does not cover this.

#### **d) Is the correct answer. The reasoning behind the answer is given below:**

- Examine Sonia under the GOS as she is over 70 so she is entitled to have a sight test every year according to the Memorandum of Understanding (MoU).

**Incorrect.** The MoU lists 'minimum' sight test intervals, and does not say that patients are 'entitled' to have a sight test at these frequencies. Patients should have a sight test as often as they clinically need to have one, and the previous optometrist suggested a 2-year recall for Sonia. As Sonia is not having any problems with her sight then she does not need a 'sight test', as defined in law (s.36(2) Opticians Act (1989)).

b. Examine Sonia under the GOS as she is having problems with her eyes.

**Incorrect.** Sonia's problems do not mean that she needs to have a 'sight test', which is defined in law (s.36(2) Opticians Act (1989)). She needs to have an anterior eye examination to diagnose her problem and advise on appropriate management. This is not (in England) covered by the GOS and would be an ideal candidate for a PEAR scheme or similar.

c. Tell Sonia that you are not legally allowed to see her unless you do a full sight test so she should go to her GP.

**Incorrect.** You have the expertise to see her, and you are legally allowed to see her, but you are not funded by the GOS (in England) to do so. You can therefore either see her privately, or direct her to an alternative healthcare provider, but if you do so you should be clear that it is not because you are 'not allowed' to see her, but because you are not funded to do so. If she is unable or unwilling to pay for a private consultation then you should direct her to an alternative source of care. This may be her GP or a practice that participates in a PEARS or similar service.

d. Tell Sonia that you would be delighted to see her, but she will need to pay privately as the GOS does not cover this.

**Correct.** Sonia does not need a 'sight test', but needs an examination, which is appropriate to her condition. The GOS in England (and Wales and Northern Ireland) does not fund this so - unless you have a locally enhanced service, such as PEARS, under which you can claim funding from the NHS - you can either examine her for nothing or charge an appropriate fee. If she does not wish to pay you should direct her to an appropriate source of care

**College of Optometrists Clinical Advisor Dr Susan Blakeney says:**

It is not infrequent for patients, who are eligible for a GOS sight test, to attend the practice complaining of a problem that does not require a 'sight test'. Examples would be someone with a red and watery eye as in this example, but also (commonly) patients who present with flashes and/or floaters.

Patients (and GPs) are often unaware of the intricacies of the GOS and so do not realise that these consultations are not funded by the NHS (I know that our colleagues in Scotland do not have these problems, nor do those in Wales who participate in the Wales Eye Care Services or those in England or Northern Ireland who have an enhanced service such as PEARS or ACES).

I would recommend that with the changes in the NHS in England that this is an ideal opportunity for optometrists to engage with their Local Professional Networks (LPNs) and Clinical Commissioning Groups (CCGs) to design services that enable patients to access timely and convenient advice for these conditions. Optometrists are ideally placed to provide such services if there is a will to commission them.

# Chapter 3 - Skills for EOS: Effective Triage

## 3.1 Why Do We Need To Triage?

When a patient presents, either in person or via the telephone, describing a problem with their eyes or vision, it is very important that we establish the potential urgency of the eye condition and therefore how quickly they need to be seen by the optometrist. This is known as effectively triaging the patient.

Asking the correct questions about their eye condition is critical in giving the optometrist the most appropriate information about the patient's symptoms. This allows the optometrist to begin narrowing down the most likely cause of the problem, whether it could be sight threatening, and therefore how swiftly the patient needs to be assessed.

In order to abide by the GOC's Standards of Practice, we should be recording all relevant patient interactions with respect to their reported eye conditions, as this forms part of the patient's record. It is useful to have a universal method of triaging and recording this advice so best practice can be encouraged.

### 3.1.1 Why Use Triage Forms?

Triage Forms were introduced so that the most efficient questions could be asked to patient's about their eye condition or problem and their responses easily documented. This ensures those needing urgent care are offered the correct appointment and that those who will not suffer any further deterioration can be offered an appointment as appropriate.

#### **Refer to Cert 3 18.2 or Cert 3 CL 6.2 Using The Emergency Advice Triage Form**

The form is a record of the patients reported symptoms and issues; this may be required in the future as part of their clinical record. This is especially important with patients who did not have time to stay for an appointment, were signposted to other sources of care or were given advice over the phone.

The 'Emergency Advice Triage Record' can be found on Connect and printed copies should be available for use throughout the store (See Figure 3.1). Ideally the Triage Forms should be kept wherever patient interactions happen, e.g. in the call centre or at the reception desk, as these patients will either contact the store by phone, or walk into the practice.

There are a vast number of reasons why a patient may seek advice about their eyes and it is very important that an optometrist is always consulted and the final decision on the final advice given to the patient is decided upon by them.

Where EOS Services that require a triage process exist there will a triage form and procedure bespoke to that area. All that are eligible for such a service should follow that process.

## **3.2 Triage Process**

### **3.2.1 How These Patients Present**

Most patients who contact stores with an urgent eye related problem will explain the problem they are having at the time of requesting an appointment, but sometimes, without being prompted, they do not. If a patient requests an appointment earlier than their recall date, it is best practice to ask if they are having any problems or concerns with their eyes. This helps to identify patients who require more urgent care compared to those needing a routine sight test.

#### *3.2.1.1 What Type of Appointment is Required?*

Identifying the nature of the problem using the triage form will help the optometrist ascertain which type and duration of appointment is necessary. If the patient's presenting symptoms relate to their vision, a sight test appointment might be most appropriate. If not, a MECS / SEE appointment type must be used. See Chapter 2 section 2.3.

#### *3.2.1.2 Before You Begin...*

Prior to completing the triage form, it is important to check that the customer's personal details are accurately recorded on Socrates, especially their contact telephone number. If the patient is new to the store, it is vital to create a file for them in the normal way on Socrates. In both cases it is important to record details of the patient's GP, in case an onward referral is necessary.

### **3.2.2 Completing the Triage Form**

When the time comes to complete the Triage Form it is important to consider patient confidentiality. As with all personal details this process is subject to confidentiality; you will be discussing personal details and asking questions of a medical nature. Ideally this discussion should take place in as private an area of the store as possible.

It is vital to complete all sections of the form clearly and accurately. The questions that require responses from the patient are written in bold font. Asking 'What is the problem' allows the patient to tell you, in his or her own words, what has happened. This is followed by a series of questions that require the response simply to be circled. There is no need to ask questions that are not on the triage form unless the optometrist specifically asks for further information.



Date

**Emergency Advice Triage Record**



Px name	D.O.B	Phone number	Customer number
Info taken by		Time of contact	
What is the problem?			
			Date of last test

How long have you had this issue?			
1-2-3- Days	Less than 1 week	Less than 1 month	Over a month

Which eye is affected?		
Right eye only	Left eye only	Affecting both eyes

Is there any pain?			
No discomfort	Irritable	Uncomfortable	Painful

Is there any redness?			
No redness	Mild redness	Moderate redness	Severe redness

CL wearer?	
Yes	No

Flashes?	
Yes	No

Floaters?	
Yes	No

Is there discharge?	
Yes	No

Is the discharge?	
Gunky	Watery

Double vision?	
Yes	No

Is your vision blurred?	Yes R / L / Both	No
-------------------------	------------------	----

Is there discomfort or pain when looking at lights or in bright places (Photophobia)?			
None at all	Mild	Moderate	Severe

Other symptoms or Notes

Where is Px.?	Store	Phone	How to contact Px.	Waiting	Call back
---------------	-------	-------	--------------------	---------	-----------

Optometrist urgency advice				Advice to patient if unable to be seen here			
Now	Today	Tomorrow	Routine	GP	Casualty	Other OO	Pharmacy

Notes / Advice given to patient

Professional advisor name and signature	
Patient informed of advice / Contacted by	
Appt. made?	Yes / No / NA
Appt. date and time	

**Has the Px been advised on driving / removing any contact lenses etc?**

Figure 3.1 Triage form

### **3.2.3 Advising the Patient and Additional Information**

Once the triage form has been completed, inform the patient that an optometrist will look at the form as soon as possible and provide further advice.

It is useful to ask the patient about their availability for an appointment, especially if they are on the telephone. Explain that if the optometrist feels their eye problem requires immediate investigation, the patient will need to attend the store at short notice.

You should identify where the patient is - have they telephoned from home or work? Are they planning on waiting in store? Are they planning on leaving the store whilst waiting for a response? This may impact on how quickly they can attend an appointment and how we deal in communicating with them. This can be captured on the form.

Once the triage form is complete and has been reviewed by an optometrist there will be an indication as to whether dilatory drops will be required, appropriate advice on travel plans, etc. can then be made.

## **3.3 Outcome and Retention of Forms**

Once the optometrist has reviewed the Triage Form and recorded their advice on the bottom section of the form, the patient should be informed immediately. This advice could range from booking a MECS / Private EOS appointment, booking a routine sight test, or for an emergency referral to eye casualty; whatever is most suitable for that patient.

The Triage Form is an important document that should be used for the optometrist to make an efficient decision about the care and urgency of appointment that is needed for the presenting patient.

It is important to record the date and time that you take the information from the patient, along with your name.

Making the final decision is the duty of the optometrist in practice and they should complete their section of the form with advice given and, if an appointment is needed, how soon it should be made.

As mentioned previously the form becomes part of the patient record, either in paper form or scanned onto the patient record via DIPS. It must be kept even if the patient is advised to seek other medical attention and a paper copy must not be destroyed unless digitally captured (i.e. DIPS). They should be treated in exactly the same respect as other patient data.

Under no circumstances should you offer an opinion on the cause of the symptoms to the patient, even if you feel sure you know what the problem is.

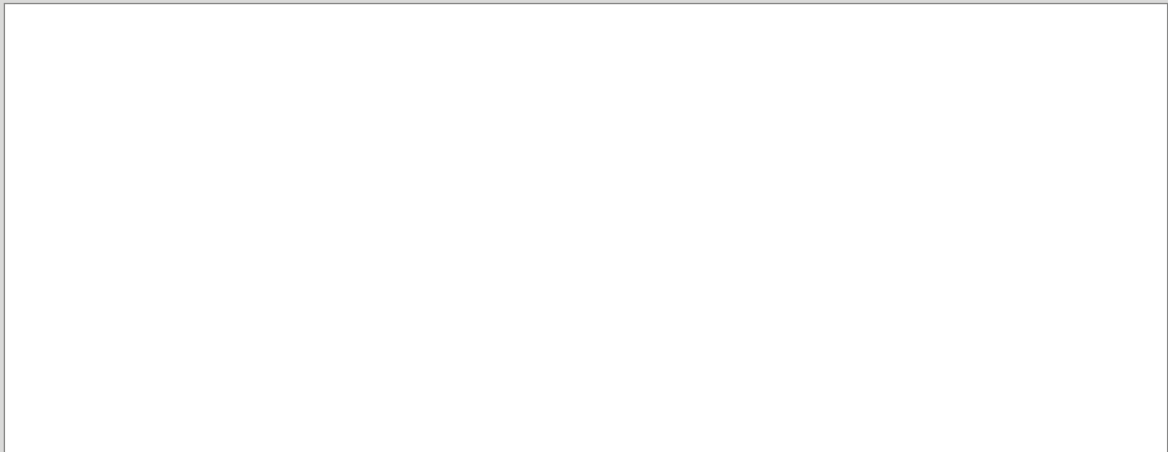
### **Exercise 3.1 Using the triage form**

With the help of your supervisor complete a triage form for a patient presenting with an ocular concern.

- Follow the process through to find out the outcome and make notes on the process below.



- Review the triage process for your store. Note any improvements that could be made.



# Chapter 4 - Skills for EOS: Instillation of Drops

## 4.1 Introduction

In this chapter we will discuss, in detail, the instillation of drop and the considerations that should be made when doing so. Many patients in EOS clinics, as well as normal clinics, require diagnostic drops to facilitate their examination.

Some optical assistants have been trained to instil drops as part of their support function under the supervision of an optometrist. This chapter will give you the step-by-step guide to achieve this skill should your supervising optometrist require this support. Where this support is utilised there is a noticeable improvement in efficiency and waiting times for patients.

The College of Optometrists advises that there is no legal restriction on who can instil eye drops as the law only restricts supply of the drops. Therefore local training can be agreed in store for non-clinical staff to instil eye drops, as long as a supervising Optometrist is on site and available to intervene if necessary.

The guidelines require that when an optometrist delegates any task, he or she must be satisfied that the person to whom they are delegating:

1. Is adequately trained to perform that function
2. Is appropriately supervised when performing the function to meet legal requirements and to ensure the safety of the patient
3. Understands the need to preserve confidentiality in relation to all patients This has ramifications for the assistant.

Assistants are expected to behave in a responsible manner, particularly when performing tasks that have been delegated by the supervising optometrist and to behave in a way that would at all times be considered ethical.

### Additional Resources

The Cert 3 chapters referenced below may be useful to accompany this section - they can be found on iLearn under your Cert 3 EOS heading:

- Infection Control (Cert 3 Chapter 2.6.1 or Cert 3 CL Chapter 16.5)
- Ocular Anatomy especially with particular reference to the Iris and Pupil Control (Cert 3 Chapter 17.8.1 or Cert 3 CL Chapter 5.8.1).
- Ophthalmic Drugs (Cert 3 Chapter 19 or Cert 3 CL Chapter 7) especially Drug Storage (Cert 3 Chapter 19.2 or Cert 3 CL 7.2), Drug Instillation (Cert 3 Chapter 19.3 or Cert 3 CL Chapter 7.3) and Mydriatics (Cert 3 Chapter 19.7 or Cert 3 CL Chapter 7.7)

## 4.2 Instillation of Drops

	<b>Prior to Instillation</b>	<b>Additional resource or advice</b>
1	<p>Before using an ocular drug, it is imperative to consider the four Ds</p> <ul style="list-style-type: none"> <li>• Drug - the name of the drug must be checked to make sure it is the correct one.</li> <li>• Dosage - the concentration of the drug must be checked.</li> <li>• Date - the expiry date of the drug must be checked. A drug should never be used if it is past its expiry date.</li> <li>• Dispose - safely after use.</li> </ul>	see Cert 3 Chapter 19.2 or Cert 3 CL Chapter 7.2.
2	Ask the patient if they have had previous reactions to eye drops used to dilate their pupils?	If yes, do not proceed. Seek an optometrist's advice.
3	<p>Explain the rationale for performing dilation and importance of the clinical assessment that it enhances.</p> <p>i.e. gives a better view of the back of the eye which enables the assessment of any eye disease and grading of its severity.</p>	
4	Outline potential side effects and risks from the procedure.	See 4.2.1: Side Effects and Risks
5	Advise the patient what they can and can't do once the drugs have been instilled and for how long that will affect them.	See Cert 3 Chapter 19.7 or Cert 3 CL Chapter 7.7.
6	Give the patient written advice regarding their eye drops. Usually detailing side effects to watch out for, who to contact should they experience any concerning symptoms, the name of the drop used and date and time of instillation.	
7	Obtain consent to proceed.	This is usually obtained using verbal consent, which should then be recorded - check local protocols.
8	Verify drug type, expiry and batch number and record this.	Check local procedures for where on the patient's file it is best to do this.

Instillation of Drops		Additional resource or advice
1	Ensure you have clean hands. Wash them or use hand sanitiser in front of the patient.	
2	Offer the patient a tissue in case they find the drops sting.	
3	Remove the Minim from the packet and shake it to gather together any air pockets within the phial.	
4	Twist and remove the cap from the Minim.	
5	Ask the patient to tilt their head back and look up.	
6	Hold down their lower eyelid with your forefinger.	
7	Without touching the end of the Minim onto the eye or eyelid/lashes, squeeze the Minim and direct one eye drop into the pocket created by the lower eyelid. The tip of the eyedropper should be at least 1 cm from the surface of the eye. See right.	
8	Ask the patient to close their eyes, press the tissue over the closed eye, applying light pressure in the corner of the closed eyelids by the nose. This aids the absorption of the eye drop.	
9	Repeat steps 5-8 for the other eye.	
10	Dispose of the used Minim in the clinical waste bin.	

#### 4.2.1 Side Effects, Risks and Post Dilatation Checks

In most cases it is recommended to measure intra-ocular pressure (IOP) before the patient leaves the store. A rise of more than 4mmHg should be monitored by the supervising optometrist.

As discussed previously the information provided at the point of consent and prior to instillation to the patient will outline what steps need to be taken should they experience any side effects post use of a diagnostic drop.

#### 4.2.2 How Can I Get Signed Off?

Many healthcare settings use optical assistants or the equivalent to instil eye drops as it is an extremely low risk procedure. **Please refer to Appendix 6** - Framework for competence validation on how to learn and be signed off on this skill under the supervision of an optometrist.

#### **Exercise 4.1 Instillation of eye drops**

- Discuss with your supervisor if this support function could be required in your clinics.
- Observe the instillation of diagnostic drops on a number of patients.
- Practice this on a colleague. Minims of saline are readily available to use to facilitate this exercise; these have no effect on the eye when instilled.

# Chapter 5 - Equipment used in EOS

## 5.1 Delegated Tasks

In normal day-to-day running of clinics there are some important clinical tests that are routinely completed on behalf of the optometrist. These are known as delegated tasks or functions, and help the optometrist with their assessments and management of patients. Therefore, it is vital that these delegated tasks are completed accurately and professionally, so that the patient receives the best care and service.

Any delegated task requires that person undertaking it to identify themselves on the patient record. Each store should have its own procedure for this to be compliant with the GOC standards of practice. This often involves signing / initialling the printouts from the equipment or annotating the test record (TR) before for review by the optometrist.

As an optical assistant specialising in Enhanced Optical Services, you may become aware of several additional clinical tests and techniques that an optometrist would use or undertake as part of an EOS examination.

As your role requires interaction with patients passing through an EOS pathway it is useful for you to have an understanding of the equipment used though many can be used in regular sight testing.

This section describes many of the processes you may already be familiar with as well as others that are more often seen in EOS services.

## 5.2 Intra-Ocular Pressure (IOP)

Intra-ocular pressure relates to the delicate pressure balance of the fluid filled eyeball. Fluid, known as aqueous humour is produced by the ciliary body, flows in front of the lens, through the pupil, and drains into the anterior chamber angle. The system of aqueous humour production and drainage is in fine balance, in order to maintain a healthy IOP. If either the production or drainage systems becomes unbalanced then the IOP can rise. This increased pressure can start to press on various structures (in particular the nerve fibre layers) within the eyeball and cause damage. For example, when high pressure starts to damage the optic nerve head, this causes glaucoma (see Chapter 7).

IOP is therefore an important measurement used in the diagnosis of several eye conditions, including glaucoma. IOP is measured for most patients, aged 35 and over, during the standard eye sight test. However, in EOS appointments, IOP may be measured more frequently in order to investigate potential eye diseases. The average IOP is 15 mmHg (unit of measurement), with a range of 10 to 21 mmHg being the normal range.

Patients where IOP measurement is especially important:

- Age is more than 35 years, as the incidence of glaucoma is higher in the over-35s.
- African/Caribbean ethnic group, as the incidence of glaucoma is higher
- Where there is a direct family history of glaucoma, particularly siblings.
- Where ophthalmoscopy shows large cupping, a significant difference in cupping of the optic nerve between the eyes or a significant change in cupping since the previous examination
- Suspicious visual fields
- After a central retinal vein occlusion - secondary glaucoma is more likely
- Steroid users (high-dose and long-term, topically or systemically)
- Diabetics
- Hypertensives (high blood pressure)
- Before and after pupil dilation (importance is dependent on the type of mydriatic used)
- To aid differential diagnosis of red eye
- Haloes, especially coloured, around lights (could indicate swelling of the cornea)

### **5.2.1 Measurement of IOP**

There are two methods of measuring IOP

- Non-Contact Tonometry (NCT) - the 'puff-of-air' test
- Contact Tonometry
  - often known as Applanation Tonometry
  - only carried out by an optometrist in store
  - Goldmann or Perkins instrument is used

#### *5.2.1.1 Non-contact tonometry (NCT)*

Every store has a non-contact tonometer. The machines are quick and simple to use, and this task is usually delegated by the optometrist to an optical assistant, after training (see Appendix 3).

It is important that the machine is prepared correctly for each patient, ensuring that it has been properly cleaned using alcohol-free wipes and using disposable chin-rest paper in front of the patient. This reduces the risk of cross-contamination from other users of the machines. It is also important to ensure that the patient is physically comfortable whilst using the machine by adjusting the table height, seat position or chin rest height.

Before taking any measurements it is vital to give the patients instructions on what to expect during the test. Explain that a reading of the pressure inside the eye will be taken by using puffs of



air in each eye. The patient should be reassured that this measurement is not painful in anyway, but may make them blink, which they are free to do in between measurements. The patient should be instructed to look at a target during the assessment (usually a dot of light).

Once the patient is correctly aligned with the machine, you should begin by taking readings from the right eye first, before moving onto the left. It is important to get to least 3 measurements from each eye, as this creates a more accurate reading of the IOP for the optometrist. Often the results are printed automatically by the tonometer, but in some cases you will be asked to write them down for the optometrist. In this case write all measurements for the right eye together, then the left eye, and also the time that the measurements were taken.

### **Exercise 5.1 Non-contact tonometry**

Ask your Supervisor to run a training session on non-contact tonometry using the outline provided in **Appendix 3**. Once you feel competent ask your supervisor to observe you carrying the procedure out.

#### *5.2.1.2 Contact tonometry*

Contact tonometry is the most accurate and repeatable method of measuring IOP, and Goldmann applanation tonometry is the clinical gold standard method. Therefore, if a patient has suspicious IOPs (higher than 21mmHg) when measured with NCT, the optometrist will repeat the pressure measurement with contact tonometry in order to get the most reliable reading. It is this reading that will be used in determining patient management. **This is never a delegated function in optometric practice.**

There are two pieces of equipment widely used in the measurement of contact tonometry:

- Goldmann      Slit lamp mounted equipment  
The Gold Standard and therefore some EOS schemes will only accept IOP measurement with Goldmann
- Perkins        A portable, handheld device  
Can be used with the patient seated or lying down  
Uses the same type of probe as Goldmann and is closer to the Goldmann than a NCT.

Goldmann and Perkins are both based on the Imbert Fick Law:

$$\text{Intra-ocular pressure (IOP)} = \text{tonometer force (g)} / \text{applanated area (mm}^2\text{)}$$

This relationship holds only for a spherical container with an infinitely thin membrane, which is flexible, elastic and dry, and when an increase in applanation does not increase IOP. The cornea is thick, wet and has some rigidity but, with careful design, the tonometer approximates the Imbert Fick Law over the normal IOP range.

At 3-4mm diameter the surface tension (of the tears) is cancelled by corneal rigidity plus tear compression, therefore force used is equal to IOP. If a diameter of 3.06mm is used, force (g) x 10 = pressure (mmHg), Goldmann found that an applanation diameter of 3.06mm was required to applanate an area of 7.354 mm<sup>2</sup>, which satisfied the criteria. There is negligible IOP fluid displaced (0.5µl), so drainage from the eye does not need to be considered. Therefore, accurate repeatable measurements can be achieved with a contact tonometer.

Both Goldmann and Perkins use disposable heads containing a split prism, which gives a more accurate Vernier-type measurement.

The disposable head makes contact with the cornea as the IOP is measured, so the optometrist will instil anaesthetic eye drops prior to measurement. They will also use Fluorescein (orange dye that fluoresces under UV light), which illuminates the corneal touch made by the tonometer head and allows accurate readings to be taken.

### **5.2.2 Factors That Affect the Accuracy of IOP Measurement**

The patient must be relaxed and comfortable when measuring IOP

- Stress and apprehension can cause a large increase in IOP
- Breath holding, straining and squeezing the eyelids shut causes IOP to increase
- Blinking can cause a large increase, due to the eye retracting and pressure from the lids.
- Tight clothing around the neck causes increase in IOP

Instruct the patient to look straight ahead and keep the eyes as still as possible:

- Extra-ocular muscles under tension can cause up to 10mmHg increase, so ensure the patient is fixating in the primary position
- Accommodation can fluctuate IOP, so a distance gaze is important
- It is essential to record the time at which IOP is taken:
- There is normal variation throughout the day, where IOP can swing by up to 5mmHg (highest early morning and lowest in the afternoon)
- In patients with glaucoma this IOP swing can be up to 13mmHg

Patient lifestyle can cause influence eye pressures; be aware of the following:

- Recent alcohol consumption decreases IOP
- Exercise can increase IOP by up to 50% during it
- Recent consumption of fluids increases IOP
- Medication or drugs
- Recent contact lens removal

- Eye rubbing
- Smoking increases IOP
- Caffeine increases IOP

Accuracy when taking IOP measurements is important

- Excessive repeated IOP measurements can decrease IOP by up to 5mmHg

### **5.3 Pachymetry**

A device known as a pachymeter is used to measure corneal thickness. Typically in practice a handheld machine, often called a Pachmate but there are other models, is used after the instillation of anaesthetic eye drops. The Pachmate lightly touches the cornea to take its reading.

A human cornea is typically 0.55mm thick centrally, and normal variation is between 0.48 - 0.60mm. A pachymeter can measure the patient's central cornea thickness, often used to check for corneal swelling in contact lens use.

A common use within an EOS pathway would be measuring the corneal thickness, in conjunction with IOP readings, as a cornea which is much thinner or thicker than average will skew IOP measurement. IOP tends to be overestimated in patients with thick corneas, and underestimated with thin corneas.

### **5.4 Gonioscopy (contact lens type mirror)**

The Gonioscope is used to examine the anterior chamber angle, when analysing the drainage route of aqueous humour out of the eye. A direct view of the anterior chamber angle is not normally possible with the slit lamp alone. To get an accurate assessment of the angle, the cornea must be neutralised. The contact lens part of the gonioscopy lens neutralises the corneal power and the mirrors reflect the illumination and observation systems from the slip lamp into the angle. This may form part of an EOS glaucoma scheme and would only be done by an optometrist.

### **5.5 Visual Field Testing**

Visual field testing involves an assessment of the non central vision a person has. The most common area tested is the central 30 degrees of vision and is carried out using an automated machine. In some cases, a wider field of vision may be tested, for example, in the DVLA screening which tests up to 120 degrees of vision. Visual field testing can provide important information that helps in the detection of many conditions, including glaucoma, retinal detachments, and even damage to the optic nerve caused by stroke.

Particular indications for visual fields examination:

- New patients to the practice
- Glaucoma patients and those with a family history of glaucoma

- Patient reports some visual field loss
- Recent onset headaches
- To monitor existing stable conditions, e.g. glaucoma
- Localisation of the disease process within the visual pathway
- If the patient finds it difficult to locate steps, or misses part of the letter chart
- Acquired colour vision changes
- If the patient is taking certain medications, such as quinine
- DVLA driving assessment

In order to reduce the chance of any cross-contamination between patients, the machine should be prepared for the patient every time it is used, including thorough cleaning of the forehead and chin rest, and the use of disposable eye patches is recommended.

Again, you should ensure that the patient is sitting at a comfortable height for the visual field test, this is especially important for visual field assessment, as it can sometimes take between 5-10 minutes to complete. Where necessary, ear defenders can be worn to minimize outside distraction. The correct refractive correction should be worn and fitted correctly to avoid artefact visual field errors.

The patient should be given clear instructions on how to carry out the test, and if possible be given an opportunity to practice, before carrying out the real examination. The patient should be advised that this test assesses their peripheral vision and usually involves one eye being assessed at a time. The specific instructions given to the patient will depend on which field machine you have in store.

Once the patient has completed the visual field test the results will be displayed on a printout that shows the optometrist the extent of the patient's visual field and any defects.

The visual field assessment is only as accurate as the patient's ability to complete the test. If the patient has not been given comprehensive instructions or they have not been monitored properly throughout the test, then the results may not be deemed accurate, and they may be asked to repeat the test. It is therefore vital to give clear instructions to the patient prior to starting this assessment.

### ***Exercise 5.2 Visual fields***

Ask your Supervisor to run a training session on visual fields using the outline provided in **Appendix 4**. Once you feel competent ask your supervisor to observe you carrying the procedure out.

## 5.6 Fundus (Retina and Other Structures) Viewing Lenses

The slit lamp can only focus as far as the anterior vitreous due to the refractive power of the cornea and lens, and also because the slit lamp is a microscopic system. To view the fundus a high powered plus lens (such as a Volk lens) forms an aerial image of the retina, which can be focused by the microscope. Volk lenses, e.g. 60D, 78D, 90D and Superfield NC form a real inverted aerial image between the lens and the slit lamp viewing system. This method is known as biomicroscopic indirect ophthalmoscopy (BIO). This is never a delegated function in optometry. See Figure 5.1.

Description	Magnification	Field of view (°) Static/Dynamic	Working distance from cornea (mm)	Particular users
60D 31mm	1.15	68/81	13.0	Disc and macula
78D 31mm	0.93	81/97	8.0	General purpose
90D 21.5mm	0.76	74/89	7.0	Wide field
Super 66 stereo	1.0	80/88	11.0	Enhanced stereo
SuperPupil XL	0.45	103/124	4.0	Undilated wide field
SuperField NC	0.76	95/116	7.0	Wider field than 90D
SuperZoom 78/90	0.96/0.78	82/101	7.0	Combination zoom
SuperVitreofundus	0.57	103/124	4.0	Small pupil

### *Types of Fundus viewing lenses*

The main advantages of using these lenses to view the fundus are:

- Stereoscopic view facilitating the observation of detachment, disc cupping and raised lesions such as tumours.
- Better field of view when compared to the 8 degrees (approximately) seen with the direct ophthalmoscope, therefore less likely to miss an abnormality.
- Not dependent on refractive error therefore much better for viewing the fundus of high myopes.
- Much sharper view of the fundus in the presence of cataract and vitreous opacities.

## 5.7 Fundus Photography (Digital Retinal Photography)

Fundus photography involves taking an image using digital retinal photography. This provides high quality images of the retina for the optometrist to use in monitoring eye health and in the diagnosis of eye disease, but also to show the patient in the test room. It is important to mention that the optometrist will also look at the retina (with a volk or direct ophthalmoscope) but the photograph forms part of their clinical record and is a great way to monitor any changes between exams.

Again, it is vital that the camera is cleaned in front of the patient before use, and clear instructions are given. The patient should be advised that you are about to take an image of the back of the eye, which will be used by the optometrist in the test room to check the health of the eye.

On occasion the quality of the image may not be as good as it should be, e.g. the patient may blink during the photograph, or there may be a mark on the camera lens. If this occurs it is important to retake the photo again until a good clear image is captured for the optometrist to show the patient.

### **Exercise 5.3 Fundus photography**

Ask your Supervisor to run a training session on Fundus photography using the outline provided in **Appendix 5**. Once you feel competent ask your supervisor to observe you carrying the procedure out.

## **5.8 Optical Coherence Tomography (OCT)**

Optical Coherence Tomography is effectively 'optical ultrasound'; imaging reflections from within different layers of the eye to provide high resolution, 3D cross-sectional images.

In optometric practice, OCT is typically used to give a 3D scan of the retinal layers, and allows detailed examination of the different layers of the retina, macular and optic nerve. Most OCTs also take a fundus picture at the same time as the scan is carried out, and so this can be cross referenced to analyse areas of interest.

OCT allows the optometrist to visualise the retina in more detail than they can see even with Volk lenses. This is because the individual retinal layers are pictured on the OCT, so the deeper retina can be examined. This is invaluable in analysing the disease process that takes place in Macular Degeneration, as using an OCT makes it possible to determine whether there is fluid within the layers of the retina (wet macula degeneration) or not (dry macula degeneration). This classification is much harder to ascertain by traditional ophthalmoscopy methods (direct and indirect).

When the machine is equipped with an anterior eye module it can image the cornea, iris and other anterior structures to aid diagnosis and management.

OCT is routinely used in hospital settings and, more frequently in optometry, to determine how to manage a patient's macula degeneration or suspect degeneration. OCT also plays an important part in monitoring glaucoma and suspect glaucoma patients. OCT scans tell us the thickness of the nerve fibre layers in the retina and can give an indication as whether damage has occurred to them via a disease process.

END OF MODULE

**NOTE TO SUPERVISOR:** Once you have observed the student carry out any delegated tasks competently, you can use **Appendix 6:** Framework for competence Validation to sign them off. Please ensure that exercises 5.1-5.3 have been completed before the competence validation document.

### **Module 1 revision questions**

Now complete the revision questions for module 1 (chapters 1-5) - they can be found on iLearn > My Learning within your **Cert 3 EOS** course

# Module 2 Cataract, Glaucoma and Diabetic Screening Services

## Chapters 6-8

This module assesses the learner's knowledge and understanding of cataract services, glaucoma services and diabetic eye screening services.

### Learning Outcomes and Assessment Criteria:

1. Understand the causes, symptoms and treatment of cataracts.
2. Understand the signs, symptoms and treatment of glaucoma.
3. Understand the risk factors, symptoms and treatment of diabetic retinopathy.
4. Understand the stages of the pre-operative cataract services.
5. Understand what is involved in post-operative cataract services.
6. Understand the referral process for domiciliary patients.
7. Know what is involved in the patient journey for cataract services.
8. Understand the categories of glaucoma patient services.
9. Know what is involved in the patient journey for glaucoma services.
10. Understand what is involved in diabetic retinal screening services.
11. Know what is involved in the patient journey for diabetic screening services.

# Chapter 6 - Cataract Patient Services

**See Cert 3 Chapter 18 section 18.1.2 or Cert 3 CL Chapter 6 section 6.1.2 on Cataracts and E-learning on Ocular Conditions.**

The pre- and post-operative cataract pathway is designed to improve the patient journey by reducing the number of patient visits overall, to include as few visits to secondary care as possible with as many appointments as possible, delivered in primary care, closer to the patient's home.

It eliminates the requirement for a visit to the GP and also provides a comparable service for people who are unable to leave their home unaccompanied but who are able to attend for surgery.

## 6.1 Pre-Operative Services

### 6.1.1 Stage One

A routine GOS or private sight test will reveal the presence of cataract and, as now, the examining optometrist will discuss this with the patient. If cataract is causing lifestyle difficulties, then they will continue to be reviewed by the optometrist in the normal way. If however the patient wishes to consider surgery, then the optometrist will discuss this and if the patient wishes to proceed, the optometrist will provide a self-assessment health questionnaire, which will help to establish suitability for surgery by highlighting other health problems and possible contra-indications.

The assessment may be carried out at this time if:

- The optometrist is accredited in the service
- If time permits
- The patient agrees

If not, a further appointment is made for a full cataract assessment.

The use of the self-assessment health questionnaire (see Figure 6.1) gives the opportunity for the patient to reflect on the procedure that is required and the implications of the surgery. It ensures, as far as is possible, that they are as well informed as possible with further consultation with the optometrist to ask questions or address any concerns they may have.

The questionnaire also gives valuable clinical information about the patient, their status, suitability for surgery (see stage 2) and potential requirement for support during and after the operation.

In the unlikely event that the examining optometrist is not participating in the service, then a list of all optometrists in the service will be provided to the patient so that they can arrange an appointment for the assessment. An approved referral form will be completed and provided to the patient, or sent directly to the participating optometrist of choice.

In a domiciliary situation the same will apply. However, if the examining optometrist is not accredited the patient will be referred using an approved referral form in the normal way.



Anytown LOC/CCG  
Cataract Referral Form



Patient's Details		Optometrist / Practice	
First name:		Optometrist:	
Last name:		OPL number:	
DOB:		Practice:	
NHS number:			
Address:			
		Phone:	
Phone:		<b>Patient's GP</b>	
Mobile:		GP name:	
Email:		Practice:	

	Sph	Cyl	Axis	Prism	VA	Add	Near VA	Pre-cataract VA	IOP(mmHg)	Instrument	Time
R								Date:			
L											

<b>Patient dilated?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, reason:				
<b>Smoker?</b>	Yes	<input type="checkbox"/>	Recent ex	<input type="checkbox"/>
			No	<input type="checkbox"/>
<b>Cataract</b>		Right	<input type="checkbox"/>	Left
				<input type="checkbox"/>
<b>Preferred eye for surgery</b>		Right	<input type="checkbox"/>	Left
				<input type="checkbox"/>
<b>Red reflex visible?</b>		Right	<input type="checkbox"/>	Left
				<input type="checkbox"/>
<b>Prev cataract operation?</b>		Right	<input type="checkbox"/>	Left
				<input type="checkbox"/>
Prev operation date:				
<b>Any co-existing ocular pathology?</b> (if yes, please indicate with a tick below)				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Significant AMD?</b>		Right	<input type="checkbox"/>	Left
				<input type="checkbox"/>
<b>Diabetic retinopathy?</b>		Right	<input type="checkbox"/>	Left
				<input type="checkbox"/>
<b>Amblyopia?</b>		Right	<input type="checkbox"/>	Left
				<input type="checkbox"/>
<b>Under treatment for glaucoma?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Cornea healthy?</b> (if no, detail below)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other:				

<b>Patient indicates previous refractive surgery?</b>	Approx surgery date:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Patient has completed a self-assessment questionnaire?</b> (required for referral)		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Is patient experiencing visual difficulties due to cataracts?</b>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Benefits and risks of cataract surgery have been explained?</b>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Patient wants cataract surgery at this time?</b> (if no, inform GP)		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Patient has chosen to be referred for NHS treatment?</b> (choose no for private referrals)		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Patient previously assessed and now wishes to be referred?</b>	Assessment date:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Sight test carried out today?</b> (if no, indicate date)	Sight test date:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Additional comments:	
Signature:	Date:

Figure 6.1 Self-assessment health questionnaire

Anytown LOC/CCG  
**Post-Operative Cataract Report**



Patient's Details		Optometrist / Practice	
First name:		Optometrist:	
Last name:		OPL number:	
DOB:		Practice:	
NHS number:		Phone:	
Address:			
Phone:			
Mobile:			
Email:			
		Patient's GP	
		GP name:	
		Practice:	

**Procedure details**

Procedure undertaken	Right eye	Left eye	Consultant:
Pin hole VA	Right:	Left:	Treatment centre:
Comments:			Date of procedure:

**Slit lamp examination**

Patient gives/has a history of pain, discomfort or sudden reduction in vision?	Yes	No
Anterior chamber activity present? (> 2 cells seen in 2x2 mm field)	Yes	No
Wound red or unusual in any way?	Yes	No
Corneal clarity affected?	Yes	No
Posterior synechiae?	Yes	No
Thickening or posterior capsule?	Yes	No
Any vitreous activity?	Yes	No
Intolerable or unacceptable astigmatism?	Yes	No
Intolerable or unacceptable anisometropia?	Yes	No
Corrected acuity < post-op PH or < 6/12?	Yes	No

IOP (mmHg)	Right eye:	Left eye:

**Refraction**

	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R								
L								
Rx dispensed?							Yes	No

**Action taken / conclusion**

Surgical outcome – Px is: (tick 1 one only)	Pleased?	Disappointed?	Neither?
---	----------	---------------	----------

Suitable for discharge	Unsuitable for discharge send review appointment	I have already made arrangements for urgent referral
------------------------	--	--

I confirm that I have carried out the above examination.	Signature:	Date:
--	------------	-------

Figure 6.1 Self-assessment health questionnaire

### **6.1.2 Stage Two**

The patient attends for the full cataract assessment to elicit relevant ocular, medical and social information, which will assist secondary care facilities to ensure patients receive the most appropriate treatment and care. This will include:

- Pupil dilation and examination by indirect ophthalmoscopy in order to establish whether there are any co-existing ocular disorders as well as cataract
- Discussion of the health questionnaire and any outstanding issues dealt with
- Communicating the relative risks and benefits of cataract extraction
- Ascertaining the patient's willingness for surgery

Clinical guidelines and a patient self-assessment questionnaire will support the participating optometrist to differentiate between:

a) Cataract patients who are not currently appropriate for referral for NHS treatment either because the patient chooses not to be considered for cataract surgery or because the patient has chosen to be referred privately.

b) Cataract patients who are suitable for direct referral to the hospital. In this case, the supporting information provided with the referral will allow the hospital to determine whether the patient is likely to be suitable for a direct access clinic or a traditional clinic due to their more complex health needs.

#### *6.1.2.1 Patients not requiring NHS referral*

Some cataract patients will not require a referral to the hospital for NHS treatment. These will be those that:

- Having been counselled on the risks and benefits of cataract extraction, choose not to proceed with surgery
- Have been assessed under the service but have chosen to be referred for private treatment rather than NHS surgery - these should be referred directly to a named consultant

In these cases the GP should be informed of the patient's decision.

### **6.1.3 Stage Three**

If the patient is willing to undergo surgery and the optometrist considers that they are suitable, then the referral form will be completed and the optometrist will, in accordance with the local protocol:

- Provide the patient with the choice of treatment centres and fax or post the referral and self assessment health questionnaire to this centre, or
- Fax or post the referral and self assessment health questionnaire to the Patient Advice and Referral centre (PAR).

The optometrist will make every effort to ascertain the suitability of the patient for direct referral and their willingness to undergo surgery. It will ultimately be the consultant team that determines the most appropriate clinic route so it would be inappropriate to discuss with patients their likely pathway

## **6.2 Domiciliary Patients**

In order to qualify for a domiciliary GOS sight test, the patient must fall into one of the NHS eligibility categories and be unable to leave home unaccompanied. In order to qualify for a domiciliary cataract assessment under the service, the patient must be able to travel to the treatment centre for treatment if suitable transport can be provided, and be able to co-operate with the procedure. Generally the assessment will be carried out in their home and at the same time where possible and the self assessment health questionnaire will be issued.

If the sight test is carried out by a non-participating optometrist, the patient will be referred via the traditional route using an approved referral form to the GP.

The pathway then follows stages 2 and 3 of the normal pathway but in the patient's home. In some cases it may be possible for part of the assessment to be carried out by telephone, where it has not been possible to provide the full assessment at the time of the initial visit, e.g. discussion of the health self assessment questionnaire.

## **6.3 Post-Operative Services**

Following day case cataract surgery at the treatment centre the patient is discharged with appropriate instructions and medication. The treatment centre will carry out post operative follow-up as per that centre's internal protocols (some follow up at 24 hrs, others at 1 week). If the patient experiences a red or painful eye in the weeks following the operation they are instructed to seek help immediately from the treatment centre.

If all is well the patient will be instructed to visit the referring optometrist after 4 weeks for the final post-op examination and refraction.

### **Outcomes**

1. If the patient is happy, the eye is white and vision is good the optometrist will:
  - a. Complete any report form required and send copies to the treatment centre and GP
  - b. Refer to the treatment centre for second eye operation if appropriate
  - c. Discharge the patient and advise on the interval before next routine sight test
2. If there are any signs of post-operative complications the optometrist will refer back to the treatment centre with the appropriate urgency

## 6.4 The Patient Journey

The key points of note in this patient journey from the perspective of an optical assistant are:

- These patients usually require pre-screening at each appointment
- If dilatory drops are required there will be a period of time where they are waiting for the drops to work which can be for other tests / evaluation of the questionnaire
- As this is planned care (booked in advance) then diary management techniques can be used to make best use of the clinical time, e.g. patient arrives 20 mins early for drop instillation
- As cataract surgery usually results in a change of prescription, new glasses are typically required. It is unusual for these to be prescribed within 4 weeks of the operation due to the presence of post-operative swelling which can affect the final result
- As with all EOS services there is variability by area. Please familiarise yourself with the local variations should services exist in your area.

### **Exercise 6.1 Cataracts**

Watch the EOS Cataract video and podcasts using the link:

<https://ptdsupport.wistia.com/projects/xh3u06sjt8>

# Chapter 7 - Glaucoma Patient Services

**See Cert 3 chapter 18 section 18.1.3 or Cert 3 CL Chapter 6 section 6.1.3 on Glaucoma**

Glaucoma services fall into two main categories:

- Repeat Readings
- Monitoring

## 7.1 Repeat Readings

The aim of a glaucoma repeat readings pathway is to reduce false positive referrals to the hospital eye service, reducing patient anxiety and increasing capacity within the hospital glaucoma clinics.

Accredited optometrists repeat diagnostic tests such as applanation tonometry and visual field testing to confirm the risk of disease and thus improve the accuracy of referrals and deflect unnecessary referrals.

The majority of patients accessing this service has an increased IOP of greater than 21mmHg. Usually these patients require applanation tonometry on two separate occasions as part of the pathway.

### 7.1.1 Outcomes

For patients who enter the service with elevated IOP measurements the procedure is repeated and the following outcomes are possible:

1. Patients who need to be referred for OHT diagnosis based on IOP result
2. Patients who can be referred direct to the OHT monitoring service assuming there is a service in place
3. Where repeated applanation measurements show a consistent difference in pressure of 5 mmHg or more, practitioners may wish to consider whether referral may be appropriate, or whether there is a reasonable explanation (e.g. surgery to one eye)
4. The results are within normal limits and the patient can be discharged

For patients who enter the service with suspect visual field results the procedure is repeated and the following outcomes are possible:

1. The results are within normal limits and the patient can be discharged with advice on regular sight testing proportionate to their risk profile
2. Visual field is suspicious and requires monitoring at appropriate intervals
3. Visual field defect is confirmed and the patient is referred to consultant ophthalmologist

Evaluation of data shows that a reduction in referrals of up to 76% can be achieved following implementation of a Glaucoma Repeat Readings service provided by community optometrists.

## 7.2 Monitoring

The aim of an OHT (Ocular Hypertension) / Stable Glaucoma monitoring pathway is to reduce the number of secondary care consultations for the cohort of patients who are diagnosed as having OHT i.e. consistently high intra-ocular pressures (IOP) but no glaucoma or those with low-risk, stable cases of glaucoma with agreed treatment plans and criteria.

The monitoring service allows patients with diagnosed OHT or low-risk stable glaucoma cases to be co-managed into a primary care setting by community optometrists. Patients can be referred back into secondary care if there was a change in clinical status from the agreed criteria.

### 7.2.1 Outcomes

There are two possible outcomes from these tests:

- No change in clinical status - next appointment as per protocol
- Change in clinical status - patient referred to specialist optometrist or hospital clinic depending on local arrangement.

## 7.3 The Patient Journey

The key points of note in this patient journey from the perspective of an optical assistant are:

- These patients can require pre-screening at each appointment but specific services also have a number of variations that require specific interventions by the optometrist with regards to contact tonometry and visual field testing
- If dilatory drops are required there will be a period of time where they are waiting for the drops to work which can be for other tests / evaluation such as visual fields
- As this is planned care (booked in advance) then diary management techniques can be used to make best use of the clinical time, e.g. patient arrives 20 mins early for drop instillation
- Many practices like to schedule appointments of this type in “blocks” so that an optical assistant and a optometrist can work together with a known schedule of patients to gain maximum efficiency of clinical time
- These appointments very rarely result in a dispense
- As with all EOS services there is variability by area. Please familiarise yourself with the local variations should services exist in your area.

### **Exercise 7.1 Glaucoma**

Watch the EOS Glaucoma videos and podcasts using this link

<https://ptdsupport.wistia.com/projects/8fp41y56tv>

# Chapter 8 - Diabetic Eye Screening Services

Diabetic retinopathy is a common complication of diabetes. If it is not treated, it can lead to blindness.

## **See Cert 3 Chapter 18 section 18.1.5 or Cert 3 CL Chapter 6 section 6.1.5 on Diabetic Retinopathy**

Anyone with diabetes aged 12 years of age or over is eligible to be examined at least annually under the NHS Diabetic Eye Screening Programme, which aims to reduce the risk of vision loss in people with diabetes. Separate arrangements are made for those who are younger than 12 years of age.

In addition to their routine eye sight test, diabetic eye screening identifies retinopathy at an early stage and, if necessary, ensures that appropriate treatment is given. This has been shown to reduce the risk of visual loss by 50%.

In summary, as there is an effective means of early detection for diabetic retinopathy and as there is a treatment available that can help progression it is in the best interest of diabetic patients for screening to occur.

## **8.1 What does the Diabetic Retinal Screening Service involve?**

Typically the screening service involves measuring and recording the patient's distance visual acuity (please refer to Cert 3 chapter 21 or Cert 3 CL Chapter 9, see below), with glasses if worn, and through a pinhole. A pinhole is used to eliminate any resultant blur that may occur if the patient is not wearing glasses to their most recent spectacle prescription.

### **See Cert 3 Chapter 21.1.1 or Cert 3 CL Chapter 9.1.1 on Vision and Visual Acuity**

The patient's pupils are then dilated and Digital Retinal Photographs are taken (please refer to Equipment Used in EOS Chapter 5).

The photographs are then graded either by an in-store grader, or externally, to assess whether any diabetic retinopathy is present, and if so, to what extent.

The images are stored on a secure central database that provides a hard record of previous images from the same patient to compare. This allows early detection of even very subtle changes.

A letter will be sent to the patient's GP and the patient within 6 weeks of the appointment informing them of the outcome.

In Scotland the grading element of service is undertaken by a computer programme that automatically flags those at risk upon analysis of their digital retinal images.



## 8.2 What Are The Potential Outcomes of the Diabetic Screening Appointment?

The potential outcomes fall into three categories:

1. Annual 12 month recall - no retinopathy or early background changes.
2. Early recall Typically 3 or 6 month review dependant on the level of retinopathy.
3. Referral for treatment in the eye clinic, if significant retinopathy is present.

If the images taken upon initial screening are not clear enough to accurately grade from then a recall for a manual check by a qualified grading optometrist, ophthalmologist or GP is required. This involves dilation of the pupil and examination using indirect ophthalmoscopy but may include other procedures. Corneal scars, cataracts, etc. can all cause limitations to the clarity of the images obtained.

Another outcome of the diabetic screening may be an onward referral if other eye conditions that are not linked with Diabetes are detected on the photographs that require further investigation for example undocumented naevii (freckles), scarring, etc.

## 8.3 What Are the Treatments Available?

You have touched on treating diabetic retinopathy in Cert 3 18.1.5 or Cert 3 CL 6.1.5 and will be aware that if retinopathy is identified in its early stages, it may be possible to treat it by controlling the diabetes more effectively.

If you have more advanced retinopathy, there are several treatment options, all of which would be carried out in the hospital eye service.

### - Laser Treatment (*photocoagulation*)

Used to treat new blood vessels which grow in cases of significant diabetic retinopathy. It works by burning the retina, sealing the blood vessels and preventing them from leaking further.

It tends to stabilise the vision and prevent further deterioration, rather than improving it. In addition to this the treated retinal cells are unable to respond to light, which can leave patients with a reduced field of vision and night vision.

Photocoagulation continues to be a vital strategy for treating advanced retinopathy but in recent years Anti-VEGF drugs have been played an important role.

### - Eye Injections (*Anti-VEGF*)

These drugs are injected directly into the eye preventing the formation of new blood vessels.

Unlike laser treatment, which only stabilises the vision, these injections have been shown to improve the level of vision in some patients.

- Eye Surgery

This is essentially the last resort and is only indicated if there is bleed into the vitreous humour do to a high risk of retinal detachment through traction as a post-operative complication.

## 8.4 The Patient Journey

The key points of this patient journey to consider from the perspective of an optical assistant are:

- As dilatory drops are required there will be a period of time when the patient is waiting for these to take effect. During this time you can be checking the next patient's visual acuity, signing paperwork and instilling their dilating drops, before you go on to take your first patient's digital retinal photographs. Using this staggered system makes the diabetic screening programme extremely efficient.
- Even for patients who believe their diabetes and other associated factors are well controlled it is still important to advise them on attending their annual screenings. Screenings can often detect changes before patients realise anything is wrong and early treatment is the most effective type of treatment.

### 8.4.1 How Can I Get Involved?

As an optical assistant working in a store that already has an existing scheme set up there is an opportunity for you to get involved in the diabetic screening service.

During 2016 the training requirements to become a diabetic screener changed to a new format that you will be updated on in due course. The previous training requirement was to undertake the City and Guilds Level 3 Diploma in Diabetic Retinopathy Screening.

This can be an extremely rewarding career and will help you to have an even more active role in providing care for the diabetic patients you see practice.

### 8.4.2 How Can I Find Out if Our Store Can Enrol on the Diabetic Retinal Screening Service?

The diabetic retinopathy screening services if offered in a range of CCGs across the country. If your store does not currently participate in this programme you can find out whether you are able to enrol by going to the link below.

For a comprehensive list of all areas that offer the service you can visit:

<http://www.nhs.uk/Service-Search/Diabetic-eye-screening/LocationSearch/1911>

#### **Exercise 8.1 Diabetic screening**

Watch the video on diabetic screening using this link:

<http://www.nhs.uk/Conditions/Diabetes/Pages/diabetic-eye-screening.aspx>

## Module 2 revision questions

Now complete the revision questions for module 2 (chapters 6-8) - they can be found on iLearn > My Learning within your **Cert 3 EOS** course

# Module 3 - Driver and Vehicle Licensing Agency (DVLA)

## Chapters 9-11

This module will assess the learner's knowledge and understanding on the DVLA processes, regulation and required testing.

### Learning Outcomes and Assessment Criteria:

1. Understand the appropriate fields test method for DVLA assessment and how to assess whether or not the results are reliable enough to meet the DVLA requirements.
2. Understand the rules and guidance surrounding DVLA assessment and who may and may not legally perform each task within it.
3. Understand how to perform appropriate tasks to the specification set out by the DVLA, when delegated by a supervising DVLA-approved optometrist.
4. Understand how to manage patients' concerns and questions sensitively without divulging information inappropriately.
5. Understand the requirements of documentation for a DVLA assessment and communicate with the supervising optometrist if there are any errors in the record which need to be corrected.

# Chapter 9 - Process and Regulations

## 9.1 Introduction

DVLA process a number of cases each year for licence holders and applicants who may have a medical condition which could affect their fitness to drive.

A significant number relate to disorders potentially affecting the ability to meet the eyesight regulations and the recommended visual standards. Such conditions include, but are not limited to, diabetes, strokes and neurosurgical interventions as well as ophthalmic conditions such as glaucoma or retinitis pigmentosa.

The DVLA need to establish whether drivers are able to meet the minimum visual field and acuity standards for safe driving as recommended by the Secretary of State Honorary Medical Advisory Panel on Driving and Visual Disorders, and European Union and Domestic Legislation and have engaged Specsavers to provide visual acuity testing and visual field screening to do it.

The UK medical standards for driver licensing refer to Group 1 and Group 2 license holders:

- Group 1 includes cars and motorcycles
- Group 2 includes large lorries and buses

In most cases, the medical standards for Group 2 drivers are substantially higher than for Group 1 drivers. This is because of the size and weight of the vehicle and the length of time an occupational driver typically spends at the wheel.”

### 9.1.1 Standards for Group 1 Drivers

All drivers must be able to read a car number plate (post 01/09/2001) from a distance of 20m and have a visual acuity of at least 6/12 (decimal 0.5). Please note that contact lenses or glasses may be worn to achieve this standard.

Also, drivers should normally have a field of vision with a width of at least 120 degrees and at least 50 degrees on either side at fixation. In addition, expert medical advice to the DVLA recommends that there should be no significant scotomata (areas of field loss) encroaching within 20 degrees of fixation.

### 9.1.2 Standards for Group 2 Drivers

All drivers must be able to read a car number plate (post 01/09/2001) from a distance of 20m and have a visual acuity of at least 6/7.5 (decimal 0.8) in the best eye and at least 6/60 (decimal 0.1) in the other eye. This standard can be reached using glasses with a corrective power not more than +8.00 dioptres, or with contact lenses. There is no specific limit for the correct power of contact lenses.

Also, drivers should normally have a field of vision with a width of at least 160 degrees and at least 70 degrees on either side at fixation. In addition, expert medical advice to the DVLA

recommends that there should be no significant scotomata (areas of field loss) encroaching within 30 degrees of fixation.

**Note: This does not constitute legal advice and is a mere guide.**

Information on visual standards for driving various classes of vehicle can be found at

[www.dft.gov.uk/dvla/medical/ataglance.aspx](http://www.dft.gov.uk/dvla/medical/ataglance.aspx)

## 9.2 Driving Standards

### 9.2.1 Visual Acuity Standard For All Drivers

The requirement that all drivers must be able read a number plate from 20 metres will be retained. This requirement will still be tested as part of the driving test and the inability to meet this minimum standard is a road traffic offence. In addition, all drivers must have a binocular visual acuity of Snellen decimal 0.5 (6/12). Although drivers will not be required to have a formal eyesight test before they apply for a driving licence, any driver who cannot meet this standard will not be licensed. Glasses or contact lenses may be worn to meet these standards.

### 9.2.2 Visual Field Standard For Group 1 Drivers

Drivers must have a horizontal field of vision of at least 120 degrees. In addition, the extension should be at least 50 degrees left and right and 20 degrees up and down. No defects should be present within the radius of the central 20 degrees. This requirement applies to drivers who are binocular or monocular.

### 9.2.3 Visual Standards for Group 2 Drivers

The ability to meet the visual acuity standards for Group 2 driving is formally checked as part of the medical examination report completed in support of a first application for a lorry or bus licence and on periodic licence renewal from age 45.

As well as being able to read a number plate from 20 metres and to have a binocular visual acuity of Snellen decimal 0.5 (6/12), drivers of lorries and buses must have a visual acuity of Snellen decimal 0.8(6/7.5) in the better eye and decimal 0.1(6/60) in the worse eye.

There is no longer a requirement for Group 2 drivers to have a minimum uncorrected acuity but if glasses are worn for driving they must be of a power no greater than plus eight (+8) dioptries.

Drivers who were first licensed to drive Group 2 vehicles before 1 January 1997 may still benefit from special arrangements that were negotiated.

All Group 2 drivers should have a horizontal visual field of at least 160 degrees with the extension being at least 70 degrees left and right and 30 degrees up and down. No defects should be present within the radius of the central 30 degrees.

#### 9.2.3.1 Substantial reduction of vision in one eye for Group 2 drivers

Where there has been a substantial reduction in vision in one eye, there must be an appropriate

adaptation period before the driver resumes driving. The driver's visual acuity must not fall below the minimum visual acuity allowed in either eye.

#### *9.2.3.2 Impaired contrast sensitivity*

Whether the driver suffers from impaired contrast sensitivity will be considered in the medical examination undertaken as part of the application process.

#### *9.2.3.3 Changes to the D4 Medical Examination report*

The vision assessment section of the D4 medical examination report that lorry and bus drivers must have completed when they first apply for a licence and on licence renewal from age 45, has recently changed to capture the changes to the visual acuity standards. Although some reports will still be completed by doctors, some may need to be taken to opticians/optometrists for completion of the vision assessment.

## **9.2 Store Processes**

**See figure 9.1 on the next page**

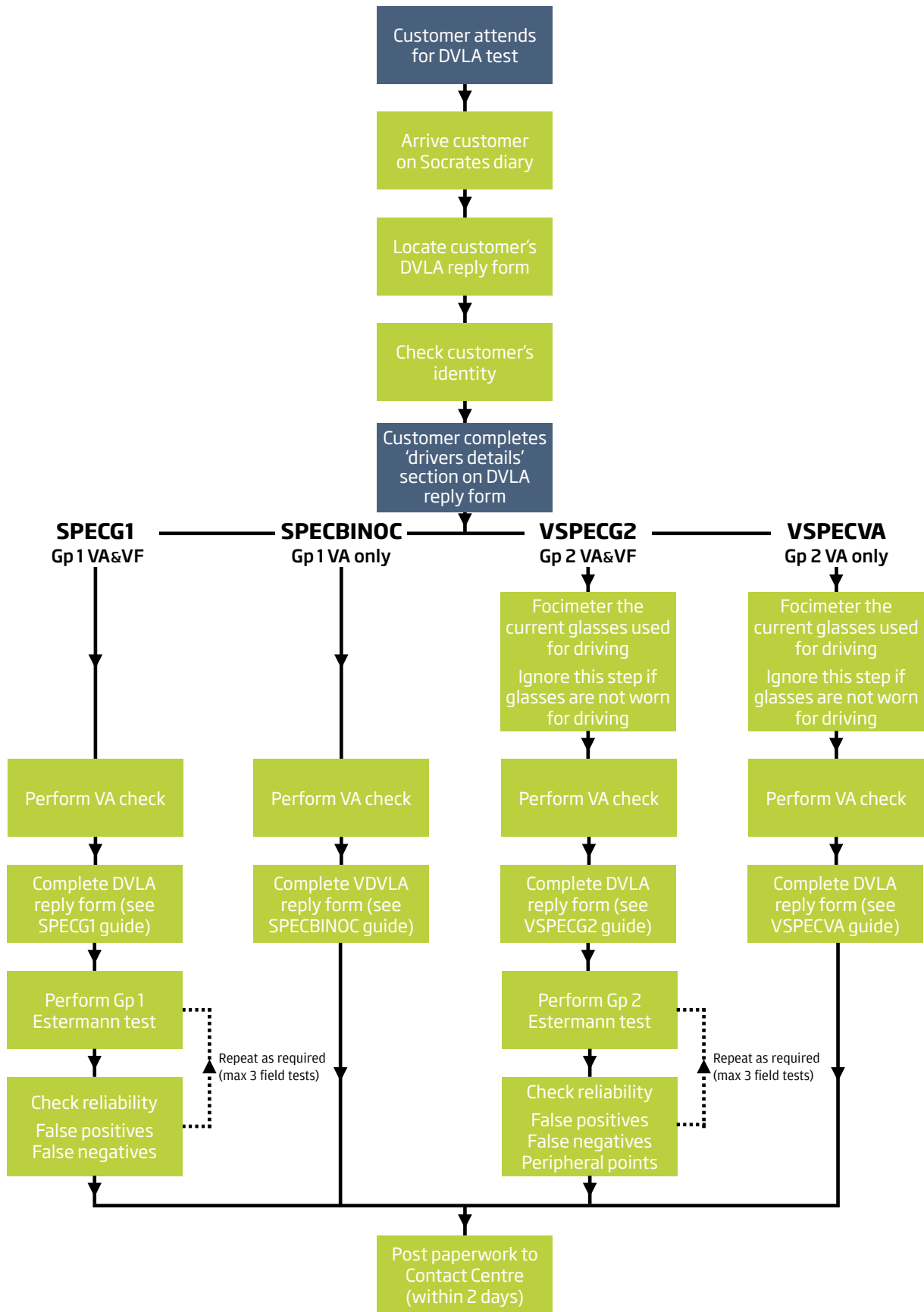


Figure 9.1 Store processes



### **9.3.1 Arrival Of a DVLA Customer In Store**

When a customer arrives in store for their DVLA vision assessment all staff at reception should be able to greet them and “arrive” the appointment on Socrates. It is important the appointment is arrived so we have a trail from the moment the customer arrives in store. Their DVLA reply form should be received from the Contact Centre well ahead of their appointment date and this should be printed out and filed securely until their arrival. When the customer arrives, their reply form should be readily available and located ready for their vision assessment. The customer will have received a letter stating that they must present photographic identification when they arrive for their appointment and so this should be checked against their reply form prior to any assessments being carried out.

It is imperative there is a process implemented in store to highlight the relevant code (e.g. SPECG1, SPECBINOC, VSPECG2, VSPECVA) on the reply form which will indicate the vision assessments that have to be carried out. Any errors made in correctly identifying the assessment types will result on the DVLA rejected the results and the customer having to return for a repeat appointment.

Once the relevant staff member is ready to proceed with the assessments, the customer can be instructed to complete the driver details section of the reply form and the visual assessments can commence in accordance with the code on the reply form. (See Figure 9.1).

### **9.3.2 SPECG1**

Reply forms containing code SPECG1 indicate a group 1 driver who requires a group 1 Estermann fields test and visual acuity (VA) check. The VA check must be performed by a registered OO, DO or CLO or those training as such working under supervision and countersigned by a DVLA approved optometrist. The fields test may be delegated to an optical assistant but this person must be confident and competent in carrying out the delegated task and the customer must not be disadvantaged by having this task delegated to an unregistered member of staff.

The results of the fields test must be check by the DVLA approved optometrist before completing and signing the reply form. The test can be carried out up to 3 times to achieve a reliable result. Reliability is determined by having the amount of false positives and negatives under 20%. An in depth description of each test is provided in Chapter 10.

### **9.3.3 SPECBINOC**

Reply forms containing code SPECBINOC indicate a group 1 driver requiring a VA check only. As before, the VA check must be performed by a registered OO, DO or CLO or those training as such working under supervision and countersigned by a DVLA approved optometrist.

### **9.3.4 VSPECG2**

Reply forms containing code VSPECG2 indicate a group 2 driver, meaning they hold a licence for a HGV, bus, etc., and require a group 2 Estermann fields and VA check. Group 2 drivers require an extra assessment of their driving spectacles. These must be focimetered as part of their appointment to assure the DVLA they do not require a correction exceeding +8.00 Dioptres.

Again, the VA check must be performed by a registered OO, DO or CLO or those training as such working under supervision and countersigned by a DVLA approved optometrist. The fields test may be delegated to an optical assistant but this person must be confident and competent in carrying out the delegated task and the customer must not be disadvantaged by having this task delegated to an unregistered member of staff. It is extremely important that the correct fields test is selected for group 2 drivers as the test for group 1 and group 2 drivers differs and the group 1 Estermann is commonly incorrectly carried out for group 2 drivers resulting in rejection by the DVLA.

### **9.3.5 VSPECVA**

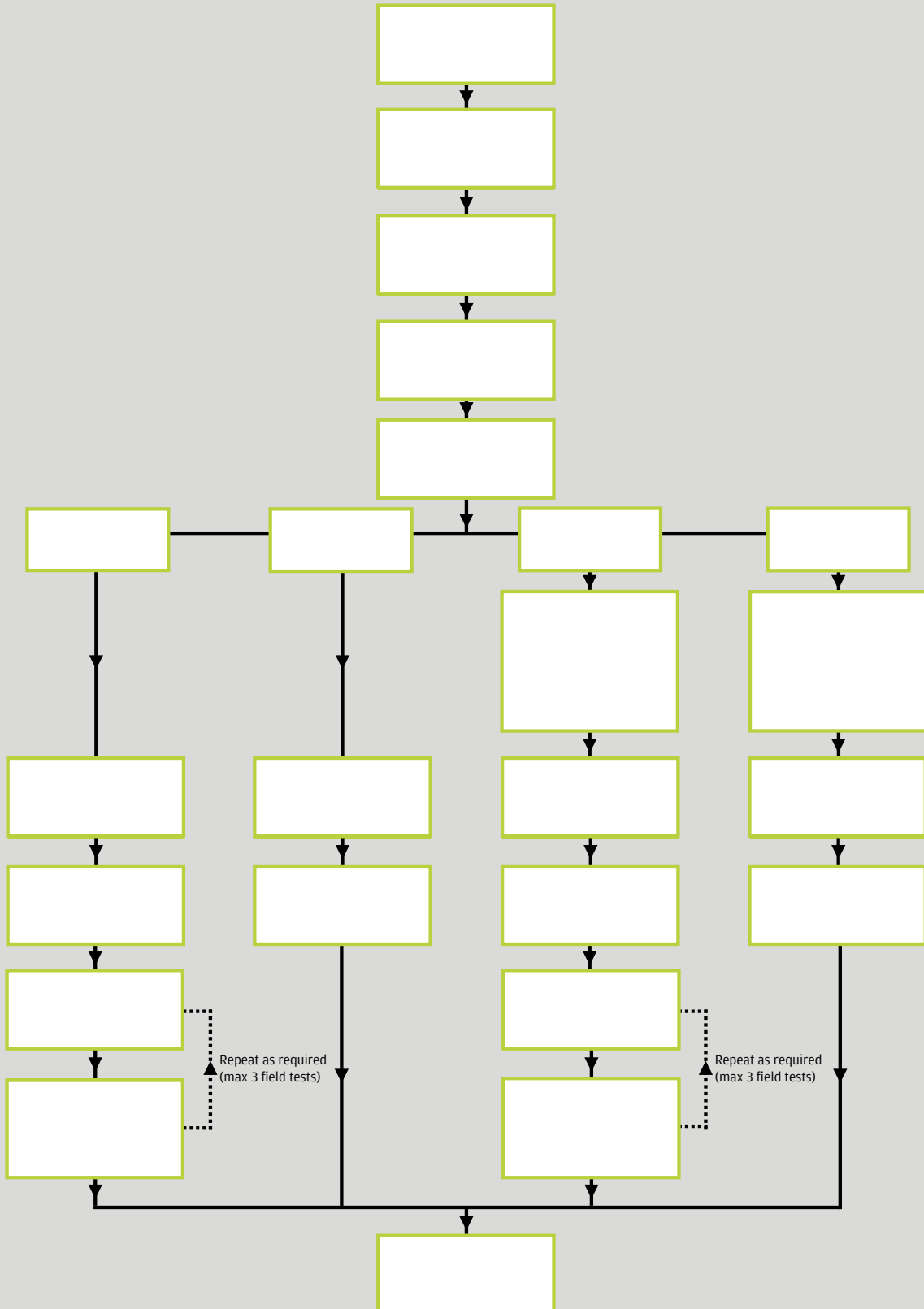
Reply forms containing code VSPECVA indicate a group 2 driver requiring a VA check and focimetry of their driving spectacles.

All reply forms must be completed and signed by a DVLA approved optometrist after checking all results and reliability of assessments. Details regarding how to accurately complete the reply forms for both groups are contained in Chapter 11.

All paperwork and results must be returned to the contact centre within 2 days of the appointment date.

### Exercise 9.1 DVLA customer journey

Find out the DVLA customer journey in your store and note in the flow chart below. Compare your flow chart to the one show in Figure 9.1 and note any actions on the action plan (on next page) that could improve the customer journey in your store.





# Chapter 10 - DVLA Testing

## 10.1 DVLA Testing

There are four types of test that the DVLA could request for drivers. All involve visual acuity measurement with, and without, the current correction used for driving. In addition, two of the tests require visual field assessment using the binocular Estermann test.

The results of any test are recorded on the DVLA reply form. The type of tests required are stated in the cover letter emailed to store and can also be determined from the different DVLA reply forms which are identified by the following codes:

**SPECG1** Group 1 - visual acuity & visual field assessment

**SPECBINOC** Group 1 - visual acuity assessment only

**VSPECG2** Group 2 - visual acuity & visual field assessment

**VSPECVA** Group 2 - visual acuity assessment only

### 10.1.1 Visual Acuity Testing

VA testing may be delegated to any optometrist, contact lens optician or dispensing optician (or any individual training as such) with countersignatures from the DVLA approved optometrist.

The DVLA approved optometrist must ensure that any delegated test is executed correctly and the results recorded accurately.

The following acuities should be recorded on the DVLA reply form:

- Monocular and binocular unaided acuities
- Monocular and binocular corrected acuities (where applicable)

If a driver requires correction, VA must be measured with the current glasses worn for driving. The driver must also confirm that he/she wears the appropriate correction for driving.

It is important that the actual acuity should be measured down to 1/60. Beyond this it must be recorded as Hand Movement (HM), Count Fingers (CF), Perceives Light Only (PLO), or No Perception of Light (NPL).

DVLA will not accept a Snellen reading shown with a plus (+) or minus (-) e.g. 6/6-2 or 6/9+3. DVLA will only accept visual acuities where the last line seen is read in its entirety.

For Group 2 licensing, the Dioptre correction for each lens must be measured for the glasses currently worn for driving. DVLA requests confirmation whether either lens for the glasses currently worn for driving is greater than +8.00DS in any meridian.

### 10.1.2 DVLA Contracted Field Machines

It is important that only DVLA approved machines are used. The recommended machines currently for purchase are the Henson 9000 and Humphrey HFA 830. See Figure 10.1.



*Figure 10.1 The HFA 830 Humphrey Field Analyser is one of only 2 visual field machines contracted for DVLA group 2 testing; along with the Henson 9000*

### 10.1.3 Visual Field Testing

A **binocular Esterman test** should be performed to assess the field of vision for a driver using one of the field machines from the DVLA contracted list.

The Henson 9000 and Humphrey 830 are capable of performing both group 1 and group 2 visual field assessments. Select the appropriate Estermann test (group 1 or 2) as required for these machines. All other field machines can only perform group 1 tests.

Visual field testing must be carried out by an appropriately qualified and trained operator but can be carried out as a delegated function with countersignatures from the DVLA approved optometrist.

Please ensure the machine is located in a quiet location and free from distraction with illumination appropriate to the specification for the equipment used.

Visual field testing should be conducted with the habitual visual correction used for driving. If the driver requires glasses to drive, perform the test using the driver's current glasses. If the driver does not wear glasses to drive, perform the test without correction. However, there may be certain issues if the patient's frame is small, has a significant rim or thick side and this may cause them to miss some targets. If there are missed points on the periphery (not limited to those tested at 80° either side of fixation) that may be caused by the frames of the glasses worn for the test, please repeat the test without glasses. Please indicate on the field charts whether glasses were worn or not.

Also depending on the person's prescription the clarity of the targets may be clearer without their distance glasses. They may also prefer to wear their reading glasses for the test. The DVLA has stated that discretion should be used and the customer be allowed to wear any glasses with which they are most comfortable. The test may be repeated with glasses and then without glasses if required, to ensure that the customer has had every opportunity to perform the test as best as possible. Please submit all field charts and write on the reports whether glasses are worn or not.

**The Esterman test is performed binocularly.**

The DVLA customer M-code should be used as a unique identifier on the field chart. This is the code as printed on the bottom left of the DVLA reply form. The M-code can also be formed by copying the case reference number from the top of the DVLA reply form next to a letter 'M'.

**Please input the M-code into the field machine as the patient ID so it is printed or write the code onto the chart after printing.**

The field machine and printer must be in good working order and any printed field charts should be clear and legible.

The **'false positive' score must be no more than 20%**. Charts not conforming to this criteria will be rejected and must be repeated at the same appointment.

Where a visual field has a **high level of 'false negatives' (greater than 20%) the test should be repeated** at least three times in an attempt to reduce the level of 'false negatives' unless several attempts have already been made.

**There is one further reason to repeat a visual field test but specific to group 2 testing.** If the two most lateral points at the horizontal limit of the visual field are missed on either side, please repeat the field test without glasses. If any other points are missed, retesting without glasses would not generally be needed.

See the example in Figure 10.2.

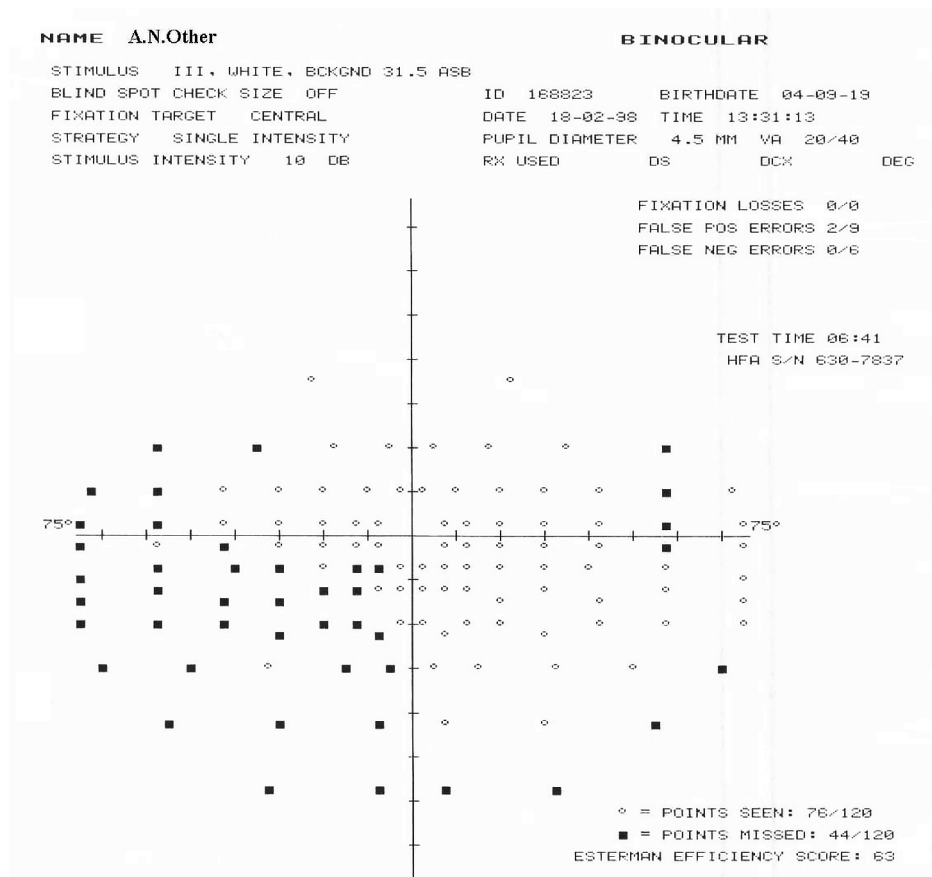


Figure 10.2 The group 2 Esterman chart above shows a defect where the two most lateral points at the horizontal limit of the left side have been missed. If the two most lateral points are missed on either side the DVLA request that the field test is repeated for the customer without glasses.

You can also repeat the field test if you feel that there is any doubt that the patient has missed some points that are not due to a genuine field defect.

Where a visual field test needs to be repeated, allow the customer to take a short break to prepare for their next attempt. It is important that the customer does not feel rushed in performing the repeat fields test.

Each visual field test conducted should be printed. If an accurate chart cannot be produced after **at least 3 attempts** cease testing. Make an explanatory note on one of the visual field charts and send all the charts with the completed DVLA reply form to the Contact Centre.

Print one copy of each completed field test to send to the Contact Centre at the address detailed in **'Next steps'** in 10.3 along with the DVLA reply form. Further copies of any field test charts should be made for the customer record as per usual store protocols.



## 10.2 Discussing the Results of the Tests

The general rule is that you should not discuss the result of the test with the patient. The results will be forwarded to the DVLA Medical Team for analysis and DVLA will contact the driver directly with their outcome.

However, there are some exceptions to this and you should use your discretion. For example, in checking the visual acuity the optometrist will be aware straight away if the patient does not achieve the required acuity. It is quite legitimate to discuss this result with the patient in general terms. For example, you could point out the required standard of vision on the test chart. The patient will know if they cannot read this line and this could lead into a discussion of how it is possible to achieve better acuity. The optometrist could then discuss the option of having an up to date eye test and repeating the test and completing the forms at a later date. (If the patient decides to undertake a sight test and update their prescription, etc. then you must notify the Contact Centre asap).

Optometrists should be aware that the patient will still be driving, and they may feel it appropriate to inform the patient if they are below the standard, even if the visual field test appears full and normal.

## 10.3 Next Steps

1. Ensure that the DVLA reply form is completed in full and signed by both the DVLA approved optometrist and the driver. For additional guidance on completing the different DVLA reply forms see Chapter 11. Please ensure the printed copies of the field charts are good quality and that the field plots are able to be seen clearly.
2. The DVLA registered optometrist must ensure that any delegated test is executed correctly and the results recorded accurately.
- 3. Please make a copy of the completed DVLA reply form and hold on the patient's file with copies of the corresponding field charts.**
- 4. It is important that you do not comment on the results of the tests. Explain that a decision will be made by the DVLA, at their sole discretion,** once they have reviewed the test results as part of the criteria they use to determine if a customer may be granted a license or not. Explain that the DVLA will contact the driver directly.
- 5. Return the completed DVLA reply form (with field test printouts where applicable) within 2 days to the Contact Centre.**

Pre-addressed envelopes are available on Mauve or post to:

Specsavers Contact Centre (DVLA Team)  
Specsavers Optical Superstores,  
Cirrus House,  
10 Experian Way,  
Nottingham. NG2 1EP

## 10.4 Analysing Fields Plots

### 10.4.1 DVLA Requirements

The minimum field of vision for safe driving is defined as “a field of at least 120° on the horizontal measured using a target equivalent to the white Goldmann III4e settings. In addition, there should be no significant defect in the binocular field which encroaches within 20° of fixation above or below the horizontal meridian”. This means that the minimum binocular visual field requirement for safe driving is “120° horizontally and 20° above and below fixation”. For example, homonymous (same in both eye) or bitemporal hemianopia (half field) or quadrantanopia (quarter field) defects are therefore not normally accepted as safe for driving.

If a visual field assessment is necessary to determine fitness to drive, DVLA requires this to be on a binocular Esterman field. In specific circumstances and for specific conditions monocular full field charts may also be requested by the DVLA. Goldmann perimetry may also be carried out instead of an Esterman field as long as strict criteria is adhere to.

The Secretary of State’s Advisory Panel for Visual Disorders and Driving advises that, for an Esterman binocular chart to be considered reliable for licensing, the false positive score must be no more than 20 per cent. When assessing monocular charts and Goldmann perimetry, fixation accuracy will also be considered.

The interpretation of visual field charts for the purposes of driver licensing described below refers to perimetry performed on a Humphrey Field Analyser.

#### Group 1 licensing

The following are generally regarded as acceptable central loss:

- Scattered single missed points
- Single cluster of up to three adjoining points

The following are generally regarded as unacceptable (ie ‘significant’) central loss:

- A cluster of four or more adjoining points that is either wholly or partly within the central 20 degree area
- Loss consisting of both a single cluster of three adjoining missed points up to and including 20 degrees from fixation, and any
- Additional separate missed point(s) within the central 20 degree area. Any central loss that is an extension of a hemianopia or quadrantanopia of size greater than three missed points

#### Field of vision requirement for the holding of Group 2 licence entitlement

- Panel has considered that the Group 2 visual field standard will be interpreted as follows:
- Measurement of at least 160° on the horizontal plane

- An extension of at least 70° left and an extension of at least 70° right (i.e. 70° either side of fixation)
- An extension of at least 30° above and an extension of at least 30° below the horizontal plane (i.e. 30° above and below fixation)
- There should be no significant defect within 70° right and 70° left and between 30° up and 30°down
- To have a total of up to three missed points, which may or may not be contiguous
- No defect is present within a radius of the central 30°
- No other impairment of visual function, including glare sensitivity, contrast sensitivity or impairment of twilight vision

### **Exercise 10.1 Fields plots**

With the help of your supervisor, analyse the fields plot show in Figure 10.2.

Discuss the following points:

- What does the plot signify based on the criteria stated in section 10.4.1?

- What data indicates whether the plot is reliable or not?

- What is an acceptable percentage for the plot to be classed as reliable?

- What is Estermann efficiency score?

- Why are the 120 points presented in the pattern shown?

How should this test have been performed?

- What would you tell the patient in this instance?

# Chapter 11 Completing Reply Forms

It is vital that the reply forms are completed accurately and so this chapter provides a guide to completing the forms correctly. Any forms returned to the DVLA incomplete or inaccurate will be returned to store and may result in the patient having to repeat the assessments.

# How to complete the DVLA reply form - SPECG1

## SPECG1 - Group 1: VA check & visual field test

Driver & Vehicle Licensing Agency

**SPECG1REPLY**  
 \* 2 1 1 3 3 9 7 8 - SPECG1REPLY \*  
 2 1 1 3 3 9 7 8 SPECG1REPLY

Driver and Vehicle Licensing Agency  
 Drivers Medical Group  
 Swansea  
 SA99 1TU

RE: Mr Leg.  
Case Reference: 21133978  
 Letter Reference: SPECG1  
 Date: 10 June 2014

\*\*Please ensure the driver completes their contact details and the declaration overleaf\*\*

**DIAGNOSIS of eye condition(s)**

Right Eye \_\_\_\_\_  
 Left Eye \_\_\_\_\_

❖ Please measure the visual acuities using the 6 metre Snellen chart.  
 ❖ We cannot accept a Snellen reading shown with a plus (+) or minus (-) e.g. 6/6-2, 6/9+3.  
 ❖ We will only accept visual acuities where the last line is read in its entirety.

Uncorrected acuities		
RIGHT EYE	LEFT EYE	BINOULAR
Corrected acuities <small>(using the prescription currently worn for driving)</small>		
RIGHT EYE	LEFT EYE	BINOULAR

❖ Please indicate (✓) the scale you have used to express the driver's visual acuities

Snellen     Snellen expressed as a decimal     LogMAR

Driver & Vehicle Licensing Agency

**M21133978**

**Note 1 - Case reference number**

**Note 2 - Diagnosis of eye condition**

**Note 3 - Unaided acuities  
Corrected acuities**

**Note 4 - Scale used to express visual acuities**

**M-code**

## Notes

### Note 1 - Case reference number

- This number is used as the primary identifier for the driver. It should be written after a letter M as per the code on the bottom left corner of the reply form. (e.g. M21133978)

### Note 2 - Diagnosis of eye condition

- Ask the driver to declare their eye condition. There is no requirement for the clinician to make a diagnosis themselves.
- Record the diagnosis of eye condition for each eye.
- Reasons may include but are not limited to blepharospasm, branch retinal vein occlusion, cataract, diplopia, glaucoma, hemianopia, macular degeneration, night blindness, nystagmus, optic atrophy, optic neuritis, reduced visual acuity, retinal treatment, retinitis pigmentosa, retinopathy, tunnel vision, Usher syndrome, visual field defect.
- If no condition is present or the patient does not know record 'unknown'.

### Note 3 - Unaided acuities Corrected acuities

- Record unaided monocular and binocular acuities.
- Record corrected monocular and binocular acuities using the prescription currently worn for driving. If the driver does not require any correction, record N/A for not applicable.
- It is important that the acuities should be measured down to 1/60. Beyond this it must be recorded as Hand Movement (HM), Count Fingers (CF), Perceives Light Only (PLO), or No Perception of Light (NPL).
- DVLA cannot accept a Snellen reading shown with a plus (+) or minus (-) e.g. 6/6-2 or 6/9+3. DVLA will only accept visual acuities where the last line seen is read in its entirety

### Note 4 - Scale used to express visual acuities

- Choose scale as appropriate.

**Driver's Details**

Full Name: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ (DD/MM/YYYY)  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Post Code: \_\_\_\_\_  
Confirmation of details: I confirm the above details are correct  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Driver's Declaration**

**\*Required when corrections are required:**  
I agree to wear the correction overleaf in order to meet the legal eyesight standard when driving.  
Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Print name: \_\_\_\_\_

**Optician Details**

Optometrist Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Print Name: \_\_\_\_\_

**Optician/Optomtrist Stamp**

Rev May 14

Driver & Vehicle Licensing Agency

M21133978

**Note 5 - Driver's details**

**Note 6 - Driver's declaration**

**Note 7 - Optician details**

**Note 8 - Optician stamp**

## Notes (continued)

### Note 5 - Driver's details

- Ensure this is completed fully by the driver.
- The driver must complete name, date of birth, telephone number, address, signature and date.

### Note 6 - Driver's declaration

- Ensure this is completed fully by the driver only if they require correction to meet the legal visual standard when driving. Leave blank otherwise.
- The driver must complete signature, printed name and date.

### Note 7 - Optician details

- Sign, print and date the DVLA reply form.
- The reply form can only be signed by a DVLA approved optometrist.

### Note 8 - Optician stamp

- Use store stamp.

## SPECBINOC - Group 1: VA check only

Driver & Vehicle Licensing Agency

Driver and Vehicle Licensing Agency  
Drivers Medical Group  
Swansea  
SA99 1TU

**SPECBINOCREPLY**

\* 2 1 1 3 3 9 7 8 - S P E C B I O N C R E P \*  
2 1 1 3 3 9 7 8  
S P E C B I N O C R E P L Y

RE: Mr Leg.  
Case Reference: 21133978  
 Letter Reference: SPECBINOC  
 Date: 10 June 2014

**Note 1 - Case reference number**

\*\*Please ensure the driver completes their contact details and the declaration overleaf\*\*

DIAGNOSIS of eye condition(s)

Right Eye	
Left Eye	

**Note 2 - Diagnosis of eye condition**

❖ Please measure the visual acuities using the 6 metre Snellen chart.  
 ❖ We cannot accept a Snellen reading shown with a plus (+) or minus (-) e.g. 6/6-2, 6/9+3.  
 ❖ We will only accept visual acuities where the last line is read in its entirety.

Uncorrected acuities		
RIGHT EYE	LEFT EYE	BINOCULAR
Corrected acuities <i>(using the prescription currently worn for driving)</i>		
RIGHT EYE	LEFT EYE	BINOCULAR

**Note 3 - Unaided acuities  
Corrected acuities**

❖ Please indicate (✓) the scale you have used to express the driver's visual acuities

Snellen     Snellen expressed as a decimal     LogMAR

**Note 4 - Scale used to express visual acuities**

M21133978

Driver & Vehicle Licensing Agency

**M-code**

## Notes

### Note 1 - Case reference number

- This number is used as the primary identifier for the driver. It should be written after a letter M as per the code on the bottom left corner of the reply form. (e.g. M21133978)

### Note 2 - Diagnosis of eye condition

- Ask the driver to declare their eye condition. There is no requirement for the clinician to make a diagnosis themselves.
- Record the diagnosis of eye condition for each eye.
- Reasons may include but are not limited to blepharospasm, branch retinal vein occlusion, cataract, diplopia, glaucoma, hemianopia, macular degeneration, night blindness, nystagmus, optic atrophy, optic neuritis, reduced visual acuity, retinal treatment, retinitis pigmentosa, retinopathy, tunnel vision, Usher syndrome, visual field defect.
- If no condition is present or the patient does not know record 'unknown'.

### Note 3 - Unaided acuities Corrected acuities

- Record unaided monocular and binocular acuities.
- Record corrected monocular and binocular acuities using the prescription currently worn for driving. If the driver does not require any correction, record N/A for not applicable.
- It is important that the acuities should be measured down to 1/60. Beyond this it must be recorded as Hand Movement (HM), Count Fingers (CF), Perceives Light Only (PLO), or No Perception of Light (NPL).
- DVLA cannot accept a Snellen reading shown with a plus (+) or minus (-) e.g. 6/6-2 or 6/9+3. DVLA will only accept visual acuities where the last line seen is read in its entirety

### Note 4 - Scale used to express visual acuities

- Choose scale as appropriate.



**Driver's Details**

Full Name: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ (DD/MM/YYYY)  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Post Code: \_\_\_\_\_

Confirmation of details: I confirm the above details are correct  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Driver's Declaration**

**\*Required when corrections are required:**  
I agree to wear the correction overleaf in order to meet the legal eyesight standard when driving.  
Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Print name: \_\_\_\_\_

**Optician Details**

Optometrist signature: \_\_\_\_\_ Date \_\_\_\_\_  
Print Name: \_\_\_\_\_

**Optician/Optomtrist Stamp**

Rev May 14

M21133978  
Driver & Vehicle Licensing Agency

**Note 5 - Driver's details**

**Note 6 - Driver's declaration**

**Note 7 - Optician details**

**Note 8 - Optician stamp**

## Notes (continued)

### Note 5 - Driver's details

- Ensure this is completed fully by the driver.
- The driver must complete name, date of birth, telephone number, address, signature and date.

### Note 6 - Driver's declaration

- Ensure this is completed fully by the driver only if they require correction to meet the legal visual standard when driving. Leave blank otherwise.
- The driver must complete signature, printed name and date.

### Note 7 - Optician details

- Sign, print and date the DVLA reply form.
- The reply form can only be signed by a DVLA approved optometrist.

### Note 8 - Optician stamp

- Use store stamp.

# How to complete the DVLA reply form - VSPECG2

## VSPECG2 - Group 2: VA check & visual field test

Driver & Vehicle Licensing Agency

VSPECG2REPLY  
 \* 2 7 9 1 4 6 9 6 - VSPECG2REPLY \*  
 2 7 9 1 4 6 9 6 VSPECG2REPLY

RE: Ms Flores.  
 Case Reference: 27914696  
 Letter Reference: VSPECG2  
 Date: 10 June 2014

Driver and Vehicle Licensing Agency  
 Drivers Medical Group  
 Swansea  
 SA99 1TU

\*\*Please ensure the driver completes their contact details and the declaration overleaf\*\*

DIAGNOSIS of eye condition(s)

Right Eye \_\_\_\_\_  
 Left Eye \_\_\_\_\_

❖ Please measure the visual acuities using the 6 metre Snellen chart.  
 ❖ We cannot accept a Snellen reading shown with a plus (+) or minus (-) e.g 6/6-2, 6/9+3.  
 ❖ We will only accept visual acuities where the last line is read in its entirety.

Uncorrected acuities		
RIGHT EYE	LEFT EYE	BINOCULAR
<input style="width: 100px; height: 30px;" type="text"/>	<input style="width: 100px; height: 30px;" type="text"/>	<input style="width: 100px; height: 30px;" type="text"/>
Corrected acuities <small>(using the prescription currently worn for driving)</small>		
RIGHT EYE	LEFT EYE	BINOCULAR
<input style="width: 100px; height: 30px;" type="text"/>	<input style="width: 100px; height: 30px;" type="text"/>	<input style="width: 100px; height: 30px;" type="text"/>

❖ Please indicate (✓) the scale you have used to express the driver's visual acuities

Snellen     Snellen expressed as a decimal     LogMAR

❖ If glasses (not contact lenses) are worn, is the distance spectacle prescription of either lens used of a corrective power greater than plus 8 (+8) dioptres in any meridian?

Yes     No

❖ Did the driver complete the visual field test wearing glasses currently worn for driving?

❖ If a correction is worn for driving, is it well tolerated?

❖ Please provide the date of the eye test

Day     Month     Year

Driver & Vehicle Licensing Agency

M27914696

**Note 1 - Case reference number**

**Note 2 - Diagnosis of eye condition**

**Note 3 - Unaided acuities  
Corrected acuities**

**Note 4 - Scale used to express visual acuities**

**Note 5 - Is corrective power of either lens greater than +8.00DS?**

**Note 6 - Driving correction worn for fields?**

**Note 7 - Is correction well tolerated?**

**Note 8 - Date of eye test**

**M-code**

### Notes

#### Note 1 - Case reference number

- This number is used as the primary identifier for the driver.

#### Note 2 - Diagnosis of eye condition

- Ask the driver to declare their eye condition. There is no requirement for the clinician to make a diagnosis themselves.
- Record the diagnosis of eye condition for each eye.
- Reasons may include but are not limited to blepharospasm, branch retinal vein occlusion, cataract, diplopia, glaucoma, hemianopia, macular degeneration, night blindness, nystagmus, optic atrophy, optic neuritis, reduced visual acuity, retinal treatment, retinitis pigmentosa, retinopathy, tunnel vision, Usher syndrome, visual field defect.
- If no condition is present or the patient does not know record 'unknown'.

#### Note 3 - Unaided acuities Corrected acuities

- Record unaided monocular and binocular acuities.
- Record corrected monocular and binocular acuities using the prescription currently worn for driving. If the driver does not require any correction, record N/A for not applicable.
- It is important that the acuities should be measured down to 1/60. Beyond this it must be recorded as Hand Movement (HM), Count Fingers (CF), Perceives Light Only (PLO), or No

Perception of Light (NPL).

- DVLA cannot accept a Snellen reading shown with a plus (+) or minus (-) e.g. 6/6-2 or 6/9+3. DVLA will only accept visual acuities where the last line seen is read in its entirety

#### Note 4 - Scale used to express visual acuities

- Choose scale as appropriate.

#### Note 5\* - Is the corrective power of either lens greater than +8.00DS?

- Confirm yes/no whether the corrective power of either lens for the glasses currently worn for driving is greater than +8.00DS in any meridian.

#### Note 6\* - Driving correction worn for fields?

- Confirm yes/no whether the driver completed the visual field test wearing their glasses currently worn for driving.

#### Note 7\* - Is correction well tolerated

- Confirm yes/no whether the correction worn for driving is well tolerated.

**\* If the driver does not wear glasses for driving enter N/A for not applicable.**

#### Note 8 - Date of eye test

- Record the date that the DVLA visual test has been conducted

**Driver's Details**

Full Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ (DD/MM/YYYY)

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Confirmation of details: I confirm the above details are correct

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Driver's Statement**

To be completed by ALL drivers. Please (✓) the appropriate box.

I do not wear glasses/contact lenses to meet the legal standard to drive a lorry/bus.

I wear glasses/contact lenses to meet the legal standard to drive a lorry/bus.  
*(This means that a restriction, 01, will be placed on your licence and you must wear glasses/contact lenses to drive a lorry)*

I wear glasses/contact lenses to meet the legal standard to drive a car/motorcycle.  
*(This means that a restriction, 01, will be placed on your licence and you must wear glasses/contact lenses to drive a car/motorcycle)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**Optician Details**

Optometrist signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Optician/Optometrist Stamp**

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Driver & Vehicle Licensing Agency

M27914696

**Note 9 - Driver's details**

**Note 10 - Driver's statement**

**Note 11 - Optician details**

**Note 12 - Optician stamp**

## Notes (continued)

### Note 9 - Driver's details

- Ensure this is completed fully by the driver.
- The driver must complete name, date of birth, telephone number, address, signature and date.

### Note 10 - Driver's statement

- Ensure this is completed fully by all drivers.
- The driver must select and tick the appropriate statement.
- The driver must complete signature, printed name and date.

### Note 11 - Optician details

- Sign, print and date the DVLA reply form.
- The reply form can only be signed by a DVLA approved optometrist.

### Note 12 - Optician stamp

- Use store stamp.

## VSPECVA - Group 2: VA check only

Driver & Vehicle Licensing Agency

VSPECVAREPLY  
\* 2 7 9 1 4 6 9 6 - VSPECVAREPLY \*  
2 7 9 1 4 6 9 6 VSPECVAREPLY

RE: Ms Flores.  
Case Reference: 27914696  
Letter Reference: VSPECVA  
Date: 10 June 2014

Driver and Vehicle Licensing Agency  
Drivers Medical Group  
Swansea  
SA99 1TU

\*\*Please ensure the driver completes their contact details and the declaration overleaf\*\*

DIAGNOSIS of eye condition(s)

Right Eye \_\_\_\_\_  
Left Eye \_\_\_\_\_

❖ Please measure the visual acuities using the 6 metre Snellen chart.  
❖ We cannot accept a Snellen reading shown with a plus (+) or minus (-) e.g 6/6-2, 6/9+3.  
❖ We will only accept visual acuities where the last line is read in its entirety.

Uncorrected acuities		
RIGHT EYE	LEFT EYE	BINOCULAR
<input type="text"/>	<input type="text"/>	<input type="text"/>
Corrected acuities <small>(using the prescription currently worn for driving)</small>		
RIGHT EYE	LEFT EYE	BINOCULAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

❖ Please indicate (✓) the scale you have used to express the driver's visual acuities

Snellen     Snellen expressed as a decimal     LogMAR

❖ If glasses (not contact lenses) are worn, is the distance spectacle prescription of either lens used of a corrective power greater than plus 8 (+8) dioptres in any meridian?  
 Yes     No

❖ Did the driver complete the visual field test wearing glasses currently worn for driving?  
 Yes     No

❖ If a correction is worn for driving, is it well tolerated?  
 Yes     No

❖ Please provide the date of the eye test

Day    Month    Year  
       

Driver & Vehicle Licensing Agency

M27914696

**Note 1 - Case reference number**

**Note 2 - Diagnosis of eye condition**

**Note 3 - Unaided acuities  
Corrected acuities**

**Note 4 - Scale used to express visual acuities**

**Note 5 - Is corrective power of either lens greater than +8.00DS?**

**Note 6 - Driving correction worn for fields?**

**Note 7 - Is correction well tolerated?**

**Note 8 - Date of eye test**

**M-code**

## Notes

### Note 1 - Case reference number

- This number is used as the primary identifier for the driver.

### Note 2 - Diagnosis of eye condition

- Ask the driver to declare their eye condition. There is no requirement for the clinician to make a diagnosis themselves.
- Record the diagnosis of eye condition for each eye.
- Reasons may include but are not limited to blepharospasm, branch retinal vein occlusion, cataract, diplopia, glaucoma, hemianopia, macular degeneration, night blindness, nystagmus, optic atrophy, optic neuritis, reduced visual acuity, retinal treatment, retinitis pigmentosa, retinopathy, tunnel vision, Usher syndrome, visual field defect.
- If no condition is present or the patient does not know record 'unknown'.

### Note 3 - Unaided acuities Corrected acuities

- Record unaided monocular and binocular acuities.
- Record corrected monocular and binocular acuities using the prescription currently worn for driving. If the driver does not require any correction, record N/A for not applicable.
- It is important that the acuities should be measured down to 1/60. Beyond this it must be recorded as Hand Movement (HM), Count Fingers (CF), Perceives Light Only (PLO), or No

Perception of Light (NPL).

- DVLA cannot accept a Snellen reading shown with a plus (+) or minus (-) e.g. 6/6-2 or 6/9+3. DVLA will only accept visual acuities where the last line seen is read in its entirety

### Note 4 - Scale used to express visual acuities

- Choose scale as appropriate.

### Note 5\* - Is the corrective power of either lens greater than +8.00DS?

- Confirm yes/no whether the corrective power of either lens for the glasses currently worn for driving is greater than +8.00DS in any meridian.

### Note 6\* - Driving correction worn for fields?

- Confirm yes/no whether the driver completed the visual field test wearing their glasses currently worn for driving.

### Note 7\* - Is correction well tolerated

- Confirm yes/no whether the correction worn for driving is well tolerated.

**If the driver does not wear glasses for driving enter N/A for not applicable.**

### Note 8 - Date of eye test

- Record the date that the DVLA visual test has been conducted

**Driver's Details**

Full Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ (DD/MM/YYYY)

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Confirmation of details: I confirm the above details are correct

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Driver's Statement**

To be completed by ALL drivers. Please (✓) the appropriate box.

I do not wear glasses/contact lenses to meet the legal standard to drive a lorry/bus.

I wear glasses/contact lenses to meet the legal standard to drive a lorry/bus.  
*(This means that a restriction, 01, will be placed on your licence and you must wear glasses/contact lenses to drive a lorry)*

I wear glasses/contact lenses to meet the legal standard to drive a car/motorcycle.  
*(This means that a restriction, 01, will be placed on your licence and you must wear glasses/contact lenses to drive a car/motorcycle)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**Optician Details**

Optometrist signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

**Optician/Optomtrist Stamp**

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**Note 9 - Driver's details**

**Note 10 - Driver's statement**

**Note 11 - Optician details**

**Note 12 - Optician stamp**

## Notes (continued)

### Note 9 - Driver's details

- Ensure this is completed fully by the driver.
- The driver must complete name, date of birth, telephone number, address, signature and date.

### Note 10 - Driver's statement

- Ensure this is completed fully by all drivers.
- The driver must select and tick the appropriate statement.
- The driver must complete signature, printed name and date.

### Note 11 - Optician details

- Sign, print and date the DVLA reply form.
- The reply form can only be signed by a DVLA approved optometrist.

### Note 12 - Optician stamp

- Use store stamp.







**Driver's Details**

Full Name: JAMES BLAIN

D.O.B. 12/03/59 (DD/MM/YYYY)

Telephone Number: \_\_\_\_\_

Address: 30 WELSH COURT  
MANCHESTER

Post Code: \_\_\_\_\_

Confirmation of details: I confirm the above details are correct

Signature JB Date 15/12/15

**Driver's Declaration**

**\*Required when corrections are required:**

I agree to wear the correction overleaf in order to meet the legal eyesight standard when driving.

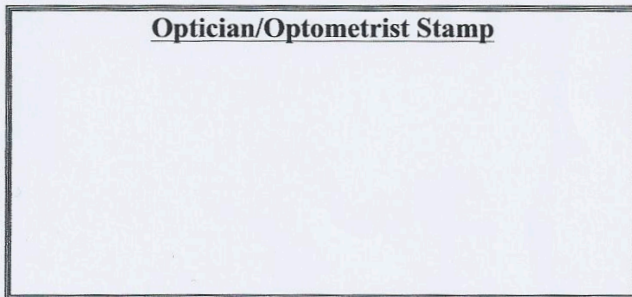
Signature: JB Date 15/12/15  
Print name: JAMES BLAIN

**Optician Details**

Optometrist Signature: K Newman Date 15/12/15

Print Name: K NEWMAN

**Optician/Optometrist Stamp**



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Driver & Vehicle  
Licensing  
Agency

**VSPECG2REPLY**

\*27914696-VSPECG2REPLY\*  
27914696 VSPECG2REPLY

Driver and Vehicle Licensing Agency  
Drivers Medical Group  
Swansea  
SA99 1TU

RE: Ms Flores,  
Case Reference: 27914696  
Letter Reference: VSPECG2  
Date: 10 June 2014

**\*\*Please ensure the driver completes their contact details and the declaration overleaf\*\***

**DIAGNOSIS** of eye condition(s)      Right Eye      UNKNOWN  
Left Eye      UNKNOWN

- ❖ Please measure the visual acuities using the 6 metre Snellen chart.
- ❖ We cannot accept a Snellen reading shown with a plus (+) or minus (-) e.g 6/6-2, 6/9+3.
- ❖ We will only accept visual acuities where the last line is read in its entirety.

**Uncorrected acuities**

RIGHT EYE	LEFT EYE	BINOCULAR
6/36	6/24	6/24

**Corrected acuities**

*(using the prescription currently worn for driving)*

RIGHT EYE	LEFT EYE	BINOCULAR
6/12-3	6/12	6/12

- ❖ Please indicate (✓) the scale you have used to express the driver's visual acuities

Snellen       Snellen expressed as a decimal       LogMAR

- ❖ If glasses (not contact lenses) are worn, is the distance spectacle prescription of either lens used of a corrective power greater than plus 8 (+8) dioptres in any meridian?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

- ❖ Did the driver complete the visual field test wearing glasses currently worn for driving?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

- ❖ If a correction is worn for driving, is it well tolerated?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

- ❖ Please provide the date of the eye test

Day	Month	Year

Driver & Vehicle Licensing Agency

**M27914696**

**Driver's Details**

Full Name: MARGARET FLORES

D.O.B. 18/06/45 (DD/MM/YYYY)

Telephone Number: \_\_\_\_\_

Address: 2 FRIDAY STREET  
WARMINSTER

Post Code: \_\_\_\_\_

Confirmation of details: I confirm the above details are correct

Signature M Flores Date 15/12/15

**Driver's Statement**

To be completed by ALL drivers. Please (✓) the appropriate box.

I do not wear glasses/contact lenses to meet the legal standard to drive a lorry/bus.

I wear glasses/contact lenses to meet the legal standard to drive a lorry/bus.  
*(This means that a restriction, 01, will be placed on your licence and you must wear glasses/contact lenses to drive a lorry)*

I wear glasses/contact lenses to meet the legal standard to drive a car/motorcycle.  
*(This means that a restriction, 01, will be placed on your licence and you must wear glasses/contact lenses to drive a car/motorcycle)*

Signature: M Flores Date: 15/12/15

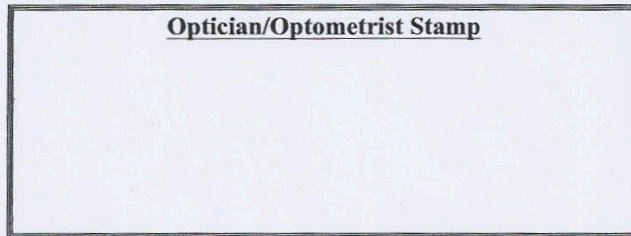
Print name: M Flores

**Optician Details**

Optometrist signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Optician/Optometrist Stamp**



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### **Module 3 revision questions**

Now complete the revision questions for module 3 (chapters 9-11) - they can be found on iLearn > My Learning within your **Cert 3 EOS** course

# Appendices

- Appendix 1** How to process an EOS sale
- Appendix 2** Accreditations and qualifications for EOS
- Appendix 3** Tonometry training session
- Appendix 4** Visual fields training session
- Appendix 5** Fundus photography training session
- Appendix 6** Framework for competence validation
- Appendix 7** DVLA store support checklist



## Appendix 1 - How to Process an EOS Sale

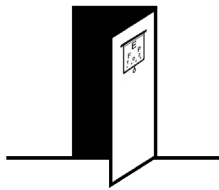
# How to process an EOS sale

22 September 2015 by Stephen White. Last updated 25 February 2016

Enhanced optical service (EOS) fees must be recorded via the SKU System to create accurate customer sales history, achieve good debtor management and prevent unnecessary losses in your business **irrespective of whether you use Socrates, Webstar Optomanager, Evolutio et al.**

**These guidelines provide details of changes to the following parts of SOCRATES:**

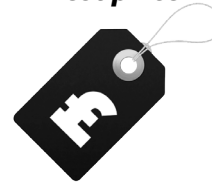
### Test room



### Dispense /Till



### Test price



### Test types



Enhanced optical services (EOS) require additional SOCRATES test types. They can be accessed from the **Confirm Appointment Screen**.



SKU name	SKU	Was called...
PEARS / MECS EOS	25654899	PEARS NHS
Glaucoma referral refinement EOS	25654905	Glaucoma referral refinement
OHT EOS	25654929	Ocular hypertension monitoring
Cataract pre-operative EOS	25654912	Cataract pre-operative
Cataract post-operative EOS	25654936	Cataract post-operative
Diabetic retinopathy EOS	25654943	Diabetic retinopathy (NHS)
DRS test EOS	44395	DRS test
Diabetic screen test EOS	29155	Diabetic screen test
Child vision pathway EOS	25654950	Child vision pathway (NHS)
Cycloplegic examination EOS	30375383	
Low vision assessment EOS	30375390	
Clinical assessment EOS	30375406	
Medical imaging EOS	30375413	
Dry AMD EOS	30375420	
Wet AMD EOS	30375437	
Supplementary EOS	25308280	Supplementary (clinical)
Follow-up EOS	30375741	
Triage EOS	30375758	
Private EOS	30375765	
Dry eye EOS	30375772	
EOS 1	30375789	
EOS 2	30375796	
EOS 3	30375802	

## Appendix 2 - Accreditations and Qualifications for EOS

A number of different accreditations and qualifications exist for optometrists in EOS; this varies by area, country and service

### Diabetic Retinopathy Screening Services

You will have already read about the Diabetic Retinopathy Screening Services qualifications in the earlier chapter. Optometrists too are required to go through a similar process in order to become accredited for screening patients as well as for grading the images.

### WOPEC Accreditations

WOPEC stands for Wales Optometry Post-graduate Education Centre; it is a part of Cardiff University and provides most of the accreditations and training material for England, Wales and Northern Ireland.

WOPEC courses and accreditation typically fall into two levels:

- **Level 1**  
Online web lectures that the practitioner does remotely
- **Level 2**  
An attended accreditation where clinical and communication skills are tested in an OSCE (Objective Structured Clinical Examination) format where they demonstrate their skills to a set level with an assessor present.

These following courses are available via WOPEC for EOS. Those bold have the level 2 element:

- **Glaucoma**
- **MECS**
- Cataract
- Low Vision  
(no formal level 2 but practical training advised)
- Learning Disabilities  
(courses available also for Dispensing Opticians and Optical Assistants)

### College of Optometrists Higher Qualifications & Specialties

The College of Optometrists works with universities and other course providers to accredit higher qualifications. The qualifications are ideal for enabling individual career development but are also the specified qualification in many EOS services.

Courses are not limited to EOS but include Contact Lens, Glaucoma, Low Vision, Medical Retina and Independent Prescribing.

They accredit courses with a range of providers including: Cardiff, City, Ulster and Glasgow Universities as well as Moorfields Eye Hospital.

Independent Prescribing enables optometrists to clinically assess a patient, establish a diagnosis, determine the clinical management required and prescribe where necessary.

Independent prescribing optometrists should be able to prescribe any licensed medicine (with some exceptions) for conditions affecting the eye, and the tissues surrounding the eye, within their recognised area of expertise and competence.

### Local Arrangements

In some areas services have been set up with the input of ophthalmologists in line with local needs and preferences. In such instances the accreditation involve bespoke training that is designed and administered locally. However, these usually involve some degree of WOPEC accreditation.

### Scotland

A mixture of training is available in Scotland but the core competency of an optometrist is recognised as the entry point to their national GOS system. This differs to GOS in the rest of the UK as various EOS elements are included within.

However, as the scope of clinical practice widens in Scotland and pilot services are launched in regions there are also a number of local arrangements.

The independent prescribing specialty (discussed above) is funded and facilitated by NES (NHS Education for Scotland) and Scottish Government with practitioners actively encouraged to undertake this additional qualification.

### Wales

The accreditations for Welsh optometrists consist of WOPEC modules that are bundled together as part of the Eye Health Examination Wales. There are also locally arranged events that practitioners attend on an annual or bi-annual basis.

As in Scotland, there are some locally arranged elements and pilots and limited funding for independent prescribing has previously been made available by Welsh Government.

A low vision service also exists in Wales, again using WOPEC courses.

## Appendix 3 - Tonometry Training Session

### Optometrist-led training sessions for optical assistants (min group size 2)

**Materials: Tutor notes, Flipchart (for group learning), Tonometry handouts 1 and 2**

---

#### **Tonometry**

To ensure customer loyalty by offering a comprehensive and professional pre-test and eye examination routine.

---

#### **Introduction**

Welcome the learners. Introduce the module and explain that you will be focusing on best practice for using the tonometer and the benefits that it delivers to the customer.

Explain that Specsavers' pre-test gives us an opportunity to make a really strong, positive impression, so you will emphasise the key messages to be communicated to every customer.

Explain to the delegates that it is important that everyone is confident in this area to ensure that the results are accurate and that all customers receive a consistent, high quality pre-test experience and leave with a great impression of Specsavers' professional service.

Explain that there are some steps in the procedure that are designed in such a way as to help defend the practice against the very rare case where a patient complains the pre-test was not properly carried out, **so it is important never to miss out a step.**

---

#### **Objectives**

Write objectives on a pre-prepared flipchart.

By the end of the session:

- You will be able to carry out tonometry accurately and consistently
  - You will be able to communicate effectively to impress customers, and understand the need to do this with every customer
  - You will be able to deliver the results to the optometrist in a way that saves time for the customer's eye examination
-

## What is tonometry and why do we use it?

### What is tonometry?

Ask the group if anyone knows what tonometry measures?

Ensure the following point is covered:

Sometimes assistants mistakenly say to the patient 'this is a test for glaucoma'. It is important to be more vague than this as tonometry alone doesn't reveal whether or not a patient has glaucoma. It is much better to use words such as:

'This test will show the pressure of fluid inside the eye. This is useful information for the optometrist when checking for signs of eye problems, like glaucoma.'

---

### Why do we use a tonometer in the pre-test?

Ensure the following points are covered:

Benefits to the customer:

- It is perceived as a professional service
- It reduces the time taken for the eye examination
- Customers feel confident that any problems with the health of their eyes (esp glaucoma) are detected

Benefits to the store:

- Improved quality of information available to the optometrist
- The optometrist can make accurate clinical decisions
- Waiting times are reduced by efficient pre-testing

Current standards:

- Tell the group that all customers over 40 are given tonometry at pre-test.
- Professional guidelines tell us how many readings to take on each eye. Standard practice is for three readings to be taken on each eye as a routine pre-test. The optometrist may ask for a further reading to be taken once they have seen the results. In your store the store director may require four readings to be taken routinely.
- To achieve the desired time savings for the customer and store, a seamless transition from pre-test to eye examination is important. The optometrist may want the results recorded in a certain way, and will advise whether you should attach the instrument printout to the patient record.



## Appendix 3 - Tonometry Training Session continued

### **Tonometry step by step**

Give out Handout 1 and talk through each of the points with the group before they conduct the procedure in pairs, invite questions.

---

### **Exercise communicating with customers**

Split the delegates into pairs and give each person a copy of Handout 2.

Tell them that one person should play the role of the customer and one person should play the role of the optical assistant.

The optical assistant should follow the guidelines on Handout 2 to communicate with the customer and put them at ease when conducting tonometry. Tell the group that for most customers, tonometry is the most unpleasant part of the pre-test. It is important, therefore, that you explain the procedure to them so that they are relaxed.

It is important that you tell the customer that the optometrist will describe the results.

The customer should use the questions on Handout 2 to voice their concerns about the procedure.

Circulate the groups to ensure that they are working well.

After 10 minutes or when all the groups have finished, bring the exercise to a close.

## Appendix 3 - Tonometry Training Session continued

### Tonometry Handout 1 Step-by-step guide

Step	What you do	Guidance on communication
1	<b>Check the customer is not wearing specs or contact lenses</b>	
2	<b>Check calibration of instrument.</b>  Some instruments have a 'test' or 'demonstration' button.	<b>Invite customer to sit facing the instrument.</b>
3	<b>Explain procedure</b>	<b>Put customer at ease, explain the benefits of tonometry, explain the puff of air</b>  Offer to demonstrate the air puff on the back of the customer's hand. The demo clears any dust that might be in the air jet or nozzle. If the customer declines then demonstrate on your own hand.  <b>Explain you will take 3 readings on each eye</b>
4	<b>Check chin rest and head rest with wipe/ tissue in front of each customer. This ensures hygiene is maintained and demonstrates to the customer that it is done.</b>	Ask the customer to lean forward and place their chin on the chin-rest with their forehead pressed against the bar or headrest.
5	<b>Align the instrument.</b>  The process will vary depending on the instrument being used. If you are unfamiliar with the instrument ask a senior colleague to demonstrate the vertical and horizontal alignment process. Always engage the safety lock if available.  Align the instrument initially by looking from the side. Ask the customer to close their eyes and move the instrument forward to ensure that it reaches the safety lock position before it touches the customer's lids.  Ask the customer to open their eyes and then, looking from the operator's position and using either the eyepiece or video alignment monitor, align the instrument using the joystick and vertical alignment controls and focus.	

### Appendix 3 - Tonometry Training Session continued

Step	What you do	Guidance on communication
6	<p>Take three readings. All instruments will give some indication if the reading taken is likely to be inaccurate.</p> <p>If you cannot obtain 3 readings record an explanation with the results you pass on to the optometrist</p>	<p><b>Warn the customer</b></p> <p>eg ‘you’ll just feel that puff of air I showed you earlier, which will make you blink’ Give reassurance between readings</p>
7	<p><b>Re-align the instrument and take three readings on the other eye</b></p>	<p><b>Thank the customer</b></p> <p>Tell them that the optometrist will give them the results of the test and <b>tell them what will happen next.</b></p>
8	<p><b>Record the results in the agreed format</b></p> <p>The instrument provides a paper printout, but you should always make a permanent record to show that the test has been done. When recording IOPs, you will need to note:</p> <ul style="list-style-type: none"> <li>• The three separate readings</li> <li>• The time at which the readings were taken</li> <li>• Any explanation for the optometrist, if measurement was not possible or fewer than three readings were obtained.</li> </ul>	<p>If they ask you for the results, remember it is inappropriate for results to be given out by anyone other than the optometrist.</p> <p>You could respond with: ‘I am sorry I can’t give you any information now, but the optometrist will explain what these results mean as well as the other tests they do as part of your examination.’</p>

## **Tonometry Handout 2**

---

During this exercise, one person should play the role of the customer and one person should play the role of the optical assistant.

As an optical assistant, you should try to answer any questions that the customer may have and try to put them at ease while taking the readings.

Use the following points as a guideline:

---

### **Optical Assistant**

- Explain the procedure, and reassure them that the puff of air is gentle and brief. As it is sudden it will make them blink, but nothing actually touches the eye except air. Then offer to demonstrate on the customer's hand.
  - Ask the customer if they are happy to proceed
  - Once readings are taken, inform the customer that the optometrist will discuss the results with them when they have completed their examination
- 

### **Customer**

You should use the following questions to voice your concern about having tonometry done.

- What does this do?
- Will it hurt?
- My appointment is at 2 o'clock! Will I be late?
- What are my results?
- Have I got glaucoma?

## Appendix 4 - Visual Fields Training Session

### Optometrist-led training sessions for optical assistants (min group size 2)

**Materials: Tutor notes, Flipchart (for group learning), Visual fields handouts 1 and 2**

---

#### Visual Fields Testing

To ensure customer loyalty by offering a comprehensive and professional pre-test and eye examination routine.

---

#### Introduction

Welcome the learners. Introduce the module and explain that you will be focusing on best practice for conducting a visual fields test and the benefits that it delivers to the customer.

Explain that Specsavers' pre-test gives us an opportunity to make a really strong, positive impression, so you will emphasise the key messages to be communicated to every customer.

Explain to the delegates that it is important that everyone is confident in this area to ensure that the results are accurate and that all customers receive a consistent, high quality pre-test experience and leave with a great impression of Specsavers' professional service.

Explain that there are some steps in the procedure that are designed in such a way as to help defend the practice against the very rare case where a patient complains the pre-test was not properly carried out, **so it is important never to miss out a step.**

---

#### Objectives

Write objectives on a pre-prepared flipchart.

By the end of the session:

- You will be able to carry out a fields test accurately and consistently
  - You will be able to communicate effectively to impress customers, and understand the need to do this with every customer
  - You will be able to deliver the results to the optometrist in a way that avoids disruption to the appointment book
-

## What is a visual field and why do we test it?

### What is visual field?

Ask the group if anyone knows what a visual field test measures?

Ensure the following point is covered:

The visual field is the total area in view when we look at any point, so we can catch sight of something like a light or movement 'out of the corner of our eye', aka our 'peripheral' vision.

---

### Why do we measure the visual field?

Ensure the following points are covered:

- Some eye and nerve conditions and some medications can affect the extent of our peripheral vision or create 'blind spots'. The customer affected in this way will not often be aware of a change in their vision unless it is severe, but this test picks up any changes and allows the optometrist to diagnose any problems the customer may have.

Benefits to the customer:

- It is perceived as a professional service
- Customers feel confident that any problems with the health of their eyes are detected

Benefits to the store:

- Improved quality of information available to the optometrist
- The optometrist can make accurate clinical decisions
- Waiting times are reduced by efficient pre-testing, or if this test is conducted after the test, efficient communication from the assistant can enable the information to be assessed by the optometrist, but without disrupting the appointment diary

Current standards:

- Tell the group that all customers over 40 are given a visual field test. Sometimes this is at pre-test, and sometimes afterwards.
- Making sure the optometrist can access the results is important if the test is conducted after the eye examination. Discuss with your manager how this is best achieved in your store.
- The optometrist may want the results recorded in a certain way, and will advise whether you should attach the instrument printout to the patient record.

## Appendix 4 - Visual Fields Training Session continued

### **Visual fields testing step by step**

---

Give out Handout 1 and talk through each of the points with the group before they conduct the procedure in pairs, invite questions.

### **Exercise communicating with customers**

Split the delegates into pairs and give each person a copy of Handout 2.

Tell them that one person should play the role of the customer and one person should play the role of the optical assistant.

The optical assistant should follow the guidelines on Handout 2 to communicate with the customer and put them at ease when conducting a visual fields test. Tell the group that for some customers, this test can be quite tiring and they can be anxious about missing a stimulus so might be tempted to 'cheat'. Reassurance that they are performing well during the test and reminders to keep looking at the target can be helpful as you are conducting the test. This keeps the customer relaxed and confident and ensures the test doesn't take longer than necessary.

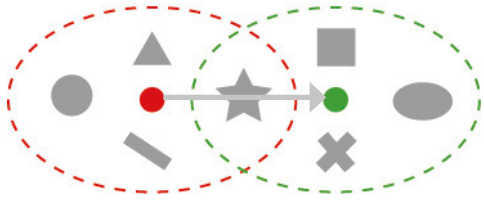
It is important that you tell the customer that the optometrist will describe the results.

The customer should use the questions on Handout 2 to voice their concerns about the procedure.

Circulate the groups to ensure that they are working well.

After 10 minutes or when all the groups have finished, bring the exercise to a close.

## Visual Fields Handout 1 Step-by-step guide

Step	What you do	Guidance on communication
1	<p>The customer must wear their reading prescription when using a central visual field screener, but this can cause some problems.</p> <p>Single vision reading spectacles are ideal as they provide a wide area, and provided that they fit close to the customer's eyes they should not interfere with their field of vision.</p> <p>If the customer wears bifocals or varifocals, a more suitable alternative would be to use a full aperture trial lens equivalent to the patient's reading prescription.</p>	
2	<p><b>Know the instrument!</b></p> <p>Some instruments need the lights off and in this case, it's important that both eyes are tested after adapting to the dark.</p>	<p><b>If your fields instrument needs low light, explain this to the patient and give them a couple of minutes for their eyes to adapt to the darkness before starting the test .</b></p>
3	<p><b>Explain procedure</b></p> <p>This test is designed to measure how far the customer can see around the central point in their vision, so the central point has to be held steady while you test the area around it. It is paramount to check that the customer is looking at the central target repeatedly during the test.</p> <p>Although customers are often tempted, they must not look away from the fixation target to follow the lights. If they do move their eyes, then the 'central point' of their vision is no longer steady and so the results of the test will be meaningless (see diagram).</p> 	<p><b>Put customer at ease.</b></p> <p><b>Explain:</b></p> <ol style="list-style-type: none"> <li>1.the test will take a couple of minutes and they should tell you if they feel too tired to continue.</li> <li>2. the benefits of visual fields testing, and what will happen during the test.</li> <li>3. that there are no right or wrong - everyone misses some points of light during the test.</li> <li>4. it is really important that they keep looking at the central target all the time and that you will remind them of this from time to time during the test.</li> </ol> <p><i>When looking at the target (red circle in the centre of the red oval), the customer's vision extends as far as the area enclosed by the red oval. If they move the eyes to the right during the test they can see the square, cross and grey oval, so their test result indicates a visual field that extends to the whole area enclosed by the red and green dotted ovals. a much wider visual field than it really is.</i></p>



## Appendix 4 - Visual Fields Training Session continued

Step	What you do	Guidance on communication
4	<p><b>Check the head and chin rests are clean</b>  <b>Cover one of the customer's eyes.</b></p>	
5	<p>Position the customer in front of the instrument. Some instruments have a black line on a pole by the side of the customer's face. This line is called the outer canthus (see diagram) marker. The customer should be positioned so that their chin is in the chin-rest and their forehead against the forehead-rest at the top, then the height of the chin-rest should be adjusted so that their outer canthus is aligned with the outer canthus marker.</p> <div data-bbox="406 929 917 1030" data-label="Image"> <p>The diagram shows a side view of a human eye. A line points to the outer corner of the eye, labeled 'Outer canthus (nearer the ear)'. Another line points to the inner corner of the eye, labeled 'Inner canthus (nearer the nose)'.</p> </div> <p>On visual field testers with two head-rests or two chin-rests, the customer must always be positioned on the left side when assessing the right eye, and on the right side when assessing the left eye, in order for the eye to be directly in front of the fixation target.</p>	
6	<p>Ask them to look steadily with the <b>uncovered eye at the instrument target.</b></p> <p>The target used varies according to the equipment. Many tests use a small white plastic spot on a peg that is pushed into the screen.</p> <p>If the customer has poor vision, then a target with a larger white spot may be used. If the larger target is not visible then a large white cross with a central disc may be used as the target.</p>	<p>Ask the customer to look with their uncovered eye at the target, and remind them to look steadily at it throughout the test.</p> <p>If they have problems with their vision, you may need to use a non-standard target.</p>

## Appendix 4 - Visual Fields Training Session continued

Step	What you do	Guidance on communication
7	<p>With equipment which uses flashes of light to test the vision, you may know that there will be a certain number of lights appearing each time. However, be careful to avoid telling the customer how many to expect, as they may then report the correct number of lights when they cannot actually see all of them.</p>	<p><b>Ask the customer to tell you whenever they see a flash of light (or other stimulus if your instrument is different) during the test.</b></p> <p><b>Avoid telling the customer how many lights to expect</b></p> <p><b>Reassure them during the test that they are doing fine</b></p> <p><b>Remind them repeatedly to keep looking at the central target all the time</b></p> <p>When checking which lights the customer saw, you can ask them to describe their position in terms of the positions on the clock face, ie, 1 o'clock, 2 o'clock or 5 past, 10 past etc.</p> <p><b>Thank the customer,</b> and tell them that the optometrist will give them the results of the test and tell them what will happen next.</p>
8	<p><b>Record the results in the agreed format</b></p> <p>The instrument may provide a paper printout, but you should always make a permanent record to show that the test has been done. Record any explanation for the optometrist if measurement was not possible.</p>	<p>If they ask you for the results, remember it is inappropriate for results to be given out by anyone other than the optometrist. You could respond with: 'I am sorry I can't give you any information now, but the optometrist will explain what these results mean as well as the other tests they do as part of your examination.'</p>

## Visual fields Handout 2

---

During this exercise, one person should play the role of the customer and one person should play the role of the optical assistant.

---

### **Optical Assistant**

As an optical assistant, you should try to answer any questions that the customer may have and try to put them at ease while taking the readings.

Use the following points as a guideline:

- Explain the procedure, and advise them why they need to keep looking at the target throughout.
  - Ask the customer if they are happy to proceed
  - Once the test is complete, inform the customer that the optometrist will discuss the results with them.
- 

### **Customer**

You should use the following questions to voice your concern about having visual fields measured.

- What does this do?
  - Will it hurt?
  - My appointment is at 2 o'clock! Will I be late?
  - What are my results?
  - Have I got anything wrong with my eyes?
-

## Appendix 5 - Fundus Photography Training Session

### Optometrist-led training sessions for optical assistants (min group size 2)

**Materials: Tutor notes, Flipchart (for group learning), Fundus photography handouts 1 - 4, fundus photographs of your choice to illustrate what 'good' looks like and common errors (see Alternative Exercise guidelines below for ideas of how to use these in a training session)**

---

#### **Fundus photography**

To ensure customer loyalty by offering a comprehensive and professional pre-test and eye examination routine.

---

#### **Introduction**

Welcome the learners. Introduce the module and explain that you will be focusing on what the fundus camera is, best practice for using the fundus camera and the benefits that it delivers to the customer.

Explain that Specsavers' fundus photography gives us an opportunity to make a really strong, positive impression, so you will emphasise the key messages to be communicated to every customer.

Explain to the delegates that it is important that everyone is confident in this area to ensure that all customers receive a consistent, high quality pre-test experience and leave with a great impression of Specsavers' professional service.

---

#### **Objectives**

Write objectives on a pre-prepared flipchart.

By the end of the session:

- You will be able to describe the importance of using the fundus camera
- You will be able to carry out fundus photography accurately and consistently
- You will be able to communicate effectively to impress customers, and understand the need to do this with every customer
- You will be able to recognise whether a fundus photograph is adequate or not

## What is the fundus?

### What is the fundus?

Ask the group if anyone knows what the word 'fundus' means.

Have the following definition written on a pre prepared flipchart:

The fundus is the interior surface of the eye, opposite the lens, and includes the retina, optic disc, retinal blood vessels, macula and fovea.

Split the delegates into pairs and give each pair a copy of Handout 1.

Ask them to label the following areas of the fundus:

- Optic disc
- Retinal blood vessels
- Macula and fovea

Check that their answers are correct.

Ask the group if anyone knows the functions of these structures. Ensure the following answers are given:

- Optic disc (blind spot): This is where the optic nerve enters the eye. There are no photoreceptor cells here so it is often referred to as the physiological blind spot
- Retinal blood vessels: These supply vital oxygen and nutrients to the retina.
- Macula and fovea: The macula is the area of the retina responsible for central vision. It has a high concentration of cone cells, which help with detailed vision. Within the center of the macula is the fovea. This is a pit where the highest concentration of cone photoreceptors can be found for very detailed vision.

---

### What is a fundus camera and why do we use one?

Ask the group if they know what a fundus camera is. Ensure that the following is covered:

- A fundus camera is a specialised low power microscope with an attached camera designed to photograph the interior surface of the eye.

Tell the group that the fundus camera takes an accurate picture of the back of the eye, which can be kept as part of their customer record. This means that the optometrist can keep a continuous record of the customer's fundus and any changes that occur.

The optometrist can tell a lot about the health of the eye and the customer's general health by looking at the fundus.

Ask the group if they know of any problems that might be highlighted by the use of fundus photography? Ensure the following are covered:

- Diabetic retinopathy
- High blood pressure
- Retinal tears or detachments
- Macular degeneration

## Appendix 5 - Fundus Photography Training Session continued

- Glaucoma
- Sudden changes to the retina which may indicate more serious problems

It should always be left to the optometrist to explain the fundus pictures to the customer.

Split the group into two teams and give each team a sheet of flipchart paper.

Ask one team to list the benefits of fundus photography for the customer and the other group to list the benefits of fundus photography for the store. Give the groups 5 minutes and then ask them to feed-back.

Ensure the following points are covered:

Benefits to the customer:

- It is perceived as a professional service
- Customers feel confident that changes are monitored
- There is no additional charge for this service (some of our competitors do charge)
- The customer feels more involved in the procedure as they can look at their pictures

Benefits to the store:

- Improved quality of information available to the optometrist
- The optometrist can make accurate clinical decisions
- The pictures are kept on file so the optometrist can keep a track of any changes to the fundus over time which may indicate potential problems
- Increases customer loyalty

Tell the group that you should aim to take fundus photographs of all customers over the age of 18 (check with your store director that this is consistent with the current Specsavers policy).

---

### Managing customers

Ask the group when, during the customer journey, fundus photography will take place.

The answer is that fundus photography should take place during the pre-test routine.

Ask the group who they think will be taking fundus photographs.

The answer is that Optical assistants will be taking fundus photographs.

The addition of fundus photography to the pre-test routine means that the flow of customers and clinic times may be affected.

As a store, you should decide on the best way to manage the flow of customers to allow for fundus photography to take place.

Ask the group for ideas on how you might achieve this and flipchart the responses.

## Appendix 5 - Fundus Photography Training Session continued

Here are some ideas if not covered:

- Ask customers to arrive 5-10 minutes earlier for their appointment
- Tell the customer their appointment is ten minutes earlier than it actually is
- Staggering of eye test times for each clinic e.g. clinic one at 9:00am, clinic two at 9:05am and clinic three at 9:10am. This helps to ease the customer flow during pre-test
- Enter the customer's details onto the fundus camera the evening before the customer is due for their eye test

---

### **Exercise communicating with customers**

Tell the group that for most customers, fundus photography will be a new experience for them. It is important, therefore, that the assistant explains the procedure to them so that they are relaxed.

It is important that the assistant tells the customer that the optometrist will describe the features of the retina and any clinical findings.

Split the delegates into pairs and give each person a copy of Handout 2.

Tell them that one person should play the role of the customer and one person should play the role of the optical assistant.

The optical assistant should follow the guidelines on Handout 2 to communicate with the customer and put them at ease when taking a fundus picture.

The customer should use the questions on Handout 2 to voice their concerns about having their picture taken.

Circulate the groups to ensure that they are working well.

After 10 minutes or when all the groups have finished, bring the exercise to a close.

### **Alternative Exercise Ideas**

Print some examples of what a good fundus image looks like, and others which illustrate common errors listed in Handout 3.

You could stick these to a flipchart and use the cutouts from the handout called 'Alternative exercise'. You may want to laminate them for ease of use.

Ask delegates to decide which cutout applies to which picture and stick them to the flipchart next to the relevant photo.

Tell the group that all images are stored on a PC and are automatically copied to the network hard drive, situated in the back office.

## **Appendix 5 - Fundus Photography Training Session continued**

Tell the group that currently, it is not our policy to provide customers with copies of images. They are retained for the use of optometrists on return visits to the store.

It is not possible to automatically transfer images between stores at present. The optometrist in the receiving store is in exactly the same situation as normal in not having access to a copy of previous findings.

### **Test learning**

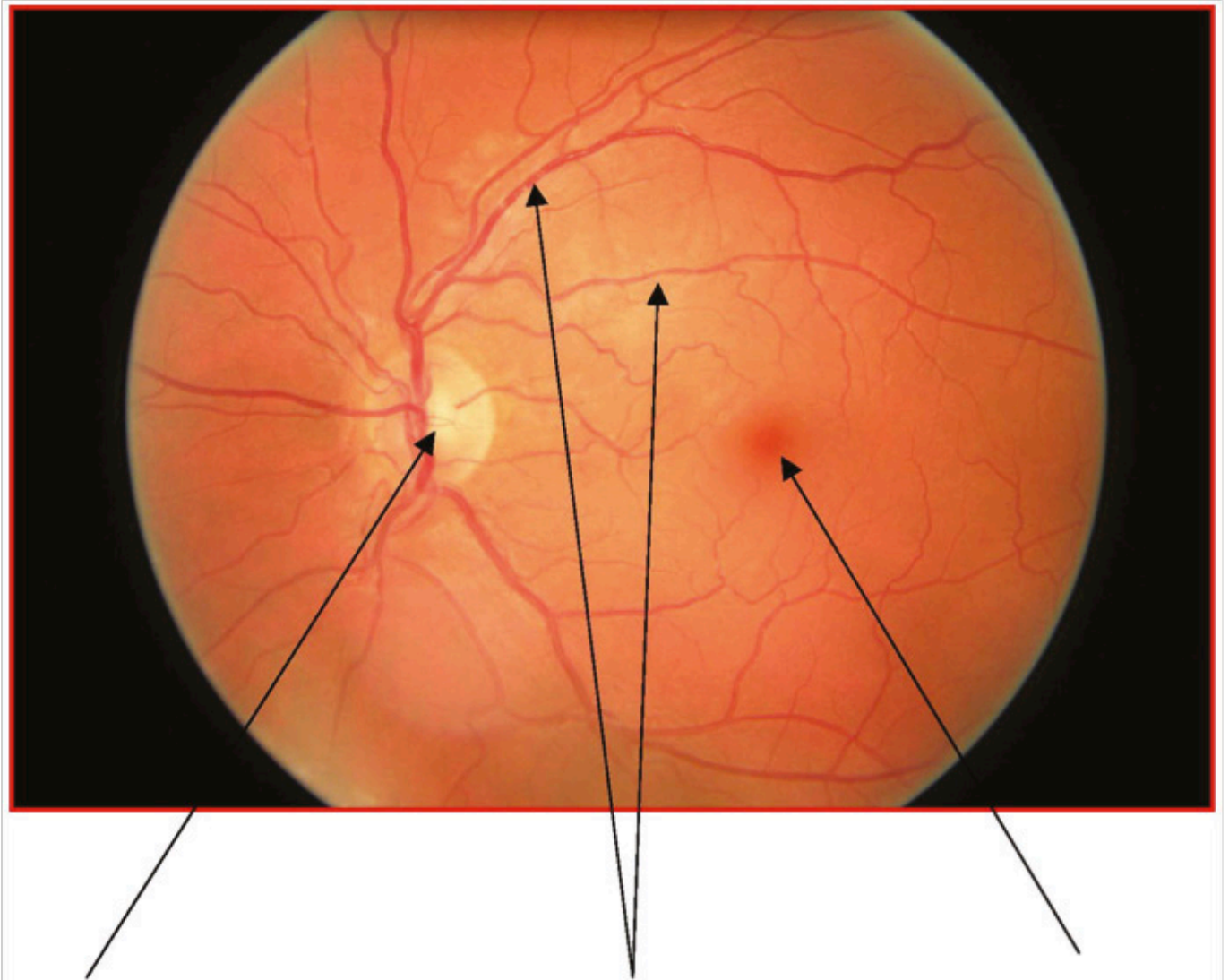
Split the groups into teams of 3 - 4 people and issue them with Handout 4.

Tell the groups they have 5 minutes to complete the quiz and that there will be a small prize for the winning team.

Once 5 minutes is up ask teams to swap their answers with another team to mark them.



## The Fundus - Handout 1



**Label the following areas of the fundus:**

- Optic disc
- Retinal blood vessels
- Macula and fovea

## **The Fundus - Handout 2**

---

During this exercise, one person should play the role of the customer and one person should play the role of the optical assistant.

As an optical assistant, you should try to answer any questions that the customer may have and try to put them at ease while taking the readings.

Use the following points as a guideline:

---

### **Optical Assistant**

- Explain the benefits of using the fundus camera
  - Describe what the camera does
  - Advise customer about the brightness of the flash (if a customer informs you that they have a sensitivity to flashing lights, consult with an optometrist before proceeding)
  - Ask the customer if they are happy to proceed
  - Once photographs taken, inform patient that the optometrist will discuss the images with them when they have completed their examination
- 

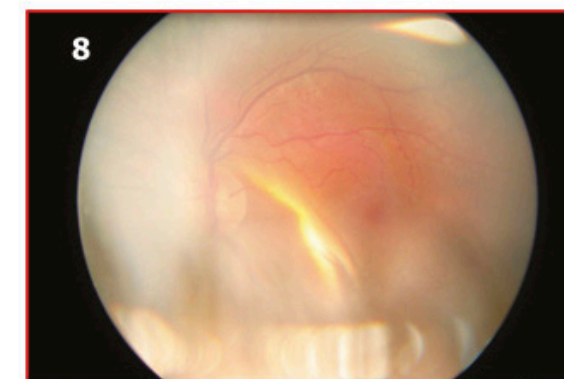
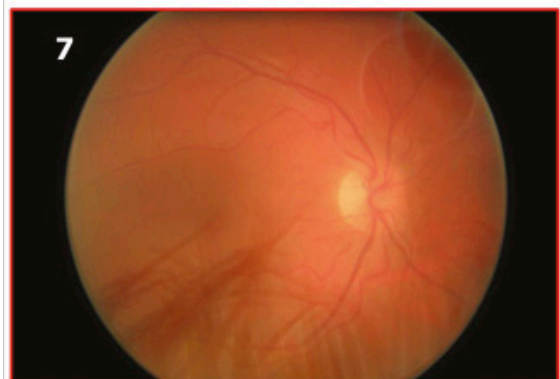
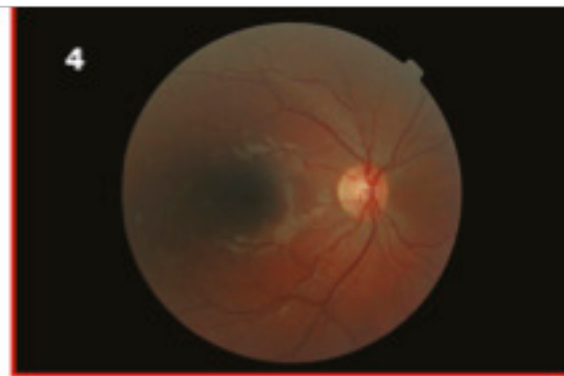
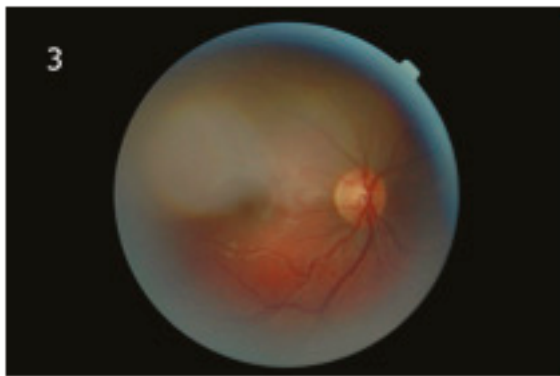
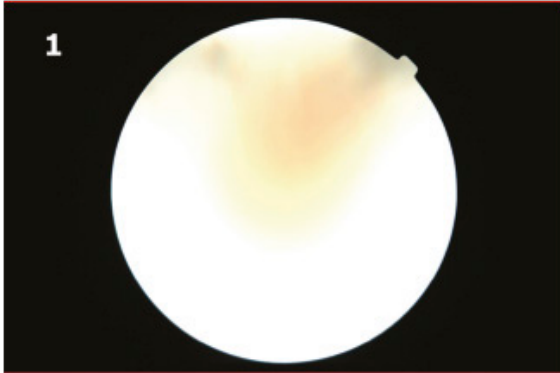
### **Customer**

You should use the following questions to voice your concern about having your pictures taken.

- What does this do?
- Why do you need to take my pictures?
- Will it hurt?
- My appointment is at 2 o'clock! Will I be late?
- The picture looks a bit red! Is there something wrong with my eyes?

## The Fundus - Handout 3

What is wrong with the following images?

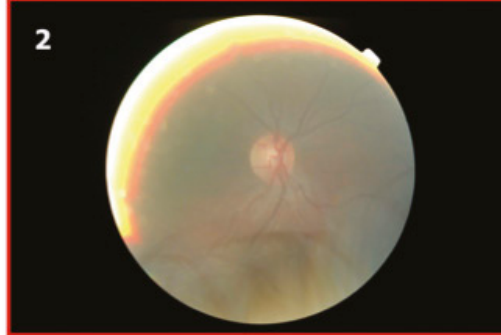


## The Fundus - Handout 3 answers

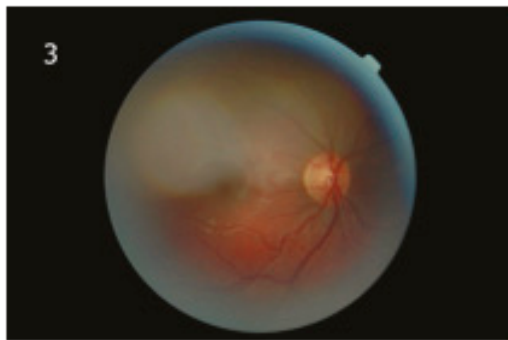
What is wrong with the following images?



1  
Totally white picture (customer blinked)



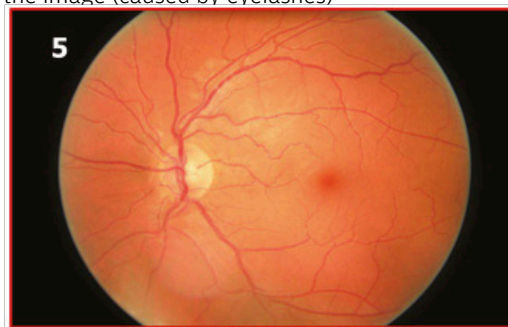
2  
Partially white (customer part-blinked)



3  
Light or dark shadows at the top and bottom of the image (caused by eyelashes)



4  
Dark shadow around the central macula area (caused by a small pupil)



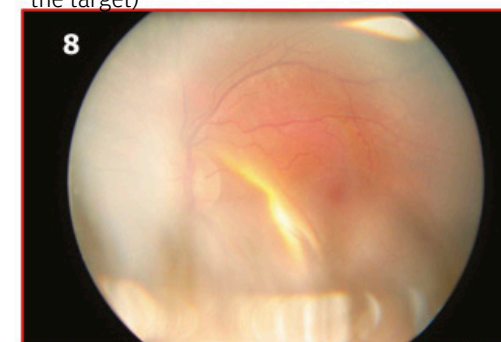
5  
Opaque circles around the image (customer is too close or too far away)



6  
Macula not centered (customer not looking at the target)



7  
Normal picture



8  
Opaque circles around the image (customer is too close or too far away)

# The Fundus - Handout 4

---

## Quiz

1. Name three ocular structures that you might find on the fundus.

.....  
.....  
.....

2. What type of photoreceptor cells might you find in high concentrations at the fovea?

.....

3. Complete the following sentence with the three missing words:

A fundus camera is a specialised .....  
with an attached camera designed to photograph the interior surface of the eye.

4. Name three problems that might be highlighted by fundus photography.

.....  
.....  
.....

5. Name 3 benefits for the store and 3 benefits for customers of fundus photography

.....  
.....  
.....

6. What will a fundus picture look like if the customer is too far away from the camera?

.....  
.....  
.....

## The Fundus - Handout 4 answers

---

### Quiz

1. Name three ocular structures that you might find on the fundus.
  - Optic disc
  - Retinal blood vessels
  - Macula and / or fovea
  
2. What type of photoreceptor cells might you find in high concentrations at the fovea?
  - Cone cells
  
3. Complete the following sentence with the three missing words:  
 A fundus camera is a specialised **low power microscope** with an attached camera designed to photograph the interior surface of the eye.
  
4. Name three problems that might be highlighted by fundus photography.
  - Diabetic retinopathy
  - High blood pressure
  - Retinal tears or detachments
  - Macular degeneration
  - Glaucoma
  - Sudden changes to the retina which may indicate more serious problems
  
5. Name 3 benefits for the store and 3 benefits for customers of fundus photography

Customer	Store
It is perceived as a professional service optometrist	Improved quality of information available to the
Customers feel confident	The optometrist can make accurate clinical decisions
There is no additional charge for this service (some of our competitors do charge)	The pictures are kept on file so the optometrist can keep a track of any changes to the fundus over time which may indicate potential problems
The customer feels more involved in the procedure as they can look at their pictures	Increases customer loyalty

6. What will a fundus picture look like if the customer is too far away from the camera?
  - Dark shadow around the central macula area



## Appendix 6 - Framework for Competence Validation

### Log of Training Experience for Delegated Clinical Functions

Delegated function is a well-established practice that exists over a wide range of professions including optometry where delegation of Digital Retinal Photography, Non-contact tonometry, auto-refraction etc. are commonplace. Clinical tests can be delegated to appropriately trained and supervised support staff by a clinician. The clinical assistants should, as a result of their training, be able to perform and explain a range of procedures safely and accurately, but also more importantly know when to seek advice and guidance before carrying out any procedure.

Delegated functions and the recording of their outcomes is highly governed by the General Optical Council (GOC) but where EOS exist there is additional scrutiny in terms of governance and accreditation, therefore the training and clinical governance of delegated functions needs to be clear and robust.

This training log can be used to demonstrate capability & adequate training of such support staff. This document can be used for various delegated tasks, although more complex delegated functions will require more training and supervision (a greater number of acceptable supervised episodes would be required & recorded). This document should be used in conjunction with any local scheme requirements and recorded/kept in the relevant staff members HR file.

This Log should be used for all staff who undertake delegated functions and can also be used to assist staff already supporting clinical work.

### Guidance summary for completing this Log

- Where frameworks for assessing competency in a delegated clinical task exist, they should be used alongside this log.
- All acceptable supervised episodes should be recorded on this log.
- An acceptable episode is one that is considered to have been safe and reliable in accordance with the relevant framework document.
- The minimum number of acceptable supervised episodes should always be determined by the supervisor. However, as a guide 10 successful consecutive episodes may be appropriate for simple automated tasks (e.g. NCT) and 20 for more complex tasks (e.g. imaging) where interpretation on the quality of the data is needed and more variables exist.
- Supervisor feedback section should be completed with notes and recommendations that reinforce good practice.
- Feedback should relate to the 3 broad learning objectives
  - a. Effective communication is essential so that patients can co-operate fully
  - b. Accurate procedures should be followed for reliable and repeatable clinical results.
  - c. Record keeping is an essential practice activity and is itself the subject of further rules and regulations regarding data protection and access.
- The log should only be signed off by supervisor and trainees once the trainee assistant has performed the minimum number of acceptable episodes.
- The completed document should be kept in the relevant employee file as a demonstration of competence.

## Appendix 6 - Framework for Competence Validation continued

### Links to relevant web pages

GOC Standards

[https://www.optical.org/en/Standards/Standards\\_for\\_optical\\_businesses.cfm](https://www.optical.org/en/Standards/Standards_for_optical_businesses.cfm)

[https://www.optical.org/en/Standards/Standards\\_for\\_optometrists\\_dispensing\\_opticians.cfm](https://www.optical.org/en/Standards/Standards_for_optometrists_dispensing_opticians.cfm)

College of Optometrists Guidance for Professional Practice

<http://guidance.college-optometrists.org/home/>

Association of British Dispensing Opticians ABDO

<http://www.abdo.org.uk/advice-guidelines/>

Care Quality Commission CQC on Safeguarding

<http://www.cqc.org.uk/content/safeguarding-people>

Data Protection

<https://www.gov.uk/data-protection/the-data-protection-act>

<https://ico.org.uk/for-organisations/guide-to-data-protection/>

Name of Trainee Clinical Assistant						Delegated Function Type	
	Episode Date	Episode TR No	Learning Objectives			Supervisors feedback	Supervisor Signature
			1. Clear Communication (✓ or 0)	2. Procedural accuracy (✓ or 0)	3. Record Keeping (✓ or 0)		
1							
2							
3							
4							
5							
6							
7							
8							
9							



## Appendix 6 - Framework for Competence Validation continued

<b>10</b>							
<b>11</b>							
<b>12</b>							
<b>13</b>							
<b>14</b>							
<b>15</b>							
<b>16</b>							
<b>17</b>							
<b>18</b>							
<b>19</b>							
<b>20</b>							

### Supervisor Declaration

In my capacity as a supervisor I \_\_\_\_\_ (name) confirm that the trainee has performed to the expected level of competency for this point of the training in \_\_\_\_\_ (task). Having achieved \_\_\_\_\_ (number) episodes, and demonstrated that they have consistently met all the learning objectives, they have completed the appropriate for level of training for this delegated function.

Supervisor's Signature \_\_\_\_\_ Store \_\_\_\_\_ Date \_\_\_\_\_

### Trainee Declaration

As an assistant I \_\_\_\_\_ (name) understand that I must at all times act with the interest of the patient as I am delegated to carry out this task on behalf of my supervisor. I understand that the public may take legal action in relation to professional services. I will carry out any task diligently and to the best of my ability. Patient care and safety are paramount, as is the professional reputation of the practitioner for whom I work. Patient records are sometimes the only defence against such action. Records must be completed in detail and kept secure. My responsibility includes the 1. Communication, 2. Procedural Accuracy and 3. Record Keeping that I am being signed off for today.

Trainee Assistant's signature \_\_\_\_\_ Store \_\_\_\_\_ Date \_\_\_\_\_

## Appendix 7 -DVLA Store Support Checklist



# DVLA Store Support Checklist

### Process

Completed

- Understands that DVLA paperwork must be requested from the contact centre when an appointment is made - not when the driver arrives for the test
- Understands different types of DVLA requests -
  - SPECG1** (Gp1 VA & VF)
  - SPECBINOC** (Gp1 VA only)
  - VSPECG2** (Gp2 VA & VF)
  - VSPECVA** (Gp2 VA only)
- Understands who can perform VA check - Optoms, DOs & CLOs
- Understands who can sign off DVLA form - DVLA registered optoms only
- Understands a copy of the form & field charts must be kept as a record
- Understands paperwork must be sent back within 2 days of the test being conducted
- Confirm store has acuity chart that tests the 6/7.5 line for G2 acuity tests

### Reply form completion

Completed

#### Group 1 completion

##### Notes

- No blanks - all sections should be completed for every case (except driver declaration see note below)
- Diagnosis - ask driver - enter unknown if driver doesn't know - enter none if healthy
- Uncorrected acuities - enter full line acuity only (without +/- e.g. not 6/6<sup>+2</sup>, not 6/9<sup>-1</sup>)
- Corrected acuities completed - enter full line acuity only (without +/- e.g. not 6/6<sup>+2</sup>, not 6/9<sup>-1</sup>)
- Scale (ticks one box - probably Snellen)
- Driver details completed & driver signature
- Driver declaration completed & driver signature - only where driver requires correction to meet 6/12 legal standard
- Optician details completed & optom signature - only DVLA registered optoms can sign off
- Optician stamp completed - store address can be stamped or written

#### Group 2 completion

##### Notes

- No blanks - all sections should be completed for every case
- Diagnosis - ask driver - enter unknown if driver doesn't know - enter none if healthy
- Uncorrected acuities - enter full line acuity only (without +/- e.g. not 6/6<sup>+2</sup>, not 6/9<sup>-1</sup>)
- Corrected acuities completed - enter full line acuity only (without +/- e.g. not 6/6<sup>+2</sup>, not 6/9<sup>-1</sup>)
- Scale (tick scale)
- Corrective power greater than +8.00DS - don't need Rx, focimeter driving specs
- Correction worn for fields
- Correction well tolerated - ask driver - no clinical assessment required
- Driver details completed & driver signature
- Driver statement completed & driver signature - required for all G2 tests
- Optician details completed & optom signature - only DVLA registered optoms can sign off
- Optician stamp completed - store address can be stamped or written

## Appendix 7 -DVLA Store Support Checklist continued

### Visual field completion

Completed

#### Notes

- Understands DVLA field tests must be carried out by an appropriately qualified and trained operator but can be carried out as a delegated function with countersignatures from the DVLA approved optometrist.
- Understands that the test should be conducted in a quiet location which is free from distraction for the driver
- Positions patient correctly:
  - Move chin rest to the far right position
  - Have patient place chin in the chin cup on the left and head against the left head rest
  - Do not use the trial lens holder
  - Do not use an eye patch
  - N.B. The patient's head may not centre exactly on the 740i - there is no need to be concerned
  - For the test, the patient should wear the glasses they currently use for driving
- Conducts binocularly - no eye patched
- Conducts with correction used for driving (specs or CLs but unaided if drives without correction)
- Gives clear explanation
  - Emphasises to only press when a light is seen
  - Emphasises the test monitors this for accuracy
  - Emphasises being trigger happy will reduce accuracy and not help pass the test
  - e.g. I am going to test your visual field - your peripheral vision - what you can see around you
  - The test will take about 4-5 minutes
  - I will position you as comfortably as possible at the machine
  - You need to keep looking straight ahead into the machine
  - You will see white lights flashing in different places
  - Make sure you keep looking straight ahead and don't go looking for the lights
  - Press the button once each time you see a light
  - Make sure you only press the button when you see a light
  - The machine monitors when you press the button and pressing the button too much can affect your results so only press when you see a light
  - I will tell you when the test has been completed, keep going until I tell you to stop
  - Keep looking straight ahead and only press when you see a light
  - (repeat periodically during the test and especially if the patient is getting false positives)
- Selects correct test - i.e. Gp1 or Gp2 using reply form code i.e. SPECG1 is Gp 1 & VSPECG2 is Gp2
- Conducts field test, monitors patient during test and prints the form - demonstrates for Gp1 & Gp2
- Understands when a repeat field test is required
  - False positives are greater than 20% (for Gp1 & Gp2)
  - False negatives are greater than 20% (for Gp1 & Gp2)
  - The 2 outermost peripheral points are both missed - can be on either side (for Gp2 only)
  - Allows patient a chance to repeat field test and improve if some points are missed on first attempt
- Obtains minimum of 3 charts if patient continues to achieve false positives and negatives greater than 20%
- Repeats test without glasses if 2 outermost peripheral points are missed on either side (for Gp2 only)
- M-Code written/printed on chart
- Confirms binocular test completed by writing 'binocular test completed' on Gp2 charts
- Confirms field test completed either with or without specs by writing 'with specs' or 'without specs' on chart

**Date:** \_\_\_\_\_

**Store name and number:** \_\_\_\_\_

**Trainer:** \_\_\_\_\_

**Store representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_