Cert 3 Enhanced Service and Clinical Excellence

APPENDICES

Specsavers®

Contents

Appendices

Appendix 1 - How to Process an EOS Sale

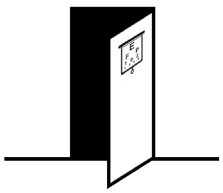
How to process an EOS sale

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 of 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.

Tonometry Handout 1 Step-by-step guide

Step	What you do	Guidance on communication
1	**Check the customer is not wearing specs or contact lenses**	
2	**Check calibration of instrument.** Some instruments have a 'test' or 'demonstration' button.	**Invite customer to sit facing the instrument.**
3	**Explain procedure**	**Put customer at ease, explain the benefits of tonometry, explain the puff of air** 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. **Explain you will take 3 readings on each eye**
4	**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.**	Ask the customer to lean forward and place their chin on the chin-rest with their forehead pressed against the bar or headrest.
5	**Align the instrument.** 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	Take three readings. All instruments will give some indication if the reading taken is likely to be inaccurate. If you cannot obtain 3 readings record an explanation with the results you pass on to the optometrist	**Warn the customer** eg 'you'll just feel that puff of air I showed you earlier, which will make you blink' Give reassurance between readings
7	**Re-align the instrument and take three readings on the other eye**	**Thank the customer** Tell them that the optometrist will give them the results of the test and **tell them what will happen next.**
8	**Record the results in the agreed format** 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: • The three separate readings • The time at which the readings were taken • Any explanation for the optometrist, if measurement was not possible or fewer than three readings were obtained.	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.'

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.

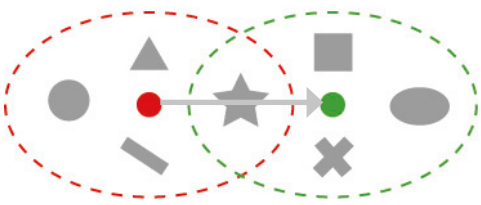
It is important that you tell the customer that the optometrist will describe the results.

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

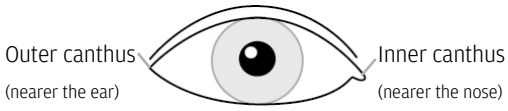
Circulate the groups to ensure that they are working well.

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	The customer must wear their reading prescription when using a central visual field screener, but this can cause some problems. 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. 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.	
2	**Know the instrument!** Some instruments need the lights off and in this case, it's important that both eyes are tested after adapting to the dark.	**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 .**
3	**Explain procedure** 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. 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). 	**Put customer at ease.** **Explain:** 1.the test will take a couple of minutes and they should tell you if they feel too tired to continue. 2. the benefits of visual fields testing, and what will happen during the test. 3. that there are no right or wrong – everyone misses some points of light during the test. 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. *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.*

Appendix 4 - Visual Fields Training Session continued

Step	What you do	Guidance on communication
4	**Check the head and chin rests are clean** **Cover one of the customer's eyes.**	
5	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.  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.	
6	Ask them to look steadily with the **uncovered eye at the instrument target.** 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. 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.	Ask the customer to look with their uncovered eye at the target, and remind them to look steadily at it throughout the test. If they have problems with their vision, you may need to use a non-standard target.

Step	What you do	Guidance on communication
7	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.	**Ask the customer to tell you whenever they see a flash of light (or other stimulus if your instrument is different) during the test.** **Avoid telling the customer how many lights to expect** **Reassure them during the test that they are doing fine** **Remind them repeatedly to keep looking at the central target all the time** 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. **Thank the customer,** and tell them that the optometrist will give them the results of the test and tell them what will happen next.
8	**Record the results in the agreed format** 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.	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.'

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 if 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

- 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.

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.

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.

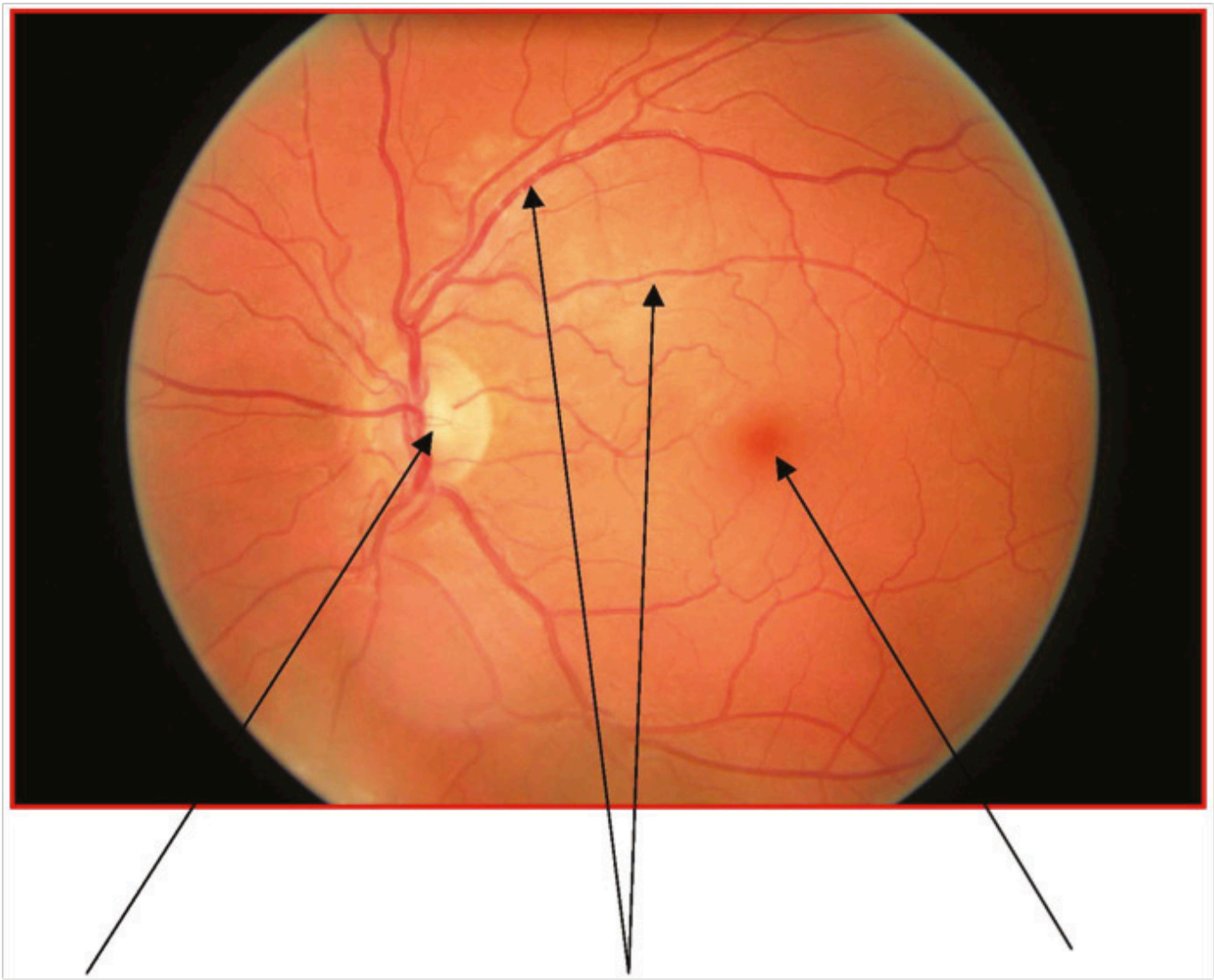
Test learning

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

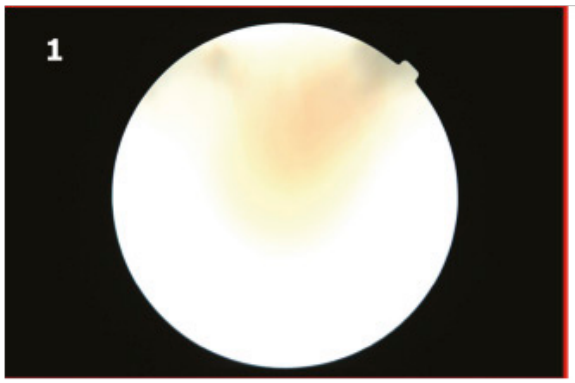
Customer

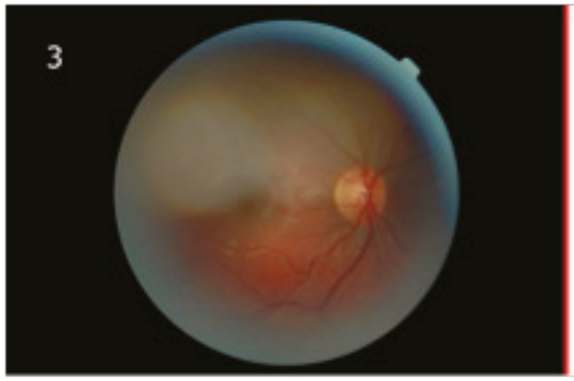
You should use the following questions to voice your concern about having your pictures taken.

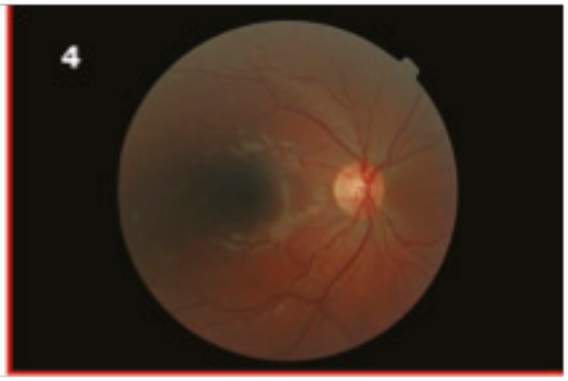
- What does this do?
- Why do you need to take my pictures?
- Will it hurt?
- My appointment is at 2 o'clock! Will I be late?
- The picture looks a bit red! Is there something wrong with my eyes?

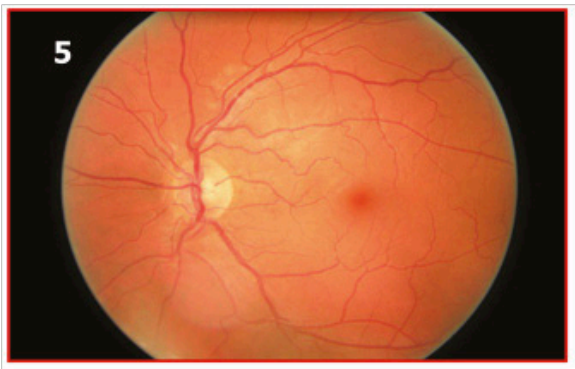
The Fundus - Handout 3

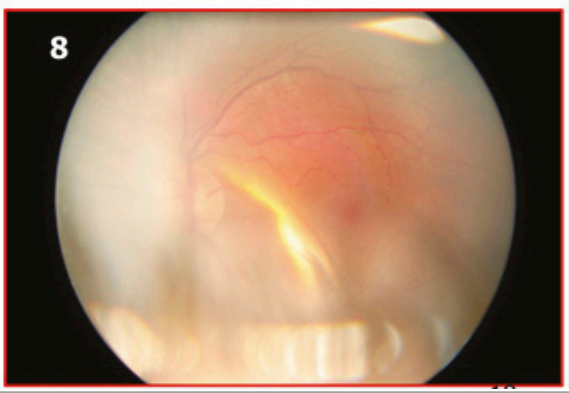
What is wrong with the following images?





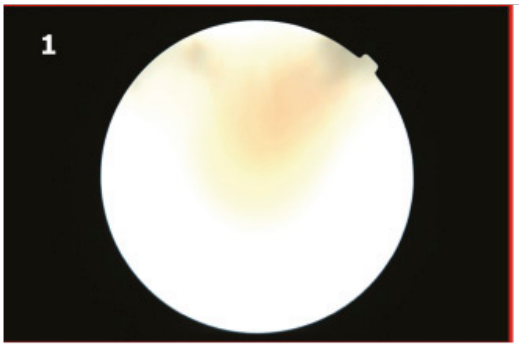






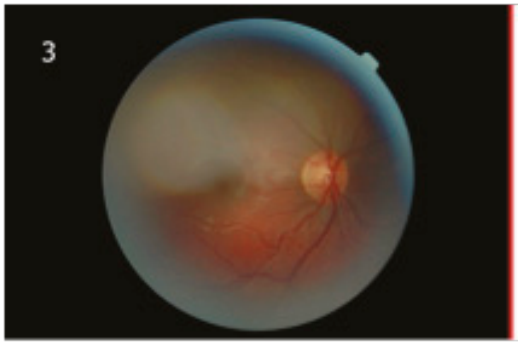
The Fundus - Handout 3 answers

What is wrong with the following images?

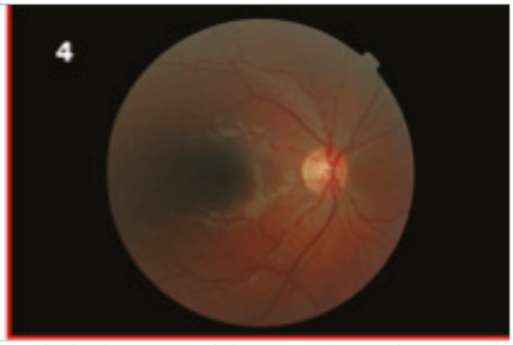


Totally white picture (customer blinked)

Partially white (customer part-blinked)



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

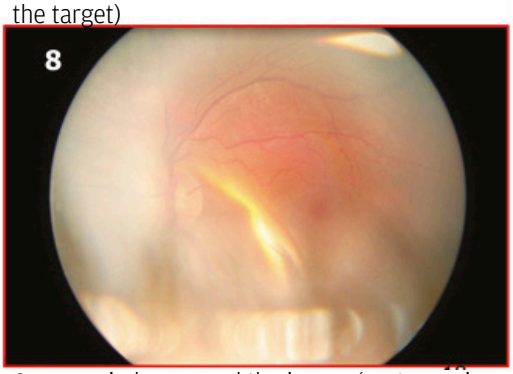


Dark shadow around the central macula area (caused by a small pupil)

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

Macula not centered (customer not looking at the target)

Normal picture



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_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**	
			Learning Objectives				
	Episode Date	**Episode TR No**	**1. Clear Communication (√ or O)**	**2. Procedural accuracy (√ or O)**	**3. Record Keeping (√ or O)**	**Supervisors feedback**	**Supervisor Signature**
1							
2							
3							
4							
5							
6							
7							
8							
9							

Appendix 6 - Framework for Competence Validation continued

10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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 $6/6^{+2}$, not $6/9^{-1}$)
- Corrected acuities completed - enter full line acuity only (without +/- e.g. not $6/6^{+2}$, not $6/9^{-1}$)
- 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 $6/6^{+2}$, not $6/9^{-1}$)
- Corrected acuities completed - enter full line acuity only (without +/- e.g. not $6/6^{+2}$, not $6/9^{-1}$)
- 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 esepcially 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:**