Safe practice: Eye testing

Purpose

1. This guidance highlights potential risks in the sight testing process and describes ways in which practices and practitioners can minimise those risks for the benefit of patients and avoid breaching GOC Codes of Conduct for business registrants[1] or Standards of Practice for individual practitioners[2].

Context

2. Testing sight is central to community optometric practice and a key public health service both in providing vision correction for all and in identifying sight-threatening and other pathologies at an early stage.

3. There are various components to sight tests; history and symptoms, routine procedures, refraction, internal and external examinations, targeted investigations and record keeping[3]. Most sight tests are routine, most patients do not have significant abnormalities and sight-testing has a very high safety record. Nevertheless, like all clinical practice and human interaction, it is not risk free:

    - errors may be made in prescribing
    - errors may be made in dispensing
    - one or more procedures may be missed
    - pathologies may not be detected

4. Practice systems, and any personal reminder systems practitioners use, need to be designed to minimise risk and support practitioners in reducing risk.

5. This guidance is intended to assist with designing such systems.

6. The term optometrist is used for convenience but this guidance applies equally to ophthalmic medical practitioners (OMPs).

Scheduling

7. Scheduling is a key factor in successful optical practice. Patients vary in complexity, their familiarity with the sight testing process, equipment and consulting room, and their ability to complete refractive tests with confidence. Equally, practices will vary in lay-out, equipment, computerisation and record-keeping. The length of sight tests will vary therefore depending on the practice, optometrists, support staff and patient profile.

Time Management

8. One option for scheduling appointments is to divide the working day into smaller time units (e.g. 5 minutes). This allows appointments to be allocated in any multiple of smaller units and differing appointment lengths for different categories of patient, e.g. for new or repeat patients, patients with particular conditions, older patients, patients with disabilities or those attending for contact lens aftercare.

9. In determining the time to be allocated to individual appointments, practices need to allow for not only the typical procedures involved but also the patient profile and any associated risks.

Good scheduling

Avoids

- over-running and creating delays for subsequent patients
- a rushed, or patient perception of a rushed, sight test.
- deferring procedures to another occasion due to lack of time

And allows sufficient time for

- when something out of the ordinary crops up
- carrying out, reviewing or monitoring additional procedures
- maintaining appropriate records
- preparing letters for information or referral
- using the wider clinical team effectively

10**.** All of these factors need to be borne in mind in developing a scheduling system

Example

In a practice with only one optometrist testing, if a typical sight test is judged to take X minutes and sight tests are booked at, say, X+5 minutes, then flexibility is built in. If sight tests are booked in at X minutes with no gaps or catch up time, then risk may be created. By adding a short gap or two, the risk is lessened.

Factors to be considered

1. What additional support is available in the practice – e.g. dispensing opticians, optical assistants and administrative staff
2. How the optometrist will cope when something out of the ordinary occurs
3. Whether there is time to provide and properly review results from additional procedures
4. Whether the practice has fail-safe procedures to ensure that additional procedures are carried out and the results reviewed by the testing optometrist
5. Whether the practice has fail-safe systems to ensure that procedures can never slip through the net or fail to be reported to the testing optometrist in a way that enables him/her to take them into account in reaching clinical decisions
6. Whether the practice monitors and acts on non-attendance when procedures are deferred including informing the testing optometrist

11. Keys points are that:

- some flexibility should be built in
- optometrists should understand and use the flexibilities
- all relevant patients should be followed-up so that nothing is missed

Clinician capacity

12. Putting patients at risk is a breach of the GOC standards for practices, optometrists and dispensing opticians. It is therefore important for employers, managers and optometrists themselves to understand optometrists' experience and limits. Some can safely work quickly, whilst others may take more time (even if that means their contribution to the business is less and their earnings lower).

13. Optometrists should never routinely use or be asked to use work breaks, training or administration time to catch up (although this may occasionally happen, even in the best run practices).

Options

- Build some flexibility/catch-up time into each half day schedule
- Provide administrative support for letter-writing and referrals. It is impractical and uneconomic for the most qualified professionals in the practice to be writing or typing letters. Try using standard computer generated templates or dictation software instead
- Some patients may predictably take longer than others, e.g. older patients compared with younger ones, and schedule appointments to match
- Practices with several optometrists often operate a rolling clinic ("next available optometrist") system which allows some flexibility on timing. This should not of course preclude the patient exercising choice of practitioner where the patient wishes

Advice – creating capacity

Businesses & optometrists should:

- regularly review how well scheduling is working as part of team, clinical governance or appraisal meetings
- allow sufficient time and/or administrative support for standard letter production and referrals
- recognise optometrists' differing capacities and schedule accordingly
- have systems which ensure referrals cannot be forgotten when they need to be written later in the day.
- ensure patients receive details in writing of any referral as required by regulation

Delegated Procedures

14. Delegation is a common feature of modern clinical practice and essential if best use is to be made of clinical skills. In community optical practice routine test procedures, such as non-contact tonometry, are often delegated to suitably trained support staff before or after the sight-test consultation.

15. In such cases, the optometrist is and remains responsible for ensuring that the person to whom a task is delegated is suitably trained and competent to carry out the task. The optometrist also remains responsible for the procedure, for reviewing the results, for ensuring the test is repeated when necessary and for taking the results into account in their clinical decision-making.

16. It is important therefore that:

    - practice systems ensure that support staff are appropriately trained and competent to undertake the procedures optometrists delegate to them.
    - support staff training can be confirmed to the optometrist on request
    - the optometrist should at all times be clear about which procedures are being performed on their patients and by whom
    - staff carrying out delegated procedures are directly responsible to the optometrist dealing with the patient
    - staff carrying out delegated procedures always pass test results to the optometrist to be assessed, signed off and included in the patient record

    Support staff are not qualified or trained to advise patients about the results of the tests and should not do so.

16. Practices should ensure that fail-safe standard operating procedures(SOPs) are in place so that:

    - it is impossible for any procedure to be carried out without the optometrist's knowledge
    - the optometrist always reviews the results of all procedures for their patients

Advice – delegated procedures

Businesses & optometrists should ensure that:

- Results of additional procedures are always seen by the optometrist dealing with the patient (but see internal referrals below)
- results of procedures cannot be overlooked
- Support and ancillary staff are appropriately trained, supervised and understand the nature of their responsibilities within the clinical process

Deferred Procedures

17. It is not unusual for an optometrist to need to ask a patient to return for further tests or procedures (e.g. visual fields, tonometry) because:
    - a need for a further procedure has been identified during the sight test
    - a need to repeat a procedure at a different time has been identified owing to, e.g.
      i. an equivocal result ii. an abnormal result iii. a possible erroneous finding
      iv. an instrument not functioning on the day in question
      v. the optometrist judging it necessary to repeat the test for clinical reasons

18. In some cases the procedure, or repeat procedure, may be performed immediately following the sight test consultation. In other cases the patient may return at a later date.

19. In some cases the repeat procedures may confirm a normal finding; in others they may lead to further tests or referral. Practices should ensure they have failsafe procedures for ensuring follow-up of these patients and hence continuity of care.

20. In many cases, the sight test will not be able to be concluded until the repeat procedure has been completed[4].

21. In the case of an NHS funded sight test this means that all relevant boxes on the GOS form must be completed (including whether a referral has been made). Until the outcome of a necessary repeat test is known and reviewed:
    - a prescription should not be issued
    - the GOS form cannot be completed or submitted for payment
    - spectacles should not be dispensed, unless exceptional circumstances mean that it is in the best interests of the patient to do so

22. If the above presents problems for the organisation of the practice, internal practice referrals offer a possible solution (see paragraphs 24-26 below).

Locums

23. By definition locum optometrists often find themselves in unfamiliar surroundings at short notice. It is important therefore that locums new to a practice are given time to familiarise themselves with the operation of any equipment and software they may be required to use and that staff are on hand to assist with this familiarisation. Standard operating procedures (SOPs) should be available as well as information on local referral routes and protocols.

24. Repeat tests and follow-up are particular challenges for both the practice and practitioner where locum optometrists are involved. Locums may not be able to book repeat procedures for when they will be in the practice and so may be reliant on others for concluding the patient's sight test.

25. It is here that both practice and any personal professional systems[1] need to be absolutely watertight. All follow-ups should be assigned to an optometrist who understands that they are taking on clinical responsibility for the sight test or, alternatively, an internal practice referral should be made, as explained in paragraphs 33-35. Arrangement for this should be agreed with all parties when the locum is engaged and confirmed again, where possible, before the locum leaves the practice.

Advice – deferred procedures & locums

Practices & optometrists should ensure that:

- A failsafe system is in place for repeat tests and patient followup and that locums understand how this operates
- All necessary tests (including repeat tests) are concluded and the results considered before the sight test is deemed concluded
- An employed optometrist is assigned to undertake the role of follow-up and final decision-making for patients where a locum is not returning
- Information is available for locums on unfamiliar equipment and local referral protocols

DNAs (Did Not Attend)

26. Inevitably some patients will fail to return for repeat tests for a variety of reasons ranging from simply forgetting to deciding that the tests are not necessary once they have left the practice. In such cases their sight test is not complete and it is the practice's and practitioner's professional duty to make reasonable efforts to ensure that the patient is contacted and can make an informed decision about the risks and whether to return to complete their sight test.

[1] It is not normally good practice for more than one recording system to be in operation in a practice as this increases the risk of confusion, and issues falling through the net. However, in the case of locum optometrists, it is acceptable for them to maintain their own personal follow-up systems in addition and with practice agreement. This enables them to check follow-ups when they have left if necessary, especially if they have any doubts about the efficiency or effectiveness of the practice systems.

27. Did-not-attends (DNAs) for repeat tests are therefore a shared responsibility of both the practice and the optometrist. Failure to follow up repeat procedures is a growing cause of complaint, litigation and GOC fitness to practise investigations.

28. To minimise the risk to patients and public health, practices should have a fail-safe system in place to

    - identify patients who fail to attend (DNA) for repeat procedures
    - follow them up and
    - record both the facts of the lack of follow-up and the outcome

29. Such a system may be as simple as tracking the practice diary and routinely alerting the optometrist to DNA cases. If a non-diary system is in place (e.g. marking that the test should be completed on collection of spectacles) that system must ensure this happens.

30. Some optometrists also keep a personal log of patients for whom further or repeat procedures have been requested. This is acceptable for locum optometrists who, despite the difficulties involved, may wish to phone practices to check a patient's status after their engagement period has ended.[2]

31. If the patient cannot be contacted or refuses to attend for a necessary repeat test, a letter should be sent to the patient advising them to attend for the test and the reasons why. Additionally, if appropriate, a referral letter can be enclosed and the patient advised to take this to their GP. This would count as a referral for the purposes of completing the sight test.

Advice – patients returning for repeat procedures & DNAs Practices & optometrists should ensure that:

- Fail-safe systems are in place to ensure repeat test patients do not fall through any gaps
- A separate log within the practice system is considered of patients awaiting repeat procedures
- Patients receive written advice and a referral letter (if necessary) if, for whatever reason, they do not return for a repeat test and their sight test has not been be concluded. This would count as a referral for the purposes of completing the sight test. It may be advisable to send this "signed for" and retain the receipt of posting with the patient's record

[2] As also discussed earlier, it is not normally good practice for more than one recording system to be in operation in a practice as this increases the risk of confusion, and issues falling through the net. However, in the case of locum optometrists, it is acceptable for them to maintain their own personal follow-up systems in addition and with practice agreement. This enables them to check follow-ups when they have left if necessary, especially if they have any doubts about the efficiency or effectiveness of the practice systems.

- Referrals between optometrists within the practice are considered as a means of managing repeat procedures effectively, particularly where a repeat test has been advised by a locum optometrist who will not be returning or where a resident optometrist will be on holiday etc

Internal practice referrals

32. Internal practice referrals between optometrists is one option to enable the completion of the sight test, issuing of a prescription and submission of forms. This involves transferring the clinical responsibility formally to another named optometrist within the practice by way of a referral in line with the GOC rules on referral[5]

33. A practice protocol should make clear that the details of the referral must be recorded, the referral must be in writing and the referral must indicate what has happened so far and what needs to happen next (in line with the GOC rules for referrals[5]).This is the same basis as referrals to yourself as part of an enhanced or community service, e.g. to repeat pressures or counsel regarding cataracts.

34. As an example, if a field test shows a few missed points, then the record should note that fact and whether there are any other suspicious findings. The referral report to the colleague might indicate the state of pressures and optic nerves and the reason for requesting a repeat of the visual fields, with advice that if the field defect is repeatable then the patient should be referred to the HES. Whatever the advice of the referring optometrist however, the final decision taken and responsibility for the patient, including whether any other tests should be repeated, will lie with the last optometrist to see the patient.

Advice

Consider referrals between optometrists within the practice as a way of managing repeat procedures effectively, particularly where a repeat test has been advised by a locum optometrist who will not be returning to the practice or where a resident optometrist will be on holiday for example.

References

[1]**GOC Code of Conduct for business registrants**
https://www.optical.org/download.cfm?docid=57A6C147-C81E-475D-B788EC5A5ECC8A11

… a business registrant will take reasonable and proportionate steps to:

1. Ensure that each person who undertakes activities regulated by the Opticians Act does so in accordance with the Act;
2. Require as a condition of employment or engagement that those individual registrants currently employed or otherwise engaged to provide optical services comply with the GOC's
Code of Conduct for Individual Registrants;
3. Not knowingly act in a way which might contribute to or cause a breach of the Code of Conduct for Individual Registrants by any individual registrant employed or otherwise engaged by it to provide optical services;
4. Ensure that individual registrants are always able freely to exercise their professional judgement in the best interests of patients;
5. Provide a system for the proper maintenance of patient records;
6. Respect and protect confidential information for both patients and employees in accordance with current legislation;
7. Ensure that advertising or publicity complies with appropriate advertising codes of practice; **8.** Provide mechanisms to enable those that work for or are otherwise engaged by the business registrant to raise concerns about risks to patients;
9. Protect patients if it has reason to believe that an individual registrant or other health professional, may not be fit to practise, fit to undertake training, or if a business registrant, may not be fit to carry on business as an optometrist, dispensing optician or both;2 **10.** Ensure that the criteria enshrined in this code are applied as may be appropriate to registered medical practitioners in relation to the GMC and any other relevant codes and guidance; and
11. Ensure that financial and commercial practices do not compromise patient safety.

2
GOC Standards of Practice for Optometrists and Dispensing Opticians (April 2016) https://www.optical.org/download.cfm?docid=F19655B0-E91D-447A-900E9F13521C5E0F

As an optometrist or dispensing optician you must:

1. Listen to patients and ensure that they are at the heart of the decisions made about their care
2. Communicate effectively with your patients
3. Obtain valid consent
4. Show care and compassion for your patients
5. Keep your knowledge and skills up to date
6. Recognise, and work within, your limits of competence
7. Conduct appropriate assessments, examinations, treatments and referrals
8. Maintain adequate patient records
9. Ensure that supervision is undertaken appropriately and complies with the law
10. Work collaboratively with colleagues in the interests of patients
11. Protect and safeguard patients, colleagues and others from harm

12. Ensure a safe environment for your patients
13. Show respect and fairness to others and do not discriminate
14. Maintain confidentiality and respect your patients' privacy
15. Maintain appropriate boundaries with others
16. Be honest and trustworthy
17. Do not damage the reputation of your profession through your conduct
18. Respond to complaints effectively
19. Be candid when things have gone wrong

3

The Sight Testing (Examination and Prescription) (No.2) Regulations 1989

3(1) Subject to the exceptions specified in paragraphs (2) and (3), when a doctor or optometrist tests the sight of another person, it shall be his duty -

(a) to perform, for the purpose of detecting signs of injury, disease or abnormality in the eye or elsewhere-

(i) an examination of the external surface of the eye and its immediate vicinity,

(ii) an intra-ocular examination, either by means of an ophthalmoscope or by such other means as the doctor or optometrist considers appropriate,

(iii) such additional examinations as appear to the doctor or optometrist to be clinically necessary…

4

Opticians Act Part 4 Section 26(1)

When a registered medical practitioner or registered ophthalmic optician tests the sight of another person, it shall be his duty immediately following the test to give the person whose sight he has tested a written statement:

(i) that he has carried out the examinations that the regulations require, and

(ii) that he is or (as the case may be) is not referring him to a registered medical practitioner.

5

The Rules Relating To Injury Or Disease Of The Eye 1999

7. As an exception to the duty to refer to a registered medical practitioner under rule 3:

(b) a registered optometrist or dispensing optician may refer the person consulting him to -

(i) a person other than a registered medical practitioner who provides and who has the appropriate qualifications or expertise to provide medical or clinical treatment for the injury or disease of the eye from which the person consulting him appears to be suffering, or

(ii) a person or body one of whose functions is to refer or to organise the referral of persons who having consulted a registered optometrist or dispensing optician appear to that optometrist or dispensing optician to be suffering from an injury or disease of the eye to a registered medical practitioner or a person falling within sub-paragraph (i),

7A. Where a registered optometrist or dispensing optician makes a referral under rule 7, he shall:

(b) record in respect of the person consulting him -

(i) that he has made the referral and the date of the referral,

(ii) a sufficient description of the injury or disease from which that person appears to be suffering, and

(iii) details of any advice or medical or clinical treatment tendered to the patient; and

(c) provide to the person to whom the referral is made a written report of his findings indicating:

(i) his grounds for thinking that the person may be suffering from injury or disease of the eye;

(ii) the urgency of the case

(iii) where the referral is made to a person falling within rule 7(b)(ii), instructions as to whether the patient should be referred to -

(aa) a registered medical practitioner; or

(bb) a person who is not a registered medical practitioner, in which case the instructions shall include what qualifications or expertise that person must have.