Updated May 2014

ADVICE & GUIDELINES ON PROFESSIONAL CONDUCT

FOR DISPENSING OPTICIANS

SECTION 2 : OPHTHALMIC DISPENSING

SALE AND SUPPLY OF SPECTACLES

Guideline

2.1 The dispensing optician should ensure that all patients are fully advised of their needs for spectacle frames and lenses and that all spectacles are properly measured for fit and are fitted to the patient and are checked against relevant standards.

Advice

2.2.1 The dispensing optician should ensure that, when dispensing or supplying spectacles to a patient, all appropriate measurements are taken for the lenses and frames, that checks are made against the relevant standards and that the spectacles are fitted to the patient to ensure that the lenses are fitting in the correct plane, at the correct height, and that the frames are adjusted to hold the spectacles in the correct position.

2.2.2 Registered dispensing opticians, optometrists, and medical practitioners are allowed to dispense spectacles to a prescription that is more than 2 years old. They may also make up spectacles without a prescription e.g. by duplicating an existing pair of spectacles. Practitioners should be aware that if the patient has not had a recent eye examination, they may - by making up spectacles to an out of date prescription - inadvertently encourage patients to delay having another eye examination. This should only be done in exceptional circumstances and the practitioner should consider what is in the best interests of the patient, and the reasons recorded on the patient's record card.

2.2.3 The Association believes that the dispensing of all spectacles or other optical appliances sold or supplied should be carried out by or under the supervision of a registered optician; this applies even if the sale could otherwise be conducted by an unregistered person. The practitioner should decide what is in the best interests of the patient. Dispensing opticians/ optometrists should ensure the following when dispensing or supplying spectacles to a patient:

1. The purpose and function of the appliance is fully and clearly explained to the patient and should be suitable for their particular needs;
2. Facial, frame and other appropriate measurements are taken as necessary and recorded prior to ordering the appliance;
3. The spectacles are appropriate, accurate, CE marked and of an appropriate quality;
4. The finished spectacles are checked on the patient for fit, function and comfort and any necessary adjustments made before they are taken from the practice. This may include checking against a letter chart to ensure the correct acuity is obtained

5. Patients know and understand the financial costs of the professional services and products offered before they are asked to commit themselves to payment. To this end, patients should be informed in advance, itemising the options available for lenses and frames and of any additional features such as coatings or tints. Similarly itemised statements of account should be rendered. (The conditions of the Consumer Protection Act Part III and the Price Marking Order 2004 **[SI 102 of 2004]** must be complied with).

2.2.4 Practices should note that the Medical Devices Directive does not cover spectacle frames already owned by a patient. Therefore new lenses can be put into a patient's existing frames (even if they do not have a CE marking). For more information on ophthalmic products as medical devices see http://www.mhra.gov.uk/Howweregulate/Devices/Complyingwithlegislation/ActiveImplantableMedicalDevicesDirective/Ophthalmicproducts/index.htm

2.2.5 The Association believes that a supervisor of a dispensing function which is regulated under the Opticians Act 1989 as amended 2005, eg paediatric, is responsible for all of the above at the point of collection of the spectacles.

Supervision of Dispensing

2.3.1 When supervising dispensing, the actual work of supplying the spectacles can be delegated but the supervising practitioner remains responsible for the whole process of supervised dispensing. The supervising practitioner must be on the premises at key stages of the dispensing.

2.3.2 The registered dispensing optician should ensure, when supervising a person who is dispensing or supplying spectacles to a patient, that the supervisee is aware of the need to

- take appropriate measurements for the lenses and frame,
- check the lenses against the relevant Standards,
- fit the spectacles to the correct plane and height

The supervising practitioner should satisfy themselves that any person under their supervision is able to carry out these measurements or adjustments, or where this is not the case intervene as necessary to ensure these are carried out correctly.

2.3.3 Where the supply of spectacles is made under the supervision of a registered professional, the supervisor retains full responsibility for the supply. The supervisor must be on the premises, aware of the procedure and in a position to intervene if necessary to ensure that no untoward consequences to the detriment of the patient can arise from the actions of such a person who is being supervised. In the case of General Optical Council v Vision Direct (1989) it was held that supervision by a dispensing optician or optometrist means that the dispensing optician or optometrist is able to exercise his or her professional skill and judgement as a clinician. It does not mean supervision by someone performing a purely clerical or even managerial function, even if the person who is performing that function happens to be a dispensing optician or optometrist.

Remote dispensing

2.4 The supply of spectacles without practice support or individual consultation regarding patients' measurements, visual requirements, verification and aftercare can put the patient at risk. A dispensing service should not be provided by a procedure where the aforementioned measurements, requirements, verification and

aftercare cannot be ensured. These important patient safeguards should apply to any dispensing or supply of spectacles whether regulated or unregulated. If a registered dispensing optician or optometrist is supervising the dispensing or supply of spectacles s/he must ensure that they are in a position to intervene in the dispensing or supply and exercise clinical skill and judgement if necessary.

Ready made reading spectacles

2.5 As with any other optical appliance, when selling or supplying a pair of ready made reading spectacles the dispensing optician has a duty of care to satisfy him/herself that the appliance is suitable for the patient's needs.

Regulation and standards

2.6.1 Statutory regulation does not permit the dispensing of spectacle prescriptions by unqualified persons to children under 16, and patients who are registered as severely visually impaired or visually impaired (blind or partially sighed). **(Opticians Act 1989, s.27).** Sales of spectacles to persons in these classes can only be made by or under the supervision of a registered practitioner.

2.6.2 Various statutory restrictions apply to dispensing by unregistered persons. **(Sale of Optical Appliances Order 1984).** One of the restrictions is that prescriptions must be less than 2 years old.

2.6.3 On-line access and links to the relevant Standards are available to ABDO members at Appendix F.

Spectacle Prescriptions

2.7.1 Registered dispensing opticians are reminded that under the Sight Testing (Examination and Prescription) (No 2) Regulations 1989 immediately following an eye examination, whether NHS or private, irrespective of whether the prescription is dispensed at the same practice or elsewhere, the prescriber is required to give the patient a copy of any prescription issued (together with an NHS voucher if appropriate) or a statement indicating that no prescription is necessary. Although the onus is on the prescriber, a registered dispensing optician has a moral public duty to ensure compliance. This enhances the reputation of the profession; the prescription is the patient's entitlement and must be given back to the patient on completion of the dispensing.

2.7.2 There are many occasions on which a dispensing optician may adjust the power of lenses supplied against a prescription, including for example: change in dispensed power due to a change in vertex distance; change of dispensed addition due to change of working distance. Records must show how and why the adjustment was made.

Particulars to be included in a prescription or statement

2.8.1 A prescription provided in fulfilment of the duty imposed by section 24(2) of the Opticians Act shall include:-

1. Particulars of any spherical power of each lens to be included in the appliance prescribed and, where appropriate, particulars of the cylindrical power (including particulars of its axis), prismatic power (including particulars of the orientation of the prism) and near addition of each such lens. (BS No: 2738-3/91 Part 3). Also note the requirement for a back vertex distance to be included for prescriptions >+/- 5.00D. (BS NO. 2738-3:2004+A1:2008)

2. The date of the testing of sight.
3. The name and address of the patient and, if he/she is under the age of 16, his/her date of birth.
4. The name and practice address of the prescriber who carried out the testing of sight.
5. The address at which, or the name of the hospital, clinic, nursing home or other institution at which, the testing of sight was carried out.

2.8.2 The PD is not a required part of the prescription. It is in the patient's best interests that their spectacles be dispensed by a registered optician and that the patient's PD is considered to be part of the dispensing, rather than prescribing process.

Issue of Duplicate or Copy Prescriptions (updated 15/02/2011)

2.9 When complying with requests from patients for either a copy of an existing prescription from practice records, or the provision of refractive details from an existing pair of spectacles, great care should be taken to ensure that circumstances cannot arise where the practice, or members of staff within a practice, could be alleged to have carried out a sight test and issued a prescription in contravention of the Opticians Act 1989, Section 24. When issuing a copy of the prescription from practice records, particular care should be taken to ensure that any document issued is authorised with the words...

> "This is a copy of the prescription for spectacles issued by...(name of practitioner who carried out the sight test)...following a sight test on...(date of test)"

The document should also contain the name, signature and GOC number of the dispensing optician providing the details, and the date of issue of the copy. When providing refractive details from an existing pair of spectacles, any documents issued should be authenticated with a similarly worded caveat...

> "These are the details of the lenses in...(details of frame)...worn by...(name of patient)...on the ...(date in question)..."

The document should also contain the name, signature and GOC number of the dispensing optician providing the details, and the date of issue of the copy.

Confirmation of prescriptions must be in a written form to eliminate any possibility of error and given only with the patient's express permission. **(Data Protection Act 1998)**

A duplicate prescription form for members' use can be downloaded at appendix J.

Dispensing Equipment

2.10 In order to comply with the sale and supply of spectacle requirements, the equipment in a practice should be sufficient to discharge a registered dispensing optician's responsibilities effectively and efficiently. The following equipment is recommended:

- Vertex distance gauge
- Frame rulers
- Interpupillary distance gauge
- Demonstration lenses
- Frame heater
- Frame repair and adjustment equipment
- Focimeter

- Verification locating and marking apparatus
- Progressive power templates
- Lens thickness callipers
- Lens measure
- Temple head width callipers
- Facial gauge

Safety Spectacles (added 16/03/2010)

2.11.1 Safety spectacles must be supplied in accordance with the use for which they are required. It is necessary to know what job will be performed whilst using such an appliance, be it in an employment situation or at home for DIY. If a patient is unsure what tasks may be performed further checks can be made through the requirements of particular occupations. (See Appendix F) All appliances must be covered by EN166 and EN167. Full records of what has been supplied and for what use they were advised should be maintained.

2.11.2 Care must be taken when requests are made to repair safety spectacles. Once supplied and fitted no repairs can be effected to an appliance without rendering the protection of the appliance, guaranteed by the manufacturer, null and void. Even the replacement of a screw could be seen as interfering with the original standards. Safety spectacles must be replaced if damaged in anyway, to maintain the manufacturer's guarantee and the patient's ocular protection.

Sports eyewear

2.12 Pending a Privy Council Order prescription sports eyewear can only be supplied under the same conditions as other optical appliances.

Supplementary Dispensing Services

2.13 Registered dispensing opticians may wish to offer their patients other supplementary services to meet particular needs. If the registered dispensing optician is satisfied that he/she possesses the necessary knowledge, either by existing training and examination or by additional knowledge and skill acquired through continuing education and training, such services could include:

1. The provision of contact lenses (see Section 3 - Contact Lens practice).
2. Low vision assessment , advice and dispensing [see Section 2.16 – 2.21] .
3. Delegated Functions in support of the medical or optometric profession.
4. The provision of and advice on eye protection appliances.

Note: The practitioner should have information available about other services nationally and locally, e.g. local Social Services, Partially Sighted Society, RNIB etc.

2.14.1 When supplementary dispensing services are offered it is the registered dispensing optician's responsibility, to ensure that the precise nature of each service and the reason for it (advantages and disadvantages) are fully understood by the patient, together with the fees or costs to be paid, before the patient is asked to accept the service.

2.14.2 ABDO is not able to recommend fees to members. The Fair Trading Act 1973 (incorporated in the Enterprise Act 2002), in seeking to remove anti-competitive practices, prohibits associations and similar bodies from setting scales of charges for members to follow or from recommending fees. Fees are entirely a matter for

negotiation between the purchaser (usually the patient's employer or the patient) and the practice undertaking the work. You should make a reasonable charge for the cost of the time, labour and materials needed to undertake the job.

'In-House' glazing

2.15 Practitioners are advised that because lenses and frames are viewed as medical devices, practitioners must register with the MHRA if they assemble spectacles. This would apply to practices which carry out their own glazing, as well as those where the frame is traced and the lenses are edged remotely before being sent to the practice for assembly into the new frame. This only applies to new products so practitioners do not need to register if they are simply reglazing patients' own frames. There is a one-off fee for registration. The registration form can be downloaded from the ABDO/AOP/FODO/ websites.

Patient's Records *[fuller details in Section 5]*

2.16.1 It is essential in the interests of both registered dispensing optician and patient that full and accurate records, either hard copy or electronic, are kept and stored in a systematic and efficient manner.

2.16.2 ABDO takes the view that it is the duty of all registered dispensing opticians to ensure that information of a personal nature entrusted to their care be treated as confidential and divulged only with the patient's consent or when disclosure is required by law. Recorded information should include:

1. Full name, address and daytime telephone number.
2. Date of birth.
3. Occupation (necessary knowledge for giving advice and guidance in dispensing spectacles).
4. Recreation (for the same reasons as Occupation).
5. General Practitioner's name and address.
6. The prescription.
7. Measurements, tints, coatings etc, facial measurements and centration distances.
8. Details of any other services provided – i.e. low vision aids.
9. Charges and fees.

3D TV spectacles (added 23 May 2011)

2.17.1 Members should inform their patients that 3D TV spectacles may not be suitable for everyone and that they should only be used for the purpose for which they were specifically designed and should not, under any circumstances, be used for 'general wear' or other activities. It would be sensible to advise any member of the public who is seeking to benefit from 3D technology, that, prior to purchase, they should have an eye examination to discover if they will be able to enjoy the benefits it offers.

Spectacles for Driving (added September 2012)

2.18.1 The knowledge of a patient's visual acuity and how this may impinge on their driving ability is a confidential matter, and may not be disclosed to a third party. If a patient is suspected of being below the legal standard for driving, s/he has a legal

responsibility to inform the DVLA. Any advice which you give to the patient should be noted on the record.

2.18.2 From 1 May 2012 the DVLA has changed the visual standards for driving. Information on the visual standards required for driving various classes of vehicle can be found on the website of the Driver and Vehicle Licensing Authority (www.dvla.gov.uk).

2.18.3 **Group 1 standards.** The visual acuity standard required for a person to drive a private motor car or motorcycle (group 1) is that they should be able to read a number plate in good daylight at a distance of 20m for the new style number plates (AB12 XYZ) and, from 1 May 2012, have an acuity of 6/12. Practitioners should note that it is not always possible to predict from a Snellen test exactly which patients would pass the number plate test that is defined in law. People who have a visual acuity measurement of less than 6/12 are considered to have a 'relevant disability', and should notify the DVLA.

2.18.4 In addition to the visual acuity requirements, group 1 drivers must have a binocular visual field of at least 120 degrees on the horizontal measured using a target equivalent to the white Goldmann III4e settings, with extension of at least 50 degrees to each side the right and the left. In addition, there should be no significant defect in the binocular field which encroaches within 20 degrees of fixation above or below the horizontal meridian.

2.18.5 **Group 2 standards.** Group 2 (buses and lorries) drivers must have a VA of at least 6/7.5 in the better eye and 6/60 in the other eye. They must also be able to read the number plate at 20m. If spectacles are worn to meet the minimum standard for driving they should have a power of no more than +8.00D.

2.18.6 Group 2 drivers must also have a visual field, with both eyes open, of at least 160 degrees horizontally, with at least 70 degrees either side of fixation, and at least 30 degrees above and below fixation. There must be no defect within the central 30 degrees.

Some Grandfather rights will continue to apply.

Tints and driving: information

2.18.7 BS EN 1836:2005 attributes filters for sunglare use into 5 groups, according to their range of luminous transmittance (Tv).

Filter category	Description	Range of luminous transmittance in the visible spectral range
0[1]	Clear or very light tint	From over 80% to 100%
1	Light tint	From over 43% to 80%
2	Medium tint	From over 18% to 43%
3	Dark tint	From over 8% to 18%
4	Very dark tint	From over 3% to 8%

2.18.8 Filters suitable for road use and driving shall be of categories 0, 1, 2 or 3[2] and in addition:

a) the spectral transmittance of filters suitable for road use shall be not less than 0.2 x Tv for wavelengths between 500 and 650 nm; and
b) the relative visual attenuation coefficient Q of filters of categories 0, 1, 2 and 3 suitable for driving and road use shall be not less than 0.8 for red and yellow

signal lights, not less than 0.4 for the blue signal light and not less than 0.6 for the green signal.

Sunglare filters with a luminous transmittance of less than 75% are not suitable for use in twilight or at night.[3,4]

Notes

[1] Category 0 applies only to photochromic filters in the faded state, to gradient filters with a luminous transmittance >80% at the reference point, and to filters that have a luminous transmittance >80%, but where a specific protection against any part of the solar spectrum is claimed.

[2] Therefore lenses with a luminous transmittance of <=8% are not intended for driving or road use (BS EN ISO 14889:2009 para 4.5.2.3).

[3] BS EN 1836: 2005 para E2.

[4] BS EN ISO 14889:2009 para 4.5.2.4.

LOW VISION PRACTICE (updated September 2012)

General

2.19.1 At present, there is no legally protected title which applies to dispensing opticians or optometrists engaged in low vision work. Although all registered dispensing opticians and optometrists may legally conduct low vision assessments and supply all types of low vision aids, those who do not hold the ABDO Honours Diploma in Low Visual Acuity should avoid using any title or designation which might suggest to the public that they hold a specialist qualification in Low Visual Acuity.

2.19.2 Registered dispensing opticians wishing to specialise in the field of low vision are encouraged to obtain the Honours Diploma in Low Visual Acuity.

Low Vision Records

2.20 Adequate records should be maintained, ideally on specially designed record cards.

Low Vision Assessment

Registered dispensing opticians should:

2.20.1 Ensure that the patient has had an eye examination within the last twelve Months.

2.20.2 Where this is not the case the patient should normally be referred back to the original practitioner before assessment begins, however it may be helpful to the patient in certain circumstances to provide a low vision aid on a temporary basis, for example, following cataract removal. The member should also consider the effectiveness of the refraction and refer the patient back to the original prescriber where appropriate.

2.20.3 Maintain a stock of low vision aids, which should be to British Standards 15253:2000. A recommended basic selection appears in Appendix C. On collection of the aid full written and verbal instructions should be given to the patient. These should include; how to use the aid, spectacles to use, distance from the eye, distance from the task and any specific lighting requirements.

2.20.4 Ascertain whether a patient is registered sight impaired (partially sighted) or severely sight impaired (blind). Benefits of registration should be explained and referral initiated if the patient so wishes. Patients should be encouraged to take up registration where this is applicable. Patients may not qualify for registration, nor wish to be registered, however low vision assessment should be offered to all patients who do not achieve the required level of acuity with spectacles alone.
2.20.5 Inform patients about all costs, local schemes, local and national societies, that are appropriate to their status. Give an explanation of the patient's pathology/reason for visual impairment with care and sensitivity.

2.20.6 In some cases, a low vision aid will not be considered necessary or suitable or the patient may reject it. It should be explained to the patient that this situation may well change in the future, for various reasons, and they should be encouraged to return for regular assessments. Their psychological state with regard to their impairment may improve with time and this is an area of optics that is currently subject to innovative technological developments.

Aftercare

2.21.1 Patients should be reviewed regularly to check whether their acuity levels are deteriorating and their aid(s) are still relevant. The ideal follow-up regime will vary among patients, but a guideline would be at 4 weeks, and then at 6 months. This can be in the form of a phone call to ensure that the patient can still use the aid productively. If any difficulty is being encountered then a full aftercare appointment must be made. Additionally a full re-assessment should be carried annually.

2.21.2 The patient should be referred for a full eye examination prior to the annual LVA assessment.

2.21.3 Following the initial visit a report should be sent to all parties involved in the care of the patient. This may include the GP, ophthalmologist, optometrist, and local social services/blind society and school where appropriate. This demonstrates the effectiveness of the Low Vision Practitioner, with regard to a team approach for the visually impaired and is of course in the best interest of the patient. Where a patient has been referred directly for low vision assessment a report should be sent to the referring practitioner with information on aids prescribed, acuities achieved and the date of the first after-care visit.

Legal Aspects of Low Vision Supply

2.22.1 Vision aids may be optical or non-optical. Optical aids include magnifiers, telescopes, and certain types of spectacle lenses used to enhance vision by magnification. Non-optical aids include lighting, filters, and mobility aids.

2.22.2 Under the Opticians Act 1989 (section 27, The Sale of Optical Appliances), the supply of spectacles to registered blind and partially sighted patients and children under 16 years of age is restricted to registered dispensing opticians and optometrists. Members are reminded that only those members registered with the General Optical Council are legally entitled to describe themselves as "dispensing optician" or "optometrist".

2.22.3 Moreover, the supply of certain low vision aids is also similarly restricted. In the Act, the 'restricted low vision aids' are not defined, but ABDO considers that the supply of spectacle magnifiers and distance telescopes incorporating a distance prescription and/or mounted on a patient's spectacles, and near vision telescopes

with or without a spectacle prescription are restricted, and that the supply of other types of low vision aids is not restricted.

2.22.4 For a supply to be effected by, or be under the supervision of, a registered optician or medical practitioner, that person must be able to have direct contact with the patient. They must also have access to clinical records before the supply may be made and be aware of the general and ocular health of the patient. Only when these criteria have been fulfilled should the supply be considered to have been made under supervision.

2.22.5 Under Section 24 of the Act it is a criminal offence for a person other than a registered medical practitioner or optometrist to test the sight of another person with intent to prescribe an optical appliance. However, when restricted low vision aids are supplied by a registered dispensing optician, the use of techniques to verify their performance does not constitute the testing of sight as defined by the Act. This allows for example the incorporation of a higher reading addition in spectacles or in the form of a spectacle magnifier or near vision telescope for use at a closer working distance without contravening the Act.

Assessment Routine

2.23 A low vision assessment should include –

1. General observation of patient.
2. Recording of patient's details.
3. General health, history and symptoms.
4. Details of ocular condition
5. Practical problems
6. Social factors.
7. Patient expectations.
8. Refraction.
9. Assessment of magnification for distance and near/other distances.
10. Discussion on types of aids.
11. Demonstration and choice of aids and instructions on their use.
12. Supply of aids.
13. Information for the patient, written and verbal, i.e. type of aid and use of, registration, social services, support groups etc.
14. Aftercare
15. Reports to low vision team/original referring practitioner.