

ADVICE & GUIDELINES ON PROFESSIONAL CONDUCT

FOR DISPENSING OPTICIANS

APPENDIX D - LOW VISION PRACTICE; ADVICE TO MEMBERS

General

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. Legal Aspects of supply are shown at Part 1.

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

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

Low Vision Assessment

4. Registered dispensing opticians should:

Ensure that the patient has had an eye examination within the last twelve months. 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. (Areas to be covered in a low vision assessment are listed in Part 2).

Maintain a stock of low vision aids, which should be to British Standards 15253:2000. A recommended basic selection appears in Part 3. 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.

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.

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.

5. 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

6. 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.

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

8. 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 LVA SUPPLY - PART 1

Low 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.

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".

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.

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.

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.

PART 2 - ASSESSMENT ROUTINE

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.

PART 3 - SUGGESTED LVA BASIC STOCK

Hand Magnifiers	Stand Magnifiers	Spectacle Magnifiers
2x, 3x, 4x, 5x, 6x	2x, 3x, 4x, 6x, 8x, 12x	6x, 8x, 12x, 15x, 20x
Illuminated Stand Magnifiers	Torch Type Magnifiers	Prism Half-Eye Spectacles
2.5x, 3x, 4x, 5x, 6x, 7x, 10x, 12.5x (batteries/mains)	3x, 5x, 7x, 9x, 11x, (plus batteries)	+6.00DS, +8.00DS, +12.00DS (mixed eye and bridge sizes)
Clip-On Binocular Loupes	Clip-On Monocular Loupes	Knitting/Chest Magnifiers
2x, 2.5x, 3x	4x, 7x	2x/4x
Distance Telescopes	Near Vision Telescopes	DV/Near Focus Telescope
2x (binoc) 4x, 8x Spectacle binoculars	2x, 3x, 4x, 5x, 6x, 8x 3x & 4x headband type	Rapid focus 1.9x ∞ to 50cm
Pocket Magnifiers	Flat Field Magnifiers	Tinted Overspecs
3.5x & 6x	Dome Magnifier Hedgehog magnifier	Amber 49% LTF Brown 16% LTF Brown 2% LTF Grey 40% LTF
Non-Optical Aids	Bar Magnifiers	
Occluders Reading lamp Reading stand Clamp Typoscope Large print/book/ newspaper	2 sizes	