



LEARNING DOMAINS

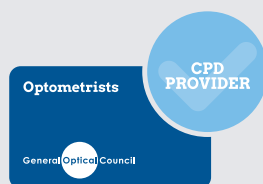
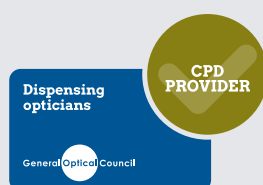


PROFESSIONALISM



LEADERSHIP & ACCOUNTABILITY

PROFESSIONAL GROUPS



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MCQs AVAILABLE ONLINE: 1 July 2023

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This CPD session is open to all FBDO members and associate member optometrists. Successful completion of this CPD session will provide you with a certificate of completion of one non-interactive CPD point. The multiple-choice questions (MCQs) are available online only from Saturday 1 July 2023. Visit www.abdo.org.uk After member login, scroll down and you will find CPD Online within your personalised dashboard. Six questions will be presented in a random order. Please ensure that your email address and GOC number are up-to-date. The pass mark is 60 per cent.

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Record keeping

By Fiona Anderson BSc (Hons), FBDO R, SMC (Tech), FEA00

Good and accurate record keeping is a part of every eyecare practitioner's day-to-day routine and should not be underestimated. Whether records are kept on paper, on computer, or as is increasingly the case in a practice management system with a cloud-based back-up system, all records relating to any care, encounter, clinical intervention or advice given should be recorded in a legible, timely and secure way.

The key purpose of keeping records in optical practice is not only a statutory requirement, good record keeping ensures continuity of patient care – and can be the best form of defence in an increasingly litigious arena.

CURRENT REGULATIONS

All registrant opticians, regardless of role, must comply with the General Optical Council's (GOC) Standards of Practice¹. Standard eight relates to 'Maintaining

adequate patient records' (Figure 1) and details what should be included as a minimum in daily practice. Good records will go beyond this minimum requirement and contain much more information.

A certain amount of professional judgement will be called for in deciding exactly what to record in patient records, and it could be argued that if a record does not contain specific information, then the treatment has not been done. And, of course, what is recorded will also depend on the specific role within the practice – namely dispensing optician/contact lens optician (DO/CLO), practice administrator, optometrist, etc.

Records should also be completed promptly; this negates omissions and memory lapses. The sooner the records are complete, the sooner they can be filed – and the next treating practitioner can access full, timely, accurate records to enable them to continue the patient's care and/or treatment. Often within a busy

STANDARDS FOR OPTOMETRISTS AND DISPENSING OPTICIANS

8. Maintain adequate patient records

- 8.1 Maintain clear, legible and contemporaneous patient records which are accessible for all those involved in the patient's care.
- 8.2 As a minimum, record the following information:
 - 8.2.1 The date of the consultation.
 - 8.2.2 Your patient's personal details.
 - 8.2.3 The reason for the consultation and any presenting condition.
 - 8.2.4 The details and findings of any assessment or examination conducted.
 - 8.2.5 Details of any treatment, referral or advice you provided, including any drugs or optical device prescribed or a copy of a referral letter.
 - 8.2.6 Consent obtained for any examination or treatment.
 - 8.2.7 Details of all those involved in the optical consultation, including name and signature, or other identification of the author.

General Optical Council

FIGURE 1: GOC Standards of Practice for Optometrists and Dispensing Opticians: Standard 8¹

clinic this can be a challenge, however, the importance of completing all records cannot be understated.

WHAT TO KEEP?

As previously stated, the GOC Standards of Practice state what should be kept as a minimum. Many practitioners will keep much more information within a patient record. Further information recorded may include details of financial transactions, preferred methods of contact, copies of orders or other information such as details of telephone conversations, repairs and adjustments to spectacles or specific requests from the patient.

It is generally accepted that every encounter is recorded so a full and timely picture of the engagement between the patient and practitioner or receptionist – indeed any staff member – is recorded. This is so a full ‘picture’ can be obtained and no member of staff is reliant on memory, a sticky note left on a computer screen, or passing on a message verbally.

SPECTACLE DISPENSING AND AFTERCARE

Guidance from ABDO (Section C10.1.2) suggests that a registered DO might record slightly different information in addition to the regulatory minimum, based on the role of the DO and the nature of dispensing a suitable optical appliance for any patient². **Figure 2** shows what is recommended by ABDO.

Other information recorded might be (but not limited to): any facial measurements taken; any specific requests to the lab with reference to surfacing techniques or glazing requirements; details of any modifications made to a frame to enable the practitioner to claim specific vouchers from the NHS.

For example, in the case of a child where a special facial characteristics voucher is being claimed, justification for the claim should be recorded in the file to enable compliance with NHS audits and post payment verification checks. Similarly, if a prescription is transposed to enable a higher voucher value to be claimed, or a prescription is modified for effectivity or working distance, the record should be updated accordingly.

Additionally, more recent changes in lens surfacing techniques, with the advent of CNC tooling and freeform technology, has seen an increase in spectacles being received from the lab with a note of

RECORDED INFORMATION SHOULD INCLUDE:

1. Full name, address, and preferred contact details.
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 distance.
8. Details of any other services provided, i.e. low vision aid.
9. Charges and fees.

FIGURE 2: ABDO Guidance on patient records C10.1.2²

compensated powers for a progressive lens, or a lens that has been surfaced on a specific base curve.

Whilst there is no legal requirement to notate the file with the compensated powers, good practice would suggest that these powers be noted for future reference, not only by the person who dispensed and checked the appliance, but to ensure ongoing continuity of care so subsequent practitioners know what has been dispensed and why.

Ongoing aftercare of patients should be treated in the same way as spectacle dispensing. Often patients return for minor adjustments and/or advice about new spectacles and every conversation (whether in person or on the ‘phone’) should be documented in their notes. If any adjustments are made, these too should be noted, e.g. shortening length to bend, replacing acetate pads with silicone pads, or altering the pantoscopic tilt are all important and information should be recorded to build a picture of the aftercare of the patient.

On rare occasions when patients struggle to settle with their new spectacles or cannot tolerate a lens or prescription change, detailed notes of the issue and how the practitioner solves it is invaluable, especially if more than one person within the practice are involved in the care and service delivery.

CONTACT LENS FITTING AND AFTERCARE

Whilst much of the information contained within a contact lens record will be similar to spectacle dispensing, there will be additional information which needs to be

recorded, including a detailed history and symptoms, especially for a first-time wearer with a narrative of why and when the patient wants to wear contact lenses.

Good practice would suggest that thorough assessment of the anterior surface of the eye is performed and recorded, and that all measurements required to fit the contact lens, all parameters relating to the fit of the contact lens, when the trial period commences and when the patient is to be reviewed are all recorded.

Aftercare appointments should include a thorough assessment of the lens in situ, visual acuity check and over refraction, and an assessment of the anterior surface along with advice given before concluding the fit and issuing a contact lens specification³.

LOW VISION

Like contact lens fitting, low vision (LV) consultations will have similar basic information recorded and then additional information relating to the LV consultation. Much of the information may take the form of a narrative if general advice is given. Before dispensing any low vision aid (LVA), it is imperative that the patient has had a current eye examination (within 12 months).

Many LV patients require extensive counselling on expected visual acuity, and their expectations should be managed in a sensitive manner. Additional instruction and training on how to use any LVA issued is also required, and this should be noted on the record with additional information as to when they should return for follow-up and/or ongoing assessment⁴.

TRIAGE/EMERGENCY REFERRAL

DOs have a statutory duty to refer any presenting patient for further assessment to a registered minor eye conditions service (MECS) practitioner, optometrist, medical practitioner, ophthalmologist or A&E department, if they suspect any eye injury or disease of the eye or adnexa.

Full and accurate triage will enable a comprehensive report of presenting signs and symptoms to be entered into the patient's notes and kept on file. Also, any other information such as consultations with other colleagues, for example, a clinical decision unit at the local eye department of a hospital, or an 'on call' ophthalmologist or even another colleague at another location within the organisation.

Details of any advice given and outcome to the patient should also be recorded, including details of any onward referral out of the practice to another eyecare professional, medical practitioner or hospital department. A copy of the referral letter should be kept within the patient's file, a copy given to the patient, a copy to the professional receiving the patient, and a copy to the patient's medical practitioner for reference.

Often, follow-up from a referral is not forthcoming. Busy hospital departments do not always send a copy of the outcome to an optical practice, so good practice would suggest that a follow-up with the patient and the outcome of the referral be annotated on their record card. If contact cannot be made with the patient to ascertain the outcome, this should also be recorded in their file⁵.

SPECTACLE PRESCRIPTIONS

Occasionally, patients may request a written copy of their spectacle prescription, for a variety of reasons. ABDO Advice & Guidelines suggests that any requests should be met, and great care should be taken to avoid any doubt that a 'sight test' has occurred (this would be a contravention of the Opticians Act 1989 Section 24⁶), and that a written copy of the prescription is issued to avoid any errors in transcription.

Again, as with all patient requests, the date the request is made and fulfilled should be noted along with information

DUPLICATE PRESCRIPTION FORM

This is a copy of the prescription issued on (date):

PRESCRIPTION ISSUED TO:

Patient's title and forename:

Patient's surname:

Patient's date of birth (if under 16):

Re-examination was advised in months:

	Sph	Cyl	Axis	Prism	Base	Add Inter	Add Near	BVD
Right Eye								
Left Eye								

Prescribers name:

Prescribers GOC number:

Practice telephone:

FORM COMPLETED BY:

Name:

GOC Number:

DELETE AS APPROPRIATE:
Optometrist / Dispensing Optician

Signature:

Practice email:

Practice address (or practice address stamp):

The prescribing and dispensing of spectacles are very closely linked and it would be your best interest to have your spectacles dispensed where you had your eyes examined. It is often more difficult to resolve any problems you may have with your spectacles when prescribing and supply are separated.

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FIGURE 3: ABDO Duplicate prescription form

as to how the prescription copy is given to the patient: email, in person or by post. All information should be noted within the patient's records. ABDO members can download a duplicate prescription form from section C 4.15.2 of the clinical ABDO advice and guidelines – as shown in **Figure 3**.

READY READERS

Many optical practices have for sale ready-made reading spectacles, and as registered optical professionals, DOs and optometrists must exercise their skill and knowledge to ensure that such an optical appliance is suitable for the patient's

needs. All dialogue had with a prospective wearer of ready-made reading spectacles should be noted within the patient record, including when they should be worn, and any limitations there are to such a device (such as fixed optical centres and spherical prescription)⁷.

REDUCED VISUAL ACUITY AND DRIVING

Often during an eye examination, spectacle or contact lens dispensing, a patient may enquire if their vision is adequate for driving. All registrant eyecare professionals will have

knowledge of the visual acuity of their patients, however, this must remain confidential between the eyecare professional and the patient, and it must not be disclosed to third parties. Any dialogue relating to this should be annotated on the patient file along with any advice given.

If a patient is suspected to be below the legal driving standard, it is *the patient* who has the legal responsibility to inform the DVLA. If a practitioner has any concerns that the patient will not do this, then they should speak with their professional body or insurance indemnifier as to the correct course of action, especially if they suspect the patient may be a danger to themselves or members of the public. Good practice suggests that the patient is appraised of this, and it is recorded within their record.

Similarly, with advice on tinted or 'sun' spectacles, any advice as to the classification of filters permitted to be worn when driving should also be noted within the patient record⁷.

DATA PROTECTION

Any practitioner or business who holds data has a legal obligation to deal with the data in a safe and secure manner. Data protection law applies to personal data held in electronic and paper form, i.e. not just computer records. It therefore applies to all optical businesses/practices.

The General Data Protection Regulation (GDPR) came into force on 25 May 2018 across all EU member states. The GDPR allows member states to make some variation in how GDPR is applied within their jurisdiction. The UK has done this using the Data Protection Act 2018 (DPA 2018). The GDPR and DPA 2018 therefore must be read side by side.

When the GDPR changes came into effect within the EU in 2018, the Optical Confederation issued guidance to member organisations. The principles of data protection in the new law (2018) were similar to those previously enshrined in law. The main difference with GDPR is that it is a principles-based system rather than a rules-based system. It is important to note that the changes to data protection law will not be affected by the UK's decision to leave the EU⁸.

Optical practices must appoint a data protection officer (DPO) if they provide

general ophthalmic services (GOS) or if they don't provide GOS and they handle large amounts of special category data (so all optical practices). The DPO is the person who is responsible for compliance and is usually a senior team member, or owner of the business.

It is clear that the knowledge and expertise the DPO is required to have should be proportionate to the type of processing carried out and the level of risk. The DPO is also the first point of contact for the Information Commissioners Office (ICO) should any queries or complaints arise.

subject to the same rigorous care and attention as the data held on patients/clients.

OWNERSHIP OF RECORDS

The practice where any record is generated owns the record. This may be contrary to popular opinion that it is the optometrist, DO or locum who owns the record. This said, if a practice closes or is acquired by a new owner then all patients should be notified of this and have the right not to use this new practice but remove themselves and be seen elsewhere.

TYPE OF RECORD	RECOMMENDED PERIOD OF RETENTION
ADULT PATIENTS	Ten years after they were last seen, even if the patient has subsequently died.
CHILDREN AND YOUNG PEOPLE	Ten years after they were last seen or until the patient's 25th birthday, if later. If the child or young person has died, keep the records for 10 years after they were last seen.

FIGURE 4: College of Optometrists' suggested retention of optical records⁹

Every patient deserves to have their information, especially sensitive personal information relating to their ocular and general health, treated with respect. It should always be hidden from public view and several aids are available to enable optical practices to comply. It may be as simple as keeping written paper records behind the reception desk until the optometrist or DO is free and they are handed to them, rather than being left on a table or wall hook for all and sundry to see – or a practice management system being password protected and when left, the screen automatically defaults to an obscured screen saver.

The new GDPR rules focus on compliance and accountability when handling person identifiable personal data. Good working practices and secure storage of data will be the cornerstones of compliance and accountability. The same rules will also apply to staff information held within an optical practice. Employee records are equally important and whilst they will not necessarily hold clinical data, they will hold financial and other sensitive data on each employee. This data should be

Because of the confidential nature of optical records, they must not be passed on to anyone other than a registrant optician, medical practitioner, or enrolled body corporate to ensure continuity of care. When a practice closes or is acquired, all registrant optical professionals have a duty of care for the welfare of their patients and as previously stated, should inform all existing patients and the public of this and identify the new owners of the records. If it is not possible to have the records transferred to another practice, then advice should be sought from the NHS regional team³.

RETENTION OF RECORDS AND CONSENT

All records within an optical practice must be held for an appropriate length of time but no longer than necessary (Figure 4)⁹. It is also important to note that patients, or persons acting on their behalf, have access to their data and have the right to have anything, which may cause them harm or distress, amended if it is incorrect.

Great care should be taken to ensure only those with the appropriate permission to access the data can do so. Consent to access data can only be given by the patient or someone acting on their behalf such as a parent or guardian in the case of a minor (under 16 years of age) or with appropriate power-of-attorney documentation in the case of a patient who is unable to give their consent.

CONCLUSIONS

The onus on optical practices and optical professionals to keep clear, legible and contemporaneous patient records should not be underestimated. It is worthwhile noting that there is not only a legal obligation to comply but a moral one too: all patients deserve their personal data to be handled and updated in a secure and confidential manner.

Others within an optical practice involved in the updating of records, and with access to them such as reception/admin staff and non-registrant members of staff, should treat records with the utmost care and respect. However, ultimately it will fall to registrant optical professionals to supervise the treatment of data held and shoulder the responsibility for it being kept in the correct manner.

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REFERENCES

1. General Optical Council. Standards of Practice for Optometrists and Dispensing Opticians. Available from: <https://optical.org/optomanddostandards> [Accessed 16 March 2023].
2. ABDO. Advice and Guidelines: Patient records. Available from: www.abdo.org.uk/regulation-and-policy/advice-and-guidelines/clinical/patient-records [Accessed 16 March 2023].
3. ABDO. Advice and Guidelines: Contact lens records. Available from: www.abdo.org.uk/regulation-and-policy/advice-and-guidelines/clinical/patient-records/contact-lens-records [Accessed 27 April 2023].
4. ABDO. Advice and Guidelines: Low vision. Available from: www.abdo.org.uk/regulation-and-policy/advice-and-guidelines/clinical/low-vision [Accessed 30 April 2023].
5. ABDO. Advice and Guidelines: Duty to refer. Available from: www.abdo.org.uk/regulation-and-policy/advice-and-guidelines/clinical/duty-to-refer-2 [Accessed 30 April 2023].
6. Great Britain. Opticians Act 1989, Part IV, Section 24. [Internet]. London: Stationery Office; 1989. Available at: www.legislation.gov.uk/ukpga/1989/44/section/24 [Accessed 22 May 2023].
7. ABDO Advice and Guidelines: Sale and supply of spectacles. Available from: www.abdo.org.uk/regulation-and-policy/advice-and-guidelines/clinical/sale-and-supply-of-spectacles [Accessed 30 April 2023].
8. ABDO. Advice and Guidelines: Data protection. Available from: www.abdo.org.uk/regulation-and-policy/advice-and-guidelines/regulatory/data-protection [Accessed 30 April 2023].
9. College of Optometrists. Guidance for professional practice: Patient records. Available from: www.college-optometrists.org/clinical-guidance/guidance/knowledge,-skills-and-performance/patient-records#DataProtectionAct2018andEUGeneralDataProte [Accessed 16 March 2023].

LEARNING OUTCOMES FOR THIS CPD ARTICLE

DOMAIN: Professionalism

14.1: Understand your responsibility to observe GDPR requirements in relation to patient records.

DOMAIN: Leadership and accountability

8.1: Understand the regulatory requirements to keep clear, legible, contemporaneous and accessible patient records

8.2: Understand what information should be contained in patient records.



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