COMPETENCIES COVERED

DISPENSING OPTICIANS
Standards of Practice, Low Vision

OPTOMETRISTS
Standards of Practice, Optical Appliances

This CET has been approved for 1 point by the GOC. It is open to all FBDO members, and associate member optometrists. The multiple-choice questions (MCQs) for this month's CET are available **online only**, to comply with the GOC's Good Practice Guidance for this type of CET. Insert your answers to the six MCQs online at www.abdo.org.uk. After member login, go into the secure membership portal and CET Online will be found on the L menu. **Questions will be presented in random order**. Please ensure that your email address and GOC number are up-to-date. The pass mark is 60 per cent. The answers will appear in the March 2021 issue of *Dispensing Optics*. The closing date is 12 February 2021.

General Optical Council
Approved CET For Dispensing Opticians

General Optical Council
Approved CET For Optometrists

C – 76298 Approved for 1 CET Point

A specialised skill

Signposting patients with visual impairment to increase their health outcomes

By Jayshree Vasani FBDO

This month's CET is offered in the form of self-directed learning, which is intended to equip members with the skills required to fulfil continuing professional development (CPD) by researching available resources with guidance.

In the UK, there are an estimated two million plus people living with sight loss[1]. This estimate includes not only people who are registered severely sight impaired (SSI) or sight impaired (SI), but also people whose are awaiting treatment or who vision level is degrading but does not reach the level to be registered. Additionally, it includes people who are undergoing treatment for their eye condition and, importantly, people whose vision could be corrected by wearing the correct prescribed spectacles or contact lenses.

The main causes of sight loss in the UK are, in order or magnitude: uncorrected refracted error; age-related macular degeneration (AMD); cataract; glaucoma; and diabetic eye disease[1].

As eyecare professionals, dispensing opticians (DOs) and optometrists are charged to provide the best possible care. This includes all and any type of optical aid, but arguably just as important is the advice and guidance provided that can have a longer lasting effect and increase our worth as healthcare professionals.

Use of a cane, combined with mobility training, can aid independence for some people with low vision

In the UK, working as General Optical Council (GOC) registrants, DOs and optometrists are obliged to refer to other agencies for advice and support[2]:

- 2.10.1. Work collaboratively with colleagues within the optical professions and other healthcare practitioners in the best interests of your patients, ensuring that your communication is clear and effective
- 6.4.3. Refers low vision patient to other agencies where appropriate. Knows where and how to access additional support, e.g. a resource centre, social services, etc

Due to practice circumstances, DOs may have more time to talk to a patient

PLAN YOUR CET TODAY

For all the latest CET available from ABDO visit the Events section of the ABDO website. Here you will able to see the latest online interactive CET sessions available for booking. Online sessions include discussion-based workshops, a great way to learn in a small group of your peers. Online discussion sessions are available for all professional roles and are approved for three CET points. New sessions will be added regularly. Additionally, we continue to host our monthly CET webinar series featuring a range of topics and speakers. Each CET webinar will be approved for one interactive CET point.

Case 1: A waiting game

Mr Smith was referred to the ophthalmologist five months ago owing to dry AMD and related low vision. He attends the practice today asking to speak to someone. He has not yet received his date for his ophthalmology appointment. He feels that his vision has deteriorated since his referral.

He is recently widowed and is finding cooking difficult, as he now lives alone. He is not able to use his iPad and misses seeing his friends at his local church. He admits he is worried about his referral to the ophthalmologist as he fears he will be told he is going blind. When he attends the practice, he is wearing his slippers and his jumper has crumbs on it. His index finger looks sore and he admits he had an accident when making some soup.

Before completing the MCQs, please explore the following online resources:

- ***Visualise Training and Consultancy and Orbita Black. Seeing beyond the eyes resource pack. January 2019***
- ***ECLO information. RNIB***
- ***What ECLOs do. RNIB***
- ***Sight Advice FAQ. What is an ECLO***

Case 2: Working and struggling

Miss Patel is in her 20s. She has ocular albinism and associated nystagmus. She has lost her magnifier and is coming to terms with her sight loss condition. She has trouble reading her letters from the hospital as the print is not big enough for her.

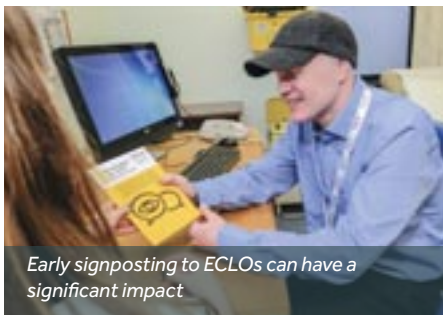
She has just started a new role at her workplace and is finding navigating the route to her other office difficult. She keeps bumping into street furniture like A boards. She wants to learn to cook as she wants to save money and would like to keep fit by going to a gym.

Before completing the MCQs, please explore the following online resources:

- ***A day in the life of a visual impairment rehabilitation officer by Simon Labbett. The Guardian 30 May 2014***
- ***10 principles of good practice in vision rehabilitation. RNIB 2016***
- ***Henshaws Lifehacks. 52 tips and tricks for living with a visual impairment***

about their lifestyle and daily tasks than optometry colleagues. This can enable analysis of the area where help and support would potentially make a huge difference. Two possible patient circumstances are provided with the resource links for this article.

If we consider a patient with low vision, often we use the latest technology in practice to conduct an eye examination and/or dispense, and then refer them to hospital colleagues for further investigation. We could assume the ophthalmology team takes care of all the patients' needs post-referral. It may be useful to pause and consider the next part of the journey for our patients, and where we can additionally help with signposting to other services at this early stage.



Early signposting to ECLOs can have a significant impact

We should consider why we are referring the patient to the hospital eye service. Once the patient is reviewed by the ophthalmologist, what happens next? Where does this patient go for support, and how do they live with their diagnosis on a day-to-day basis? As eyecare professionals, what can we do to make this journey easier?

The early signposting to sight loss charities, eye clinic liaison officers (ECLOs) and rehabilitation services can have a significant impact on the patient's emotional and mental wellbeing and on their current eyecare journey. The local authority (or a local organisation acting on their behalf) can help in the local borough and provide rehabilitation services through a rehabilitation officer.

Vision rehabilitation offers people with SSI or SI an opportunity to develop essential skills for living as independently as possible. The council may deliver vision rehabilitation support or contract a local sight loss charity or organisation to provide the service. However, the council always has overall responsibility and should be your first point of contact. Under the Care Act 2014, all councils in England must prevent, reduce or delay people from developing future care needs[3].

REFERENCES

1. RNIB. Eye health and sight loss stats and facts. 2018. Available at: **https://tinyurl.com/ybyhez8r** [Accessed 1 September 2020]
2. General Optical Council. CET competencies for Dispensing Opticians. 2016. Available at: **https://tinyurl.com/y2bkvv63** [Accessed 30 August 2020]
3. Department of Health & Social Care. Guidance Care Art factsheets. 2016. Available at: **https://tinyurl.com/j379opc** [Accessed 2 September 2020]

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Images courtesy of the RNIB.