

Dear colleagues,

I thought it would be helpful to produce a briefing document to help you consider your response to the following consultation:

<https://www.gov.uk/government/consultations/extend-medicines-for-optometrists-and-contact-lens-opticians/extend-medicines-for-optometrists-and-contact-lens-opticians-consultation-document>

This consultation is the result of many years of hard work and determination across the eye care sector to improve access to medicines for both optometrists and contact lens opticians, reflecting the growing scope of practice for our registrants.

Your voice as a CLO is vital. By participating in this consultation, you can help shape a future-ready profession that ensures we have the medicines we need to deliver safe, effective, and high-quality care to our patients.

This briefing note is designed to support your response—please take the time to read it so you fully understand the changes and the opportunities they present. We encourage you to use it as a guide rather than copying it directly into the consultation document, as your individual perspective is crucial to ensuring our members' voices are accurately represented.

#### **Briefing document:**

This briefing provides an overview of ABDO's position on proposed changes to the HMRs, designed to improve access to medicines for optometrists and contact lens opticians (CLOs), enhance patient care, and reflect the evolving scope of practice.

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#### **Proposal 1: Remove Discontinued Medicines**

##### **Medicines affected:**

Emedastine, levocabastine, nedocromil sodium, polymyxin B/bacitracin, polymyxin B/trimethoprim, sulphacetamide sodium, thymoxamine hydrochloride.

**ABDO position:** Agree.

##### **Rationale:**

Removing discontinued medicines maintains a current, clinically relevant list, avoids confusion, supports safe prescribing, and strengthens public confidence in optical medicine governance.

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#### **Proposal 2: Allow All Optometrists to Supply POMs Currently Restricted to AS Optometrists**

**ABDO position:** Agree.

##### **Rationale:**

The distinction between AS-qualified and non-AS optometrists is outdated. All optometrists now have the knowledge and training to supply these medicines safely. This update will

streamline care, reduce unnecessary referrals, and improve patient access, particularly in high-demand areas.

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### **Proposal 3: Allow CLOs to Supply POMs Currently Restricted to AS Optometrists**

**ABDO Position:** Agree

**Rationale:**

CLOs play a valuable role in managing anterior eye conditions. Allowing them to supply specific POMs will improve patient access, reduce referrals, and strengthen primary eye care delivery. ABDO will continue providing training, accreditation, and governance support to ensure safe implementation.

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### **Proposal 4: Allow Optometrists to Supply New POMs for Conjunctivitis**

**ABDO Position:** Agree.

**Rationale:**

Optometrists are well placed to diagnose and manage conjunctivitis. Expanding access to appropriate POMs will reduce treatment delays, relieve pressure on GPs and urgent care, and improve patient outcomes.

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### **Proposal 5: Allow CLOs to Supply New POMs for Conjunctivitis**

**ABDO position:** Agree.

**Rationale:**

Contact Lens Opticians (CLOs) are well placed to diagnose and manage conjunctivitis. CLOs already safely manage uncomplicated anterior eye conditions and supply chloramphenicol. Expanding access to additional POMs -Gentamicin (an antibiotic used to treat bacterial eye infections) and epinastine (an antihistamine used to relieve allergic eye symptoms) will improve patient care, reduce unnecessary referrals, and enhance the efficiency of primary eye services. ABDO will continue to ensure training, accreditation, and clinical governance.

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### **Proposal 6: Allow Wholesalers to Supply Topical Anaesthetics to CLOs**

**Medicines affected:** Lidocaine hydrochloride, oxybuprocaine hydrochloride, proxymetacaine hydrochloride.

**ABDO position:** Agree.

**Rationale:**

CLOs already use topical anaesthetics safely in professional practice, including more advanced procedures such as complex contact lens fitting and, with additional training GAT and foreign body removal. Allowing wholesalers to supply these medicines directly is practical, supports efficient service delivery, and reflects current clinical practice. ABDO will continue to provide training and governance support.

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## Legal considerations

### Equality impact:

ABDO agrees with DHSC and DoH (NI) that the proposals are unlikely to negatively impact individuals with protected characteristics. Expanding medicines access supports inclusive, community-based care, benefiting older adults, disabled people, and those in underserved areas.

### Geographical impact (Northern Ireland):

ABDO agrees with DoH (NI) that these proposals will improve access to care across Northern Ireland, especially in rural and remote areas. Community-based access to POMs will reduce reliance on GPs and hospital services, supporting equitable care and better patient outcomes.

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### Summary:

ABDO welcomes and fully supports all six proposals, which we see as practical, evidence-based updates that reflect how optical care is delivered today. These changes will improve patient care and help build a stronger, more capable optical workforce. With ongoing training, accreditation, and close collaboration with regulators, we can make sure these updates are implemented safely and effectively for everyone.

There is broad support across the sector for all these changes, and we encourage you to take a few minutes to respond to the survey. Your input will help ensure our clinical workforce is ready to meet patients' needs now and in the years ahead.

[Submit your response here](#)

Best wishes,



**Max Halford**

Clinical and Policy Director, ABDO