

SIGHT TESTS AND EYE EXAMINATIONS: SCOPE AND CHARGING

Many primary care organisations (PCOs) are agreeing protocols with their LOCs/AOCs which set out which procedures are expected as part of a sight test and which procedures lie outside. Many of these protocols are based largely on the AOP's guidance on the sight test and eye examinations which was published in 2002 and which is available on the internet at: http://www.assoc-optometrists.org/gos/gos_examine.html.

LEGAL POSITION

The 1989 Eye Examination Regulations

These regulations say, in part:

'When a doctor or optician tests the sight of another person, it shall be his duty:- to perform, for the purposes of detecting signs of injury, disease or abnormality in the eye or elsewhere –

- (i) an examination of the external surface of the eye and its immediate vicinity
- (ii) an intra-ocular examination, either by means of an ophthalmoscope or by such other means as the doctor or optician consider appropriate
- (iii) such additional examinations as appear clinically necessary.'

Our advice is that the 'additional examinations' are to be performed for the same purpose as the other specified examinations, which is 'for the purpose of detecting signs of injury, disease or abnormality in the eye or elsewhere'. A dictionary definition of 'signs', in the medical context, is 'any objective evidence of the presence of a disease or disorder'.

Thus the sight test ends with the detection of signs; referral refinement is not a requirement of the regulations. Following the detection of signs, which, after the exercise of the optometrist's clinical judgement, are seen to require medical intervention, the practitioner must refer the patient. In the absence of any signs, the practitioner's duty under the regulations has been discharged. The requirements relating to issuing a prescription and/or statements remain.

The optometrist's duty

The optometrist has a contractual duty, a statutory duty and a common law duty in the exercise of his or her profession. For private patients all three apply: for GOS patients the practitioner has a statutory duty to the NHS body holding the contract. He/she also owes a statutory duty and a common law duty of care to the patient.

The contractual duty is to carry out the sight test or eye examination carefully and correctly.

The statutory duty is to follow the regulations and statutes governing the profession's exercise of its role and to do so with reasonable care and skill.

The common law duty requires the optometrist to practise to the same standard as the reasonably competent optometrist and to do the best for the patient in that context.

An optometrist has the right to refuse to accept any patient without giving a reason. However, having accepted a patient, the practitioner must see their care through to completion or referral and observe their statutory duties in respect of providing prescriptions and statements as required. A patient who refuses to pay the fee after being seen retains their statutory rights.

After carrying out a sight test to the standard of a reasonably competent optometrist and doing the best for the patient in that context, practitioners can discharge their remaining duty of care by properly informing patients about their condition and recommending an appropriate course of action. That recommended course of action could include:

- providing additional services to the patient that are funded by the local primary care organisation
- providing services which fall outside GOS funding, privately, for a fee
- providing a carefully documented referral of the patient to a doctor or, in certain circumstances, to another optometrist.

If the patient declines to pay privately for procedures which lie outside the GOS and which the optometrist in his/her judgement believes are necessary (for example, repeated visual fields and intra-ocular pressures for referral refinement) then the practitioner should refer the patient to an appropriate health professional who can provide the service under the NHS. A note recording findings and advice given should be made on the record card.

The practitioner must not lead the patient to conclude that they are compelled to pay for any procedures or that they are in some way paying to supplement the NHS fee. Complaints around these points have caused several practitioners to be

referred to their primary care organisation. It is a breach of regulations to charge for any part of the GOS sight test. Careful communication with patients about private charges made following GOS sight tests is essential and the AOP resource pack which is available on request should be consulted as to the best way to deal with this area.

Meticulous record keeping, showing what has been done and why, is essential and is the best defence to questions about your practice procedures.

Emergencies

A practitioner is not required to see a patient who presents without an appointment, even in an emergency, although obviously most practitioners would try to be accommodating in such circumstances. If the patient can't be seen they should be advised where to seek appropriate attention – for instance, at the local casualty department. A detailed note recording advice given should be made on the record card.

In the unlikely event that a patient, being seen in an emergency, requires **then and there** an urgent intervention which is not funded by the GOS, and declines to pay for it, the practitioner should ensure that the patient is urgently referred to a doctor or hospital which can meet their needs (although the practitioner may, of course, decide to attend to them for no fee). A detailed note recording findings and advice given should be made on the record card.

THE SIGHT TEST

When carrying out a sight test practitioners should bear in mind the particular circumstances of the patient and their history and symptoms when determining the extent of the sight test. The sight test should normally include:

- ocular history and symptoms, including relevant general health and family ocular history
- determination of best spectacle correction and visual acuities
- basic binocular vision assessment
- external ocular examination
- intra-ocular examination through undilated pupil (this may be done by use of an ophthalmoscope or by other means)
- basic field screening for patients judged at risk by the optometrist
- tonometry for patients judged at risk of glaucoma by the optometrist
- maintaining records that show the results of the sight test
- issuing the prescription or statement
- giving verbal advice
- writing a referral letter, if required.

The optometrist carrying out a GOS sight test may consider it necessary to perform a mydriatic or cycloplegic examination, depending on the patient's circumstances, in order to complete the sight test. This is a matter of the optometrist's clinical judgement. However, most optometrists do not normally carry out routine dilation as part of the sight test.

If a third party requests or orders a dilated examination for a patient this would not be part of the GOS sight test and a fee may be charged.

Further procedures* for which a charge may be made include:

- repeat fields and tonometry for referral refinement
- post diagnosis diabetic retinopathy monitoring
- post diagnosis glaucoma monitoring
- prioritising cataract referrals and pre-operative counselling of patients
- post-operative assessments and clinical audit for cataract patients
- fundus photography and digital image capture (but not where they replace ophthalmoscopy as the primary means of internal examination)
- red eye assessment (as a discrete or an emergency procedure),
- dry eye assessment and punctal plug administration
- orthoptics
- LVA work
- first aid, foreign body removal
- occupational colour vision assessment
- contact lens work
- treatment of visual symptoms of dyslexia
- police, armed forces and VDU reports

NOTE:

***where any these procedures are part of an agreed primary care co-managed scheme the primary care organisation, rather than the patient, will pay the charges. Note also that some PCOs are initiating schemes outside the GOS for the cycloplegic examination of children.**