

## **The World Council of Optometry**

### **Meeting of the General Delegates**

**to be held 5 June 2009**

### **United Kingdom Country Report**

The United Kingdom is represented on the WCO by the College of Optometrists and the Association of Optometrists. The General Optical Council is an Associate Member.

#### **The UK Optical Bodies Working Together**

There are several bodies representing optometry and optics in the UK and co-operative working has become much more common over the last year. Last November the representative bodies came together to form joint committees which are working well. Each committee has observers appointed by the College of Optometrists. This builds on the experience of the success of the optometry umbrella bodies we established in Northern Ireland, Scotland and Wales. It is a sensible way to work, but it is also a clear signal that the profession as a whole will no longer tolerate out-dated division that has influenced much of our history and held us back.

#### **UK Vision Strategy**

This collaborative approach spread yet wider with the publication of the UK Vision Strategy last year. It is the product of close working between optics, vision loss charities as well as ophthalmology and their associated professions. This coalition will now lobby up until the next General Election in the UK on a joint platform calling for improved eye care, publicity about the value of a sight test and the need for improved services for the blind and partially sighted.

#### **Legislative change**

In England, the delivery of state-funded National Health Service Sight Tests is often characterised by an over-complex and muddled approach which stands in the way of patient care. We are engaged in significant lobbying to achieve change in England, and a newly formed Support Unit for Local Optical Committees is helping the profession locally to put forward bids for extended optometric services. The Scottish government in contrast has adapted the NHS scheme, known as the General Ophthalmic Service (GOS), to enable the profession to provide comprehensive eye care in the community. In doing so, they built on the highly successful model adopted in Wales where accredited practitioners provide an acute referral service and comprehensive eye examinations for at-risk groups. Optometry Wales is currently negotiating a new contract to merge these extra services into the GOS. In Northern Ireland, productive discussions indicate that a comprehensive GOS is likely to emerge there.

In August 2008 the English General Ophthalmic Service contract changed to a written contract between the local NHS and practice owners. Optometrists including practice owners have to be on a newly defined local ophthalmic list. These contracts incorporate the previous Terms of Service plus some new additional requirements.

### **Primary Care**

In 2008 the AOP and College of Optometrists, in collaboration with the Trade Association (FODO) and the Dispensing Opticians (ABDO) continued the development of the web-based version of its clinical governance toolkit '**Quality in Optometry**' (QiO). It uses government published health standards and allows users to complete a compliance checklist online at [www.qualityinoptometry.co.uk](http://www.qualityinoptometry.co.uk) in complete confidence. It also gives links directly from the checklist to relevant help files and useful background information. The toolkit has proven to be an effective aid, increasingly used by primary care organisations and individual practitioners.

### **Independent Prescribing**

From the 1999 Crown Review until 2008, independent prescribing of therapeutic pharmacological agents by optometrists in the UK was under discussion. The working group, led by the College of Optometrists, is developing the examination criteria alongside the Standards Committee of the General Optical Council which ratified the level of training required. There is now an established route to gaining these qualifications via distance learning, lectures, practical sessions and assessment. The new courses being offered by the universities have proved popular with optometrists who want to extend their mode of practice. The first candidates are due to take examinations this summer. This marks a significant step for UK optometry.

### **Glaucoma Guidelines**

In April this year, a government sponsored agency, the National Institute of Clinical Excellence published guidelines on glaucoma. They are controversial and will have a big effect on the profession and on hospital based eye services with a very significant increase the numbers of diagnostic outpatient referrals. The guidelines require that OHT should be formally diagnosed using gonioscopy before continued monitoring with OHT being defined as intraocular pressure over 21 mm Hg. There are clear and precise recommendations for the diagnosis, monitoring and treatment of chronic open angle glaucoma (COAG) and ocular hypertension (OH).

We have made clear that optometrists and optical practices are well placed and willing, with appropriate training, to take on much of this work in the community. They could offer high-quality clinical services combined with greater access and convenience but without long waiting times. We have called on the Department of Health and the NHS to enter negotiations urgently at both national and local level to agree how the NICE guidelines can be successfully implemented with the least disruption to current patient services.

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