

Supervision of Trainees & Unregistered Staff

The recent finding of the Fitness to Practise Panel at the GOC, involving supervision, a dispensing optician, a student, and an unregistered member of staff have ramifications for practitioners across the UK in regard to the sale and supply of spectacles. The AOP is issuing this interim advice to clarify the practical requirements that students, supervisors and practice managers need to fulfil when entering into a supervisory relationship. There are lessons here for all parties to the agreement.

More technical companion guidance for employers is available from FODO by e-mailing optics@fodo.com.

Background

Although the GOC case related to the supervision (or lack of supervision) of a trainee dispensing optician in supplying someone in a restricted category, the principles and conclusions apply to any unregistered person helping within a practice where the dispensing or supply is to someone in a restricted category. The restricted category consists of patients who are under 16 or blind or partially-sighted.

Some of the legal points involved are complicated; for instance the distinction between dispensing and “sale and supply”. This advice does not seek to resolve these complexities but to offer practitioners clear guidance as to how to practise securely in legal terms. Those who are unsure of how the ruling in the Boots case affects them are advised to contact their representative body or their own legal advisers for further advice.

The Committee concluded that:

- “dispensing” is a wider function than sale or supply, and covers the process of choosing frames, measuring, ordering and checking.
- “sale and supply” takes place at the point that the spectacles are handed over to the patient.
- “re-supply”, in the case of faulty spectacles or non-tolerance, was legally the same as supply. This would probably also apply to a full pair of spectacles supplied as replacement for a lost or broken pair. There is little dispensing process involved, since this took place previously, so it is just a case of reproducing the order. However, when it comes to fitting, it is likely this would be seen as supply

Advice

The Fitness to Practise Panel uses the term supervision in two different ways:

1. as in supervision of a trainee DO (and presumably this would apply to a pre-reg-optom as well). In this case the level of training supervision should be defined by the training contract
2. as in supervision of a regulated function undertaken by a trainee or other unregistered person. This does not need to be the same person as in 1.

Practitioners concerned about supervising trainees or who hand over patients to reception staff to choose their spectacles should be aware that:

- “sale and supply” to patients who are under 16, or blind, or partially-sighted are restricted and must be carried out by, or under the supervision of, a registered optometrist, dispensing optician or registered medical practitioner. The AOP believes that it is difficult to unpick the relationship between “sale & supply” and dispensing.
- A practice should have clear, written procedures for dealing with patients in restricted categories
- Where the patient is in a restricted category, both dispensing (i.e. choosing, measuring, ordering, checking) and supply (collection and fitting) should be supervised
- The registered optician might have no involvement in the dispensing at all, so long as he is in a position to be intervene and exercise his clinical judgement if asked
- A supervisor should be located in the premises where the regulated function is taking place and should be contactable and available to intervene as above
- It is recommended that a supervisor should make himself aware of any appointments which may involve the fitting and collection of spectacles for patients in a restricted category
- The employer should explain clearly and in writing to a supervisor what his or her obligations are
 - What supervision means
 - How great the time commitment is
 - Who is to be supervised
 - When supervising a restricted function, the supervisor must be on the premises and available to intervene if necessary at all times
 - When the patient is in a restricted category, both dispensing (i.e. choosing, measuring, ordering and checking) and supply (collection and fitting) should be supervised
- If the supervisor is unavailable for any reason, then the supervisory role needs to be explicitly passed over to another appropriate registrant with clear understanding of what is required and this transfer of responsibility should be recorded. The fill-in supervisor must

understand what is required of him or her and should preferably sign an acknowledgement to that effect.

Helpfully, the Fitness to Practise Panel further defined supervision in the following way:

For the avoidance of doubt, the Committee wished to stress that the minimum requirement for dispensing to a person in a restricted category was that of the presence of a registered optometrist or registered dispensing optician on the premises and able to intervene if required. The Committee hoped it would help Boots to know that the test required that the registered person needed to be immediately locatable if the protection was to have any meaning and this might be as much about how he could be contacted within the building as his precise location within the premises.

What does this mean in practice if you wish to practise securely in legal defence terms?

1. If an unregistered person is assisting in dispensing spectacles to a patient in a restricted category, the supervising practitioner needs to be certain that the PD and final choice of spectacle frame and its fitting on the patient and the type of lens to be ordered are correct. You may wish to ensure that the record demonstrates involvement in at least some of these activities eg by recording in your own handwriting or initialling. However where you are entirely confident in the abilities of the supervisee, then you might not check these steps but just be around and available for intervention on request.
2. As a minimum the final spectacles should be checked for accuracy and fit before supply and this should be noted on the record. Checks should include that:
 - the spectacles correspond to the written prescription
 - they are properly assembled in line with the dispensing instructions
 - they fit the patient well and
 - deliver the intended visual correction.
3. When spectacles are fitted and supplied to a patient in a restricted category, if the person who normally fits them is a trainee DO or a pre-reg optometrist then the supervising practitioner should be locatable on the premises. As above the extent to which they personally or physically intervene will be dependent upon the level of expertise and experience of the trainee, as judged by the supervisor. Whatever degree of intervention or availability is thought necessary, checks to ensure point 2 above should always be carried out.
4. Where the person who normally fits spectacles is an experienced receptionist or optical assistant then supervision will be required; in any other case a registered practitioner should fit the spectacles

5. Identical replacement spectacles should be treated as a new supply and so points 2 and 3 apply.
6. Have a written practice procedure that covers all of this and ensure that all staff have a copy and understand their obligations and restrictions.

This should be legally secure. However there are always odd situations that arise. Imagine that you are on holiday, there is no other practitioner in, and a child (or their parent) wishes to collect the spectacles. Should you allow this so long as an appointment is made for the spectacles to be fitted when you return? We would suggest that this should only happen in exceptional cases – such as a very myopic child who has no other spectacles. In such a case the well-being of the child comes first. However you should have carried out or closely supervised the dispensing and an optometrist or DO should have checked (focimetered) the spectacles before they were supplied and these points and the exceptional need should be noted in the patient's record.

It is unclear how all this might relate to repair, or adjustment after supply, of children's spectacles. It could reasonably be argued that repair is not supply or dispensing, although it could involve replacing lenses. Adjustment, subsequent to collection and fitting (i.e. at a later date), is probably not sale or supply or dispensing.

Another area where practitioners need to think carefully: imagine that you have a patient who is under 16 and who attends from miles away (e.g. 100 miles away). The patient has a professional dispense (the selection of frame and lenses, checking of fit and checking of spectacles before supply), but then receive his glasses by post for convenience. The recommendation is that in such a case a practice should have a documented procedure (including why it is necessary) and it should be the optometrist or DO who authorises the final despatch, and records that fact. A note should be included to contact the practice in the event of any problems and, again, the record noted to this effect and the exceptional nature of the event.

In short opticians will always operate safely and in the patient's best interest; nevertheless the issue of supervision can be complicated. If you are in any doubt as to whether your own situation complies with the regulations you should contact your professional or representative body for advice.

ABDO, AOP, the College of Optometrists and FODO will be working with the GOC to explore and agree any wider implications for the profession and will keep members briefed on any developments.