

## Response to GOC Education Strategic Review (ESR) from the Optical Confederation Domiciliary Eye Care Committee

The Domiciliary Eye Care Committee (DEC) represents optometrists, dispensing opticians, support staff and companies who provide eye care to people in society who are unable to visit optical practices due to disability or incapacity. This group of patients includes some of the most vulnerable members of society.

DEC thought it important to respond to the ESR, specifically consultation question 9, because whilst comprehensive responses will have been submitted from the member organisations making up the Optical Confederation, there are a number of points which are important when considering the skills required to provide optical services to this growing sector.

When considering the required standards for 'a safe beginner in optical practice' we would remind the GOC that competence in core skills need to be demonstrated:

- a. Direct Ophthalmoscopy: This skill is being overtaken in fixed site practices with a number of different techniques including indirect ophthalmoscopy using slit-lamp biomicroscopy, and various IT based imaging techniques such as fundus photography, optical coherence tomography and wide field scanning laser ophthalmoscopy. Whilst these techniques provide means to adequately assess patients who are able to access the device (eg place chin on a rest) those who lack capacity to do this, or those who find it difficult to comply with instructions, are more difficult to assess using these methods. We also note that at present much of this equipment is not portable, and whilst this may change in the future, success using currently available portable equipment remains limited with certain patients.
- b. Retinoscopy: This technique is a method of providing an objective assessment of the refractive and accommodative status of a patient. It also allows assessment of the optical media of the eye and often provides the earliest indication of eye conditions such as keratoconus and cataract. This technique is often underutilised by many practitioners in fixed site practices because other objective examination techniques such as auto-refractors and corneal tomography are used. It is essential in domiciliary practice that competence in retinoscopy is maintained as successful results when examining patients with certain disabilities, or where patients have an inability to comply with instructions, is limited with 'technology based solutions' at present.
- c. Manual refraction techniques: In a number of fixed site practices automated subjective refraction techniques are being introduced. We consider that it is essential that full understanding of, and the ability to conduct, subjective refraction using a variety of different methods is retained. As mentioned above this will not only enable practitioners to validate any results found using automated methods, also we note that most automated subjective refraction devices have limited portability so are not suitable for domiciliary visits at present. Some patients with limited communication or



understanding would also struggle to respond appropriately to many of the currently available devices used for automated subjective refraction.

d. Communication skills: We would emphasise the need for all optometrists and especially those entering the profession to understand how patients may choose to communicate if they are not able to use verbal language skills. Whilst it would be unreasonable to expect practitioners entering the profession to be fully competent in a wide range of these communication skills we would encourage that as a minimum understanding a variety of alternative communication methods used by patients should remain a requirement.

Broadly we are in agreement with the aims of the ESR but wish to be reassured that practitioners entering the profession are in a position to challenge the validity of results obtained using automated equipment and artificial intelligence, and retain the ability to use basic skills to validate these findings, or to obtain information where technology either fails or cannot obtain meaningful data.

Yours sincerely

Dawn Roberts and Gordon llett

Co-Chairs of Domiciliary Eye Care Committee