

HSCB Optometric Practice Newsletter

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MARCH 2014

Colleagues,

Welcome to the Spring 2014 issue of the HSCB Optometric Practice Newsletter. Thank you for your continued interest in, and support for, the newsletter. I hope that you continue to find the HSCB Optometric Practice Newsletter a useful source of information on many of the issues relevant to you as an ophthalmic practitioner. If you have any relevant ophthalmic matters which you wish to have considered for inclusion in the newsletter please contact Margaret McMullan, HSCB adviser, using the email address noted below. The Health and Social Care Board continue to engage on a regular basis with Optometry Northern Ireland (ONI) to ensure that the issues which concern you as an ophthalmic practitioner are brought to the table for discussion.

In this issue you will find features on the upcoming CET event, a new RNIB counseling service, the 2013/13 annual Optometric Practice Quality Assurance returns, updates on: probity visits, recent GOS Regulatory change and the IOP Referral Refinement (Repeat Measures) Local Enhanced Service.

I would encourage you take time to read and enjoy this issue of the Optometry Practice Newsletter and share it with all professional and support staff in your practice. Sharing of information is helpful and will ensure that important information on ophthalmic services is relayed to all those involved in the delivery of eyecare services in Northern Ireland.

Best wishes



Raymond Curran, Head of Optometry, Integrated Care HSCB

Featured:

- RNIB Counseling Service
- Optometry 'Local Enhanced Service'
- GOS Regulation Amendments
- Probity — update
- Learning from Adverse Incidents
- Congratulations...!
- Retirement of the Chief Executive of the HSCB
- Ophthalmic Drug Alert
- Continued Education and Training

Optometry Update is published by the Directorate of Integrated Care,

Health and Social Care Board
12/22 Linenhall Street, Belfast BT2 8BS

www.hscboard.hscni.net

E-mail: margaret.mcmullan@hscni.net,
janice.mccrudden@hscni.net or fiona.north@hscni.net



Optometric Practice Annual Quality Assurance Returns 2013-14

All practices will have soon receive the paperwork in relation to the annual QA returns from optometric practices. For the past two years Optometry has participated along with other family practitioner (primary care) services in providing an annual return to the Health and Social Care Board in relation to the following aspects of service provision:

- Complaints—reporting of complaints received in practices in relation to; Staff Attitude/Behaviour, Clinical/Professional Diagnosis, Communication/Information, Practice/Surgery Charges, Treatment and Care, Waiting Time
- Adverse Incidents
- MOS and Guidance—confirmation of receipt and implementation of MOS and Guidance
- Business Continuity Plans for practices in relation to 'Major Events' - confirmation that practices have a plan for continuity of services

Optometrists like other primary care health professionals have a duty to provide information on complaints and adverse incident reporting. The September 2013 issue of the Optometry Practice Newsletter detailed an analysis of the returns for 2012/13 in relation to the overall percentage of optometry practices which submitted returns and the nature of complaints received. Please note that in addition to information on complaints etc... you will also be asked to confirm that your practice has arrangements in place for continuity of General Ophthalmic Service (GOS) provision in the event of major events, such as extreme weather. It is appreciated that most GOS provision is not classified as 'urgent' but as optometry services develop within Developing Eyecare Partnerships (e.g. pilots of primary care optometry red-eye schemes etc...) it will become increasingly important for the Health and Social Care Board to have assurances that practices have a plan for continuity of care if faced with a major event. The quality assurance documentation which you will receive has a template which you may wish to adopt for use within your practice. **The Health and Social Care Board would appreciate if you could complete the QA documentation and return to the nominated officer in your local office by the date specified in the documentation (FRIDAY 25th APRIL 2014). If you have any queries in relation to the completion of the QA returns please contact the officer named in the returns.**

PLEASE NOTE: From 1st April 2014 the GOC have appointed Nockolds Solicitors the contract for the provision of the optical consumer complaints service. The independent mediation service assists in the resolution of customer service issues. Please see the GOC website (www.optical.org) for further information.

IOP Referral Refinement (Repeat Measures) Local Enhanced Service

In February two additional training and assessment sessions were held at the University of Ulster for practitioners who did not avail of the assessments in October/November 2013. Thank you to all who participated in the LES training and assessment over all five days, HSCB very much appreciate the support that you have shown for this service development. The Health and Social Care Board hope that it will improve the quality and accuracy of referrals for OHT by reducing the false positive referral rates which the Glaucoma Service has experienced since the introduction of NICE Clinical Guideline 85 in April 2009.

As with the introduction of any new service there is a period of 'bedding in' and the Optometry IOP Referral Refinement (Repeat Measures) LES is no exception. Since the introduction of the LES the Health and Social Care Board have received many queries on aspects of the service. The following Q&A scenarios attempt to provide clarity to practitioners on some of the queries which have been posed.

Q: Does the LES requirement for servicing of tonometry equipment apply to Goldmann and Perkins tonometers?

A: No, the requirement for servicing (in line with manufacturer's recommendations) applies to all NON-CONTACT tonometry equipment in practices which may be used in the initial IOP measurement or, in 'pre-screening' assessments undertaken in some practices. However Goldmann and Perkins tonometers must be regularly calibrated to ensure accuracy of IOP measurement.

Q: Can I apply for the HSCB Grant Aid for my Goldmann/Perkins tonometer even if I had it in my practice before the LES commenced?

A: Yes, one application for the equipment grant aid may be submitted for each practice where the equipment is present and retained. If no original receipt or proof of purchase for the Goldmann or Perkins tonometer is available, the practice owner/person making the claim must provide a HSCB signed undertaking declaring the equipment is present in the practice. This will be verified by HSCB /BSO at a subsequent practice visit. As detailed in the LES agreements which each contractor received when they were accredited for LES provision, please contact Daniel McGartland (daniel.mcgartland@hscni.net or, 028 25311040) for information on the equipment grant aid. PLEASE ENSURE THAT YOUR APPLICATION IS SUBMITTED BY THE END OF APRIL.

Q: Can a non-accredited practitioner in * a practice refer their patient to an accredited practitioner in the SAME practice for IOP Referral Refinement (Repeat Measures) LES provision following an eye examination?

A: Yes, an accredited practitioner may accept a referral from an non-accredited colleague in the SAME practice. Please ensure that clinical record-keeping is explicit on who has carried out which function (eye examination vs Repeat IOP measurement).

IMPORTANT NOTICE—Probity Services

As detailed in MOS/267 Probity Post Payment Verification Visits (PPV) to optometry practices are ongoing in conjunction with the Probity Service of the Business Services Organisation (BSO). The Health and Social Care Board are encouraged that the majority of practices and practitioners are continuing to ensure that they maintain full, accurate and contemporaneous records in line with the regulatory requirements. There have been several issues which have cropped up during the most recent round of PPVs which have rendered revisits to practices necessary. The Health and Social Care Board wish to remind practices of the following:

- ⇒ The recording of the **Repair or Replacement** of spectacles. It is essential that any GOS claim for repair or replacement submitted to the BSO for payment is supported and evidenced by adequate annotation in the patient's clinical record card. Any claim sampled as part of the PPV process which cannot be verified at the practice visit renders the review of a larger sample necessary.
- ⇒ Claims for prescription sunglasses, or prescription sports appliances are **not allowed** under GOS as per MOS/251
- ⇒ The guidance detailed in MOS/275 in relation to GOS Sight Test intervals should be applied in the recommendations for recall following examination of a patient. Any recommended recall outwith the minimum intervals should be clinically justified by the examining optometrist. MOS/281 details guidance in relation to early re-tests and the probity assurance process.



Practices are reminded of the guidance in MOS/267 in relation to unverified GOS claims. Following an initial visit where claims could not be assured, practice re-visits may take place where an extended sample of claims for the previous SIX YEARS are checked.

PROBITY CHECKS FOR LOCAL ENHANCED SERVICE CLAIMS

From 1st December 2013 practices have been submitting claims for payment in respect of the IOP Referral Refinement (Repeat Measures) LES. From April 2014 these claims will be routinely checked as part of the PPV process. A sample of claims for payment for LES provision will be checked by the optometric clinical adviser against the patient record. Assurance will be sought on the following aspects:

1. Patient eligibility
2. Appropriate clinical indicators for LES eligibility
3. Provision of LES by accredited optometrist in accordance with the LES agreement
4. Checking of tonometry equipment for those practices who have applied for the grant aid.

Domiciliary Eyecare—GAIN Guidance

The Health and Social Care Board have currently embarked on an audit of the GAIN Best Practice Guidance for the Provision of Domiciliary Eyecare in Nursing/ Residential Care Homes and Day Care Facilities (issued 2010). The audit will be conducted over the incoming months and will involve care home staff, clients and Optometrists providing domiciliary eyecare services. The purpose of the audit is to provide an evidence base on the uptake/implementation of the GAIN Guidance and to gain feedback on the guidance and the provision of domiciliary eyecare.

Margaret McMullan, optometric clinical adviser at the Health and Social Care Board is the lead for the project and Daniel McGartland, business intern is involved in the data collection. The Health and Social Care Board will be in contact with optometry practices providing domiciliary eyecare services in the incoming weeks to discuss participation in the audit.

Amended GOS Regulations—Health and Care Number

In late January all optometric practices were issued with three MOS guidances in relation to the amendments to the GOS Regulations. The most notable of these amendments related to the requirement for patients to provide their Health and Care Number (HCN) when accessing GOS. The Health and Social Care Board endeavored to highlight this incoming requirement to the profession over the past eight months by making reference to it in the Practice Newsletter and in our meetings with Optometry Northern Ireland (ONI). The Health and Social Care Board and our partner organisation the Business Services Organisation have issued additional guidance detailing requirements in respect of GOS claims in the 'lead-in period' up to 10th June 2014 after which practices will be expected to comply fully with the amended GOS Regulations (please see <http://www.hscbusiness.hscni.net/services/2502.htm>).

- ⇒ MOS/280 - Introduction of the Health and Care Number for GOS
- ⇒ MOS/287 - Mobile Eye Services - Health and Care Number and Inducements
- ⇒ MOS/288 - Sight Test Outcomes - removal of obligations

Further to MOS/287 the Health and Social Care Board issued a letter and revised notification documentation for mobile eye services to all registered providers of mobile eye services. The revised notification documentation is available on the BSO website at <http://www.hscbusiness.hscni.net/services/2379.htm> (Domiciliary Information page). MOS/280 and the subsequent BSO guidance details how patients and practices can access the Health and Care Number in order to avail of GOS. **The Business Services Organisation will issue new medical cards to all patients who request one when needing to access GOS** and for all first time registrations with GPs. If your patients need a new medical card or have any queries in relation to their HCN please refer them to BSO Medical Services Department (details in MOS/280).

Adverse Incidents—Sharing of Learning

The Health and Social Care Board would like to bring to your attention and share with you the learning from two recently reported Adverse Incidents.

⇒ **1. Adverse Incident – Information Governance (Caused by Power Failure)**

The Health and Social Care Board recently received notice of a power failure in primary care optometry practice which caused the practice management system to fail. This had direct consequences for the patient clinical records which were held on the hard drives of the computer in the practice. Following an initial external power failure, damage occurred to a Practice hard drive which held patient level data. The damaged equipment was sent to a specialist IT forensic recovery firm in an effort to reconstitute the data. This had limited success and only a percentage of the information was recoverable.

What the Law Says:

The Data Protection Act 1998 (DPA1998) has eight underpinning Principles which set out the basic requirements to be observed by Data Controllers who collect, process and use personal information, and these include provision for securing information against loss or damage.

Data breaches: Of these eight Principles, it is often Principle 7 that will be looked at in Data Breach Management when considering if a data loss warrants investigation or reporting to the Information Commissioners Office (ICO). It is the ICO that regulates and enforces the DPA1998 within the United Kingdom. Principle 7 of the Data Protection Act states that 'Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data'. It is this final part of this Principle that has caught out many Data Controllers as its scope includes accidental damage as potentially constituting a breach of the Principles, and this can result in hefty fines if the Data Controller is unable to demonstrate that reasonable steps have been taken to ensure against accidents resulting in a data loss.

A review of the incident identified that the issue was compounded by a number of factors that together resulted in what had the potential of being quite a serious loss, with risk to continuity of patient care, business continuity and if it weren't for the fact that 'duplicate' paper records were being held by the Practice, the potential for a hefty monetary penalty and formal undertaking being issued from the Information Commissioners Office Enforcement Team.

Factors that contributed to the loss:

1. The system did not have an Uninterrupted Power Supply (UPS) system installed to counter dips or peaks in external electrical power delivery. Spikes and troughs in power delivery to electronic data storage devices can damage or destroy the data held on the devices.

Counter measure: Consider installing a UPS system or discuss arrangements with your landlord.

2. The Practice had purchased a new software package to capture patient information, but felt that they were not fully informed of the automatic backup frequency resulting in only a partial recovery of data being possible.

Counter Measure: Always quiz a supplier about backup functionality if purchasing a new system or upgrading an existing one. Ensure that the information is backed up in line with your business needs and ask the supplier to demonstrate how the system can be repopulated from backed up information in the event of a data loss. Ensure that frequency of backup is sufficient.

3. No additional processes existed within the Practice to manually take back-ups of the electronic records.

Counter measures: a) Develop a process to take regular backups. A policy which all staff should read will help embed this as part of working practice b) Secure the backup tape external to the practice premises or/and in a fire proof safe. Local considerations will dictate the preferred option c) Encrypt the backup tape so if lost it can't be accessed and won't result in a breach of Principle 7. Your IT provider can assist with this.

Note: If more frequent backups had been taken, the incident would only have resulted in the need to purchase new storage media and the backed up information would have been reloaded with minimal interruption to patient or business continuity. Remember, if your system crashes, and you reload the information from your backup tape, you will have lost the information that was stored on your system since the last backup was taken. You should consider how often you wish to back your system up and this could be based on the frequency with which you capture information on your electronic system. If you use it frequently, then daily backups may be appropriate, if you use it infrequently, then weekly backups may be appropriate. Your IT provider and/or software provider can advise in this regard.

Other practical measures:

- Have a regular smoke alarm test
- Use Fire Doors in areas where sensitive information is being handled and stored
- Secure paper records and electronic storage devices (servers/hard drives) in a safe room. If it has a window, secure the window
- Operate a CCTV system in line with the ICO CCTV Policy
- Have a Practice Staff policy which prohibits the use of smart phone cameras on Practice premises to avoid pictures being taken in areas where Patient Data is handled
- Have your IT provider check backups regularly to ensure that they can be reconstituted in the event of a data loss. A percentage of backups will fail and it is important therefore to keep a number of tapes or backup formats.
- Secure rooms should be fitted with adequate industry standard locking devices.
- Use fireproof safes to secure backup tapes. To avoid a complete loss of your clinical system data in the event of fire, consider securing your backup tapes off the premises to avoid any chance of them being destroyed along with the primary electronic record.

Please refer to the HSCB leaflets on Data Protection and Information Security for additional information, available for download on <http://www.hscbusiness.hscni.net/services/2376.htm>

⇒ **2. Adverse Incident—Drug Reaction (Paraffin based ophthalmic preparation)**

Optometrists are asked to bear in mind when advising on the use of Paraffin based ophthalmic preparations (e.g. Lacrilube) the possibility that a patient may be allergic to paraffin based products. When discussing the need and use of any ophthalmic preparation please ensure that you have sought the medical history of your patient including if they have any known allergies.

Congratulations



The Health and Social Care Board would like to offer their congratulations to the Chairperson on Optometry Northern Ireland, Mr David Barnes and his wife, on the recent arrival of their son 'Will Barnes' in early December 2013. Life will be busy for David and his wife with this beautiful recent addition to the family.



The Health and Social Care Board would also like to congratulate Kathryn Saunders (pictured) on her recent accolade of Personal Chair at the University of Ulster. Professor Kathryn Saunders commented following her recent appointment "As well as research, a large part of my role at the University involves providing and developing undergraduate and postgraduate optometry training and education. Two main strands to the current research I lead at University of Ulster:

- i) Exploring visual function in children with special needs. This work has centred on children with Down syndrome (DS) – leading on from, and collaborating with, Maggie Woodhouse's work in Cardiff. Prof Saunders is currently investigating the mechanisms underlying poor accommodative function in DS.
- ii) Characterizing visual and refractive development in typically developing children and adolescents in Northern Ireland. The Northern Ireland Childhood Errors of Refraction (NICER) study is the largest and longest running study of visual and refractive status in the UK or Ireland. It is funded by the College of Optometrists and is currently in its ninth year of following hundreds of children as their eyes grow and develop through primary and post-primary years. The outcomes from the NICER study are adding to the evidence-based used by practitioners to manage childhood refractive error and by policy makers in formulating clinical management guidelines and to inform decisions on appropriate sight-test intervals for children.

All the research I am involved in involves a team of researchers and I'm hugely fortunate to have a great team working with and around me at the University of Ulster, as well as collaborators in other institutions and in the health service. This promotion only happened because I was able to work with such clever, dedicated and enthusiastic colleagues. I should also mention the children who were so central to the work we do too! Overall I've had a lot of fun as well as working hard and we've got plans for lots more research to come".

The University of Ulster also offers a fully online distance learning postgraduate module in 'Paediatric Eyecare' (<http://biomed.science.ulster.ac.uk/PgCert-PgDip-MSc-Clinical-Visual.html>)

Retirement of the Chief Executive of the Health and Social Care Board

The Health and Social Care Board pays tribute to the work of its outgoing Chief Executive, Mr John Compton who will retire at the end of March 2014 after 40 years of dedicated service to Health and Social Care in Northern Ireland.

Commenting on the announcement, Dr Ian Clements said: "On behalf of the Board, I would like to pay tribute to the huge contribution John has made to health and care in Northern Ireland. During his career, John has been at the forefront of shaping health and social care, in driving forward change and making a difference in people's lives. Most recently, he was the driving force behind the Transforming Your Care Review which is one of the most significant reforms of Health and Social Care in decades, aimed at ensuring Northern Ireland has safe, high quality, patient and client centred health and social care into the future.

The Optometry staff within the Directorate of Integrated Care in the Health and Social Care Board would like to take this opportunity to thank Mr Compton for his leadership and support and wish him a long and happy retirement.

Electronic Claims for GOS – Update

The Ophthalmic Claims System (OCS) project for Ophthalmic Services has been running since mid-October 2013 with 13 practices now fully operational as pilot sites for the user-testing phase of the project. In March the BSO will audit and evaluate the OCS pilot and look outcomes from the pilot. This audit will inform the next steps and will include many aspects of the pilot including technical issues and customer feedback. Thanks are extended to both professional and support staff in those practices which contributed to the pilot. An update on the outcome of the evaluation of the OCS pilot will be provided by BSO at the upcoming CET event in Greenmount College (Tuesday 29th April 2014) and BSO staff will answer any queries in relation to the OCS.

Drug Alert—COSOPT eye drops (issued 18th Feb 2014)

COSOPT Preservative-Free, 20mg/ml +5mg/ml, eye drops, solution, single-dose container (Dorzolamide / Timolol)

Please note that there has been a recent pharmacy recall of some batches of Cosopt eye drops due to an increase in the number of adverse events and product complaints relating to difficulties with administration received following the introduction of this 'winged' presentation in July 2013. A modified design of pipette, which has wings set back from the tip and a more prominent conical tip, has now been introduced as an interim measure to address complaints with the 'winged' container. The 'winged' presentation is therefore being withdrawn.

RNIB— New Counselling Service



supporting blind and
partially sighted people



RNIB Looking Forward Project Counselling Service

The Looking Forward Project which is funded by The Big Lottery Fund aims to provide practical and emotional support to newly diagnosed blind or partially sighted people at greatest risk of exclusion and/or isolation. The project will use the following two prong approach;

1. Counselling (6 face to face sessions with a counsellor)
2. Peer support programme

The project offers face to face, time limited counselling i.e. six sessions each lasting one hour. The counsellors practice within a variety of counselling approaches which integrate with Humanistic principles. The Looking Forward counselling service is now receiving referrals and has currently a qualified counsellor actively counselling in every Trust area of Northern Ireland.

Peer support will form part of an ongoing continuing support within the Project. Following the counselling it will help clients to obtain both practical and emotional support in different arenas e.g. this could be one to one over a cup of coffee or a group of people meeting together to support each other or have an 'over-the-phone' conversation.

Making an appointment

Contact us at lookingforward@rnib.org.uk or 02890 334100 or 02890329373 to make a referral or to find out more about our services. Clients will be invited to have a telephone assessment with a trained counsellor to discuss their situation and explore if counselling is the right thing for them at this time. If we are not the right agency we may be able to refer clients on to another service.

Referrals can be made by an individual that meets the referral criteria;

- (a) They are aged 60+ or will be during the project term of three years
- (b) They are newly diagnosed as blind or partially sighted.

All routine referrals should be discussed with the client in advance and the client's consent obtained both to making the referral and also to disclosing information to accompany the referral.

Optometry Northern Ireland—New Website

Optometry Northern Ireland has a new website. Please find us at www.optometryni.co.uk or contact us at info@optometryni.co.uk. We will be giving regular updates on our work via the website and please contact with any feedback or queries you have. Thank you for your continued support.

Mr David Barnes, Chairman Optometry NI

A Reminder about Glaucoma and OHT Referrals and claims for LES Payment

Thanks are extended to all optometrists who have adopted the new referral forms for Glaucoma (G1form) and Ocular Hypertension (OHT1 form) and your compliance with the referral pathway for your patients. Practitioners are reminded that:

REFERRALS

1. The OHT1 referral form is only for use **FOLLOWING** an IOP Referral Refinement (Repeat Measures) test where the recorded Intra Ocular Pressures are **GREATER THAN 21mmHg**.
2. **ONLY REFERRALS FROM BELFAST LCG PRACTICES GO DIRECTLY TO THE SHANKILL WELL BEING AND TREATMENT CENTRE**
3. When considering a referral for glaucoma based on anterior angles, if in doubt and clinically unsure, do not refer on "narrow angles" alone.
4. All referral forms must be completed in FULL with all the relevant details and boxes recorded as indicated. For an OHT referral the initial IOPs and the IOPs post refinement **MUST** be recorded including the date and method of measurement.
5. All Referral form templates are available in fully writeable format on the BSO website at <http://www.hscbusiness.hscni.net/services/2485.htm>.

CLAIMS FOR PAYMENT FOR LOCAL ENHANCED SERVICE

1. In a recent audit of the claims for payment for LES provision it has been noted that some practices are not using the LES claim summary sheet. The completion of the summary sheet is a MANDATORY requirement of LES provision. Please ensure the SUMMARY SHEET is completed. Claims submitted without a summary sheet will be returned to the practice. All LES documentation is available for download (or electronic completion) on the BSO website.
2. The recent audit also showed that in some instances the **PATIENT'S SIGNATURE** was not on the claim form. Claims sent into BSO without the patient signature will be returned to the practice.
3. The Health and Care Number (HCN) for the patient who has been provided with the Local Enhanced Service **MUST** be annotated on the claim form. In line with the guidance in MOS/280 (HCN—January 2014) patients can request a medical card from Medical Services department at the Business Services Organisation should they not have current documentation detailing their HCN.

Referral Forms and other Optometric Forms – electronic templates

The Health and Social Care Board would like to remind all practitioners that all current referral forms, Adverse Incident Reporting forms and all LES documentation are available on the BSO website in fully writeable format <http://www.hscbusiness.hscni.net/services/2376.htm> (forms library) This includes:

- ⇒ GOS 18 referral
- ⇒ Glaucoma and Ocular Hypertension Referral forms
- ⇒ WetAMD service referral forms
- ⇒ OP/OR1—Orthoptic service referral form
- ⇒ Cataract Refined Referral form (BELFAST AND SOUTHERN LCG areas only)

The Health and Social Care Board would encourage the use of these electronic templates in order to prove the legibility and quality of primary care optometry referrals.

Continued and Higher Education

1. HSCB CET

The next CET event jointly organised by the Health and Social Care Board and the Business Service Organisation will take place on Tuesday 29th April 2014 at Greenmount College, Antrim. The event will cover the following aspects of optometric education and training:

- ⇒ Glaucoma and the NI IOP Referral Refinement LES & Management of Referrals
- ⇒ Prescribing for Children and Adults
- ⇒ Testing and prescribing for Children with Learning Disabilities
- ⇒ OCT - Applications in Optometry
- ⇒ Discussion on the Electronic Ophthalmic Claims System (OCS) and
- ⇒ Discussion on the 2014 Sight Test and Ophthalmic Public Health Survey

Please register for the event is with Mrs Karen Lee at the Business Services Organisation (karen.lee@hscni.net). Early booking is recommended.

2. College of Optometrists

The College of Optometrists have announced three new Higher Qualifications which it is hoped will be available to members later this year: The Professional Higher Certificate in Contact Lens Practice, the Professional Diploma in Contact Lens Practice and the Professional Certificate in Medical Retina. For further information on these higher qualifications please see www.college-optometrists.org.