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Independent Prescriber Optometrist Tool Kit



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Introduction

This tool kit aims to provide Independent Prescriber (IP) Optometrists with useful information to aid them as they commence IP practice in Wales. Health Education and Improvement Wales (HEIW) has collated information currently available from various sources to create an easy point of reference for an Independent Prescriber Optometrist to understand the processes post qualification.

The resource has been compiled with information readily available from The College of Optometrists, the General Optical Council, NHS Wales Shared Services Partnership (NWSSP), Health Board Optometric Advisors, Community Pharmacy Wales, HEIW Pharmacy and Optometry Wales and would like to thank these organisations for their contribution.

The IP speciality enables qualified Optometrists to expand their scope of practice and develop specialist new skills to enhance their practice and improve patient care.

In Wales, Optometry is undergoing significant legislative reform and a new contract is being developed. The aims of the reforms are to further align Primary Care Optometry to the commitments set out in 'A Healthier Wales and Future Approach for Optometry Service Service'¹, by enabling patients to be seen and treated closer to home and reduce referrals into hospital eye clinics.

These changes will enable patients to access more eye care services within their local community. An Independent Prescribing service is one of the priorities of contract reform, as it will enable those Optometrists with this qualification to treat and manage eye conditions in primary care that would previously have to be referred to secondary care.

1 [gov.wales - NHS Wales Eye Health Care - Future Approach for Optometry Services](https://gov.wales/nhs-wales-eye-health-care-future-approach-for-optometry-services), accessed 18/04/23

Registration with the GOC

Once you have achieved your IP qualifications - to practice as an IP Optometrist in the UK, you are required to register your speciality with the GOC on the Opticians Register with your specialty entered against your name. You must also submit an application form and pay the registration fee attached to register your speciality.

Once the form is received, the GOC will confirm the eligibility of your application and will process the application within five working days. Once processed, you will receive a confirmation email that your specialty has been registered and your specialty will then appear on the register against your name.

At this stage, you will be able to start practicing as an IP optometrist. Independent prescribing specialities must be renewed annually and separately in accordance with the retention deadline.

Please note that once you are registered as an Independent Prescriber you will be required to collect additional CPD points in the IP specialty area on an annual basis in line with registration renewal.

Continuing Professional Development - Core Domains and speciality Domains

Professionalism	● Care and compassion ● Working collaboratively ● Respect and fairness for others ● Appropriate boundaries ● Reputation
Communication	● Listening and responding appropriately ● Effective communication ● Valid consent ● Complaints
Clinical Practice	● Clinical knowledge ● Diagnosis and treating ● Addressing the patient's needs
Leadership & accountability	● Patient records ● Appropriate supervision ● Safe environment for patients
Speciality domains	The GOC include a fifth domain to cover specialty CPD. Optometrists with an AS, SP or IP specialty will need to complete CPD activity in a fifth domain

Optometrists CPD points requirements

- **36** CPD points across the three-year cycle
- **18** of those points must be from interactive activities
- You must gain at least **6** points in any given year
- The points you get must be spread across all **four** domains
- You must undertake at least **one** peer review event per cycle
- You must undertake at least **one** peer-based reflective exercise per cycle

Therapeutic Optometrists additional CPD requirements

- an additional **18** points from the 'specialty CPD (IP)' domain
- take part in **one** peer review event for specialty CPD (IP) per cycle²

² optical.org - Register a specialty, accessed 05/04/23

Indemnity

The Opticians Act 1989 requires all Optometrists who practice have indemnity insurance appropriate to cover practice. This insurance must be appropriate with regards to the individuals practice to cover against liabilities that may be incurred and have regard for the nature and extent of the risks.

The College of Optometrists also advises that all practitioners should ensure that their insurance covers any changes in scope of practice or responsibilities.

It is, therefore, advisable that the practitioner contacts their insurer to ensure that their indemnity insurance policy covers all aspects of the Independent Prescribing role.

The College of Optometrists also states that if an Independent Prescribing Optometrist is working as a locum or work in more than one business they should be fully acquainted with the extent and nature of the insurance policy or policies which cover your work for each business. If relying on an employer's insurance, it is important to be aware that one employer's cover may be different to another. '

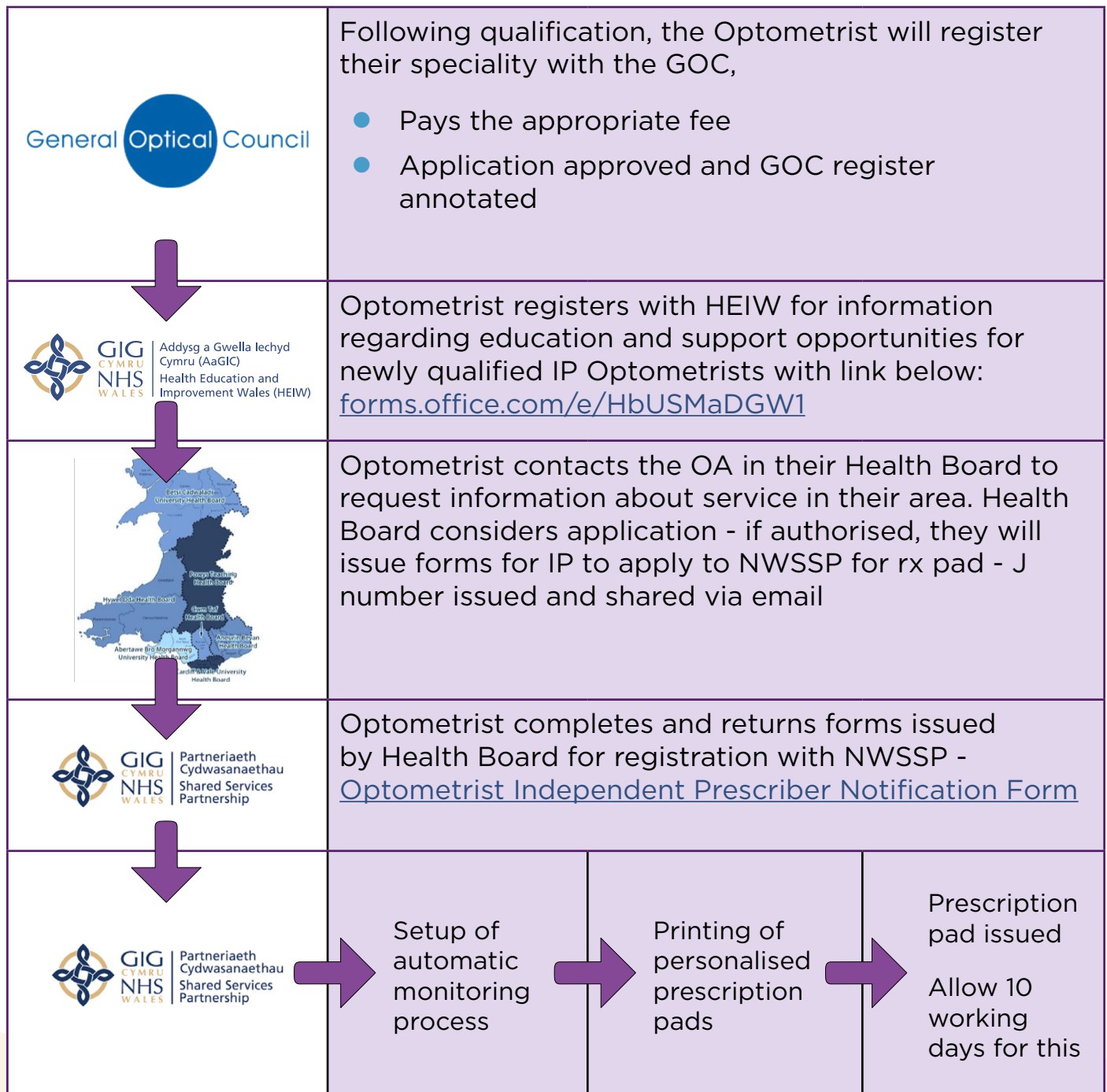
For further information or full text:

[Indemnity - College of Optometrists \(college-optometrists.org\)](https://college-optometrists.org/indemnity)³

³ [College-Optometrists.org - Indemnity](https://college-optometrists.org/indemnity), accessed 25/04/23

Process to register with health board for an NHS prescription pad

In Wales, there is currently extensive work being undertaken to develop an All-Wales Independent Prescribing Optometry Service (IPOS). In its current form, IPOS service delivery models vary from Health Board to Health Board. Each Health Board has its own criteria for authorising the use of prescription pads in their area and deciding the remuneration attached to IP activities, if any. It is advisable to contact the Optometric Advisors (OA) in your health board for further information about issuing prescription pads – see useful contact information at end of document for contact details.



Accountability and professionalism for the Prescriber

Independent Prescribers are accountable for all aspects of their prescribing decisions. The College of Optometrists, in its guidance to Independent Prescribers, reiterates that the Independent Prescriber is professionally and legally accountable for their prescribing decisions, including actions and omissions and cannot delegate this accountability to another person. It describes how an Independent Prescriber must conform to the GOC's standards of practice and the College of Optometrists Guidance for professional practice and only prescribe within their scope of practice.⁴

It is also important to note that in instances where clinical management advice is sought from other non-medical or medical colleague, that the prescriber understands that they maintain responsibility for the management and clinical decisions made on behalf of their patient at all times.

In addition to this, Independent Prescribers are individually professionally accountable to their respective professional regulatory bodies and must act in accordance with the relevant code of ethics and conduct.⁵

Liability of the employer

Where a non-medical practitioner is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is also held vicariously liable for their actions.

Both the employer and employee (or contractor) should ensure that:

- The employee is qualified and competent to prescribe in the area of practice identified.
- The employee's job description (or contractor's agreed arrangements) includes a clear statement that prescribing is required as part of the duties of that post or service.
- The employee and employer undertake regular (annual) appraisal and review.
- A Disclosure and Barring (DBS) check has been undertaken in line with any national requirements at the time. This is particularly important where roles have changed as a result of prescribing qualifications.

4 [College-Optometrists.org - Guidance for optometrist prescribers](https://college-optometrists.org/guidance-for-optometrist-prescribers)

5 [Optical.org - Standards of Practice for Optometrists](https://optical.org/standards-of-practice-for-optometrists), accessed 25/04/23

Record Keeping for Independent Prescriber Optometrist

- Optometrists are required to keep accurate, legible, unambiguous, and contemporaneous records of a patient's care ([GOC Standards of Practice for Optometrists and Dispensing Opticians](#))
- There is currently no single model or template for a patient record. It is recommended to look to Standards published by relevant professional regulatory body
- It is recommended that the record indicates:
 - date of the prescription;
 - name of the prescriber (and that they are acting as an Optometrist independent or supplementary prescriber);
 - name of the item prescribed, together with the quantity (or dose, frequency, and treatment duration).
- To aid safe administration of medicines, the record should include:
 - name of the item prescribed;
 - strength (if any) of the preparation;
 - dosing schedule; and,
 - route of administration.
- In the case of topical medicines, the:
 - name of the prescribed item;
 - strength (if any);
 - quantity to be applied; and,
 - frequency of the application should be indicated.

More information can be found here: [Guidance for therapeutics - College of Optometrists \(college-optometrists.org\)](#)

WP10 Prescription Pad management



Storage of prescription stationery

- Prescribers are responsible for their prescription pads and all reasonable precautions to prevent loss and inappropriate use should be taken. Blank prescription forms should not be pre-signed before use.
- Prescriptions are controlled stationery and should be securely stored.
- A record of the first and last serial number of prescriptions in the pad issued to the prescriber should be made. It is considered good practice to record the serial number of the first remaining prescription form at the end of each working day. This would help identify any lost or stolen overnight.

Stolen prescription forms

- In the event of loss or suspected theft of prescriptions, the non-medical prescriber must report this immediately to their line manager who should inform the Local Health Board/Trust and NHS Wales Shared Services Partnership – Primary Care Services office from which they order prescription forms.

Destruction of prescriptions when staff change

If a non-medical prescriber who has previously worked as a prescriber changes their role, leaves the organisation or employer, or ceases to have prescribing responsibilities, then they must return any remaining unused prescriptions to the employer.

The employer should inform NHS Wales Shared Services Partnership - Primary Care Services of the change and all unused prescription forms be securely destroyed in accordance with local procedures. The LHB/Trust to which the non-medical prescriber is contracted should be able to provide advice about the local procedures for secure destruction.

Ordering of prescription stationery

- To order prescriptions pads the employer/IP optometrist must send an e-mail to NWSSP-primarycareservices@wales.nhs.uk
- Order should not be placed earlier than 42 days prior to the date the individual is scheduled to begin prescribing for the organisation
- Prescription pads can only be ordered from the following Monday after the J number has been received

Prescribing for self, friends, and family

Non-medical prescribers must not prescribe any medicine for themselves, and neither should they prescribe a medicine for anyone with whom they have a close personal or emotional relationship, other than in an exceptional circumstance.⁶

6 nwssp.nhs.wales - AW PIP Security Admin Protocol v31

Guidance for handwriting prescriptions

Community Pharmacy Wales has included advice below that may be useful when undertaking writing prescriptions that contain the correct information for the drugs to be dispensed by Pharmacy.

Legal requirements:

- On correct prescription form (WP10)
- Indelible ink
- Patient Name and Address
- Patient Age
- DOB if under 12 (good practice for all)
- Item to be prescribed – Name, form, strength, quantity, dose and directions
- Date -validity 6 months from date on prescription
(Note: Controlled drug prescriptions have validity of 28 days for Schedules 2-4 but are not permitted to be prescribed by Optometrist Independent Prescribers) .
For an NHS prescription, the appropriate date is the later of either the date on which the prescription was signed, or a date indicated by the appropriate practitioner as the date before which it should not be dispensed. For a private prescription, the appropriate date will always be the date on which it was signed.
- Signature of Prescriber
- Prescribers' details – Prescribers Name, Appropriate Qualifications, Address (of practice)

Any errors on prescriptions should be crossed neatly and countersigned by prescriber. The same requirements apply to private prescriptions as to NHS

Good practice:

- ✓ Write neatly and legibly, space items appropriately – if prescribing multiple products that will not easily fit onto one prescription form – use two!
- ✓ Do not write prescription details in the endorsing space
- ✓ Contact details for prescriber/practice⁷
- ✓ Product choice – better to use generic drug names, as opposed to brands. This is a more cost-effective option for the NHS but also means dispensing pharmacies have greater flexibility with product choice if a particular brand is out of stock.

Top tip: Never include both a brand and a generic description for a product.

- ✓ Doses – clear doses written in words as opposed to abbreviations – In doing so you are minimising the risk of dispensing errors.
- ✓ Strengths
- ✓ Form – abbreviations can be confused (Oc/G) – ensure any particulars e.g. PF or UDV are clearly indicated, and their description written in full (ointment, drops, unit dose vials, preservative free etc)⁸

The BNF sets out the requirements and good practice when writing prescriptions and further guidance and information.⁹

7 cpwales.org.uk - Community Pharmacy Wales, accessed 23/02/23

8 college-optometrists.org - Pharmacy and Drug Terms, accessed 09/05/23

9 bnf.nice.org.uk - Prescription Writing, accessed 09/05/23

Commonly used medicines abbreviations for reference:

As per the guidance from Community Pharmacy Wales, the use of abbreviations can increase the risk of dispensing errors but IP Optometrists may use these when recording information in their patient notes or come across the use when used by other professionals. Directions should be in English without abbreviation, however, latin abbreviations have been used when prescribing and it may be useful to understand them.

Included below is a list of regularly used abbreviations and a link to further abbreviations is required:

a. c. = ante cibum (before food)

b. d. = bis die (twice daily)

o. d. = omni die (once a day)

o. m. = omni mane (every morning)

o. n. = omni nocte (every night)

p. c. = post cibum (after food)

p. r. n. = pro re nata (when required)

q. d. s. = quater die sumendum (to be taken four times daily)

q. q. h. = quarta quaque hora (every four hours)

stat = immediately

t. d. s. = ter die sumendum (to be taken three times daily)

t. i. d. = ter in die (three times daily)

Gutt/g = Guttae drops

Occ = Ointment

Nocte = Night

Otc = over the counter

P = Pharmacy (drug)

POM = Prescription only medicine^{10, 11}

¹⁰ bnf.nice.org.uk - Abbreviation and symbols, accessed 21/04/23

¹¹ college-optometrists.org - Pharmacy and drug terms, accessed 21/04/23

Example prescription

Pharmacy stamp here	Patient age: Only legal requirement if patient is under 12	Name and address
Space for Pharmacy endorsement - used to clarify to pricing authority what has been prescribed Prescribers should not write on this space	Drug Name (generic drug name better than specifying a brand for most cases- more choice if brands out of stock) Strength Drug formulation (best to write in full - e.g. drops or ointment as opposed to abbreviations, remember to specify if preservative free or Unit Dose Vials - again for clarity best to avoid abbreviations) Drug Dose - Best practice to write full dosages in words than use abbreviations - sometimes an OD can look too much like a QDS - "Once a day" or "Four times a day" is better Quantity - Specify in mls or length of treatment	
	Prescriber Name (Print)	
No. Prescriptions dispensed (for Pharmacy use)	<i>Signature</i>	Date
	Prescribers Address (Useful if includes telephone number)	



Signed orders

Pharmacists working in a registered pharmacy can supply certain POMs directly to patients in accordance with a signed patient order from any registered optometrist

The medicine requested must be one which can be legally sold or supplied by the optometrist rather than one which they can only administer. [See MHRA website for list.](#) Please note: Optometrists who have undertaken additional training and are accredited by the GOC as 'additional supply Optometrists' can issue signed patient orders for an extended range of medicines.

The signed patient order is not a prescription; therefore, the usual prescription requirements would not be needed. However, sufficient advice should be provided to enable the patient to use the medicine safely and effectively.

Legislation does not specify the details that need to be included on a signed order although local standard operating procedures (SOPs), for example, local NHS Trust policies or company SOPs, may require templates to be used. It would be advisable for the following details to be included as a minimum for a signed order as this information would be required to complete the POM register:

- Date the POM was supplied
- Name, quantity and, where it is not apparent, formulation and strength of the POM supplied
- Name and address, trade, business or profession of the person to whom the medicine was supplied
- Purpose for which it was sold or supplied.

The College of Optometrists provides further guidance and advice on what information would be advisable to include on a signed order and guidance and an example of when their use is appropriate.¹²

¹² [college-optometrists - Case on supplying chloramphenicol as a non-prescribing optometrist](#)

Common Ailments Scheme

Most Pharmacies in Wales provide the Common Ailments Scheme. This is an NHS service which allows for pharmacies to appropriately manage a range of minor conditions- providing self-care advice and/or supplying treatment to patients as required from a limited formulary. Patients can refer themselves into the service or can be referred by any other healthcare professional.

Pharmacists are also able to refer suitable patients to local Optometrists.

Pharmacies can see patients under the Common Ailments scheme for 27 conditions including:

- Dry Eyes
- Bacterial Conjunctivitis
- Hayfever

The most up to date formulary, displaying products that can be supplied under Choose Pharmacy is available on CAS Formulary.¹³ Referral forms to be used between Optometry and Community Pharmacy practices are available on CPWales¹⁴

NHS Formulary for IP Optometrists

There are health-board specific formularies available for your reference. There can be significant variation from one health board to the other due to the services that are available and therefore the medicines prescribed.

The latest health board formulary are included following these links:

Aneurin Bevan University Health Board: [Formulary \(wales.nhs.uk\)](https://wales.nhs.uk/formulary)

Betsi Cadwallader University Health Board: [Formulary \(wales.nhs.uk\)](https://wales.nhs.uk/formulary)

Cardiff & Vale University Health Board: [Formulary \(wales.nhs.uk\)](https://wales.nhs.uk/formulary)

Cwm Taff Morgannwg University Health Board: [Formulary \(wales.nhs.uk\)](https://wales.nhs.uk/formulary)

Hywel Dda University Health Board: [Formulary \(wales.nhs.uk\)](https://wales.nhs.uk/formulary)

Powys Teaching Health Board: [Formulary \(wales.nhs.uk\)](https://wales.nhs.uk/formulary)

Swansea Bay University Health Board: [Formulary \(wales.nhs.uk\)](https://wales.nhs.uk/formulary)

Optometrists are however able to prescribe medicines that are not listed on the local NHS formulary but only if it is in the patient interest, clinically justified, and within scope of practice.

¹³ casformulary.nhs.uk

¹⁴ cpwales.org.uk - Community Pharmacy Wales

Clinical Log Portfolio

The GOC no longer requires all IP Optometrists to keep a portfolio of evidence of their prescribing experience. The College of Optometrists however would recommend Optometrists should continue to keep an accessible record of their ongoing prescribing activity for personal development, i.e. using this date for reflective learning purposes and clinical audit.¹⁵

The college has published sample logbook forms, which includes the information that you may be required to log. It has provided examples for those who may prescribe in small numbers and an example of a form that may be of more practical for those who prescribe in high numbers.

Further information can be found via College of Optometrists.¹⁶

IP registrant example logbook 1

If you are prescribing small numbers, you may like to keep a log of each case:

Date	Px Number	Condition	Treatment	Rx issued/ pad number	Follow up	Comments

IP registrant example logbook 2

If you are a hospital optometrist and do high volume clinics a more general log can be kept:

Date	Location	Clinic	No of new Rx issued	Comments

¹⁵ college-optometrists.org - Clinical audit in optometric practice, accessed 09/05/23

¹⁶ college-optometrists.org - Guidance for therapeutics, accessed 09/05/23

Understanding your scope of practice

As our roles evolve our scope of practice will expand and it is vital as Optometrists that we understand our own current scope of practice and competencies to ensure the safe management of our patients.

The College of Optometrists define the scope of practice as the limit of your knowledge, skills and experience in which you can practice safely, effectively and lawfully. The GOC states that we should always use our professional judgement to understand and determine our current scope of practice.

The College of Optometrists has produced guidance for Optometrists to consider when expanding scope into areas beyond those expected of an optometrist at entry level registration. The College advises that when you consider if a new procedure or activity falls within your existing scope of practice, you must ensure you have the relevant knowledge, skills and experience to perform this safely, effectively and legally: with appropriate professional indemnity insurance cover in place.

Further guidance from the College on this can be found on the College of Optometrists website.¹⁷

IP Optometrists will be familiar with the College Management Guidelines (CMGs). The CMGs set out the evidence to inform your clinical practice but recognises you should work within your own areas of expertise and confidence when using them. Evidence based practice, patient choice and your own professional judgement and experience should all be considered when deciding to what to prescribe or not to prescribe.¹⁸

Independent Prescriber Optometrists – Non-Medical prescribing scope of practice

For IP Optometrists, in line with other non-medical prescribers, understanding your scope of practice is crucial. Understanding how to identify areas that require further development and learning can be difficult when practicing in primary care and for some independently, without colleagues or regular peer feedback. The added pressures of keeping up to date with all aspects of prescribing can be challenging.

The Royal Pharmaceutical Society developed the 'Single Prescribing Competency Framework' with the aim to provide a common set of competencies to underpin all prescribing, regardless of their professional background. This has recently been updated and the new framework, 'A Competency Framework for all Prescribers' was developed. It describes what good prescribing is like whilst aiming to support practitioners to expand their knowledge, skills, motives and personal traits to continually improve their performance and work safely and effectively. This guidance was developed in collaboration with all non-medical prescribing professions including The College of Optometrists.

The framework identifies 10 competencies and describes the knowledge, skill, behaviour, activity or outcome that all prescribers should demonstrate. Further uses for the framework can be found on the RPS website.¹⁹

17 college-optometrists.org - Expanding scope of practice principles for optometrists

18 college-optometrists.org - Clinical Management Guidelines

19 rpharms.com - A Competency Framework for all Prescribers

Expanding your scope of practice – a helpful tool

HEIW previously looked at how all non-medical prescribers could consider the RPS Competency framework to understand and expand their prescribing scope of practice safely.

Guidance was produced for all Non-Medical Prescribers on how to expand their scope of practice to ensure all aspects of prescribing competencies were considered. The guidance provided a structure to support prescribers to identify their developmental needs and ways in which these needs can be met..²⁰

Based on previous work by HEIW, a competencies framework table was also produced. This aimed to describe each of the 10 prescribing competencies but also to highlight specific prescribing considerations when planning learning. The table included below has been adapted to be more optometry specific. The table may be a helpful tool if trying to identify learning needs with regards to a particular ocular condition or to work through independently to reassure that you have gained sufficient knowledge about a specific area of practice.

By working through the table it will ensure you have considered all aspects of safe prescribing when trying to identify learning goals. It is designed to guide you through each of the competencies to identify areas to be considered and aspects of prescribing you may not have contemplated. It is included below as a helpful tool for your own guidance and to aid your reflection of your own practice. This framework table below could be used alongside the RPS guidance, which provides a high level summary of how to undertake documenting expanding your scope of practice.

The guidance also provides a number of profession specific case studies for Non Medical Prescribers offering guidance on how to document the process of expanding your scope of practice and the outcomes. Please follow link below for an optometry specific example of how this guidance can be used in optometry.²¹



Think about what area of practice / condition / medicine you would like to know more about



Look through the competency table to note any areas of learning you may need to consider



Note any learning needs and plan how you will achieve it

20 [rpharms.com - Expanding prescribing scope of practice guidance](https://rpharms.com/expanding-prescribing-scope-of-practice-guidance), accessed 09/05/23

21 [rpharms.com - Scope of Practice, page 22](https://rpharms.com/scope-of-practice)

RPS Competency Framework Table

Consider each of the competencies below and note any learning considerations/objectives that may be relevant when expanding your scope

	Things to consider
Competency 1- Assess the patient	
Setting of the consultation	Consider your setting, hospital, community practice or domiciliary. Do you have the same diagnostic capabilities in different settings? Is this relevant?
Reflect on patients ability to communicate and consent	Consider what patient groups your practice will include, eg children/adults. Have you considered barriers - to communication/consent/language
Patient assessment Can you describe pathophysiology of condition Prognosis Specific history taking questions Differential Diagnosis Management (pharma and non pharmacological)	Consider if any changes to management required for different patient groups and how this may affect your decision making. Are there any specific adherence issues to specific patient groups and if identified- Where can you find this information?
Notes	
Competency 2 – identify evidenced based treatment options available for clinical decision making	
Understanding the management Understanding the management Guidelines, eg local, national, NICE etc	Are there any guidelines to guide your prescribing. If, no, what will guide your prescribing and is there sufficient evidence to back up your prescribing?
Understanding the pharmacology Describe the pharmacokinetics/ pharmacodynamics of the medicines your will describe. The effect of co-morbidities and other medicines on your management options and specific patient factors that you should consider for various patients/ medicines Consider specific resources relevant to your prescribing scope of practice If prescribing antimicrobials, consider resistance	Consider medical licensing and changes depending on patient groups, ie children and pregnant rx Consider any Public Health Issues BNF, Summary of product characteristics, Maudsley handbook Antibiotic Resistance awareness and both local and national antimicrobial guidelines and antimicrobial stewardship measures, Consider use of TARGET antimicrobial toolkit resource
Notes	

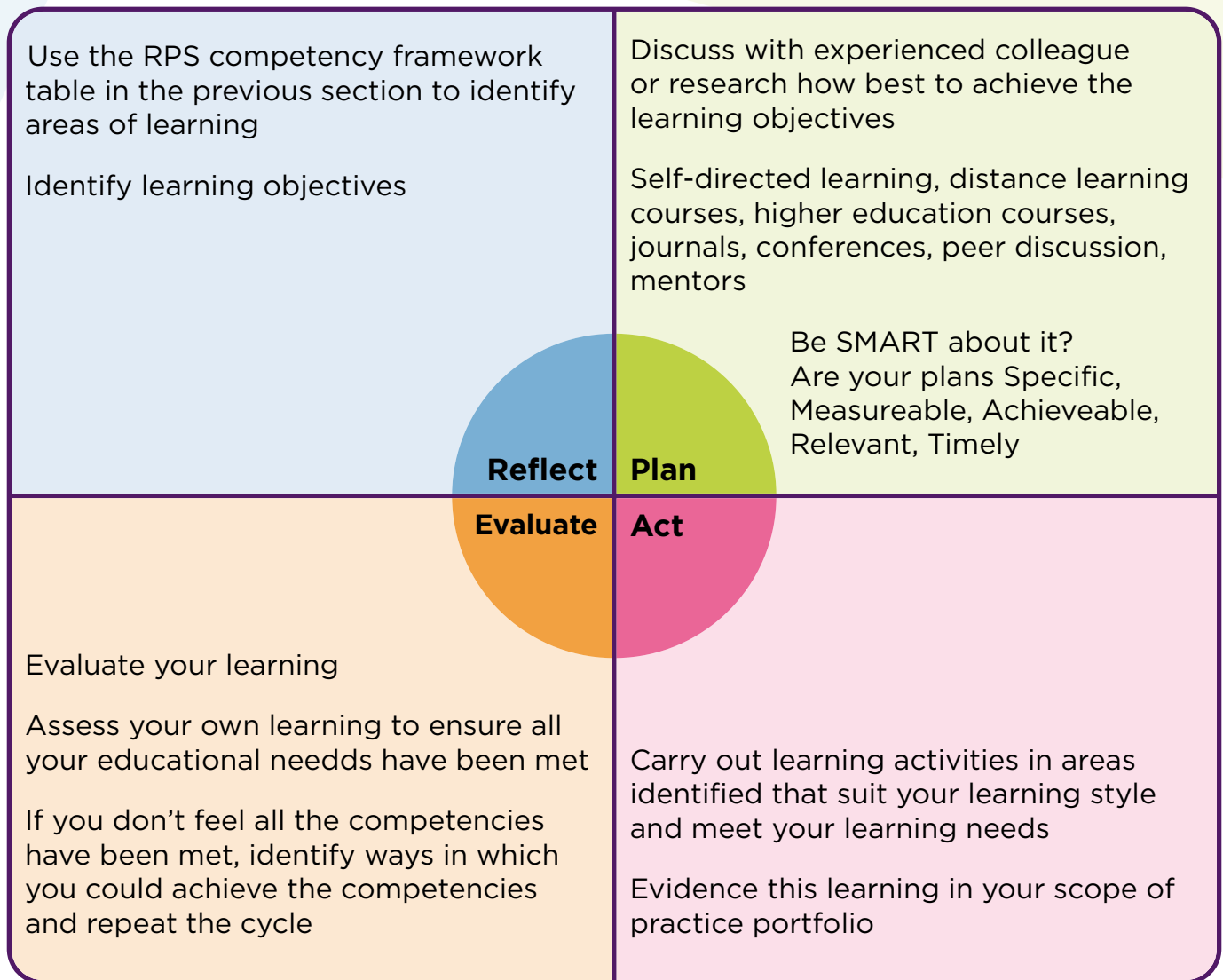
table continues on next page...

Things to consider	
Competency 3 – Present options and reach a shared decision	
Management options Can you explain the risk and benefits of the different management options to the patients?	Consider shared decision aids Shared decision making NICE guidelines NICE guidance Our programmes What we do About NICE
Notes	
Competency 4 - Prescribe	
Prescribing Regarding the medicines you are going to be prescribing – ensure you understand: Dose, indications, contra indications, cautions, adverse effects, interactions. Document the consultation	Consider how you will manage potential medicine/food interactions. If prescribing off label, ensure the information is relayed. Is there any need to transfer this a information to others?
Notes	
Competency 5 – Provide Information	
Consider Health Literacy Safety Netting Further self-management advice needed	What info can you give to patient regarding their condition? Consider options for multiple languages, NHS or other legitimate websites, patient leaflets
Notes	
Competency 6 – Monitor and Review	
Monitoring the treatment Monitoring effectiveness and for adverse effects	Consider- what monitoring is needed, frequency of monitoring required Advice on how to monitor if medicine is not effective Monitoring for adverse effects and how to report. MHRA reporting
Notes	

table continues on next page...

Things to consider	
Competency 7 – Prescribe Safely	
Reflect on errors that can occur when prescribing Reflect on communication pathway, face to face/telephone How will you ensure safe prescribing?	Research and learn from frequently reported errors in your new prescribing. How can they be prevented? Understanding reporting systems for near misses/critical incidents Medicines and Healthcare products Regulatory Agency - GOV.UK (www.gov.uk) DATIX - Primary Care Wales Incident Reporting - NHS Wales Shared Services Partnership Reflect on whether further governance is reqd
Notes	
Competency 8 – Prescribe professionally	
Look at legal or ethical considerations needed	Are there any specific factors you need to consider for this patient group?
Notes	
Competency 9 – Improving practice	
Consider resources available to you to support your new scope of practice. Identify support structures	Peer review groups, forums, good prescribing guides. Consider sustainability in your scope of practice
Notes	
Competency 10 – Prescribe as part of a team	
Who is your team and what are their roles?	Does your team understand your scope? Practice staff, referring Optometrists, Ophthalmology? Do you require support or supervision? If so by who? Who can you refer on to when required? Do you understand local pathways and support available to you?
Notes	

How to plan your learning



For more detailed information – please see RPS guidance: [RPS expanding prescribing scope of practice guidance](#)²²

²² [rpharms.com - RPS expanding prescribing scope of practice guidance](#), accessed 09/05/23

Step 1 - Reflect

Consider using the competency framework below as it may be helpful to identify any developmental needs and establish areas where further learning may be required. Some areas will not be relevant to your practice, but it is useful to consider each competency to ensure you have considered your practice carefully.

Step 2 - Plan

After reflecting on what learning may be required the next step is to plan your learning.

- ☒ Consider discussing with experienced colleagues about next steps. They may be able to provide ideas about how to achieve your desired learning needs.
- ☒ Look at relevant local and/or national guidance in this area of practice
- ☒ Research any higher education courses, private reading/journals
- ☒ Consider any relevant conferences/workshops
- ☒ CPD
- ☒ Shadowing experienced colleagues/mentors

When you have planned this stage, you can consider carrying out learning

Step 3 - Act

Carry out learning activities and upload this to your CPD portfolio. This will help evidence your learning and development.

Step 4 - Evaluate

Following your learning, it is advised you evaluate objectively to understand if the learning objectives have been met. This can also help to establish if further learning is required and if any areas of further learning are identified then you can repeat the cycle until all learning objectives are met.

Useful Contact Information

Health Board Optometric advisor contact details:

-  **Aneurin Bevan University Health Board**-Catherine McNamara (Aneurin Bevan UHB - Primary Care and Community Division)
Catherine.McNamara1@wales.nhs.uk and
ABB.PrimaryCareDepartment@wales.nhs.uk
-  **Betsi Cadwallader University Health Board BCU** - Kelly Gibson
BCU.PCCOptometry@wales.nhs.uk
-  **Cardiff & Vale University Health Board** - Rukaiya Anwar (Cardiff and Vale UHB - Primary Care) Rukaiya.Anwar2@wales.nhs.uk
-  **Cwm Taf Morgannwg University Health Board** - Timothy Palmer (CTM UHB - Local Health Board (LHB)) Timothy.Palmer@wales.nhs.uk and cc:
CTM.Primarycareoptometry@wales.nhs.uk
-  **Hywel dda University Health Board** - Primary Care Optometric Services (Hywel Dda UHB - Generic Account) PrimaryCareOptometry.HDD@wales.nhs.uk
-  **Powys Teaching Health Board** - Richard Price (PTHB - Primary Care)
Richard.Price4@wales.nhs.uk and
Powys Eyecare primarycaregeneral.powys@wales.nhs.uk
-  **Swansea Bay University Health Board** - Lyndsay.Hewitt@wales.nhs.uk and
Mohammed.Islam2@wales.nhs.uk and sbu.pccoptometry@wales.nhs.uk

Urgent Referral to Ophthalmology contact details:



Aneurin Bevan University Health Board

Royal Gwent : 01633 238856



Betsi Cadwallader University Health Board BCU

Ysbyty Gwynedd: 01248 384023

Abergele: 0300 0850066

Wrexham: 01978 725670

Out of hours, call main switchboard to ask for on-call Ophthalmologist

Ysbyty Gwynedd: 01248 384384

Glan Clwyd (for Abergele): 01745 583910

Wrexham: 01978 291100



Cardiff & Vale University Health Board -

University Hospital Wales : Eye Casualty 02920 743191



Cwm Taf Morgannwg University Health Board -

Royal Glamorgan Hospital : 01446 443443 Ext:6061

Out of hours, call main switchboard to ask for Dr on call in ophthalmology

Princess of Wales Hospital : 01656 753979 direct to eye casualty

Out of hours, call main switchboard to ask for Dr on call in Ophthalmology :
01656 752752



Hywel Dda University Health Board

Glangwilli Hospital: RACE Phone 01267 227599 Fax 01267 227777

North Road Clinic, Aberystwyth: Phone : 017970 636200 Fax - 01970636221



Powys Teaching Health Board -



Swansea Bay University Health Board

RACE Singleton - 01792 200369 (Mon-Fri 9.00-17.00)

Out of Hours - Request Dr on Call for Ophthalmology via switchboard 01792
205666