



GUIDELINE ON VISION SCREENING	
PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS	
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Definitions:

Primary Health Care

According to the Declaration of Alma Ata (1978), primary health care, is "essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination."

Primary Care Practitioner:

A primary care practitioner may be defined as a health care practitioner who may be the first entry point for persons seeking healthcare and who is likely to provide continuing care to a patient over a long term. A primary care practitioner offers a portal of entry to specialised care for those conditions warranting referral¹.

Primary eye care

The comprehensive examination of the eye and surrounding tissues, with or without special equipment enables the practitioner to investigate refractive and ocular health conditions.

Where a need arises, there should be timely intervention and prompt referrals of patients.

Vision Screening:

A vision screening is an investigative assessment undertaken to identify and refer individuals who may require comprehensive vision/eye health care and further management by an eye care professional.

Eye Examination:

A comprehensive investigation of the eyes, surrounding tissues and visual system, to identify and correct refractive error, binocular abnormalities and diagnose primary ocular diseases or ocular diseases secondary to systemic problems.

¹Catania L.J. Primary care. In: Newcomb RD, Marshall EC, eds. Public Health and Community Optometry, 2nd ed. Boston: Butterworth's, 1990:295-310

Introduction

Screening for vision and ocular health disorders is important in identifying members of the public who require further eye health and vision care. While vision screening may include components of a comprehensive eye examination, it does not result in a diagnosis, but instead serves to identify problems and risk factors that should be further investigated and addressed.

Vision screening may be conducted in schools, in the community or in the workplace, and may be provided by appropriately trained and qualified eye care professionals including ophthalmic or school health nurses, dispensing opticians, optometrists, ophthalmologists or appropriately trained medical doctors.

Vision Screening vs. Comprehensive Eye Examination

Since vision screening is an entry level investigative procedure with no definitive diagnosis, management or prescription is issued from the screening procedure. Therefore, outcomes of the screening process should include the provision of referral notes to the individuals identified as requiring further investigation. If a diagnosis is made and/or a prescription given and/or dispensed, the service will no longer be regarded as a vision screening and will be seen as a comprehensive service. In which case, the professional service must comply with the standards of care for a comprehensive eye examination as published by the PBODO.

The Guideline on Vision Screening must be read in conjunction with all the Ethical Booklets of the HPCSA and all Guidelines of the PBODO available on the HPCSA website:

<https://www.hpcsa.co.za/?contentId=0&menuSubId=50&actionName=Professional%20Boards>

Cautions:

Practitioners are strongly advised that vision screening may not be conducted or used for canvassing and touting, to exploit medical aid benefits of members, to promote over-reaching for services rendered (i.e., performing a screening but invoicing a full examination fee) and over-servicing. Furthermore, screening activities may not be used to promote unethical business practices.

Practitioners are also cautioned against acts of supersession and acts of impeding patients during or as an outcome of a screening activity.

It must be made clear to the population/community being screened what the goal of the screening activity is, and that screening does not constitute full or comprehensive eye testing.

Practitioners are advised to obtain informed consent from participants being screened.

Elements of a Vision Screening Procedure

A screening should include the following elements:

- 1) Brief case history
- 2) Uncorrected visual acuity (VA - OD, OS, OU) at 6m and 40cm
- 3) Habitual VA (OD, OS, OU) at 6m and 40cm
- 4) Pinhole VA (OD, OS, OU) at 6m and 40cm
(where VA <6/9) + lens evaluation (latent Hyperopia)
- 5) Oculomotor evaluation (9 cardinal positions of gaze)
- 6) Accommodative tests
- 7) Near point of convergence (NPC)
- 8) Pupil responses
- 9) Color vision
- 10) Stereopsis
- 11) Visual field screening
- 12) External ocular health
- 13) Internal ocular health
- 14) Tonometry
- 15) Objective refraction (Autorefraction/retinoscopy)

Depending on the goal of the screening activity and the population screened, the battery of tests battery used may vary and may not include all of the procedures mentioned above.

The following are examples of limitations in screening:

a. Goal: *School screening*

Should the population be young children, emphasis might be placed on skills related to academic performance and concentration. The practitioner may include additional procedures such as include visual perceptual tests.

b. Goal: *Glaucoma screening*

Should the goal of the screening be to identify patients at risk for the development of glaucoma – the tests selected for the screening protocol will be selected for their particular isolated diagnostic value and individuals screened must be informed that limited criteria have been screened and that further investigation and/or comprehensive visual examination must still be undertaken.

Minimum Battery of Tests

The following tests are considered as the minimum requirements to constitute a vision/ocular health screening activity.

- 1. Brief case history**
- 2. Uncorrected visual acuity (VA - OD OS, OU) at 6m and 40cm**
- 3. Habitual VA (OD, OS, OU) at 6m and 40cm**
- 4. Pupil responses**
- 5. Visual field screening**
- 6. External ocular health**
- 7. Internal ocular health**
- 8. Tonometry**

The sole use of an auto-refractor does not constitute vision screening.

Canvassing and Touting

Within the current Ethical Rules of Conduct pertaining to professions regulated by the HPCSA, the solicitation of 'business' by practitioners under the guise of vision screening contravene the regulations relating to touting and canvassing.

Supersession

No practitioner shall supersede or take over a patient from another practitioner if he or she is aware that the patient is under treatment of another practitioner, unless he or she takes reasonable steps, as a matter of courtesy, to inform the practitioner who was originally in charge of the case that he or she had taken over the patient at that patient's request and to establish from the original practitioner what

treatment the patient previously received, and, in such a case, the original practitioner shall be obliged to provide the required information.

Impeding a patient

A practitioner rendering screening services or rendering services from a mobile clinic shall not impede a patient, or in the case of a minor, the parent or guardian of such minor, from obtaining the opinion of another practitioner or from being treated by another practitioner.