



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA	
<u>GUIDELINES FOR MOBILE PRACTICE</u>	Approved Version
PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS	
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**PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING
OPTICIANS**

OPTOMETRIC/ EYE CARE MOBILE PRACTICE GUIDELINES

The HPCSA mandate: To protect the public and guide the professions.

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1. DEFINITIONS

- 1.1 **“the Act”** means the Health Professions Act 56 of 1974, as amended.
- 1.2 **“Board”** means the Professional Board for Optometry and Dispensing Opticians established in terms of section 15 of the Act.
- 1.2 **“Mobile Optometry Practice”** means a non-permanent practice that offers the same/equivalent service as a fixed practice owned by the practitioner.
- 1.3 **“Practitioner”** means an optometrist and/or a dispensing optician.
- 1.4 **“Underserved area”** means a geographic area where eye care services are limited, not easy to access, or not readily available 30km or more from the nearest eye care facility/service.
- 1.5 **“Over-reaching”** means services that are not medically necessary or that are provided without the patient's informed consent.
- 1.6 **“Over-servicing”** means to provide unnecessary or excessive service to someone.
- 1.7 **“Under-servicing”** means rendering a subpar or insufficient level of service.

2. THE BACKGROUND AND RATIONALE

The need to regulate optometric mobile practice was prompted by a series of complaints relating to unprofessional conduct and sub-standard optometric and dispensing opticianry services provided during on-site visual screenings and optometric examinations. At the time, mobile practices were predominantly conducted in locations such as factories and other workplace settings in urban areas while rural areas remained neglected. Furthermore, other unprofessional activities were being conducted including exploitation of medical aid benefits of members by:

- 2.1 Practitioners claiming for services not rendered i.e., performing a screening, but invoicing a full examination fee;
- 2.2 Over-servicing i.e., prescribing devices that are not required; and
- 2.3 Under-servicing i.e., providing insufficient care.

In addition, certain employers mislead employees into believing that optometric and dispensing opticianry services conducted at the workplace by specific optometrists, was compulsory thereby impacting on the employees' right to choose their own optometrist.

3. PURPOSE

- 3.1 To guide the standard of care for the provision of optometric and dispensing opticianry services conducted during 'onsite' and mobile eye care activities.
- 3.2 Protecting the public from exploitation and sub-standard care.
- 3.3 Maintain a register of mobile services and activities to enable the monitoring thereof.

4. CONDITIONS UNDER WHICH A MOBILE PRACTICE MAY OPERATE

- 4.1 This guideline must be read in conjunction with, but not limited to, the following:
All Ethical Guidelines of the HPCSA
All Clinical Guidelines of the PBODO
PBODO Guidelines for Outreach Services
- 4.2 The mobile practice/service must be linked to a 'bricks and mortar' practice or health care facility that provides eye care/optometric services;
- 4.3 Optical appliances are dispensed at the same site visited within 21 days of the final diagnosis by an optometrist or dispensing optician;
- 4.4 Patients must be provided with contact details of the practitioner conducting the mobile service and the associated physical practice/ eye care facility for follow-up care;
- 4.5 Provision must be made to enable patients to seek assistance and follow-up services from an optometrist or dispensing optician with respect to repairs, adjustments, etc.

5. NOTIFICATION REQUIREMENTS

- 5.1 The Registration form must be completed in full before the mobile service is conducted.
- 5.2 The Board may request documented evidence of compliance with the Mobile Practice Guideline as required.
- 5.3 The Board may charge an inspection fee to cover the cost of an inspection of a mobile service if so warranted.
- 5.4 The practitioner responsible will be advised in writing if an inspection is warranted.
- 5.5 The location/s at which the mobile service will be conducted must be indicated.
- 5.6 The operational dates and timetable/schedule for the mobile services must be indicated including dates of dispensing and/or follow up care.
- 5.7 There must be evidence of adequate measures taken to ensure the accuracy and reliability of mobile clinical equipment.
- 5.8 Details of equipment used including serial numbers must be indicated.
- 5.9 An equipment maintenance register/record must kept.
- 5.10 A log sheet of patients seen must be kept.
- 5.11 A sample of the record card to be used must be attached.

https://socialfacilityprovisiontoolkit.co.za/attachments/Guidelines_for_differentiated_provision_of_social_services_web.pdf?etag=true

6. ALTERNATIVE MOBILE SERVICE MODELS

Practitioners who wish to run mobile services in underserved areas are advised to also consider the following alternative models:

A. Vision screening

1. Vision screening is a process to identify and refer individuals who may need a comprehensive eye examination and further management by an eye care professional.
2. Vision screening is an entry level investigative tool where the goal of the activity is to identify individuals in need of further investigation and eye care. Findings during vision screening may warrant referral for a comprehensive eye examination.
3. No definitive diagnosis, management or prescription is issued from the screening programme/site.
4. Vision screening activities performed within the industrial, corporate, community and school environments are supported by the Board, provided they meet the clinical standards specified by the Board.
5. Visual screening can be done without requiring registration with the Board.
6. Outcomes of the screening process include the provision of referral notes/letters to individuals identified as requiring further investigation, and generation of statistical reports for the respective corporate, industrial or school management.
7. Should a diagnosis be made during visual screening, and a prescription given and/or dispensed, the service can no longer be regarded as a vision screening and should be seen as a more comprehensive service.

B. Itinerant practice

1. An itinerant practice is when the 'practitioner conducts a service on a regular basis at an identified location other than his or her resident practice address (i.e., a satellite practice).
2. Rule 6 of the Ethical rules of conduct for a practitioner registered under the Health Professions Act 56 of 1974 allows itinerant practice, provided that the practitioner renders the same level of service to patients, at the same fee as the service which he/she would render in the area in which he/she is conducting a resident practice.

Annexure 1

EQUIPMENT CHECK-LIST

1. CONDUCTING BASIC VISUAL EXAMINATION

NB: In order to charge a patient the consultation fee for a visual examination and/or prescribe a visual appliance as per the current minimum equipment list, the practitioner must possess and utilise the following minimum equipment:

	MINIMUM TESTS TO BE CONDUCTED	EQUIPMENT USED	MAKE AND MODEL	SERIAL NUMBER (WHERE APPLICABLE)
1	Case History	Relevant note-taking material		
2	Visual acuity	Age/population appropriate		
2.1	Distance visual acuity	Distance visual acuity chart		
2.2	Near visual acuity	Near visual acuity chart		
3	Preliminary tests			
3.1	Pupil function	Pen torch/light source		
3.2	Interpupillary distance	PD ruler		
3.3	Ocular motilities	Appropriate fixation targets		
4	Refraction			
4.1	Objective refraction	Retinoscope		
4.2	Subjective refraction (Inclusive of Binocular balancing)	Trail frame and trail lens set		
5	Binocular assessment	Occluder Stereopsis test Relevant equipment for binocular vision assessment		
6	Accommodative assessment	Near test targets		
7.	Colour vision assessment	Color vision test of choice		
8	Ocular Health Assessment:			
8.1	External	Mobile slit-lamp or magnifying lens with illumination		
8.2	Fundoscopy	Ophthalmoscope		
9	Visual Field Screening Test	Confrontation test or relevant visual field test, e.g., arc perimeter		
10	Tonometry	Tonometer of choice		

2. EXAMINATION OF CHILDREN:

NB: To examine children, the practitioner must have available within the practice the following equipment as a **MINIMUM**, in addition to the minimum equipment needed for the basic visual examination.

	MINIMUM TESTS TO BE CONDUCTED	EQUIPMENT USED	MAKE AND MODEL	SERIAL NUMBER (WHERE APPLICABLE)
1.	Case History	Relevant note-taking material		
2	Visual acuity	Age-appropriate visual acuity tests, e.g. – Lea Symbols – HOTV – Broken Wheel Tests or equivalent		
2.1	Pinhole Visual acuity	Pinhole lens		
2.2	+1.00 D Visual acuity	2 x +1.00 DS		
3.	Preliminary tests Pupil function Interpupillary distance Cover test	Pen torch/light source PD rule Occluder		
4.	Refraction Objective refraction Subjective refraction (Inclusive of binocular balancing)	Retinoscope Lens rack (optional) Paediatric trial frame trial lens set		
5	Binocular assessment	Age-appropriate stereopsis test (e.g. Random Dot Test or equivalent) Prism Bar Set (Horizontal & Vertical) Associated Phoria Tests (e.g. Wesson Fixation Disparity Cards, Brock Posture or equivalent) Suppression Tests (e.g., Worth-4-Dot, 3-figure, stereoscopes or equivalent)		
6	Accommodative assessment	MEM cards +2.00/-2.00 flippers Near test targets		
7	Oculomotor Assessment	Dem/ NYSOA-KD Appropriate fixation targets		
8	Colour vision assessment	Age-appropriate colour vision tests, e.g., Ishihara, Pv16, Colour vision made easy)		
9	Ocular Health Assessment: External			
9.1	Fundoscopy	Mobile slit-lamp or magnifying lens with illumination		
9.2		Ophthalmoscope		
10	Visual Field Screening Test	Confrontation test or relevant visual field test		
11	Tonometry	Tonometer of choice		
12	Visual Integration & Perceptual capabilities	Age-appropriate tests to assess perceptual capabilities, e.g., TVPS, Jordan R-L, AVIT		

GUIDELINE EQUIPMENT MAINTENANCE REGISTER

PRACTICE NAME: _____ OPTOMETRIST NAME & HPCSA No: _____

EQUIPMENT	SERIAL NO.	DATE LAST SERVICED



Annexure 3

MOBILE CLINIC PATIENT LOG SHEET

Practice Name: _____ Name of Optometrist: _____ HPCSA registration No: _____

Site location (town/township/village): _____ Site Name (of school/company/organization): _____

Practice number:

No.	Patient name and surname	File No.	Age	M/F	Unaided VA	Aided VA	Diagnosis	Intervention	Optical Rx (if any)	Date Optical devices issued
1.										
2.										
3.										
4.										
5.										
6.										
7.										
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30.										

I hereby confirm that I have examined the above-mentioned patients and that the information provided is true.

Name and surname:

Signature

