



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.

TABLE OF CONTENTS

1. DEFINITIONS	3
2. THE RATIONALE/ BACKGROUND	4
3. GOAL FOR OPTOMETRIC MOBILE GUIDELINES	4
4. CRITERIA/CONDITIONS TO QUALIFY FOR MOBILE PRACTICE.....	5
5. APPLICATION REQUIREMENTS	5
6. APPROVAL PROCESS.....	6
Annexure 1 OPTOMETRY MOBILE UNIT RULES AND REGULATIONS	7
Annexure 2 ALTERNATIVE MODELS	9
Annexure 3 LIST OF EQUIPMENT CHECK-LIST	11
Annexure 4 EQUIPMENT MAINTENANCE REGISTER.....	13
Annexure 5 LOG SHEET	14

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.

2. THE BACKGROUND AND RATIONALE

- 2.1 The need to regulate optometric mobile practice was prompted by a series of complaints relating to unprofessional and poor service during on-site visual screenings billed as comprehensive optometric examinations.
- 2.2 At the time, mobile practices were being conducted in urban areas neglecting rural areas.
- 2.3 Further to the above-mentioned, other unprofessional activities included:
 - exploiting medical aid benefits of members by,
 - over-reaching for services rendered (i.e. performing a screening, but invoicing a full examination fee),
 - over-servicing/ under-servicing,
 - Certain employers misleading employees into believing that vision screenings at the place of employment by specific optometrists were compulsory - impacting on the employees right to choose their own optometrist.
- 2.4 The Board was mindful of the acute need for eye care services in specific areas where access to care was limited and that it would be a disservice to the public that we are mandated to protect, by not allowing mobile practices to operate.
- 2.5 The Board also acknowledged that there was an imbalance of eye care services between urban and rural areas, hence the development of guidelines to address this need.
- 2.6 The Board has developed guidelines for mobile practice and visual screening. These guidelines are reviewed every two years in order to consider changes in the operating environment.

3. GOAL FOR OPTOMETRIC MOBILE GUIDELINES

- 3.1 The guidelines shall be used to carefully consider each mobile practice application.
- 3.2 The granting of mobile practice licenses as informed by the guidelines shall be aimed at improving access to quality eye care services and to protect the public from exploitation.

4. CRITERIA/CONDITIONS TO QUALIFY FOR MOBILE PRACTICE

- 4.1 A practitioner shall be allowed to conduct a mobile practice provided that:-
- 4.1.1. The practitioner has an established practice to which the mobile clinic is linked;
 - 4.1.2. The mobile practice is to be operated within a radius of 30km from the established practice;
 - 4.1.3. Optical appliances are dispensed at the site visited by the same practitioner within 21 days of the final diagnosis;
 - 4.1.4. Patients are provided with contact details of the mobile and established practice;
 - 4.1.5. An after sales/care plan on how complaints, repairs, defects etc, will be handled following the initial visit and dispensing must be provided to the patient in writing in a language that the patient is able to understand.

5. APPLICATION REQUIREMENTS

- 5.1 The application form to conduct mobile optometric practice must be completed in full.
- 5.2 The application should clearly indicate the intended area of operation (Province, nearest city or town, village and address of the specific area/site).
- 5.3 There must be evidence of adequate measures taken to prevent/minimize vibrations of clinical equipment when in transit.
- 5.4 Details of equipment to be used (serial numbers, date purchased, supplier and calibration/service information) must be indicated.
- 5.5 A sample of the record card to be used must be attached.
- 5.6 The operational dates and timetable for the mobile practice in the specific area/location must be indicated (month/s, day/s and times of operation, including dispensing or follow up dates).

6. APPROVAL PROCESS

- 6.1 Applications shall be processed twice in a year (March and August) and should reach the Board a month before.
- 6.2 Upon receipt of the application form, the Deputy Company Secretary will verify the application.
- 6.3 Application/s shall then be forwarded to the Board for consideration.
- 6.4 The Board may request further supporting documents, where required.
- 6.5 Where an approval has been granted, the practitioner shall be informed in writing and an invoice will be generated by the HPCSA for the relevant fee.
- 6.6 Once proof of payment has been received, a written response shall be sent to the practitioner with the following documents attached:
 - Mobile practice certificate
 - The rules of conduct in relation to Optometry Mobile practice
 - Logsheet template to report to the Board on 6 months basis
 - Equipment maintenance register/record

- 6.7 Where an approval has not been granted, the Deputy Company Secretary must inform the practitioner in writing. Alternative business models may be recommended if indicated.

7. APPLICABLE FEES

Non-refundable application fee – R2661.00

Approval fee payable upon approval – R3986.00

NB: *Should there be deviation from the minimum requirements, the Board may withdraw approval to conduct mobile practice in the event that the practitioner fails to comply with the relevant rules whilst conducting mobile practice. The Board may also conduct random inspections to monitor compliance.*

Approval is valid for 24 months only.

References:

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

Annexure 1

OPTOMETRY MOBILE UNIT RULES AND REGULATIONS

Approval is valid for 24 months years only.

GENERIC RULES

The practitioner must be in good standing with the HPCSA

The practitioner shall at all times and in accordance with Rule 27A of the Ethical Rules of conduct for practitioners registered under Health Professions Act, 1974:

- (a) act in the best interests of his or her patients;
- (b) respect patient confidentiality, privacy, choices and dignity;
- (c) maintain the highest standards of personal conduct and integrity;
- (d) provide adequate information about the patient's diagnosis, treatment options and alternatives, costs associated with each such alternative and any other pertinent information to enable the patient to exercise a choice in terms of treatment and informed decision-making pertaining to his/her health and that of his/her dependents/wards;
- (e) keep his or her professional knowledge and skills up to date;
- (f) maintain proper and effective communication with his or her patients and other professionals;
- (g) except in an emergency, obtain informed consent from a patient or, in the event that the patient is unable to provide consent for treatment himself or herself, from his or her next of kin; and
- (h) keep accurate patient records.

MOBILE PRACTICE SPECIFIC RULES

1. The practitioner must have an established practice.
2. The practitioner must operate a mobile practice only within 30km radius of the established practice.
3. The practitioner must offer the same/equivalent services through the mobile practice as offered at the established practice.
4. The practitioner must use the minimum necessary equipment as defined by the Board in its clinical guidelines.

5. The practitioner must conduct comprehensive optometric examination, which includes examining surrounding tissues and visual system, to identify and correct refractive error, binocular abnormalities and diagnose primary and/or secondary ocular diseases, and give prescription of optical devices and/or dispense optical devices on site.
6. The practitioner must dispense optical devices within 21 days after the final diagnosis.
7. The practitioner must provide patients with details of the mobile and fixed address (established practice/office) and telephone numbers.
8. Patients must be able to contact the practitioner or their office should they require further assistance or care.
9. A practitioner must provide patients with the name, address and/or telephone numbers of the closest health facility for emergency ocular health care.
10. A practitioner operating a mobile practice must make arrangements, by virtue of an MoU with the health facility or service provider to assist the patients in cases of emergency or requiring follow-up care.
11. A practitioner operating a mobile practice must at all times comply with the ethical rules of conduct for practitioners registered under the Health Professions Act, 1974.

Annexure 2

ALTERNATIVE MOBILE SERVICE MODELS

Practitioners who wish to run mobile services in underserved areas are encouraged to consider the following alternative models, which are approved by the Board, before applying for a mobile practice.

A. Vision screening

- 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.
- 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.
- No definitive diagnosis, management or prescription is issued from the screening programme/site.
- 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.
- Visual screening can be done without requiring a licence from the Board.
- 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.
- 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

- 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).
- 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.

- This option may be recommended to a practitioner who reapplies seeking approval to conduct mobile practice in a particular area that he/she was once awarded.

Annexure 3

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:

No.	NAME OF EQUIPMENT	YES/NO	SERIAL NUMBER WHERE APPLICABLE	SERVICE FREQUENCY
1.	Visual Acuity Charts: Distance and Near			
2.	Binocular Visual Assessments Equipment: Using Age Appropriate Targets			
3.	Penlight Torch			
4.	Retinoscope or Auto-Refractor			
5.	Ophthalmoscope			
6.	Slit Lamp Bio-Microscope			
7.	Trial Lenses & Trial Frame			
8.	Colour Vision Test			
9.	Visual Field Screening Test			
10.	Tonometer			

The consulting room and equipment must meet with the Board's specifications.

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.

NO.	NAME OF EQUIPMENT	YES/NO	SERIAL NUMBER WHERE APPLICABLE	SERVICE FREQUENCY
11.	Age appropriate VA test e.g. Lea Symbols/ HOTV/ Broken Wheel VA Tests or equivalent			
12.	MEM Reading Cards			
13.	Prism Bar Set (H & V)			
14.	Dem/ NYSOA-KD			
15.	Colour Vision Tests (E.g. Ishihara, Pv16)			
16.	Lens & Prism Flippers			
17.	Stereopsis Tests (e.g Random Dot Test or equivalent)			
18.	Perceptual skill test e.g Good enough test or equivalent			
19.	Associated Phoria Tests (E.g. Wesson Fixation Disparity Cards, Brock Posture or equivalent)			
20.	Red-Green Anaglyphs			
21.	Polarizers			
22.	Suppression Tests (E.g. W- 4- D, 3 Figure, Stereoscopes or equivalent)			

EQUIPMENT MAINTENANCE REGISTER

PRACTICE NAME: _____ OPTOMETRIST NAME & HPCSA No: _____ Mobile Certificate No: _____

NAME OF EQUIPMENT	SERIAL No.	DATE LAST SERVICED	TYPE OF SERVICE	STATE OF EQUIPMENT	NEXT SERVICE	TECHNICIAN NAME	TECHNICIAN SIGNATURE	COMPANY & CONTACT DETAILS



Annexure 5

LOG SHEET

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

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

Mobile Certificate No: _____ Practice number: _____

No.	File No.	Age	M/F	Unaided VA	Aided VA	Diagnosis	Intervention	Optical Rx (if any)	Date Optical devices issued
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2.									
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I hereby confirm that I have examined the above-mentioned patients and that the information provided is true.

Name and surname:

Signature

