HPCSA
Health Professions Council of South Africa

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OPTOMETRY & DISPENSING OPTICIANS NEWS

Newsletter of Professional Board for Optometry and Dispensing Opticians

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CHAIRPERSON'S MESSAGE

Greetings once again from the Professional Board for Optometry and Dispensing Opticians (PBODO). As part of our commitment to improving engagements with our stakeholders, the Board successfully conducted its first hybrid roadshow in Gauteng on 13 November 2023. During the roadshow we reported on the strategic goals and activities of the Board, in addition to educating practitioners on the structure of the HPCSA and how it functions. Presentations were also made by some of the departments and divisions within the HPCSA. In this issue of our newsletter, we focus in more detail on some of the matters that we mentioned during the roadshow.

As previously mentioned, in April 2021 the World Council of Optometry took a resolution embracing myopia management as the standard of care in correcting refractive error. In the context of global increasing myopia, the resolution advocates that myopia management should be considered as an obligation by optometrists rather than an option. The PBODO continues to emphasise the importance of myopia management therefore this issue features an article on myopia management that focuses on ophthalmic lenses.

Another important global directive in healthcare is that of antibiotic stewardship. The impact of antibiotic resistance and the limited line of new antibiotics has resulted in antibiotic resistance emerging as a major public health concern. All healthcare practitioners including optometrists and dispensing opticians have a responsibility to be aware of and to educate patients on the judicious use of antibiotics. As a regulator, the HPCSA supports and promotes the responsible use of antibiotics.

In guiding the profession, the Board has also realised value in highlighting some of the trends noticed by the Board's Committee of Preliminary Inquiry (Prelim). As professionals it is important for us to maintain a strong moral compass and comply with the rules and regulations of the HPCSA. In so doing the public will continue to trust and respect you to uphold their best ocular health and vision care interests.

Once again, we invite you to engage us in seeking excellence as eyecare professionals. In concluding I leave you with the words of Nelson Mandela, "We must use time wisely and forever realise that the time is always ripe to do right."

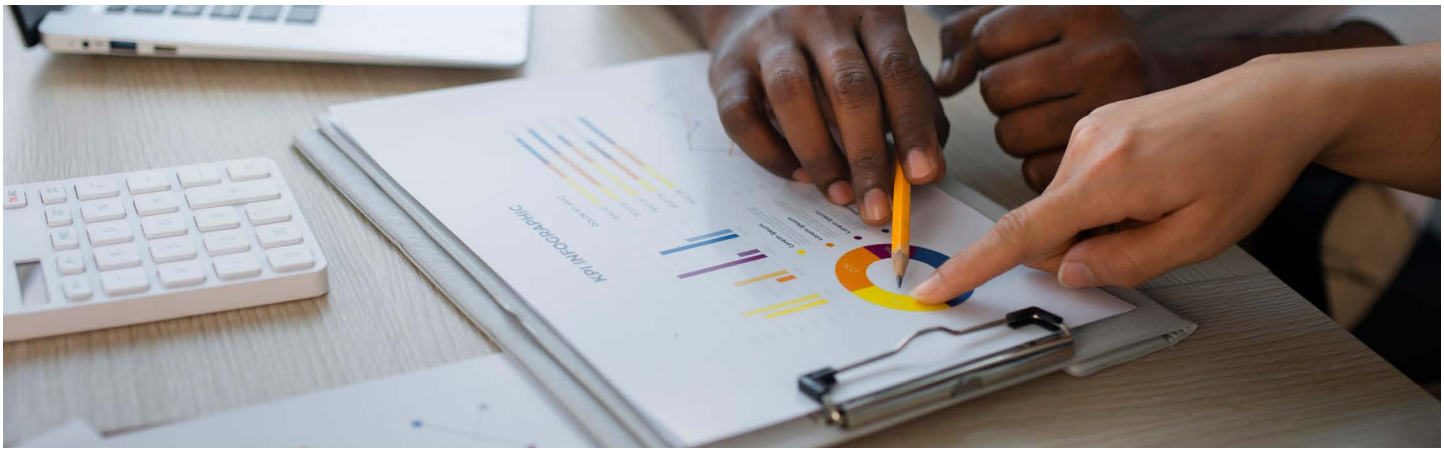
Chairperson of Professional Board for Optometry and Dispensing Opticians

Yurisa Naidoo

EVALUATIONS FOR APPROVAL OF UNIVERSITY PROGRAMMES

As part of its role to set the minimum standards for education and training to qualify for registration with the HPCSA in terms of Section 61 (iv) of the Health Professions Act, 56 of 1974 (The Act), and the control over training in terms of Section 16 of the Act, the Board conducted evaluations for approval at two Higher Education Institutions (HEIs).

During the months of August and September 2023, two (2) panels consisting of four (4) members each successfully evaluated University of KwaZulu-Natal (UKZN) and the University of the Free State (UFS), this was due to their five (5) year approval to offer the Bachelor of Optometry programme nearing its end. In order to ensure that HEIs are producing competent graduates, the Board will continue to make sure that it adheres to its evaluation schedule and that HEIs that offer qualifications in optometry and dispensing opticianry are meeting the set minimum standards for education and training.



CONTRIBUTING FACTORS TO DELAYS IN MANAGING COMPLAINTS

FAILURE TO RESPOND TO NOTIFICATION RELATING TO ALLEGATIONS OF UNPROFESSIONAL CONDUCT

In terms of Regulation 4(1) of Regulations relating to conduct of inquiries into alleged unprofessional conduct under the Health Professions Act of 1974, the practitioner must provide response to the allegations of unprofessional conduct within 40 working days. Council has observed that most practitioners are failing to respond to Council regarding allegations of unprofessional conduct within the stipulated period. This contributes to delays in management of complaints by Council.

Practitioners are advised that failure to respond will constitute contempt of Council and may result in a penalty being imposed.

FAILURE TO UPDATE CONTACT DETAILS

In terms of Section 18(3) of the Health Professions Act, 56 of 1974, every registered person who changes his or her contact details, shall in writing notify the registrar within 30 days.

Council has also observed that one of the reasons provided by practitioners for not responding to Council within 40 working days is that their contact details have changed; however, the same was not communicated to Council. Practitioners are advised that failure to comply with the updating of the contact details constitutes an offence to the provisions of the Act.

Practitioners are therefore urged to respond to correspondence from Council within the stipulated period and update their contact details in line with the Act.

ANTIMICROBIAL STEWARDSHIP IN THE OPTOMETRY INDUSTRY

A De la Rey and N Moloto

INTRODUCTION

According to the World Health Organization (WHO), antibiotic resistance is rising to dangerously high levels worldwide as new resistance mechanisms are emerging and spreading globally (WCO, 2020). Antimicrobial resistance (AMR), especially antibiotic/ antibacterial resistance is a growing public health threat that threatens effective prevention and treatment of bacterial infections (World Bank Group, 2020). The WHO and other international as well as national and professional organisations have advocated the development of antimicrobial stewardship programmes (ASPs) to improve antibiotics use (Dellit et al., 2007). With antibiotics becoming less effective, it has grown increasingly difficult, and in some cases impossible, to treat patients for even common infectious diseases like pneumonia.

Antimicrobial stewardship, the judicious and responsible use of antibiotics, is a critical global initiative to combat the rise of antibiotic resistance. While the importance of antibiotic stewardship is well-established in the field of medicine, its relevance in the optometry industry is often overlooked. Optometrists frequently encounter patients with ocular infections, and inappropriate or excessive antibiotic use can contribute to the growing problem of antibiotic resistance (McDonald et al., 2010). This article aims to shed light on the significance of antibiotic stewardship in the optometry industry and provide insights into the best practices for optometrists to promote prudent antibiotic use.

ANTIBIOTIC RESISTANCE: *A GLOBAL CONCERN*

The misuse and overuse of antibiotics have led to the emergence of antibiotic-resistant bacteria, posing a significant threat to public health worldwide. Antibiotic resistance increases treatment complexities, prolongs illness duration, and escalates healthcare costs. It is estimated that by 2050, drug-resistant infections could cause over 10 million deaths per year, surpassing cancer as a leading cause of mortality (O'Neill, 2016). Given the alarming projections, antibiotic stewardship has become a crucial priority across healthcare disciplines.

OPTOMETRY AND OCULAR INFECTIONS

Optometrists play a crucial role in diagnosing and managing ocular infections, which include conjunctivitis, keratitis, and blepharitis. These infections are often caused by bacteria, viruses, or fungi and may require antimicrobial treatment. However, the inappropriate and excessive use of antibiotics in the healthcare industry can contribute to the development of resistant strains, undermining the effectiveness of treatment options.

ANTIBIOTIC STEWARDSHIP IN OPTOMETRY

Accurate Diagnosis:

Optometrists should employ a systematic and evidence-based approach to diagnose ocular infections accurately. Differentiating between viral, bacterial, and fungal aetiologies is crucial to determine the appropriate treatment strategy. Techniques such as bacterial culture, polymerase chain reaction (PCR), and immunological tests can aid in accurate diagnosis (Fintelmann & Hoskins, 2017).

Prescribing Guidelines:

Optometrists should adhere to established prescribing guidelines to ensure appropriate antibiotic use. The choice of antibiotic should be based on local resistance patterns, efficacy, safety, and cost-effectiveness. Narrow-spectrum antibiotics should be preferred over broad-spectrum agents whenever feasible (Melander et al., 2018).

Patient Education:

Optometrists should educate patients about the appropriate use of antibiotics, emphasising the importance of completing the full course of treatment, adherence to the prescribed dosage, and avoiding sharing medications. Patient awareness can reduce unnecessary antibiotic use and minimise the risk of developing resistance (Millar, 2020).

Non-Antibiotic Alternatives:

Optometrists should explore non-antibiotic treatment options for ocular infections whenever appropriate. For instance, viral conjunctivitis often resolves spontaneously without antibiotic intervention. Lubricants, antiviral agents, and supportive care can be considered adjunctive measures (Wilhelmus et al., 2018).

Collaboration with Primary Care Providers:

Optometrists should maintain effective communication and collaboration with primary care providers to ensure continuity of care. Sharing relevant patient information, including previous antibiotic use, can aid in appropriate treatment decisions and prevent unnecessary prescriptions (Dart et al., 2015).

CONCLUSION

Antibiotic stewardship is a vital concept that advocates for the prudent use of antibiotics. It extends beyond the realm of medicine and applies to the optometry industry as well. Optometrists have a responsibility to preserve the efficacy of antibiotics by promoting judicious use and fostering patient education. By implementing accurate diagnosis techniques, adhering to prescribing guidelines, exploring non-antibiotic alternatives, and collaborating with primary care providers, optometrists.

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2023 PRACTITIONER ROADSHOWS

At the beginning of its term, the Board resolved that in order to improve relationships, encourage interaction and open lines of communication with its relevant stakeholders, it would hold online and physical roadshows. These roadshows would also seek to educate and inform practitioners on HPCSA and Board matters.

On 11 July 2023, the current Board held its second online practitioner roadshow on the Zoom platform, with the first one held on 23 November 2022. Both these online roadshows had good attendance by practitioners, who were rewarded with both ethics and general continuing educational units CEUs. Based on the successes of the two (2) online roadshows, the Board resolved to conduct a hybrid roadshow on 13 November 2023, which was physically held at Radisson Blu hotel in Sandton and also on the Zoom platform.

The Board expresses gratitude to all practitioners who managed to attend the roadshows and encourages those who were unable to attend to be on the lookout for similar events in 2024, with the first one being held on 06 March 2024 at Radisson Blu Umhlanga, Durban. The purpose of these roadshows is to inform practitioners of the latest developments from both the Board and HPCSA as a whole.

COMMITTEE OF PRELIMINARY INQUIRY:
TRENDS IN COMPLAINTS AGAINST PRACTITIONERS

1. INTRODUCTION

The Committee of Preliminary Inquiry (Prelim Committee) is established in terms of the Health Professions Act, 56 of 1974, as amended – Section 15(5)(f) – and the regulations relating to the functions and functioning of Professional Boards.

The Committee's Terms of Reference mandate it to:

1. Deal with and finalise all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2);
2. Determine accounts in terms of Section 53 and fines in terms of Section 42(8) of Act, 56 of 1974;
3. Formulate recommendations with regard to the amendment of the ethical rules and guidelines relating to the ethical conduct of practitioners; and
4. Advise the Professional Board on trends relating to the conduct of practitioners and the nature of offences.

2. PRELIM COMMITTEE:
TRENDS IN COMPLAINTS

The Prelim Committee of the Board has identified the following trends in the complaints made against practitioners:

2.1 Fraud

2.1.1 Medical Aid Fraud

In some instance practitioners claim from medical aids for services that are not rendered. In other cases, patients pay for spectacles or contact lenses that the practitioner fails to supply.

2.2 Medical records

This refers to practitioners' failure to keep proper, adequate clinical records and information about patients. This can result in poor service to patients in instances where one needs to monitor the progression of an eye condition and the refractive status of the eyes.

This also refers to practitioners who disregard the regulation's requirement to keep clinical records for a minimum of six years.

2.3 Mobile Practices

Practitioners operate mobile practices without being licensed by the Board. Mobile practice guidelines stipulate the process to be followed in order to operate a mobile practice.

2.4 Scope infringements

Practitioners are enabling unregistered persons or persons registered under a different Board to perform acts that fall within the scopes of professions registered with the Board. In some cases, the persons are qualified, but no longer registered, and in other cases lay persons are performing these acts. Practitioners are employing unregistered persons to render professional services such as refraction and issuing of driver's licence certificates. In some instances, frontline staff are allowed to perform professional acts such as eye examinations, vision screenings, tonometry etc. Complaints have also been received of some practitioners leaving blank, signed driver's licence certificates to be later completed by frontline staff.

2.5 Contravention of Ethical Rule 8(3)

Optical dispensers continue to employ optometrists in contravention of Annexure 8, 3(b) of the Ethical Rules of conduct.

2.6 Unethical advertising

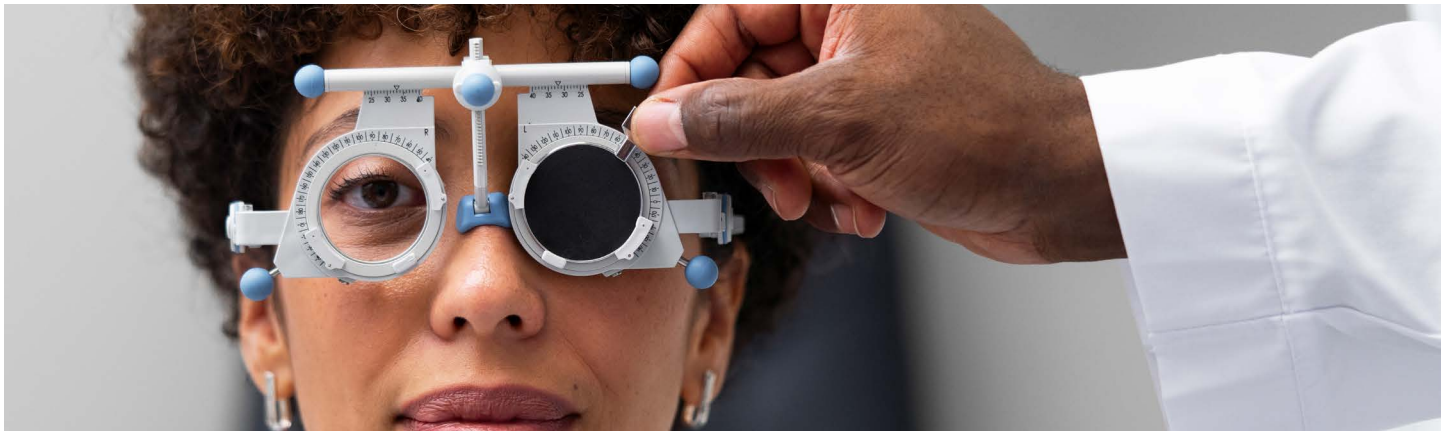
Practitioners continue to engage in unethical advertising that is deceptive, untruthful and misleading to the public.

2.7 Patient abandonment

Some practitioners fail to inform their patients when they move premises. To ensure seamless continuation of proper care practitioners need to inform their patients when they move premises.

3. CONCLUSION

The HPCSA's mandate is to protect the public and guide the professions. Practitioners are reminded to keep abreast of the regulations on practising their professions. It is the responsibility of every practitioner to visit the HPCSA website, read newsletters and seek clarity and/or advice from the HPCSA when needed.



MYOPIA CONTROL SPECTACLE LENSES FOR THE TREATMENT OF MYOPIA PROGRESSION

AJ Munsamy and KP Mashige

ABSTRACT

One of the fundamental aspects of optometric training involves the management of patients with refractive errors. The increase in myopia prevalence and its potential risk factors necessitates greater emphasis on prescribing myopia control by optometrists. Providing myopia control to patients is now considered a standard of care in optometric practice. The different methods to control myopia include myopia control spectacle lenses (e.g., Essilor Stellest), contact lenses (e.g., Orthokeratology) and/or pharmaceutical agents (e.g., atropine). Low-dose pharmaceutical eye drops (atropine) have been reported to have the highest effectiveness in controlling myopia progression, followed by contact lenses (Orthokeratology). However, the use of atropine among optometrists in South Africa is restricted to those with diagnostic privileges. In addition, anecdotal evidence suggests that many local South African practitioners are still apprehensive about the safety of Orthokeratology. This article therefore provides some insights into myopia control spectacle lenses for the treatment of myopia progression. This method of treatment is non-invasive and may have a wider appeal among all optometrists with basic training in optometry who want to control myopia progression. This is by no means a substitute for best-practice myopia control strategies but may serve as a bespoke point of management within the context of resource-limited settings and practitioners who want to start myopia control interventions.

INTRODUCTION

Myopia control spectacle lenses include the traditional single vision (SV) spectacles, executive bifocal (BF), progressive addition lenses (PAL) and newer technology lenses such as peripheral defocus spectacles. Age is an important consideration for the efficacy of myopia control spectacle lenses for reducing progression. For example, peripheral defocus single vision (PDSV) and executive bifocal spectacles have shown efficacy in slowing the progression of myopia in children between the ages of eight and 13 years [1]. Therefore, it is important for the optometrist to understand the choice of spectacle lenses for myopia control by considering the efficacy and age group of the target patient.

Table 1 shows a summary of the efficacy of current spectacle myopia control strategies. Multi-segment spectacle lenses and executive bifocal were reported to have efficacies of 57% and 50% respectively in controlling myopia progression [2,3].

Table 1: Efficacy of Spectacle Lenses Myopia Control Strategies

Study, year	Myopia Control Strategy	Efficacy (%)
Pepose et al., 2009 [4]	Progressive addition lenses	11-33
Cho et al., 2019 [3]	Executive bifocal	50
Wildsoet et al., 2019 [5]	Peripheral defocus spectacles	10
McCrann et al., 2020 [6]	Single vision spectacles	very low control

Although in low to middle-income countries, SV spectacles are preferred because of their convenience, availability and affordability [7], they have also not demonstrated any effects on slowing the progression of myopia.

Under-correction of myopia with SV spectacles is known to reduce the accommodation lag associated with myopia development [8]. The author reported that the use of under-correction in myopia reduces myopia progression. However, recent evidence suggests that the use of full or under-corrected SV spectacles does not control myopia progression [9,10]. The authors reported that this was due to the fact that under-correction did not provide the optimal distance for visual acuity and may have also led to behavioural changes such as a reduction in outdoor activities which promoted myopia progression.

MODERN SPECTACLE LENSES TREATMENTS FOR MYOPIA PROGRESSION

Technological advances in lens designs have seen the development of myopia control spectacle lenses. The optical solutions are technology lenses which comprise diffusion optics that aid in elevating retinal contrast signals that are perceived to reduce myopia progression in children [11]. A 12-month randomised study on the control of myopia using diffusion optics spectacle lenses (CYPRESS) among children aged 6-10 years found that the lenses reduced myopia progression by 74% [12]. Hoya's MyoSMART lenses have a central optical zone (9mm in diameter) for correcting distance refractive error and annular multiple focal zones (33mm in diameter) with a relative power of 3.50 Ds [13]. A two-year double-blind randomised trial on children aged 8 to 13 years showed that MyoSMART spectacles slowed myopia by 52% in children and axial length elongation by 62%. A recent three-year study by Lam et al showed that the lens continued to slow myopia progression [14].

Essilor's Stellest spectacle lenses have aspherical lenslets and the power of lenslets on each ring has been determined to hold a myopic defocus which reduces myopia progression. In a two-year clinical trial, it indicated that the amount of myopia progression and axial length reduced by 67% in the group that was wearing this type of lens when compared with those who were using SV spectacles lenses [15]. Optometrists in the African continent may be more familiar with Essilor's Myopilux lenses which have been reported to slow myopia progression by reducing the strain for near vision [16]. In a 3-year study amongst 469 children aged 6 and 11 years, Myopilux spectacle lenses were found to slow the progression of myopia by up to 14 % [17]. However, literature has reported that Essilor's Stellest spectacle lenses have high effectiveness in the control of myopia with easy adaptability of only one week as compared to Myopilux spectacle lenses [18]. ZEISS Myovision spectacle lenses use the principle of peripheral defocus management by inducing a peripheral myopic defocus. However, its effectiveness in reducing the rate of myopia progression has not yet been shown [19]

Table 2: Efficacy of Spectacle Lens Treatment Options for Myopia Progression

Available Spectacle Lenses	Efficacy (%)	
	Refractive error	Axial Length
Diffusion optic spectacle lenses (CYRESS) [12]	74	59
MyoSMART [20]	52	62
Essilor Stellest [15]	67	64
Myopilux lenses [17]	4	Not reported
Zeiss Myovision spectacles [19]	Not reported	Not reported

MULTIFOCAL SPECTACLES

The use of multifocal spectacles, both progressive and bifocal spectacles reduce myopia progression by reducing near accommodative demand, this is because it increases the depth of field and accommodative amplitude that reduces lag of accommodation [21]. A recent study by Chen et al [22] (2022) found the use of multifocal spectacle lenses in school-aged children after three years of follow-up on myopia control very beneficial. This was due to the plus power in the periphery of the lens causing peripheral blur that served as a cue for the retina to stop myopia from progressing.

CONCLUSION

The significant visual and economic burden associated with the increase in the prevalence of myopia makes combating myopia a major public health priority. The market today is on a steep upraise in myopia control solutions and practitioners have choices. Orthokeratology and pharmaceutical eye drops such as atropine remain the best methods to control myopia progression. Although traditional SV spectacles have no significance on myopia control, choosing other myopia control spectacle lens options discussed above may serve as a starting point for practitioners who are less keen or unskilled to use strategies such as atropine and orthokeratology. In addition, many parents and practitioners may choose myopia control spectacle lenses over other methods because of their reduced cost and low risk of infection due to their non-invasive nature. The worst choice would be to continue prescribing single vision distance spectacles, especially to vulnerable populations such as children with myopia. It is recommended to start myopia control early in children to reduce their risks of developing eye diseases.

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TRUE AND FALSE:
ETHICAL RULE 8(1) AND (3)

1. A practitioner shall practise only in partnership or association with or employ a practitioner who is registered under the Act
   a. True
   b. False

2. A practitioner shall practise in a partnership, association or as a juristic person only within the scope of the profession in respect of which he or she is registered under the Act
   a. True
   b. False

3. An optometrist can provide a supportive healthcare service to supplement a dispensing optician.
   a. True
   b. False

4. The employment of dispensing opticians by optometrists is prohibited.
   a. True
   b. False

5. Partnerships between optometrists and dispensing opticians is prohibited.
   a. True
   b. False

6. A dispensing optician can employ an optometrist.
   a. True
   b. False

INFRINGEMENT OF SCOPE IN OPTOMETRY AND DISPENSING OPTICIANRY PRACTICES

A scope of practice defines the parameters of practice and identifies the boundaries for practice, for which a professional has the knowledge, skills, and expertise to practise safely and effectively, in keeping with the rules and regulations of the HPCSA and without posing any danger to the public or to the practitioner.[1]

1. Which of the following tasks may an optometrist train frontline staff to do?
   a. Filing
   b. Take a patient PD
   c. General office admin
   d. Auto refraction

2. Is it recognised as a legal act for a registered professional to train an unqualified and/or unregistered person to perform clinical acts falling within the scope of an optometrist or dispensing optician?
   a. Yes
   b. No

3. Is auto refraction a clinical act?
   a. Yes
   b. No

4. Is the analysis of an auto refraction a clinical act?
   a. Yes
   b. No

5. Would taking visual acuities be classified as a clinical act?
   a. Yes
   b. No

6. Who should be doing contact lens instructions in an optometric practice?
   a. The optometrist
   b. The dispensing optician
   c. Any suitably trained staff member

7. Would it be potentially detrimental to the public if an unqualified person discusses the readings of an OCT scan with a patient?
   a. Yes
   b. No

8. Would it be correct to say that well trained practice staff can measure seg heights, take binocular and monocular PD readings and adequately dispense optical appliances to patients?
   a. Yes
   b. No

9. Should a dispensing optician who is not registered with the HPCSA, still practise in this capacity?
   a. Yes
   b. No

10. What should a practitioner do if he or she has employed an unregistered dispensing optician or optometrist?
    a. Fire them
    b. Assist them with registration
    c. Assist them with registration/restoration and limit their duties until they are registered

11. What are the consequences for employing unregistered personnel who perform clinical acts?
    a. A fine
    b. Imprisonment
    c. Both

12. Should frontline or administration staff fit and dispense spectacles to patients?
    a. Yes
    b. No

13. Should qualified but unregistered persons engage in training of students?
    a. Yes
    b. No

14. Should professionals check the qualifications and registration status of their professional employees?
    a. Yes
    b. No

ANSWERS:

ETHICAL RULE 8(1)

“A practitioner shall practise only in partnership or association with or employ a practitioner who is registered under the Act and who is not prohibited under any of the annexures to these rules or any ethical rulings from entering into such partnership or association or being so employed: Provided that, in the case of employment, the practitioner so employed either provides a supportive healthcare service to complete or supplement the employing practitioner’s healthcare or treatment intervention or is in the same professional category as the employing practitioner”.

AMENDMENT TO ANNEXURE 8 OF ETHICAL RULES OF CONDUCT

Rule 8 (3) of the Ethical Rules of Conduct states the “A practitioner shall practise in a partnership, association or as a juristic person only within the scope of the profession in respect of which he or she is registered under the Act.”

TRUE AND FALSE: ETHICAL RULE 8(1) AND (3)

1. True
2. True
3. False
4. False
5. True
6. False

INFRINGEMENT OF SCOPE IN OPTOMETRY AND DISPENSING OPTICIANRY PRACTICES

1. A B D
2. B
3. B
4. A
5. A
6. A
7. A
8. B
9. B
10. C
11. C
12. B
13. B
14. A

REFERENCES

https://www.hpcsa.co.za/Content/upload/professional_practice/ethics/ETHICAL_RULES_OF_CONDUCT_FOR_REGISTERED_HEALTH_PRACTITIONERS.pdf

SAOA CENTENNIAL CELEBRATIONS

The PBODO wishes to congratulate the South African Optometric Association (SAOA) on its centennial year. As one of the Board's important stakeholders, we look forward to continuing our healthy and productive relationship with the SAOA for the next 100 years. The Board will be represented by its Chairperson, Ms Yurisa Naidoo, who will also be one of the speakers at the celebrations to be held at Emperors Palace on 18-20 July 2024.

Health Professions Council of South Africa

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