

1 Appendix M: Expert witness testimonial

M.1.2 Heading of question

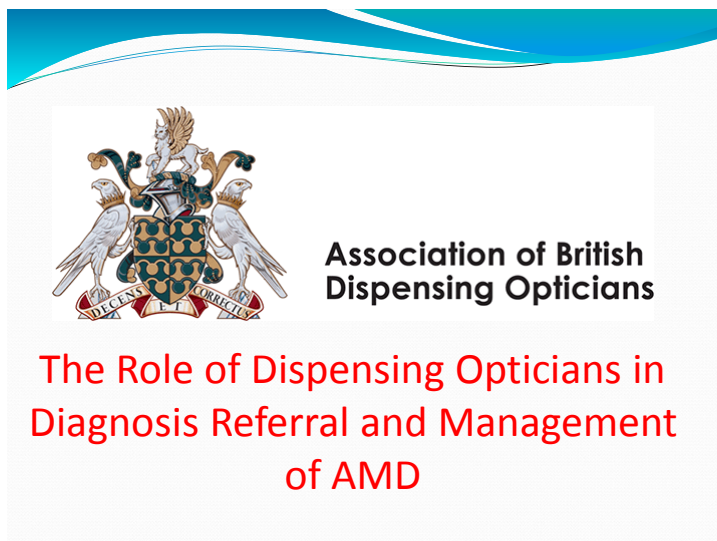
3 Review question

4 RQ5: How do different organisational models and referral pathways for triage, diagnosis,
5 ongoing treatment and follow up influence outcomes for people with suspected AMD (for
6 example correct diagnosis, errors in diagnosis, delays in diagnosis, process outcomes)?

7 RQ16: How do different organisational models for ongoing treatment and follow up influence
8 outcomes for people with diagnosed neovascular AMD (for example disease progression,
9 time to treatment, non-attendance)?

10 RQ24: How soon should people with neovascular AMD be diagnosed and treated after
11 becoming symptomatic?

**M.1.12 Expert advice provided by; Barry Duncan (Expert Witness), Head of Policy and
13 Development, Association of British Dispensing Opticians, and Scott Mackie,
14 Member Association of British Dispensing Opticians**



About ABDO

- Regulated since 1926 and formed in 1986
- 6000 GOC DO Registrants, 1000 Student DOs
- Objectives include to protect and advance the status of DOs for the benefit of the public
- Aims include better education, suitable standards and stakeholder engagement for DOs
- Governed by a Board of directors and headed by general Secretary Sir Tony Garrett with 13 regional areas in the UK.
- Offices in London, Colchester (CET) and Godmersham, Kent
- FT and Distance Learning Courses in UK and Non-EEA



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What's the difference between a Dispensing Optician and an Optometrist?

- An Optometrist can perform an eye test under the Opticians Act
- An Optometrist can perform dilated funduscopy
- An Optometrist can train to be an Independent Prescriber and can perform anti vegF injections with additional training
- An Optometrist does not need additional qualifications to fit CLs or LVAs.
- An Optometrist gets paid via GOS
- An Optometrist gets a DOH CET allowance



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What's the same between a Dispensing Optician and an Optometrist?

- Both can perform additional tests eg VA, Fundus Photography, OCT, Amsler, D-Test, MPS, Contrast Sensitivity, Dark Adaptation, Autofluorescence, IOP
- Both have similar GOC core competencies for AMD
- Both can give lifestyle advice eg smoking, lighting, CBS, Nutrition, UV Protection for spectacles
- Both can give evidence based advice on supplements
- Both can signpost or refer patients
- Both can provide LVAs with training



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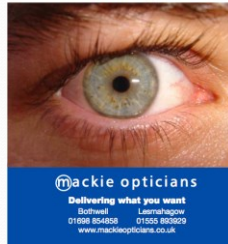
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Cross Functional Working

- NICE SIGN NES WOPEC
- Dispensing Optician
- Optometrist
- Ophthalmologist
- General Practitioner
- Pharmacist
- Social Worker
- Charities
- Voluntary Sector
- DVLA

Macular Disease Screening



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GOC DO Core Competencies

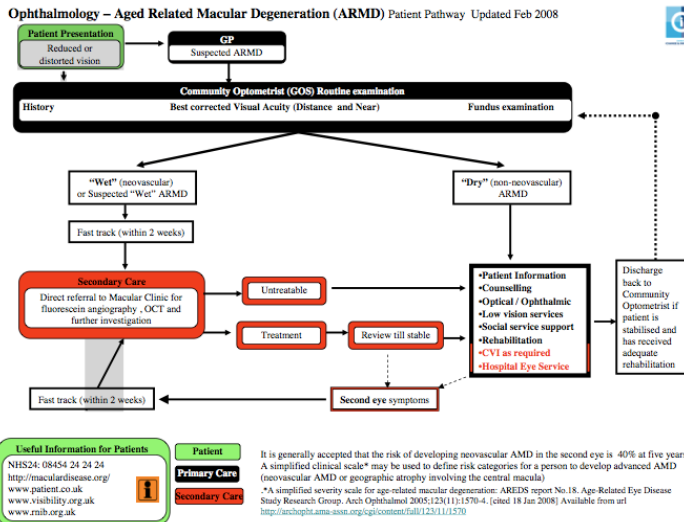
- 1 Communication
- 2 Professional Conduct
- 3 Methods of Ocular Examination
- 6 Low Vision (Optometrist Optical Appliances)
- 8. Ocular Abnormalities (Optometrist Ocular Disease)
- 8.1.2 Understands Symptoms associated with internal eye disease
- 8.1.3 Understands the clinical treatment of a range of significant ocular diseases/disorders and conditions
- 8.1.5 Understands the implications of the manifestations of eye disease
- 8.1.6 Recognises and deals with ocular emergencies



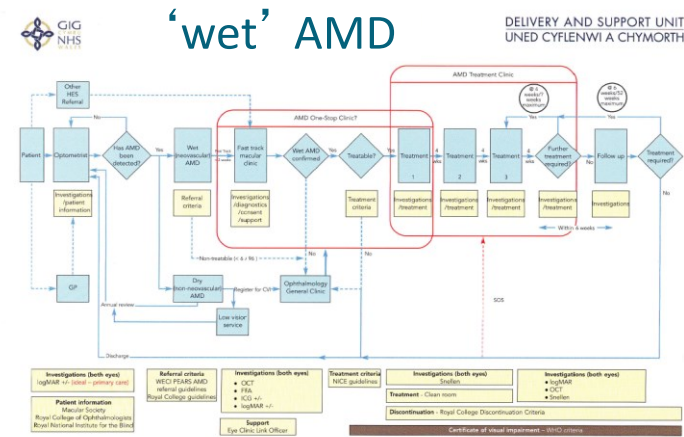
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Macular Degeneration

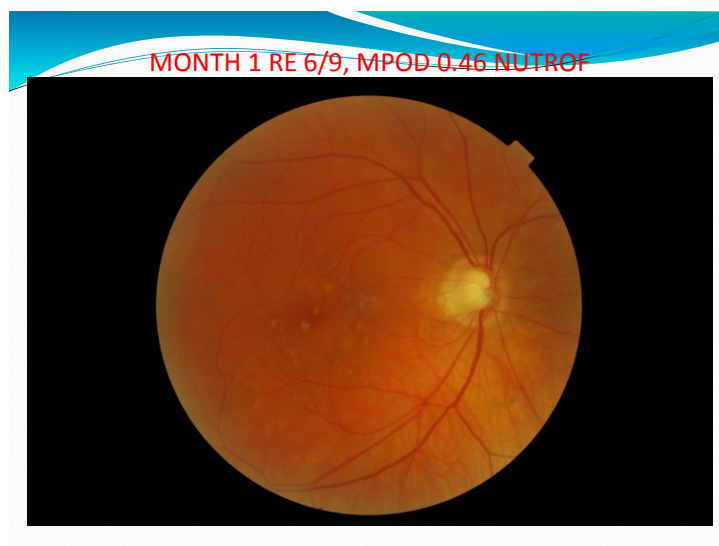
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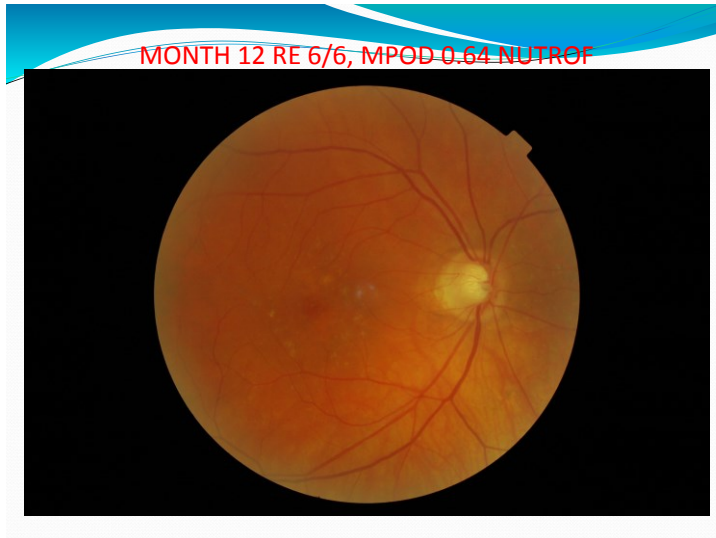


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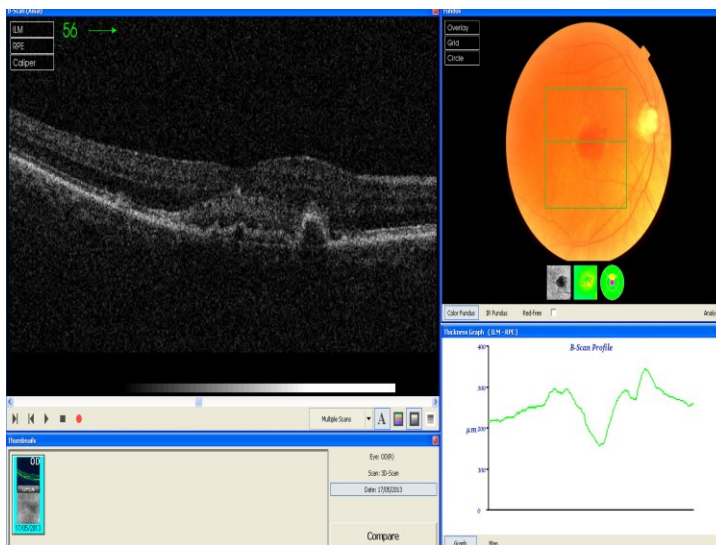


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Macular Degeneration
Appendix M: Expert witness testimonial



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NICE questions please?



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