General Optical Council

Consultation on (i) proposed updated testing of sight statement and (ii) proposed revisions to supervision and delegation standards in our Standards of Practice for Optometrists and Dispensing Opticians and Standards for Optical Students

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Contents page

Overview **3**
Section 1: Updated 2013 statement on testing of sight **5**
Section 2: Updates to standards on supervision and delegation **18**
Section 3: Impact assessment and Welsh language **24**
Section 4: How to respond to the consultation **27**
Annex 1: Draft updated statement on testing of sight **28**
Annex 2: Draft revisions to supervision/delegation standards **35**

Overview

What we're doing

1. The General Optical Council (GOC) regulates eye care services in the UK. We currently register around 35,000 optometrists, dispensing opticians, student optometrists, student dispensing opticians and optical businesses. The groups on our register are called registrants. For more information, please visit our website: https://www.optical.org/

2. We have four core functions:

   - setting standards for optical education and training, performance, and conduct;
   - approving qualifications leading to registration;
   - maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians; and
   - investigating and acting where registrants' fitness to practise, train or carry on business may be impaired.

3. In our April 2023 response to our call for evidence on the Opticians Act 1989 and consultation on associated GOC policies, we said that we would consider updating our 2013 statement on testing of sight to clarify the position in relation to pre-screening tests related to the sight test (referred to as 'eye examination' in Scotland) that may be carried out by persons other than the optometrist or registered medical practitioner. We also said that we were aware of businesses that separated elements of the sight test by time, person and/or place, and that we would consider these developments in more detail.

4. Our approach to this issue is grounded in our overarching statutory objective to protect the public. We aim to support responsible innovation while protecting the public and maintaining public confidence in the professions and businesses we regulate, as outlined in our Corporate Strategy 2025-30. We consider that an updated statement will allow us to put appropriate safeguards in place to protect the public as well as make our expectations for registrants clear.

5. We have produced a proposed updated statement on testing of sight which we would like stakeholders' views on. While producing the proposed updated statement, we considered whether any changes were needed to our Standards of Practice for Optometrists and Dispensing Opticians and Standards for Optical Students on supervision and delegation, particularly in relation sight tests where an optometrist is not in the same room as the patient (a 'remote'

type of care known as teleoptometry). We have drafted options for changes to the standards which we would also like stakeholders' views on.

6. This consultation will be open from 15 July to 21 October. You can respond either using our online consultation platform or by emailing consultations@optical.org.

What will happen next?

7. The public consultation will be open for 14 weeks.

8. Once the consultation has closed, we will analyse all the comments we have received and identify how to progress our proposals for updating the statement on testing of sight. We will produce a document summarising the responses we receive to the consultation and, if appropriate, an updated statement and standards. We will ask our Council to approve these prior to publication.

Section 1: Updated 2013 statement on testing of sight

9. In 2013 we published a statement on testing of sight in response to concerns from the sector about who could conduct the sight test and whether refraction for the purpose of issuing a prescription could be conducted outside the sight test.

10. In 2022 we carried out a call for evidence on the Opticians Act and consultation on associated GOC policies. In our March 2023 response document, we made a number of commitments, including:

    - pre- and post-screening checks (paragraph 115): *"We will consider updating our 2013 statement on testing of sight to clarify the position in relation to pre-screening tests and triage checks related to the sight test that may be carried out by persons other than the optometrist or registered medical practitioner. Over time, advances in technology have meant various steps in the patient journey have become automated and safely delegated as part of pre-screening and triage. Use of autorefractors is one example of this and we understand further developments, including in relation to refraction, are on the horizon. If we decide to update our 2013 statement, we will carry out further consultation on this aspect of the testing of sight."*; and

    - separation of sight test components (paragraph 116): *"Our interpretation is that the Act does not specifically prohibit separation of the elements of the sight test by time, place or person. Business models are evolving alongside developments in technology. While relevant to refraction, this issue relates more generally to how the sight test is conducted, rather than which type of optical professional should perform different elements of the sight test. The call for evidence identified a range of views about this and we plan to consider developments in more detail. Depending on the outcome of this work, we may clarify our position in a statement or seek a change in the law."*

Pre- and post-screening checks

11. The Opticians Act 1989 and the Testing of Sight by Persons Training as Optometrists Rules 1993 provide that testing of sight can only be conducted by an optometrist, registered medical practitioner or a student optometrist under supervision. Our 2013 statement includes the wording, *"No part of the sight test can be delegated to a dispensing optician or contact lens optician, even under supervision."* The statement is silent on delegation to other staff such as optical assistants.

12. Research we commissioned in 2023[1] found that 11 of the 15 participants representing a variety of optical settings (including large corporate bodies, domiciliary, and independent sectors) used support staff (typically optical assistants) for pre- and post-screening tests (described as intraocular pressures, visual fields, retinal photos/scans). We understand this practice has been happening for many years reflecting developments in technology.

13. We know that some stakeholders interpret our 2013 statement on the testing of sight to mean that pre- and post-screening checks cannot be delegated because they consider these to be part of the sight test, whereas others consider that these can be delegated as they are prior to / after the sight test. GOC position statements can help support registrants by setting out how legislation may apply in the current legal, social and technological context.

14. Given developments in technology and service delivery since 2013, we propose to update the statement to reflect the changed environment and provide greater clarity for registrants about our expectations. Specifically, the proposed updated statement says that an optometrist[2] may delegate some parts of the sight test to a suitably trained person (such as a dispensing optician or a non-registrant), provided the optometrist remains in overall control of the process and oversees the task(s) being carried out.

15. A Delphi study as part of research we commissioned in June 2024[3] found consensus that certain sight test components could be safely delegated: *"The delegation of eye test components to appropriately qualified individuals was also considered… Components that were deemed suitable for delegation were presenting vision (low risk only), objective fundus assessment, OCT [optical coherence tomography scan], IOP [intraocular pressures], and visual fields. This is, in part, reflecting current protocols in optometric practice, where appropriately trained individuals, e.g. support staff such as optical assistant, carry out a range of objective and non-invasive tests."*

16. Since this practice has been commonplace for some time and the Delphi study produced consensus that such procedures can be safely delegated, we have prepared a proposed updated statement (see annex 1). This will support optometrists to discharge their responsibilities by delegating these activities to others (pointing to relevant parts of our Standards of Practice for Optometrists and Dispensing Opticians, such as standard 9 regarding "unregistered colleagues undertaking delegated activities"). The proposed updated statement

[1] Evans, B., Shah, R., Conway, M. and Chapman, L. (2023), *Clinical research on refraction in the sight test*
[2] Or registered medical practitioner
[3] Jonuscheit, S. et al. (2025), 'Testing of sight - a risk-based framework: Project report'

also clarifies the responsibilities of business registrants with reference to our Standards for Optical Businesses.

17. This consultation will support us in identifying and determining the likelihood of any risks in relation to the publication of our proposed updated statement materialising, and how to mitigate these risks and/or unintended consequences.

18. We will discuss with the Department of Health and Social Care whether it may be appropriate to update the legislation to provide additional clarity on the delegation of pre- and post-screening checks as part of their programme to reform healthcare regulators' legislation. However, the timetable for legislative change is outside of our control and our understanding is that change to the Opticians Act or associated legislation will not be prioritised within the current parliament.

Separation of components of the sight test by time, person and/or place

19. By separation of the sight test by time, person and/or place, we mean:

- time: when different components of the sight test are performed across separate appointments (sometimes referred to as asynchronous). For example, pre-test data collection one day, and clinical interpretation or decision-making on another. Future formats of asynchronous care it is possible to foresee could, for example, involve pre-screening assessments in one appointment followed by in-person refraction and eye health checks at a second appointment;

- person: when multiple individuals (sometimes with different levels of registration or qualification) contribute to different parts of the sight test. In future, sight testing might involve technicians, artificial intelligence-assisted assessments, or clinicians working across distributed systems; and

- place: when there is physical separation of sight test components by location. For example, data may be collected in a community practice or pre-screening mobile hub, while analysis and decision-making takes place remotely, perhaps in a hospital or diagnostic centre. Some optical businesses are trialling teleoptometry where the patient attends a practice with a technician operating the machinery and the optometrist conducting the examination is in a different location, talking to the technician and patient through a screen, with access to all the results available in real time.

20. As is evident from the examples above, sight tests might evolve in ways that separate one or more elements of time, person or place.

21. While the focus of sector discussions has been on sight testing using teleoptometry, our proposed updated statement would apply to all sight tests that are separated by time, person and/or place. We also need to consider how

sight tests might evolve in future given advances in technology (including the impact of artificial intelligence) and other drivers. This consultation seeks insights on potential future developments in sight testing so that we can consider the regulatory implications of change.

Q1. How might sight testing continue to evolve in the future?

Understanding the GOC's role and approach

22. The GOC has a duty to provide guidance on fitness to practise by section 13A of the Act. The 2013 statement constitutes such guidance. Section 13A(4) requires such guidance to be kept under review and revised as appropriate. Given changes in technology and service delivery since 2013, it is appropriate and necessary to review and revise the statement to reflect modern clinical practice.

23. The issues considered in this consultation involve the intersection of law, regulation and NHS contracting arrangements for optical services in the four nations. Overall, the objectives of our review of the 2013 statement and standard 9 are to: provide clarity for registrants by setting out the relevant legislation; support responsible innovation in sight testing formats; and increase public protection by putting appropriate safeguards in place.

24. We do not have any statutory role to pre-approve different formats of sight tests or options for service delivery (although we keep ourselves informed of relevant developments), nor would it be appropriate for us to state a preference for a particular sight testing format or method of service delivery. Optical businesses are free to operate a range of sight testing formats that are consistent with both the relevant legislation and our regulatory arrangements.

25. The design of our legislation is that in exercising our regulatory functions (education and training, registration, standards and fitness to practise) we must pursue our statutory objectives. Our overarching objective is public protection, which in turn involves the pursuit of the following objectives:

    - to protect, promote and maintain the health, safety and wellbeing of the public;
    - to promote and maintain public confidence in the professions we regulate;
    - to promote and maintain proper professional standards and conduct for members of those professions; and
    - to promote and maintain proper standards and conduct for business registrants.

26. In the context of this consultation, we are using our function of maintaining proper standards of professional and business conduct to help us pursue these objectives. While only the courts can decide how the law applies in each situation, we can support registrants through position statements. We also consider an updated statement will allow us to put appropriate safeguards in place as sight testing continues to evolve.

27. In considering these issues we have applied a 'right-touch' approach to regulation in line with guidance from the Professional Standards Authority for Health and Social Care (PSA)[4], which oversees the UK healthcare regulators. This looks at the level of risk of harm and chooses the most effective and proportionate response, 'doing enough to mitigate the risk to an acceptable level and no more'. The PSA's guidance takes a broad definition of harm to mean 'physical or psychological injury, or other loss or detriment'. Further, we recognise the need for tolerating an appropriate level of risk and that balancing the benefits and risks of change can involve trade-offs.

28. Our proposed updated statement cannot foresee every possible combination of time, person and/or place, or the circumstances in which they might apply, which will change over time. As such, we have deliberately taken an outcomes-focused approach based on key principles. This should help to future-proof the statement although we will review the statement no later than five years after it is approved, or sooner if circumstances require.

29. Approaches to sight testing may be restricted through General Ophthalmic Services (GOS) contracts, but we have no role in such arrangements. NHS commissioners may wish to apply additional restrictions when purchasing optical services from private sector contractors and in doing so they will need to consider a range of non-regulatory factors.

Building the evidence base

30. As service delivery of sight testing evolves, understanding the benefits and risks of separating components of a sight test by time, person and/or place becomes increasingly important.

31. To build our evidence base, we commissioned research with experts and patients, described in paragraphs 32 to 36 below. In addition, we have sought to understand more about changing formats of sight tests in the UK and overseas. This included desk research, observing formats using teleoptometry in practice, and meetings with the Optical Suppliers Association (OSA) and other companies who had developed products/software potentially for use in teleoptometry. In October 2025, we convened a stakeholder roundtable to

[4] Right-touch regulation | PSA

discuss the issues. The GOC's statutory advisory committees provided advice to Council at their meetings in November 2025 and May 2026.

32. In 2025, we published independent research on 'Testing of sight: a risk-based framework'[5] which sought to understand the benefits and risks of separating the different components of a sight test by time, person and/or place. It had two main components – a scoping review and a Delphi study (a research method which seeks to build consensus), with differing conclusions from the two parts:

    - the scoping review showed a potential for different formats of eye care that involve separation by time, person and/or place to improve eye care delivery through innovation. Benefits included reduction in referrals, reduction in unnecessary hospital eye service (HES) visits, improvements in referral quality and high levels of patient satisfaction. However, it was noted that there were a lack of randomised controlled trials available in the scoping review (seen as the highest-quality study methods) and that careful consideration of economic viability, infrastructure readiness and patient acceptance would be required prior to implementation; and

    - the Delphi panel could not agree on whether there were risks of separating sight test components for patients considered as low risk (a young adult who presents with no complaints, no known risk factors for ocular disease and no previous ocular history), but there was a broad consensus that separation resulted in risk for patients in the higher risk group (e.g. those over 50 presenting with no complaints or previous ocular history but who had additional risk factors for ocular disease).

33. Overall, the study concluded that the separation of sight test components by time, person and/or place may pose some risks for both the NHS and patients. However, in the context of a routine sight test, the likelihood of these risks occurring was considered likely to be low. It also concluded that tailoring eye care to individuals, for example, through considering patients' risk profiles more thoroughly, may offer significant advantages in the prevention, diagnosis and management of ocular conditions. Future studies were recommended to determine if a personalised approach based on patient risk assessment could be considered value for money and cost-effective.

34. We reviewed the studies in the scoping review in the 2025 risk-based framework research related to the theme 'patient satisfaction and acceptability' and considered that further research in this area would be helpful. We therefore commissioned qualitative research into patient and public views into sight testing using teleoptometry, as we consider it important to understand this

[5] Jonuscheit, S. et al. (2025), 'Testing of sight - a risk-based framework: Project report'

perspective and to gain views on any safeguards that would support public confidence. The research report[6] is published on our website.

35. The research indicated cautious but conditional openness to sight testing using teleoptometry, including the following conclusions:

    - teleoptometry was broadly understood once it had been explained and was seen as a logical development to what is happening elsewhere within healthcare and telemedicine;
    - it was viewed as appropriate in specific contexts (including the reason for the appointment) rather than being universally necessary;
    - patient acceptability was conditional based on safeguards (such as qualifications of the technician operating the equipment, suitable technology), communication and giving the patient a choice as to whether or not to participate;
    - patient confidence in teleoptometry depended heavily on trust in regulation, professional standards and clinical oversight; and
    - there was concern from some participants that new approaches could be introduced in ways that reduce quality of care rather than improve it (e.g. the optometrist not being completely focused because they are in a home environment, or the potential for missed pathology or misdiagnosis where an optometrist is not physically present).

36. The research concluded that, *"Many participants recognised the potential benefits of teleoptometry but emphasised that innovation must not come at the expense of quality and patient experience. Overall, teleoptometry was seen as acceptable as an additional option within eye care, when necessary, provided it is introduced carefully, transparently, and with strong safeguards in place."*

Our assessment

37. In our assessment, changes in service delivery may deliver benefits including improving access for patients in some geographic areas where there are shortages of optometrists, enhancing efficiency for businesses and more flexible working arrangements for registrants. However, it is also possible the changes may introduce new points of vulnerability where clinical oversight, data integrity and accountability are weakened.

38. We consider that updating our position statement and revising our standards on supervision and delegation offers the best approach to mitigating the key risks. In doing so, our aim is to support responsible innovation in sight testing formats

[6] Enventure Research (2026), 'Patient views on teleoptometry: Research report'

and increase public protection by putting appropriate safeguards in place. These safeguards aim to address a range of potential harms identified through the evidence collection and stakeholder engagement process, including:

- physical harm, e.g. clinical risks such as missed diagnosis – the proposed updated statement is informed by principles set out in paragraphs 54-56 including the optometrist remaining in overall control of the process, assessing suitability of patients based on risk, the role of clinical audit and evaluation and all staff having appropriate qualifications and training;
- loss of trust and confidence in the profession – as well as safeguards to address risks of physical harm which could impact on trust and confidence the principles emphasise informed patient choice and consent;
- digital exclusion – the principles address patient vulnerability in line with our guidance[7] including specifically where the format of a sight test disadvantages patients who may be less able to engage with remote or technology-enabled approaches and consider alternatives; and
- impacts on professionals and businesses – we foresee some potential for disruption to established ways of working but given the scale of investment required to deliver sight test formats like teleoptometry, this is unlikely to become routine practice at least in the short term.

39. We are aware of stakeholder concerns that separation of sight test components by time, person and/or place could undermine a key feature of UK sight testing in that it combines vision and eye health checks. This feature of UK sight testing delivers significant public health benefits, which we do not wish to undermine through our policy choices. To address this, the proposed updated statement confirms that legislation requires sight tests for the purpose of issuing a prescription to include checks for visual acuity, binocular vision and eye health. It also sets out that a spectacles prescription should not be issued until all statutory components of the sight test are complete.

40. Future developments in sight testing formats cannot be predicted with certainty. Therefore, we will keep the statement under review to respond to new or escalating risks as these emerge. As noted above, should Council ultimately approve an updated statement following consultation, we intend to review the statement no later than five years after it is approved. We would initiate a review sooner than this should circumstances require.

[7] Guidance on care of patients in vulnerable circumstances

Q2. What do you see as the main benefits of sight tests involving separation by time, person and/or place?

Q3. What do you see as the main risks of sight tests involving separation by time, person and/or place?

Q4. Please provide evidence on the safety and efficacy of sight tests involving separation by time, person and/or place that operate currently.

Proposed updated statement on testing of sight

41. Having considered the information collected to date, we have produced a draft updated statement (annex 1) for consultation. The proposed updated statement is divided into five sections which we outline below.

Section 1 – Introduction

42. The introduction clarifies that the scope of the proposed updated statement relates to the testing of sight. We have considered whether the proposed updated statement should apply more widely than sight testing given that other eye care services provided by registrants are capable of being delivered remotely, for example, managing long-term conditions. However, we have restricted the proposed updated statement to sight testing since this has a specific remit within the law, is the focus of stakeholder debate and is where there is most scope for market disruption. In addition, there is already guidance from healthcare regulators[8] and professional/representative bodies on remote consultations and prescribing for registrants to utilise.

43. We recognise that separation of components of the sight test may commonly occur for sound clinical reasons. For example, separating the sight test by time may be necessary for uncooperative children, patients requiring cycloplegic refraction or dilated internal eye examinations, or vulnerable adults who cannot tolerate a full examination in one session. The focus of the proposed updated statement is not on such scenarios but instead where separation is a core design feature of a sight test routinely operated by the business.

[8] High level principles for good practice in remote consultations and prescribing

44. Paragraph 2 of the proposed updated statement reaffirms existing legislative requirements that sight tests for the purpose of issuing a prescription must include checks for visual acuity, refractive error, binocular vision and eye health and why this is important for early identification of eye health conditions.

Section 2 – Sight testing legislation

45. The second section of the proposed updated statement highlights key provisions of the relevant legislation, namely the Opticians Act 1989 and The Sight Testing (Examination and Prescription) (No. 2) Regulations 1989.

Section 3 – Delegation of activities for the sight test

46. Paragraph 6 sets out that an optometrist may delegate some parts of the sight test to a suitably trained person (such as a dispensing optician or a non-registrant), provided the optometrist remains in overall control of the process and oversees the task(s) being carried out.

47. Paragraph 7 gives examples of tasks that can be safely delegated drawing on the evidence of the commissioned research.

48. Paragraphs 8 and 9 relate to refraction (an assessment of the patient's vision to determine the refractive error). We set out that refraction carried out for the purpose of issuing a prescription is a restricted activity, but refraction for other purposes (e.g. verifying a prescription when fitting spectacles) is not restricted. We state that we are not satisfied that subjective refraction can be safely delegated and therefore no-one else should refract for the purposes of the sight test. This refers to a Council decision in March 2023[9], which followed public consultation and a detailed review of this matter. We are not seeking views on this issue as part of this consultation.

49. Paragraphs 10 and 11 remind registrants of our standards of practice relating to supervision and delegation. These issues are considered further in section 2 of the consultation document.

Section 4 – Separation of the sight test by time, person and/or place

50. Paragraph 13 sets out that the Act permits separation of the components of the sight test by time, person and/or place, and does not restrict the type of equipment, products or technology that can be used by registrants.

51. Paragraph 14 sets out the responsibilities of optometrists when delegating or using technology or equipment, making clear that the care, wellbeing and safety of patients must always be the first concern, and that registrants must always act in the best interests of the patient.

[9] See page 16 onwards 20230322-public-council-meeting-meeting-papers-mar23.pdf

52. Paragraph 15 sets out that where more than one optometrist conducts different components of the sight test, it will be the responsibility of the optometrist conducting the most recent components to assure themselves that previous components were conducted appropriately and, if not, to repeat those components. We consider this is necessary to ensure all components of the sight test have been completed satisfactorily and that the optometrist is able to take a holistic approach assessing all the information that should be available.

53. Paragraphs 16 to 18 of the proposed updated statement outline safeguards which we consider are necessary to support responsible innovation and protect the public. They draw on our statement on the use of technology that we produced during the COVID-19 pandemic.

54. Paragraph 16 sets out the responsibilities of the business registrant to ensure that the sight test format is safe, including to:

- demonstrate that the format of sight test is safe (including appropriate technology in place to support it) and creates an expectation that it is subject to ongoing audit/evaluation, particularly where the sight test is separated by two or more dimensions of time, person and/or place;
- put in place protocols and service specifications to determine before the appointment whether the format of sight test is suitable for the patient (risk stratification) and to deal with situations that arise during the appointment where it becomes apparent that the format is no longer appropriate for the patient; and
- ensure that staff involved in any components of the sight test (including those that are assisting optometrists or those that optometrists delegate to) are appropriately trained and qualified.

55. Paragraph 17 sets out responsibilities that apply to both the business registrant and the optometrist, including:

- be able to clinically justify the reasons for any separation of sight test components by a significant period of time;
- ensure that all relevant legal and regulatory requirements are complied with including ensuring that a spectacles prescription is not issued until all statutory components of the sight test are complete;
- ensure that patients understand the format of sight test they are being offered prior to the appointment, so that they can exercise choice and appropriately give informed consent (or otherwise);
- considerations relating to patients in vulnerable circumstances, including in relation to choice, consent and suitability of sight test formats; and

- recognising that that different formats of sight test may affect patient experience as well as clinical safety.

56. Where separation of sight test components takes place, we consider that the strength of governance is key and that formats which separate more than one sight test component should meet higher standards of assurance, audit and oversight (paragraph 16, first bullet). While there is an absence of research evidence on the relative risks, stakeholders have suggested that some aspects of separation of sight test components are riskier than others, especially time. We have therefore added reference to separation by a 'significant period of time' in the proposed updated statement (paragraph 17, first bullet).

57. Paragraph 18 reinforces that individual registrants must make the care of their patients their first and overriding concern. The bullets set out a range of factors that registrants should consider when exercising their professional judgement.

58. Paragraph 19 reminds registrants of the following principle contained in our Standards of Practice for Optometrists and Dispensing Opticians: "*You are professionally accountable and personally responsible for your practice and for what you do or do not do, no matter what direction or guidance you are given by an employer or colleague. This means you must always be able to justify your decisions and actions.*"

Section 5 – Standards of practice

59. Section 5 of the proposed updated statement lists our relevant standards of practice. Our enforcement approach will recognise that decisions on the design of sight tests and operating protocols will be made by optical businesses whereas other decisions will sit with individual registrants exercising clinical judgement, for example, deciding if the format is suitable for a patient.

Q5. Please comment on the content of the proposed updated statement on testing of sight in relation to delegation of activities for the sight test.

Q6. Please comment on the content of the proposed updated statement in relation to separation of the sight test by time, person and/or place.

Q7. If you consider that additional safeguards are needed to protect the public, please provide details here.

Q8. Please identify any sections of the proposed updated statement that could be made clearer and describe how.

Q9. Please detail any other comments on the proposed updated statement on testing of sight not covered above.

Section 2: Updates to standards on supervision and delegation

60. When we reviewed our Standards of Practice for Optometrists and Dispensing Opticians and Standards for Optical Students in 2024, we considered changes in technology and made updates to ensure that registrants keep updated on developments in digital technologies and apply their professional judgement when utilising the data they generate to inform decision making.

61. In our response to the consultation on our standards of practice we said that we would review standard 9 on supervision once the review of our 2013 statement on testing of sight had been completed. Since the position statement and standards are interlinked, we wish them to come into effect at the same time. Therefore, we have reviewed our supervision standards – standard 9 of the Standards of Practice for Optometrists and Dispensing Opticians and standard 8 of the Standards for Optical Students – and are proposing some changes be made. We consider issues relating to the supervision of students and the oversight of unregistered colleagues undertaking delegated activities in turn.

Supervision of pre-registration trainees (students)

62. The consensus among healthcare regulators seems to be that the supervisor must determine the amount of supervision required by students in each case, according to the trainee's level of skill/experience and the procedure's risk/complexity.

63. We are not aware of any evidence to support remote supervision of students. Students need closer oversight due to limited clinical experience and to respond adequately where urgent or emergency escalation may be required. There was also consensus at our stakeholder roundtable on testing of sight in October 2025 that the risks for supervision of students are higher than when delegating tasks to colleagues.

64. In our 2023 patient and public research to inform the Standards Review, respondents *"became particularly uncomfortable when considering the scenario of a student optometrist being supervised remotely."*

65. Given the apparent consensus, we consider there is merit in separating out supervision of students from unregistered colleagues in the standards and that the current requirements for a registrant to be on the premises, in a position to oversee the work undertaken and ready to intervene, should remain for the supervision of students. This is consistent with our policy on supervision of students, which forms part of our approach to quality assurance of education and training qualifications[10].

[10] Supervision policy for education providers

66. We also think the circumstances in which a student might formally delegate tasks other than routine, low-risk tasks are limited. Standard 8 of the Standards for Optical Students does not contemplate students delegating activities and we do not see a need to amend this. Note that some drafting amendments to standard 8 of the Standards for Optical Students have been proposed to improve clarity.

Q10. What do you see as the main benefits of the proposed amendments to standard 8 of the Standards for Optical Students and why?

(Please provide evidence to support your views.)

Q11. What do you see as the main risks of the proposed amendments to standard 8 of the Standards for Optical Students and why?

(Please provide evidence to support your views.)

Q12. Please provide any suggestions for alternative wording here.

Oversight of unregistered colleagues undertaking delegated activities

67. The draft updated position statement sets out that the Opticians Act and associated regulations allow an optometrist (or registered medical practitioner) to delegate some parts of the sight test to a suitably trained person (such as a dispensing optician or a non-registrant), provided the optometrist remains in overall control of the process and oversees the task(s) being carried out. The Delphi study we commissioned[11] found consensus that certain sight test components could be safely delegated.

68. The key question we seek to resolve in respect of standard 9 is whether the current requirement for a registrant to be on the premises, in a position to oversee the work undertaken and ready to intervene if necessary in order to protect patients, should remain. Considering teleoptometry as an example, given one driver for this format of service delivery is less availability of optometrists in some geographic locations, it is possible that requiring a registrant to be on the premises might stifle innovation or create unnecessary barriers to accessing care. Alternatively, some stakeholders may view a requirement for a registrant to be on the premises as an essential public protection safeguard, especially in the early stages of teleoptometry adoption.

[11] Jonuscheit, S. et al. (2025), 'Testing of sight - a risk-based framework: Project report'

69. The Delphi research we commissioned on testing of sight[12] touched on supervision but did not come to any conclusions in this area.

70. Our 2023 patient and public research to inform the Standards Review (which did not address teleoptometry specifically)[13] found that, "*Respondents were comfortable with delegation…. However, they have mixed expectations around supervision and were particularly wary of remote supervision*." The research also highlighted that, "*Respondents had high expectations for supervision – expecting the supervisor to always be in the room or on the premises"* and *"In general, respondents were unable to imagine how remote supervision could be conducted effectively."*

71. The research published alongside this consultation on patient and public views on sight testing using teleoptometry found mixed views on remote supervision and the requirement to have an optometrist on the premises. Many participants were comfortable with the idea of a technician supporting sight tests conducted by a remote optometrist, while others felt strongly that an optometrist should be physically present. Some questioned why the current requirement in the standard should be relaxed.

72. We consider that while a registrant who delegates activities to appropriately trained and qualified colleagues retains accountability for those activities, they would not typically be required to directly monitor the delivery of the activities being delegated. Standard pre-screening activities (such as intraocular pressure checks or retinal photographs/scans) are examples. However, in the course of the delegated activities being undertaken, there might be occasions where intervention is required, for example, where an intraocular pressure assessment has been delegated and there are unexpectantly high or inconsistent results (an optometrist on site may seek to verify the reading).

73. Not all situations where non-registered colleagues are involved in a sight test would constitute delegation. For example, we do not consider an optometrist instructing a technician to operate a slit lamp, where the optometrist is making all the judgements and is conducting the procedure, as meeting this definition. Instead, we view the technician as assisting the optometrist with the procedure. However, when a technician is asked to complete pre-screening activities, albeit with an optometrist remaining in overall control, assessing the results and exercising judgement, we would consider these to be delegated activities.

74. The two options we propose for oversight of unregistered colleagues undertaking delegated activities are:

[12] Jonuscheit, S. et al. (2025), 'Testing of sight - a risk-based framework: Project report'
[13] Shift Insight (2023), General Optical Council: Research on public perceptions of the Standards of Practice for Optometrists and Dispensing Opticians, and the Standards for Optical Students

- Option 1 provides for remote oversight of unregistered colleagues undertaking delegated activities if another optometrist or dispensing optician (depending on the activities to be delegated) is on the premises.
- Option 2 provides for remote oversight of unregistered colleagues undertaking delegated activities with no requirement for a registrant to be on the premises. However, the registrant delegating activities must still be able to oversee the work undertaken and intervene if necessary to protect patients.

75. As a reminder, the standards apply to all situations, not just sight tests separated by time, place or person.

76. Each of these options is described more fully, below.

Option 1 – provides for remote oversight of unregistered colleagues undertaking delegated activities if another optometrist or dispensing optician (depending on the task to be delegated) is on the premises.

Proposed wording: "When delegating activities to an unregistered colleague, you must be able to oversee the work undertaken and ready to intervene if necessary to protect patients. If you are overseeing an unregistered colleague undertaking delegated activities remotely[14], you must ensure that another registrant, who is qualified and experienced to undertake the delegated activities, is on the premises and ready to intervene if necessary to protect patients."

77. This formulation provides for a registrant to remotely oversee an unregistered colleague who is undertaking delegated activities while retaining the requirement for a registrant to be on the premises, in case a situation required hands-on intervention. This option would allow for a registrant in a different location to delegate tasks to a technician, for example. If the registrant overseeing the work undertaken thinks intervention is required, they would be able to exercise their clinical judgement and trigger escalation or referral pathways or seek hands-on intervention from a suitably qualified and experienced registrant on the premises.

Q13. What do you see as the main benefits of option 1 and why?
(Please provide evidence to support your views.)

[14] Remote means being in a location that is different to where the patient is receiving treatment, rather than face-to-face in the same location.

Q14. What do you see as the main risks of option 1 and why?

(Please provide evidence to support your views.)

Q15. Please provide any suggestions for alternative wording for option 1.

Option 2 – provides for remote oversight of unregistered colleagues undertaking delegated activities with no requirement for a registrant to be on the premises. However, the registrant delegating activities must still be able to oversee the work undertaken and intervene if necessary to protect patients.

Proposed wording: "When delegating activities to an unregistered colleague, you must be able to oversee the work undertaken and intervene if necessary to protect patients."

78. This formulation provides for a registrant to remotely oversee an unregistered colleague who is undertaking delegated activities without retaining the requirement for a registrant to be on the premises. As with option 1, it would allow for a registrant in a different location to delegate activities (to a technician, for example), exercise their clinical judgement and trigger escalation or referral pathways if necessary. This could involve advising the patient to attend a hospital or making arrangements for another registrant to take over their care in-person in a different location or at a different time.

79. Removing the restrictions that prevent remote oversight without requiring a registrant to be on the premises, requires confidence that any potential problems could be identified and responded to satisfactorily with remote oversight only. It also raises the question of whether assessing a patient entirely from imaging on screens, which the person overseeing tasks remotely would be limited to, would be sufficient to identify and/or diagnose conditions requiring intervention. For remote oversight to work effectively, it must rely on patient safety interventions that do not depend on another registrant being physically present, for example, referring a patient to an alternative location such as a secondary care facility.

Q16. What do you see as the main benefits of option 2 and why?

(Please provide evidence to support your views.)

Q17. What do you see as the main risks of option 2 and why?

(Please provide evidence to support your views.)

Q18. Please provide any suggestions for alternative wording for option 2.

Section 3: Impact assessment and Welsh language

Impact assessment

80. We have produced a draft impact assessment. We are interested in stakeholder views on our assessment. We will provide a more detailed impact assessment once we have considered views received during the consultation.

81. It is possible that testing of sight separated by time, person and/or place (e.g. virtual sight testing using teleoptometry) may have positive impacts for people based in rural or remote areas where we understand recruitment of optometrists can be challenging. By making eye care more accessible, this could lead to earlier detection of sight-threatening conditions.

82. Separation of sight test components may be less suitable for patients in older age groups, children, those with multiple or pre-existing eye conditions, or those who may rely more heavily on continuity of care or in-person interaction. Ensuring that patients are clearly informed about the format of care being offered so they can make a meaningful choice (including opting for an alternative where appropriate), will be an important safeguard in supporting equitable access and experience.

83. There is also a potential risk of digital exclusion where sight tests rely on technology or remote interaction. This may disproportionately affect some groups, including older people, those on lower incomes or those with limited digital confidence. Mitigations should ensure that alternative, accessible options remain available. More complex or varied formats of care may be harder for some patients to understand or navigate. Clear communication and consistent standards will be important to support equitable experience and confidence.

84. Inequalities could widen if the market evolved so there were fewer practices with on-site optometrists, which would mean further to travel for such patients. However, this risk should be mitigated if we decide to maintain the requirement in standard 9 for an optometrist to be on the premises for supervision purposes.

Q19. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics? (Please consider age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, gender identity, gender expression, pregnancy or maternity, caring responsibilities or any other characteristics.)

a) Yes

b) No

c) Not sure

If yes, please explain your reasoning.

Q20. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics? (Please consider age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, gender identity, gender expression, pregnancy or maternity, caring responsibilities or any other characteristics.)

a) Yes

b) No

c) Not sure

If yes, please explain your reasoning.

Welsh language

85. Under the Welsh language standards, we are required to consider what effects, if any (whether positive or adverse), the policy decision would have on opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language, whether those effects are positive or adverse.

86. The proposals in this document relate to a proposed updated statement on testing of sight that will apply to optical businesses providing sight testing across the UK, including in Wales. We have assessed that these proposals are unlikely to have any effects on opportunities to use the Welsh language or affect the treatment of the Welsh language. However, as service delivery evolves, it will be important to ensure that language needs continue to be considered within patient communication and access arrangements.

Q21. Will the proposed changes have effects, whether positive or negative, on:

(i) opportunities for persons to use the Welsh language, and

(ii) treating the Welsh language no less favourably than the English language?

a) Yes

b) No

c) Not sure

If yes, please explain your reasoning.

Q22. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(i) opportunities for persons to use the Welsh language, and

(ii) treating the Welsh language no less favourably than the English language?

a) Yes

b) No

c) Not sure

If yes, please explain how.

Q23. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(i) opportunities for persons to use the Welsh language, and

(ii) treating the Welsh language no less favourably than the English language?

a) Yes

b) No

c) Not sure

If yes, please explain your reasoning.

Section 4: How to respond to the consultation

87. This consultation will be open from 15 July to 21 October 2026.

88. We would be grateful if you could input your responses into our consultation hub so that we can collect information about you or your organisation and whether your response can be published.

89. However, if that is not possible, you can respond to the consultation by emailing consultations@optical.org

Annex 1: Proposed updated statement on testing of sight

Section 1 – Introduction

1. This statement relates to the testing of sight for the purposes of the Opticians Act 1989 ('the Act') and The Sight Testing (Examination and Prescription) (No. 2) Regulations 1989. The sight test within the meaning of the Act is often referred to as an eye test or eye examination across the UK nations.

2. A sight test consists of checks for visual acuity[15], refractive error[16], binocular vision[17] and eye health[18], for the purposes of issuing a prescription and/or making a referral. While there is flexibility in the way that a sight test can be carried out, registrants should ensure that sight tests include checks for visual acuity, refractive error, binocular vision and eye health. This supports early identification of eye health conditions.

Section 2 – Sight testing legislation

3. Section 36(2) of the Act defines "testing sight" as "testing sight with the object of determining whether there is any and, if so, what defect of sight and of correcting, remedying or relieving any such defect of an anatomical or physiological nature by means of an optical appliance prescribed on the basis of the determination".

4. Sections 26(1) and 26(2) of the Act set out that when a sight test is performed, it shall be the duty of the person testing sight to:

    - perform examinations of the eye that are required for the purpose of detecting injury, disease or abnormality in the eye;
    - immediately following the test, issue a written statement that the above examinations have been carried out, that the patient is / is not being referred to a medical practitioner and the reason for the referral (in practice, this is usually combined with the prescription mentioned below); and
    - provide a signed, written prescription for an optical appliance or a signed, written statement confirming that no optical appliance is necessary.

[15] Visual acuity refers to how well a patient can see.
[16] Refractive error is a type of vision problem that makes it difficult to see clearly. Examples include myopia (short-sightedness), hyperopia (long-sightedness), presbyopia (age-related difficulty focusing on near objects) and astigmatism (the shape of the eye which can cause blurred version).
[17] Vision using two eyes with overlapping fields of view, allowing good perception of depth.
[18] Examinations of the eye for the purpose of detecting injury, disease or abnormality in the eye (see article 3 of The Sight Testing (Examination and Prescription) (No. 2) Regulations 1989 for further information).

5. Article 3 of The Sight Testing (Examination and Prescription) (No. 2) Regulations 1989 provides that the person testing sight must conduct:

   - an examination of the external surface of the eye and its immediate vicinity;
   - an intra-ocular examination, either by means of an ophthalmoscope or by such other means considered appropriate; and
   - such additional examinations as appear to be clinically necessary.

Section 3 – Delegation of activities for the sight test

6. An optometrist (or registered medical practitioner) may delegate some parts of the sight test to a suitably trained person (such as a dispensing optician or a non-registrant), provided the optometrist remains in overall control of the process and oversees the task(s) being carried out.

7. Advances in technology mean that an optometrist can safely delegate some parts of the sight test in this way. Examples of tasks that can be safely delegated include intraocular pressure checks, visual field tests, autorefraction and retinal photographs/scans[19].

8. The legislation places specific restrictions on who may carry out refraction[20], depending on its purpose. Refraction[21] for the purpose of issuing a prescription[22] is restricted[23] to a registered optometrist, a registered medical practitioner or a student optometrist / medical practitioner under supervision. However, refraction carried out for other purposes (for example, to verify a prescription issued by an optometrist or registered medical practitioner when fitting a patient's spectacles), is not restricted by legislation and can therefore be undertaken by anyone.

9. We are not satisfied that subjective refraction[24] can be safely delegated and therefore no-one else should refract for the purposes of the sight test[25].

10. In circumstances where tasks are delegated, the optometrist must comply with our Standards of Practice for Optometrists and Dispensing Opticians, including standard 9 on supervision and delegation.

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[19] Evans, B., Shah, R., Conway, M. and Chapman, L. (2023), *Clinical research on refraction in the sight test*
[20] Refraction is the assessment of a patient's vision to determine the refractive error.
[21] Refraction as part of the sight test refers to a check to determine the patient's refractive error and whether any corrective measures such as spectacles or contact lenses are required.
[22] Under section 26 of the Opticians Act 1989 and the Sight Testing (Examination and Prescription) (No. 2) Regulations 1989.
[23] By section 24 of the Opticians Act and rule 3 of the Testing of Sight by Persons Training as Optometrists Rules 1993.
[24] A technique used to determine the prescription of a lens for correcting a patient's vision based on the patient's personal feedback about the clarity of the successive lenses shown to them.
[25] For further information, see paragraphs 107-116 of our GOC response to call for evidence on the Opticians Act and consultation on GOC associated policies (2023).

11. Business registrants permitting delegation by the optometrist must satisfy themselves that, as required by the Standards for Optical Businesses, their staff are:

    - able to exercise their professional judgement (standard 3.1);
    - suitably trained, qualified and registered (standard 3.2); and
    - adequately supervised and supported (standard 3.3).

Section 4 – Separation of the sight test by time, person and/or place

12. Service delivery of eye care is evolving alongside developments in technology and formats have developed where some components of the sight test are carried out at different times, by different persons and/or in different places, whether that be remotely or in person.

13. The Act permits separation of the components of the sight test by time, person and/or place, and does not restrict the type of equipment, products or technology that can be used by registrants.

14. Whatever format of sight test is used, the care, wellbeing and safety of patients must always be the first concern, and registrants must always act in the best interests of the patient. Clinical responsibility for the patient and all patient care remains the responsibility of the optometrist(s) conducting the sight test. Components of the sight test should only be delegated to others and technology or equipment should only be used where the optometrist is satisfied that these can be performed/used safely and accurately[26].

15. Where more than one optometrist conducts different components of the sight test, it will be the responsibility of the optometrist conducting the most recent components to assure themselves that previous components were conducted appropriately and, if not, to repeat those components.

16. If a **business registrant** introduces a sight test format involving separation of components by time, person and/or place, it is their responsibility to:

    - have satisfied themselves, and be able to demonstrate, the format is safe (including appropriate technology in place to support it) and keep it subject to ongoing audit/evaluation. This is particularly important for formats that separate sight test components by two or more dimensions of time, person and/or place;

[26] In this statement we use the terms ‘delegation’ and ‘assisting’. In the former, a person is responsible for conducting the task and the optometrist delegating it may not be present (e.g. an optical assistant/technician conducting an OCT scan) but they remain in overall control of the sight test and responsible for overseeing the task(s) being carried out. In the latter, an optometrist may ask others to assist them in a task but is not delegating it to them (e.g. in a teleoptometry format of sight testing where an optical assistant/technician is operating equipment at the direction of the optometrist who can see the patient and live results of the equipment being used through a screen).

- have documented protocols and service specifications for how the format should be operated, including:
    i. how to assess whether any patients would not be suitable for the format due to their clinical risk, vulnerability or other factors; and
    ii. how to manage situations when it becomes evident during the appointment that the format is unsuitable for the patient; and
- ensure that staff involved in any components of the sight test (including those that are assisting optometrists or those that optometrists delegate to) are appropriately trained and qualified.

17. Both the **business registrant** and the **optometrist** have a responsibility to:
    - be able to clinically justify the reasons for any separation of sight test components by a significant period of time (e.g. where it was not possible to complete the test in a single appointment);
    - ensure that all relevant legal and regulatory requirements are complied with including ensuring that a spectacles prescription is not issued until all statutory components of the sight test are complete;
    - communicate with patients to ensure that they understand the format of sight test they are being offered prior to the appointment or before beginning the sight test so that they can exercise choice and appropriately give informed consent (or otherwise);
    - consider the needs of patients in vulnerable circumstances, including:
        i. some patients may need additional support in understanding what is being offered to them, or require information in different formats;
        ii. some patients may experience overlapping factors (for example, age, disability or socio-economic circumstances) which could affect their suitability for different formats of sight test;
        iii. recognise where the format of sight tests disadvantages patients who may be less able to engage with remote or technology-enabled approaches and consider alternatives for these patients; and
    - recognise that different formats of sight test may affect patient experience as well as clinical safety, and that both should be considered when determining whether a format is appropriate.
18. An **individual registrant** must make the care of their patients their first and overriding concern. An individual registrant must exercise professional judgement as to what equipment, products and technology to use to help them to assess each patient's needs, and the most appropriate way in which to conduct a sight test, particularly when separating components by time, person

and/or place. In exercising their professional judgement, individual registrants should take account of:

- the nature of any specific clinical risks (for example, the patient's age, family history, pre-existing medical conditions and any current symptoms);
- patient vulnerability[27];
- relevant clinical advice;
- advice from the optical professional bodies;
- advice from other relevant regulators, such as the Medicines and Healthcare products Regulatory Agency (MHRA);
- current good practice in the use of technology to inform the care provided;
- their ability to use the format of sight test in line with our standards of practice;
- joint regulatory guidance on remote consultation and prescribing: https://optical.org/resource/high-level-principles-for-remote-prescribing-pdf.html; and
- public health advice at the time in question.

19. We recognise that not all optical businesses are registered with us and therefore cannot be held to account through our processes. However, the introduction to our Standards of Practice for Optometrists and Dispensing Opticians sets out: "You are professionally accountable and personally responsible for your practice and for what you do or do not do, no matter what direction or guidance you are given by an employer or colleague. This means you must always be able to justify your decisions and actions." This applies to all registrants, irrespective of where they are working.

Section 5 – Standards of practice

20. Our standards set out the key principles that registrants must follow to keep themselves, those they lead or manage, and those they care for, safe. The standards are as follows:

    - Standards of Practice for Optometrists and Dispensing Opticians – standards particularly relevant are:
        - standard 2 (communicate effectively with your patients);

[27] Patients in vulnerable circumstances are patients who, due to their personal circumstances are in need of particular care, support or protection or at risk of abuse and neglect. See page 3 and standard 7.1 of our Standards of Practice for Optometrists and Dispensing Opticians and supplementary guidance on care of patients in vulnerable circumstances for further information.

- standard 3 (obtain valid consent);
- standard 5 (keep your knowledge and skills up to date – see 5.1 and 5.3);
- standard 7 (conduct appropriate assessments, examinations, treatments and referrals);
- standard 9 (supervision and delegation);
- standard 12 (ensure a safe environment for your patients); and

- Standards for Optical Students – standards particularly relevant are:
  - standard 2 (communicate effectively with your patients);
  - standard 3 (obtain valid consent);
  - standard 6 (conduct appropriate assessments, examinations, treatments and referrals under supervision);
  - standard 8 (supervision and delegation);
  - standard 11 (ensure a safe environment for your patients); and
- Standards for Optical Businesses – standards particularly relevant are:
  - standard 1.1.6: ensure that when introducing technological interventions, including artificial intelligence (AI) and machine learning, they do not compromise patient care, and that professional standards continue to be met;
  - standard 1.2.4: only provides, promotes and utilises equipment, medications and medical devices (including software and other technologies) that are fit for their intended use, hygienic and in a good state of repair;
  - standard 1.2.5: ensures that staff utilising equipment, medications and medical devices (including software and other technologies) have undergone appropriate training in their use;
  - standard 1.2.11: ensures that unauthorised access to equipment, medications and medical devices (including software and other technologies) and restricted areas of the premises is prevented;
  - standard 1.3.5: provides patients or carers with the information they need to be able to safely use, administer or look after medications or medical devices (including software and other technologies) that they have been prescribed or directed to use in order to manage their eye conditions;
  - standard 1.4: patients can give valid consent to treatment;

- standard 3.1: your staff are able to exercise their professional judgement;
- standard 3.2: staff are suitably trained, qualified and registered; and
- standard 3.3: staff are adequately supervised and supported.

[NB This statement replaces our 2013 statement on testing of sight, which has now been withdrawn.]

Annex 2: Draft revisions to supervision and delegation standards

Draft proposed Standards of Practice for Optometrists and Dispensing Opticians

9. Ensure that supervision and delegation are undertaken appropriately

This standard applies to supervision of optical students and oversight of unregistered colleagues undertaking delegated activities.

When supervising, there is a shared responsibility to ensure that patient care and safety is not compromised. When activities are delegated to unregistered colleagues the registrant retains responsibility for the delegated activities.

9.1 When supervising a student or overseeing an unregistered colleague undertaking delegated activities, you must:

9.1.1 Take all reasonable steps to prevent harm to patients.

9.1.2 Comply with all legal requirements governing the activity.

9.1.3 Ensure that details of those being supervised or undertaking delegated activities are recorded on the patient record.

9.1.4 Be sufficiently qualified and experienced to undertake the functions you are supervising or delegating.

9.1.5 Ensure that the students or unregistered colleagues have appropriate qualifications, knowledge and/or skills to undertake the activities.

9.2 Adequate supervision of student optometrists and student dispensing opticians requires you to:

9.2.1 Retain clinical responsibility for the patient.

9.2.2 Be on the premises, able to oversee the work undertaken and ready to intervene if necessary to protect patients.

9.3 When delegating activities to an unregistered colleague, you must:

9.3.1 Retain responsibility for the delegated activities and for ensuring that they have been performed to the appropriate standard.

Option 1 – remote oversight of delegated activities allowed, if another optometrist or dispensing optician (depending on the activities to be delegated) is on the premises.

> **9.3.2** Be able to oversee the work undertaken and ready to intervene if necessary to protect patients. If you are overseeing an unregistered colleague undertaking delegated activities remotely[28], you must ensure that another registrant, who is qualified and experienced to undertake the delegated activities, is on the premises and ready to intervene if necessary to protect patients.

Option 2 – remote oversight of delegated activities with no requirement for a registrant to be on the premises

> **9.3.2** Be able to oversee the work undertaken and intervene if necessary to protect patients.

Draft proposed Standards for Optical Students

8. Ensure that supervision is undertaken appropriately

The responsibility to ensure that supervision does not compromise patient care and safety is shared between the supervisor and the trainee. When being supervised:

8.1 You may undertake supervised activities only if your supervisor is approved by your employer or training provider.

8.2 You may undertake supervised activities only if your supervisor is on the premises, able to oversee the work you undertake and is ready to intervene if necessary to protect patients.

8.3 Your supervisor retains clinical responsibility for the patient.

8.4 You must comply with all legal requirements governing the activity.

[28] Remote means being in a location that is different to where the patient is receiving treatment, rather than face-to-face in the same location.