1961. No. 123 **[C]**

HEALTH SERVICES

Supplementary Eye Services

REGULATIONS, DATED 30TH MAY, 1961, MADE BY THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT UNDER THE HEALTH SERVICES ACT (NORTHERN IRELAND), 1948.

The Ministry of Health and Local Government, in exercise of the powers conferred on it by sections 22 and 80 of the Health Services Act (Northern Ireland), 1948(**a**), and of all other powers enabling it in that behalf, hereby makes the following Regulations:—

1. These Regulations may be cited as the Health Services (Supplementary Eye Services) Regulations (Northern Ireland), 1961, and shall come into operation on the 1st day of June, 1961.

2. In these Regulations the following expressions shall have the meaning hereby assigned to them:—

"the Act" means the Health Services Act (Northern Ireland), 1948; and

"the Board" means the Northern Ireland General Health Services Board.

3.—(1) A person or body shall for the purposes of section 22 of the Act be qualified as a dispensing optician if his name or the name of the body, as the case may be, is included in the Register or list of dispensing opticians established under the Opticians Act, 1958(**b**).

(2) A person or body shall for the purposes of section 22 of the Act be qualified as an ophthalmic optician if his name or the name of the body, as the case may be, is included in either of the Registers, or in the list, of ophthalmic opticians established under the Opticians Act, 1958.

4.—(1) In this Regulation the expression "the Committee" means the Advisory Committee appointed by the Minister under section 3 of the Act, after consultation with the Board and such organisation as may be recognised by the Minister as representing medical practitioners, for the purpose of approving any hospital, degree or qualification which is required by this Regulation to be approved and of advising the Ministry in accordance with the requirements of this Regulation.

(2) A medical practitioner who makes application to the Ministry on the form provided for that purpose, and who has:—

(*a*) held an appointment under the Northern Ireland Hospitals Authority with the status of consultant ophthalmologist or held for a period of two years an appointment of equivalent status as an ophthalmic surgeon or assistant ophthalmic surgeon on the staff of an ophthalmic hospital or a hospital having a special ophthalmic department approved by the Committee; or

(*b*) obtained the Diploma in Ophthalmic Medicine and Surgery or the Diploma in Ophthalmology (Conjoint Board) or the Diploma in Ophthalmology (Oxon.) or other higher degree or qualification approved

(**a**) 1948. c. 3. (**b**) 6 & 7 Eliz. 2. c. 32.

by the Committee, and held for the period of two years an appointment or appointments in an ophthalmic hospital or the ophthalmic department of a general hospital which has been approved for this purpose by the Committee, of which period at least six months shall have been spent in a whole-time appointment in a hospital recognised for the teaching of ophthalmology:

Provided that the requirement that a practitioner shall have spent at least six months in a whole-time appointment in a hospital recognised for the teaching of ophthalmology shall not apply to a medical practitioner qualified at least ten years before he applies to the Committee for consideration of his experience, where the Ministry is advised by the Committee that the practitioner's experience is such as to make that requirement unnecessary; or

(*c*) before the 1st day of October, 1951,

(i) completed an academic or post-graduate course in ophthalmology approved by the Committee and received a diploma or certificate in respect of such course, or

(ii) held for a period of two years an appointment as an ophthalmic surgeon or assistant ophthalmic surgeon on the staff of an eye hospital or a hospital having a special eye department approved for this purpose by the Committee, or

(iii) held for a period of two years any appointment approved for this purpose by the Committee affording special opportunities for acquiring the necessary skill and experience of the kind required for the services to be rendered;

and who in the case of a practitioner qualified under sub-paragraphs (*a*) or (*b*) of this paragraph, has shown to the satisfaction of the Ministry acting on the advice of the Committee that he has had adequate, including recent, experience, or in the case of a practitioner qualified under sub-paragraph (*c*) of this paragraph so shows that he had adequate experience immediately prior to the 1st day of October, 1951, and has also had recent experience;

shall be a medical practitioner having the prescribed qualifications for the purposes of section 22 of the Act.

(3) Notwithstanding the foregoing provisions, a medical practitioner whose qualifications for the purpose of providing supplementary eye services had been and were still approved immediately before the 1st day of October, 1951, shall so long as he possesses the qualifications then in force be deemed to have the qualifications required by this Regulation.

(4) Notwithstanding the foregoing provisions, a person who has the qualifications prescribed for a medical practitioner for the purpose of providing supplementary ophthalmic services in England and Wales under the National Health Service Act, 1946(**a**), or in Scotland under the National Health Service (Scotland) Act, 1947 (**b**), shall for the purposes of section 22 of the Act and this Regulation be deemed to have the corresponding qualifications prescribed by this Regulation.

(5) Every person who makes an application under the foregoing provisions shall be informed by the Ministry as soon as may be practicable of the Ministry's determination in respect of that application and the Ministry shall also inform the Board and the Committee of each such determination.

(**a**) 9 & 10 Geo. 6. c. 81. (**b**) 10 & 11 Geo. 6. c. 27.

5. The Health Services (Supplementary Eye Services) Regulations (Northern Ireland), 1948(a), as amended, shall be further amended as follows:—

(1) In paragraph (1) of Regulation 2, for the definitions of "dispensing optician", "ophthalmic medical practitioner" and "ophthalmic optician" there shall be respectively substituted the following definitions:—

"dispensing optician" means an optician qualified in accordance with Regulation 3 of the Health Services (Supplementary Eye Services) Regulations (Northern Ireland), 1961;

"ophthalmic medical practitioner" means a medical practitioner having the qualifications prescribed by Regulation 4 of the Health Services (Supplementary Eye Services) Regulations (Northern Ireland), 1961;

"ophthalmic optician" means an optician qualified in accordance with Regulation 3 of the Health Services (Supplementary Eye Services) Regulations (Northern Ireland), 1961.

(2) For paragraphs (3) and (4) of Regulation 11 there shall be substituted the following paragraph:—

"(3) When the glasses have been supplied to the applicant, the optician shall obtain the applicant's signature where it is required on the form and shall forthwith return the form duly completed to the Committee for payment."

(3) In paragraph (12) of Regulation 15 the words "of these Regulations" shall be deleted and there shall be substituted the words "and of the Health Services (Supplementary Eye Services) (Charges) Regulations (Northern Ireland), 1961."

(4) For sub-paragraph (2) of paragraph 8 of Part II of the First Schedule (which Part prescribes Terms of Service for ophthalmic opticians) there shall be substituted the following sub-paragraph:—

"(2) Any remuneration payable under these terms of service to an ophthalmic optician, being a person, who is a director or employee of a body corporate providing supplementary eye services, may be paid by the Board to the body corporate."

(5) In sub-paragraph (1) of paragraph 10 of the said Part II, for the words "firm or company" whenever they occur there shall be substituted the words "or body corporate".

(6) For sub-paragraph (3) and (7) of the said paragraph 10, there shall be substituted the following sub-paragraphs:—

"(3) The ophthalmic optician for the purpose of testing sight shall only employ a person who is an ophthalmic optician, except that he may permit the test or any part thereof to be performed under his continuous personal supervision by a person authorised to test sight by rules made under sub-section (3) of section 20 of the Opticians Act, 1958."; and

"(7) An employee for the purposes of this paragraph includes a deputy, and, in the case of a body corporate, a director."

(7) For sub-paragraph (2) of paragraph 6 of Part III of the First Schedule (which Part prescribes Terms of Service for dispensing opticians), there shall be substituted the following sub-paragraph:—

(a) S.R. & O. (N.I.) 1948, No. 166.

"(2) Any remuneration payable under these terms of service to a dispensing optician, being a person who is a director or employee of a body corporate providing supplementary eye services, may be paid by the Board to the body corporate."

(8) In sub-paragraph (1) of paragraph 8 of the said Part III, for the words "firm or company" whenever they occur there shall be substituted the words "or body corporate".

(9) For sub-paragraph (6) of the said paragraph 8 there shall be substituted the following sub-paragraph:—

"(6) An employee for the purposes of this paragraph includes a deputy, and, in the case of a body corporate, a director."

(10) For the forms contained in Part IV, and in sections B and C of Part VII, of the First Schedule, there shall be substituted respectively the forms set out in Parts I, II and III of the Schedule.

6. The following Regulations are hereby revoked:—

Health Services (Supplementary Eye Services) (Qualifications) Regulations (Northern Ireland), 1948(**a**);

Health Services (Supplementary Eye Services) (Qualifications) (Amendment) Regulations (Northern Ireland), 1948(**b**); and

Health Services (Supplementary Eye Services) (Qualifications) Regulations (Northern Ireland), 1951(**c**).

Sealed with the Official Seal of the Ministry of Health and Local Government for Northern Ireland this 30th day of May, nineteen hundred and sixty-one.

(L.S.) *Wm. J. Morgan,*
Minister of Health and Local Government.

(**a**) S.R. & O. (N.I.) 1948, No. 122.
(**b**) S.R. & O. (N.I.) 1948, No. 267.
(**c**) S.R. &. O. (N.I.) 1951, No. 178.

SCHEDULE

PART I

HEALTH SERVICES ACT (NORTHERN IRELAND), 1948

SUPPLEMENTARY EYE SERVICES

SIGHT TESTING AND SUPPLY OF GLASSES

Notes on the Use of Form E.S.C.2

When Parts I, II, IV and V have been completed, the ophthalmic medical practitioner or ophthalmic optician should then send the form without delay to the Eye Services Committee, c/o Northern Ireland General Health Services Board, 27 Adelaide Street, Belfast, 2.

A medical recommendation (Form E.S.C.1) or an authority given by the Eye Services Committee must be attached if the applicant has *not* previously had his sight tested under the supplementary eye services.

The forms in this pad should not be used for replacements or repairs within two years of the supply of the glasses; forms E.S.C.2A should be used instead. If, after two years, only replacements or repairs are required a note to this effect should be entered by the optician in the "Remarks" panel of Part II.

If the applicant whose sight has been tested does not require glasses, the appropriate panel of Part II should be completed. If it is thought that glasses should not be supplied while the patient is being referred back to his doctor for further examination, that fact should be noted in the "Remarks" panel.

If the Eye Services Committee approve the supply of glasses they will send the form to the applicant—after detaching the lower part—with a note of their approval. The applicant may take the form to an ophthalmic or dispensing optician for the supply of the glasses. The optician to whom the form is presented should complete, or have completed, Parts VII (if appropriate), VIII and IX, and then send it to the Committee.

Part IX: When completing the description of frames in the case of reglazed frames, the optician should insert the approximate date given by the applicant for the original supply of the frames. In the "pricing box", "extras clinically necessary" at 3 are items additional to the basic sphere/cylinder prescription specified in the Statement of Fees and Charges which will be paid for by the Eye Services Committee, e.g., a prismatic correction. The "extras not clinically necessary" at 4 are those for which the applicant pays.

In signing his name, an optician employed by a person or firm or company whose name is also on the list of persons providing supplementary eye services should enter his employer's name in the space following the words "on behalf of" in Parts II, V and IX. Other opticians should delete the words in brackets.

Form E.S.C.2.

HEALTH SERVICES ACT (N.I.), 1948

Supplementary Eye Services — **Sight Testing and Supply of Glasses**

Name *in block letters*	Mr. / Mrs. / Miss	(Surname)	Health Service Number	Date of Birth: Day	Month	Year
		(Christian Names)				

Part I

To be completed by or on behalf of the Applicant

Present Address

Permanent Address (if different from present address)

Approximate date on which sight was last tested

Previous surname if changed since last sight test

Has the Applicant been supplied with glasses through the Health Services? (Enter Yes or No.).....

If Yes, state name and address of the Optician who supplied last pair.....

.....

(N.B.—A false statement made by the Applicant may lead to legal proceedings. I certify that the particulars contained in Part I, are true to the best of my knowledge and belief.

Signature of Applicant..... Date.....
(or in the case of a child under 16 or an invalid, the signature of parent, guardian, or other person in charge)

Part II

To be completed by the Ophthalmic Medical Practitioner or Ophthalmic Optician

	Right					*Left*					
	Sph.	Cyl.	Axis	Prism	Base		Sph.	Cyl.	Axis	Prism	Base
Distance						Distance					
Reading						Reading					

(Refractive findings to be entered in all cases; if None, enter 'NONE' or 'PLANO')

REMARKS

*Distance

Reading

Bifocals

Special Purposes

The Applicant requires glasses as prescribed*
Does not require glasses*

Signature of Ophthalmic Medical Practitioner or Ophthalmic Optician (on his own behalf and on behalf of

.....)

Signature .....

E.S.C. List No.....

Date of Sight-Test .....

Name of Ophthalmic Medical Practitioner or Ophthalmic Optician and address at which sight test was carried out (Rubber stamp or block letters)

Part III

For official use

No previous application — Approved

Date of last Application

PLEASE DO NOT DETACH THIS PART OF THE FORM

Part IV

to be completed by or on behalf of the Applicant

My sight*
_____ has been tested today
The Applicant's sight*

Signature of Applicant..... Date.....
(or, in the case of child under 16 or an invalid, the signature of a parent, guardian or other person in charge)

Name of Applicant (*in block letters*).....

* *Delete whichever is not applicable*

Part V

To be completed by the Ophthalmic Medical Practitioner or Ophthalmic Optician

Name and Address of Ophthalmic Medical Practitioner, Ophthalmic Optician or other person to whom payment should be made (Rubber stamp or block letters)

I have tested the Applicant's sight and I accordingly claim payment of £ : :

Signature of Ophthalmic Medical Practitioner or Ophthalmic Optician (on his own behalf and on behalf of .....)

Signature .....

E.S.C. List No. .....

Date .....

Part VI

For official use

Authorised for Payment

Part VII

To be completed by or on behalf of the Applicant. The Optician may ask for a deposit. This part should not be completed where there is no charge to the Applicant.

I undertake to pay the Optician on supply of glasses to the prescription overleaf:

(1) the charge of £ : : for Health Service Lenses

(2) the charge of £ : : for Health Service frames selected by me

(3) the charge of £ : : for lenses of a special type supplied at my request

TOTAL £ : :

Signature of Applicant..... Date.....
(or, in the case of a child under 16 or an invalid, the signature of a parent, guardian or other person in charge)

Part VIII

To be completed by or on behalf of the Applicant

I have been
_____(*delete whichever is not applicable*) supplied with the glasses approved overleaf
The Applicant has been

Signature of Applicant..... Date.....
(or, in the case of a child under 16 or an invalid, the signature of a parent, guardian or other person in charge)

Name of Applicant (*in block letters*).....

Part IX

To be completed by the Optician who supplies the glasses and sent to the N.I. General Health Services Board after Part VII and Part VIII have been completed as appropriate

Details of glasses supplied to prescription overleaf

Lenses:

Distance.....

Reading.....

Frames:

Distance:
New H.S. No.....
New private.....
Reglazed, supplied (date)
.....

Reading:
New H.S. No. .....
New private.....
Reglazed, supplied (date)
.....

Scale fees due from Applicant and Board

	Distance £ s. d.	Reading £ s. d.
1. Lens—right		
2. Lens—left		
3. Extras clinically necessary		
4. Extras not clinically necessary		
5. Health Service Frames		
6. Case		
7. Sum of above		
8. Dispensing fee		
9. Cost of glasses (sum of 7 and 8) —		
10. Charge to Applicant at (v) — —		
11. Net amount payable by Board —		

Charge to Applicant

Lenses:	£ s. d.
(i) Single vision	
(ii) Bifocal	
(iii) Extras not clinically necessary	
(iv) Health Service Frames	
(v) Total	
£ s. d.	*Authorised*

Name and address of Optician or other person to whom payment should be made (Rubber stamp or block letters)

I have supplied the Applicant with the glasses described above and I claim payment of the net amount shown above from the Board. This sum does not include any amount due from the Applicant.

Signature of Optician (on his own behalf and on behalf of .....)

Signature .....

E.S.C. List No. .....

Date .....

PART II

Form S.E.S.15

Form of Application for Inclusion in the Ophthalmic List

B. OPHTHALMIC OPTICIANS

To: The Secretary,
Northern Ireland General Health Services Board,
27 Adelaide Street,
Belfast, 2.

I ..... (full name)
(Body Corporate) ..... (enrolled name)
of .....
hereby undertake to test sight and supply glasses on the terms of service for the time being in force, and apply to have my (the firm or company's) name included in the Ophthalmic List. My (the firm or company's) consulting rooms or other premises for this purpose and usual hours of service are:—

Address(es) of Consulting Rooms or other premises	*Days and Hours of Service*	
	Days	*Hours*
(*a*)	.....	
(*b*)	.....	
(*c*)	.....	
(*d*)	.....	

To be completed where appropriate.

I am employed by .....
of .....

*[The registered ophthalmic optician(s) in charge at this (these) address(es) is (are):—

Registration Number

(*a*) .....
(*b*) .....
(*c*) .....
(*d*) .....]

I do (do not) carry on other business at the above premises.

If other business is carried on, please state nature of business and at which premises.

My registration number is .....
The firm or company's enrolment number is .....
Signed .....
Date .....

*To be completed only where application is being made by a body corporate.

PART III

Form S.E.S.16

Form of Application for Inclusion in the Ophthalmic List

C. DISPENSING OPTICIANS

To: The Secretary,
Northern Ireland General Health Services Board,
27 Adelaide Street,
Belfast, 2.

I ..... (full name)
(Body Corporate) ..... (enrolled name)
of .....
hereby undertake to supply glasses on the terms of service for the time being in force, and apply to have my (the firm or company's) name included in the Ophthalmic List.

My (the firm or company's) premises for this purpose and usual hours of service are:—

	Address(es) of Premises	*Days and Hours of Service* *Days*	*Hours*
(*a*)	.....	.....	
(*b*)	.....	.....	
(*c*)	.....	.....	
(*d*)	.....	.....	

To be completed where appropriate. I am employed by .....
of .....

*[The registered dispensing optician(s) in charge at this (these) address(es) is (are):—

Registration Number

(*a*) .....
(*b*) .....
(*c*) .....
(*d*) .....]

I do (do not) carry on other business at the above premises.

If another business is carried on, please state nature of business and at which premises.

My registration number is .....
The firm or company's enrolment number is .....
Signed .....
Date .....

*To be completed only where application is being made by a body corporate.