



## SCOTTISH EXECUTIVE

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Health Directorates  
Primary & Community Care Directorate

Primary Care Division  
St Andrew's House  
Regent Road  
EDINBURGH  
EH1 3DG

Dear Colleague

20 July 2007

### **GENERAL OPHTHALMIC SERVICES ALLOWANCE FOR CONTINUING EDUCATION AND TRAINING**

#### **Addresses**

For action  
Chief Executives,  
NHS Boards

#### **Summary**

Director,  
Practitioner Services

1. This letter advises NHS Boards and Practitioner Services of the allowance payable to optometrists and ophthalmic medical practitioners for loss of earnings in respect of continuing education and training (CET) for 2006.

For information  
Chief Executive,  
NHS National Services Scotland

#### **Action**

#### **Enquiries to:**

2. NHS Boards and Practitioner Services area asked to note:

Lynne Morrison  
Primary Care Division  
1<sup>st</sup> Floor East Rear  
St Andrew's House  
EDINBURGH  
EH1 3DG

2.1 the information about the CET allowance contained in the Memorandum to this letter;

2.2 that a form for claiming the 2006 CET allowance is attached to the Memorandum to this letter.

Tel: 0131-244 2466  
Fax: 0131-244 2326  
email:  
[Lynne.A.Morrison@scotland.gsi.gov.uk](mailto:Lynne.A.Morrison@scotland.gsi.gov.uk)  
<http://www.scotland.gov.uk>

5. Copies of the Memorandum to this letter are being sent under separate cover for **urgent** distribution to all optometrists and ophthalmic medical practitioners on NHS Board lists.

Yours sincerely

DR JONATHAN PRYCE  
Head of Primary Care Division

**MEMORANDUM TO NHS:  
2007 PCA(O)4**

**NATIONAL HEALTH SERVICE  
GENERAL OPHTHALMIC SERVICES  
ALLOWANCE FOR CONTINUING EDUCATION AND TRAINING**

1. This Memorandum advises optometrists and ophthalmic medical practitioners (OMPs) of the allowance payable for loss of earnings in respect of continuing education and training (CET) for 2006.

2. Paragraph 4 of the Memorandum to [NHS: 2007 PCA\(O\)1](#), issued on 9 February 2007, advised of the level of payment for CET which has been agreed for 2006 and that further guidance would issue about the payment together with a revision to the Statement and timescale for making claims. The Scottish Executive has agreed that payments for 2006 should be made in respect of CET undertaken by optometrists and OMPs without further medical appointments.

3. The payment which will be payable in respect of CET undertaken in 2006, ie in the year to 31 December 2006, is £436. The payment is due to:

- optometrists, other than a body corporate carrying on the business of optometrists; and
- ophthalmic medical practitioners, who conduct only eye examinations and have no other remunerated medical employment such as hospital work or general practice;

who were on the first part of the Ophthalmic List of an NHS Board, ie a contractor, or who assisted, ie on the second part of the Ophthalmic List of an NHS Board, a contractor in the provision of general ophthalmic services for at least six months in the relevant year and have maintained their professional registration. The payment is for having undertaken appropriate CET.

4. Claims from eligible optometrists and OMPs for a CET payment should be made to Practitioner Services of NHS National Services, Scotland by a contractor, whether the contractor is claiming for him/herself or for an assistant. Claims should be submitted by 31 October 2007. A claim form for this purpose is attached at Annex B. Contractors are required to provide details of the bank account that they wish the CET payment to be paid to. If this information is not provided the claim will not be paid.

5. Where a contractor is making a claim in respect of an assistant, the claim should normally be paid to the contractor whom the assistant assists. Where an assistant assists two or more contractors the CET allowance should be claimed by and paid to the contractor whom the assistant nominates for the purpose of payment of the CET allowance.

6. A separate claim must be made for each eligible optometrist/OMP. Only one claim is payable per eligible optometrist/OMP.

7. For OMPs the payment may only be made to practitioners who have no other medical appointments, ie who do no other remunerative work than eye examinations.

8. Payment must be made to contractors. Arrangements for payments to assistants are a matter for agreement between contractors and assistants and not a matter for the NHS. In cases where the contractor has provided or made available to the assistant sufficient CET to enable the assistant to meet the statutory requirements for compulsory CET (in the case of an optometrist subject to the requirements of the GOC) then the payment may be retained by the contractor. However, if they do not the payment is due to the assistant.

9. Optometrists/OMPs are not required to produce direct evidence of undertaking CET as a compulsory part of the claim or pre-condition of payment. However, a claim may only be paid in respect of an optometrist/OMP who has maintained their professional registration and Practitioner Services may conduct a sample or selective check to confirm registration.

10. A revised Appendix C (continuing education and training allowance) to the Statement to provide for the allowance for 2006 is attached at Annex A.

11. Any enquiries arising out of this Memorandum should be taken up with your NHS Board.

SCOTTISH EXECUTIVE HEALTH DEPARTMENT  
20 July 2007

**CONTINUING EDUCATION AND TRAINING ALLOWANCE**

1. For the purposes of this allowance:

“assistant” means a person who has undertaken to assist in the provision of general ophthalmic services and whose name is included in the second part of the Ophthalmic List;

“CET” means continuing education and training;

“CET allowance” means the sum of £436;

“contractor” means a person, other than a body corporate carrying on the business of optometrists, who has undertaken to provide general ophthalmic services and whose name is included in the first part of the Ophthalmic List;

“professional registration” means for opticians registration with the General Optical Council and for ophthalmic medical practitioners registration with the General Medical Council; and

“relevant year” means the year commencing 1<sup>st</sup> January 2006.

2. Subject to sub-paragraph 5, a CET allowance shall be payable to an optician other than a body corporate if –

- a. his/her name was included in the first part of the Ophthalmic List of a Health Board for a period of at least six months during the relevant year;
- b. he/she has maintained his/her professional registration;
- c. he/she has undertaken appropriate continuing education and training during the relevant year; and
- d. he/she complies with sub-paragraphs 7 and 8.

3. Subject to sub-paragraph 5, a CET allowance shall be payable to an ophthalmic medical practitioner if –

- a. during the relevant year his/her only remunerated medical or optical activity was the conduct of NHS eye examinations;
- b. his/her name was included in the first part of the Ophthalmic List of a Health Board for a period of at least six months during the relevant year;
- c. he/she has maintained his/her professional registration;
- d. he/she has undertaken appropriate continuing education and training during the relevant year; and

- e. he/she complies with sub-paragraphs 7 and 8.
4. Subject to sub-paragraph 5 and 6, a CET allowance shall be payable to contractor in respect of each assistant who assists that contractor if that assistant –
- a. is either –
    - (i) an optician (other than a body corporate), or
    - (ii) an ophthalmic medical practitioner whose only remunerated medical or optical activity during the relevant year was the conduct of NHS eye examinations;
  - b. is included in the second part of the Ophthalmic List of the Health Board in respect of which the contract makes a claim for a CET allowance;
  - c. has assisted in the provision of general ophthalmic services for a period of at least six months during the relevant year;
  - d. has maintained his/her professional registration; and
  - e. has undertaken appropriate continuing education and training during the relevant year,

and the contractor complies with sub-paragraphs 7 and 8.

5. Only one CET allowances may be paid in respect of any one person.
6. Where an assistant assist two or more contractors, the CET allowance shall be paid to the contractor who the assistant nominates for the purposes of payment of the CET allowance under this determination.
7. A claim for a CET allowance shall be made in writing on the form provided for this purpose by the Health Board.
8. A separate claim form shall be completed for each CET allowance claimed.
9. A claim for a CET allowance shall be made by 31 October 2007.

**NATIONAL HEALTH SERVICE**  
**GENERAL OPHTHALMIC SERVICES**

**CLAIM IN RESPECT OF .....NHS BOARD FOR A CONTINUING**  
**EDUCATION AND TRAINING ALLOWANCE**

An allowance for continuing education and training (CET) is payable to optometrists, other than bodies corporate carrying on the business of optometrists, and ophthalmic medical practitioners (OMPs) on the first part of NHS Board Ophthalmic Lists. Where your name is included in the Ophthalmic List of more than one Board you should make the claim in respect of the NHS Board for whom you provide the greatest proportion of general ophthalmic services at the time you make the claim. An allowance can also be claimed by an optometrist or OMP on the first part of the Ophthalmic List for CET undertaken by an assistant on the second part of the Ophthalmic List.

A claim can be made by an optometrist or OMP in respect of CET undertaken personally or undertaken by an assistant on the second part of the ophthalmic list in the year to 31 December 2006. Full details of this allowance are contained in Appendix C of the Statement.

**PART 1 PARTICULARS OF OPTOMETRIST/OMP (Please complete this section in BLOCK CAPITALS)**

1. Surname .....	5. List Number
2. Other Names (in full) .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Practice Address .....	
.....	
.....	
.....Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4. Bank details where payment has to be made:	Bank Sort Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Payee .....	
Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**PART 2 PARTICULARS OF ASSISTANT (Please complete this section in BLOCK CAPITALS)**

1. Surname .....	3. Assistant List Number
2. Other Names (in full).....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Where the claim is in respect of an assistant the claim must be made by and the payment made to an optometrist or OMP on the first part of the Ophthalmic List of the relevant NHS Board in respect of that assistant (who should be nominated by the assistant if they assist more than one optometrist/OMP). Payment will be made to the optometrist/OMP as identified in Part 1 above. Only one payment may be made in respect of each individual assistant, irrespective of the number of optometrists/OMPs they assist or the number of NHS Board Ophthalmic Lists, second part, they are on. The assistant should confirm by signing the declaration below that to his or her knowledge only one claim is being made in their name.

**PART 3 DECLARATION BY OPTOMETRIST/OMP AT PART 1 ABOVE**

I claim payment of the CET allowance of £436 and I declare that:

- I have maintained my professional registration;
- appropriate CET was undertaken during 2006;
- I am properly entitled to claim the allowance; and
- the information I have given on this form is correct and complete. I understand that if it is not appropriate action may be taken against me.

For the purposes of verification of this claim for a CET allowance and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by the Common Services Agency.

Where this claim is in respect of my personal CET I also confirm that I am an optometrist/OMP on the first part of the Ophthalmic List of the NHS Board in respect of which I am claiming this allowance and that it is the only claim for the CET allowance that I have submitted or will submit in respect of 2006.

For claims made in respect of a named assistant I confirm that the information provided is correct to the best of my knowledge and that appropriate action may be taken if there is proved to have been more than one claim in respect of a named assistant. I further confirm that, if I have not made CET available in paid time or under an alternative arrangement agreed between us, I will pass on the payment to the named assistant. In the case of an optometrist subject to the requirements of the GOC, if I have made available fewer than 12 GOC accredited points of CET I will pas on to the named assistant a proportion of the payment calculated either on a basis agreed between us or, failing that, pro rata, based on 12 points made available entitling me to retain 100% of the annual fund.

Optometrist/OMP Signature ..... Date .....

**PART 4 DECLARATION BY ASSISTANT**

**If the claim is in respect of an assistant, the assistant should sign the following declaration:**

I understand that the above named optometrist/OMP is claiming payment of the £436 CET grant in respect of myself and I declare that:

- I undertook appropriate CET during 2006; and
- the information I have given on this form is correct and complete. I understand that if it is not appropriate action may be taken against me.

For the purposes of verification of this claim for a CET allowance and the prevention and detection of fraud, I consent to the disclosure of relevant information from this form to and by the Common Services Agency.

I also confirm that I am included in the second part of the ophthalmic list of the NHS Board in respect of which this claim is being made and that this is the only claim for the CET allowance that has been submitted or will be submitted with my agreement in respect of CET in 2006.

Assistant's Signature ..... Date .....

**PLEASE RETURN COMPLETED FORMS TO NHS NATIONAL SERVICES SCOTLAND, PRACTITIONER SERVICES, GYLE SQUARE, 1 SOUTH GYLE CRESCENT, EDINBURGH, EH12 9EB BY 31 OCTOBER 2007 AND MARK THE ENVELOPE CET ALLOWANCE CLAIM**