

Qualifications of medical practitioners, ophthalmic opticians and dispensing opticians

REGULATIONS, DATED 7TH MAY, 1948, MADE BY THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT UNDER SECTIONS TWENTY-TWO AND EIGHTY-SIX OF THE HEALTH SERVICES ACT (NORTHERN IRELAND), 1948.

1948. No. 122

Amended 1948 S.R.O. (N.I) 267

The Ministry of Health and Local Government for Northern Ireland (in these Regulations referred to as "the Ministry"), in exercise of the powers conferred on it by sections twenty-two and eighty-six of the Health Services Act (Northern Ireland), 1948 (in these Regulations referred to as "the Act"), hereby makes the following Regulations, that is to say :—

1.—(1) These Regulations may be cited as the Health Services (Supplementary Eye Services) (Qualifications) Regulations (Northern Ireland), 1948.

(2) In these Regulations, unless the context otherwise requires, the following expressions have the meanings hereby assigned to them, that is to say :—

"Minister" means the Minister of Health and Local Government for Northern Ireland :

"Authority" means the Northern Ireland Hospitals Authority :

"Tribunal" means the Tribunal constituted under the provisions of section sixteen of the Act :

(3) The Interpretation Act, 1921, shall apply for the purpose of the interpretation of these Regulations in like manner as it applies for the interpretation of an Act of the Parliament of Northern Ireland.

2.—(1) A medical practitioner who makes application to the Ministry in the form set out in Part I of the Schedule to these Regulations (or in a form to the like effect) and who has —

- (a) completed an academic or post-graduate course in ophthalmology approved by the Advisory Committee hereinafter in this paragraph mentioned and received a diploma or certificate in respect of such course ; or
- (b) 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 ; or
- (c) held any appointment for a period of two years affording special opportunities for acquiring the necessary skill and experience of the kind required for the services to be rendered ; or

- (d) had on the date of his application under this paragraph, his name included in the list of medical practitioners prepared by the British Medical Association or the National Ophthalmic Treatment Board or the Incorporated Ophthalmic Council for use by approved societies for the purpose of ophthalmic benefit under the National Health Insurance Act, 1936,

and has had adequate, including recent, experience in ophthalmology shall be a medical practitioner having the prescribed qualifications for the purposes of section twenty-two of the Act.

(2) The question whether any medical practitioner who makes an application under the foregoing provisions has or has not had adequate experience shall be determined by the Ministry acting on the advice of an advisory committee to be appointed by the Minister under the provisions of section three of the Act after consultation with the Authority and such organisation or organisations as may be recognised by the Minister as representing medical practitioners and every such application shall be referred by the Ministry for consideration by that committee.

3.—(1) An ophthalmic optician who makes application in the form set out in Part II of the Schedule to these Regulations (or a form to the like effect) and who :—

- (a) is in possession of one of the following diplomas or certificates :—

- (i) The Fellowship Diploma of the British Optical Association ;
- (ii) The Honours Fellowship Diploma of the British Optical Association ;
- (iii) The Fellowship Diploma of the Worshipful Company of Spectacle Makers ;
- (iv) The Honours Fellowship Diploma of the Worshipful Company of Spectacle Makers ;
- (v) The Fellowship Diploma of the National Association of Opticians, if obtained subsequent to the 16th day of October, 1935 ;
- (vi) The Fellowship Diploma of the Scottish Association of Opticians, if obtained subsequent to the 12th day of December, 1935 ;
- (vii) The Membership Certificate of the Institute of Chemist-Opticians, if obtained subsequent to the 12th day of December, 1935 ; or

- (b) is on the day on which he makes such application an optician on the list of the Ophthalmic Benefit Approved Committee constituted under the National Health Insurance Act, 1936 ; or

(c) has at the date on which he makes such application been in practice as an ophthalmic optician, for fifteen out of the previous twenty years, including five years between the 1st day of October, 1930, and the 30th day of September, 1937, and has had adequate, including recent, experience as an ophthalmic optician shall be an ophthalmic optician having the prescribed qualifications for the purposes of section eighty-six of the Act.

(2) The question whether an ophthalmic optician who makes an application under this Regulation has or has not had adequate experience shall be determined by the Ministry acting on the advice of an advisory committee to be appointed by the Minister under the provisions of section three of the Act after consultation with the Authority and such organisation or organisations as may be recognized by the Minister as representing opticians and every such application shall be referred by the Ministry for consideration by that committee.

(3) Notwithstanding the provisions of paragraph (1) of this Regulation, a person who by virtue of having passed a supplementary or modified examination is in possession of one of the diplomas or certificates specified in the said paragraph shall not be entitled to have his possession of such diploma or certificate taken into consideration for the purposes of this Regulation unless the advisory committee referred to in this Regulation advise that his possession of the diploma or certificate should be taken into consideration.

4.—(1) A dispensing optician who makes application in the form set out in Part III of the Schedule to these Regulations (or a form to the like effect) and who :—

(a) is in possession of one of the following diplomas or certificates :—

(i) any of the diplomas or certificates mentioned in subparagraph (a) of paragraph (2) of this Regulation or the dispensing certificate of any of the examining bodies referred to in the said subparagraph ;

(ii) The Associate Diploma or the Fellowship Diploma of the Association of Dispensing Opticians ; or

(b) has passed the practical side of the final dispensing examination of the Association of Dispensing Opticians and has been engaged as a dispensing optician for a period of five years ; or

(c) has at the date on which he makes such application been engaged as an optician for ten out of the previous fifteen years, and for five years between the 1st day of October, 1930 and the 30th day of September, 1937,

and has had adequate, including recent, experience as a dispensing optician shall be a dispensing optician having the prescribed qualifications for the purposes of section eighty-six of the Act.

(2) The question whether a dispensing optician who makes an application under this Regulation has or has not had adequate experience shall be determined by the Ministry acting on the advice of the advisory committee referred to in paragraph (2) of Regulation three of these Regulations and every such application shall be referred by the Ministry for consideration by that committee.

5. A person who is entitled to make an application either under Regulation three or Regulation four of these Regulations may apply under either Regulation, but no person shall have his qualifications approved under both Regulations three and four.

6. The qualifications required by an ophthalmic optician or a dispensing optician, being a firm or company (whether corporate or unincorporate), for the purposes of section eighty-six of the Act and these Regulations, shall be that at all premises at which the firm or company provide supplementary eye services such services shall be in charge of a director or member or employee of the firm or company who possesses:

- (a) in the case of a firm or company who propose to provide services as ophthalmic opticians, a qualification specified in Regulation three of these Regulations, or
- (b) in the case of a firm or company who propose to provide services as dispensing opticians, a qualification specified in Regulation four of these Regulations.

7. Notwithstanding the foregoing provisions of these Regulations, a person who has the qualifications prescribed for a medical practitioner, ophthalmic optician or dispensing optician for the purpose of providing supplementary ophthalmic services in England and Wales or in Scotland under the National Health Service Act, 1946 and the National Health Service (Scotland) Act, 1947, respectively, shall for the purposes of sections twenty-two and eighty-six of the Act and these Regulations be deemed to have the corresponding qualifications prescribed by these Regulations.

8. Every person who makes an application under any of the foregoing provisions of these Regulations 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 also shall inform the Authority and each of the advisory committees referred to in these Regulations of each such determination.

9. A medical practitioner, an ophthalmic optician or a dispensing optician who has made an application under the foregoing provisions of these Regulations and who has been informed that it has been determined by the Ministry that for the purposes of those provisions he has not the prescribed qualifications, by reason of his not having had adequate experience, shall if he wishes to provide supplementary eye

services as such under the Act have the right to require that the Authority shall, within three months after the date on which it has been so determined by the Ministry, consider any offer he may make to provide such services. Notwithstanding anything in the foregoing provisions of these Regulations, if the Authority, after considering the offer made by any such person and such other information as may be furnished by him, including the particulars given by him in his application under the foregoing provisions of these Regulations, think fit so to regard him, such person shall be regarded as if he had the prescribed qualifications for the purposes of these Regulations ; but nothing in this Regulation shall prevent the making of representations to the Tribunal in respect of that person in accordance with the provisions of section sixteen of the Act.

Sealed with the Official Seal of the Ministry of Health and Local Government for Northern Ireland this seventh day of May, one thousand nine hundred and forty-eight, in the presence of :

(L.S.)

Thos. Elwood,
Assistant Secretary.

SCHEDULE

PART I.

FORM S.E.S. 1

HEALTH SERVICES ACT (NORTHERN IRELAND) 1948

FORM OF APPLICATION FOR USE BY A MEDICAL PRACTITIONER WHO CLAIMS TO HAVE THE QUALIFICATIONS PRESCRIBED FOR THE PURPOSES OF SECTION 22 OF THE HEALTH SERVICES ACT (NORTHERN IRELAND), 1948.

(NOTE : The completion of this application form and any subsequent determination on it in no way binds a practitioner to participate in the supplementary eye service under the Act.)

To: THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT, STORMONT, BELFAST.

I, of (Private Address)....., a registered medical practitioner resident in Northern Ireland and included in the medical register in that name and having the qualifications indicated hereunder, hereby make application and claim that I have the qualifications for medical practitioners prescribed under Section 22 of the Health Services Act (Northern Ireland), 1948.

I am not disqualified from undertaking service by reason of my name having been removed from the medical list.

QUALIFICATIONS

1. Give particulars of :

- (a) academic or post-graduate course(s) in ophthalmology, and of diploma(s) or certificate(s) received.

SECTION A

To : THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT, STORMONT, BELFAST.

I HEREBY make application for the purpose of the above-mentioned Regulations and give the following particulars :—

SURNAME

(Block Capitals)

CHRISTIAN NAMES (in full)

(Block Capitals)

DATE OF BIRTH..... NATIONALITY.....

PLACE OF BIRTH.....

PRIVATE ADDRESS.....

(Block Capitals)

PROFESSIONAL ADDRESSES (where relevant include name of firm under which practice is carried on) :— (Block Capitals).....

(a) Full time attendance at.....

Town..... County.....

(b) Part time attendance at (i)

Town..... County.....

(ii)

Town..... County.....

(iii)

Town..... County.....

QUALIFICATIONS

OPTICAL DIPLOMAS OR CERTIFICATES HELD BY EXAMINATION AND DATES GAINED

Diploma or Certificate Held	Diploma or Certificate No.	Date Gained
.....
.....
.....
.....
.....

Is your name on the O.B.A.C. List? (Answer YES or NO)

If "YES", state your O.B.A.C. Number

If "NO", give reasons

Has your name at any time been removed from the O.B.A.C. List?

(Answer YES or No)

If "YES", state reasons for removal and relevant dates.....

EXPERIENCE

State the number of years' experience you have had as an ophthalmic optician,years.

Give full details of your experience for the two years immediately prior to date of application. (If in practice on own account, state so, and give relevant details and dates) :—

Name and Address of Principal	Position Held	Dates of Engagement	
		From	To
.....
.....
.....
.....

DECLARATION

I DECLARE that the above particulars are, to the best of my knowledge and belief, a true record of my ophthalmic qualifications and experience.

Date Signature of Applicant.....

WITNESS

Date Signature of Witness.....

Address

NOTE : After completion of Section A, this form must be returned to the Secretary, Ministry of Health and Local Government, Stormont, Belfast.

SECTION B

To : (For the use of the EXAMINING BODIES only)

THE ADVISORY COMMITTEE FOR SUPPLEMENTARY EYE SERVICES (OPTICIANS)

I CERTIFY that the signatory of Section A of this form holds the Diploma stated by him under "Optical Diplomas" in Section A above.

Date Signed

Secretary of

(After verification, this form should be returned to the Secretary, Advisory Committee for Supplementary Eye Services (Opticians), c/o Ministry of Health and Local Government, Stormont, Belfast.)

FOR OFFICE USE ONLY

NOTES

	Date	Init.
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OBAC Ck		
Exp Ck		
To Exam		
From Exam		
To Com		
Accept		
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Reject		
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Notify		

(2) For use by an optician not holding an examining body's diploma or certificate

Form S.E.S. 3

File No.

HEALTH SERVICES ACT (NORTHERN IRELAND), 1948

FORM OF APPLICATION FOR USE BY A PERSON WHO CLAIMS TO BE AN OPHTHALMIC OPTICIAN FOR THE PURPOSES OF THE HEALTH SERVICES (SUPPLEMENTARY EYE SERVICES) (QUALIFICATIONS) REGULATIONS (NORTHERN IRELAND), 1948.

NOTE : The completion of this application form and any subsequent determination on it in no way binds any person to participate in the supplementary eye service under the Act.

SECTION A

To : THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT, STORMONT, BELFAST.

I HEREBY make application for the purpose of the above-mentioned Regulations and give the following particulars :—

SURNAME (Block Capitals)

CHRISTIAN NAMES (in full) (Block Capitals)

DATE OF BIRTH NATIONALITY

PLACE OF BIRTH

PRIVATE ADDRESS (Block Capitals)

PROFESSIONAL ADDRESSES (where relevant include name of firm under which practice is carried on) :— (Block Capitals)

(a) Full time attendance at Town County

(b) Part time attendance at (i) Town County

(ii) Town County

(iii) Town County

Is your name on the current Ophthalmic Benefit Approved Committee List? (Answer YES or NO)

If " YES ", state your Number

If " No ", give reasons

Has your name ever at any time been removed from the Ophthalmic Benefit Approved Committee List? (Answer YES or No)

If " YES ", state reasons for removal and relevant dates

EXPERIENCE

State the number of years' experience you have had as an ophthalmic optician — years.

Give details of the posts held by you in ophthalmic optics for the past twenty years. (If in practice on own account, state so, and give relevant details and dates :

Name and Address of Principal	Position Held	Dates of Engagement	
		From	To

EXPERIENCE IN DETAIL

Have you passed the examination or any part thereof of the Worshipful Company of Spectacle Makers, the British Optical Association, the National Association of Opticians, The Institute of Chemists-Opticians, or the Scottish Association of Opticians? State which, and the date of completing the examination in each case. If so give particulars —

.....

Are you a member of any Optical Association? If so state which.....

What experience in Refraction have you had, i.e., what average annual number of cases have you personally examined during the past five years?

What knowledge and experience have you in the use of the ophthalmoscope, and in the detection of abnormal conditions?

.....

What knowledge and experience have you in the use of the Perimeter and Scotometer?

.....

If admitted, do you undertake to give an ophthalmoscopic and proper examination for the detection of abnormal conditions?

Give a list of your equipment and indicate those used in your routine examination

.....

.....

.....

.....

Describe your routine examination and subsequent procedure :—

- (a) in a normal case,
 - (b) in a suspected abnormal case.
-
-
-

Give particulars of hospital or any other appointments which you have held affording opportunities for acquiring special skill or experience of the kind required for the performance of the service of Refraction and the detection of disease.....

.....

.....

Is your Consulting Room separate from any other activity ?.....

Give particulars of any lectures which you have attended, or any special academic studies in Refraction and the detection of disease which you have undertaken.....

REFERENCES

Give the names of TWO ophthalmic opticians, who hold recognised optical diplomas, or of TWO medical practitioners, or ONE of each to whom reference may be made.

- 1. Name..... Address
- 2. Name..... Address

DECLARATION

I DECLARE that the above particulars are, to the best of my knowledge and belief, a true record of my ophthalmic qualifications and experience.

Date..... Signature of Applicant.....

WITNESS

Date..... Signature of Witness.....

Address.....

NOTE :—After completion of Section A, this form must be returned to the Secretary, Ministry of Health, and Local Government, Stormont, Belfast.

SECTION B

(For use of the Ophthalmic Benefit Approved Committee only)

To : THE ADVISORY COMMITTEE FOR SUPPLEMENTARY EYE SERVICES (OPTICIANS)

I CERTIFY that the signatory of Section A above, is an optician recognised by the Ophthalmic Benefit Approved Committee, and that his name is entered on the current List under the number quoted by him above.

Date..... Signed.....

Secretary of the Ophthalmic Benefit Approved Committee.

(After verification, this form should be returned to The Secretary, The Advisory Committee for Supplementary Eye Services (Opticians), c/o Ministry of Health and Local Government, Stormont, Belfast.

	Date	Init.
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1 Ck		
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PART III (DISPENSING OPTICIANS)

FORM S.E.S. 4.

File No.

HEALTH SERVICES ACT (NORTHERN IRELAND), 1948

FORM OF APPLICATION FOR USE BY A PERSON WHO CLAIMS TO BE A DISPENSING OPTICIAN FOR THE PURPOSES OF THE HEALTH SERVICES (SUPPLEMENTARY EYE SERVICES) (QUALIFICATIONS) REGULATIONS (NORTHERN IRELAND), 1948.

NOTE: *The completion of this application form and any subsequent determination on it in no way binds any person to participate in the supplementary eye service under the Act.*

SECTION A

To: THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT, STORMONT, BELFAST.

I HEREBY make application for the purpose of the above-mentioned Regulations and give the following particulars:—

SURNAME
 (Block Capitals)
 CHRISTIAN NAMES (in full)
 (Block Capitals)
 DATE OF BIRTH..... NATIONALITY.....
 PLACE OF BIRTH.....
 PRIVATE ADDRESS.....
 (Block Capitals)
 PROFESSIONAL ADDRESSES (where relevant include name of firm under which practice is carried on) :- (Block Capitals).....

- (a) Full time attendance at.....
 Town..... County.....
- (b) Part time attendance at (i)
 Town..... County.....
 (ii)
 Town..... County.....
 (iii)
 Town..... County.....

Is your name on the current Ophthalmic Benefit Approved Committee List ?
 (Answer YES or No).....

If " YES ", state your Number.....

If " No ", give reasons.....

Has your name ever at any time been removed from the Ophthalmic Benefit Approved Committee List ?
 (Answer YES or No).....

If " YES ", state reasons for removal and relevant dates.....

EXPERIENCE

State the number of years experience you have had as a dispensing optician
years.

Give details of the posts held by you for the past twenty years. (If in practice on your own account, state so and give relevant details and dates.)

Name and Address of Principal	Position Held	Dates of Engagement	
		From	To
.....
.....
.....
.....

EXPERIENCE IN DETAIL

Have you passed the examination or any part thereof of the Worshipful Company of Spectacle Makers, The British Optical Association, The National Association of Opticians, The Institute of Chemists-Opticians or The Scottish Association of Opticians? If so state which and the date of completing the examination in each case.

.....

Are you in possession of the Associate Diploma or the Fellowship Diploma of the Association of Dispensing Opticians ?

If so state the date on which the Diploma was granted

Have you passed the practical side of the final dispensing examination of the Association of Dispensing Opticians ?

If so state date of passing

Are you a member of any Optical Association ? If so, state which

Give particulars of any lectures which you have attended or any special academic studies which you have undertaken and which have afforded you opportunities for acquiring special skill or experience of the kind required for the performance of the duties of Dispensing Optician.

REFERENCES

Give the names of Two opticians holding recognised optical diplomas or of Two medical practitioners or ONE of each to whom reference may be made.

- 1. Name Address
2. Name Address

DECLARATION

I DECLARE that the above particulars are, to the best of my knowledge and belief, a true record of my ophthalmic qualifications and experience.

Date Signature of Applicant
Witness Signature of Witness
Date Address

NOTE : After completion of Section A, this form must be returned to the Secretary, Ministry of Health and Local Government, Stormont, Belfast.

SECTION B

(For use of the OPHTHALMIC BENEFIT APPROVED COMMITTEE only)

TO : THE ADVISORY COMMITTEE FOR SUPPLEMENTARY EYE SERVICES (OPTICIANS)

I CERTIFY that the signatory of Section A above, is an optician recognised by the Ophthalmic Benefit Approved Committee, and that his name is entered on the current list of that Committee under the number quoted by him above.

Date Signed Secretary, Ophthalmic Benefit Approved Committee.

(After verification, this form should be returned to the Secretary, The Advisory Committee for Supplementary Eye Services (Opticians), c/o Ministry of Health and Local Government, Stormont, Belfast).

FOR OFFICE USE ONLY

NOTES

	Date	Init.
Rec		
Ack		
1 Ck		
OBAC Ck		
Exp Ck		
To OBAC		
Fr. OBAC		
1 Ref Ck		
2 Ref Ck		
To Com		
Accept		
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Notify		

REGULATIONS, DATED 8TH SEPTEMBER, 1948, MADE BY THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT UNDER SECTIONS TWENTY-TWO AND EIGHTY-SIX OF THE HEALTH SERVICES ACT (NORTHERN IRELAND) 1948.

1948. No. 267

The Ministry of Health and Local Government for Northern Ireland (in these Regulations referred to as "the Ministry"), in exercise of the powers conferred on it by sections twenty-two and eighty-six of the Health Services Act (Northern Ireland), 1948, hereby makes the following Regulations, that is to say :—

1.—(1) These Regulations may be cited as the Health Services (Supplementary Eye Services) (Qualifications) (Amendment) Regulations (Northern Ireland), 1948.

(2) These Regulations shall be read as one with the Health Services (Supplementary Eye Services) (Qualifications) Regulations