

7 June 2016

By email

Ms Beth Bear
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Dear Beth

Thank you for giving us the opportunity to comment on the draft documents produced by the Royal College of Ophthalmologists' Refractive Surgery Group. We will take the documents in turn:

Overall

We note the GMC has recently stated that *laser and refractive eye surgery share many similarities with cosmetic surgery and we would consider these to be covered within the scope of [the cosmetic interventions] guidance*. We are disappointed that this was not made clear in the actual GMC guidance when it was published. We would concur with the Group's original decision that it is functional surgery, which is different, and some forms of it are similar in nature to cataract surgery.

Standards for patient information and consent for refractive surgery

Para 4.2: We should like to see the phrase 'advice from non medical staff' expanded. We accept that the GMC principles that apply to cosmetic surgery should also apply to refractive surgery. We do not believe, however, that the Royal College of Ophthalmologists should go beyond those principles. In particular, while we agree that the surgeon will take consent, we believe that the optometrist can play a significant role at earlier stages, making the surgeon's task easier. We should like this section to be expanded to say that the optometrist could interpret the results of the tests and explain these, and the different procedures, to the patient. He or she could also explain which procedure was most likely to be appropriate and why, and answer any questions the patient might have so that the patient was better prepared for the discussion with the surgeon.

Advertising and marketing standards for refractive surgery

Para 1.6: We accept that it is important that the patient is not misled by the way that pricing is set out but we believe that it is helpful for patients to have an understanding of the likely price range before they approach a provider.

Para 4.6: Is the College in a position to prohibit deals? Paragraph 4.10 states that the Royal College has no role or remit in terms of enforcement. If the prohibition comes from elsewhere, it might be clearer to say xxx prohibits the following...

Patient information

These comments are based on the PIOL information document but relate to all documents.

Structure

The structure is confusing for those who have no knowledge of the procedures. Points are not set out logically. For example, para 5.1 sets out the alternative procedures but para 5.5 suggests the only alternative is staying in spectacles or contact lenses. This is not the case.

Risks are mentioned in 5.8 but the actual section on risks is later in the document.

In the 'what are the risks' section – presumably the risks of PIOL – there is a section on risks of contact lens wear.

A possible structure might be to put topics in order of importance to patients:

- What is PIOL
- How much does it cost
- Who is suitable
- What are the benefits
- What are the risks
- What are the side effects
- Possible affect on future eye health
- Reducing risk of problems
- What are the alternatives (inc listing the above topics about these or including links to other documents within them)
- Glossary

Content

There are figures for the number of contact lens wearers who will develop a serious corneal infection but none for other processes. Patients might find a table setting out the comparative risk factors and odds ratios helpful.

There is not always enough information, for example in paras 2.2 and 2.4, there is not much information on what this means for the patient. It might be helpful for them to have some examples, say for paragraph 2.2 – this means that you might need glasses for reading or eating, particularly in low light if you have reached the age where you might already have to do this.

Style

Para 2.1 of *Standards for patient information and consent for refractive surgery* states that providers should write patient information in plain English. These documents do not conform to the principles of plain English <http://www.plainenglish.co.uk/> and should be re-written in line with those principles.

The document is not addressed to the reader and the sentences and paragraphs are over long.

Terms such as 'corneal waterlogging' and 'light scatter' are not familiar to all lay people. 'Clips on to iris' (para 1.4) might imply that you could remove the PIOL. Instructions such as 'Set up a smartphone reminder' are not helpful to those unfamiliar with smartphones and this might be better used as an example: 'Set up a reminder system, for example on your smartphone,

Links

It would be helpful to add links to references to information on the other procedures, where these are mentioned, or to other paragraphs where information is linked. Patients might not know where to look when references to 'as explained above' occur, for example in paragraph 9.2.

We should be happy to ask our public patient reference group to comment on these documents if that is helpful.

Review of the evidence base

No comments.

With best wishes.

A handwritten signature in black ink that reads "Cindy Tromans .". The signature is written in a cursive, flowing style.

Cindy Tromans PhD
Chair, Board of Trustees