**Guidance for Professional Practice public consultation comments form.**

Closing date **4 October 5:00 pm.**

Guidance for submitting comments

* Please use this comments form and submit it as an attached Word document (not a PDF, or online linked document).
* We cannot accept more than one form from each stakeholder organisation or individual.
* Do not paste other tables into this table – please type directly into the table.
* Clearly mark any confidential information or other material that you do not wish to be made public with underlining and highlighting. Also, ensure you state in your email to us, and in the row below, that your submission includes confidential comments.
* Do not name or identify any person or include medical information about yourself or another person from which you or the person could be identified as all such data will be deleted or redacted.
* Spell out any abbreviations you use.
* We do not accept comments submitted after the deadline stated for close of consultation.
* There are four sections that you may complete, however there is no requirement to complete all the sections.

We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, not aligned with our values or publication would be unlawful or otherwise inappropriate. Where comments contain confidential information, we will redact the relevant text, or may redact the entire comment as appropriate. Comments received during our consultations are published in the interests of openness and transparency, and to help promote understanding of how our guidance has been developed. The comments are published as a record of the comments we received, and are not an endorsement by The College of Optometrists.

**Section A**

|  |  |
| --- | --- |
| About you and your organisation | |
| Organisation or Individual name |  |
| Are any of the comments confidential? | Yes or No |
| Name of person completing the form |  |
| Your contact email address |  |
| If an individual please state if you are a member of the public or an optometrist. |  |

**Section B (see the summary sheet of changes)**

|  |  |  |
| --- | --- | --- |
| Comments on **new and amended** sections of the draft Guidance for Professional Practice | | |
| Comment number | Section number | Comments   * Insert each comment in a new row. * Do not paste other tables into this table, please type directly into this table. |
| *Example 1* | *M2* | *Myopia management comment* |
| *Example 2* | *R1* | *The definition of remote consultations should be at the start of the section to improve clarity* |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Insert extra rows if required.

**Section C (see the current Guidance for Professional practice online)** [Guidance for Professional Practice - College of Optometrists (college-optometrists.org)](https://www.college-optometrists.org/clinical-guidance/guidance)

|  |  |  |
| --- | --- | --- |
| Comments on **existing** sections of the draft Guidance for Professional Practice | | |
| Comment number | Section number | Comments   * Insert each comment in a new row. * Do not paste other tables into this table, please type directly into this table. |
| *Example 1* | *A56* | *After completing the routine examination you should talk about all forms of prescribing* |
| *Example 2* | *C120* | *The complaints procedures should be on the website.* |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Insert extra rows if required.

**Section D**

|  |  |
| --- | --- |
| Further comments | |
|  | Comments   * Do not paste other tables into this table, please type directly into this table. |
| For the new sections please could you give a score (1-5) of how helpful these changes are. | Please score 1 low and 5 high (1 & 2 if you disagree, 3 if you neither agree or disagree and 4 & 5 if you agree it is helpful) |
| Overall can you please provide a score (1-5) of how helpful the GfPP is to your practice or organisation. | Please score 1 low and 5 high (1 & 2 if you disagree, 3 if you neither agree or disagree and 4 & 5 if you agree it is helpful) |
| Please tell us about any positive or detrimental impacts of the proposed changes on your patients |  |
| Please tell us about any changes on your professional practice as a result of our proposed changes |  |
| Please tell us about any impacts you think the proposed Guidance may have with regard to the protected characteristics, or any other aspect of equality, diversity and inclusion. |  |
| Do any of the proposed changes impact any one of the four nations disproportionately? |  |
| Please tell us if you have any further comments about the  proposed update to the Guidance |  |

**Data protection**

The information you submit on this form will be retained and used by The College of Optometrists, The Guidance for Professional Practice Expert review group and its advisers for the purpose of developing and approving our guidance.Please do not name or identify any individual patient or refer to their medical condition in your comments as all such data will be deleted or redacted. The information may appear in an anonymised format on the College of Optometrists website. We will hold this data for up to 6 years. By submitting your data via this form you are confirming that you have read and understood this statement.

For more information about how we process your data, please see our [Privacy and cookies policy - College of Optometrists (college-optometrists.org)](https://www.college-optometrists.org/privacy-and-cookies-policy)