

Comments on the Safety and quality, Communication, partnership and teamwork, and Maintaining trust domains consultation March 2020

No	Respondent	Paragraph (revised paragraph in brackets)	Comment	Suggested response
1	Dispensing optician	B21 and B25	Replace 'water' with 'hot water'..	Thank you for your comment. We recognise there is little evidence that warm water is more effective than cold water for hand hygiene, although having cold water may discourage people from rinsing their hands as thoroughly in the winter. We will replace 'water' with 'water (warm where available)'..
2	Dispensing optician	B55	Remove 'regularly' from the phrase 'You should regularly decontaminate equipment that comes into contact with patients, including...', as this suggests it does not need to be done after each patient.	Thank you for your comment. We will amend as you suggest.
3	Dispensing optician	B83	Amend paragraph to read 'Note on the bottle when the bottle has been opened and when it should be discarded according to the manufacturer's guidelines, which vary depending on the product and its use'.	Thank you for your comment. We will amend as you suggest.
4	Dispensing optician	B107	Is there a need to apologise to the patient if a near miss occurs?	The paragraph already says that you should reassure the patient if you think it caused them harm, so no changes are needed.
5	College member	C34	It does not make it clear that full disclosure is also now a duty of care and failure to fully disclose would mean that the practitioner could be held negligent regardless of the appropriateness of the treatment.	Thank you for your comment. We will amend the paragraph to read: 'You must 'take reasonable care' to make sure that the patient <i>has understood</i> any material risks involved in any treatment or procedure, and any

				reasonable alternatives. What constitutes a material risk will depend both on what a reasonable person would consider to be significant, as well as what is significant to your particular patient. Failure to do this may mean you have breached your duty of care and make you liable in negligence if the patient suffers harm as a result of the treatment. You should not withhold any information necessary for the patient to make a decision, unless the patient specifically asks not to have the information. You should keep a record of any discussions.'
6	Dispensing Optician	C128 (C125)	Do you need patient permission to share their details?	Thank you for your comment. In these instances, either the patient will have complained to a relevant body (OCCS, GOC etc), and as such they will have given their consent for the information to be disclosed, or they will have been made aware – via the practice's complaints procedure – of who will see the information about them, and the safeguards that are in place to minimise any risks to confidentiality'. No changes needed.
7	Ophthalmologist	C193(b) (C190(b))	Please add 'including images where appropriate' in a referral, to help the triaging practitioner.	Thank you for your comment. We will amend the paragraph to read: C193 You should write a clearly worded referral and include: <ul style="list-style-type: none"> a) relevant details from the eye examination b) the reason for referral, including images where appropriate.

				<p>c) details of discussions with the patient and any with the practitioner to whom you are referring, and</p> <p>d) the level of urgency.</p>
8	Dispensing Optician	C220 (C218)	Add 'student' in front of 'dispensing optician'.	Thank you for your comment. The paragraph will now read 'You must supervise a trainee optometrist, student dispensing optician or medical student, or a dispensing optician training to be a contact lens optician if they are performing restricted functions...'
9	College member	General	Can you please include guidance about PPE usage and measures	Thank you for your comment. We have separate guidance on this in our COVID-19 guidance.
10	Optometrist	Examining patients with low vision (KSP domain)	We would like you to add the proposal that optometrists working in low vision clinics should screen patients for depression by asking two specific questions, as research has shown that the prevalence of depression in adults with low vision is high. This mental health screening is now done in the low vision service in Wales, following optometrists being trained on how to do this..	Thank you for your comment. We agree that it is important to highlight this issue, and that such screening should not be done without training. As such this is something for the low vision service to commission, so we will add reference to the research in the Useful information and links.
11	College member	Examining patients who present with flashes and floaters (KSP domain)	Please can you include more detail about which drugs to use for dilation, the importance of tobacco dust as a finding, and when to review patients.	Thank you for your comments. The Guidance for Professional Practice does not contain such detail about clinical management, which is the purpose of CPD. We have CPD on retinal detachment on the website. No changes needed.
12	College member	Examining patients who	Please can you include that optometrists who examine patients who present with flashes and	Thank you for your comments. We note the RCOphth guidelines have not been updated

		present with flashes and floaters (KSP domain)	floaters should examine them using indirect ophthalmoscopy using scleral indentation, as stated in the Royal College of Ophthalmologists' guidelines from 2010.	since 2010, and also that some hospitals do not perform this procedure routinely. Indentation ophthalmoscopy is not a core skill for optometrists, and if this was required it would need considerable training to upskill optometrists to do this, to avoid all patients with flashes and/or floaters being referred to secondary care. To argue for such a change would need an extensive evidence review, including evidence of false negatives from the current procedures conducted in practice. In addition the NICE Clinical Knowledge Summaries on retinal detachment only require that patients be seen by a 'practitioner competent in the use of slit lamp examination and indirect ophthalmoscopy'. No changes needed at present.
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Equality and diversity

In addition to the changes above, and those that were consulted on, we have added some paragraphs to the Working with colleagues chapter about what should happen if a patient expresses discriminatory views. These are:

C171 Where possible, patients should be given a choice of which optometrist they wish to see.¹ Patients may wish to see an optometrist of their own gender, or who speaks their first language. The reason for a patient's choice is private to them and they should not feel pressured into disclosing this if they do not wish to. However, if it is apparent or disclosed that their choice derives from a discriminatory approach to any

¹ In England, s.2A of Schedule 1 of the General Ophthalmic Services Contracts Regulations 2008 (as amended by the NHS (Miscellaneous Amendments Relating to Ophthalmic Services) Regulations 2010) says "(1) Where the contractor has agreed to provide services to a patient, it must notify the patient (or, in the case of a child or incapable adult, the person who made the application on their behalf) of the patient's right to express a preference to receive services from a particular performer where more than one performer is available.

(2) The contractor must try to comply with any reasonable preference expressed under subparagraph (1) but need not do so if the preferred performer has reasonable grounds for refusing to provide services to the patient."

of the protected characteristics (listed in C170) you should exercise your professional judgement on what to do next. This could include informing the patient that choices on the grounds they have expressed are not acceptable, and explaining how their eye health needs will need to be met elsewhere. See paragraph C173. In England, GOS contractors must keep a written record of a refusal to see a patient and the reason for the refusal.²

C172 You will not be expected to examine a patient who makes an offensive or inappropriate comment about you or a member of staff, especially if it relates to a protected characteristic. If a patient makes such a comment before the consultation begins you may refuse to see them. If the comment is made during the consultation you may stop the examination and bring this to the attention of an appropriate person, such as your practice manager. If you are concerned about the patient's eye health you should direct them to an alternative source of care. You should make a note in the patient record of why you refused to see the patient or stopped the examination.

C173 If you are the practice owner or manager you should make it clear to patients that offensive behaviour will not be tolerated and they will not be seen for a consultation. This can be done by displaying notices in the practice. If you witness instances where offensive behaviour is tolerated within the practice, you should raise this with an appropriate person and escalate this as necessary, see section on Raising Concerns (B94 – B102).

² Except if the reason for refusal was because the patient was not eligible for GOS services or because a sight test was not clinically necessary