

College response to the Optical Confederation consultation on refractive surgery: 3 April 2017

Thank you for giving us the opportunity to respond to your consultation on multi-disciplinary professional standards for refractive surgery providers and clinical teams.

We have not commented on the clinical issues that are set out but should like to make the following points:

- We believe that guidance would be a better term than standards. Standards are normally associated with a regulatory body or a body that can apply sanctions to those who do not meet them. We do not believe that the Optical Confederation is in a position to do this.
- We also wonder if it is appropriate to constantly quote GMC guidance, which only applies to doctors, when there is other guidance that is directly relevant to the other professionals working in the team.
- Paragraphs 1.8 and 1.9: The remit of the standards is unclear. This section would benefit from more clarity about the audience at which the document is aimed.
- Paragraph 1.10: It is difficult to see the point that is being made in this paragraph. The GMC guidance applies to doctors in whichever setting they are working, and the reference to other regulators' guidance is vague.
- Paragraph 1.11 states that the standards are evidence-based. However, there are no references attached to any of the statements to show where the evidence has come from.
- Paragraph 1.11 also refers to best practice. We believe good practice would be a better term, as best practice is difficult to define.
- In section 2, the word *must* is used for each profession. This is true for the list set out for the surgeons. However, it is not always correct for other professions. For example, in 2.3, it is true that optometrists must comply with the GOC's CET requirements but, although their employers may make it a condition of employment that they participate in audit and appraisal, there is no regulatory or legal obligation. *Must* is normally used only to indicate that there is a regulatory or legal obligation. Otherwise, the convention is that the term *should* is normally used.
- Paragraph 5.14: We think that this paragraph would benefit from the addition of a sentence that says: The patients need to be clear that if they meet their surgeon on the day of the surgery, they may find that they are unable to proceed with the operation.
- Paragraph 5.15: We think a time lapse of 48 hours (even though it says at least) is too short a reflection period and may not allow a patient to have time to discuss what they have learned with family and friends.
- Paragraph 6.1: In the penultimate line of this paragraph, it talks about *these roles*. We think there should be greater clarity about what *these* means.

- Paragraph 6.3: The first sentence could perhaps be written in a clearer style.
- Paragraph 6.4: This paragraph should talk about involving the patient in decisions about their care as well as explanation. This would pick up on the sentiment set out in paragraph 5.11.
- Paragraphs 9.5, 9.6 and 9.7: While we understand there may be sound business reasons for these processes, we do not agree with refractive surgery being offered as a prize, endorsements by people with a high public profile or pricing promotions. This is because we think that these could influence vulnerable people unduly.