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How do these standards apply in day to day practice?

We're Going To Look At 3 Scenarios And Discuss The Following:

- What standards have been breached?
- What are the potential implications for those breaches with regards to patient safety?
- How should the registrant have behaved differently?
- What circumstances could have led to the registrant to behave in this way?

Scenario 1

A registrant who has been convicted in court of being in possession of a controlled substance. The registrant re-applies for GOC membership the following year but does not disclose the conviction. The conviction is then brought to light and a fitness to practice hearing is scheduled. Despite numerous attempts to contact the registrant they are unresponsive to letters sent summoning them to the hearing but continue to practice.

- What standards have been breached?
- What are the potential implications for those breaches with regards to patient safety?
- How should the registrant have behaved differently?
- What circumstances could have led to the registrant to behave in this way?

Scenario 2

A complaint comes in from a patient's family member after their elderly mother was referred to HES for suspected Glaucoma after seeking a second opinion from another practice. The initial test which took place 3 months prior to the second opinion made no initial reference to Glaucoma and the patient doesn't recall any conversation about it. Upon hearing of the complaint the registrant checks the records as they are sure they mentioned it to the patient but wanted to monitor again, hence a shorter recall. The optom then adds a note into the records saying that they advised a shorter recall to monitor.

- What standards have been breached?
- What are the potential implications for those breaches with regards to patient safety?
- How should the registrant have behaved differently?
- What circumstances could have led to the registrant to behave in this way?

Scenario 3

The husband of a px comes in to enquire if his wife's spectacles are ready to collect. The DO advised that they were still on order but should be here in a few days. The husband then asks to confirm which mobile number you have on record and to double check to see if she had updated the new address. The DO reads out the address and mobile number to the husband.

- What standards have been breached?
- What are the potential implications for those breaches with regards to patient safety?
- How should the registrant have behaved differently?
- What circumstances could have led to the registrant to behave in this way?

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Kids In Contact Lenses

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Kids In Contact Lenses

Contact lenses can be a huge benefit to children in numerous ways. Not only can they correct refractive errors, but also reduce myopic progression and increase confidence.



However, there can often be barriers to overcome when recommending contact lenses for kids. This peer review will focus on 3 case records where we explore the contact possibilities available to children and the potential barriers or concerns.

Px 1: Young early myope

Age: 8 yrs old Rx: R: -1.00/-0.25x180 L: -0.75/-0.25x180 VA's: 6/5 R&L

Ocular health - no issues

Prev rx - 12/12 ago: R: -0.50DS L: -0.25/-0.25x180

Px 1 attends practice for a routine ST, parents worried about myopic progression. Px was dispensed spectacles at the previous test and advised to use for concentrated work and school. Px doesn't like wearing specs and often "loses" them. Px's teacher has noticed that the px's is struggling more at school and having difficulty seeing the board.

The child doesn't like the specs as she wanted designer spectacles but Mom was concerned about the cost.

Px's mom is worried about vision getting worse as rx has "doubled" since the last test.

Discussion Points...

- **What solution would you recommend?**
- **What considerations should you make with regards to any contact lens recommendation?**
- **How would you manage the concerns of the parent?**

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Px: 2 High cyl, myope

Age: 10 yrs old

Rx: R: -4.00/-5.25x172 L: -2.75/-4.75x163

VA's: 6/5 R&L

Ocular health - no issues

Prev rx - 12/12 ago:

R: -3.00/-5.25x162 L: -2.25/-4.50x173

Px 2 is struggling with spectacles as they often get broken at school, leading to the patient struggling, especially as the spectacle Rx means that they often have to wait for at least 1 week before the replacements are ready.

Px parents are concerned that this is having an impact on his education so want to find a better solution.

Discussion Points...

- **Are contact lenses an option for this kind of Rx?**
- **What contact lens solutions would you recommend?**
- **What risk factors need to be considered?**

Px: 3 High myope - wants to be active

**Age: 13 yrs old Rx: R: -8.00/-0.25x178 L: -6.75/-1.25x180 VA's: 6/5
R&L**

**Ocular health - no issues Prev rx - 12/12 ago: R: -7.50/-0.25x178 L:
-6.00/-1.25x180**

Px 3 is an active teen who enjoys football and swimming. The patient currently wears spectacles but is struggling with sporting activities. Px wants to join the school football team but lacks confidence with spectacles and also struggles to see when swimming.

Parents want to find the best solution as they feel the px is not fulfilling his sporting potential but are apprehensive about the potential risks associated with contact lenses.

Discussion Points...

- **Are contact lenses possible?**
- **Would contact lens solutions be possible for both sports?**
- **What are the risk factors for children wearing contact lenses and how would you manage the parents concerns?**

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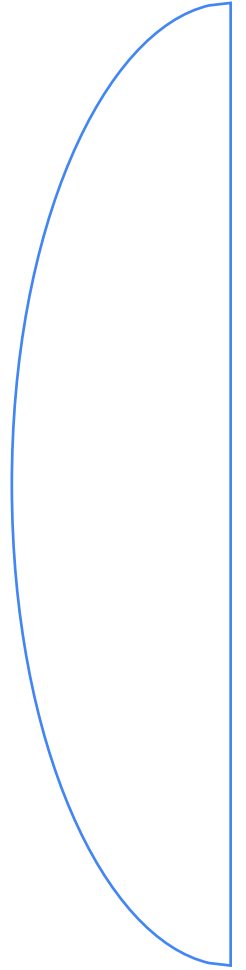
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Occupational Lenses - Who needs what and why?

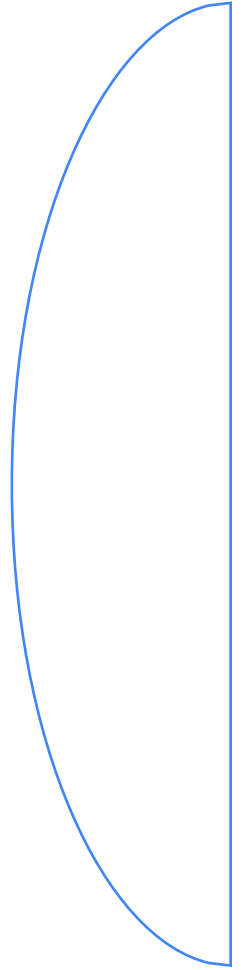
Occupational lenses come in a variety of options to cater for a range of visual needs.

This workshop will explore how to select the best lens for your patients needs.



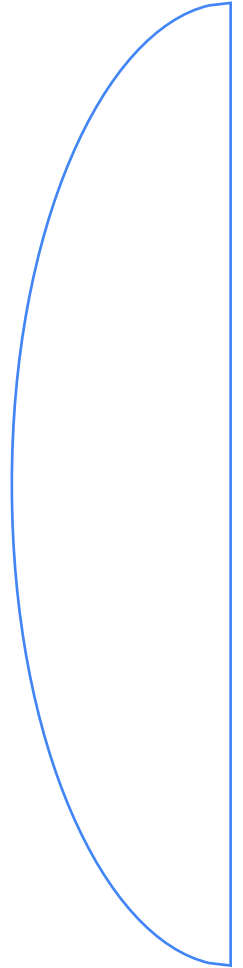
Changing Needs Of The Patient

- **Visual needs of the patient have changed over the years. From needing distance and near correction to now requiring more intermediate.**
- **Use of screens have massively influenced the distances that we require correction**
- **Traditional “VDU”/”DSE” set ups have evolved over time and now incorporate multiple screens, tablets and smartphones**



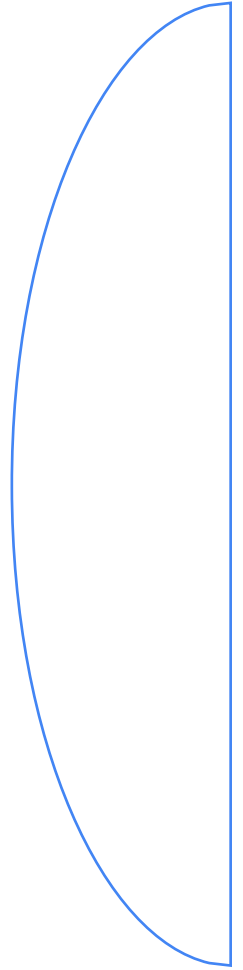
How do patients view the need for occupational or specialist lenses?

- 1 Size fits all mentality
- Spectacles = Tools
- Wrong tools for the jobs leads to poor performance/frustrations etc
- Comfort when using correction is essential as px uses the correction for large parts of the day
- £££'s - increased revenue from supplementary pairs
- Do you wear flip flops in the snow?



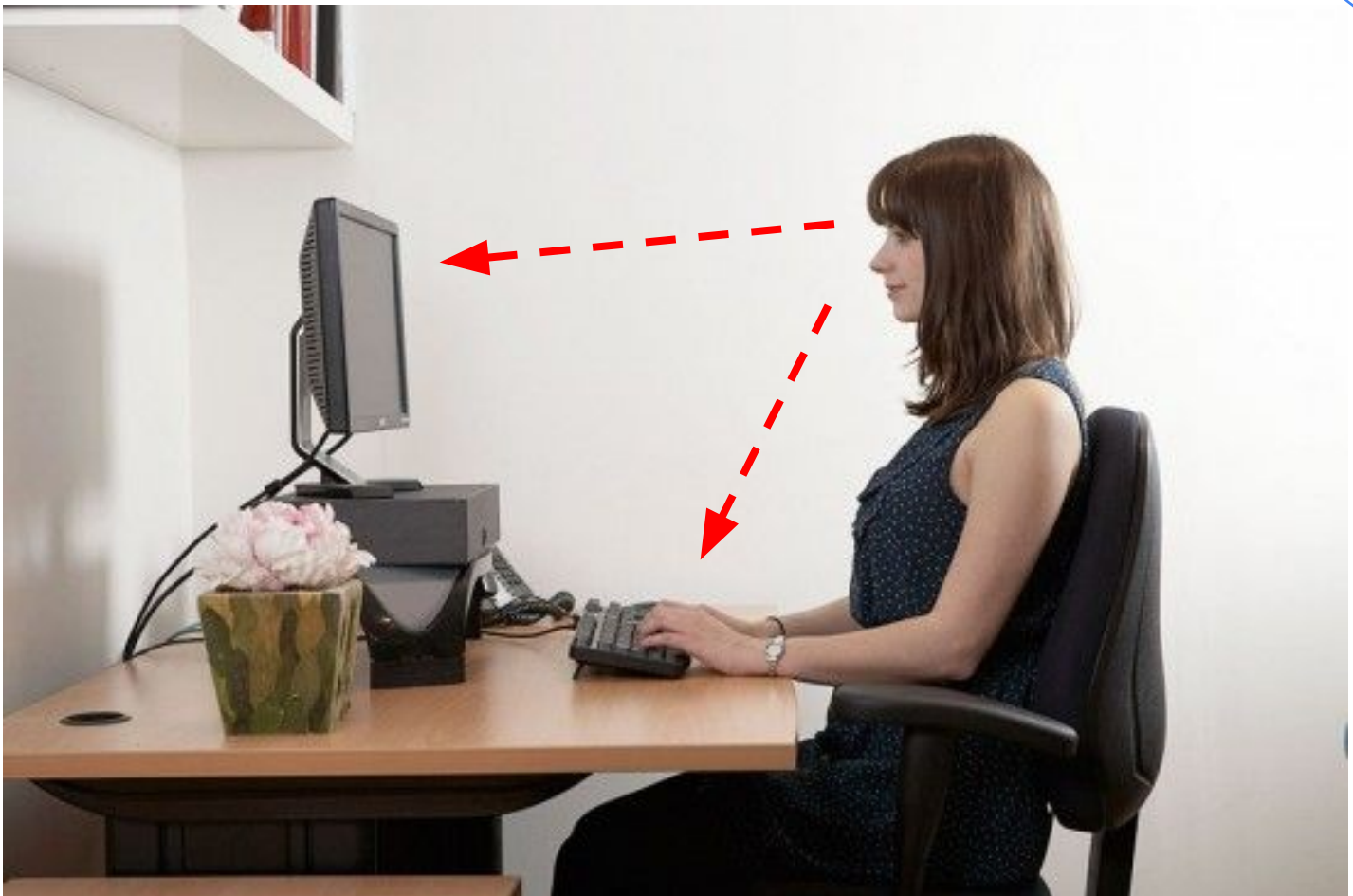
Discussion Points:

- How has the work environment changed over recent years?
- What challenges does this pose to selecting the right lens?
- What considerations should you make when selecting the lens?



Traditional Office Set Up

- **How common is this set up in a modern environment?**



Modern Office Environment



Working from home



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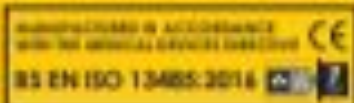
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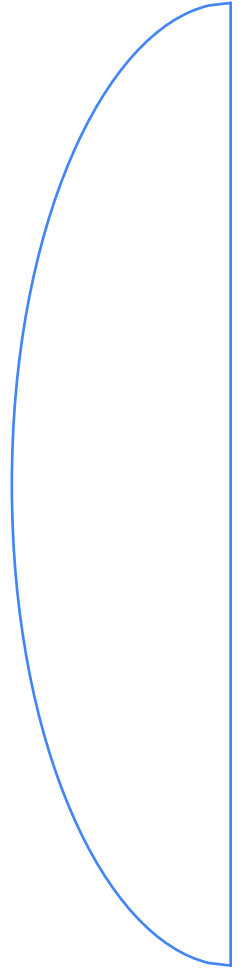
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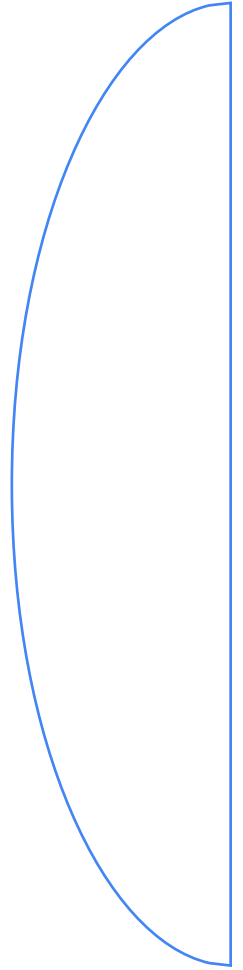
Occupational lenses not just for the office

- **Occupations come in many forms and therefore occupational lenses are not exclusive to office environments, or even exclusively for presbyopes.**
- **Any form of correction required by the patient to perform their job is essentially an occupational lens.**
- **The best way to find out what the patient requires is to conduct a visual task analysis**



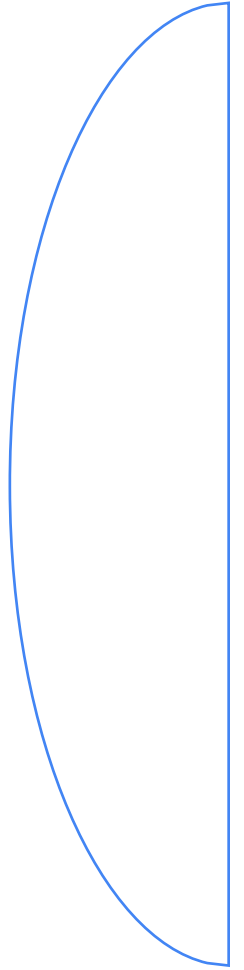
Visual Task Analysis

- **The best way to find out what lens the patient needs is to conduct a visual task analysis.**
- **This will help to determine the wants and needs of the patient within their working environment, be that at home or in the office, shop, factory or opticians!**
- **Each working environment will have its own specific requirements so a detailed analysis is necessary to ensure your patient can see everything they need to see.**



Visual Task Analysis - Discussion Point

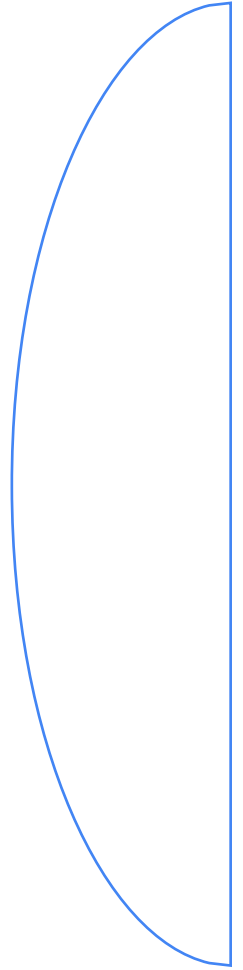
- **What kind of questions could you ask as part of a visual task analysis?**



Case Studies

The key points we're going to consider are:

- **What are the patient's visual needs?**
- **What impact will the Rx have on the choice of lens?**
- **What are the key points from the visual task analysis that will determine your lens choice?**
- **Final dispensing option?**



Patient Number 1:

Name: Susan Age: 55

Rx: R: +1.25/-0.75 x 90 L: +1.50/-0.50 x 85

Add: +2.00

Occupation: Works from home making & selling crafts on Etsy.



Patient Number 2:

Name: Eduardo Age: 62

Rx: R: -0.25/-1.75 x 100 L: -0.50/-0.50 x 120

Add: +2.25

Occupation: Kitchen fitter



Patient Number 3:

Name: Kavita Age: 47

Rx: R: -6.25/-0.25 x 180 L: -5.50/-0.50 x 170

Add: +1.25

Occupation: Graphic designer.



Patient Number 4:

Name: Khalid Age: 59

Rx: R: +3.25/-0.25 x 180 L: +2.50/-1.50 x 170

Add: +2.00

Occupation: Regional sales manager - remote working
visiting different branches to hold presentations and
meetings.



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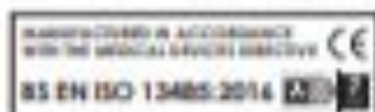
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iCET 2021 Roadshow Discussion Workshop



Discussion 1 - Sexual Harassment In The Work place

You are working with a young female Optometrist in your practice when you hear a comment made to her by one of your colleagues about the way they look, but the female optometrist doesn't say anything.

The individual who made the comment on their way out looks at you and says it's only a bit of banter.

After speaking to the Optom she tells you that this is a regular occurrence and it makes her feel uncomfortable but is unsure of what to do as she doesn't want to cause trouble as the colleague who made the comment is friends with the manager.

Discussion points:

- **What is sexual harassment?**
- **How would you respond, what actions might you take?**
- **What happens if someone reports sexual harassment to you, do you know what you would do and do you understand what your organisations procedures are?**
- **What GOC standards may apply in this situation?**

Remote Triaging Patients

During the current Covid 19 situation the ability to remotely triage and assess patients has become an important skill so that we can maintain emergency eye care and maintain safe social distancing.

With modern technology it is now possible for patients to be seen “virtually” via video conference calls or for them to send in a high quality picture for assessment.

Scenario:

Patient has phoned in complaining of a painful red eye, which feels worse when focussing. Patient feels light sensitive and vision is cloudy.

Discussion Point:

What key questions should you ask the patient to get the best information to make an assessment?

The patient responds by advising that the pain is present around the eye and that their peripheral vision is reduced. Only one eye is affected and the symptoms began 2 days ago.

Discussion Points:

- **Initial diagnosis based on image and symptoms?**
- **Recommended advice and course of action?**
- **How would your treatment plan differ in non-Covid times?**

The following image is sent in by the patient:



You have arrived at work at a new practice with a full clinic already booked.

Most of the patients are over 60 and the only dilation drops available are 2 weeks out of date.

The practice manager informs you that the other resident used them yesterday and had no issues and that another batch are being ordered when the receptionist returns tomorrow.

The clinic is full and the practice manager expects a productive day and is not prepared to reschedule anyone as they have already had to cancel some clinics this week after the resident tested positive for Covid yesterday.

Discussion points:

- **What action would you take with regards to the dilation drops?**
- **How would you raise concerns about clinical practice and patient safety?**
- **Would you feel comfortable knowing that the practice had a positive Covid test the day before?**
- **Should the practice remain open in this situation?**

Important Points To Consider

GOC Standards for businesses:

1.1.8 is prepared to restrict trading in areas of concern if continuing to do so would adversely affect patient care.

1.1.10 ensures that any operational or commercial targets do not have an adverse effect on patient care.

3.1.3 Makes sure that operational and commercial pressures do not unreasonably inhibit the exercise of professional judgement.