

A background of blurred, colorful bokeh lights in shades of orange, yellow, green, and blue, set against a dark blue gradient background.

2022 CPD Roadshow Booklet

EYECARE

Healthcare Inequalities and the Impact on Eye Care

Why do healthcare inequalities exist?

Discussion Points:

What environmental or socio-economic factors contribute to these inequalities?

What kind of health conditions are prevalent in more deprived areas that contribute to lower life and health expectancy?

How do healthcare inequalities affect optometric practice?

Discussion Points:

What eye conditions are more likely to be prevalent due to healthcare inequalities?

How might this also impact on the general health of the patient?

What barriers may be in place to prevent people in deprived areas accessing the eye care they require?

The future of eye care needs in the UK

Discussion points:

How might healthcare inequalities experienced today impact on future eye health of the UK?

What kind of problems may this pose to the eye care profession?

How can we adapt?

We endorse today what we wrote in the Marmot Review 10 years ago

“Health inequalities are not inevitable and can be significantly reduced... avoidable health inequalities are unfair and putting them right is a matter of social justice. There will be those who say that our recommendations cannot be afforded, particularly in the current economic climate. We say that it is inaction that cannot be afforded, for the human and economic costs are too high”

Michael Marmot, Chair Health Equity In England



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Contact Lenses In LV Rehabilitation

C-101367 PR

Discussion Points:

What benefits can contact lenses provide to low vision patients?

What advantages can contact lenses have over spectacle lenses with some low vision conditions?

What barriers and potential complications must we consider?

Patient 1:

Male, 49 years old, Achromatopsia

Rx: R: -7.25/-4.25x80 L: -6.75/-5.25x90

Add: +1.25 VA's: 6/30 R+L

Discussion Points:

Describe the condition - aetiology, symptoms etc

What issues does this condition present for the patient?

What contact lens options could be used?

What considerations must we make when selecting the lens choice?

Patient 2:

Female, 11 years old, Albinism

Rx: R:+3.75/-2.25x90 L:+5.00/-3.50x85

Add: +1.25 VA's: 6/30 R+L

Discussion Points:

Describe the condition - aetiology, symptoms etc

What issues does this condition present for the patient?

What contact lens options could be used?

What considerations must we make when selecting the lens choice?

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The Equality Act - How we need to apply it in optometric practice

C-101116 DW

Discussion Points:

What are the 9 protected characteristics under the Equality Act 2010?

What is the difference between direct and indirect discrimination?

Scenario 1:

A patient comes in for a routine eye examination. The patient has been coming to the practice since childhood and is now 25. Since their last visit the patient now identifies as a female and will be in the process of gender reassignment soon.

The patient asks the receptionist to change their gender status on the records before going in for the eye examination. The receptionist advises that the optometrist would have to change the records.

During the examination the patient advises the optometrist of the situation, as previously discussed with the receptionist. The Optometrist changes the patient's name on the record but not the title and gender. During the handover the Optometrist accidentally calls the patient Mr Smith.

After the dispensing process is completed the patient receives a text message a week later for "Mr Smith" advising to book a collection appointment.

Upon attending the collection appointment the patient is unhappy about the situation and wants to make a formal complaint as they feel they have been discriminated against.

Discussion Points:

What types of discrimination may have occurred?

Was the receptionist and optometrist correct by not changing the gender of the patient on the record?

How could the situation have been handled differently?

Scenario 2:

A child comes in for their first eye examination after concerns raised by the teacher that the child was struggling. The child is 6 years old and comes in with their mother who is Romanian and speaks very little English.

The examination concludes that the child is myopic and requires full time correction. You offer Myopia Management options in practice but during the handover the Optometrist informs the Dispensing Optician to just go for the free NHS spectacles as the patient's parent probably won't be able to afford the treatment as the mother had NHS funded spectacles recently, and that she probably wouldn't understand if they tried to explain myopia management.

Discussion Points:

What protected characteristics have been discriminated against in this situation, if any?

What reasonable steps should the practice team take to ensure the patient has all the relevant information to make an informed choice about their child's care?

Reasonable Adjustments:

Discussion Points:

According to the Equalities Act 2010, reasonable adjustments should be made to ensure that a disabled person is not directly or indirectly discriminated against.

What examples could be considered “reasonable adjustments”?



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Critical Thinking In A World Of Misinformation

C-100135 DW

What challenges does this pose to us in practice?

Discussion Points:

How do we communicate with our patients who are victims of false information?

Why do people fall victim to misinformation?
Can you think of an example of false information commonly misunderstood in eye care?

Why is there distrust in medical professionals?

How do we identify misinformation?

Discussion Point:

How do you identify false information?

What are the tell tale signs that healthcare information is false?