



LEARNING DOMAINS

Communication
Professionalism

PROFESSIONAL GROUPS

Dispensing Optician
Contact Lens Optician
Optometrist

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Professionalism in optics

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We classify ourselves as being healthcare professionals. Our patients hopefully see us as professionals, but where do we learn to become professionals? Whose responsibility is it to teach or bestow this professionalism? Undergraduate educators; professional bodies; or is it just down to experience?

We all strive to deliver exemplary person-centred safe and effective care to our patients. However, we are seeing an increase in complaints against the optical community for not being professional enough. Public confidence is currently high and can be sustained with appropriate training. However, public confidence can be very quickly undermined when there is a significant gap between expectation and performance.

Professionalism is a complex concept involving individual, interpersonal, and social interaction. Until more recently, this was not taught at undergraduate level but is now slowly beginning to make an appearance in the UK universities and colleges offering optical undergraduate courses. Learning professionalism is a long process that is never-ending. It can take many years to become a fully-fledged professional and we need career-long continuing professional development to maintain it.

This article will consider professionalism and address some of the

issues that can affect us or lead to a complaint being made against us. Some issues are more internal, some are more external, and there are some which cross into both areas.

DUTY OF CANDOUR

What is 'duty of candour'? A definition of duty of candour is *the legal obligation to keep the individual fully informed about their care, even when things have gone wrong*. There is a difference between duty of candour and duty of care, with the latter being *the legal obligation to act in the best interests of the individual at all times*.

The duty of candour is not just for all registrants with the General Optical Council (GOC) but across all healthcare. It was agreed by all eight healthcare regulators in response to recommendations arising from the Francis Inquiry into poor patient care in the Mid Staffordshire NHS Foundation Trust in 2014¹. It was first included in the GOC's Standards of Practice for Optometrists and Dispensing Opticians in 2016².

Both optometrists and dispensing opticians must be open and honest with patients when things go wrong with their treatment or care, which causes, or has the potential to cause, harm or distress. It is a legal obligation to ensure that consumers of healthcare and their families are apologised to, and communicated with, openly and honestly when things have gone wrong with their care.

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Racism in eyecare has been highlighted as a problem

It is not just incumbent upon the individual practitioner, but also the actions of individual practitioners and staff within the practice. If you see something that is not correct, you should try to remedy it yourself or bring it to the attention of your line manager. Having an honest, open and transparent system implemented in the workplace is of paramount importance. This is where people can challenge others' decisions and double check orders/prescriptions if they suspect they may be incorrect. This can be very useful – especially in a high-volume practice. Typographical errors in axes such as writing '18' instead of '180', or writing 'negative cyl' instead of 'positive cyl', or seeing an anisometropic prescription where one eye is myopic and the other hyperopic, etc, should be openly challenged as they are not regular findings in an optical practice.

Duty of candour is not just for optometrists and dispensing opticians but also the NHS, which is governed by the Care and Quality Commission (CQC). The CQC recently fined Bradford Teaching Hospital £1,250 for failing to apologise to a family within a reasonable period of time³. The case was related to a baby admitted to Bradford Royal Infirmary in 2016. The CQC stated that there were delays in diagnosing his

condition and missed opportunities to admit the child to the hospital.

Each practice should have an adverse incident protocol in place, which describes what to do when something goes wrong. The protocol will identify the *practice designated contact person* who will report all episodes of unintended or unexpected occurrences. This person will be the responsible person who will conduct a full investigative process. They may also need to inform the local NHS clinical lead optometrist.

WHISTLEBLOWING: WHEN TO ACT

We all must act to protect patients from risk posed by another practitioner. If you have concerns about a colleague, you may approach them first, if that is possible. If that is not possible, then reporting your concern to your line manager or employer is the next step. If there is still an issue, then it should be reported to your professional representative body or statutory body, for example, ABDO, the Association of Optometrists, the Federation of Ophthalmic and Dispensing Opticians or the GOC. They cannot offer legal protection, but they can provide support and advice.

Examples of whistleblowing would include:

- Fraud or theft
- Practising under the influence of alcohol or drugs
- Very poor treatment of patients
- Poor cross-infection control
- Sexual assault or abuse

The official term for whistleblowing is *making a disclosure in the public interest*. Such disclosures are protected under whistleblowing legislation⁴. Every practice must have a whistleblowing policy in place. It is strongly encouraged by the GOC that registrants are required to encourage and support a culture in which employees can raise concerns openly and safely⁵.

The Public Interest Disclosure Act 1998 (PIDA) gives legal protection to workers against detrimental treatment or dismissal as a result of disclosing information, which is in the public interest. The Act offers a right to redress in the event of victimisation if workers raise concern under the legislation⁴.

Raising a concern about a colleague is different from making a complaint, where you may have to give evidence and speak out. When raising a concern, your employer will ensure that your identity remains anonymous. You are protected legally from harassment or bullying by the person you report a concern about. This is known as *protected disclosure*⁴.

Workers may be reluctant to report concerns for numerous reasons. They may fear that there will be repercussions in working relationships, on their education, on their career and career progression. They may also fear possible complaints against them or possible slander about them in retaliation. It may also be that the whistleblowing is at a high level within the company, or that the issue is systemic within the organisation.

WHISTLEBLOWING AGAINST A BUSINESS

Every GOC registrant, whether they be an individual or business registrant, must be aware of the consequences of their actions. Boots Opticians Professional Services Ltd was fined the maximum of £50,000 in 2019 for failing to have an established whistleblowing system in place. This was brought against them by the GOC's Fitness to Practise (FTP) Committee⁶.

The GOC FTP Committee found that Boots Opticians Professional Services Ltd failed to identify an optometrist's concerns as protected disclosures and then disclosed the identity of the whistleblower to the subject of the disclosures. The GOC launched a Speaking Up Campaign in December 2020, which aimed to support registrants to speak up about concerns they have, in particular those that affect patient and public safety⁷.

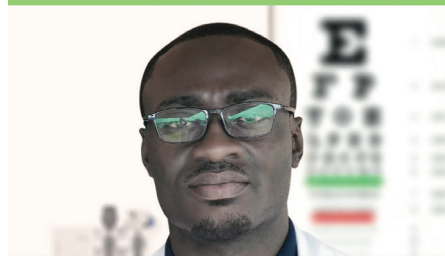
RACISM AND PROFESSIONALISM

Data from the Office for National Statistics reveals that approximately 27 per cent of optometrists in the UK are of Black or Asian minority ethnic origin. For dispensing opticians, the figure was slightly lower – at 15 per cent. Looking at other similar professions like dentists (28 per cent) and pharmacists (32 per cent), optics compares fairly similarly⁸.

A recent poll in June 2020 on social media by an optometrist of Black or Asian minority ethnic origin found that more than 80 per cent of optometrists faced racism in their practice. Unfortunately, a further poll revealed that even after reporting racism from a customer, 81 per cent of these customers were still seen by the practice, and only 19 per cent were not in a zero tolerance stand by the practice⁹.

Microaggressions is a term used where the perpetrator sometimes says something, which can be deemed offensive to the receiving party. The perpetrator is often oblivious to the fact of their microaggression, and occasionally well intentioned.

Part 1: Guidance for individuals



GOC HAS PRODUCED SPEAKING UP GUIDANCE FOR REGISTRANTS



The need for patient consent comes in many scenarios

Microaggression definition: A comment or action that subtly and often unconsciously expresses a prejudiced attitude toward a member of a marginalised group (such as a racial minority)¹⁰.

The GOC published its anti-racism statement in January 2021¹¹. It stated: "We cannot dismiss the issues that affect our staff, our registrants and our stakeholders. It is our responsibility as an organisation to dismantle institutionalised racism and use our platform to champion, educate and enable change in greater society".

Instances of alleged racism and prejudice in optics are already being exposed in the USA, with practitioners and even high-profile eyewear designers caught up in social media controversy and 'cancel culture'. This is where individuals encourage others to boycott or online shame another party.

RESPECTING PATIENTS' WISHES

It is important that a patient's wishes are respected if they do not want to be referred. They should be advised of the need for referral based on the clinical findings. Once the patient has been fully

informed of the possible consequences of not treating the potentially sight-threatening condition, it is their decision as to whether they wish to be referred or not.

If they decline the referral, you must respect their decision¹². They should be informed that if they change their mind, they may contact you. This discussion should be fully documented on the patient record. Obtaining the patient's signature stating that they have declined the referral is best practice.

ABDO guidelines are as follows:

C1.6.1. In a situation where the patient does not wish to be referred, against your advice, then you should:

- Ensure the patient fully understands why you feel referral is necessary
- Record within the patient's records a detailed account of the injury or condition the patient presented with
- Record the reason(s) for the patient's refusal to be referred
- Obtain the patient's signature on a declaration (which must be kept within their record) that they have declined referral at this time

IMPORTANCE OF CONSENT

INFORMED CONSENT

A practitioner may come across consent in many guises, whether recommending optical coherence tomography as a part of pre-screening package, or recommending one contact lens in comparison to another. The patient must be made fully aware of both the advantages, disadvantages, and other options open to them. The patient must be in an informed position and must have the ability or capacity to consent. The overall importance is ensuring that the consenting party truly understands the impact of the decision they are making.

EXPLICIT CONSENT

This is where the patient gives the practitioner explicit consent or permission for a procedure to be performed, for example, applanation tonometry. The permission may be verbal or written. If it is verbal permission, it must be documented on the patient's record, which should state what was requested and that the patient both understood and agreed to the practitioner's actions.

An example of explicit consent might be the insertion and removal of a trial contact lens. The practitioner may assume that the appointment for a contact lens trial would include the insertion and removal of a contact lens, but the patient may have assumed that the appointment was simply to discuss the implications of contact lens wear. Clarifying what needs to be done to assess suitability for contact lens wear would both reassure the patient and prevent any misunderstanding.

IMPLICIT CONSENT

This is when it can be reasonably presumed the patient is happy for an action to be performed without verbal or written consent. Examples include when a trial frame is placed on their face, or placing an occluder over one eye prior to visual fields testing.

VOLUNTARY CONSENT

The decision for consent should be given from the patient rather than the patient's parents or friends. One example would be where a parent, possibly a contact lens wearer, wants their child to have a contact lens trial but the child is not yet ready.

The aims and scope of the ABDO Social Media Policy

THE AIM OF THESE GUIDELINES IS TO HELP

- Protect and support staff/members acting on behalf of the organisation contributing to, and engaging with, social media
- Encourage good practice and consistency across the organisation's online activities
- Promote the effective use of social media
- Protect the reputation of the organisation, its staff, members and partner organisations
- Protect patients

SCOPE OF THE GUIDELINES

These social media guidelines are aimed at staff and members who use, or intend to use, social media as part of their work on behalf of the organisation.

These guidelines also apply to staff and members' personal use of social media in and out of working hours where their comments could be taken to reflect on the organisation. This could include handling member queries, promoting ABDO events, updates on organisational news, communication between staff and/or between members. This does not cover personal use of social media, such as communicating with friends and family.

REFUSING OR WITHDRAWING CONSENT

It should be noted that the patient has the right to refuse or withdraw their consent. The principles and appropriate professional conduct here are similar to those discussed earlier regarding duty to refer and respecting patients' wishes.

SOCIAL MEDIA BEST PRACTICE

ABDO's Social Media Policy is a great way for registered opticians to understand their requirements when they are considering social media posts (see table above). Social media forums, websites, blogs and podcasts are becoming more and more popular, such as Twitter, Facebook and LinkedIn. These social media platforms can offer personal and professional benefits, and some can be used as a learning platform and a place to acquire CPD. They can be educational and informative in nature and be of great assistance for practitioners who want to reflect on their particular skillset, or gain an insight into the clinical applications of diagnostic equipment.

Permission must be obtained from the patient to be able to post any information about them. A record of these discussions must be kept by the practice, and the patient should be asked to sign and keep a

record of the discussions too.

Optometrists and dispensing opticians should remain focused on professional discussions and refrain from making personal or judgmental comments – even if posting anonymously. The potential impact such comments could have on the whole profession must be considered, and may be seen as bringing the profession into disrepute.

Honesty and transparency towards your products and services is of paramount importance. It is also important when describing the products or services of other providers and their services. If an unjustified statement is made about another person or organisation that is untrue, this can be seen as defamation and could damage their reputation.

Social media can sometimes blur the line between somebody's professional image and personal image. In rural and suburban practices, your patients may be your friends and vice versa. When posting on a personal level, it is important to consider that your patients may not be able to differentiate this from your professional position and responsibility. Posting or liking comments on a social media site may not be appreciated by your customers and may negatively affect you or your employer's image and reputation.



Social media can sometimes blur the line between professional and personal

If a patient makes contact through a social media platform on a team member's personal profile, they should be redirected to the practice website or designated social media site. Friend requests from patients to a personal account should be politely declined. It is also very important for staff members who have friends and family members to refrain from revealing patient details to them in private conversations.

The College of Optometrists advises those individuals who identify themselves as an optometrist, and who give optometric advice or post comments on a publicly accessible site, to identify themselves by name. Any material written by an author representing themselves as an optometrist is likely to be taken on trust¹³.

Sharing identifiable information about patients in an internet chat or forum group would constitute improper disclosure and could give rise to a legal complaint. It is deemed as acceptable between practitioners if caution is exercised¹³. Irrespective of whether it was done in a personal or professional capacity, online posting is the same as publishing text – and is subject to the same laws of copyright as other written or verbal forms of communication.

Defamation is the act of making an unjustified remark about a person or organisation that is considered to harm their reputation. If an individual makes a statement that is alleged to be defamatory, it could result in legal action against the individual and the organisation they represent¹⁴.

As social media is becoming such an important way to engage with both existing and prospective customers, it is imperative that standards of professional communication should be retained. This will be helpful in avoiding confidentiality and defamation issues, as well as ensuring any conflicts of interest are declared.

IMPROVING YOUR PROFESSIONALISM

The College of Optometrists undertook a project on professionalism within optometry, with numerous students and peer groups contributing their thoughts on professionalism and how to improve it. By far the most frequently-mentioned method of learning about professionalism was the use of scenarios, based on ethical or professional dilemmas¹⁵. This was used in the implementation of ethical scenarios on

the College's website. These are a great way to put yourself in a situation you have never found yourself in before, and then compare yourself to your peers. There are also real life 'clinical files', which are case studies that College clinical advisors have received and dealt with personally¹⁵.

CONCLUSION

Professionalism is a lifelong learning process; it can take many years to become a fully-fledged professional. Reflective practice is important for both the development and maintenance of professionalism.

References and suggested further reading for this article are included with the online version.

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LEARNING DOMAINS FOR THIS CPD ARTICLE

DOMAIN: Communication

2.3.1: Demonstrate an understanding of the need to obtain valid consent from your patients and different forms of consent that may be applicable.

DOMAIN: Professionalism

2.11.3: Develop a greater understanding of the concept of whistleblowing and your professional requirements to raise concerns about your patients, colleagues, employer or other organisation where you have concerns about the safety of a patient or the public.

2.17.2: Demonstrate an understanding of appropriate online communication using social media to ensure patient confidentiality and the reputation of your profession is maintained.

2.19.1: Demonstrate an understanding of your duty of candour in relation to your professional practice and patient care.

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