

College of Optometrists Consultation on Maintaining Trust Domain

The Optical Confederation represents the 12,000 optometrists, 6,000 dispensing opticians, 7,000 optical businesses and 45,000 ancillary staff in the UK, who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of five optical representative bodies: the Association of British Dispensing Opticians (ABDO), the Association of Contact Lens Manufacturers (ACLM), the Association of Optometrists (AOP), the Federation of Manufacturing Opticians (FMO) and the Federation of (Ophthalmic and Dispensing) Opticians (FODO). As a Confederation we work with others to improve eye health for the public good.

The Optical Confederation has reviewed the draft for the Maintaining Trust Domain of the College of Optometrists' guidelines.

The Confederation would like to make the following suggestions:

- Under 'Treating Patients and Colleagues Fairly' (page 2), paragraph 12 should precede paragraph 11, i.e.

11. You may decide who you will accept as a patient.

12. [But] you must not discriminate against patients [or colleagues] on grounds of

- a. age
- b. disability
- c. gender reassignment
- d. marriage and civil partnership
- e. pregnancy and maternity
- f. race
- g. religion or belief
- h. sex
- i. sexual orientation.

- On page 3, paragraph 15, NHS England is not a Primary Care Organisation therefore it should read 'a person at NHS England or in a Primary Care Organisation'.
- On page 3, paragraph 16, the term malpractice should be omitted and read 'When you raise a concern, you should not be expected to prove the issue you are concerned about.'
- On page 4, paragraph 30, we suggest the following revision, 'You should choose your insurer after gaining a full understanding of the nature of the

cover available and the difference between 'claims made' and 'claims occurring' insurance.

- On page 4, paragraph 31, in a 'claims made' insurance plan, your membership of the plan at the time the claim is made is what determines eligibility for cover.

It works on the basis that all claims made while you are a members of a 'claims made' insurance plans are covered, even if the incidents which give rise to the claim occurred when you were not a member. So the claim must be made while you are a member of the scheme. All incidents in your past are covered –even if they happened before you joined that insurance plan. When you leave a 'claims made' plan, you should take out 'run-off cover from your previous insurer, or retrospective cover from your new insurer, to ensure that your insurance for past events continues. Your insurer can arrange that cover for you.

- On page 4, paragraph 32, in a 'Claims occurring' insurance plan, your membership of the plan at the time of the incident which later gives rise to the claim(s) is what determines eligibility for cover.

It works on the basis that any event that occurs during the period for which you have bought cover will be insured, even if the claim arises in a period during which you are no longer a member of that plan. In other words, if, after you cease to be a member of a 'claims occurring' scheme, a claim is made against you regarding an event that occurred while you were a member of the scheme, then claims relating to that incident will be covered. If you move from a 'claims made' insurer to a 'claims occurring' insurer you need to make sure that you buy 'run-off from your previous insurer, or retrospective cover from your new insurer' for the period you were in practice before joining the 'claims occurring' plan. Your insurer can arrange that cover for you.

- On page 5, paragraph 33, if you are a locum or work in more than one business, you should be fully acquainted with the extent and nature of the insurance policy or policies which cover your work for each business. If you rely on one employer's insurance, you should be aware that one employer's cover may not extend to another employer.
- On page 9, in paragraph 15, it would be helpful to include an example of the type of audit which would require ethical committee approval.

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