

AOOSIS

Code of Practice



Guidance for AOOSIS members

Recurrent themes identified in adverse events reported to AOOSIS have led the Board to update their Code of Practice. Reflecting good ophthalmological practice, AOOSIS members are expected to adopt the code into their practice to reduce avoidable harm to patients. For the avoidance of doubt, this Code of Practice does not substitute the GMC Code of Conduct. Should any conflict arise, the GMC Code of Conduct shall take precedence.

Pre-operative assessment

The ophthalmologist assuming responsibility for a patient's care should ensure the patient's suitability for surgery, including accuracy of pre-operative tests such as biometry and any anaesthetic requirements, or arrange referral to a suitably qualified colleague where necessary.

Consent

Good surgical practice requires ophthalmologists to ensure that proposed treatments, their risks and benefits, available alternatives (including the option of not undergoing treatment), and post-operative care are all discussed in detail. In particular, the operating surgeon has a responsibility for ensuring the patient has had a meaningful dialogue and has received information that the surgeon knows, or should reasonably know, is material to their own individual

circumstances in order for them to make a fully informed decision, with sufficient time and support to consider it. Completion and signature of a consent form is not a substitute for meaningful dialogue tailored to the individual patient's needs and is not a concrete demonstration that such a dialogue has taken place. Where possible, this information should also be given in writing and patients should be given time to reflect on their treatment options before committing to surgery. Generally, this would mean that the surgeon should not meet the patient for the first time on the day of surgery. However, the Board recognises that for some patients, e.g. those coming from abroad, circumstances may be exceptional requiring treatment to be arranged more quickly, and in circumstances where it is not possible to avoid this, the surgeon must still ensure that they are satisfied that fully informed consent has been provided and that consideration has been given to maximising any consideration time available (for example, by considering whether any aspects of the consenting process be conducted virtually before the day, and/or whether any materials can be sent to the patient in advance).

Surgery/Treatments

All procedures undertaken by members should incorporate the WHO checklist as part of a culture to decrease errors and adverse events, and promote safe clinical practice. Where any form of medical device/prosthesis/implant is to be used during surgery, you should confirm that the product type and size is appropriate and in date.

In association with



When adverse events or errors occur, ophthalmologists have a duty of candour to the patient to inform them in an open and honest manner, apologise if appropriate, explain the short and long-term consequences and offer remedy where possible. Members should remember that dishonesty surrounding errors is taken extremely seriously by the GMC and can lead to punitive outcomes in relation to relatively minor underlying errors.

Novel/Innovative treatments

When a treatment is a novel or new innovative therapy for a particular condition, this information should be shared with the patient to aid their decision making and ophthalmologists should be open and balanced in their explanation of the new treatment and the existing data in relation to the likelihood of any possible benefits and risks.

Financial interests

The GMC requires all financial interests and conflicts of interest to be declared to patients, including any personal interest such as financial involvement/shares in private hospitals. Ophthalmologists in private practice should inform patients of the full costs of treatment before seeking their consent to treatment. No financial or other incentives should be offered to patients to agree to sign up to treatments.

Continuity of care

In general, the responsible surgeon should oversee the pre-operative assessment, consent process, surgery and post-operative care. Where responsibilities are delegated to other surgeons, optometrists, or others, the surgeon must be satisfied that the individual concerned possesses the appropriate level of experience and expertise. Ophthalmologists should communicate and correspond with the patient's GP, other relevant healthcare practitioners as well as the patient themselves, unless the patient withholds consent to do so. They should document any refusal by the patient in respect of the GP being informed.

Expertise and facilities

Members undertaking surgery must have the necessary expertise to complete the procedure to a reasonable standard and to manage foreseeable complications that may occur. The facilities equipment and assistance must also be adequate to manage any complications that may occur during or after surgery.



Maintain up-to-date clinical practice

All ophthalmologists should maintain and evidence that their clinical practice is up-to-date, including audits, utilising evidence-based medicine where possible and undertaking continuous professional development. You should declare and reflect on significant events and serious incidents so that appropriate investigations can be undertaken, and lessons are learnt to avoid their recurrence.

Access to emergency advice and assistance

Patients should have immediate access, in the event of concerns or complications, to the surgeon who undertook their surgery or an appropriately qualified deputy with the same experience and expertise to ensure that all potential problems are addressed satisfactorily.

Clinical records

An adequate, legible and ideally contemporaneous record of all patient contacts should be made in the patient's clinical records, including date, time and signature. Ophthalmologists should be registered under and comply with the Data Protection Act 2018.

Online forums/Discussion groups

Online forums/discussion groups should be for educational purposes only, and not serve as a substitute for medical opinion. Ophthalmologists should always comply with legal and professional duties of confidence and avoid giving a misrepresentation of their experience and abilities.



Notification of claims and/or circumstances

All AOOSIS members should report all circumstances which may reasonably be expected to give rise to a claim as soon as is reasonably possible, even in circumstances where the member considers the claim of no substance. Failure to notify cases/ circumstances in a timely manner may jeopardise the indemnity and lead the insurer to decline coverage.

AOOSIS members should bear in mind that the threshold for notification is quite low and could be met simply by verbal expression of dissatisfaction by a patient. AOOSIS members are therefore encouraged to review the “Guidance on Notification” document prepared by Gallagher, and to contact the medico-legal advisory service to seek advice on any particular cases that they are unsure about.

Would you like to talk?

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