

The Royal College of Ophthalmologists response to the General Medical Council (GMC) consultation on draft guidance on decision making and consent January 2019

## **Overall comments**

Overall, we consider that the guidance is clear and well written. It is a long document, which may be a challenge for time pressed clinicians to absorb, so further ways to communicate sections of this guidance would be welcome.

## Responsibility and delegation (paragraphs 1-8)

The GMC provided very helpful advice and support to The Royal College of Ophthalmologists as it developed 'Professional Standards for Refractive Surgery' -

https://www.rcophth.ac.uk/wp-content/uploads/2018/07/Refractive-Surgery-Standards-for-Refractive-Surgery-May-2018.pdf

Most importantly, the GMC indicated that they considered refractive surgery was within the scope of their April 2016 'Guidance for Doctors who offer Cosmetic Interventions'.

Paragraph 4 of the draft consent guidance states:

"We recognise that discussions and decisions about health and care take place at different levels, including at team level. If it's not practical for you to have these discussions and you consider it appropriate in the circumstances, then unless you are carrying out a cosmetic intervention, you can delegate the responsibility to someone else.3"

The footnote refers to your guidance for doctors who offer cosmetic interventions, which states that, amongst a list of key points:

"you must seek your patient's consent to the procedure yourself rather than delegate"

The Royal College fully supports the GMC's approach to the taking of consent for cosmetic interventions. We would welcome the inclusion of refractive surgery to paragraph 4, for example by saying:

.... then unless you are carrying out a cosmetic or refractive intervention, you can delegate the responsibility to someone else.

## Supporting patient decision making (paragraphs 9-38)

The consultation document refers to patient information leaflets provided by clinicians to help patients understand their condition and inform their decision making.

We would welcome some additional reference to these in the guidance document to highlight that it would be useful to include in these leaflets a short statement on the consent process, the purpose of the discussion with their clinician, and the importance of engaging with the process. This would facilitate discussions between patient and clinician and might help particularly in situations where patients are looking for the clinician to make the decision for them.