

GENERAL OPTICAL COUNCIL

Minutes of the 33rd Meeting of the Standards Committee
held on Thursday 17 January 2008

Present: Mr N J Rumney (in the Chair)
Mr N Andrews, Miss R E Bailey, Mr D Cartwright,
Mr I Hamer, Mr D W Pyle, Mr J Russell, Mrs R Varley,
Mrs S Wild

Advisers: Mr R Carswell, Mr R Curran, Mr F Munro, Mr G Tomison

In attendance: Mr P Coe, Registrar
Mr J Levett, Director of Standards
Ms K Fielding, Communications Manager
Miss H Stanforth, Consultant to GOC

Apologies for absence

1098. Apologies were received from Ms G J Morgan. Introductions were made round the table.

Election of Chairman

1099. Following a secret ballot held prior to the meeting, Mr Nick Rumney was elected as Chairman of the Standards Committee. He took the chair at this point.

Election of Deputy Chairman

1100. Mr Ian Hamer was nominated, seconded and elected as Deputy Chairman of the Standards Committee.

Declarations of Interests/Confidentiality

1101. The Chairman reminded Members and Advisers of the provisions of paragraph 6(a) of the Council's Code for Members with regard to declarations of interest, and Standing Orders 5.23 to 5.26 with regard to the confidential nature of the Committee's proceedings.

Minutes

1102. The minutes of 32nd meeting held on 13 September 2007 (**SD(07)4M**) were approved and signed by the Chairman.

Matters arising

1103. An Action Sheet was tabled indicating progress in taking forward the matters discussed at the previous meeting.

1104. **Minute 1065:** It was reported that Mr Glenn Tomison had been appointed as adviser to the Standards Committee. The Chairman welcomed him to the meeting.

1105. **Minute 1069:** Mr Carswell reported that he had sent a questionnaire to ECOO members to ascertain the situation in ECOO member states with regard to substitution of contact lenses. He agreed to send the information from the responses to the Registrar within two weeks.

1106. **Minute 1070:** It was noted that since the previous meeting the Department of Health had agreed to address the issue of substitution of contact lenses by means of a Section 60 Order amending the Opticians Act in summer 2008. This obviated the need for the GOC to instigate the process of introducing Contact Lens (Supply) Rules, which had been the short term option agreed by the Committee.

1107. **Minutes 1080-1081:** It was noted that after consultation with the Chairman, it had been decided not to recommend to Council the minuted amendments to the Code of Conduct. The Therapeutics Working Group had proposed a further amendment and the Standards Committee would be undertaking a full review of the Codes as part of its work plan. It had therefore been considered more practical to consolidate all proposals for amendments into one consultation process after the full review had been undertaken later in 2008. There followed a discussion on means of ensuring that the consultation process was as inclusive as possible.

1108. **Minute 1083:** Members were reminded of the discussion at the previous meeting regarding the status of optometrists and dispensing opticians in training for specialist qualifications. The Registrar reported that clarification of the legal position had been sought and there was clearly an omission in the current legislation regarding dispensing opticians training to obtain contact lens specialty. Ways were being explored to regularise the situation through a GOC rule change. The Registrar confirmed that the issue would be resolved in such a manner that current practice remained unchanged.

Composition of Working Groups

1109. The Standards Committee reviewed the composition and membership of the GOC's existing Working Groups and considered the establishment and membership of a Code Review Working Group (**SD(01)08**). The Registrar reminded Members that the Committee could, in the interests of retaining expertise, appoint persons who were no longer on Council.

1110. It was noted that Mr Chappell had already been asked to remain on the Competencies Working Group in view of his knowledge and understanding of competencies at global and European levels. The Standards Committee endorsed this request and agreed that the membership and chairmanship of the Competencies Working Group should remain unchanged.

1111. Similarly it was hoped that Professor Buckley would be willing to remain on the Contact Lens Working Group to provide a link to ophthalmology and research contacts. It was agreed that Ms Bailey should chair the Contact Lens Working Group, with the membership remaining unchanged.

1112. The Standards Committee agreed that the membership and chairmanship of the Revalidation Workstream should remain unchanged.

1113. There was a consensus view that ophthalmology input should be retained on the Sale of Optical Appliances Working Group. It was also felt essential to include an optometrist member. In addition Mr Hamer had expressed interest in the work of this Group and it was agreed that he should become a member. The Standards Committee also agreed to ask Professor Buckley to remain a member and to ask Ms Morgan to join the Working Group in place of Mr Chappell. The remaining members of the Sale of Optical Appliances Working Group would remain unchanged.

1114. It was noted that Dr Kyle had chaired the recent meeting of the Therapeutics Working Group and the Standards Committee asked him to continue in this role. It was also agreed to appoint Mr Andrews to the Working Group in place of Professor Buckley.

1115. The Standards Committee received for information the draft work plan for 2008/09. The Committee asked the Director of Standards to produce a Gant chart for the various work items to show the links between the work of the Groups and links with work being undertaken to implement the White Paper *Trust, Assurance, Safety*.

1116. Consideration was given to the most appropriate composition of the Code Review Working Group, bearing in mind the stakeholders involved. The Registrar reminded Members of the need for cohesion with the work of the national groups established in this area and in this context it was noted that Mrs Wild represented the GOC on the Tackling Concerns National Working Group and Mr Hamer represented the GOC on the Tackling Concerns Locally National Working Group. It was mentioned that the regulatory bodies had already contemplated the possibility of one code for all UK health professionals and work had already been done in Europe on common codes of conduct across professions, an issue that the new Group would need to consider.

1117. The new Working Group would need to be clear whether the Codes were being reviewed with the current situation in mind or in the light of the situation that would pertain after implementation of the White Paper. This clarity would also be needed in the consultation process.

1118. Taking account of all the relevant stakeholders, the Standards Committee appointed Mr Hamer, Mrs Wild, Professor Roger Anderson, Mr Cartwright, Mr Curran and Mr Russell to the Code Review Working Group. This would provide the Group with lay input with links to the national working groups and a representative from the Investigation Committee, input from someone with links to BUCO, a corporate body perspective, an independent optometrist and a link with education. Mr Hamer was asked to chair the Group.

1119. The remit of the Code Review Working Group was to review the current GOC Codes, review work done in this area by other regulatory bodies in the UK, consider the implications for the devolved countries and any European background. The Group would produce a discussion paper by September 2008 for consideration by the Standards Committee so that recommendations could be submitted to Council in November 2008, with a view to instigating the consultation process at the end of the year.

Competencies

1120. Members received for information the analysis of the responses to the GOC's consultation on a revised competency framework **(SD(02)08)**. The Chairman of the Competencies Working Group gave the background to the consultation, which had sought views on proposals for a framework in which to structure competencies in the future. There had been six substantive responses to the consultation; these were included in the agenda papers. The Working Group had considered the responses and now reported its conclusions to the Standards Committee.

1121. With one exception, the proposals now before the Committee were those put forward in the consultation document. The exception related to the division of roles for future work, where comment had been made in the consultation responses that practical difficulties could arise from the proposed separation of work between the GOC and the professional bodies. The Competencies Working Group had therefore agreed that the professional bodies should be commissioned to develop all the levels (units, elements, performance criteria and indicators), with the GOC retaining full control of the process.

1122. The Standards Committee noted the Working Group's conclusions and would receive a report on progress at its next meeting. It was noted that the specialty competencies for optometrists in therapeutic prescribing would remain outwith the restructuring process for the time being, as these had been developed externally by the National Prescribing Centre (NPC).

Independent Prescribing

1123. Members received for information a tabled paper updating the Committee on the work of the Therapeutics Working Group (**SD(03)08**). The Working Group had concluded that the NPC competencies published in the *Competency Framework for Prescribing Optometrists* remained appropriate for independent prescribing (IP).

1124. The Working Group had discussed in detail the role of the clinical management guidelines (CMGs). There had been some confusion over this, with the view being taken originally that de facto the CMGs defined the scope of practice of an IP optometrist. In discussion it had become clear that this was not the case and that the role of the CMGs was to support practitioners, who individually had a duty to work within their own scope of competence. The IP qualification would provide competency in generic prescribing skills but would not provide any specialism in specific conditions. Delays in finalising the CMGs had arisen largely because of the need to provide an evidence base for each of the guidelines. It was difficult to indicate a timeframe for their completion but given the clarity now surrounding their role, their development should not delay other GOC work to introduce IP.

1125. It was stressed that the key factor was the professional obligation to practise only within individual limits of competence. The same model applied to nurse and pharmacist IP. The Working Group had already identified IP as a higher risk area of practice, which the revalidation process should reflect accordingly.

1126. It was noted that the Working Group had considered the guidance issued to nurse and pharmacist independent prescribers and had felt that similar guidance should be available for IP optometrists. In line with its policy in other areas, the GOC would not produce that guidance itself but had invited the College of Optometrists to undertake that task. The resulting guidance would come to the GOC for endorsement in the usual way.

1127. With regard to practice within scope of competence, the nurse and pharmacist guidance contained a stronger form of words than the current GOC Code of Conduct for individual registrants. The Therapeutics Working Group had felt that a stronger requirement should be included in the GOC Code and should apply to all registrants, with more detailed guidance for IP optometrists being produced by the College as agreed. The view was expressed that there was some urgency to strengthening the GOC Code in this way in fulfilment of the GOC's public protection role. It was pointed out that, as discussed earlier in the meeting, several other changes were

likely to be recommended to the Code of Conduct and it would be more effective and practical to consult on all of them in one consultation process. The proposed change to the Code recommended by the Therapeutics Working Group would be referred to the Code Review Group for consideration.

1128. There followed a discussion on the likely timing of completion of the handbook and introduction of training courses. The Therapeutics Working Group had concluded that there were fewer differences between the competencies required for IP and for Additional Supply (AS) and Supplementary Prescribing (SP) than had been expected. Thus if practitioners wished to begin training earlier than the likely availability of IP courses, they could undertake AS and/or SP and simply top up their training once IP courses were introduced.

1129. The Director of Standards reported on the outcome of the consultation on GOC rule changes to introduce the IP specialty. Only five responses had been received and the analysis of these was attached to the agenda, from which it was noted that respondents were supportive of the proposed rule changes. The Working Group asked that the Standards Committee recommend to Council the rule changes set out in the consultation document. Detailed work on the new rules was in hand. It was noted that the Department of Health was unlikely to adhere to its own timetable for implementing the necessary changes to the medicines legislation. The GOC could not agree changes to its rules until the medicines legislation had been amended, since reference to that legislation would be contained in the rules. It was therefore likely that draft rules would be submitted to Council in June rather than March 2008.

1130. Concern was expressed that there would be a plethora of consultations, and that perhaps ways could be found to minimise the impact. Although each consultation would have to be undertaken separately, it was suggested that the schedule of work and meetings should build in consultation meetings with key members of the optical bodies to facilitate a proper dialogue and meaningful consultation.

College of Optometrists' Guidance on Glaucoma

1131. Consideration was given to a paper from the Director of Standards setting out the current position regarding the College of Optometrists' guidance on examining patients at risk of glaucoma **(SD(04)08)**. This ongoing debate had arisen from concerns within the GOC that the current College guidance did not address the need for practitioners to carry out a slit lamp check to exclude the possibility of angle closure or secondary glaucoma syndromes, or acknowledge the higher prevalence of angle closure glaucoma amongst patients of Asian and East Asian descent. The College had considered the proposed wording from the GOC to be too detailed and prescriptive. It was noted that the GOC had now put forward revised wording and the Chairman had been invited to attend the next meeting of the College's Guidance Review Group to present the case for amendment.

1133. Concern was expressed not to add yet another item to an already inadequately funded eye examination and the proposed wording should make it clear that the advice to use a slit lamp test only related to patients with the risk factors indicated. It was also suggested that the proposed wording might be more acceptable to the College if it could be produced in the same format as the current College guidance. The Chairman agreed to discuss the wording further with Mr Cartwright, Mr Curran and Mr Munro with a view to producing a proposal that would

be acceptable to the College. The Standards Committee agreed that it should discuss the issue again if the College rejected the latest proposal.

Safeguarding Vulnerable Groups

1134. Consideration was given to a discussion paper from the Director of Standards relating to potential linkage between GOC registration and membership of the vetting and barring scheme introduced under the *Safeguarding Vulnerable Groups* legislation to come into effect in autumn 2008 **(SD(05)08)**. It was noted that amendments would be made to the Opticians Act to encompass the duties that the new legislation would impose on the GOC. One of these would add appearance on a barred list to the grounds for which a registrant's fitness to practise could be considered impaired. It was also noted that membership of the vetting and barring scheme was mandatory only for employees who worked with children or vulnerable adults; it was voluntary for self-employed persons.

1135. There was some support for the option to have no direct linkage between GOC registration and membership of the vetting and barring scheme. The view was expressed that the scheme was the concern of the Independent Safeguarding Authority and Scottish Ministers, and that the GOC should not take on any additional burdens. It seemed likely, in any event, that all primary care organisations and other health care bodies would require membership of the scheme.

1136. After careful consideration, however, there was a consensus view that the option should be adopted to make membership of the vetting and barring scheme a condition of registration. This would enable the GOC to remove automatically any registrant placed on the barred list and was felt to be the most practical and straightforward option, avoiding any need for differentiation between employees and self-employed persons. It was suggested that it was for the Registration Committee to determine the details of implementation.

White Paper

1137. Members received for information a paper updating them on work in progress to implement the White Paper **(SD(06)08)**. It was noted that as a result of Council's reorganisation of the project structure, the Revalidation Workstream would now report to the Standards Committee.

1138. Members also received the minutes of two meetings of the national Non-Medical Revalidation Working Group, on which the GOC was represented by the Director of Standards. He reported that progress was extremely slow and highlighted the difficulties in developing revalidation for such a wide range of healthcare professions. He felt that the awaited emerging findings report was unlikely to contain anything which would require GOC to radically rethink the work it had already undertaken in this area. The Chairman of the national Working Group had recognised that a single system of revalidation for all non-medical healthcare professions was inappropriate; this was acknowledged in the Working Group's minutes.

Sale of Optical Appliances Order

1139. The Director of Standards updated the Committee on progress in reviewing the provisions of the Sale of Optical Appliances Order 1984, which was out-of-date and took no account of mail order and internet sales. He noted that Melanie Carter had now been engaged to provide support for the work of the Sale of Optical Appliances Working Group, since complex legal issues were involved. Detailed

proposals would be brought to the Standards Committee in due course. A plea was made on behalf of the AOP for the Working Group to expedite this work, since there was much confusion in the current legislation. Comment was made that any changes to the Order would have to be justifiable on patient protection grounds and underpinned by a regulatory impact assessment.

Contact Lens Research Project

1140. Members noted the responses to the Contact Lens Working Group's requests for funding for a research project into any links between adverse events related to contact lens wear and mode of supply. **(SD(07)08)**. It was disappointing to note that none of the bodies approached had been willing to fund the project.

1141. In the responses, mention had been made of a survey carried out by the College of Optometrists which had appeared to demonstrate that non-compliance with contact lens hygiene had been unrelated to source of supply. Other research would appear to run counter to this finding. After careful consideration, it was agreed that the GOC should proceed with the project, as it related to a public safety issue. The Director of Standards would request funding for the project through the formal channels at GOC. The Contact Lens Working Group would oversee the process of putting the project out to tender.

Any other business

1141. Mention was made of a recent article in *Readers Digest* that cast aspersions on the quality of sight tests. This raised the more fundamental issue of the inadequacy of GOS funding that made it difficult for optometrists to fulfil their professional obligations. This situation had been recognised in Scotland and Wales, where the basis for eye care services had consequently been reorganised. It was agreed that a discussion paper should be submitted to the next meeting of the Standards Committee on this issue.

1142. Members received, tabled, the CHRE guidance *Clear Sexual Boundaries between Healthcare Professionals and Patients: responsibilities of healthcare professionals*. The Committee reaffirmed its previous decision that the professional bodies should be asked to review their own guidance in the light of the CHRE document.

Date and time of next meeting

1143. It was noted that the next meeting of the Standards Committee would be held on **Thursday 17 April 2008 at 10.30 a.m.**