

GENERAL OPTICAL COUNCIL

**Confirmed Minutes of the 38th Meeting of the Standards Committee
held on Thursday 22nd April 2010**

Present: Mr J Levett (in the Chair)
Miss R E Bailey, Mr D Cartwright, Mrs Christine Edwards,
Dr A Grocock, Mr S Heatherington, Mr W Karwatowski,
Mrs M McMullan, Mrs Susan Southgate

In attendance: Mr G Tinsley, Assistant Director of Standards

Apologies for absence

1267. No apologies were received.

1268. The Chair opened the first meeting of the newly constituted Standards Committee and explained that the first part of the meeting would involve induction issues and an update on the work that falls under the Standards Committee, particularly the business plan.

Declarations of Interests/Confidentiality

1269. The Chairman reminded Members 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.

1270. Mrs Southgate explained that she was on the Independent Management Committee for the OCCS. Miss Bailey explained that she was employed by ABDO. Introductions were made by each member of the Committee.

Induction

1271. The Chair explained that the majority of work is ongoing therefore it would be useful to outline the work of the Committee and how it relates to the Council and the other GOC committees. The Council works on a business plan cycle from April to April which has already been set for 2010. The committee will provide advice and guidance for next year's priorities which will be discussed at the next meeting of the committee.

1272. The key project for this year is revalidation and what a revalidation scheme for Optometrists and Dispensing Opticians (DOs) may look like.

1273. The Chair explained that there was a major change to the constitution of Council in April 2009. This was largely due to the Government White Paper 'Trust, Assurance and Safety' which required all healthcare regulators to change their councils to become smaller and more board like. The GOC Council previously had 28 members which was reduced to 12. There is now parity between professional and lay members on Council, which is made up of 6 lay members, 4 Optometrists and 2 DOs. The Council's primary purpose is to protect the public interest.

1274. The GOC's committees were considered at the same time. There are several statutory committees, including Standards Committee. Committee members used to be drawn from Council which would be difficult with only 12 Council

members. The Rules were changed to allow none Council members to become Committee members. The core function of the committees is to provide advice to Council.

1275. Council took the view that the Committees would act as expert groups and also decided that the relevant Director would Chair each respective Committee. Each Director would then be held to account for delivery of the business plan. The committees would provide advice and support in the delivery of each business plan.

Business Plan

1276. The Chair explained the terms of reference of the Committee and that its ongoing work is to provide advice to Council on the Codes of Conduct, keeping under review the guidance issued by the College of Optometrists and ABDO, keeping the Competencies and legislation under review and various pieces of project work.
1277. The Codes of Conduct and Competencies have recently been reviewed, therefore no wholesale changes will be made to the Codes of Conduct and Competencies. The Fitness to Practise committee will be asked on an annual basis whether any changes need to be made to the Codes of Conduct. The new Codes of Conduct for Individual and Business Registrants were published on 1st April 2010. This has cleared the ground for the Committee to concentrate on revalidation.
1278. Council has agreed its strategic priorities, one of which is to modernise the GOC's core functions to make them more efficient and effective. By the end of 2010 there needs to be an outline scheme for revalidation, draft rules agreed setting out the legislative changes and how revalidation will be delivered, in particular what will be delivered in-house and what will be outsourced.
1279. The legislation on the supply of contact lenses also needs to be considered by the committee. The Opticians Act sets out the criteria for the supply of lenses, specifically that the person supplying the lenses must verify the details of the contact lens specification with the person who issued it. Nowhere in the Act does it state that the lenses must then be supplied as specified. There are suppliers who are substituting their own lenses with what is on the specification. This issue has been raised with the Department of Health, though no progress has been made. Council is keen that the Committee pushes forward on this issue.
1280. The College and ABDO guidance will continue to be reviewed by the committee and if the committee has any issues with the guidance then that will be fed back to the professional bodies. The College and ABDO have been asked by the committee to look at and expand their guidance on previous occasions, particularly when issues arise from FTP cases. In the event that the College and ABDO won't change their guidance the GOC can issue its own guidance. The Chair explained that the other health regulatory bodies tend to issue their own guidance.

Revalidation

1281. The Chair gave an overview on the progress of the scheme for revalidation, how revalidation started and what the scheme may look like. The Chief Medical Officers report set out what revalidation should look like for doctors and the Foster report made it clear that revalidation would be for all regulated health professions. These recommendations were accepted by the Government in the White Paper in 2007. The intensity and frequency of

revalidation needs to be proportionate to the risks that each professional poses to patients and the regulator will set the standards for revalidation. Mr Heatherington explained that to a certain degree the Codes of Conduct ensure similar standards across different healthcare professionals.

1282. The Chair explained that the White Paper doesn't provide much detail as to what revalidation for non-medical professions should look like. The Non-Medical Revalidation Working Group established some high level principles which would enable the regulators to devise schemes for revalidation for the professions they regulate. This report was published in November 2008 and the Department of Health asked the regulators to report back by January 2009 as to how they would address those principles.
1283. The relevant standard for revalidation is the contemporary standard required for entry onto the register. There is an expectation that registrants keep themselves up to date with the standards that applies now, not the standard when they came onto the register. It is expected that most practitioners are working above the entry level standard.
1284. The direction given to each regulator was that revalidation should utilise and build upon existing systems, particularly appraisal systems, CPD/CET systems and other evaluation systems. It isn't the intention to create new systems or increase bureaucracy for registrants. Regulators should undertake risk profiling of its registrants and also that revalidation should be incremental.
1285. A report was produced for Council in November 2008 which set out in broad terms how the GOC intended to set out revalidation. The document was issued for consultation and included the issue of licences to practise, whether all registrants should be revalidated or those who are active in clinical practise. Performance of the statutory restricted functions would require a licence to practise and the Licence to Practise would be for UK practise only. All the other non-medical regulators are taking the approach that if registrants are on the register they will be subject to revalidation.
1286. Discussion followed on which registrants would need a licence to practise and the Chair explained that a consultation paper will be issued shortly. The paper sets out three options, including whether all registrants are revalidated, those in clinical practise have a licence to practise or everyone is revalidated and those active in clinical practise have a different form of revalidation. In any event, all those on the register are subject to the Codes of Conduct.
1287. Revalidation will be against the core competencies, not against every competency and Peer assessment will be necessary in the areas of highest risk. Europe Economics were commissioned to look at the key risks within optics. Their research found that there are no high level practitioner risks, they are mainly medium and low level risks.
1288. Five stakeholder events were held across the UK to present the research findings and obtain feedback. The key message received from attendees was to enhance the current CET scheme. At present distance learning is the most popular way of obtaining CET points and there is currently no requirement for CET in different areas. Mr Karwatowski raised the issue of reflective learning and how revalidation will address this. The Chair explained that the scheme as it is at present does not require reflective practice. Discussion followed on the differences between CET and CPD. The CET requirements are being looked at and targeting CET around the key risk areas and different modalities. A working group has been set up to specifically look at the CET requirements and how this will fit into the scheme for revalidation.

1289. Mr Heatherington raised the issue that the basis for revalidation began on good practice and not just on competence. Educational competence is easy to demonstrate, the difficulty is demonstrating appropriate practise in different areas. Many of the GOC's Fitness to Practise cases are on conduct and not competence related issues.
1290. The Chair explained that Revalidation will start on 1st January 2013. Registrants currently undergo a three year CET cycle and have to obtain 36 points over the cycle. The current cycle will end in December 2012. David Moore was commissioned to look into employer appraisals within optics and found that accrediting appraisals will not work. Employer appraisals are mainly focused on commercial outcomes and not on clinical performance.
1291. Under the GOC contracts in Scotland and Wales there is already retesting in order to perform NHS services. Those who have already undergone this process may be accredited under the scheme for revalidation. Patient feedback and complaints handling will also be looked into and how this may relate to revalidation. The issue of Remediation will also be looked at and the implications for registrants who fail revalidation.
1292. The Department of Health need to know by August 2010 of any legislative changes required. Primary legislation will need to be amended if licences to practise are introduced. Discussion followed on how revalidation will improve standards of practise. The Chair explained that good regulation should be about moving the culture forward and the proposed changes to CET should accomplish this.

Minutes

1293. The minutes of the 37th meeting held on 10th September 2009 **(SD(09)2M)** were approved.

Matters Arising

1294. The Committee noted action point 1231, to write to the relevant UK authorities highlighting that there are now optometrist independent prescribers on the register and to encourage PCTs to commission their use. It was agreed that this document would be circulated to the committee.

Action – To discuss with the Communications department how to take this issue forward.

1295. Miss Bailey asked whether hard copies of the Opticians Handbook were still available. The Chair confirmed that these are out of date. Mr Heatherington asked whether indexes to the College guidance are available. Minute 1247 was raised regarding the guidance project to look at the individual breaches in the Codes of Conduct. The Fitness to Practise department are currently looking into this. The committee received an update on minute 1261 with regard to patients in care homes having the necessary consent during visits for eye tests and the supply of glasses. The issue was considered by the Domiciliary Eyecare Committee who have agreed to revise their code of practice.

Action – To liaise with the Domiciliary Eyecare Committee and obtain their updated guidance.

1296. Miss Bailey provided an update on minute 1251. Legislation to allow DO's access to and order POMs has now been enacted. Miss Bailey also commented on minute 1264 and explained that the revision to the ABDO guidance following on from the Boots case will be completed shortly. All the

other actions had been completed or were to be discussed later in the agenda.

Work Plan

1297. The Chair introduced the work plan and explained that the plan sets out the items to be discussed at each meeting of the committee.

Appointment of Advisors to the Committee

1298. The Committee can appoint up to four advisors to assist it in its work though the advisors are not voting members of the committee. The previous advisors were chosen on the basis of the work involved, particularly revalidation and to make sure there was representation from each of the 4 countries. The new committee does not have representation from Scotland or Wales.

1299. Discussion followed on the areas and issues that the committee would need advice on, particularly European matters. The Chair confirmed that advisors can be appointed at anytime. The issue of appointment was then discussed in the context of members of the committee's working groups. Mr Heatherington sought clarification on when advisors would attend meetings. The Chair explained that historically advisors have attended every meeting, though the committee may want advisors to attend for specific items only.

1300. The committee agreed to consider the membership of the revalidation working group, specifically representation from the four countries. On European issues an advisor will be appointed and attend those items where relevant. The Chair suggested that Richard Carswell would be an appropriate choice to provide dive advice on European matters.

Action – To invite Richard Carswell to attend Standards Committee when his input is required.

1301. The Chair explained that the Committee has also previously had Glen Tomison as a DO advisor from a corporate background. There is also a DO vacancy on the committee. The committee agreed to wait until the vacancy had been filled to determine whether a DO advisor in this area was required.

Working Group Membership

1302. The Chair outlined the current membership of the Revalidation Working Group and explained that the group has worked well so far. There is currently only one lay member on the group and there is no representation from Scotland.

1303. Mr Heatherington raised the issue of the reporting mechanism of the working group to Standards Committee and asked to consider the principles of how the group is made up and reports to the committee. The Chair confirmed that the current working group membership was drawn from the previous Standards Committee, plus a few members from Education Committee.

1304. The Chair confirmed that there should be some input from Standards Committee on the revalidation working group. Mr Cartwright suggested that there should be more patient representation on the working group. The committee also agreed that continuity of the working group is important. Discussion followed on the governance arrangements of the committee's working groups. The committee agreed that one member of the committee should sit on each working group who would report back to the committee.

1305. The Chair explained that recruitment to public/patient reference groups is currently ongoing and suggested that it may be beneficial to invite a member from another regulator onto the working group. There is no representation

from Scotland on the working group. The working group meets as and when it needs to and when it has completed its work it will finish. The committee agreed that the nature of the work should determine the representation on the working group. Discussion followed on the make-up and size of the working group.

Action – To invite a member of the patient reference group onto the revalidation working group.

Action – To contact the Royal Pharmaceutical Society and ask for a volunteer to sit on the revalidation working group.

1306. The Chair explained that before the constitution of the working is formulated the terms of references for the working group need to be completed. The idea of creating workshops to take forward revalidation issues was discussed. There will be at least one more meeting of the working group in its current form and membership to deal with urgent issues. The working group will also be asked for their comments on the terms of reference.

Action – To draft the terms of reference for the revalidation working group.

1307. The Chair explained that the Contact Lens working group has previously been a small group of three members, including Rosemary Bailey, Roger Buckley and Donald Cameron. The working group is important to enable the work on the substitution of contact lenses to be taken forward, particularly on the clinical elements.

1308. Discussion followed on possible members of the contact lens working group. The committee agreed that the working group would consist of Roger Buckley, Christine Edwards and Rosemary Bailey. Discussion followed on the the possible terms of reference for the contact lens working group.

Consultation on Draft Health Care Workers

1309. The Chair confirmed that a response to the consultation is being drafted. Certain designated bodies have a duty to share information with other designated bodies where it relates to the conduct or performance of a health care worker. Designated bodies include the GOC, employers, optometrists and dispensing opticians. When the Codes of Conduct were reviewed there was a lot of work completed on the issue of sharing information, whistle blowing and reporting concerns locally. The issue of unintended consequences causing the GOC problems was discussed.

1310. The GOC Fitness to Practice department raised the issue that it may result in a high volume of complaints being received. Some PCTs refer a high volume of issues to the GOC, rather than dealing with them at a local level. Any issue raised has to go to the Investigation Committee, which raises the issue of being overloaded with referrals.

1311. The Chair confirmed that the designated body must co-operate with another designated body by sharing any information in its possession or control which it reasonably considers it should share with that body in order to protect patients or the public where that information relates to the conduct or performance of a health care worker and show that that worker may constitute a threat to the health and safety of patients. The definition is quite broad and may require a lot of information. The GOC's threshold is fitness to practice, though it is likely there will be different thresholds depending on which organisations are involved.

1312. The Chair confirmed that the regulation states that before referring,

reasonable steps should be taken to investigate the matter. The committee agreed that clarification is required on the mechanism of how information will be shared. A health care worker is defined as any member of a prescribed profession concerned with the physical or mental health of individuals and any person employed by a designated body. The issue was raised as to how these regulations fit with the work being done on vulnerable adults and the independent safe guarding authority.

Action – To draft a response to the consultation and issue to the committee for comment.

Guidance statement: students with a disability

1313. The guidance statement was referred to Standards Committee by the Registration Committee. The Registration Committee approved the statement which centres on what reasonable adjustments should be made by training establishments and their responsibilities under the Disability Discrimination Act.
1314. The Chair confirmed that when reviewing the competencies, the College of Optometrists and ABDO were asked to consider whether they would be discriminatory or not. The cost involved in meeting the reasonable adjustments was discussed. The Chair confirmed that if any competency was found to be discriminatory the committee would have to consider it immediately and take a recommendation to Council.
1315. The committee agreed that if any issue arises they will consider it on an individual basis.

EU language testing

1316. The issue was referred to Standards Committee from the Registration Committee to consider whether to strengthen the GOC's communication competency statement. The issue arose as a result of the EU directive on language testing.
1317. The Pharmacy regulator is challenging the interpretation of the EU directive, particularly on the issue of recognition and registration being regarded as two distinct stages of the application process. Discussion followed on the difference between standard testing and standardised testing.
1318. The Chair confirmed that most EU applicants who come through this route have to undergo a compensation measure before they come onto the register. These are carried out in English, therefore if there was a competency issue about their proficiency in English it would be highlighted at this stage. The committee supported the proposal to strengthen the GOC's communication competency statement.

Action – To amend the communication competency and await the outcome of developments on the directive.

Issues raised by OCCS

1319. The issue arose as a result of a meeting between the Director of Fitness to Practice and the OCCS. The OCCS raised a number of issues that they felt the GOC could look at when reviewing the guidance issued by the College and ABDO.
1320. Discussion followed on the best way to address the issues raised by the OCCS. Mrs Southgate explained that the issues also arose from a conference held last year from feedback by key OCCS stakeholders who deal with patient complaints. These are the areas that they are least able to deal with.

1321. The committee felt that the issues raised by the OCCS are already in the guidance published by the professional bodies and that this should be highlighted. The committee felt that the OCCS should contact the optical bodies for them to highlight the issues as well.

Action – To check the issues are covered in the guidance and highlight them in bulletin.

Competencies

1322. The Chair explained that the review of the competencies has taken a long time and the framework in which they were set was looked at first. After consultation it was agreed to adopt the four headings, as contained in the World Council of Optometry framework.

1323. The competencies have largely remained the same though they have been re-presented within the new framework. There was a lot of overlap between the existing competencies though a lot of different terminology. The purpose of the review was to iron out these inconsistencies.

1324. Miss Bailey confirmed that the review required a complete re-think as to how the competencies were viewed. The Chair confirmed that subject to being approved by Standards Committee and Council, they will then be referred to Education Committee who will revise the education handbooks.

Action – To revise the communication competency with regard to English.

1325. Mrs Southgate raised an issue in the indicator of the Dispensing Optician competencies, specifically 4.2.2. that there is no provision “to fit” special optical appliances in the indicator.

Action – To take the issue to ABDO and the College to consider revising the indicator.

1326. Mr Karwatowski raised the issue in the Optometry framework, with regard to indicator 3.1.11 that a Volk lens is a specific brand of lens and there are others that could be used. Performance criteria 3.1.6 does not mention non-contact tonometry which the majority of optometrists carry out. It was agreed that both contact and non-contact tonometry should be in the performance criteria.

1327. Mrs Southgate asked that e.g. is used consistently throughout the frameworks. The Chair explained that the issue around paediatric dispensing is a key consideration for the revalidation of dispensing opticians. It is difficult to pull out this area for DO's in the revised competencies which could cause problems in future for revalidation. The Chair confirmed that approval of the competencies should not be held up over this issue, as revalidation will not happen until 2013. Further work will need to be carried out on this area in the near future.

Action – To ask the College and ABDO to consider revising the relevant sections of the frameworks in time for Council to approve them on 17th June.

1328. Subject to the above points the Committee agreed the Competencies.

College of Optometrists guidance

1329. The committee received eight papers updating sections of the College guidance. The main changes are to the sections on supervision and dispensing as a result of the Boots case last year. Miss Bailey confirmed that the majority of the corresponding ABDO guidance has also been changed.

1330. The committee were content with the changes to the guidance subject to viewing the changes to the documents.

Action – To ask the College for the guidance documents with track changes.

BUCO

1331. The Committee was informed that the British Universities Committee on Optometry has received an increase in the number of applications from female Muslim students who wish to wear face veils and gloves. This raises the issue of whether these students are able to complete the programme and demonstrate the required competencies.

1332. The Chair explained that the issue has also been discussed at a recent meeting of the Education Committee. The draft minute from Education Committee stated that “it was the general view of the committee that if it is a problem that is serious enough that they cannot complete the functions that they are required to do on the course, then they cannot complete the course and have to be advised that they are not suitable to attend the programme at the point of enrolment. Ultimately the training institutions must take the decision at the point of enrolment of the course on the basis that students must demonstrate competence in all elements of the core competencies and if the students cannot do the tasks then they cannot demonstrate competence”.

1333. Mr Karwatowski explained that some local NHS policy stated that the use of a full face veil was incompatible with practice on the principle of non-verbal communication. The use of gloves would not be compatible with the NHS policy of bare below the elbow at the point of clinical contact. A fresh pair of gloves for each patient contact would be a reasonable accommodation, though it would be extremely difficult to put it contact lenses with gloves on.

1334. Discussion followed on what would constitute a reasonable adjustment. The Chair explained that it should not be for the committee to make this judgement and that the training institutions should take this decision. If there is evidence that this is discriminatory then the committee will look at the issue.

AOB

1335. The Chair reminded members to submit their expenses claims as soon as possible and in any event within 3 months, otherwise they would not be approved.

Date and time of next meeting

1336. The dates of the next two committee meetings will be held on:

- 1) Wednesday 1st September 2010, 10.30-13.30.
- 2) Thursday 27th January 2011, 10.30-13.30.