

## Revalidation: initial consultation

During 2009, we will be formulating our proposals for revalidation. Please help us to shape our policy by offering your views.



## About the General Optical Council

### Introduction

The General Optical Council (GOC) is one of 13 organisations in the UK known as health and social care regulators. These organisations oversee the health and social care professions by regulating individual professionals. We are the regulator for the optical professions in the UK. The Council currently registers around 22,000 optometrists, dispensing opticians, student opticians and optical businesses.

### Mission and values

The GOC's mission is to protect the public by promoting high standards of education, conduct and performance amongst opticians. Our work is built on a foundation of six core values. These values are based on the Better Regulation Commission's criteria for good regulation.

#### **Proportionate:**

We will identify and target the issues of greatest risk to public safety.  
We will remove unnecessary bureaucracy.

#### **Accountable:**

We will seek, and respond to, the views of stakeholders and partners.  
We will consider and review the consequences of our actions.

#### **Consistent:**

We will work in collaboration with UK health regulatory bodies and other partners to develop consistent policies and procedures.

#### **Transparent:**

We will explain and publicise decisions, and make public, wherever possible, Council information, activities and proceedings.

#### **Targeted:**

We will ensure that our activity is focused on the areas of greatest risk, or where there is most benefit to public health and safety.

#### **Organisational Excellence:**

We will provide good value for money.  
We will pursue high standards of customer service.  
We will ensure that the Council is a good place to work, particularly through developing and training our staff and members.  
We will promote and develop equality and diversity in all our work.

### Contact details

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email: [goc@optical.org](mailto:goc@optical.org)

tel: 020 7580 3898  
web: [www.optical.org](http://www.optical.org)

## Responding to the Consultation

### Respond to

Please send your responses to **Grahame Tinsley**, Assistant Director of Standards, no later than **25 September 2009**.

Post: 41 Harley Street, London, W1G 8DJ

Email: [gtinsley@optical.org](mailto:gtinsley@optical.org)

This document sets out a proposed outline scheme. Please offer your views on either the scheme as a whole or any specific aspects of it which may be of particular relevance to you. We are not asking any specific questions in this consultation; we welcome any comments you may wish to offer.

Please include contact details so that we can follow-up any relevant aspect of your response. Unless you state otherwise (and an automatic disclaimer generated by your IT system will not be taken as such), we will assume you are happy for us to publish your response and to share it with other appropriate bodies and stakeholders.

### Further information

Where possible, please provide evidence to support your response. If you are a representative group, it would be helpful if you could include a summary of the people and organisations that you represent.

A copy of this consultation has been sent to a large number of stakeholder groups representing our registrants, the public, patients, partner organisations and other groups.

If you have any queries about the consultation then please contact **Grahame Tinsley** using the contact details above.

### The GOC's commitment to consultation

The General Optical Council believes it is important that the people affected by our work have a say in how we deliver it. We believe it is vital to consult with all the groups with an interest in the GOC; patients, the public, our registrants, optical organisations, healthcare organisations, employers, other regulators, staff and other stakeholders.

Effective consultation is valuable to help us improve the way we work. It informs us and helps us to achieve our mission of protecting the public through promoting good eyecare.

We are currently developing a formalised consultation framework and seeking to standardise and improve our consultation methods throughout the organisation.

Feedback on the consultation process itself would be welcome. If you have any comments then please contact **Simon Grier** on [sgrier@optical.org](mailto:sgrier@optical.org).

## GOC initial consultation on revalidation

**Start date:** 13 March 2009

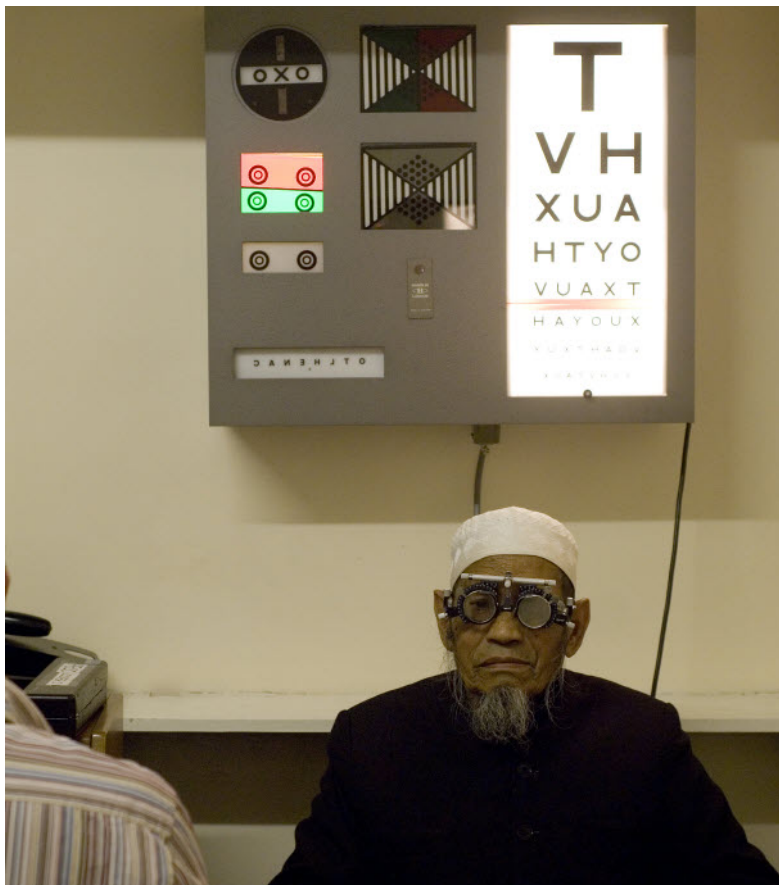
**End date:** 25 September 2009

**Results published:** Formal consultation document to be published Nov 2009

**Contact:** Grahame Tinsley. 020 7307 3477, gtinsley@optical.org

### Consultation summary

1. The Government's White Paper, *Trust, Assurance and Safety*, directed that revalidation was necessary for all health professionals, and that 'its intensity and frequency needs to be proportionate to the risks inherent in the work in which each practitioner is involved'. The GOC will be introducing a revalidation scheme and is already working on the proposals.
2. This document is a **proposed outline** of our revalidation scheme based on a **preliminary report** of the GOC's Revalidation Workstream Group. The proposals outlined here are preliminary and we wish to seek the views of all of our stakeholders.
3. We aim to collect as many stakeholder views as we can to help us formulate our policy on revalidation. We will then issue a formal proposal in November 2009 which will also be the subject of consultation.



## Background

4. Following the publication of the White Paper, the Government established the Non-medical Revalidation Working Group which was tasked with exploring further the issue of revalidation for all health professionals (with the exception of doctors who were covered by a separate working group). The Director of Standards is the GOC's representative on this Working Group. The current chairman of the Federation of Ophthalmic and Dispensing Opticians (FODO), Paul Carroll, also sits on the Working Group.

5. The Working Group has developed a set of principles to underpin non-medical revalidation. Each regulator has been asked to consider the principles developed by the Working Group, and report back to it early in 2009 as to how it intends to embed the principles into its own revalidation processes.

6. The GOC's Standards Committee considered how it should respond to the Non-medical Revalidation Working Group's principles at its meeting of 11 September 2008. The Committee decided to undertake a short consultation with key stakeholders to inform the GOC's response. The GOC's Revalidation Workstream met in October 2008 to consider the responses and develop further the GOC's approach.

7. Outlined below are the Revalidation Workstream's views on the broad structure of the GOC's proposed approach to revalidation. Further work will be required to develop the revalidation scheme, and further consultation with stakeholders will be required as the scheme develops and the required enabling legislation is put in place. Impact assessments will also need to be developed for each aspect of the proposed scheme to ensure that the benefits outweigh the costs, and that no particular group is unfairly disadvantaged.

8. In addition to the issues outlined below, the Workstream has considered how a revalidation system will deal with registrants when remedial action is required of them for revalidation purposes, how the system will integrate with employers' appraisal and clinical governance mechanisms, and how the system should incorporate public and patient involvement. No firm conclusions have been reached on these matters. These will need further exploration as the system is developed.

### Licence to practise

9. Revalidation will apply to all those optometrists and dispensing opticians who are active in clinical practice. Those who are on the register but who are not practising will not be required to be revalidated. This is because those who are not active in clinical practice pose no actual risk to patients, and hence it would not be proportionate to require such registrants to be revalidated so long as they continue to remain clinically inactive.

10. Whilst it could be argued that the register need only consist of those who are active in clinical practice, and hence all registrants should be subject to revalidation, the GOC sees that there is public benefit for many non-practising optometrists and dispensing opticians maintaining their registration. Some are in positions of authority in optical businesses and academia, and it remains in the public interest that such persons should be subject to the GOC's Code of Conduct for Individual Registrants, and fall within the scope of the GOC's jurisdiction on Fitness to Practise matters.

11. As such, the GOC will seek the legislation required for registrants who are practising to be issued with a licence to practise. Those on the register who are not practising and not subject to revalidation will not be issued with a licence to practise. This mirrors the approach being taken to revalidation by the General Medical Council (GMC).

12. The ability to perform protected functions without committing a criminal offence will continue to be linked to registration. However, where a registrant performs such functions without possessing a licence to practise this shall be treated as adversely affecting their fitness to practise. The GOC will seek the legislative change to enable this. Further consideration will need to be given as to how the GOC will deal with registrants who are returning to practice after a significant break, and the basis on which such registrants are issued with a licence to practise.

### Profiling risk

13. As directed by the Non-medical Revalidation Working Group's report, the GOC will undertake risk profiling of its registrants. In measuring risk, consideration will be given to the impact of 'competency failure' for patient health and safety, and those contextual factors which may make competency failure more or less likely. Registrants will be asked to provide details of their scope of practice and details about their context of practice. This will inform what will be expected of registrants in terms of CET and other development activities undertaken. Where registrants are considered to be practising in high risk areas, the GOC will require that they have undergone an appropriate form of peer assessment against the relevant competencies (as part of approved CET involving such assessment, GOS re-accreditation, or other accredited assessment process).

14. Risk-profiling will be evidence based wherever possible. For example, the GOC will examine data available from the General Ophthalmic Service re-accreditation schemes undertaken in Scotland and Wales, and its own fitness to practise processes when profiling risk. It is acknowledged that risk profiling will be a complex task, and that there is a risk that certain registrants could be unfairly disadvantaged if the risk assessments undertaken are not sufficiently robust. The GOC will work closely with the optical professional and representative bodies in carrying out this work to utilise their expertise and to ensure that the risk profiling is robust and fair.



## Competencies

15. The competencies against which registrants will be revalidated will be the competencies which the GOC requires those seeking entry onto its registers to meet, or where specialty registration is held, the competencies required for entry onto a specialty. However, it would not be practical or proportionate for each and every registrant to be required to demonstrate that they continue to meet each and every competency. The GOC will take a risk-based approach as to where a demonstration that the competencies continue to met is required, taking into account the scope and context of practice of each registrant. The GOC will identify:

(a) *The competencies which all licensed registrants must demonstrate that they continue to meet.* These could be in core areas such as Professional Conduct and Communication.

(b) *The competencies which all dispensing opticians and the competencies which all optometrists must demonstrate that they continue to meet.* These would be in core elements of clinical practice related to carrying out those functions reserved to each profession in law (testing sight, fitting contact lenses, paediatric dispensing and dispensing to the visually impaired).

(c) *The competencies specific to the particular scope of practice of a registrant.* A risk-based approach would be adopted to identify those competencies outside of the functions reserved in law which a registrant would need to demonstrate that they continued to meet if these related to their actual scope of practice.

(d) *The competencies which those registrants with a specialty annotation on the register must demonstrate that they continue to meet.*

## Evidence

16. In determining the evidence required to demonstrate that the relevant competencies continue to be met, the GOC will again take a risk based-approach. The greater the risk to patients of 'competency failure', taking into account the contextual factors of a registrant's practice, the more robust will be the evidence-base required to satisfy the GOC that competency has been maintained.

17. At the higher end of the scale of risk, evidence that peer assessment against the relevant competencies has been undertaken will be required. The GOC will invite providers to submit peer assessment programmes for accreditation. This may include existing schemes such as the General Ophthalmic Service re-accreditation schemes in Scotland and Wales. Other schemes may be provided by the professional bodies or training establishments.

18. At the lower end of the scale, evidence that relevant CET or other development activity has been undertaken may be considered sufficient and that no concerns have been recorded by employers, NHS commissioning organisations, or the GOC.

### Intensity and frequency of revalidation in relation to risk

15. For the vast majority of registrants, a licence to practise will be issued every six years following a revalidation review (two CET cycles). However, where concerns are identified, a licence may be issued for a shorter period subject to the registrant meeting certain conditions. This may require them to submit information during the conditional period to satisfy the GOC that they are taking steps to meet the conditions.

16. The cost of undertaking remedial action to meet such conditions will be met by the registrant.

### Implementation

17. A full implementation plan will be published by the GOC. This will follow the GOC's report to the Non-medical Revalidation Working Group, on the basis that the GOC will receive the endorsement from the Working Group to develop further its plans for revalidation on the basis outlined above. The scheme and a specification for the IT support will be developed during 2009-10. It is anticipated that an online system similar to that in place for CET will support revalidation.

18. It is intended that revalidation will be introduced to link with the beginning of the 2012-15 CET cycle, and that one sixth of registrants will undergo revalidation each year (matching two three year CET cycles).

Please find a consultation response template overleaf.

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## Consultation response form

### How to respond

Please send your responses to **Grahame Tinsley**, Assistant Director of Standards, no later than **25 September 2009**.

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Email: [gtinsley@optical.org](mailto:gtinsley@optical.org)

Alternatively, visit [www.optical.org](http://www.optical.org) where you will find an electronic version of this form.

### Response form template

#### Your Details

Name:

Address:

Telephone number:

Email:

#### Are you replying on behalf of an organisation?

Name of the organisation:

Your position:

Nature of the organisation's work:

#### Keeping in touch

Because we value your input, we would like to contact you occasionally to let you know when we launch consultations and to invite you to future events. We will not pass your data on to any third party. Please tick here if you do not wish to be contacted in this way about the GOC's consultations:

#### My thoughts on the GOC's proposals for revalidation are as follows:

*Please continue on as many sheets as you feel appropriate*