

## **GOC registers: content and access - consultation event summary**

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### **Introduction**

In 2009/10, the General Optical Council (GOC) is researching issues around the content and accessibility of the GOC registers. As part of this work, and supporting the GOC's broader programme of stakeholder engagement, the GOC organised a programme of consultation events around the United Kingdom in September and October 2009. This paper provides a summary of the discussions at the events and sets out next steps.

### **Purpose of the events**

The consultation sought input from GOC registrants, patient groups and members of the public on the following key issues:

- Who is the register for?
- What information should be published on the registers?
- How can the GOC make the registers more accessible and user-friendly?

The events were also intended to provide an opportunity for Council members to meet stakeholders and gather views on the GOC's work priorities and 2010-2015 strategy, including issues such as:

- What should the GOC be doing to help registrants meet the standards?
- What should the GOC be doing to protect the public?

### **Event programme**

Each event was based around two interactive sessions, which were led by an independent facilitator. Events were held in the evenings in Cardiff, Birmingham, Belfast and Edinburgh (the event schedule is attached as Annex 1). The events were publicised in the optical press, GOC newsletter and through emails to registrants. Each event was attended by a senior GOC staff member, at least one member of the Council, and other GOC staff.

The programme for each of the events was:

1. Welcome
2. Presentation – Introduction to the GOC and the research into the registers.
3. Interactive session 1 – The Register: Who is it for? What should be on it? How should you access it?
4. Interactive session 2 – The Council's direction: What should the GOC do to protect the public?
5. Reflections, Close, and Informal Networking

### **Feedback from the events**

### ***The content of the registers***

The GOC publishes registers of registered optometrists, dispensing opticians, student registrants and bodies corporate. The published individual registers currently include the following information about registrants:

- Name
- GOC Number
- Optical Qualifications
- Status (including any current adverse fitness to practise information/restrictions)
- Location
- Registration Date
- Specialties (if any)
- Practice Addresses (where available)

The information available on the GOC registers in relation to individual registrants is broadly consistent with that available on the registers maintained by other health and social care regulators, with the exception that other regulators generally include the title or gender of the registrant. Most other regulators do not include the practice addresses of their registrants. There was some discussion during the events that the regulators should attempt to be consistent in the information displayed on the public registers, and should give consideration to a 'portal' site displaying all the registers.

During the consultations, attendees identified a number of additional types of information about registrants that it may be worth considering including on the public registers. Discussions also noted that there would be obstacles to be overcome to including additional information.

Specific suggestions for additional registrant information to be made available on the public registers included:

- Personal – gender, age, ethnicity, photographs, languages spoken (including sign language).
- Work – full or part time worker, additional business contact details (phone, email), employment history, CRB/ISA check status.
- Education – country and year of qualifications, any specialties or areas of particular expertise or interest, CET points and/or courses.
- Registration status – Past fitness to practise information, date of first GOC registration.

*Personal*

Many attendees felt that making additional information available on the public registers would give the public additional certainty that the practitioner that they were seeing was the individual on the register, and/or would assist people to find a practitioner that would be suitable to them.

Others felt that the inclusion of such information was not necessary, since all that was necessary to identify a registrant was their name and GOC number, and that including this information would be costly and complex. Some also questioned whether there would be human rights or privacy issues associated with including some of these types of information, or noted that many registrants may not wish to have this information made public.

Discussions on these issues acknowledged some tensions in the role and usage of the register, in particular balancing the role of the register as a directory for those searching for a practitioner versus a basic authoritative list of qualified professionals and businesses.

#### *Work*

Again, some attendees felt that including on the published registers information about registrants' employment history and status would be useful for the public. Similarly, including the phone and email details in the practice addresses would make it easier for those seeking to find and contact an optometrist.

The issue of the extent to which the registers should properly be used as a business directory was also raised in the context of these discussions. It was noted that practice contact details were available from numerous other sources. It was also noted that contact details such as email addresses can become out of date quickly, and that the registers should attempt to be as authoritative and accurate as possible in all their content.

#### *Education*

A particular issue raised by a number of attendees was that, while qualifications are listed on the register, this in of itself does not itself provide much information on what the practitioner is qualified to perform. Some felt that the qualifications displayed are out of date and do not all necessarily mean one is actually qualified – eg some letters after the professionals' names are obtained by subscription to a membership body.

It was suggested that the registers could display areas of professional interest and experience, such as professional development (which might be linked to CET points). A number of attendees felt that there should be clear, easily accessible, information on

what the qualifications on an individual's record mean. (Note: the GOC currently publishes a qualifications glossary explaining abbreviations used.)

Discussions on these issues acknowledged some tensions in the role of the register, in particular balancing the role of the register as a directory for those searching for a practitioner versus a basic list of qualified professionals.

It was also noted that a key issue was that information included on the register should be able to be verified by the GOC. Including more subjective categories such as language ability and professional interests/expertise, while potentially useful, risks diluting or confusing the objectives of the register. It was suggested that linking professional expertise to CET points or the revalidation process could be one way for the GOC to accredit the information in this area, although it was noted that this would be a complex process.

### *Registration status*

Some attendees, particularly representatives of patient groups, felt that the registers should display historical adverse fitness to practise findings, such as sanctions, conditions or warnings issued in the past that are no longer in effect. It was argued that this would provide the public with better protection or would encourage them to report issues that they might otherwise ignore. It was noted that this information is already in the public domain through publication of Fitness to Practise Committee decisions and transcripts, the only question was around whether this information should be made more accessible through links on the public record on the register.

It was also noted that if an individual registrant is erased or suspended from the register, the registrant's entry is simply deleted – information that the registrant has been removed will not be displayed on the register. This may have the potential to cause confusion, and many attendees felt that consideration should be given to retaining a note on the register clarifying that the registrant has been removed.

Registrants were generally less supportive of the proposal for historical fitness to practise information being included on the registers. Most registrants felt that including historical fitness to practise findings was unnecessary to protect the public, given the clinical risks involved, or that it would be unfair to retain information on a professional's public record relating to a potentially minor issue dating back many years.

### ***Accessibility issues***

The GOC printed hard copies of the full registers annually up to 2005. Since then, the registers have been available online only, through the GOC website. Information on registrants can also be obtained by telephoning the GOC. At the consultation events, we sought input from attendees on any issues associated with the accessibility of the GOC registers, including how the registers should be accessed and promoted to registrants and the public.

Some attendees felt that the GOC should consider reintroducing a printed version of the published registers, which might be made available for example in libraries. The cost and the difficulty of keeping a printed register up to date were generally acknowledged, however, and most attendees felt that the online and telephone options were sufficient. Other suggestions for accessing the registers included by email and text message.

Several attendees suggested that the full published registers could be made available as a single electronic document (eg in PDF or spreadsheet format), either for download from the GOC website or for sending by email on request.

It was noted a number of times that it is important that those using the registers have certainty that the information displayed on the registers is up to date. It was suggested that the registers could display when the information on each record was last updated.

There was discussion at most events of the need for the registers to be able to be easily searchable, particularly by location. Currently the registers can be searched by location, but only for optical practices rather than individual registrants. It was noted that the multiple registers including for optical businesses could be confusing – it was suggested that the GOC should consider consolidating or linking information between the registers. If information on areas of professional expertise were included on the registers, it was felt that this should also be a search option.

Several attendees suggested that the GOC should consider applying different levels of access to the register to different groups. For example, employers, educational institutions, optical bodies and/or registrants could be provided with access to additional information on the registers (for example in relation to employment history, CET points, CRB status) than that available to the wider public.

A key discussion at the events was around the level of awareness of the registers among the public. In order for the registers to be an effective means of protecting the public, it is important that patients are aware that optical professionals must be registered to practise in the UK, and are aware of how to complain. It was felt that there is a low level of awareness at present, but that the GOC should do more research in this

area including improving information regarding who was currently using the registers and why.

It was generally considered that, while the clinical risks associated with the optical professions are generally low, the GOC should do more to promote public awareness of GOC registration. Suggestions included working with optical bodies, businesses and registrants to promote the inclusion of GOC numbers on name badges, desk plates, websites, letterheads etc, and the display of GOC information at optical practices. It was also suggested that the GOC should consider targeted advertising to increase awareness, for example through Google, the Yellow Pages.

### ***The role of the GOC***

The events also sought feedback from attendees on how the GOC could better fulfil its roles in protecting the public and promoting high standards among registrants. Discussions at the events covered a broad range of areas, with key issues being focused around:

- Professional development and revalidation
- Connecting with the professions
- Connecting with the public

#### *Professional development and revalidation*

- Revalidation – Introduce revalidation and get it right, ie valid and proportionate.
- Continuing Education and Training (CET) – Make CET more prescriptive and fit to purpose. Give direction on what registrants should be studying and address weaknesses within the professions (eg by shifting required competences to areas of rising demand) or individually (eg through a diagnostic test). Consider introducing a minimum number of CET points across broader range of practice settings, eg domiciliary. Place a greater emphasis on practical requirements.

#### *Connecting with the professions*

- Many attendees felt that the GOC is currently perceived by some registrants as being overly focused on public protection ahead of registrants' interests. The GOC is sometimes perceived as being adversarial and inflexible in its dealings with registrants over both fitness to practise and retention issues.
- It was felt that the GOC should make more effort to connect with registrants and be more flexible and helpful, and that its responses should be proportionate to the relatively low level of clinical risk. It was felt that better engagement would encourage more registrants to attend these sorts of consultation events.

- There is a growing sense that patient experience is almost as important as clinical outcomes – there may be a GOC role in promoting to registrants the importance of good communication and providing a good patient experience.
- Highlight the inadequacy of GOS sight test in England compared to Scotland and Wales.
- Promote criminal prosecutions where non-registrants performed reserved/registered activities and enforce supervision requirements eg in relation to dispensing to children.

### *Connecting with the public*

- Many attendees felt that the GOC should work to raise awareness of its work in the public, particularly the importance of optical professionals being registered and how to complain. There should be information about the GOC available in optical practices and GOC numbers should be displayed. The GOC could consider working with other regulators to promote its work.
- The GOC could provide a guidance booklet on what to expect when visiting an optician, especially for over 60s. The General Chiropractic Council has produced a useful example. Also the GOC could look at other types of regulators – eg the Financial Services Authority.
- Coordinate and connect different interests responsible for eye health – these are currently too divided. It is not clear for patients who is responsible for overall eye health, and there is a need to bring together all the information clearly.

### ***Feedback on the sessions***

Attendees were invited to anonymously record their views on the events, in terms of what went well and what could be improved. A representative selection of verbatim comments received from attendees follows.

#### *What went well*

- Open acceptance of ideas, clear messages as to what's wanted.
- It is encouraging to have the GOC to this region to engage and listen.
- Open discussion and good atmosphere of collaboration.
- Friendly, welcoming round-table chat, led to interesting discussion.
- Went well – group sessions, appropriate questions, differing backgrounds enhanced knowledge. Lot more to it than meets the eye.
- Group discussion from optical and non-optical people.
- Wide range of discussion topics were covered. Good participation from everybody present.
- Short question sticky session – great, easier to stick to the subject.
- Well facilitated – good well timed and well led discussions.

- Glad I came – learned a lot, have an idea of where I'm going from here.
- Useful, iterative process – kept us on track.
- Just about everything!

*Would be better if*

- More participants, increased representation of frontline optometrists and dispensing opticians.
- Greater time to discuss the other functions of the GOC?
- Would be better if more optometrists were here to discuss the issues with the public.
- Better publicity.
- Link up with regional optical committees. Better time eg 7pm.
- Would have liked a little more background re different aspects, eg dispensing for children.
- Time constraints – would like longer.
- More time on specific issues to reach an action rather than just a discussion.

**Next steps and further work**

The GOC Registration Department will be considering the results of the consultation session in the development of its future work programme. We will be considering the feasibility of incorporating the suggestions received for additional information to be displayed on the published registers and for ways to make the registers more accessible and user-friendly.

The Council for Healthcare Regulatory Excellence (CHRE) is also currently conducting a similar programme of research into the content of and access to healthcare regulators' registers. We will provide this consultation summary as a contribution to that piece of work, and will consider the CHRE's findings in our own decision-making. The CHRE report is expected to be finalised in December 2009.

We will communicate decisions for any changes to the registers to registrants, optical bodies and event attendees (who provided contact details). A copy of this consultation summary will also be sent to those attendees that provided their details.

The broader suggestions regarding the GOC's roles in protecting the public and promoting higher standards among registrants have been passed on the Council for consideration in the Council's work on the GOC's priorities and 2010-15 strategy. A copy of this consultation summary was provided to Council for its information at its November meeting.

## Annex: Event Schedule and GOC Attendees

Location, Date, Time	GOC Attendees
<p><u>Cardiff</u> - 21 September, 17.30 – 20.00 Venue: David Morgan Room Wales Millennium Centre Cardiff Bay Cardiff CF10 5AL</p>	<p>Dian Taylor – Registrar Matthew Tait – Policy Officer Nick Rumney – Council Member Fiona Peel – Council Member Lindsay Mitchell – Facilitator</p>
<p><u>Birmingham (Aston)</u> - 28 September, 18.00 – 20.15 Venue: Business School Hotel and Conference Centre Aston University, Birmingham B4 7ET</p>	<p>Kate Fielding – Director of Communications &amp; Information Matthew Tait – Policy Officer James Russell – Council Member Lindsay Mitchell – Facilitator</p>
<p><u>Belfast</u> - 30 September, 17.30 – 20.00 Venue: Pharmaceutical Society of Northern Ireland 73 University Street Belfast BT7 1HL</p>	<p>Geoff Harris – Chair of Council Brian Coulter – Council Member Matthew Tait – Policy Officer Simon Grier – Communications Officer Lindsay Mitchell – Facilitator</p>
<p><u>Edinburgh</u> - 27 October 18.00 – 20.30 Venue: Apex City Hotel 61 Grassmarket Edinburgh EH1 2JF</p>	<p>Jon Levett – Deputy Registrar Matthew Tait – Policy Officer Simon Grier – Communications Officer Morag Alexander – Council Member Lindsay Mitchell – Facilitator</p>