

bulletin

Issue 5, Summer 06

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Council sets guidelines for prosecutions

by Kate Fielding

A new protocol will determine how the Council investigates and prosecutes alleged criminal offences under the Opticians Act. Work on the code was initiated by the Sale of Optical Appliances working group, which is looking at issues surrounding remote sales of spectacles and contact lenses.

The criminal offences protocol sets out what will happen when an allegation is received, including how it will be investigated, when and how the suspect will be contacted, and who will make a decision to prosecute. Prosecutions will go ahead if there is sufficient evidence and they are considered to be 'in the interests of protecting, promoting and maintaining the health and safety of the public'.

"Protecting the professions from commercial pressures, though they may be acutely felt, is not part of the GOC's role."

Geoff Harris, chair of the working group, explained why the protocol was needed: "It's important that the process by which the Council considers criminal allegations is clear. Those making allegations, as well as those against whom such allegations are made, need to know that the Council follows

a clear procedure for considering allegations, just as registrants know there is a clear procedure for investigating alleged breaches of the Council's professional codes of conduct.

"The protocol also sets out a rationale for taking on these cases, where that is in the interests of protecting the health and safety of the public. Protecting the professions from commercial pressures, though they may be acutely felt, is not part of the GOC's role."

The decision to prosecute rests on two key steps, set out in the Code for Crown Prosecutors. The first is to consider the likelihood of getting a conviction. Sufficient evidence must be available to have a 'realistic prospect' of success. The second step is the public interest test. This is a complex consideration, but rests on the assumption that suspected criminal offences should not automatically be the subject of prosecution. For example, prosecutors may decide not to pursue a case where the outcome is likely to be trivial, or where there are potential adverse consequences to prosecution that might outweigh the benefits.



The protocol will follow the Crown Prosecution Service's code

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Students urged to 'renew now'

Students are being encouraged to complete and return their retention forms as soon as possible, to avoid the possibility of them being lost or forgotten this summer. Any student who renews now, but doesn't continue with their course in September, for whatever reason, will be given a refund. The registration team stress 'there's no penalty to getting your application in early'.

The deadline to return forms and payments is 15 July - after that date the registrar will send out the official 'notice of failure to apply'. Registration is important to ensure that patients seen by students as part of their course are



Students must renew by 15 July

properly protected. The GOC may not recognise qualifications in applications for full registration if students have not been registered during their course.

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“There are risks if we are unsuccessful. That’s not a reason for being timid or dragging our feet, but it’s an excellent reason for choosing our fight wisely.”

(continued from page 1) Dr Harris understands that questions about prosecution are linked at the moment with concerns about remote sales of spectacles and contact lenses. “The GOC is actively and urgently engaged in reviewing emergent practices which may pose a risk to public safety – either to an individual’s health and well-being or to the wider public. This work has been going on concurrently with developing the protocol, but it is important that any potential prosecution meets the tests we have set out.”

Lessons have been learned from the eBay case. The Council’s prosecution for ‘aiding and abetting’ illegal sales of contact lenses was withdrawn by the GOC when it emerged that European laws meant the site’s owners were not required to actively monitor its listings. “We have to make sure a potential case is completely sound, and carry out a proper risk assessment before proceeding to legal action. There are risks if we are unsuccessful. That’s not a reason for being timid or dragging our feet, but it’s an excellent reason for choosing our fight wisely.”

The potential financial costs of the failure of a prosecution are not Dr Harris’s only worry, though these could be indirectly

borne by registrants. Bringing a case to trial is likely to establish a precedent. The Council’s priority is to ensure that any outcome acts to support public health and safety. “A judgment in court may determine whether particular practices are held to be legal or illegal. If we believe there is a risk to public health and safety, then it’s very important for the GOC to be sure that a case we take forward presents the best possible opportunity to have that risk recognised by a court and for the law to be clarified accordingly.”

The Council will receive an update on the progress of the Sale of Optical Appliances working group in private session on 22 June. Information remains confidential to avoid the possibility of prejudicing the outcome of future criminal prosecutions. Council will also consider the criminal offences protocol. If it is approved, the protocol will be published on the GOC website.

From the editor – join the debate

In March, the Council discussed a new communications strategy. It was a good opportunity to take an honest look at where things are working well, and where the major communications challenges lie. Communications with registrants were, unsurprisingly, seen as a priority. Practitioners should have more opportunities to get involved in debating new policies and giving feedback to the Council on their decisions.

In this issue of the Bulletin, we feature updates and viewpoints from registrants, as well as Council members and staff, hearings panel members, and the RNIB. Contributors have tackled topics from DO courses, CET, and low vision services, through to criminal prosecutions. We have also printed a selection of extracts from responses to the consultation on ‘standard of proof’.

If you’d like to have your say on any of the topics, write to us at bulletin@optical.org

Kate Fielding, Editor



Rosie Varley, GOC Chairman

Changing times A message from the Chairman

The government set up its review of non-medical professional healthcare regulation last year. At the time of writing, we are still awaiting its outcome.

During the review, the GOC consistently urged ministers to focus on patient protection, and to avoid diverting efforts into unnecessary and costly restructuring. The optical bodies and other regulators echoed our concerns about the potential negative effects arising from changes in the structure, function or number of healthcare regulators.

As Winston Churchill said, ‘There is nothing wrong with change, if it is in the right direction’. There are real opportunities to improve patient protection. We should make it easier for patients to navigate the routes for reporting concerns. We should have more clarity and consistency between different regulators’ Fitness to Practise systems. And there should be better communication between the players in the UK health system.

One area where communication is likely to be critical is in supporting systems for professional revalidation. Revalidation was a key recommendation of the Shipman Inquiry, and we expect it will be introduced following the Foster review. Employers and regulators will need to work in partnership to devise and deliver systems for testing practitioners’ competence to practise, and to ensure that procedures are robust and not overly bureaucratic.

The optical professions have already taken significant steps towards assuring post-qualification competence, through the Continuing Education and Training scheme. The first cycle will end in December, and the scheme promises to go from strength to strength – details of the proposed changes in response to our consultation are included later in this issue.

It is impossible to convey the full range of the Council’s work in a single publication – even a much weightier one than this. In the last issue, I urged practitioners who wished to become more involved to consider standing for election in November. Potential candidates can attend an Open House day on 22 June to learn more about the opportunity. I hope to see some of you there.

New courses for Dispensing Optics

David Pyle, Chair of the Education Committee, explains the new arrangements for students wanting to enter the register of dispensing opticians.

From September 2006, all five providers of dispensing optics training will be launching significantly revised courses.

Dispensing optics courses and examinations will now specifically teach and examine the GOC competencies which reflect the work of the modern dispensing optician. Depending on the type of course attendance, students will experience a more integrated approach to their studies: course modules and assessments will more closely link with the GOC competencies, their work in supervised practice and their professional qualifying assessments.

"We are confident these new arrangements will prepare dispensing opticians for the challenges of the future"

The changes apply across all types of study, whether it be full-time, day release, distance learning or e-learning. The ABDO Examining Body will be running much-revised professional examinations. In 2007 a new 'part one' preliminary qualifying

assessment will be introduced, and from 2009 there will be a new final qualifying assessment. A particular feature of the new final assessment will be the requirement for students to present a portfolio which will require a minimum number of case records in defined areas.

A GOC group has been working on the new arrangements since 2002. Their tasks have included refining a new core curriculum based on the GOC critical competencies, developing a handbook and guidelines for the teaching and assessment of dispensing courses, running workshops with training providers and the ABDO Examining Body, and an extensive programme of meetings with and visits to each of the providers and the examining body. In addition, the ABDO Examining Body has held regular steering group meetings with each of the five course providers.

The GOC is grateful to ABDO and the training institutions for their hard work and cooperation in bringing in these important changes. We are confident that these new arrangements will go some considerable way in preparing future registrants in dispensing optics for the challenges of the future, not least in the areas of communication skills, paediatrics and low vision.



David Pyle, Chair of Education

Consultation provides insights on standard of proof

Earlier this year, the GOC asked stakeholders for their views on the standard of proof used to judge the truth of facts presented in its professional hearings.

Different standards of proof are used to decide whether a fact presented in a hearing has been proved or not. Criminal courts judge facts to be true when proven 'beyond reasonable doubt', whilst civil courts decide 'on the balance of probabilities'.

Responses to the GOC's consultation mostly supported the status quo. Currently, where a fact is disputed, the standard of proof depends on who is required to prove it. Facts asserted by the Council (as prosecutor) must normally be proved beyond reasonable doubt, whilst the practitioner (as defendant) must prove their case on the balance of probabilities. In practice, this means that Fitness to Practise hearings normally operate a criminal standard, and Registration Appeals hearings apply a civil standard, though there is no explicit rule stating which standard of proof should be applied.

Supporters of a criminal standard for fitness to practise hearings normally cited the seriousness of the consequences for the practitioner of an adverse decision. The fact that decisions of the Fitness to Practise committee do not have to be unanimous was also considered to be an important reason to provide the 'balance' of a higher standard of proof.

In the other camp, some felt that a standard beyond reasonable doubt would give insufficient flexibility, particularly in less serious cases, and was inappropriate for professional hearings, which were essentially civil in nature. Arguments were made for applying the 'sliding scale', where the more serious the offence (and hence the possible penalty), the higher the burden of proof. But some questioned the practicalities of applying variable standards.

Most respondents felt registration appeals should operate on the balance of probabilities. The contention was made that evidence of reform would be harder to prove than evidence of misconduct.

Public protection and public confidence

Respondents pointed to the fact that hearings panels need only a majority decision, and the potential to hear evidence not normally admissible in a criminal court, to show that the system provided adequate public protection as it stands. Others argued for adopting the 'balance of probabilities' test to ensure that committees were not unduly constrained in reaching what they believed to be a fair and reasonable judgment.

The low risk to the public posed by optometrists and dispensing opticians was felt by many to be a key factor in determining the level of public protection needed in the hearings process. This was also felt to be pertinent to the question of whether a common standard was needed across the healthcare regulatory bodies.

The results of the consultation and the working group's recommendations will be considered at the next Council meeting, on 22 June.

See *Have your say* on page 8 for some of the consultation responses.

In Brief – news from Council

Guidance on criminal offences

A new protocol sets out how the Registrar will assess applicants who declare a criminal conviction or caution, and applies to both the full and student registers. Each case will be considered individually, but agreed criteria will determine which criminal offences are likely to affect registration.

Only the most serious offences, including murder, kidnapping and rape, are in themselves likely to result in a refusal to register. In considering less serious offences, the Registrar will look at other factors, including whether patients or the public were harmed or put at risk, how recent the offence was, and the relevance of the offence to professional standards and conduct.

Appeals against the Registrar's decisions will be heard by the Registration Appeals Committee, comprising members of the independent hearings panel. The full text of the protocol is available from the GOC website.

CET to stay as three-year cycle

Registrants will have three years to earn the next 'batch' of CET points after 31 December 2006. The rules for January 2007 to December 2009 were confirmed at the March meeting of Council. Last year's consultation showed overwhelming support for maintaining the three-year cycle.

Communications strategy

A new communications strategy will promote greater understanding of the Council and its work. Priorities include giving registrants clear, timely information about requirements, and providing more opportunities for practitioners to participate in policy debate and provide feedback on Council decisions.

Open house in June

The next Council meeting will be held in London on 22 June 2006. Meetings are open to the public, and all registrants are welcome to attend. Candidates interested in standing for election as professional members of Council have been invited to a special 'Open House' on the same day.

CET scheme takes on board registrants' views

“Registrants emphasised the importance of maintaining practical skills in the consultation”

The CET scheme will be made more flexible under proposed changes to the scheme guidelines, which take into account practitioners' and other stakeholders' views from a consultation last November.

Dian Taylor, the GOC's director of education, explained: “The amendments are all about making sure practitioners get the most out of the scheme in terms of learning outcomes, without making it too restrictive to cater for individual needs and circumstances. Feedback from the professions has been central to making these improvements.”

More flexibility

The GOC scheme guidelines have been redrafted as 'principles and requirements', and contain several new provisions suggested by registrants. These include a more flexible definition of the learning hour, allowing up to three speakers in a related subject area to present during one session. It will also be possible to substitute an alternative if a planned speaker is unavailable at the last minute.

Peer review groups will benefit from more flexible approval criteria, which allow provisional approval based on an outline proposal. Peer review is seen as a valuable learning tool, but acknowledged to be difficult to define in advance. Approval will be confirmed when detail of learning outcomes is submitted after the event.

More points for workshops

One CET point will normally be awarded per learning hour, but workshops will attract two points per learning hour. The increase reflects the interactive and practical nature of these sessions. Registrants emphasised the importance of maintaining practical skills in the consultation.

Information about level of training

Under the new requirements, providers will be asked to give more information about the level of CET events, to help registrants plan and attend more relevant training. Details of the 'content and standard' of the event will suggest whether it is suitable for new entrants, mid-career, or those seeking to extend their scope of practice.

Many respondents to last year's consultation observed that newly qualified and more experienced practitioners have different CET requirements. Making provision for defining the 'level' of an event stops short of introducing a continuous professional development scheme, but should allow individuals to make the most of the CET events they attend. Providers will also be asked to give more focused summaries, and will be encouraged to limit the competency statements per target group.

Points for preparation and presentation

Practitioners will also be able to earn some CET points from preparation and presentation of CET, reflecting the contribution to their own ongoing education and training. Presenters will only be able to earn points once for any event, and available points from this modality will be capped at 12 for any one cycle.

Other adjustments include encouraging registrants to plan ahead and try to do a cross-section of competencies and modalities.

The new document will go to the Council meeting for approval on 22 June, and the changes will come into force for the next CET cycle, starting 1 January 2007.



New systems will help to safeguard children

Vetting bill promises better protection

The GOC has welcomed new legislation designed to protect children and vulnerable adults from individuals who may pose a danger. The Safeguarding Vulnerable Groups Bill is due to become law by the end of the year. It will give employers access to more information about potential employees, and where there is evidence that an individual presents a risk of harm, they will be barred from working with vulnerable people.

The Bill incorporates recommendations from the Bichard Inquiry, set up in the wake of the murders of Holly Wells and Jessica Chapman. The legislation creates a single list of people barred from working with children, and a new register of those unfit to work with vulnerable adults. Barring decisions will be made by an independent statutory board.

Regulators will be amongst the bodies receiving information about barring decisions. They will also have a duty to advise the Independent Barring Board (IBB) of information or concerns about a registrant which might lead to them being considered for barring. Relevant Fitness to Practise decisions are likely to fall into this category.

GOC registrar Peter Coe said: “This Bill will strengthen protection for society's most vulnerable groups. Systems for vetting and barring need to be properly joined-up and effective, and the GOC fully supports this objective. We will make sure practitioners are kept informed of any changes to our procedures as the detail emerges.”

Never too old to learn

Kate Fielding talks to the oldest registrant to have completed all his CET points, about optics over the years, falling out with Margaret Thatcher, and why he still loves learning...



"People ask me 'don't you get bored doing the same thing every day?' But I'm not doing the same thing – every patient is a different challenge. It's all about being with people and helping people."

Over the years, he has helped to save two peoples' lives. The first, a girl who'd been suffering from headaches, had been diagnosed by her doctor as suffering from 'marital nerves' – for a wedding more than a year away. Graham examined her, and correctly diagnosed a brain tumour, which was removed just a fortnight later.

"I went to her wedding, and the father of the bride thanked me in his speech. He said that without me, we wouldn't have been there."

On the second occasion, Graham and his trainee spotted pulsations in a woman's retinal artery. He referred her for a successful heart valve operation, but the patient was less grateful on this occasion.

"She came back and said to me, 'I wanted a pair of reading glasses and I ended up having a heart valve operation. I'm not coming here again!'"

Though he currently works only one day a week, and will be retiring for good at the end of this year, he's already clocked up 39 CET points.

"You have to keep learning, because things are changing all the time. Ophthalmologists now expect us to present them with cases, rather than just referring everything. Plus there's new equipment. It's half a century since I started to practise, and without keeping up to date I wouldn't be able to use half the machines."

And his advice to practitioners just starting out?

"If you don't get some fun out of it, it's not worth doing."

Are you up-to-date with CET?

All practitioners need to earn and confirm a minimum number of CET points by 31 December 2006 to stay on the register.

To find out how you're doing, visit www.cetoptics.com

The GOC is advising, do your CET early to avoid problems.

"She came back and said to me, 'I wanted a pair of reading glasses and I ended up having a heart valve operation.'"

Graham Strong started practising as an optometrist in 1954. He was the third generation of his family to go into optics – both his father and grandfather were opticians in his local Newport.

"I started as an electrical engineer. Then I was hauled into the navy for three years at the end of the war, as an aircraft electrician. Optometry was the family business – we'd had the shop since 1905."

He remembers the huge changes when the profession was first regulated, following the 1958 Act. George Giles (then Secretary of the BOA) visited a meeting in Bridgend, and told the assembled opticians there'd be no more drinking in any 'Four Ale Bar' – it would be the lounge or cocktail bar from now on. Registration meant respectability.

Graham says he was a Conservative party member, until the universal free eye test was abolished in the 1980s.

"I burned my card the day Margaret Thatcher cancelled the free eye test. I thought, this isn't social health care. We all had high ideals."

So what has he enjoyed most about being an optometrist?

Approval for European Diploma

Free movement of optical professionals around Europe has moved a step closer since the GOC granted conditional approval to the European Diploma in Optometry as a partial route to UK registration. The move was hailed as an historic step towards a harmonised profession in Europe.

Candidates who have passed the Diploma examinations will be eligible for registration with the GOC, provided that the Council is satisfied they have demonstrated a satisfactory scope of clinical practice, and they are proficient in the English language.

European Council of Optometry and Optics (ECOO) president Bob Chappell explained, "The European Diploma is designed to promote mobility and a high common standard of practice

throughout Europe. Diploma candidates will normally either have a recognised qualification enabling them to practise as an optometrist or optician in an EU country, or be in their final year of training for entry to the profession."

Clinical experience will be demonstrated through a portfolio, analogous to the College of Optometrists 'log book' for pre-registration students in the UK. The GOC will be able to review the adequacy of the portfolio of any candidate applying for registration in the UK. Any assessment will pay particular attention to adequacy in the practical fitting of contact lenses, use and application of diagnostic drugs in a practical setting and clinical experience in the identification of ocular pathology and the relationship between ocular and general disease.

Hearings: January – May 2006



Roderick Clarkson

Director of Legal Services, *Roderick Clarkson*, reviews the recent cases.

Interim Order: Simon Morelli

(01-20020), 24 February 2006

Mr Morelli was the subject of concerns raised by the Kent Primary Care Agency in relation to alleged inaccurate and unreliable record-keeping and the purported conduct of sight tests which could not have been carried out. In view of the seriousness of the allegations, the Fitness to Practise Committee imposed an interim suspension order to run for 12 months. The order must be reviewed on or before 23 August 2006.

Application for restoration: Robert Thompson

(01-22277), 21 March 2006

Mr Thompson was erased on 18 February 2005 following criminal convictions for false accounting in relation to General Ophthalmic Services forms. The Registration Appeals Committee concluded that Mr Thompson should be restored to the register of optometrists.

Registration appeal: Dipak Chawda,

22 March 2006

Mr Chawda submitted an application for registration as a student optometrist in October 2005, in which he disclosed a conviction for an offence of dishonesty. The application was refused and Mr Chawda appealed to the Registration Appeals Committee. The Committee considered Mr Chawda's activities involved a large amount of money and demonstrated a serious breach of trust and therefore refused his appeal.

Application for restoration: David Semmens

(D-11665), 22 March 2006

Mr Semmens was erased on 18 February 2005 following a criminal conviction in relation to testing sight in contravention of section 24 of the Opticians Act. The Registration Appeals Committee concluded that he should be restored to the register of dispensing opticians.

Fitness to Practise Inquiry: Ashley Gould

(ex 01-13061), 23 March 2006

Mr Gould admitted convictions for offences of making indecent photographs of a child and of having indecent photographs in his possession before the Fitness to Practise Committee. The Committee considered that these caused his fitness to practise to be impaired. They imposed an erasure order and ordered that Mr Gould should also be the subject of an immediate suspension which would remain in place until the erasure took effect. Mr Gould was subsequently erased on 20 April 2006.

Fitness to Practise Inquiry: Vikki Ann Baker

(01-21472), 8 May 2006

Ms Baker appeared before the Fitness to Practise Committee to answer an allegation that she had tested the sight of over 1700 patients while unregistered. Ms Baker admitted that she had tested the sight of each of these patients and that she was not duly registered. The Committee found Ms Baker guilty of misconduct, noting that she had continued to test sight for a short time even after being made aware of her non-registration. The Committee did not find that her fitness to practise was impaired but warned Ms Baker as to her future conduct and performance.

Hearings panel perspective



Margert Hallendorff

Margaret Hallendorff, lay member of the hearings panel, reflects on the new Fitness to Practise process.

To ensure public safety, to uphold professional standards and to maintain confidence in the professions are the cornerstones of the Fitness to Practise Committee.

Professions and professionals face ever-increasing pressures and it is important that these three premises are uppermost in their practice.

The Fitness to Practise and Registration Appeals Committees succeeded the Disciplinary Committee and the first case was heard in September 2005.

Each committee comprises five members, drawn from the hearings panel. The balance is three lay members, one of whom is appointed chairman, and two professional members, either optometrists or dispensing opticians.

The panel of members was appointed following wide advertisement in the professional and lay press. Short-listed members were invited to meet a selection panel.

Following confirmation of appointment a number of very rigorous training programmes were held. These covered all aspects of the work of the committees. Presentations relating

to legal implications, interrogation techniques and report writing were covered. We were invited to attend a Disciplinary Committee hearing as observers.

Some time later a selection process took place to select a number of lay members to be chairmen of panels. This too was an exhaustive procedure and those of us selected are very aware of the added responsibility we have taken on.

I have attended five hearings – two interim hearings, where due to the severity of the allegations an interim order needed to be considered, and three applications for restoration to the register.

Why did I apply? I was reaching the end of 40 years working as an administrator in ophthalmology, the last 15 as Chief Executive of the Royal College of Ophthalmologists. I felt that I could offer some experience from having seen the evolving pattern of professional development. The learning curve has been steep but I believe the new system will provide a fair process, and one which fulfils those three essential criteria of public safety, professional standards and confidence in the professions.

Modernisation of low vision services

By *Joy Myint*, Senior Service Development Adviser (Low Vision and Optometry) at the Royal National Institute for the Blind

The UK has an ageing population. Our population has grown by 7% in the last 30 years. However, this growth has not been equal across all age groups. The 65 and over age group has increased, whilst the 16 and under group has actually decreased over the last three decades. The older population itself is ageing. Within the 65 and over group the proportion of people over 85 has increased from 7% in 1971 to 12% in 2004.

Approximately two million people in the UK define themselves as having a 'sight problem' or 'seeing difficulty', 85% of whom are over 65. One in 10 over 75 and up to one in three over 85 have a sight problem that makes them eligible for registration as sight impaired or severely sight impaired. Predictably, in the UK, the vast majority of those are over 65. Recent studies indicate that actual registration statistics underestimate the true extent of registerable visual impairment by at least 50%. The figures all point to an increase in demand for effective low vision services.

"Modernisation and improvement of low vision services provides additional career development opportunities for optometrists and dispensing opticians."

A person with low vision is one who has an impairment of visual function for which full remediation is not possible by conventional spectacles, contact lenses or medical intervention, and which causes restriction in that person's everyday life. Quality of life, maintaining independence and personal safety are all key issues needing to be addressed. A low vision assessment is not just about visual acuity – it is a functional evaluation and needs to relate to everyday life, considering personal requirements. A practitioner also needs to consider the emotional and social status of an individual.

Historically optometric low vision services existed primarily within the hospital eye service, with supplementary rehabilitation services being provided independently via social services. This model of service provision frequently failed to meet the needs of the individual. Access to urgently needed assistance was often delayed by the lengthy referral process, and even when assessed, many low vision aids (typically magnifiers) went unused; with intervention by social services delayed. The level of provision varied considerably across the UK.

In the National Eye Care Services Steering Group report, a pathway was detailed to overcome these issues. This proposed pathway is currently being piloted at several sites across England, with initial evaluation expected later this year. Delivering a complete service means integration of multi-disciplinary services, good working relationships and sharing of information. The schemes are the most recent development of a range of initiatives to improve and modernise low vision and rehabilitation care, focussing on a patient centred, community based approach. Service models need modifying to meet the requirements and demographics of a particular locality.

Whilst low vision services can still be successfully hospital based, other models include projects with local societies, including RNIB, and in conjunction with education services.

Recent changes to the registration system have meant that referral via the General Practitioner, ophthalmological assessment and actual registration are no longer pre-requisites to accessing low vision services. Schemes are also departing from over-emphasis on prescribing of low vision devices. The changes also mean individuals can easily re-access services for repeat visits until a successful outcome is achieved, or if their needs change, without the need for additional medical referral.

The modernisation and improvement of low vision services provides additional career development opportunities for optometrists and dispensing opticians, though extra training and relevant accreditation may be required. Funding for additional equipment and provision of assessments is a necessary consideration, with authorities also allowing for financing or supply of low vision aids where appropriate.



Low vision assessments are not just about visual acuity

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Practitioner perspective



Charlotte Fletcher

Charlotte Fletcher is a student dispensing optician on the ABDO distance learning course

I started working in optics in 1998 as an optical adviser, and like many others I decided to make the transition into becoming a qualified dispensing optician, and gaining F.B.D.O. status. As a student in my pre-registration year I was one of the first to join the new GOC student register in September 2005.

Being a student DO takes dedication and hard work. But the potential for students once they have qualified, such as routes into contact lens fitting, low vision aid work and practice management, makes all the hard work seem worth it.

Working in practice whilst training gives you the opportunity to start using your skills straight away, and gain experience. Having the knowledge to deal with a variety of situations means I can be sure that the best quality dispense is completed for each patient who enters our practice.

Sadly not all opticians on the high street recognise the advantages of using qualified staff for dispensing. As a result some patients are suffering, as our working environment becomes more and more sales orientated and less about what is best for our patients. I really hope that this is a situation that will change in the future and our professional qualification will not continue to be devalued.

The good work that ABDO and the GOC do should be supported by all their members and I hope that one day we will all work in practices that focus on those who really matter – our patients.

Removed from the register

Following the annual retention process, 905 registrants were removed from the GOC registers on 28 April. The total comprised 488 optometrists, 343 dispensing opticians and 74 companies.

Over 100 practitioners who paid their fee by direct debit but failed to return their form were among those removed. The list of registrants not renewed was sent to PCTs on 2 May.

Registrar Peter Coe said, "Under the new rules, we can't renew anyone without a signed declaration and insurance details. It's a new process, and we've tried to ensure that everyone is treated fairly. I can't stress enough how important it is to keep your contact details up-to-date, and to return your retention application in good time."

Retention application forms were sent out to all registrants in January. Reminders were sent to all those who failed to return their form and fee by 15 March.

Practitioners removed from the register must complete a restoration application and pay an additional fee of £70 if they wish to continue to practise.

Have your say...

In this issue, we feature responses to the standard of proof consultation.

A sense of proportion

- Balanced with the standard or proof and sanction must also be the proportionality of risk to the public... As a general rule, something which is serious enough to warrant erasure or suspension should require 'beyond reasonable doubt' or at the very least a very high level of probability... It is entirely illogical that a case resulting in what might be a likely sanction of a few hours of CET or attendance at specialist clinics to gain experience has to be proven 'beyond reasonable doubt'.
- Where 'the balance of probabilities' is the adopted standard of proof, committee members should be directed to consider the evidence on the basis that the more serious the event is, the less likely it is to have occurred, and therefore the greater the reliability of the evidence needs to be, to be accepted as proven to be true.

Civil rights and wrongs

- Proceedings before healthcare regulatory bodies are civil in nature... There is, therefore, no legal justification for requiring the use of a criminal standard in fitness to practise proceedings. The use of such a standard complicates matters, in that it often imports matters into the proceedings that are not intended... This would include complications about the use of hearsay evidence.
- Some allegations arise out of the recollection and accounts made by vulnerable or poorly educated members of the public. Such a person may make a very poor witness in a formal hearing. One only has to point out a mistaken memory in so far as an irrelevant date is concerned for the veracity of that witness to be questioned... In such scenarios, the use of 'the balance of probabilities' standard should protect the public in a way that does not exist at present.

Public interest

- Disciplinary proceedings, as with criminal proceedings, are taken in the public interest – unlike civil proceedings which are essentially a dispute resolution mechanism between private individuals... It is important that the principles used within the criminal courts apply.
- Public confidence is [not] solely dependent on the standard of proof applied, but on a range of issues including transparency, admissibility of evidence and penalties.

Got a view?

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